excitement, confusion, and fever, and several died in a way that resembled the fatal case here recorded. In this series, however, there was no record of overdosage of any drug or of the confusion reported in malaria, and no parasites were found; moreover, it is difficult to see any reason why malaria or overdosage of mepacrine should increase suddenly after V.J. Day.

On the other hand, there were mental factors which must have played a part. There was a very sudden and acute change in the tempo of work with a sudden relief of tension. This must have affected most strongly the over-conscientious responsible type of staff officer who had been employed in circumstances (the planning of a major operation) calculated to increase these obsessional tendencies and anxiety. This type formed the majority of the patients.

The restless state which appears in frustration has been described as an underlying unrest which the individual tries to stifle. It is not a great step to the symptoms of mania—where unrest has become overactivity and the attempt to stifle guilt or unworthiness has been oversuccessful and is crystallized out as a delusion of grandeur and elation:

The temperature of these cases suggests a toxic process, but full examination by physicians as well as psychiatrists failed to find any. Perhaps the fever was the result of the overactivity, not its cause. Much attention has been paid to physical conditions because these cases are commoner in the East and commoner in war, where exposure to physical illness is greater. But there are simple explanations, in psychological terms, of both these points. War produces a sense of urgency which is particularly felt by the overconscientious obsessional type. The latter's relaxations, too, are restricted, for he is often home-sick, tries to lose himself in his work, and will not take leave—where, as he says, he has nothing to do but brood and get more home-sick. In forward areas there is a physical outlet combined with the sense of work well done and a feeling of comradeship engendered by danger: relaxation is easier after action. In staff work and base areas there is less sense of achievement. The East thus exerts as much psychological effect—in separation from home and incompatible surroundings—as physical strain.

Summary

A series of 23 cases showing elation, overactivity, and fever occurred in South-East Asia in the months following the Japanese surrender.

The patients were mostly young officers (British) without a history of previous breakdown. The prognosis was good.

Records of psychosis in the East are reviewed.

A discussion of the possible causes leads to the conclusion that they were mental rather than physical, and are thought to be the sudden release of tension and the consequent change in the tempo of work.

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HOMOSEXUAL OFFENCES AND THEIR RELATION TO PSYCHOTHERAPY*

BY

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During 1946 there was considerable correspondence in the columns of the *British Medical Journal* on the subject of homosexuality, particularly concerning the forensic aspect. It was evident that there was a wide divergence of opinion, and in addition some of the correspondents seemed unaware of the extent to which homosexual offences occurred and of the extent of treatment carried out before the offence was committed. It was in fact evident that some regarded the commission of a homosexual offence as a *sine qua non* that the offender was a homosexual and that psychotherapy in some form was indicated. All cases charged with homosexual offences and received into H.M. Prison, Brixton, on remand or committed for trial are investigated as a routine; it was decided, therefore, to analyse those received during the year 1946 in order to ascertain whether the above-mentioned views were justified.

During that year 96 persons were received into the prison charged with homosexual offences; of these 52 (54.2%) were accompanied with a request from the magistrates for a report as to the state of mind of the accused, whereas the remaining 44 were examined owing to the nature of the charge. The total number of remand and trial prisoners received during the year was 5,023, so that the percentage of those charged with homosexual offences was 1.91. For comparison the number of cases charged with heterosexual offences was 198, of which 142 (71.7%) were sent for a report as to the accused's state of mind. Homosexual offences can be divided into four main groups—namely, indecent assaults on boys under the age of 16 years, importuning, buggery, and gross indecency. Of the 96 cases under consideration 39 were charged with indecent assaults on boys, 24 with importuning, 17 with gross indecency, and 16 with buggery. It is interesting at this point to consider the extent to which magistrates asked for reports on the mental state of the prisoner in respect of each of these groups of offences. In the cases of indecent assault reports were requested in 25 (64%), in cases of importuning in 20 (83%), in cases of gross indecency in 5 (29%), and in cases of buggery in 2 (12.5%). It is obvious that the law has much less consideration for medical opinion in cases of gross indecency and buggery than in the other two offences. Of the 96 cases, 57 involved offences against boys (including of course all the indecent assaults) and 39 involved offences against men.

