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Book Reviews

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THE PSYCHIATRIST AND THE LAW. By Winfred Overholser. New York. Harcourt, Brace and Company, 1953. Pp. x, 147. $3.50.

Unquestionably, Dr. Winfred Overholser, Superintendent of Saint Elizabeth's Hospital in Washington, D. C., past president of the American Psychiatric Association and a leader in the field of forensic psychiatry[1] is particularly qualified to be chosen as the recipient of the first Isaac Ray Award of the American Psychiatric Association. This award is granted annually to that individual who, in the judgment of the Award Committee, "is most worthy by reason of his contribution to the improvement of the relations of Law and Psychiatry" and the recipient is expected to lecture at some university which has both a law school and a medical school.

The Psychiatrist and the Law is based on Dr. Overholser's lectures delivered at Harvard University in November, 1952, in which he considers four main aspects of psycho-legal interrelation. In the first section, *The Substance of Psychiatry,* Dr. Overholser recognizes that both law and psychiatry deal essentially with human beings and their conduct among themselves. It might logically be expected that each field should have an interest in the other and that each should benefit by whatever advances the other may have made. However, he points out the indisputable fact that the law in certain fields has lagged behind psychiatric progress and has refused to incorporate within itself much of the recent otherwise accepted psychiatric conclusions and points of view. Though readily admitting that the law should not attempt to lead, citing the noble experiment of Prohibition as proof thereof, he believes "it should at least follow at a sufficient distance to be able to keep in sight of the rest of the procession."[2]

[1] Some of his published writings are: *Psychiatry and the Courts in Massachusetts,* 19 J. Cr. L. 75 (1928); *The History and Operation of the Briggs Law in Massachusetts,* 2 Law and Contemp. Prob. 436 (1935); *The Voluntary Admission Law,* 3 Am. J. of Psychiatry 475 (1924); *The Briggs Law of Massachusetts — A Review and an Appraisal,* 25 J. Cr. L. 859 (1935); with Welhofen, *Commitment of the Mentally Ill,* 24 Tex. L. Rev. 307 (1946); *Psychiatric Expert Testimony in Criminal Cases Since McNaghten — A Review,* 42 J. Cr. L. 283 (1951); with Richmond, HANDBOOK OF PSYCHIATRY (1952).

[2] OVERHOLSER, 7.

The law has accepted a number of advances of science, viz: blood grouping for testing parenthood in paternity cases and for identification of blood stains, and tests for alcoholic content of breath or blood in intoxication cases.[3] There is a tendency toward a very limited acceptance of electro-encephalograph or "brain wave" tracings and "lie detector" tests.

Though the law has acknowledged and made use of the so-called "scientific" findings of branches of medicine there has been no comparatively ready recognition or adoption of the theories, conclusions and probable aid of modern psychiatry.

Dr. Overholser lists some of the lawyer's reasons for his skepticism toward the psychiatrist and seeks to refute the validity of his arguments. It is contended that the psychiatrist makes extravagant claims for his specialty, that he submits unreliable diagnoses and that his testimony is fantastic because of the frequent divergence of views even among colleagues in the field.[4]

The author contends that extravagant claims are not the habit of the majority of psychiatrists. A very small minority, though admittedly a vocal one, may have overrated present psychiatric knowledge. This is not a failing common to all or even to many. The psychiatrist's diagnosis, if not reliable, is only untrustworthy when expressed in terms of concepts peculiar to the law. As to disagreement between psychiatrists, the author ably confutes this proposition by alluding to the obvious parallel within the legal profession itself. ". . . lawyers and even judges do not always agree! Dissenting opinions are far from unknown, and certainly if lawyers all agreed there would be precious few contests in court!"[5]

Dr. Overholser includes in this section a masterfully compact classification of mental disorders and a brief treatment of the history and development of psychiatry, its advances and its present position. He concludes with an explanation of the apparent ambiguity of psychiatric diagnosis; an admonition of Isaac Ray that a mental disorder is a "disease, and as is the case with all other diseases, the fact of its existence is never established by a single diag-

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[3] *The Compulsory Use of Chemical Tests For Alcoholic Intoxication — A Symposium*, 14 Md. L. Rev. 111 (1954). At the time of going to press, House Bill No. 41 had been introduced in the 1955 Session of the Maryland Legislature, to authorize the use of chemical tests in intoxication cases.

