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### Title

Medicine, the Penal System and Sexual Crimes in England, 1919–1960s: Diagnosing Deviance by Janet Weston (review)

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Janet Weston. *Medicine, the Penal System and Sexual Crimes in England, 1919–1960s: Diagnosing Deviance*. London: Bloomsbury, 2018. x + 205 pp. £85.00 (978-1-350-02109-9).

Over the course of the fifty-year period following the First World War, the attitude of English doctors toward sexual crime evolved from indifference to modest interest in diagnosis, etiology, and treatment. In *Medicine, the Penal System and Sexual Crimes in England*, Janet Weston chronicles this development.

The first chapter places this development in the context of the emergence of “modern” criminology, which treated crime as a congenital defect amenable to cure, rather than a mere issue of free will. However, Weston argues that the influence of the new criminology was less strong in England than elsewhere. Havelock Ellis, for example, despite his notoriety, was more an outlier than representative. For the most part, English doctors and jurists remained cautious about new understandings of sexual crime that strayed too far from individual responsibility.

The second chapter concerns medical research into sexual crime, which emerged in England in the 1920s. William Norwood East, the head of the prison medical service and then commissioner of prisons, particularly spearheaded this effort. Not surprisingly, research focused on “perversions” and crimes considered “abnormal,” such as homosexual acts and indecent exposure, which threatened ideals of masculinity. Researchers showed less interest in crimes such as male heterosexual rape and child sexual abuse and sexual crimes committed by women.

In the third chapter, Weston addresses the issue of etiology and treatment. Among etiological perspectives, she finds more eclecticism than hegemony: “Doctors did not establish one single explanation for the causes of crime, nor, it seems, did they want to” (p. 78). Treatment was similarly eclectic, including sex education, psychotherapy, hormone therapy, aversion

therapy, and brain surgery. But “psychotherapy established itself early on as a vital component of the diagnosis and treatment of sexual offenders, and remained the cornerstone of nearly all efforts to cure such offender [*sic*] throughout the period in question” (pp. 70–71). Other treatments tended to be offered as supplements to psychotherapy. Unlike some European countries and some of the United States, England did not employ surgical castration.

Chapter 4 follows English prison doctors into the courtroom. Again, the picture Weston paints is heterogeneous. The evidence given by prison doctors varied in its nature, and its procedural treatment by the courts varied from courtroom to courtroom. The presence or absence of expert medical opinion seemed to depend more on the resources and status of the defendant than on the nature of the crime or diagnosis. Because medical evidence so often consisted of subjective opinions, it was vulnerable to rebuttal. Compared to continental jurisdictions, this vulnerability was particularly prone to exploitation in the English adversarial legal system.

England also stood out from other countries in its broad use of probation for all offenders, rather than just juveniles. Probation offered a way of punishing and treating sex offenders in a manner consistent with the English insistence on individual responsibility.

In chapter 5, Weston considers the possibility of cure. In general, cure was rarely attempted and even more rarely achieved. English prison doctors were skeptical of their own ability to effect cures: “They were at pains to emphasize that the many possible causes behind sexual offending were easier to diagnose than to cure” (pp. 120–21). Cures were generally only offered to relatively educated and articulate offenders with means and relatively tractable deviancies. The emphasis of researching curable offenders may have distorted research efforts by driving prison doctors to gravitate toward the most promising cases, rather than the most dire.

In the conclusion, Weston resists making broad pronouncements about English medical attitudes toward sexual crime during the period in question. One senses that this resistance to generalization reflects her evidence. English medicine was heterogeneous, eclectic, uncertain, and cautious in its attitude toward sexual crime. Weston nicely characterizes the state of diagnosis and treatment as one of “ontological anarchy” (p. 128). Thus, “for male sexual offenders, many different medical theories of causation could comfortably coexist” (p. 128). Likewise, “psychiatrists borrowed freely from the fields of social work, endocrinology, psychoanalysis, neurology, and more” (p. 128). And “treatments could be equally varied, addressing marital life or sexual knowledge, involving operations upon the body or delving into the psyche” (p. 128). Not finding a discernable grand narrative in the evidence, Weston, to her credit, does not try to conjure one. In this sense, Weston is much like the prison doctors who are her subjects: sensitive to the difficulties of the subject matter and cautious and wary of overreaching.

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