

THE HOMOSEXUAL AS A PERSONALITY TYPE

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In any society where males are herded together in closely-knit, interdependent groups, the problem of homosexuality invariably manifests itself. Such has been the case in the military service, to the extent that a greater proportion of homosexuals have come under the scrutiny of psychiatrists than ordinarily are observed in civilian life. We have had the opportunity to study a large group of homosexuals, and our experiences have led us to believe that the subject of homosexuality is not as nebulous as one might gather from the literature. It became increasingly apparent to us that it has been unnecessarily distorted and confused by a conglomeration of viewpoints, and that clarification of the homosexual personality has been long in order.

Only in recent times has this problem received scientific study. During the latter part of the 18th century, Hössli, Caspar and Ulrichs(1) directed their attention toward this phenomenon, but it was not until 1870 that Wesphal(1) suggested that homosexuality was neither vice nor insanity, and that the condition was congenital rather than acquired. The introduction of this new viewpoint encouraged further investigation by such men as Krafft-Ebing, Moll, Magnus Hirschfeld, Symonds, et al, with the result that knowledge of sexual inversion rapidly increased. With the advent of dynamic freudian views, the psychoanalytic school began to exert its influence toward the formation of our present concept of homosexuality. Freud's bisexual theory(2) suggested a developmental, biologic etiology of sexual inversion, initiating a controversy that is still in progress. Then followed contributions from such men as Havelock Ellis, Kiernan, Lydston and Marañon. Thus, the present concept of the homosexual personality represents a patchwork of psychiatric ideas from numerous sources which is slowly taking a more tangible shape.

On reviewing the current literature, the

reader is confronted with a variety of conflicting and confusing definitions, terminologies and ideas. For example, Meyerson and Neustadt(3) refer to the homosexual as a psychopathic personality, who in addition may be neurotic or psychotic; Diefendorf(4) discusses homosexuality under a constitutional psychopathic title, since the perversion of the sexual impulse is congenital and the condition develops from a state of degeneracy; Forel(5) and Krafft-Ebing(6) are of the opinion that homosexual love is pathologic in nature and that nearly all inverts are in a more or less degree psychopaths or neurotics; Adler(7) states that the homosexual is a clear-cut picture of a neurotic individual who conceals his neuroticism behind homosexuality rather than manifesting a neurosis; Noyes(8) refers to the homosexual as a sexual psychopath. Other authors consider the homosexual as a schizoid personality, a psychotic, or exhibiting some other abnormal mental condition. The American Psychiatric Association, the New York State Department of Mental Hygiene, the Army and the Navy consider sexual inversion as a variety of the constitutional psychopathic state. However, it is our contention that the homosexual is an exclusive personality type, clearly different from the psychiatric disorders under which it has been catalogued, and should be designated as such.

The homosexual, urning, invert, or contrary sexual is an individual endowed with sexual desires directed, wholly or in part, toward members of the same sex, and possessing characteristic psychic and physical traits of the opposite sex. The manifestation of homosexuality may occur early, via arrested psychosexual development, or late, through the medium of regression, and its origin is always constitutional or biological, never environmental or acquired.

Although many authors contend that homosexuality can be acquired, we agree with the opinion of Havelock Ellis that it is a

congenital anomaly rather than a disease. The congenital origin is easily recognizable among children who fail to undergo the normal process of sexual differentiation. At birth, every individual possesses bisexual qualities and, consequently, homosexual possibilities. However, the normal male undergoes a gradual metamorphosis in which the dominant masculine element develops; whereas the homosexual fails to undergo this transformation. In many homosexuals this constitutional defect is discernible at an early age. Several of our patients were characteristic in this respect. One, for example, at approximately the age of 5 began to display interests different from other boys of his age. From the beginning, he manifested an attraction for feminine interests and activities. He shunned the company of boys in preference for female companionship and participated in the "sissy" pastimes of little girls, which he stated seemed more natural to him. Bleuler's(9) experience was similar, and he stated, "All homosexual peculiarities show themselves very frequently from the earliest age. The boy likes girls' games, and hangs on his mother's apron strings; the girl runs around with boys. Early sexual development is quite usual in which the abnormal direction can, as a rule, be seen from the beginning."

