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## Eugenic and sexual folklores and the castration of sex offenders in the Netherlands (1938–1968)

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### ABSTRACT

This contribution questions the positive/negative eugenics dichotomy that typifies the historiography on the eugenic movement in the Netherlands and the claim that this movement was mostly marginal because only positive eugenics was pursued. From 1938 to 1968 in the Netherlands, after a decade of debates, 400 sex offenders who had been committed to asylums for the criminally insane were 'voluntarily' and 'therapeutically' castrated. For political reasons debates on castration, meant to create consensus, eliminated any reference to or connotation with eugenics, yet these policies were unthinkable without them. This article shows that thinking about social and sexual problems and their solutions in the 1930s were permeated by eugenic folklore which in turn was informed by sexual folklore. Both eugenic and sexual lore, as common sense, or as ways of knowing, were about individual and collective loss of self control which was referred to with a catch-all phrase: 'hypersexuality'. Although sexual classifications used in diagnosing sex offenders suggested the existence of discrete sexual categories, homosexuality for instance was not seen as a sexual alternative or as an identity but as the extent to which an offender suffered from a form of hypersexuality that threatened the fabric of society.

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### 1. Introduction

In 1938, after nearly a decade of discussions amongst medical doctors, theologians, jurists and politicians, the then Dutch Minister of Justice approved for the first time the castration of a sex offender who was hospitalized in an asylum for the criminally insane (Noordman, 1989; Oosterhuis, 1992; Koenders, 1996; Verburg, 2001). From that time on until 1968, some 400 such male offenders and at least one female convict—'psychopaths'—who were committed by courts, would 'voluntarily' submit themselves to 'therapeutic' castration, after having obtained permission from the Department of Justice. The figure is an educated guess, based on a 1969 research paper of the Department of Justice (De Boer, 1969) which provides annual numbers that are not entirely identical to annual reports of asylums.<sup>1</sup> In addition to those committed by

the courts, there was an uncertain number of others who underwent surgery without any formal procedure; these included men and women in 'mad houses' and others who through the mediation of psychiatrists or under pressure from their pastors found surgeons willing to carry out the operation.

For males, castration meant the surgical removal of the testes, for women it involved the removal of the ovaries. Although some psychiatrists claimed positive results from castrating women (Pallies, 1947), others were sceptical (Barnhoorn et al., 1936, p. 144), and indeed such surgery remained rare (Wijffels, 1954). In contrast to countries such as Sweden (Rydström, 2003, p. 173), Denmark,<sup>2</sup> or Germany (Grau, 1993), and despite appeals by some members of the medical profession and jurists, castration in The Netherlands was never regulated by law. Instead, since these subjects were wards of the government (the official Dutch term being 'put at the disposal

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<sup>1</sup> (De Boer, 1969). The annual figures provided in this internal unpublished report of the Department of Justice differ slightly from those in annual reports of the asylum in which about 80% of all castrates resided. The Department's report puts the total number of castrates from these asylums at 384. My estimate comes to a little over 400.

<sup>2</sup> No recent studies on castration in Denmark are available. Yet, to Dutch discussants, Denmark was the prime example, as castration laws had been introduced in 1929 (Pippel, 1933; Sanders et al., 1935; Barnhoorn et al., 1936).

of the government', known by its acronym TBR),<sup>3</sup> rules were applied that were as much meant to cover political accountability as they were to provide a medico-legal protocol.

The research into these policies presented here did not start out as a project on eugenics, but it inevitably led to this. While the main purpose of castration was to remove or to reduce libido, during the discussions in the 1930s this was not always obvious. Psychiatrists and theologians, jurists and politicians confused castration with sterilization because they generally discussed castration of sex offenders in the context of—or as an aside to—eugenic sterilization. Castration was just an older form of sterilization, according to one of the foremost Dutch Catholic theologians of the day who opened the debate in 1930 (Duynstee, 1930, p. 8). Or, as another discussant put it, vasectomy was just the modern version of medieval castration (Pippel, 1933, p. 11). Also, people were sometimes sterilized instead of castrated in the mistaken belief that this intervention would reduce their libido.<sup>4</sup>

This paper is about the eugenic background of castration policies in The Netherlands. It will question the positive/negative eugenics dichotomy that typifies Dutch historiography on the eugenic movement. Although it does not ignore the 1930s debates on castration, it pushes the outcomes of the debates into a different realm. It is also about commemoration: the research on castration presented here started out as an attempt at national redemption, not of eugenics, but of the repression of homosexuality. Other work has suggested that castration has been one of the strategies used to repress homosexuality, especially during the Nazi occupation of The Netherlands (Koenders, 1996, 2006).

## 2. Castration, eugenics and memory

Research into the castration practices began as one of several studies of homosexuality and the Second World War in The Netherlands at the International Institute for Social History (IISG) in Amsterdam. This project was commissioned in 2003, after the Dutch government's tentative acknowledgement that homosexuals in The Netherlands made up a special category of victims of the Nazi occupation.<sup>5</sup> This ended several decades of argument between the Dutch National War Institute (NIOD) and the gay and lesbian movement over alleged atrocities committed against homosexuals during the occupation (Schuyf, 2003). Over the years, these wartime persecutions of gays and lesbians have become a part of national awareness and consciousness.

Much of (recent) Dutch gay historiography concerning the Nazi occupation, fed by popular awareness, shows a tendency to inscribe the repression of homosexuality as part of the holocaust. Yet, research into the way in which the subject of homosexuality has been remembered internationally since the Second World War makes clear how references to the often unsubstantiated numbers of homosexual victims of fascism has become part of sexual identity politics, especially since the 1970s. Whereas the Dutch homophile organization COC (founded in 1946) in the early post-war era claimed citizenship in modest terms as a reward for the courage shown by homosexual and lesbian members of the resistance, the 1970s generation did so (more successfully) on the basis of a largely imagined wartime victimhood (Klein & Meer, 2007).

Detailed research into the records of the Dutch Department of Justice and court and medical records, as well as into contemporary literature, provides a very different picture of those who were responsible for castration policies, of those who were castrated, and of the reasons why they were emasculated. This research questioned ways of commemorating and of writing historiography that find their justification in the representation of unambiguous repression and victimization. The other studies of the IISG project also produced conclusions that are very different from current popular views of homosexuality and repression in The Netherlands during the Second World War (Tijsseling, 2007; Klein 2007).

