

A Psychological Study of Serbian State Medical Dehumanization: Forced Testicular Extraction and Execution of the Albanian Hassan Mustar Jusufi in 1929

A Case Study in Dehumanization, State-Sanctioned Sadism, and Biopolitical Violence: The Forced Testicular Extraction and Execution of Hassan Mustar Jusufi (1929)

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Abstract

This psychological, psychiatric, and sociopolitical case study examines the 1929 forced glandular transplantation performed on Albanian prisoner Hassan Mustar Jusufi immediately prior to his execution by Yugoslav Serbian authorities. Framed within the broader context of Serbian-Yugoslav oppression of Albanian populations in the interwar period, the incident exemplifies extreme dehumanization, medical sadism, violation of bodily autonomy, and the instrumentalization of the condemned as a mere biological resource. Drawing on concepts from psychiatry (e.g., authoritarian sadism, moral disengagement), sociology (dehumanization and group-based hatred), political science (biopolitics and ethnic hierarchy), and medical ethics (non-consensual experimentation and mutilation), the analysis highlights the erosion of human dignity under conditions of perceived ethnic inferiority and state indifference.

Background

In the post-World War I Kingdom of Yugoslavia, Albanian communities in Kosovo and surrounding regions faced systematic marginalization, cultural suppression, and violence as part of Serbian-dominated nation-building policies. Albanians (“Arnauts” in the contemporary derogatory terminology) were frequently portrayed in Serbian nationalist discourse as racially, culturally, and civilizational inferior—often likened to primitive threats requiring containment or elimination. This ethnic hierarchy reflected a political ideology that assigned differential human worth: Serbs as the core “civilizing” nation, Albanians as expendable outsiders whose lives held instrumental rather than intrinsic value.

Blood feuds, common in Albanian mountain societies as mechanisms of customary justice amid weak state penetration, were reframed by Yugoslav authorities as mere criminality, justifying harsh military tribunals. Jusufi’s killing of three Serbian officers—Colonel Leonid Uspenski, First Lieutenant Dušan Kokotović, and economic officer Milan Panić—was attributed to such a feud, likely rooted in prior Serbian violence against his family. His death sentence exemplified collective punishment and the denial of contextual legitimacy to Albanian grievances.

Psychiatric and Psychological Dimensions: Sadism, Indifference, and Coerced “Consent”

The operation itself—removal of Jusufi’s testicles for transplantation into two elderly Serbs (67-year-old Colonel Panta Krivcov/Krivtsov and 73-year-old dockworker Mera Bujanić)—represents a profound psychiatric case of state-orchestrated sadistic instrumentalization.

Psychiatrists and physicians, including the hospital psychiatrist Dr. Uzelac and Yugoslav rejuvenation theorist Dr. Ranković from Berten, approached the condemned man in his cell with a request framed as a “service to science” and an opportunity to “help two old people regain their strength.” This interaction reveals multiple layers of psychological manipulation and moral disengagement:

Coercion under duress

Jusufo, facing imminent execution, was denied any genuine free will. His initial request to bid farewell to his wife and children was dismissed due to logistical impossibility (a two-day journey from a remote village). The subsequent “consent” extracted after offering a cigarette exemplifies classic duress-induced compliance, void of voluntariness. In psychiatric terms, this constitutes a profound violation of autonomy, akin to trauma-induced dissociation or learned helplessness.

Dehumanization and objectification

The language in the medical report reduces Jusufo to a biological commodity—“glands” for implantation. The doctors celebrated the procedure as “scientifically important and unique,” comparing it favorably to monkey-gland transplants (popular in the era’s pseudo-rejuvenation science). This reflects dehumanizing medical gaze, where the ethnic “other” is stripped of personhood and treated as raw material, echoing broader patterns in authoritarian regimes where marginalized groups become experimental subjects.

Sadistic indifference

The 15-minute operation on a stretcher, performed without apparent regard for the prisoner’s terror or dignity, points to emotional detachment and malignant narcissism in the perpetrators. The celebratory tone—“great success,” effects expected in two months—demonstrates a chilling lack of empathy, prioritizing pseudoscientific vitality restoration for Serbs over the victim’s suffering.

From a trauma psychology perspective, such pre-execution mutilation inflicts compounded psychic and physical torture: anticipatory dread, bodily violation (castration as ultimate emasculation and loss of reproductive identity), and denial of family closure. For the Albanian community, it reinforced collective terror and perceptions of existential threat.

Medical and Ethical Violations: Mutilation as Biopolitical Tool

Medically, the procedure was non-therapeutic for the donor, constituting state-sponsored mutilation and theft of organs. It violated emerging ethical norms (even by 1929 standards) against non-consensual experimentation, particularly on death-row prisoners from subjugated ethnic groups. The pseudoscientific rationale—human gland implantation for rejuvenation—blended eugenic ambitions with nationalist biopolitics: enhancing Serbian vitality at the direct expense of Albanian bodies.

This fits Michel Foucault's framework of biopolitics, where the state manages populations through differential valuation of life. Albanian bodies were rendered *homo sacer*—killable and exploitable without sacrilege—while Serbian recipients (a colonel and a worker) symbolized the rejuvenation of the national body.

Broader Implications: Oppression, Genocide Precursors, and Collective Trauma

Sociologically, this case illustrates institutionalized ethnic sadism within Yugoslav structures. Serbian politics viewed Albanian lives through a lens of expendability, where even death became an opportunity for utility to the dominant group. Such acts foster intergenerational trauma, dehumanizing stereotypes, and cycles of vengeance, contributing to the long history of Serb-Albanian conflict. Politically, it underscores authoritarian disregard for human rights: summary military justice, denial of due process elements (e.g., family contact), and fusion of medicine with state repression. The involvement of a psychiatrist highlights the perversion of healing professions into tools of control and torture.

Conclusion

The case of Hassan Mustar Jusufi stands as a grotesque testament to the depths of dehumanization possible under ethnic supremacist ideologies. It combines physical castration, psychological torment, and political instrumentalization in a manner that strips the victim of agency, dignity, and humanity. This incident is not isolated medical excess but a window into systemic patterns of oppression, where the "other" is denied intrinsic worth and reduced to spare parts for the dominant ethnicity.

Understanding such events demands interdisciplinary analysis to prevent recurrence and affirm universal human dignity against sadistic indifference.

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