[4] Michael, *Psychiatry and the Criminal Law*, 21 A. B. A. J. 271 (1935).

[5] OVERHOLSER, 24.

nostic symptom, but by the whole body of symptoms, no particular one of which is present in every case."[6]

Some Differences of Viewpoint, the second chapter, sets forth a number of material differences between legal and psychiatric viewpoints and pleads for a greater rapprochement of the two fields. One important contrast in point of view is the tendency of the law to preserve the *status quo* or at least to move only very slowly towards acceptance of new ideas or scientific data. The legal doctrine of *stare decisis,* the principle that court decisions should stand as precedents for future guidance, well illustrates such a tendency.[7]

A further and more serious divergence in viewpoint rests on the assumption of the law that most acts are performed on the basis of reasoning. There are, of course, exceptions such as a condition of drunkenness which may prevent premeditation and serve therefore to mitigate punishment. However, the law does not generally recognize the existence of "other factors at work in conduct than reason and that there are circumstances under which emotional drives, little understood by the actor, may cause him to perform acts even against his will."[8] The author cites kleptomania as a prominent example.

It may be noted that some states recognize the possibility that offenses may be committed under the influence of unconscious drives of the impulsive variety, the "irresistible impulse." However, other states, Maryland among them, do not recognize such a defense[9] many preferring to treat the act as the result rather of an *unresisted* impulse.[10]

The belief that conscious conduct, known to be wrong, is reprehensible conduct is the principle behind the *McNaghten* case.[11] The rule of this case, though indeed it was not a case at all but only a series of answers to questions based on a case already decided, is the foundation of the

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[6] OVERHOLSER, 36.

[7] How stare decisis operates in the scientific field is well illustrated by State v. Terry, 173 N. C. 761, 92 S. E. 154 (1917), which rested on the precedent of State v. Brandon, 53 N. C. 463, 468 (1862), in which it was said:

> "'To know the right and still the wrong pursue' proceeds from a perverse will, brought about by the seductions of the evil one. . . . If the prisoner knew that what he did was wrong, the law presumes that he had the power to resist it against all supernatural agencies and holds him amenable to punishment."

[8] OVERHOLSER, 42.

[9] Spencer v. State, 69 Md. 28, 3 A. 809 (1888).

[10] WEIHOFEN, MENTAL DISORDER AS A CRIMINAL DEFENSE (1954), 94 *et seq.*

[11] 10 Clark & Fin. 200, 8 Eng. Rep. 718 (1843).

Anglo-American theory of criminal responsibility. The rule was propounded in 1843 at a time when the so-called compartment theory of mental functioning was in vogue and when there prevailed an interest in phrenology.[12] Today the *McNaghten* Rule or modifications thereof is still the test of responsibility in many jurisdictions notwithstanding the repudiation of the compartment theory and an almost complete distinterest in phrenology save by those who may stroll resort boardwalks. Though the tests of legal responsibility have varied little, treatment of mental disorder has changed markedly.[13] Perhaps the most frequent criticism of the rule "is that it covers only disorders of the cognitive or intellectual phase of the mind, and makes no allowance for disorders characterized by deficiency or destruction of volition".[14]

Dr. Overholser disparages what he terms "the law's devotion to the dichotomy of complete 'sanity' on the one hand and complete 'insanity' on the other; the notion that

[12] A doctrine that specific mental faculties are localized in definite cerebral regions, the degree of development of the faculty correlating with the prominence of the region as indicated largely by the contour of the overlying skull.