The cases are classified into four groups. Individuals who on investigation were found to have heterosexual tendencies and in whom the homosexual offence was in the nature of a substitution for the normal heterosexual act are classified as "pseudo-homosexuals." The second group consists of the "bisexuals," individuals in whom strong heterosexual as well as strong homosexual tendencies were obvious. Thirdly, there were the "prostitutes," who are individuals who would have fallen into the pseudo-homosexual group but were characterized by the fact that the homosexual acts were carried out for gain. It is of interest that all these cases had previous convictions for the same offence. Finally, there is the group of the "true inverts" which numbered only 13, or 13.5% of the total series.

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Classification of the cases into these groups is shown in Table I.

TABLE I.—*Classification*

	Indecent Assault	Importuning	Gross Indecency	Buggery	Total
Pseudo-homosexuals	34	13	11	8	66
Bisexuals ..	5	1	2	4	12
Prostitutes ..	0	2	1	2	5
True inverts ..	0	8	3	2	13
Total ..	39	24	17	16	96

Date of Offence.—It has been stated that sexual activity and sexual offences reach a peak in the spring. Walker and Strauss (1939) suggest that this also holds good for homosexual offences. A glance at Table II shows that in 1946 at any rate this was not the case. On the contrary there was a general rise to a peak in September.

TABLE II.—*Date of the Offences*

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
3	5	7	8	6	8	9	5	15	9	11	10	96

Age.—Criminal statistics for some time have shown that the greatest incidence of adult crime occurs in the age group 21–29 years and that there is a steadily decreasing incidence in the higher age groups. Brixton Prison receives only men aged 23 years and over, and the lowest age group is therefore 23–29. Table III shows that the incidence of homosexual offences was slightly greater in the decade 30–39. For comparison, figures extracted from the Reports of the Commissioners of Prisons and Directors of Convict Prisons for the years 1939–41 and 1942–3 are included. These confirm my own findings. The figures for males convicted for all indictable offences in the years 1939–43 show the greatest incidence in the age group 21–29 in every year. The figures for males convicted of unnatural offences for the same years show a higher incidence in the age group 30–39 years; in 1941 and 1943 an even higher incidence was shown in the age groups 40–49 years.

TABLE III.—*Age of Offenders*

Age Group:	23–29	30–39	40–49	50–59	Over 60
<i>Classification of present series by age groups</i>					
Offences:					
True inverts ..	1	8	3	0	1
Bisexuals ..	4	2	4	2	0
Prostitutes ..	3	0	1	1	0
Pseudo-homosexuals	20	22	15	5	4
Total ..	28	32	23	8	5

Year	21–29	30–39	40–49	50–59	Over 60
<i>Males convicted of all indictable offences for the years 1939–43</i>					
1939 ..	4,731	3,432	1,707	773	462
1940 ..	3,814	2,982	1,647	784	462
1941 ..	5,120	3,923	2,491	1,042	568
1942 ..	5,736	4,125	2,685	1,168	546
1943 ..	5,682	3,989	2,646	1,110	539
<i>Males convicted of unnatural offences for the years 1939–43</i>					
1939 ..	37	58	41	22	10
1940 ..	53	55	49	31	12
1941 ..	56	57	62	38	14
1942 ..	61	83	75	36	24
1943 ..	66	100	116	48	19

Previous Convictions.—Of the 96 cases under review 55 had no previous convictions of any kind, 19 had one, 10 had two, and 12 had three or more. Of these, however, only 22 had been convicted for a homosexual offence. The figures are shown in detail in Table IV; they are comparable with figures extracted from the reports of the Prison Commissioners mentioned above.

TABLE IV.—*Previous Convictions*

	Nil	1 Prev. Conv.		2 Prev. Conv.		3 or More Prev. Conv.	
		Same Offence	Other Offence	Same Offence	Other Offence	Same Offence	Other Offence
<i>Previous convictions in present series</i>							
True inverts ..	7	4	1	0	0	1	0
Bisexuals ..	4	4	0	2	0	2	0
Prostitutes ..	0	2	0	1	0	2	0
Pseudo-homosexuals	44	3	5	1	6	0	7
Total ..	55	13	6	4	6	5	7
<i>Previous convictions in males convicted of unnatural offences</i>							
1939 ..	93	27	16	51			
1940 ..	116	35	17	45			
1941 ..	156	35	20	39			
1942 ..	196	44	18	43			
1943 ..	213	60	32	75			

The Pseudo-homosexual Group

As has been stated there were 66 prisoners falling into this group. Of these, 34 were found to have some form of mental abnormality. Two were insane, six were certifiable under the Mental Deficiency Acts, and sixteen had had mental treatment in one form or another. The various disorders were as follows: post-concussive syndrome, 1; feeble-minded, 2; imbeciles, 4; epileptics, 3; personality defects, 12; schizophrenia (insane), 1; senile dementia (insane), 1; senile dementia (non-certifiable), 1; anxiety states, 4; dull and backward, 5.