Many homosexuals develop an abnormal maternal attachment and spend much of their time indoors. As adolescence is reached, they demonstrate a spirit of comradeship toward women that is to characterize them for the remainder of their lives. They fail to experience the usual boyish embarrassment when exposed to the opposite sex at this time, but, rather have the feeling of being in their proper element. This has been observed many times on the ward, as the homosexual forsakes the company of other patients for the ward nurse. At puberty, and sometimes long before, the homosexual becomes convinced that he is different from other members of his sex. Often, he unconsciously gravitates toward another individual who is similarly constituted. The process is almost instinctual in character, for without words or instruction each possesses a feeling or knowledge of the other, that results in a strong attachment. Mutual masturbation,

fellatio or pederasty is often practiced at this time, as they embark on a homosexual career. Frequently, however, these early associations do not go beyond a "platonic friendship," and homosexual activities do not occur.

These early manifestations are popularly accepted to be of the congenital type. However, we must also consider those individuals who fail to exhibit sexual inversion until late in life, and who are considered by many to have acquired homosexuality. Here again, we repeat that it is erroneous to assume that homosexuality can be environmental or acquired. True homosexuality cannot be induced merely through environmental exposure. Late manifestations of overt homosexuality occur either among individuals who have been latent homosexuals or among sexually perverted individuals (psychopaths), who have been misconstrued as homosexuals. In the former, the homosexual desire is congenital and persists; whereas, in the latter, it is only a transient episode dependent on circumstance. There are many recordings of homosexuality among the ancient Greeks and Hebrews, as well as among prisoners, soldiers, boarding school students, disappointed suitors, chronic alcoholics, etc. Yet, the majority of these reverted to more gratifying heterosexual practices when the opportunity or culture permitted. In the words of Diethelm(10), "In many who indulge in a transient homosexual episode, this remains a mere incident in their lives. In those, however, who are developmentally predisposed, it leads to permanent homosexuality." Krafft-Ebing(6) states, "Careful examination of the so-called acquired cases makes it probable that the predisposition also present here (as in the congenital homosexual) consists of a latent homosexuality, or at least bisexuality, which for its manifestation required the influence of accidental exciting causes to rouse it from its slumber." We are often misled by rationalizations of formerly heterosexual patients who attribute their alteration in sexual pursuits to such causes as fear of venereal disease, respect for mother, disappointment in love, etc. In reality, these individuals are manifesting at a late date a sexual defect that had been dormant since birth.

Further contradiction of the environmental

theory can be found in the obvious fact that there is a much stronger environmental force acting on the individual to become heterosexual, than homosexual. Most of our patients originated from small communities where there was every influence and reason to conform with accepted sexual practices. Yet, the direction of their original sex impulse persisted in spite of an environment which not only fostered, but made it mandatory that they comply with heterosexual demands. By the same token as acquired homosexuality, why did not heterosexuality become acquired? It would appear that there is a force at work in the homosexual, physiological in nature, which is more powerful than the family customs, laws and social expectations of his environment. Apparently, these so-called contrary sexuals cannot acquire heterosexuality, even under favorable circumstances, as some would have us believe that homosexuality can be acquired under conditions far less conducive.

Additional substantiation for the biological theory of homosexuality is found in the predominance of female characteristics in these individuals. Much has been said both pro and con as to the significance of these features and disagreement is still pronounced. However, it has been our experience that the majority of inverts display evidences of physical as well as psychic traits of effeminacy—an effeminate manner, appearance, temperament and interests. Delicacy of speech and movement, high-pitched voices, esthetic interests, feminine body configuration and “white-collar” occupations were particularly noticeable. Bleuler(9) too, observed this consistency, and stated that there is “an inclination towards the feminine in all possible spheres; in work, decoration (preference for feminine attire), in taste, in thinking, in mimicry, and in gait; in the entire behavior of a large number of urnings, it is something common to see a slight indication of the feminine up to a complete imitation of the woman. The man with a slightly developed beard, high-pitched voice or broad pelvis and virago, are relatively more common among homosexuals than among those of normal sexuality.” Henry and Galbraith (11), in an exhaustive study of the homosexual have concluded that “homosexual patients show constitutional deviations from

the general average which are considerably greater than those of the heterosexually adjusted. The homosexual male is characterized by a feminine carrying angle of the arm, long legs, narrow hips, large muscles, deficient hair on the face, chest and back, feminine distribution of pubic hair, a high-pitched voice, small penis and testicles, and the presence of the scrotal fold. Not uncommonly there is an excess of fat on the shoulders, buttocks and abdomen.” Henderson and Gillespie(13) state, “On the physical side, it has been shown that they tend to show in a higher percentage than heterosexual controls, physical characteristics belonging to the opposite sex.” Many authors go so far as to deny any consistency of either psychic or physical evidences of effeminacy in the homosexual, and merely express such findings as being coincidental. However, it is our contention that physical and psychic manifestations of effeminacy are characteristic of the invert.