Of all castrations of people held in 'psychopath asylums', some 15% took place during the war, 50% in the ten years after, between 1945 and 1956 (De Boer, 1969). About 75% of all castrations between 1938 and 1968 were done on the authority or under the co-responsibility of J. C. Tenkink who headed the Department of Justice between 1940–1941 and 1945–1965. In 1941 he had resigned, refusing to carry out German occupation policies. After the war, he was reinstated (De Jong, 1972, pp. 137–138). His wartime successor, J. J. Schrieke, a collaborator who was prosecuted after the war (De Jong, 1975, pp. 616–619), actually tightened the rules on castration which he considered to be a very delicate issue requiring the utmost caution.<sup>6</sup> Castration policies obviously eclipsed issues of loyalty and collaboration and had nothing to do with the Nazi occupation. In the course of debates in the 1930s on castration, a consensus had emerged about the benefits of the surgery for sex offenders that, like eugenics, surpassed political divides and also included progressive psychiatrists and sexologists—some of them members of the World League for Sexual Reform—who had actually spoken out against discriminatory laws against homosexuals.<sup>7</sup>

<sup>3</sup> In The Netherlands, since 1928, offenders who because of psychiatric dispositions cannot or can only partly be held accountable for their acts by verdict of a court, can be 'put at the disposal of the government' (TBR—'ter beschikking van de regering'—nowadays TBS) in addition or instead of a prison sentence. TBR is usually for a period of two years, but such periods can be renewed indefinitely by courts. As a consequence, TBR can mean lifelong incarceration. The Minister of Justice can decide over early releases from an asylum. TBR can also end by not renewing the period. Incarceration in an asylum can be forever.

<sup>4</sup> See below.

<sup>5</sup> This article is based on research I have done between September 2004 and September 2006 at the IISG as part of the Institute's project Homosexuality in the 20th Century. The project is sponsored by the Dutch government's special Recovering Gay Justice fund, meant for research on homosexuality in Holland during World War II and disseminating knowledge concerning this issue. Considering the fact that in Germany from 1933 onwards, courts could force castration on sex offenders (cf. Grau, 1993), a committee administering the Recovery fund had selected 'castration' as one of the topics to be researched. For obvious reasons it felt more appropriate to broaden the research to castration of all kinds of sex offenders and to extend the research into the pre- and post-war periods. For my research, by permission from the secretary general of the Department of Justice, I have had access to all available sources: aside from contemporary publications, they include the so-called psychopath files of the Department of Justice, court records of those prosecuted and/or committed to clinics, as well as the medical records from several of those clinics. When I began my research in 2004 the Department of Justice had just started the destruction of the psychopath files; the process was halted and the files will be transferred to the National Archive. I refer to individual files here by their 'psychopath number' which was assigned to them once courts reported their verdict to the Department. From fairly early on, it was obvious that there was no relationship between castration and the occupation of The Netherlands by the Nazis (see elsewhere in this paper). In processing my research data, I focus on related issues, such as dealings with sex offenders, sexology, gender issues and eugenics.

<sup>6</sup> Department of Justice, Restarchief (the Restarchief is a small file with different kinds of documents, which apparently could not be filed in individual files of people with TBR). Schrieke required annual check-ups in the first three years after the surgery. See Historisch Centrum Overijssel (hereafter HCO), Veldzicht 645–138 (Patient file).

<sup>7</sup> One of those sexologists was Bernard Prensela, whose son Benno became one of the most well known leaders of the post-war Dutch homophile movement. He was the first openly homosexual man ever to appear on Dutch television. Bernard Prensela was one of the advocates of castration of sex offenders, but explicitly opposed the idea that homosexual consenting adults would be subjected to the surgery (Koenders, 1996; Brandhorst, 2003). J. Sanders was an outspoken eugenicist and the director of an institute for racial hygiene: in 1935 he published his influential book, *Het Castratievraagstuk*. He was one of the foremost proponents of castration of sex offenders, yet, in the mid 1930s, he also spoke out against discriminatory laws against homosexuals at an international conference in Zürich. Based on a study he did into homosexuality amongst twins, which showed a high concordance, he had come to the conclusion that homosexuality was innate. His speaking out in Zürich resulted in a row with the German Nazi professor of racial hygiene Tirala, to which the fact that Sanders was Jewish probably contributed. Both Prensela, who was also Jewish, and Sanders were killed in Sobibor (Meer, 2007a, pp. 291–292).

Elsewhere in this article, it will be argued that the issue of repression shows up in sexual concepts and categories rather than in actual figures. Instead of assuming an unequivocal gay victimhood, research into the castration practices in the Netherlands indeed leads into the realms of eugenics and sexology, and the way historiography in The Netherlands has dealt with these. As already said, castration policies in The Netherlands originated in discussions about eugenic sterilization. According to the most authoritative study to date (Noordman, 1989), the eugenic movement in The Netherlands was never more than marginal; ideas about eugenic sterilization did not gain much currency here, and received a very negative reception. In Dutch eugenics, environmental factors played as important a role as heredity. 'Positive' eugenic measures prevailed and even so they were only pursued on a minor scale. In addition to some influence on social policies (Klein, 2005), positive eugenics remained limited to voluntary marriage counselling. While Noordman's study also shows that the debates of the 1930s on castration of sex offenders originated in eugenics, he argues that actual castration policies were based on pragmatic and sexological considerations that were not concerned with larger population issues (Noordman, 1989).

Once the Department of Justice agreed to castration, a phraseology and rules were introduced that carefully avoided references to or similarities with eugenic policies. Yet, no matter how non-eugenic the contemporary semantics surrounding these policies may have been, the results are far less reassuring for the role of eugenics in Dutch society (and the place it was given in historiography). The distinction between positive and negative eugenics obscures the extent to which eugenic thinking had permeated analysis of, and consideration of solutions for, social, mental and sexual problems.

When castration of incurable sex offenders was put into practice in 1938, sexological and pragmatic arguments undeniably seemed to prevail, at least in the individual cases presented by the psychiatrists who ran the asylums. Yet, notes made by forensic psychiatrists and parole workers after the arrest of an offender, which were used in the diagnoses of offenders by doctors in the psychopathology wards, employed a vocabulary that at the very least was reminiscent of eugenics and of social Darwinism. And so were some of the strategies, especially in relation to the intellectual capacities of those hospitalized and eventually castrated. Indeed, they are reminiscent of the 'construction of feeble mindedness' that marked some practices of eugenic sterilization in, for instance, the USA (Schoen, 2005). Here, I want to make the argument that despite the absence of formal eugenic policies in The Netherlands, and despite the marginal status of the eugenic movement, a eugenic folklore, folk knowledge, common sense or even ontology existed that informed the castration practices. Moreover, the pragmatic and sexological considerations concerning castration themselves were to a large extent rooted in age old sexual and gender folklores, which in turn informed this eugenic assumption. Preventing recidivism by known sex offenders may have been the primary objective of castration policies; however, the difference between preventing sex crime and preventing the spread of inferior germ plasm was often only semantic.

### 3. Before castration

In The Netherlands, there was no public discussion about castration as a means to either penalize or to prevent sex crimes,

nor about castration as a eugenic instrument before 1930. 'Self evidently', a Dutch newspaper had written in 1912 in a rare mention of the topic, an American report about castration for 'eugenic preventative and penal purposes' got an unfriendly reception and provoked 'more than one protest' at the international eugenics meeting in London that year.<sup>8</sup> An article by a jurist in a legal journal a year later that recommended castration and sterilization as ways to deal with criminals passed largely unnoticed.