[13] *Cf.* THOMAS, THE MODERN PRACTICE OF PHYSIC (Philadelphia, 1817), which sets forth some early forms of treatment:

> "Cold bathing, by diminishing irritation, is a remedy by which maniacs have been relieved, and sometimes entirely cured, especially when applied in a certain manner. This consists in throwing the person into cold water by surprise, by detaining him in it for some length of time, and pouring water frequently on his head, while the whole of the body except the head, is immersed; and thus managing the process, so as that, with the assistance of some fear a refrigerant effect may be produced." 256.
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> "Dr. Cox speaks highly of swinging as a remedy in mania, and he recites many cases where the happiest effects were derived from making use of it. We are told by him, that it may be employed in the common oscillatory way, or in a circular manner or whirl; the patient at the same time sitting erect, or lying horizontally.
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> "When employed in the latter manner, Dr. Cox has, after a very few circumvolutions, witnessed its soothing, lulling effects: the mind has become tranquil, and the body quiescent; a degree of vertigo has often followed, and this has been succeeded by the most refreshing slumbers: an object the most desirable in every case of madness, and procured with the utmost difficulty in general. Maniacs, he has noticed, are not usually sensible to the action of the common oscillatory swing, although it affords an excellent mode of secure confinement, and of harmless punishment. By the protracted action of the circular swing, or whirl, he has sometimes seen the patient almost deprived of his locomotive powers; and although it required the combined strength and address of several experienced attendants to place him (in) it, still he has been taken out of it by a single person: the most profound sleep has followed, and this has been succeeded by convalescence, and a perfect recovery, without the assistance of any other means. One of the most constant effects of swinging is a greater or less degree of vertigo, attended by pallor, nausea, and vomiting, and frequently by an evacuation of the contents of the bladder." 258-9. (in) added.

[14] WEIHOFEN, *op. cit., supra*, n. 10, 67.

there are no gradations or shadings."[15] There is a wide range between the robust athlete and the dying invalid and somewhere between these two extremes most of us are found. So, similarly, there is a spread between the mentally balanced individual and the regressed schizophrenic. In the paranoic, various shadings of belief can also be found, from the honest mistake to the fantastic delusion.

The author points out how emotional factors may not only affect individual conduct but also may color or even bring about legislative enactments. Fear and hatred, he believes, are at the source of the archaic whipping laws of Delaware,[16] and Maryland[17] and the modern flood of "sex psychopath" statutes.[18]

The latter legislation, though probably caused by public excitement and disgust, is unwittingly well based since "sex psychopaths", though mentally abnormal, are amenable to treatment. These statutes show an advance. They indicate belated acknowledgement by the law that there are persons who are neither sane nor insane but who fall somewhere in between and should be prescribed for accordingly. Thus there is a middle ground which calls for special handling and for an indeterminate period of segregation for treatment, or if treatment fails then continued confinement.[19]

Interest in sex psychopath laws and readiness of the public to believe such charges have "some interesting psychological roots in the unconscious strivings of the average citizen, . . ."[20] It is important therefore to look carefully at the psychological bases of the evidence in order to guard the accused from conviction on unsupported evidence. Overholser warns that ". . . false accusations of sex offenses may be made not only by honest mistake of identification but deliberately for purposes of blackmail or revenge, as a result of a fantasy on the part of the accuser, or even as a symptom of frank psychosis."[21] Therefore, the rule requiring corroborated evidence in cases involving rape should not be relaxed. In fact, the author urges an extension of this rule to cover more "sex crimes." Because in the last analysis deduction or judgment is involved, all evidence

[15] OVERHOLSER, 45.
[16] Del. Code Ann. (1953), Title 11, Sec. 3908.
[17] Md. Code (1951), Art. 27, Secs. 12-13, Repealed by Md. Laws 1953, Ch. 411.
[18] GUTTMACHER, SEX OFFENSES (1951), 120 *et seq.*
[19] *Cf.* Maryland's Defective Delinquent Statute, Md. Code (1951), Art. 31B.
[20] OVERHOLSER, 51.
[21] OVERHOLSER, 53.

is in fact opinion. For this reason, the mental state of the witness should be of interest to the court.

Emotion or mental state may also affect jurors. Overholser cites cases in which the jury finding was directly contrary to the instructions of the court or the unequivocal report of the examining doctors.[22] Such a possibility is of particular importance in Maryland where the jury in criminal cases is judge of both law and fact.[23] Thus in Maryland there is more likelihood of a non-conforming finding by the jury, a result which, of course, would not be a ground for reversal on appeal. The option, therefore, of court or jury trial should be of grave concern to the defense attorney.