Comparatively recent observations of androgen-estrogen urine levels in homosexuals have also served to fortify the conviction that homosexuality is constitutional in nature. Neustadt and Myerson(15) obtained disproportionate androgen-estrogen ratios in 25 of 29 overt homosexuals, and concluded that these findings were characteristic and pathognomonic. Green and Johnson(16) have had similar experiences, and state that “the abnormal androgen-estrogen ratio is to be considered as a sign of homosexuality.” Although certain biochemical changes are resultant from emotional experiences, it would be far-fetched to assume that such an alteration could result from anything but a biological defect.

In the foregoing we have presented the constitutional etiology of the homosexual personality from which are derived specific qualities differentiating the homosexual from other personality types. Let us proceed to examine the remainder of the homosexual structure.

The homosexual personality is usually intelligent, and frequently above the average. His mental processes do not differ in many respects from those of the normal individual for he resorts to rationalization, repression, identification, compensation and sublimation in approximately the same manner and de-

gree. Evidences of his homosexual constitution are found in his hobbies, artistic interests, pseudosophistry, feeling of intellectual superiority and pursuit of a career. ~~Esthetic~~ Esthetic interests in art, music, literature, the theater, etc., are particularly common. Dealing in the abstract entices the homosexual mentality, probably more on an emotional than an intellectual basis, and represents a sublimation of his homosexual tendencies. Many dabble in poetry, art, sculpture and drama; a delicate appreciation of colors, fabrics and the arts usually resolves in such occupations as beautician, music teacher, actor, book-keeper, etc. In the military service we find homosexuals in the capacities of hospital corpsmen, yeomen and chaplain's assistants. In our experience it was unusual for a homosexual not to like music in one form or another. Many had their own pianos, whether or not they could play, and they frequently owned albums of fine recordings. In the words of Henderson and Gillespie (13), "an apparently significant number of them show not only strong artistic interests, but also special artistic ability. They are fond of the arts, music, drama, ballet, painting, etc., and often show more than the average skill in one or the other; they have excellent æsthetic taste, tending to the exotic . . . and many of them follow appropriate careers, *e.g.*, the stage and interior decoration."

Associated with these abstract inclinations is an intellectual superiority which is probably a compensatory mechanism, behind which the homosexual barricades himself from a hostile society. An egocentric, subtle, satirical attitude is developed toward what he considers to be a shallow-minded world, incapable of appreciating his mode of sexual expression. As observed in their correspondence, much of their thinking is pseudo-philosophical, blasé, ultra-sophisticated and ethereal. Consider the following excerpts from the correspondence of a homosexual.

This past week-end we spent the time being cultural. No wise cracks from anybody. If you are looking for trouble, or desirous of making sociological observations, there is nothing to equal attending an Esplanade Concert. The City of Boston, and the outskirts—all kinds, classes, and the various strata of society pass in review. There is no need of being lonely. In fact if you don't watch out you will have company. The would-be Hedy

Lamarrs, the Lana Turners, etc., the intellectual type, the nondescript breed, etc.; the patrician with the Oxford glasses on a chain. Anyway, the music was superb—extra special we thought. . . . To hell with art now. I am about to be investigated by the Bureau of Naval Personnel. I deny nailing any children to the floor. I did not start the Broad St. fire, and they are not my children, I don't care what their mother says. I am a chaplain's assistant and my halo is on as straight as a poker chip. . . . The beauty of the moonlight on the ponds in the Fenway. The cosmic urge as it stalks through Boston—The Esplanade, the Fenway, the Commons, Pipes of Pan piping lustily—none of the nuance of Debussy. I felt strangely content. Life in its forms can be interesting to observe. I was without passion, yet fully alive. Moments to grasp and to hold and to remember. I love the human race, with all its imperfections. "C'est vie, C'est la guerre." In front of a statue, I remember that. An interesting bit of sculpture. We approach closer. What was that? In the shadow wrapped in lust was a couple—oblivious to the intruder. We beat a hasty retreat.

Behind abstract thinking, phantasy and the security of cultural aloofness, the homosexual obtains a protective medium in which he is comfortably adjusted. Emotionally, the invert is very similar to the average woman. Like the female, he is sensitive to criticism or approval, demonstrates great lability of emotional response, and often possesses a female-like impatience or petulance. Several of our patients who were confined to the ward for extended periods demonstrated a feminine resignation without evidence of resentment, and when informed of a discharge from the service, resorted to such expressions as "Oh, my goodness," or "My dear, my dear," in characteristic female style.