This is not to say that castration was not considered (and sometimes practised) before the implementation of castration policies in 1938. Although only published in 1935, the first documented surgery in The Netherlands on someone who sought to be relieved of his continuing sexual problems and to end his transgressions of the law took place in 1921 (Sanders et al., 1935, pp. 26–30). Jurists and members of the medical profession sometimes advised their clients/patients to find themselves a surgeon who was willing to operate. According to some legal figures, doctors risked prosecution for causing bodily harm.<sup>9</sup> Medical records of men who had been sent to psychopathology asylums before 1938 show that some psychiatrists and solicitors had spoken of castration with prosecutors and had put in requests for the surgery with the Department of Justice on behalf of their wards.<sup>10</sup>

Between 1930 and 1938, several men indeed were castrated in what were as much legal as medical experiments. After having been arrested for sex crimes, some of these men got away with a light sentence, either because they had been castrated while being in custody, or by promising to submit themselves to the surgery if they were acquitted, or after serving a short sentence. In fact, courts had no means to enforce such a promise. A landmark verdict by a court in 1936 and refusals by the Department of Justice to cooperate with the suspension of custody of suspects in order to undergo the surgery put an end to such experiments. Until the castration practice came to an end in 1968, the Department of Justice took the position that sex offenders were free to have themselves castrated but only after they had served their sentence, or, that offenders in accordance with the rules could apply for permission from the Minister, once they entered a psychopathology asylum.

### 4. Debating castration: eugenic backgrounds

As is usual with any topic, debates on castration occurred according to the traditional social, denominational and cultural divides of the Netherlands: Catholics, Protestants and 'secular professional groups' debated the topic within their own circles. In search of common ground, they were also invited to present their respective positions when different groups met, as in the so-called Psychiatric Legal Society, which discussed castration of criminals in 1933 at one of its regular meetings (Frets & Bemmelen, 1933).

A debate about castration began in 1930 when a Dutch Catholic theologian in a remarkable book review severely criticized the work of a German colleague—Jos Mayer—who on (erroneous) theological grounds had defended eugenic sterilization of the 'feeble-minded' (Duynstee, 1930). The debates reached a conclusion in 1936 at a conference of Catholic physicians on 'infertilizing' (*onvruchtbaarmaking* was a neologism in Dutch as well) (Barnhoorn et al., 1936). During the discussions, it was time and again explained that castration, together with vasectomy/tubectomy and radiation, were three ways of sterilizing humans (radiation was

<sup>8</sup> Het Internationale Eugenetische Congres III (1912), A1.

<sup>9</sup> According to Sanders it depended on whether abnormal sexuality was seen as a disease, or just as an abnormality. In case of the latter, castration would not be a form of medical treatment but a violent criminal assault (Sanders et al., 1935, p. 56). According to Catholic professor E. Carp—the psychoanalyst mentioned in this contribution—Sanders was just playing a semantic game and the decision to castrate was by definition based on a medical diagnosis, for which a physician could not possibly be prosecuted 'at least not in a country in which Morality and Science are respected' (Barnhoorn et al., 1936, pp. 137–138.)

<sup>10</sup> HCO, Veldzicht 645-86 (Patient file), dd 31-12-32. J. D., a committed exhibitionist wrote in 1932—six years before castration was first approved—that he had previously put himself under the treatment of Dr Bernard Premela (see note 7), who had recommended castration.

soon dropped because it was impossible to fine tune doses, and the results were doubtful at best, if not downright dangerous) (Frets & Bemmelen, 1933; Pippel, 1933; Sanders et al., 1935; Barhoorn et al., 1936).

Thus, consideration of castration usually occurred in the context of discussions about sterilization and was mostly about the question whether or under what circumstances such interventions were medically and ethically acceptable. There could be various reasons for sterilization: eugenic reasons to prevent the 'feeble-minded', the criminally insane, or the 'inferior' from procreating, though sterilization for social, prophylactic and neo-Malthusian reasons was rejected by almost everyone. There was also sterilization (castration) as a penalty, or as society's safeguard against habitual sex offenders, and sterilization (in this case castration) as medical therapy for testicular or ovarian cancer or tuberculosis of the testes, or as therapy for a 'deranged' sexuality. Eventually, the last category turned out to be the basis for a consensus amongst discussants. There were related questions, such as forced or voluntary sterilization. There was the issue of guilt and redemption of offenders, especially amongst Protestants, and whether or not they got off too easily if they were sterilized or castrated.

There were also the questions whether or not to regulate castration by law, or to appoint committees to oversee applications for castration, which most doctors fiercely opposed. One psychiatrist stated in 1936 that there was no need for such committees because the doctors had their patients' best interests at heart. Besides, castration for sexual disorders was based on a medical diagnosis and no-one in his right mind would suggest that surgery for testicular cancer would require approval by a special committee. By the same argument, no doctor should be prosecuted for causing bodily harm if the castration was based on a medical diagnosis (Barhoorn et al., 1936).

Opinions and positions taken by different groups in these matters represent a confusing state of affairs, although each position had its own internal logic. Catholics were the fiercest opponents of eugenic sterilization, especially after the Vatican had issued the encyclical *Casti Connubii* on New Year's Eve 1931, which condemned sterilization on eugenic grounds, be it forced or voluntary. (The previously mentioned German theologian, Mayer, recanted his earlier position; Barnhoorn et al., 1936, pp. 144–145.) Catholic speakers constantly argued that medical science, aside from such afflictions as Huntington's chorea, knew very little about hereditary diseases.

On the other hand, for years Catholic theologians in The Netherlands had from the very beginning of the discussions courted the idea of sterilization as a punishment, and after 1931 they found support for that position in the encyclical. Speaking of eugenic sterilization to prevent degeneration, *Casti Connubii* said that no one should be punished for crimes they had not committed. The implication was that such punishment could be applied to people who had offended. At meetings and in publications, theologians would go through the theological analysis, especially quoting or interpreting Thomas Aquinas who had said that in case of crime, debt could be recovered on the body of the perpetrator if it could not be properly paid off with his natural goods. But after the theological analysis, the conclusion would be that sterilization as a penalty was not appropriate because corporal punishment (also the death penalty) had already long been abolished in The Netherlands (Duynstee, 1930; Barnhoorn et al., 1936, pp. 77–78).

Doctors and psychiatrists representing secular positions tended to approve eugenic sterilization (albeit mostly voluntary), strongly favoured sterilization as society's safeguard against sex offenders, but fiercely opposed sterilization as a penalty because it was incompatible with a modern state of justice (Pippel, 1933; Sanders et al., 1935). Catholics, in turn, rejected sterilization as a means of protecting society against offenders, because they were afraid that

such policies could result in programmes or laws for eugenic sterilization. Yet, they approved therapeutic sterilization in cases of diseased sexuality if it were meant to set the individual free of his infliction. Thomas Aquinas had written that the removal of body parts was allowed if it were to benefit the whole body (Barnhoorn et al., 1936, p. 77). Like any disease, a deranged sexuality was a *malum* of the natural order that required intervention (Duynstee, 1930, p. 322). Thomas Aquinas's point was also reiterated in the 1931 encyclical, although the author of this document did seem to have been thinking of cancer rather than sexuality.