One very interesting point emerged from a study of this group. The magistrates asked for a report in 39 of these 66 cases, and of the 39 no fewer than 29 are to be found in the above-mentioned cases. This suggests that the magistrates are very much on the alert for abnormalities; they "missed" only an epileptic, two anxiety states, a dull and backward case, and that of non-certifiable senile dementia. The following brief histories will show the type of case falling into this group.

Case 25.—Aged 43 years. Indecent assault on two small boys on repeated occasions. Two previous convictions for importuning. He was born in England, but spent his childhood up to the age of 8 years in Poland and then attended an elementary school until 14. He had never held any employment for long and was boarded Grade IV for the Forces. In 1933 he was charged with importuning and his mental age was found to be 8½ years. He was certified as a feeble-minded person and sent to a mental deficiency colony, but was discharged in 1945, when his mental age was considered to be 9 years. He showed no improvement; his general knowledge was defective, he was unable to reason, had no insight, and was considered to be still certifiable. The local M.D. authority agreed with this decision and accepted him back.

Case 44.—Aged 31 years. Indecent assault on boys; one previous conviction for stealing. He had exposed himself to two boys aged about 7 years and had placed his hand on their private parts. No attempt was made at masturbation, and the offence occurred in daylight. He admitted similar offences over a period of a year and also indecent assaults on little girls. He had served in the R.A.F., but was invalided with "neurasthenia." He was educated at a grammar school, and had been a clerk since leaving school. He admitted frequent masturbation and heterosexual intercourse; he still desired the latter, but said "he never had time nowadays." The police on searching his room found copious notes made by him on subjects of a heterosexual nature which at first appeared to be nonsensical, as well as portraits of nude females cut from a well-known magazine. These he used as a sexual object during masturbation. In addition a small brass bust was found which he used to sit upon while masturbating. He did this, he stated, because he had a drawing sensation in his testicles and he used the brass bust to support them. He explained the writings as a form of shorthand which he had devised and gave an explanation of what he had written that was fanciful and bizarre in the extreme.

He expressed strong antipathy to the "present constitution," by which he said he meant "the upper classes, royalty, financiers, and absentee landlords—the non-productive classes." He was introverted and had faulty insight, but he was not considered to be certifiable under the Lunacy Act. Treatment as a voluntary patient was recommended.

Case 47.—Aged 32 years. Indecent assault on a boy aged 11; no previous convictions. He was a Civil Servant, living beyond his means, but he had a record of being an intelligent and good worker. He had assaulted a small boy whom he had caught stealing fruit in his garden. He ordered the boy to drop his trousers with a view to thrashing him, but altered his mind, and, having played with the boy's privates, he persuaded the boy to play with his. He stated that this was the only occasion on which he had committed a homosexual assault. On investigation an interesting domestic tangle was unearthed. It appeared that his wife had flirted with a male friend of his after a cocktail party. This had made the prisoner jealous, and he had upbraided her and told her to go and sleep with the young man, who happened to be staying with them at the time. Mainly to frighten him, the wife went to the friend's room, entered the same bed and there was some love play though no actual intercourse. The prisoner was distraught with anxiety after this event and became impotent with his wife, though he was able to masturbate. Financial worries added to his anxiety, and he arranged to see a psychiatrist. Before he could keep the appointment he was arrested. The above story, amazing as it may seem, was confirmed by the wife at an interview. She was a dramatic, shallow creature who had broadcast the story of the "incident" to her neighbours, apparently under the impression that it sounded romantic. This man was eventually bound over and attended a psychological clinic, as recommended in my report to the court. The probation officer reported four months later that he was doing very well indeed and there was complete domestic reconciliation.