As originally stated, it is our impression that homosexuality is exclusive of the disorders to which it has been attributed and that the present array of classifications is erroneous. Undoubtedly, homosexual activities do occur among psychopaths, psychotics, schizoid personalities, the feeble-minded, et al., but it is misleading to infer that these occurrences are indicative of the homosexual personality herein mentioned. The homosexual can be clearly differentiated and, therefore, should not be designated as a subgroup of some other personality type.

We offer the case of S.R.C., who typifies the personality herein described:

This patient was a welfare specialist 3/c, U. S. N. R. 22 years of age, the son of a reputable business man in a rural community. Birth and

early development were unremarkable and his domestic environment was satisfactory. At an early age S. R. C. displayed a fervent interest for music and denied himself the companionship of playmates to further this inclination. As a child, he spent considerable time at home practicing the piano and playing the games of little girls. He avoided the rough pastimes of boys in preference to the more delicate female activities. The patient became proficient in piano, organ and voice, and was extremely active in community affairs. As a matter of fact he subsequently earned college expenses through the medium of being organist and choir director in a church. He established an excellent social adjustment, being particularly well-liked by women who met him at church and in their homes.

During his military career, he received training in the chaplain's school and served as chaplain's assistant, maintaining an excellent record. He was a sincere, conscientious worker, who acquired the respect of all who came in contact with him. In addition, he taught music to members of officers' families on the military base, and was highly regarded as to his character and musical ability. He was well adjusted to military life and his admission to the sick list resulted solely from the discovery of his sexual activities. Physical examination revealed an asthenic habitus, delicate skin, a scanty beard, long tapering fingers, and marked effeminacy of bearing, speech and mannerisms.

The psychiatric examination presented the following: The patient was a keen, alert, intelligent individual, with obvious effeminate characteristics. He exhibited a smug, superior complacency and demonstrated little emotional disturbance concerning the discovery of his homosexual activities. On the ward he was uncomplaining, cooperative and resigned to his predicament. However, during the interview he revealed an impatient petulance, suggestive of a spoiled child or a pampered female. He states that since childhood he had always held women in high esteem, identifying them with his mother, and thus was unable to associate women with sexual acts. At the age of 16 he became acquainted with a boy of similar temperament, to whom he became very attached. Yet, he denied having had homosexual relations at that time, despite an admitted physical attraction. Subsequently, while attending college he had "crushes" on several teachers and fellow students. However, it was only within the past two years that he actually indulged in homosexual acts.

In telling of his first encounter with overt homosexuality, he became enthused and almost euphoric. He stated, "I never knew that there were such people. I was very happy." He regretted his stay in the hospital, but offered no alibis, somatic complaints or other indications that he felt morally wrong. He rationalized that if his mode of sexual expression was satisfactory to him, and not a criminal act, then he could not appreciate society's criticism. At no time did he demonstrate the antagonistic attitude of the psychopath, or the emotionally unstable reactions of the neurotic. There was no evidence of a psychosis.

DIFFERENTIAL DIAGNOSIS

1. *Normal Personality.*—The homosexual personality is a psychopathologic type, and not simply a normal individual who has been exposed to such practices. Occasionally a normal person may, while under the influence of alcohol, indulge in a homosexual episode. However, an occasional homosexual act does not constitute sexual inversion any more than an occasional drink of whiskey constitutes chronic alcoholism.

2. *Mental Deficiency.*—We have observed an occasional mental defective who participated in homosexual acts, but these were usually a form of mimicry or the result of poor institutional guidance. The true homosexual's intelligence is near, or above normal and is never to be confused with perverts of meager I.Q.

3. *Psychopathic Personality.*—The homosexual is so unlike the psychopath that it is hardly conceivable that the most popular classification places him as a subgroup of the psychopathic personality. However, there are possibly two reasons for this error. One, any sexual anomaly, even in the minds of some physicians, is unequivocally associated with antisocial behaviour and therefore akin to the psychopathic personality. Two, an occasional psychopath will admit to homosexual activities, thereby substantiating this impression. The homosexual leads a useful, productive life, conforming with all dictates of the community, except its sexual requirements. He is endowed with sincerity, dependability, stability and an emotional feeling in his nonsexual activities which are notoriously lacking in the psychopath. The psychopath usually gravitates to unorthodox occupations such as professional gambling, bootlegging, carnival work, etc., whereas the homosexual seeks his element among more reputable vocations. The psychopath is erratic, impulsive, restless, unreliable and devoid of conscience. He suffers with a poverty of emotion which makes it impossible for him to experience any qualms about his misdeeds or others' misfortunes. The homosexual is the exact antithesis of all this, for we find him conscientious, reliable, well-integrated and abounding in emotional feeling and sincerity. The homosexuals observed in the service have been key men in responsible