Considering the fact that the Catholics rejected eugenic sterilization, it is not surprising that they were also very negative about sterilization and castration as a precautionary measure. One secular proponent of the latter, said explicitly that there was barely a difference between the two:

Eugenic and public safety precautions are closely related to one another; after all, it is difficult to decide where efforts aimed to improve the strength of the nation and to increase moral and physical levels of the population for the benefit of the national community end, and where the duty of the state begins to take measures to protect the community against individuals or groups who endanger it. (Pippel, 1933, pp. 12–13)

As close as eugenic sterilization and preventative sterilization were supposed to be to one another, just as close were the intended subjects of the practices. The 'inferior' and the feeble-minded that were the main target of eugenic sterilization policies elsewhere were not all that different from, or, indeed, overlapped the categories of criminals that might be sterilized to protect society. The feeble-minded and the criminally inclined were usually mentioned in the same paragraph or at least in the same chapter as they were both considered to be affected by degeneration. While discussants acknowledged that very little was known about heredity, there was a ready acceptance of the general belief that certain forms of criminality were physically passed on from one generation to the next as part of a continuous degeneration. Even if preventing procreation was not the main objective of castration, one of the participants at the 1936 conference of Catholic physicians stated (and his words were often repeated), one could 'rejoice' in the fact that the criminals would not have further offspring (Barnhoorn et al., 1936, p. 82).

## 5. Confusing sterilization and castration

Linking eugenic and preventative approaches, as well as defining castration as just a sterilization technique, contributed to widespread and persistent confusion over sterilization as vasectomy/tubectomy and sterilization as castration. Not least, the confusion was about the effects both interventions might have on the subject, as well as the reasons one or the other might be used.

Medical specialists indicated that sterilization and castration were in fact very different things. The gonads produced internal and external secretions and the former—hormones—affected secondary sexual characteristics, sex drive, and growth. Hence the unusual bodies of castrates who had suffered the surgery in childhood. With sterilization (vasectomy/tubectomy), only sperm or egg production was cut off, whereas castration cut off both hormones and the production of sperm and eggs. The purpose of sterilization was to make a person infertile, which is its only effect on the body. In the case of castration, infertility was just a by-product; its main purpose was to affect the sex drive while there were also other (visible) physical side effects (Sanders et al., 1935). It was by no means clear to everyone that tubal ligation or vasectomy had no effect on sex drives at all. In 1932, a notorious exhibitionist in the south of The Netherlands was first sterilized with the approval of

the Catholic Church, and then only castrated when it turned out that the sterilization had had no effect on his deviant behaviour.<sup>11</sup> Sterilizations intended to change libido were still done occasionally after World War II (Wijffels, 1954). It was all part of widespread beliefs that desire existed only in relationship with procreation.

In 1935, J. Sanders, the main editor of a book about the castration of criminals, urged his colleagues to distinguish clearly between sterilization and castration. A year later, he was approvingly quoted in a keynote address at the aforementioned Catholic conference, to which the speaker then added that his distinguished colleague had overlooked the fact that castration could also serve as a means to sterilize a person. Therefore, the speaker said, the conference organizers had chosen the neologism 'infertilizing', to cover both sterilization and castration (Barnhoorn et al., 1936, p. 16). At that conference, castration as punishment was once again considered: the penalty being, so another speaker implied, that the offender would no longer be able to procreate. At this point, the discussion became ever more obscure. Whereas according to this speaker—the president of the Catholic University of Nijmegen—the state was not allowed to sterilize/castrate to prevent criminals from procreating, penalties by definition implied a form of prevention which in this instance was permissible because it related to an actual crime (Barnhoorn et al., 1936, p. 80). E. Carp, a prominent professor of psychiatry at the conference—a psychoanalyst—said that sex offenders who wanted to be castrated needed to be well informed about the consequences of the surgery; mentioning that they would become sterile (ibid., pp. 122, 137). Although in another part of his presentation, Carp mentioned the effects of castration on the patient's libido, he did not suggest telling the sex offender this (ibid., p. 130). Perhaps one of the most remarkable things about the debates was that nobody ever spoke directly about the fact that people who were subjected to the surgery might experience a loss of their masculinity. (Though, such a loss may be implied in the strong emphasis on the loss of the ability to procreate.)

Taking away feelings of sexual desire, the libido, was apparently not seen as a penalty, or as a major consequence of castration. Although the psychological consequences of castration—as well as the actual physical results—were unpredictable according to an endocrinologist at the 1936 conference, psychiatrists often thought them to be minimal: just—mostly temporary—depressions and feelings of inferiority (Palies et al., 1941; Hartsuiker, 1943). Although no-one said so, the latter seems to imply that men who were castrated did experience consequences for their gendered sense of self.

Sexuality was not seen as something relating to a person's core identity, despite the fact that homosexual 'strivings for emotional attachments' did not change as a result of castration as all international studies indicated. For some discussants, castrating people for no other reason than homosexuality was not permitted because it would only add unnecessary suffering (Barnhoorn et al., 1936, p. 89). Yet, in discussions about castration, sexual identity was not a concept used at all: for most participants, true to the hegemonic thinking of the time, there was just (normal) sexuality (obviously heterosexuality) and sexual deviancy which mostly fell under the label 'hypersexuality'—homosexuality, exhibitionism, sex with young girls, incest—which, as will become obvious later, were understood as an issue of self control.

Even when sexuality was thought of as something psychological—which one would of course expect from a psychoanalyst—justification of castration took a near neo-Darwinist turn: castration 'resolves infantile conflicts and complexes of the mental life and thus introduces a state of rest', according to the professor of psychiatry E. Carp in 1936, who even claimed castration to be a psycho-therapeutic instrument. The injury brought benefit to the whole organism, he said (courtesy of Thomas Aquinas), 'so that better than in the past the personality will be able to fight its battle for existence' (Barnhoorn et al., 1936, p. 122).

