EDITORIAL

The Control of the Amphetamines

The relationship between the misuse of drugs and the commission of crimes is by no means certain except that there can be no doubt that drug intoxication will reduce self-control and lead a number of persons to commit illegal acts; acts that they would not commit if not intoxicated. Drugs that undoubtedly play a part in promoting illegal behaviour are the amphetamines, and one important source of these drugs is the medical profession. Because of this we are pleased to note that at least some of the States are prepared to adopt the recommendation of the National Health and Medical Research Council and place the amphetamines under much stricter control than has existed hitherto. New South Wales quickly adopted the recommendation and the Government of that State declared its intention to introduce a regulation to prohibit prescribing of the drugs listed except by a medical practitioner for the treatment of a person diagnosed as suffering from narcolepsy or the brain-damaged child syndrome, unless the prescriber had the written authority of the Director-General of Public Health (or his nominee).

The State of Victoria also acted promptly and placed restrictions on the prescribing of the amphetamines in very similar terms to those detailed by New South Wales.

It is to be hoped that such restrictions will reduce the general availability of the amphetamines and thus the incidence of drug-induced or promoted crime. However, it is likely that regulations of this order will make but little difference. What may be needed is control of the production and distribution of the drug. The Home Secretary indicated to the House of Commons that he intended asking that the Government should be given power to license the production and distribution of drugs which could be misused, as well as the import and export of such drugs.

This may well be the approach that will ultimately prove necessary in order to control the drug problem in Australia and New Zealand.

The Investigation of Serious Allegations Against Members of the Police

The recent allegations that some members of the Victoria Police Force have accepted bribes in relation to illegal abortions is of interest quite apart from the truth or otherwise of the charges. One matter worthy of comment

4. The "Age" (Melbourne), 23rd December 1969.
is that, although it is understood that the allegations concern a number of
senior police officers, the Chief Secretary, Sir Arthur Rylah, ordered that
the initial investigation should be carried out by the Chief Commissioner
of the Victorian Police — a Chief Commissioner who has “risen through
the ranks”. The decision of the Chief Secretary was immediately attacked
by all, or nearly all, the daily press who declared that the only proper manner
of dealing with such serious allegations was by a Board of Inquiry or even
a Royal Commission. At present we understand that the Chief Commissioner
has reported that he was unable to investigate fully the various charges as
a number of witnesses declined to give evidence in amplification of their
affidavits. As a result, belatedly, Mr. W. Kaye, Q.C. has been commissioned
as a Board of Inquiry.

The real problem is whether or not the police are able to carry out an
adequate investigation into alleged misbehaviour in their own organization,
particularly when the allegations involve senior personnel. It is not only
whether they are able to carry out such an investigation (in many cases
no doubt they can) but whether the public can be expected to believe the
results of such an internal inquiry. In Perth, at the Fifth National Confer­
ence of the Australian Crime Prevention, Correction and After Care Council,
a question was asked during the session concerned with “Law Enforce­
ment — Problems of the Police” (See p.30). This question was to do with a case
of a policeman “charged” with larceny, but who was not brought before a
court and the “charge” was not proceeded with. The question on that
occasion was posed as “Should the Police Commissioner decide whether
(the man) should come before the open court”? And later, when dealing
with police public relations: “(It) would help tremendously the public
relations if these decisions were not made by this inside circle”.

It would seem on balance that the question of whether or not a reason­
able case of serious import has been made out against a senior police officer
should be investigated by a person, or persons, independent of the police
force. Only by such means are the public likely to be persuaded that a full
and honest inquiry has been conducted and that any witness giving
evidence would be properly protected under the provisions of the Evidence
Act.

Stereotaxic Surgery and Sexual Disorders

IN AUGUST 1969 Professor I. Drapkin was reported as having said that
“over many years of research, scientists had used both biological and socio­
logical factors to explain why some people turned to crime”! and, among
the more recent biological factors, he instanced modern sex chromosome
research. Having commented thus, he turned his attention to the possible
importance of “minimal brain disfunction” and the role of neurological,
and more particularly neurosurgical, treatment of such individuals in terms
of preventing, or controlling, their anti-social behaviour. The type of neuro­
surgery Professor Drapkin was alluding to was stereotaxic electro-cautery
of selected areas of the various cerebral nuclei, e.g., the thalamus and
hypothalamus. Whilst one may feel that this type of approach smacks a
little of “Brave New World” and in any case is predicated upon a somewhat
simple and non-dynamic theory of behaviour, it is necessary to carefully

1. The “Age” (Melbourne), 1st August 1969.
consider this relatively new approach to the problem of anti-social behaviour in at least a percentage of the offender population.

It has to be accepted that a number of the overtly aggressive offenders, and maybe some sexual deviants, may well suffer from some cerebral lesion or dysfunction and one recalls the remarkable case of the fetish who suffered from psycho-motor epilepsy and who lost his fetish following removal of a temporal lobe. Again, oestrogens and other types of medication, possibly exerting their effect on the posterior pituitary-hypothalamic area, in many cases reduce sexual drive and may be of value in reducing the incidence of sexual offences in the sexually deviant population.

Recently the subject has been highlighted by the paper of Roeder and Muller who describe "The Stereotaxic Treatment of Paedophilic Homosexuality". They describe three cases in whom unilateral destruction of the "sex-behaviour centre", believed to be located in the ventromedial hypothalamic nucleus, was performed on the non-dominant side. Two of the cases have been considered as "cured" whilst the third has been considerably helped — "has shown some diminution in the abnormal sexual drive, which has probably become controllable". The follow-up periods have been seven years, six months and three months.

In a leading article it was noted that "Hypothalamotomy is a drastic procedure, but that these cases show that it can be performed with safety. Moreover, the operative risk has to be weighed against the inadequacy of present methods of management, the effects of repeated or prolonged imprisonment, the need to protect the public, and the possibility that reduction of sexual drive may facilitate psychotherapy". This last matter is worth emphasising; surgical or chemical reduction of sexual drive is, in itself, not enough and all such techniques must be supported with psychotherapy.

Clearly a surgical, as opposed to chemical, technique, for reducing sexual drive has much to commend it as the chemical approach requires considerable patient co-operation quite apart from side effects such as breast enlargement. Castration has been used in some countries but has been condemned by a number of authorities on the grounds that such an operation is unethical and may be followed by marked emotional instability in some subjects. However, whilst the stereotaxic approach is of great interest at the present time, the words of the leader writer are well worth repeating here:

clearly the nature of the treatment must be carefully explained to the patient and his voluntary consent to it obtained. It would also be preferable at this stage for the operation to be confined to individuals whose motivation is uninfluenced by legal or other forms of duress.

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