positions whose loss was acutely felt in their respective departments. Socially, too, the homosexual differs from the psychopath. The latter is sociable only to attain his grasping, selfish ends, while the former is gregarious, friendly and sincerely enjoys companionship. In addition, projection, a mental mechanism overworked by the psychopath, is not so fluently used by the homosexual.

We have had occasion to examine several psychopaths who professed to be homosexual, but they were not found to be true biologic inverts. As a result of their general maladjustment, impulsiveness and faulty environment it is only natural to assume that they would indulge in perversity just as they do in alcohol and narcotics. One such patient, a shrewd, conniving business man, who consorted with negresses, confided that he occasionally resorted to homosexuality simply because it was more hygienic, entailed less time and expense, and was less likely to result in compromising circumstances. As in other similar cases, the homosexual acts of this group are in reality acts of perversity rather than true homosexuality. The term perversion signifies a *voluntary* turning from the correct path of truth and propriety. In contradistinction, the *true* homosexual, because of his biologic constitution, is *involuntarily* directed toward homosexualism. We offer the opinion of Cleckley (17), who states, "One cannot but seriously challenge the assumption that homosexuals as a class show any such maladjustment as seen in the psychopath. All of those personally observed continue to lead peaceable, socially useful lives, and not even by the most violent *tour de force* could they be classed with the psychopath. Ninety-nine percent of all psychopathic personalities observed showed no evidence of frank homosexuality."

4. *Psychoneurosis*.—The homosexual personality is as distinct from the psychoneurotic as he is from the psychopath. As a matter of fact, we have yet to discover a basically neurotic patient who is an invert. Further, none of our homosexual patients expressed somatic complaints or other manifestations of anxiety, even though threatened with disgrace and an undesirable discharge from the service. Whereas the neurotic is excitable, impatient, irritable, restless and

impetuous, the homosexual is usually patient, resigned, placid, philosophical and long-suffering. Neurotics often complain of impotency and other difficulties with the normal sexual function, but never display overt homosexuality. The neurotic would frantically seek medical assistance if inversion were his lot, but the true invert characteristically avoids such guidance and philosophically bears his burden, in spite of constant harassment and frustration. Therefore, we cannot agree that neuroses commonly result from homosexuality or are productive of homosexuality.

5. *Schizoid Personality*.—The schizoid occasionally demonstrates homosexual tendencies, but these are always repressed or unconscious. Because of his keen conscience and idealism, the schizoid cannot tolerate a homosexual adjustment. As a matter of fact, he rebels at this inclination and takes flight from the circumstances which might be conducive to such activity. The schizoid's homosexual tendencies are *repressed* rather than *latent*. He usually does not succumb to the desire as is found in the latent homosexual. When exposed to life aboard ship or in the barracks, where there is intimate contact with men, the schizoid may experience faint homosexual desires. However, he reacts in a fashion diametrically opposed to that of the latent or overt homosexual, by unconsciously withdrawing from his environment, and occasionally develops a panic or psychosis to avoid the frank acceptance of his homosexuality. The homosexual personality presented in this paper is totally different from the schizoid, and never evidences repression of homosexual tendencies or resultant trends, such as panic states. The true or latent homosexual does not rebel at his environment, but rather succumbs to the biological course laid out for him by nature. Further, the homosexual is capable of the deep warmth of emotional expression and human attachments which are so lacking in the usually cold and indifferent schizoid. The schizoid projects his inadequacies on others, whereas the homosexual is aware of his problem and does not resort to projection. Finally, many homosexuals are markedly extroverted, in contrast to the schizoid who is characteristically introverted.

6. *Psychosis*.—Psychotic patients, particularly schizophrenics, often manifest sexual perversions, and among them homosexual activities. However, this is explained on the basis of regression or deterioration of the basic personality, and not on the biological inversion which characterizes the homosexual. We have stated that the pre-schizophrenic personality (schizoid) possesses certain homosexual tendencies which are repressed. When this individual, however, becomes psychotic, the factor of repression is eliminated, and certain basic drives are manifested, among them being homosexuality. We wish to emphasize the point that the schizophrenic who manifests homosexual desires was never a homosexual personality, but rather a schizoid personality with repressed homosexual tendencies. In fact, we doubt whether the true homosexual personality, such as we describe, can develop schizophrenia.