Case 90.—Aged 29 years. Gross indecency; one previous conviction for same offence seven years previously. This case is included because of the prisoner's physical condition. He was effeminate in appearance, with the female type of secondary sex characteristics and an aesthetic artistic temperament. He had served in the Army and was at Dunkirk; he was eventually invalidated for "nerves." He had regular heterosexual intercourse, usually with prostitutes; he denied homosexual intercourse or desire. On the night of the offence he was awaiting a male friend and had had a good deal to drink. He went to a public urinal and a man in the next cubicle spoke to him and exposed his penis, which was erect. Mutual masturbation followed and the act was interrupted by a plain-clothes constable. There can be no doubt that the feminine appearance and mannerisms of the prisoner had attracted the other man.

The Bisexual Group

This group consisted of 12 individuals, and the distribution of offences is shown in Table I. Four had already had psychotherapy, with very little effect; four were recommended for treatment to the court; and four were considered unsuitable. In all cases there were strong homosexual and heterosexual tendencies. It is not agreed that the bisexual is more or less homosexual and does not obtain proper pleasure from intercourse with members of either sex as alleged by Allen (1940). In many of the present group almost complete heterosexual satisfaction was achieved, in some cases in homosexual intercourse as well. It was noted, however, that there was a tendency to commit the sexual act in an unnatural way. This was not so much by way of a perversion in the psychiatric sense, but rather an indication of sheer depravity. The following case illustrates this very well.

Case 63.—Aged 41 years. Indecent assault on a boy aged 11. Three previous convictions, for indecent assaults on boys (2) and sodomy (1). He was a dullard, with a matrix S.G.5. His general knowledge was limited and he could read and write very little. He had served in the Forces, but was discharged as medically unfit, presumably because of his backwardness.

He was married, but separated from his wife because she had been unfaithful with an American soldier. He was accused of interfering with a small boy sitting next to him in the cinema and encouraging the boy to rub his penis. He had masturbated from his school-days and first had sexual intercourse at the age of 15 years with a schoolgirl aged 16. Before his marriage he had a voracious sexual appetite and had frequent intercourse with women. There were also incidents with small boys, and he admitted peno-rectal intercourse. He had developed a taste for fellatio and cunnilinctus, and there was a suggestion of sodomy with women. In France he had enjoyed watching "exhibitions" and had performed nauseating variations of the sexual act with French prostitutes.

The Prostitute Group

These five persons had deliberately gone out with the intention of making money by offering themselves to men. In three cases they had attracted their victim and were arrested in the act; the other two were apprehended at the stage of importuning. The following case history is typical.

Case 73.—Aged 59 years. Importuning; one previous conviction for same offence; had had psychological treatment at a London hospital. He held a good position in a multiple boot firm, but was in financial difficulties at the time of the offence. He was a single man and had had intercourse with numbers of women. He also had homosexual experiences while in the Army during the 1914–18 war, but these had never gone further than mutual masturbation and there had been none since. Bearing his 1914–18 experiences in mind, he decided he might make money by soliciting men, to mutual masturbation. He was apprehended while doing this in a public lavatory at Paddington Station. The man was unstable and showed evidence of a mild anxiety state with superadded compulsive-obsessive traits characterized by claustrophobia.

The True Inverts

As has been indicated earlier, it is this group which is of most interest to us and which has been the subject of so much correspondence. There were 13 cases, of which no fewer than eight were importuning; there were three cases of gross indecency and two of buggery. East and Hubert (1939) mention that a large proportion of such cases have other forms of perverse sexual activity; four of these cases showed obvious perversions. Allen (1940) suggests that fetishes in homosexuals are rare, but this is not confirmed. Though the fetish was not always concrete, indulgence in imagery involving masculine articles of clothing or essentially masculine features such as beards and moustaches was common. Of the 13 cases only one was interested in boys; the other 12 were attracted to men, and had never been at all interested in boys. The commonest single environmental factor was seduction in early youth or childhood, with employment in hotels or public-houses as the second most frequent. In only one instance was a history given of emotional suffering caused by a woman. Androgynous physique was present in six cases, which is probably a higher proportion than usual. The part played by the homosexual was rather more definite than is usually accepted; it was found that the individual preferences were as follows: always passive, 5; always active, 2; either active or passive, 3; mutual masturbation only, 3. Of the five preferring the passive role, three were androgynous and two were of masculine build. Of the two active men one was quite effeminate in appearance. Perversions were much more evident in those preferring the passive role; fellatio was admitted by four men.