Theologians (again, following Thomas Aquinas), as well as psychiatrists, took essentially a (traditional) somatic approach to the issue of control in which the testes or ovaries were in fact the *loci delicti*, even though according to the aforementioned endocrinologist at the conference, Dr A. W. N. Pompen, endocrinology had nothing to say about diseases that might require sterilization or castration. He also mentioned that the study of the effects of gonadal hormones on the nervous system had so far made little progress, and that nothing could be said with any certainty about the hormonal basis of the sex drives. According to him, sexual deviancies—including homosexuality—were psychiatric issues, not endocrinological ones. (The fact that he specifically mentioned homosexuality was probably meant to counter claims by the early homosexual rights movement that homosexuality was caused by gonadal secretion). Nonetheless, he recommended castration for some carefully selected categories (without mentioning which) (Barnhoorn et al., 1936, pp. 21–34). The remarkable conclusion and irony of all of this was that psychiatrists mostly saw the 'deranged' sexuality of their patients as an endocrinological problem, while, according to the only endocrinologist participating in the debates, his discipline had nothing to say about the sexual dispositions themselves. Basically, all one could say was that castration worked, at least most of the time.<sup>12</sup>

## 6. Adding political urgency

By 1933 political pressures added to the debates about sterilization and castration. The number of 'criminally insane' committed by courts since the introduction of the procedure only five years earlier far exceeded expectations. Until 1928, people who could not be held accountable for their acts used to be acquitted, or they were released without any treatment or without serious precautions after having served their sentences. After the enforcement of the so-called psychopath laws in 1928, the existing facilities could not cope with the growing number of committals, especially of sex offenders. That situation was exacerbated by the fact that sex offenders in particular were diagnosed as incurable and therefore would have to spend most of the rest of their lives in an asylum.<sup>13</sup> If not for simple humanitarian reasons, this prospect was not an alluring one in times of economic crisis and budget cuts. Once castration was allowed, one psychiatrist in submitting his advice on individual requests never failed to provoke the Department of Justice by saying that, although it should not be an argument for approving castration, he could not refrain from pointing out that much money was to be saved if the person involved would undergo surgery.

From 1933, for several succeeding years, parliament discussed castration of sex offenders with the Minister of Justice during the

<sup>11</sup> National Archive (hereafter NA), Department of Justice archive, 22.09.22-16787 Geheim Verbalen nr. 6086 30-12-1933.

<sup>12</sup> The endocrinologist at the 1936 conference—basing himself on historical accounts of castrates in harems and also on animal behaviour—went out of his way to stress that success was not guaranteed. Once policies took hold, psychiatrists nonetheless claimed a near 100% success rate. Figures for sexual recidivism were very low indeed throughout the period (10%), and such recidivism often happened fairly early after the surgery when there is still a buffer of testosterone in the body. Adrenal glands also produce small amounts of testosterone which in some may be sufficient to cause erections. In cases I have seen, the recidivism did not involve actual criminal sexual behaviour, but homosexual contacts among consenting adults which was seen as a threat to the final recovery of the delinquent.

<sup>13</sup> In 1933 one third of all people committed to the Veldzicht facility were sex offenders. Five years later, the percentage had risen to 70%.

annual budget discussions (Verburg, 2001). Members of parliament may have been motivated in 1933 by new publications or by events in Germany where the sterilization laws had just been passed. They may also have been approached by people who were locked away in asylums for psychopaths. Faced by the prospect that they might never be released they told MPs through their doctors and lawyers that they themselves wanted to be castrated. In 1934, these discussions about castration suddenly moved to the columns of newspapers after a vicious murder of an eight year-old girl in Amsterdam by a sex offender who had served time for earlier sexual assaults (Van Weringh, 1995).

In 1933 the Minister of Justice, a Catholic, rejected castration almost out of hand and made it clear that it was not going to happen on his watch: his four year term had just started (Verburg, 2001). His rejection may have been caused by something else, which also helps to explain why he too confused sterilization and castration. Shortly before the Dutch parliament discussed castration with the Minister, the newly established Nazi regime in Germany had adopted eugenic sterilization laws that targeted the feeble-minded and eight other categories of mostly mental conditions. Before the end of 1933 laws for the involuntary castration of certain groups of sex offenders were also adopted in Germany.<sup>14</sup> The sterilization laws met with fierce criticism in The Netherlands, not surprisingly especially from Catholics.

The Minister remained true to his word that castration would not happen during his period in office. Yet, he too must have sensed that he could not stop the rising tide: although as a Minister he did not want to commission studies on castration, he said in parliament in 1934 that he welcomed private initiatives on the issue. Answering that call, the head of a bureau for racial hygiene together with several psychiatrists published 'The castration question' (Sanders et al., 1935), which compared eleven known cases of castration in The Netherlands with castrations described in mostly German literature. The publication of this book was to be followed by the Catholic conference on 'infertilizing' and the publication of its proceedings (Barnhoorn et al., 1936).

## 7. Regulating castration, avoiding eugenics

In 1938 the next Minister of Justice became convinced of the benefits of castration, and for the first time gave permission for the castration of sex offenders. Rules were applied that fitted the Dutch penal system, political accountability and medical concerns, and which also reflected a consensus in which the major (semantic) concerns of Catholics, Protestants and the secular groups were met.

The penal system required that no-one—least of all the delinquent himself—would be able to suggest that castration had been applied as a penalty. Castration (unlike in Germany) could not be dictated by court; it was neither a penalty nor could it replace a penalty; courts could not impose castration on delinquents as special conditions in addition to, or as, a suspended sentence. The Department of Justice refused to cooperate with castration measures while a delinquent was in custody awaiting trial. It was argued that as penalties serve to restore the (symbolic) order of justice, it was necessary that a delinquent served his sentence,

no matter whether or not he was willing to undergo the surgery. Furthermore, any surgery was seen as independent of the extent to which delinquents might experience castration as a penalty.<sup>15</sup>

The Catholics with their concept of therapeutic sterilization won out over the issue of whether castration was meant to protect society or was solely meant for the benefit of the 'psychopath'. Henceforth, the word castration was hardly ever used again in formal documents unaccompanied by the adjective 'therapeutic'. Protestant worries over redemption were also met by the Department of Justice's policy that offenders first had to serve their sentences before they could be castrated. This policy at the same time accommodated the secular groups and their rejection of castration as a penalty: serving a sentence and undergoing surgery became very different things (although the delinquents themselves often had different ideas about that).

Castration did not become the subject of law—there was not even a governmental or departmental position paper on the subject; rules could only be gathered from different documents including memos and letters, which again served to avoid connotations of force and penalty. For that reason, participants at the 1936 conference had already warned against legislating in favour of castration (Barnhoorn et al., 1936, p. 187). Any law concerning castration would have been explained as forcing the surgery upon the delinquent. Castration, under any circumstance, had to remain voluntary, which obviously was by and large a way of keeping up appearances. Confronted with the choice between lifelong incarceration in an asylum or castration, many preferred the latter. Some of the doctors involved readily admitted that there was very little that was voluntary about such a decision, but explicitly stated that they thought that to be of minor importance (Palies and Wuite, 1941). That was almost an admission that society's needs prevailed over individual interests, a position which had been rejected in the 1930s by Catholics in the discussions leading up to the castration practices, because it resembled eugenics.