A related problem in which the emotional aspect has bearing is found in the so-called "mental anguish" cases in tort law.[24] Although recognizing the possibility of malingering, Overholser points out that actual symptoms typical of conversion hysteria, viz., anesthesia, hysterical blindness or paralysis may be found without the presence of a demonstrable physical basis. He notes that frequently these symptoms are not permanent and that psychotherapy may alleviate them and adds a further interesting truth, that in some cases the sympathy-provoking, but disabling symptoms have disappeared after a substantial verdict in favor of the plaintiff. Overholser suggests a lump sum settlement when such a situation is suspected. It is not necessarily a question of malingering but rather an unconscious attempt of the plaintiff to obtain secondary gain, a common characteristic of neurosis.[25] A continuance of payments which depend upon the existence of the neurotic symptoms would tend to prolong or even perpetuate the complaints; this though the patient may be consciously ignorant of the cause of his continued disablement.

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[22] In Berry v. Chaplin, 74 Cal. App. 2d 652, 169 P. 2d 442 (1946), Charles Chaplin was charged with being the father of a child. Blood tests were made by doctors chosen and agreed upon by the parties. The tests showed that Chaplin could not have been the father but because the mother testified that there was seasonable access the court ruled that there was conflicting evidence and submitted the question to the jury. The jury found that Chaplin was the father.

[23] Md. Const., Art. 15, Sec. 5.

[24] Balto. & Ohio R.R. Co. v. Harris, 121 Md. 254, 88 A. 282 (1913); Tea Co. v. Roch, 160 Md. 189, 153 A. 22 (1930); Bowman v. Williams, 164 Md. 397, 165 A. 182 (1933); Mahnke v. Moore, 197 Md. 61, 77 A. 2d 923 (1951), noted 12 Md. L. Rev. 202 (1951); Resavage v. Davies, 199 Md. 479, 86 A. 2d 879 (1952).

[25] GUTTMACHER AND WEIHOFEN, PSYCHIATRY AND THE LAW (1952), 47, reviewed 14 Md. L. Rev. 107 (1954).

In the third chapter, *The Mental Patient And The Hospital,* the author traces the history of mental hospitals in the United States from the colonial days when provision was made for only the "furiously mad" to the present day when there are more than one-half million patients at an annual out-of-pocket cost of approximately 350 million dollars. When to this staggering amount is added the loss of earning power of the hospitalized individuals the resulting astronomical figure indicates the social and economic importance of the problem.

Because a high percentage of those who are mentally ill fail to recognize the fact, no physical disability perhaps being evident, and because the patient is likely to sense the stigma attaching to a mental institution, some method of involuntary commitment is necessary. The author believes that the admitting authority should properly be medically trained and experienced in dealing with the sick. However, involuntary commitment raises the problem of the patient's civil rights and for this reason judicial authorities have historically dealt with the problem.

Overholser decries the fact that in the majority of jurisdictions commitment has an unmistakable criminal odor. From the standpoint of psychotherapeutics, for the patient to be exposed to what he has reason to believe is penal is unquestionably harmful. Whatever feeling of guilt he may have is reasserted, reaffirmed and aggravated. Formal proceedings which are common in many jurisdictions not only tend to harm the patient directly but also may lead to undesirable postponement of hospitalization. The family is fearful of unfavorable publicity and the consequent loss of the precious prestige of possessing only relatives of unquestionably sound mind.