CONCLUSION

According to our conception of homosexuality, it is a relative condition, just as dextrocardia and blondness are relative. Consequently, in describing a peculiar personality deviation, to be known as the homosexual personality, we are cognizant of degrees of this condition, just as there are degrees of the psychopathic personality and schizoid personality. We are describing here, however, the typical homosexual personality, which we feel is a distinct entity and entitled to an independent position in the nomenclature. Any critic may respond, for instance, that he is acquainted with a confirmed homosexual who differs in some outstanding respects from the type we have described. Our reply is that we likewise have seen such cases, but we have also observed psychopaths and schizoid personalities who did not exactly fit the mold of the typical case. There is a wide range even in the normal, and certainly the same holds true for the personality type in question. It must be remembered that the term homosexual, unfortunately, has a loose, expansive application and has been used to designate the true homosexual herein described, the latent homosexual, the repressed homosexual and the sexual pervert. Hence, various authors attribute qualities to the

homosexual that are inconsistent and the result is a crazy-quilt portrayal of what is essentially a well-defined subject.

We, therefore, conclude that homosexuality is not an acquired vice but a biological anomaly. The homosexual personality, like the boy with a Froelich's syndrome who is the victim of endocrine imbalance, is neither the result of bad environment nor an undue mother attachment. The true homosexual possesses certain identifying and consistent traits which clearly differentiate him from other personalities with which he has been classified.

Both the psychiatric and social status of the invert is becoming increasingly more clear with the advancement of clinical psychiatry, and it is encouraging to note that society is being weaned away from the fallacy that homosexuality is a crime. We are gradually coming to the realization that the homosexual suffers from a regrettable sexual anomaly, but otherwise is a normal, productive individual, who is neither a burden nor a detriment to society. We hope that the recognition of the true nature of his problem will lead to a more rational and practical therapeutic approach, and that a more humane, understanding attitude will result.

BIBLIOGRAPHY

1. Ellis, H. *Psychology of sex*, ed. 2. New York, Emerson Books Inc., 1944.
2. Freud, S. Three contributions to the sexual theory. *Nerv. and Ment. Dis. Monograph, Series 7*.
3. Myerson, A., and Neustadt, R. Bisexuality and male homosexuality. *Clinics 1*, Dec. 1942.
4. Diefendorf, A. *Clinical psychiatry*. (Abstracted and adapted from the 7th German edition of Kraepelin's "Lehrbuch der Psychiatrie"). New York, MacMillan Co., 1923.
5. Forel, A. *The sexual question*. (English adaptation from the 2d. German edition revised and enlarged by C. F. Marshall). Chicago, Ill., Login Bros., 1931.
6. Krafft-Ebing, R. Von. *Psychopathia sexualis* (English adaptation by F. J. Radman). New York, Medical Art Agency, 1893.
7. Adler, A. *The practice and theory of individual psychology*. New York, Harcourt-Brace Co., 1924.
8. Noyes, A. P. *Modern clinical psychiatry*, ed. 2. Phila., W. B. Saunders Co., 1939.
9. Bleuler, E. *Textbook of psychiatry*. (Auth. English edition by A. A. Brill). New York, Macmillan Co., 1924.

10. Diethelm, O. *Treatment in psychiatry*. N. Y., MacMillan Co., 1936.
11. Henry, G. W., and Galbraith, Hugh M. Constitutional factors in homosexuality, *Am. J. Psychiat.*, May 1934.
12. Henderson, D. K., and Gillespie, R. D. *A textbook of psychiatry for Students and Practitioners*, ed. 5. N. Y., Oxford Univ. Press, 1940.
13. Rosanoff, A. J. A theory of chaotic sexuality. *Am. J. Psychiat.*, 92: 35, July 1935.
14. Neustadt, R., and Myerson, A. Quantitative sex hormone studies in homosexuality, childhood and various neuro-psychiatric disturbances, *Am. J. Psychiat.*, 97: 524, Nov. 1940.
15. Green, E. W., and Johnson, L. G. Homosexuality. *Crim. Psychopathol.* 6: —, Jan. 1944.
16. Cleckley, H. *The mask of sanity*. St. Louis, C. V. Mosby Co., 1941.
17. Sprague, C. S. Varieties of homosexual manifestations. *Am. J. Psychiat.*, 92: 143, July 1935.