During previous discussions, time and again, authors and speakers had referred to pre-Nazi studies on soldiers who during the Great War had been castrated as a result of battle injuries. These showed that involuntary castrations had devastating psychological impacts. Generally, following eugenic influence, these people were called useless and resentful 'non-valeurs' who had exaggerated their difficulties to continue to collect their war pensions (Sanders et al., 1935, p. 13). After 1938, in many publications and documents in patients' files, the surgery was commonly not only referred to as 'therapeutic', but also as 'voluntary castration'. This terminology was a matter of psychology: recovery after surgery was enhanced when the castrate was not given a reason to become resentful about castration; rather he was encouraged to think that he had willingly agreed to the surgery in order to be cured of his disease. Castration was sometimes upheld on the advice of the psychiatrist when the patient had obviously sought surgery so that he might get out of the asylum.<sup>16</sup>

No matter how voluntary their submission to surgery was, 'being put at the disposal of the government', meant that these offenders had no say over their own bodies. Therefore, castration required permission from the Minister of Justice (and during the Nazi occupation from the secretary general of the Department of Justice). To uphold

<sup>14</sup> Together these laws were to be enforced from 1 January 1934 onwards (Grau, 1993; Giles, 1992). At the 1936 conference of Catholic physicians, the Nazi laws were discussed and condemned, yet that did not prevent one of the speakers from discussing results of castration of sex offenders in the Berlin Moabit prison since 1934 (Barnhoorn et al., 1936).

<sup>15</sup> Department of Justice, Psychopath file Exh. 17-4-1944 nr. 328. See also NA, Department of Justice archive, 2.09.22-16804 Geheim Verbalen Nr. 2580. A prosecutor in Amsterdam in 1937 had held up a trial to give the suspect an opportunity to have himself castrated. The Department of Justice opposed the idea that the man would be moved from custody to the hospital. It would give the impression that a suspect could thus influence the outcome of his trial, which would be a poor motive for castration anyway, which might affect the man's well being and recovery after the surgery.

<sup>16</sup> HCO, Veldzicht 645-582 (Patient file). In 1938, when A. S. requested to be castrated, the medical director advised the minister 'not to be convinced that this man has done his utmost to conquer his sexual perverse inclinations in other ways. Besides, in repeated conversations with the man about this matter, it has become clear to me that he just wants this surgery to regain his freedom' (ibid.). A year later, at a renewed request, the same doctor gave a positive response because the man now acted 'out of free will, without having been influenced by anybody'. The doctor was also convinced that the man 'could appreciate the surgery in its entirety' (ibid.).

the voluntary status, the delinquent had to write to the minister personally, requesting permission for the surgery. Although at least one asylum used a standard typed letter which the requestant signed, in others, delinquents asking permission wrote personal letters, which often began with a sentence like, 'Your Excellency, may I humbly request permission to get castrated'.

The delinquent's spiritual counsellor had to confirm the voluntary nature of the request: he had to assure the Minister that the delinquent only wanted the operation to be cured of his ailment, and not because he hoped to be set free. The counsellor also had to confirm that the delinquent was fully informed about the consequences.<sup>17</sup> The latter was also a myth: in the medical records 'feeble-minded', 'retards' and 'imbeciles' are presented as people who were fully aware of the consequences of castration. Letters from these people to the minister show that their ideas about the nature of the surgery, about the reasons why they felt the need to be castrated and about the consequences, were, not surprisingly, even more confused than those of participants in the debate in the 1930s. At least one letter suggests that the author expected his penis to be removed. One man, castrated in 1939, a quarter of a century later, claimed that the surgeon, just prior to the operation, had told him that he would still be able to have erections and ejaculations (Sluyser, 1967).<sup>18</sup> Very often, these men barely knew what they actually were to be cured of or indeed what the surgery meant: some requested permission for castration so that they might be cured of their homosexuality even though according to the literature castration did not change homosexual orientation. Yet, at least one psychiatrist when requesting castrations for his wards also mentioned that they needed to be cured of their homosexuality.

As the Minister was politically accountable, he relied on the advice of the director of the asylum and of a (quasi) independent board of experts. Only when these both agreed (which they usually did),<sup>19</sup> would the Minister give permission. The fact that castration was not enshrined in law also meant that parliament had no direct control over the policies involved. Once castrations started in 1938, parliament remained silent about the practice for forty years. In 1978, ten years after the last surgical castration of a sex offender had occurred, Parliament asked the Minister of Justice to confirm reports in the press concerning past castrations.<sup>20</sup>

In no way was castration to resemble what was happening in Germany: castrations imposed by courts were not just seen as a penalty (as appealing as that was to some Catholics), but could also be seen as a policy to protect society, which in The Netherlands was rejected because it looked like eugenics, or because it would send the issue down a slippery slope towards eugenic sterilization. Everything that might be thought of as eugenics was removed from the system. Therapy and eugenics excluded one another, yet the is-

sue of castration might never have emerged without discussions about the possibility of eugenic sterilization.

Generally, there was agreement that castration was only to be applied when all else had failed. The problem rather was that there was not much 'else', aside from putting these people to work. Surgery was not recommended in men under the age of twenty five and in persons suffering mental disorders (primarily schizophrenia) or who were very resistant to the surgery. Conditional release from the asylum—on the authority of the Minister—followed an indefinite period of observation after the surgery. Eventually, that would be followed by an unconditional release.<sup>21</sup>

Five years after the war, the Dutch government appointed a large committee, made up of six subcommittees, for an extensive overhaul of mental health care in The Netherlands. The topic of subcommittee VI was eugenics, and one of the subjects it was to address 'therapeutic voluntary castration'. After some meetings, the subcommittee decided that this subject had nothing to do with eugenics and transferred it to another subcommittee: that for 'the moral state' of the nation. This complained of, among other things, the moral turpitude of the post-war country and the alarming spread of homosexuality. At some of its meetings, this subcommittee appeared to be devoted to the articulation of eugenics in all but in name. This seems to be the only possible explanation of why this issue was moved to that subcommittee. The committee endorsed existing policies and practices concerning castration.<sup>22</sup>

## 8. Practising castration: eugenic motivations

Psychiatric assessments of sex offenders by forensic psychiatrists and the medical files of those hospitalized are permeated by eugenic and social Darwinist notions. Records always begin by tracing hereditary traits, such as any mental disorders and alcoholism among the relatives and the delinquent's criminal behaviour—of which there always seemed to have been a plethora. Many of them were described as ill fitted for 'life's battle' for 'survival', while they were individually assessed for their contributions to society. Often they were described as 'useless' or with the pejorative 'non-valeur' (worthless person), while the purpose of their hospitalization was to turn them into 'useful members of society', (which at the very least meant that they were financially not dependent on the state), with or without their testes.

In 1939, Bernard van Z., at the age of twenty-eight, was castrated. Seven years earlier this hereditary 'hysteric imbecile' had been convicted and committed to an asylum because of repeated offences with boys as young as seven. The way he had grown up would have been disastrous even for someone of normal capacities, a parole officer reported in 1936. Van Z.'s father had been a colonial

<sup>17</sup> The counsellor's note was exactly prescribed; when it contained observations that deviated from the standard form, the note was returned and the counsellor was told that he had to write a new note.

<sup>18</sup> This book is a novel, based on the actual story of Leo W. Comparing the novel with the psychopath file of the Department of Justice and W's medical file shows that the novelist remained close to the official sources, which he had been permitted to see.