Several reasons have been given for the need of judicial authority in involuntary commitment, viz., deprivation of liberty, a concept popularly allocated to the courts, and the fear of improper confinement brought about by unsympathetic or venal relatives. As to the first, Dr. Overholser questions the distinction made between involuntary confinement for mental illness on the one hand and tuberculosis, smallpox or leprosy on the other. As to the alleged danger of improper confinement the author believes this argument to be without validity; rather it is a fiction inspired by Mrs. E. P. W. Packard,[26] fostered by novels and periodicals and perpetuated by a credulous public. He

[26] PACKARD, MODERN PERSECUTION OR INSANE ASYLUMS UNVEILED (Hartford 1873, 2 vols.).

is "convinced that 'railroading' is one of the rarest of phenomena."[27]

A large majority of states have provided for voluntary commitment.[28] However, limitation of hospital space may restrict the value of such legislation. Maryland is cited as an enlightened member of the bare majority which have foreseen the need for emergency confinement. Under the Maryland Code the emergency patient may be committed upon the certificate of two physicians and his detention continued until recovery or until he demands his release, whereupon steps are taken for a formal court hearing.[29]

As to the patient's release from a mental hospital and the dangers of premature release, the author's comments dispel the often publicly accepted delusion that a mentally ill patient never recovers. Several statistical studies are cited which quite forceably point out the fallacy of such a misconception. For example, the rate of offenses among the general adult population in New York state was found to be fourteen times as high as that among released mental patients.[30] The author reasonably concludes that the previously hospitalized mental patient is far from a menace to peace and good order.

Premature release through habeas corpus or through negligence is briefly touched upon. Dr. Overholser, though he in no wise advocates the suppression or abolition of *habeas corpus* in the mental patient situation, suggests that psychiatric advice from a neutral source should be obtained by the court.[31]

It is the author's hope that the laws of the several states gradually "will be brought more fully into line with the modern concept of regarding the mentally ill person as a patient, to be treated as are the other sick, not as a 'dangerous' individual to be 'committed' as a quasi-criminal."[32]

In the last chapter, *The Psychiatrist As Witness*, the author begins by tracing the development of the role of the expert in court. Today's expert, particularly the psychiatrist, is still faced with antagonism and distrust. Dr. Overholser cites instances in which the court has failed to

[27] OVERHOLSER, 85.
[28] Md. Code (1951), Art. 59, Sec. 36.
[29] Md. Code Supp. (1954), Art. 59, Sec. 1.
[30] POLLACK, MENTAL DISEASE AND SOCIAL WELFARE (Utica, 1941, State Hospitals Press), Ch. 16.
[31] Md. Code (1951), Art. 59, Sec. 7. This section does not require or suggest that the court seek psychiatric advice before granting or denying release under habeas corpus. However, a psychiatric opinion is customarily sought.
[32] OVERHOLSER, 102.

insist on qualified psychiatric experts when dealing with mental disorder on the theory that since mental illness is a matter within the " 'common observation of men of ordinary education and experience' " a layman's opinion would be competent.[33] Even more disturbing is a tendency toward freer use of lay opinion evidence.[34] The author strongly condemns such an attitude on the ground that the evidence of non-medical opinion witnesses would be more misleading than the slight confusion which he concedes may be caused by testimony of psychiatric experts. It is revealing that the alleged tendency toward admission of lay opinion evidence does not exist except with regard to psychiatric medical questions.

The objection constantly raised by the public that experts and notably psychiatric experts so often disagree is very speedily and effectively invalidated by the author's pointed reference to the same inherent characteristic among members of the legal profession. As ably stated by a colleague interested in forensic psychiatry, "If the law is so inexact a science that even the words of men are not clear to other men, you must forgive us doctors for not always being sure about the *obscure* and *unconscious* meanings of the deeds of men."[35]

Dr. Overholser is disturbed, though it is thought unduly so, by the hypothetical question. He admits the need of such a hearsay exception since it is within the province of the trier of fact to pass upon the truth or falsity of the evidence and not the function of one of the witnesses, i.e., the expert himself. However, he states that "the expert may be put in a most unpleasant and unfair light. Furthermore, by being asked differing hypothetical questions by the two sides, he may in the eyes of a non-too-perceptive jury appear to be answering yes and no to the same question".[36]

As a matter of fact perhaps the hypothetical question is actually a boon to the expert medical witness if viewed from a somewhat different standpoint. Should the hypothetical question be abolished, the expert witness would be forced to undertake an adjudicative role. He would have to determine which set of facts were true and which were

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[33] OVERHOLSER, 111.