East and Hubert (1939) state that in an investigation of a series of cases they found no evidence which led them to attach any weight to the homosexual fantasy. Careful questioning was made as to the fantasy, if any, experienced during nocturnal emissions. The result was somewhat startling. Eleven of the men had a definitely homosexual

fantasy; this sometimes amounted to no more than a dream of self-masturbation, but in some instances they experienced in their dream a complete homosexual act, usually passive, but sometimes active. One man always dreamed of committing mutual masturbation with a man very similar in appearance to himself.

Bleuler (1924) states that homosexual love shows the same signs as heterosexual love but also particularly something strikingly ecstatic and exalted. Two of the cases (Nos. 85 and 91) which are given below brought out this point with great emphasis. Emotional conflicts were present in seven of the men. One showed a simple anxiety at his condition; five had a sense of guilt, very strong in three cases; and one showed a sense of guilt plus anxiety.

Walker and Strauss (1939) suggest that the sexual impulse cannot be diverted into heterosexual channels in the case of the true invert and that psychotherapy—by a trained psychiatrist only—should be given to relieve the homosexual of a superadded neurosis and to re-educate him. This seems a very sound view. East and Hubert (1939) consider that the contraindications to treatment are repeated homosexual practices over many years; friendly but quite uninterested relations with women; the presence of other well-developed sexual perversions; and the presence of anti-social trends, whether in association with the practice of homosexuality or showing themselves in other ways. Dr. H. T. P. Young, late senior medical officer at Wormwood Scrubs Prison, states, in the Report of the Commissioners of Prisons, 1942-4, that in 1943 19 prisoners convicted of sexual offences with males were unsuitable for psychotherapy for the following reasons: sentence too short, 5; intelligence too low, 6; constitutional psychopathy or organic lesion, 2; no genuine anxiety for cure, 4; other reasons, 2.

When considering the question of psychotherapy, so far as the 13 individuals in this series are concerned, facts were disclosed which will prove discouraging to those who advocate psychotherapy in all cases of homosexuality. No fewer than seven cases had had psychotherapy, and in every instance it had been administered at a well-known clinic or hospital, or by a well-known psychiatrist who has contributed to the literature on this subject. According to the patients, cures and improvements had been claimed and the courses had lasted for a considerable time and been repeated. And yet four of these "cures" found themselves in prison for the first time, having committed an overt homosexual offence. On the other hand, one of these prisoners reappeared for the fifth time. Of the remaining six cases none had had treatment. Three, however, had no desire for any, and said they would resist every inducement. One (Case 7) was too dull to be able to co-operate in any form of treatment, as well as having well-developed sexual perversions, and therapy was manifestly contraindicated. Another had already been considered by a clinic and a consultant psychiatrist and turned away as unsuitable. The last (Case 79) was an intelligent man with no previous convictions who had previously been well adjusted socially; his offence was directly attributable to heavy consumption of alcohol. A recommendation was made to the court that he might benefit from a psychotherapeutic course with a view to resolving his superadded emotional conflict and helping him to develop more socially useful tendencies. Thus out of 13 cases, in only one was there any indication that psychotherapy would be of any value whatsoever—and then only as a palliative, not as a cure. Five of the case histories are given below as illustrations.

Case 7.—Aged 32 years. Buggery; no previous convictions. A hotel porter by profession, he was a native of Eire and came

to London at the age of 20. There was no morbid family history. He could read and write, but was well below average intelligence. He had never had intercourse with women and was not attracted to them in any way. In 1936 he started to work at a famous London hotel and was "seduced" by a page-boy who persuaded him to have peno-rectal intercourse. He went to live with the boy and stayed with him for two years, regular intercourse taking place all the time. The prisoner always played the active part both at this time and subsequently. When he left this hotel and went to another, homosexual activity ceased for a time. During the war, while working at another famous London hotel, it was the custom for the staff to sleep in the ballroom during air raids. It was also the custom, he stated, for homosexual activity to occur. The prisoner found a boy who attracted him, and intercourse started and continued up to the time of arrest. Frequently he sought homosexual prostitutes—always boys—and had intercourse. He had nocturnal emissions, and the fantasy was of homosexual intercourse in which he played the active part with a boy partner. There were strong sadistic tendencies, and he enjoyed inflicting pain on his paramours. He had marked anxiety symptoms and suffered from a duodenal ulcer. His insight was fair, but psychotherapy was contraindicated on account of his backwardness and the evidence of strong perversions.