<sup>19</sup> In the 1950s a major conflict arose between the General Advisory Board and the doctors at a Catholic asylum over the Board's negative advice on two requests for castration. With no consensus among advisors, the minister could only reject the applications. The issue turned into a conflict between doctors over competence. The medical director and also a mediator from the Medical School of the University of Amsterdam suggested abandoning advice by the Board altogether. Obviously, such a solution was totally insensitive towards issues of ministerial and political accountability.

<sup>20</sup> Netherlands, Tweede Kamer der Staten-Generaal (1977–1978), p. 2931.

<sup>21</sup> Like other somatic solutions—most noticeably insulin or carbon acid induced comas—castration began to fade out after 1960, probably because of the emergence of psychotherapy in asylums. In 1978, the minister of Justice, in response to questions in parliament, said that psychological problems resulting from castration had raised medical ethical issues and caused ever more restraint (see note 20). Aside from a 1954 dissertation in which the author for a large part appraised surgeries he had done himself (Wijffels, 1954), and despite several initiatives, there has been no independent evaluation of the practice. Calls in the 1950s for research, especially into the voluntary status of castration of sex offenders, met with opposition from the Royal Netherlands Medical Society, which feared infractions of privacy. In the 1960s the Department of Justice did statistical research that had a major focus on recidivism. The report (De Boer, 1969) only exists in typescript. Aside from postoperative check-ups which usually claimed the near absence of harmful physical effects (Palies and Wuite, 1941), no research has been done into long-term consequences of the surgery, although castration is known to cause for instance obesity and osteoporosis. I have been informed that people who are castrated need hormone treatments. Presumably, they received such treatment via their private physicians. After discussing castration in the 1930s for several years in a row, the Dutch parliament did not talk about the subject until 1978 (see note 20).

<sup>22</sup> NA, Inspectors state supervision over the insane, 2.15.40–1290, Reorganisation of mental health care: minutes, subcommittee VI, Eugenics, and 2.15.40–1292, Reorganisation of mental health care: minutes, subcommittee III, Moral level.

soldier in the Dutch East Indies, who after his return to The Netherlands had married a feeble-minded woman with whom he fathered fifteen children. Those still alive were all mentally deficient. 'Time and again, we meet such wrecked families, started by colonials who get married once they have retired and returned to the fatherland', the parole officer reported. 'The father of such a family usually philandered in the Indies, and—when married—abuses alcohol, which somebody like that usually also already did in the Indies . . . One can imagine what weak generation is once again woven into our people by [a] former colonial'.<sup>23</sup> Such more or less explicit eugenic references are rare, yet many of the files of castrates betray these kind of concerns.

For somebody with the social background of van Z., who according to several documents in his file had inherited his pathological intellectual and moral deficiencies (despite the fact that experts said that very little was actually known about hereditary conditions), the prognosis for recovery from sick sexuality was extremely poor. While the very first man to be castrated in 1938 was very well educated and came from a well-to-do family, the overwhelming majority of castrates were like van Z. who had barely made it through elementary school.

Records of men who had been castrated at first classified them according to their (main) disorderly sexual conduct, yet a 1954 dissertation based on the study of seventy castrations categorized them according to intellectual capacities (Wijffels, 1954). Half of the people in this study ranged from 'feeble-minded' to 'imbeciles' and 'idiots'. Lack of intellectual capacities in their case equalled their pathological behaviour and the inability to restrain or control themselves.

In van Z.'s case, his intellectual deficiencies may have been clear enough, yet, as with eugenic sterilization programmes elsewhere, 'feeble-mindedness' seems to have been constructed to force the subject of castration, or at least to force an individual delinquent's diagnosis, in such a direction.

Regularly, delinquents who on entering an asylum had been deemed intellectually normal, were described as imbeciles several years later. Obviously, hospitalization may have exacerbated a patient's situation, or new or improved diagnostic tools gave new outcomes. Yet, clearly in a case like that of Jan K. there are some remarkable developments in the ever rewritten versions of his personal history to be found in his file. The fact that the 'deficiency of his higher feelings were of a chronic nature' through successive misreadings had become a 'deficiency of his higher feelings of a Christian nature' was the least of the developments in the narrative of K. His story was told and erroneously copied by successive parole workers, forensic psychiatrists and medical directors of the asylum for nearly a decade. In the same period, the 'foster homes' in which he had spent his early life had been renamed in the documents as 'juvenile correctional institutes', and his attempt at the age of nineteen to stab a boy with whom he used to engage in mutual masturbation had become 'an attempted lust murder "on" a boy to whom he had been sexually connected'. The latter's description next changed into 'a homosexual buddy'. After several years in the asylum,

apparently because of violent fantasies about which he talked freely, he had become 'one of our most dangerous homosexuals' who posed a severe sexual threat to the nursing staff and fellow patients. According to the medical director of the asylum, K. was the foremost candidate to be put in the specially protected area of the asylum, for which the director had been vying for money with the Department of Justice over a period of several years already. Not surprisingly, K. too had entered the asylum as intellectually normal—he used to do well in school—only to find himself being described as feeble-minded after several years of hospitalization which followed a three year prison sentence. K. was also castrated in 1939.<sup>24</sup> It may well have been that K. was a dangerous psychopath, yet it is obvious that it was the changes in his diagnosis that helped to turn him into a candidate for the surgery.

No matter whether the outcome of the previous debates required psychiatrists to focus on the welfare of their patients, in both cases described here, as in many others, the doctor actually spoke of reducing the risks for society. Such a strategy, according to Catholic opinion makers in the 1930s, bordered on eugenics. Once castration practices started in 1938, such issues were not discussed again.

## 9. Merging folklores

Folk beliefs concerning sexuality informed eugenic beliefs and confusions over sterilization and castration, over procreation and desire, over the purposes and consequences of the surgery for the individual and society, as well as worries over the offspring of sex offenders, or at least relief that there would be none.

In 1949, according to F. Hartsuiker, the director of the country's largest facility for psychopaths, of the men (138) castrated in his institute since 1938, 43% were labelled as homosexual. And 37% of all those castrated were men who had had sex with girls under 16 (for which he had no label). The remaining 20% was mainly divided between exhibitionists and rapists. Only a couple of men had been committed and castrated because of incest.<sup>25</sup>

A closer look at medical and court records show that the overwhelming majority of men labelled as homosexual actually had had sex with boys under the age of sixteen and they had been prosecuted under the same article of the penal code (Article 247) as the men who had engaged in sex with girls. The other 'homosexuals'—about 5% of all castrates—had been prosecuted for sex with minors between the ages of sixteen and twenty-one.<sup>26</sup>

Forensic psychiatry continued fairly much as normal during the occupation, and so did TBR. People prosecuted under VO 40/81 were not automatically diagnosed as psychopaths or put into an asylum. Equally, before, during and after the war, only a minority of men prosecuted under 248 *bis* or 247 were actually diagnosed as psychopaths.