[34] Citing McCormick, *Some Observations Upon The Opinion Rule and Expert Testimony*, 23 Tex. L. Rev. 109 (1945).

[35] Davidson, *Psychiatrists in Administration of Criminal Justice*, 45 J. Cr. L. 12, 20 (1954).

[36] OVERHOLSER, 113.

false. This is the function of the jury; it is certainly not a medical function. Indeed, the use of the hypothetical question permits the psychiatrist to give a sound answer to any hypothesis without the necessity of considering the partiality, credibility, or accuracy of the witnesses who present the history of the party in question.

A number of objections of the psychiatrist to participating in a court proceeding are well taken. However, some of the reasons given for the expert's hesitation to serve in court, for example, loss of valuable time from a busy practice, are not peculiar to the psychiatrist or medical witness.

Nor is the embarrassment which may be suffered upon cross examination a monopoly of the medical expert, though this may be one of his principal objections. According to Davidson: "There is an arrogant sanctimony in the idea that other witnesses should be subject to cross examination, but that the psychiatrist deals with such divinely established truths that he should be immune."[37]

On the other hand, the psychiatric expert is the end-product of long experience and training, a great deal of it directed toward the unique attitude required in the doctor-patient relationship. He is conditioned to assume toward his patient a supportive role. He is simply untrained and ill prepared for participation in an adversary proceeding. Small wonder then that the role of expert witness may be repugnant to him. Unfortunate as it may be, the doctor's function in court is that of a contestant in a "battle of the experts."

> "The Doctor who undertakes to go into court to testify as an expert witness must bear in mind that he is stepping squarely into the middle of a fight. *A trial is not a scientific investigation. It is not a search for objective truth.* It is, as the lawyers say, an adversary proceeding, in which the adversaries are allowed to battle it out for themselves, restrained only to the extent that other contests — boxing matches, for example, — are controlled by rules of the game with the judge performing roughly the same function as the referee or umpire."[38]

Dr. Overholser advocates the establishment of a panel of experts one of which the court may appoint as amicus curiae in a suitable case. This, of course, is a procedure

[37] Davidson, *supra*, n. 35, 15.
[38] GUTTMACHER AND WEIHOFEN, PSYCHIATRY AND THE LAW (1952), 205.

recommended for adoption recently in Maryland.[39] Under such a practice the objections raised by the medical expert may be somewhat debatable. Though some question may arise concerning the right of cross examination of the court appointed expert, he is not immune. His evidence is necessarily prejudicial to one party. Therefore, he should be subject to questioning and cross examination by that party. This is the view taken by the Model Code of Evidence,[40] and is at present the practice followed by the Supreme Bench of Baltimore City.

The author discusses at some length the Briggs Law of Massachusetts[41] which, in brief provides that under certain conditions the accused shall be examined with a view to determining his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility. A somewhat similar procedure is found in several courts, among them the Supreme Bench of Baltimore City, where psychiatric clinics have been established which can be called upon for psychiatric advice in proper cases.[42] Dr. Overholser recommends increasing the number of such clinics and widening their function to include civil actions.

Throughout the book recognition of the strained relationship between the psychiatrist and the lawyer is apparent. Dr. Overholser has not stopped at the mere recognition and statement of the problem. He has suggested changes and procedures which if followed may lessen the chasm between psychiatry and jurisprudence. "It is one of the firmly

[39] ". . . the Medical and Chirurgical Faculty at the request of this subcommittee has selected a group of doctors certified as being qualified in their respective specialties to compose a panel, the members of which will be available under reasonable circumstances to appear as neutral witnesses when called by the Court. . . . This list of doctors . . . will . . . be made available to trial judges when in the conduct of litigation the trial judge deems its use to be advisable. In Baltimore City arrangements have been made by which payment for professional services rendered by the neutral medical witness will be received by him from the Clerk of the Court without disclosure to him of the source of the remuneration thus paid. Authority for the appointment of a neutral medical witness is given the trial judge by Discovery Rule 5 of the General Rules of Practice and Procedure of the Court of Appeals. . . ."