Case 41.—Aged 30 years. Importuning; no previous convictions. He was a bright, well-educated man who was a brilliant musician and seemed likely to be able to follow a career as a concert pianist. Unfortunately he had suffered from nerve deafness since the age of 15. He was very effeminate in physical appearance as well as in voice and mannerisms. At the age of 16 he was indecently assaulted in a public lavatory. He had never been attracted to the female sex and had never had heterosexual intercourse. Homosexual activity started at the age of 20, but previously he had masturbated and indulged in a fantasy of rough, physically strong men. He had never gone further than intracural intercourse and had played both active and passive parts. Strong guilt and anxiety were associated with the act, and because of this he sought the aid of a psychiatrist. Several years of treatment had had no effect either on the homosexuality or on the superadded neurosis. He was charged with importuning, and suggested that the exposure of what he called his "weakness" and the prospect of a prison sentence had been more beneficial than any previous treatment. In view of his previous lack of convictions a recommendation was made to the court that further treatment might help him to readjust himself socially.

Case 79.—Aged 48 years. Importuning; no previous convictions. This man was a fine-looking specimen, alert and intelligent, and a bank cashier by profession. He was single and supported an aged mother. He had realized he was a homosexual for as long as he could remember. He was not attracted to women, but was friendly with many and did occasionally dance with them. He had a sincere affection for his mother. Homosexual activity had only once gone further than mutual masturbation. He had on this occasion played the passive partner in peno-rectal intercourse, but was so revolted that it was never repeated. He had a strong guilt complex following mutual masturbation; the fantasy during nocturnal emissions was one of self-masturbation. He was charged with importuning and admitted the offence. He had, however, indulged over-freely in alcohol, and this was the first occasion on which he had ever committed such an act. He was allowed bail and attempted suicide before his appearance at court, but was saved by his mother. He had originally intended to murder her first, but found himself unable to do so, though he killed the cat as a start to wiping out the entire family. Considerable time was spent with this man before he went to court, and an attempt was made to re-educate him, with some success. It was strongly recommended to the court that therapy might help to alleviate his anxiety and sense of guilt and reorientate him to society.

Case 85.—Aged 64 years. Importuning; one previous conviction for the same offence. The prisoner was a well-educated, sensitive man of delicate feminine appearance, with long shapely fingers and finely chiselled features. He had studied medicine in his youth and was engaged to a young lady of

good family. When he began to study gynaecology he found he was disgusted by the sight of the female genitalia, though he said he rather "enjoyed" the labour ward and parturition. He had previously had homosexual relations, and he now realized his condition; his engagement was mutually terminated with no sense of disappointment on his side. He gave up medicine, as he had private means; for a time he occasionally indulged in mutual masturbation. He then went to live with an older man, and for ten years they lived in complete harmony as lovers. They both played active and passive roles. After he parted from this man he had gone to live with another, and had done so for nearly thirty years. At first he played both parts, but later became the passive partner and had always done this since. There was a strong masochistic flavour to the act, which he described in ecstatic terms. His disgust of the female genitals had gradually been transferred to females in general, and now the very rubbing against them in a bus made him feel "unclean." He was importuning because his partner was on holiday and he felt "sex-starved." He considered nothing could be done to help him, and had no desire for treatment.

Case 91.—Aged 42 years. Importuning; one previous conviction for the same offence. He had always been attracted to men, and started intercourse at the age of 20. He had never had a regular partner and had never associated with boys. His fantasy during nocturnal emissions was of the homosexual act with himself in the passive role. He had played both parts but much preferred the passive. He had served in the Forces and was demobilized with a good character. During his service he had married an A.T.S. girl; but intercourse occurred only twice, and he was so disgusted that he could face it no longer. The wife had gone to another man, by whom she had a child, and he let her go without interference. He had never had heterosexual intercourse on any other occasion and did not desire it again. He experienced a complete tumescence during homosexual intercourse, with detumescence at the time of the orgasm of the active partner. He occasionally had an emission with orgasm but described the "other sensation" he experienced as infinitely more pleasurable, and he felt an overwhelming love for the male partner. He had no wish to be altered, and said he would resist any attempt to do so.