Thus, almost 80% of all men castrated up to 1950 would nowadays be classified as paedophiles. Admittedly, that term requires further definition, as the age of consent has been moving up and down in The Netherlands, even in recent years.<sup>27</sup> Physical and psy-

<sup>23</sup> Information here concerning van Z. comes from the Department of Justice, Psychopath files nr. 62 and HCO, Veldzicht 645-234 (Patient file).

<sup>24</sup> Information concerning K. comes from the Department of Justice, Psychopath files nr. 132.

<sup>25</sup> Department of Justice, Psychopath files PS 501/1075. There is no comparable documentation from a later date. De Boer (1969) presents his figures in such a way that homosexual offences cannot be distinguished anymore from similar heterosexual offences (such as contacts with girls under sixteen).

<sup>26</sup> The wartime period aside, homosexual behaviour in itself had not been a crime in The Netherlands since 1811; between 1811 and 1911 the general age of consent had been sixteen (since 1886 art. 247 of the penal code). In 1911 a new law (art. 248 *bis*) specifically had put the age of consent for homosexual behaviour at twenty-one, whereas the age of consent for heterosexual behaviour remained at sixteen. Usually men who had sex with boys under sixteen (as with girls under sixteen) were still prosecuted under art. 247, while men who had engaged with boys between sixteen and twenty-one were prosecuted (until 1971) under 248 *bis*. At the beginning of the occupation period, the Nazis issued decree VO 40/81 that put penalties on all homosexual behaviour of persons over the age of fourteen so that minors also could be prosecuted. They make up a substantial number of all people prosecuted under the decree.

<sup>27</sup> In 1971 the general age of consent was set at sixteen. In the early 1990 s, prosecution of sex with minors between the age of twelve and sixteen became dependent on complaints of legal guardians. Without any discussion, this measure was abolished by parliament in 2002. Since then, also without discussion, the age of consent for prostitution has been put at eighteen.

chological development and the ability of youth to consent are obviously the main issues here. The German sexologist Magnus Hirschfeld used the term paedophilia for sexual attraction to pre-pubescent boys and girls. Puberty, according to him, began at fourteen. Dutch lawmakers and students of law set the end of the *anni dubii* and the beginning of sexual maturity at the age of sixteen, which for the liberal minded meant that at that age youth were mature enough to give or withhold consent. For the more traditionally minded, problems seemed only to begin at that age, because according to them same-sex experience could turn a young man into a homosexual (Meer, 2007a).

*Ceteris paribus*, comparing the near equal figures of men who had engaged in sex with young girls and those who had had sex with young boys, homosexual paedophiles—as they were called from the 1950s onwards—were more likely to be committed to an asylum and to be castrated eventually. After all, the incidence of men having sex with young girls was much higher than that of men having sex with boys.

The word paedophilia was rarely used before 1945, but shows up regularly in the medical records after 1950; homosexuality and paedophilia only began to be separated from that time onwards, although even then it was mostly the men who had had sex with boys who were called paedophiles, often with the word ephrophilia between brackets (Meer, 2007b). Until then, for most of the psychiatrists involved, homosexuality automatically meant sex with minors. Yet, in many cases 'homosexuality', like other labels, such as 'exhibitionism', seems not to have fitted discrete sexual categories, but rather referred to the manifestations, stages or degrees of an underlying disease that was called 'hypersexuality'. People afflicted with hypersexuality could, according to some sources, be 'very' homosexual or only 'lightly'; some were 'real', 'typical' or 'essential' homosexuals.<sup>28</sup> Such terminology could be related to these men's desires, or be related to differences between real and pseudo homosexuals; yet, especially the 'real', 'typical' or 'essential' homosexuals were usually described as very effeminate. Typically all references to Pieter K.'s homosexuality related to his effeminacy: in the asylum he used to 'camp it up' by wearing his jacket over his shoulders as if it were a fur coat; according to the nurses he was very girlish, and screamed like a girl when he saw a mouse. Already as a young boy he avoided other boys and preferred the company of girls, with whom he used to knit. Daily reports described him in rather pejorative terms as mentally weak (*slappeling*), just like diagnostic reports often referred to people who were considered to have incurable mental disorders.<sup>29</sup>

'Hypersexuality' shows up in nearly all the medical records as a catch-all phrase that led to diagnoses according to which some psychopaths were incurable. The behaviour of the men in the asylums—which seemed to have been sexual pressure cookers—actually does suggest that sexual morphologies did not make much sense at all: sometimes men who entered the asylum under the label 'homosexual' also turned out to exhibit themselves, whereas exhibitionists, or men who had raped little girls, also engaged in casual homosexual behaviour or even in jealously guarded love affairs with fellow patients. Many were not able to leave animals untouched at a farm at which they were put to work, the medical director's predecessor had reported in 1939.<sup>30</sup> For some psychiatrists all expressions of homosexuality were forms of hypersexuality, a notion articulated way before the rise of sexology.

Before 1938, prior to the time when castration policies were enforced, and into the 1950s, three major aetiologies of homosexuality existed that to a different degree informed eugenic folklore. The concept of the third or intermediate sex promoted by the pre-war

homosexual rights movement as resulting from gonadal secretions had little impact, although, as shown before, such secretions were supposed to be at the root of a deranged sexuality. Psychoanalytic approaches spoke of early childhood fixations (Dutch psychoanalysts before the war did not speak of Oedipal complexes), which according to psychoanalysts represented a psychopathy that required psychiatric intervention (Meer, 2007a). They still mixed psychiatric with somatic approaches, as can be seen from the argument that castration was a psychotherapeutic instrument to solve infantile conflicts.

The oldest aetiology—the one that is closest to eugenic folk concepts of people who were out of control—actually went way back into the early modern or even earlier times, and was at least originally religiously inspired. It stipulated that homosexual behaviour represented the ultimate loss of self control that followed from an over-indulgence in satisfying corporeal needs, ranging from the need to dress, eat, drink, rest and perform the sexual act (Meer, 1997). In the Netherlands in the twentieth century that was usually referred to as an over stimulation of the senses, which eventually would make everybody, especially young boys, vulnerable to homosexual seduction. In this somatic approach, a person could uncontrollably slide down the slippery slope, from which there was no way back. Homosexuality was not a category next to heterosexuality, but a process of undoing the latter.

The implications of this old aetiology went way beyond homosexuality: it was rooted in general concepts of the relationship between mind and body, and attributed little or no agency to human beings who were all prone to overindulge themselves in bodily pleasures. It required a strong mind or lots of saving grace to hold an inherently unruly body in check. Although the sexological concept of hypersexuality no doubt had gone through adaptations, it is this somatically oriented aetiology of homosexuality that offers present day researchers insight into its origins. The persistence with which this concept is still used at convenient moments, as for instance in fundamentalist homophobic discourse, shows the extent to which it is part of folk knowledge (Meer, 2004). It was this very folk knowledge that informed eugenic folklore and in turn was buttressed by the latter's scientific pretensions. No matter how rational, logical, ethically justified and well balanced castration policies in The Netherlands may have seemed to contemporaries, these policies were rooted in controversial terrain.

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