WINNIPEG CLINIC

AUG 26 1952

File No. 2 45

CISTOMARY'S AND VAUGHAN
WINNIPES: MANITOBA 240

August 22nd, 1952.

Chief of Air Staff, DMS/Air, Royal Canadian Air Force, Ottawa, Canada

Re: Your fyle Secret - S45-4-57 DMS/Air Policy regarding Homosexuals, etcetera.

I agree with the remarks and criticisms made by the DMS/Air and the proposed policy, especially with what he has to say in regard to paragraph 1(b).

In regard to Paragraph 1(c) I would think that the neuropsychiatric examinations should certainly not be interpreted by non-medical people at A.F.H.Q. In the disposal of cases referred to A.F.H.Q. for decision I would recommend that it be laid down that D.M.S. or his deputy be represented in any group which is authorized to make the final decision.

Although the offenses which are committed under this heading are generally acknowledged to arise out of what is medical, that is a psychiatric disorder, there is great variation amongst the cases and, therefore, in the degree of culpability. The individual cases range all the way from the confirmed, aggressive, deliberate, active homosexual who often has no desire for treatment or any process which would alter his needs, to the immature individual who is led without realization to abnormal practices and who is detected either alone or in association with an aggressive, confirmed pervert; therefore, I feel that the psychiatrist should play a greater part in elucidating these situations, especially in those cases described in 1(b) and 1(c). I feel that a worth-while contribution to the problem can be made by the psychiatrist in many of these cases.

Yours truly, Madamoen

GLA/ECS

Gilbert L. Adamson, M.D.

In agreeing with my ceriticum, ov. A. is plating proposed frew when showed be

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