There is a wide divergence of opinion on how to deal with men charged with homosexual offences. At one extreme there are those who consider that such offences merit the most severe penalties; these are mostly non-medical persons, and, to be fair, non-legal. At the other extreme are those who consider that imprisonment is completely contraindicated; these are mostly medical men, and psychiatrists at that. Walker and Strauss criticize severely the penal laws on this subject and suggest that, except in the case of offences against children, homosexuality should be tolerated. They consider that sentences of imprisonment for repeated sexual offences against children serve no useful purpose, and removal to a "protected environment" for an indeterminate period is recommended. It is difficult to see how this environment would differ appreciably from a prison sentence except for the increased length of sentence.

In Kenny's *Outlines of Criminal Law* the purposes of punishment are stated to be primarily deterrent, both to the offender and to others, and reformatory. Important subsidiary objects, however, are stated to be gratification of the injured person and satisfaction of the indignation of the community. In court it is often mentioned that laws were made for the protection of the community as a whole and not for the benefit of the individual; the parents of seduced children, in particular, demand retributive punishment for the offender. In offences of this nature imprisonment is more often imposed with retribution in view than in the case of other homosexual offences, where the reformatory value is stressed by the court. Comparison is often made between the law in this country and in other countries as it relates to homosexual offences. Is there in fact so much difference? All are agreed on the necessity for

preventing the seduction of boys, and seduction is prosecuted as vigorously in other countries as in this one. All the cases in this series committed overt acts and offended public decency. Covert homosexuality is rarely prosecuted, and I have not experienced a case in which two adult men were charged with committing homosexual acts behind closed doors. The public objects to witnessing such acts and is entitled to demand that they be suppressed.

The whole subject was admirably dealt with in a paper by East (1946). He stressed that if the modifications envisaged in the proposed Criminal Justice Bill were introduced a better understanding of the criminal by extramural psychiatrists and a wider conception of punishment as a method of treatment would be required. He also considered that, if psychiatric treatment of offenders is made a condition of a probation order, only psychiatrists of wide experience and mature judgment should undertake the work. These views were commended by Lord Cooper, the Lord Justice Clerk of Scotland, who ascribed the conflict between psychiatrists and lawyers to the fact that the former were not used to having their opinions questioned and the latter were not used to accepting other persons' conclusions unexamined. He further stated that the lawyer is not ready to accept the principle that there is a section of the community chosen by medical men whose members are free to commit crime with limited liability, or perhaps with no liability at all. To some this view may sound harsh, but it is imperative that the difference between legal responsibility and medical culpability be fully appreciated if psychiatrists are to take their proper place in helping to deal with offences of the nature discussed.

Summary

The incidence of homosexual offenders received into Brixton Prison during 1946 is discussed. These numbered 96, and a classification into four groups has been made.

The date of the offences and the age and previous convictions of the offenders have been investigated and the results tabulated, brief comments being made.

The pseudo-homosexual group, the bisexuals, and the prostitutes are examined and brief case histories given.

The group of true inverts, numbering 13, is discussed in more detail, particularly as to the effects of previous treatment. Seven had had treatment and had not shown improvement therefrom, three refused all interference, and only one of the remainder was considered likely to benefit.

A brief examination is made of the legal and social aspects of dealing with the homosexual offender and the relation of the psychiatrist.

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The Minister of Health has adopted recommendations for increasing the salaries of midwives and mental nurses employed in part-time service as follows. If employed for not more than 30 hours a week: midwifery sister, S.C.M. and S.R.N. or R.S.C.N., 3s. 1d.; S.C.M. only, 2s. 11d.; staff midwife, 2s. 5d. or 2s. 3d. according to qualifications. If required to work on occasion for a few hours in excess of 30 a week payment for the additional hours is as follows: midwifery sister, 2s. 9d. or 2s. 7d. according to qualifications; staff midwife, 2s. 1d. or 2s. Mental nurses employed for not more than 30 hours a week: female ward sister, 3s.; female deputy sister, 2s. 7d.; female staff nurse, 2s. 5d. Payment for additional hours over 30 is as follows: 2s. 8d., 2s. 3d., or 2s. 1d. according to grade.