Report of the Committee on Medicolegal Problems of the Maryland State Bar Association and the Bar Association of Baltimore City, October 5, 1954. See also: "Court Appointed Medical Experts", Daily Record, January 13, and February 1, 1955. State and local Bar Associations have expressed disapproval of the plan.

[40] Rule 407.

[41] Ann. Laws Mass., Ch. 123, Sec. 100A.

[42] The defense attorney, with the consent of the court, as well as the prosecuting attorney, may obtain for the accused an examination conducted by trained psychiatrists and psychologists.

held traditions of American life that people of different groups could work together very satisfactorily if only they would try to understand each other's problems."[43] Such a desirable understanding can be approached through joint medico-legal symposiums for the practicing attorney and doctor[44] and perhaps even more effectively in the long run by an attack upon misunderstanding, distrust and prejudice through seminars and lectures earlier at the professional student level.[45]

Hopefully, Dr. Overholser concludes, "We may safely expect that with the development of mutual understanding between the representatives of law and psychiatry the adoption of the needed improvements which we have discussed may be accelerated."[46]

L. WHITING FARINHOLT, JR.*

THERAPEUTIC ABORTION. Edited by Harold Rosen. New York. Julian Press, Inc., 1954. Pp. xxi, 348. $7.50.

This book, on a large topic, consists of individual chapters by about twenty nationally known specialists, each of whom discusses a particular phase. It is almost a panel presentation with contribution and comments on the various facets by the editor, Dr. Rosen.

This, coupled with a foreword by competent authors on the legal, psychiatric and obstetrical aspects, an excellent glossary and autobiographical section, makes this book an excellent reference for all those interested in this most important, widely discussed and little known subject. Here is a reference which should be of help to all in medicine, law and the social sciences. It is interesting that more than two-thirds of the authors are psychiatrists or of allied profes-

[43] Davidson, *supra*, n. 35, 12.

[44] The following symposia, sponsored by the Committee on Medicolegal Problems of the Maryland State Bar Association and the Bar Association of Baltimore City, were held since 1951: Drug Addiction, The Doctor in Court — Expert Medical Testimony, Euthanasia, Trauma and its Relation to Disease, The Medical Legal and Social Aspects of the Adoption Law, Use and Abuse of Drugs and Cosmetics, The Compulsory Use of Chemical Tests for Alcoholic Intoxication, The Control of Chronic Alcoholism.

[45] Several Law Schools now include in their curricula courses in Medicolegal Problems, viz., University of Maryland, Harvard, Yale, etc. An incidental yet probable consequence should be a closer rapprochement between the two professions.

[46] OVERHOLSER, 134.

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sions. Thus there is a psychiatric flavor to a great portion of this book and also to the problem itself.

Therapeutic abortion, undoubtedly, has been on the decrease in this country as well as in others. This has been based on wider knowledge of disease and its association with pregnancy, the newer concepts of drugs in relation to disease, the definite trend of the psychiatrist to look upon the psychiatric problems as a less frequent cause of the interruption of pregnancy.

Part I of this book deals with the problem and its background. It consists of a discussion on criminal abortion, the shrinking non-psychiatric indications for therapeutic abortion and the psychosomatic approach to abortion and abortion habit. The first two subjects are very concise and somewhat exact. The third topic in this part deals with the psychiatric phase of abortion and explains in detail the problem of abortion habit which has been of great interest to psychiatrists, obstetricians and gynecologists alike.

Part II, which deals with related problems, i.e., sterilization, the psychological significance of vasectomy, the hysterectomized patient, abortion habit, and emotional concomitance of sterility and fertility, was enjoyed by the reviewer, who was impressed by the number of apparently psychiatric patients who had these problems. It is the impression of the reviewer, however, that many cases of vasectomy and hysterectomy have been performed on normal, healthy individuals (mentally and emotionally stable) without any great consequences.

Part III deals with the historical review of ancient customs and cultures, their relation to pregnancy, its interruption, laws, ethics, religious implications and the legal status of therapeutic abortion. While it was felt that too much space was allotted to the ancient customs and cultures, there is no doubt that they may be of help in formulating our present thoughts. The religious implications and the attitude of the various churches were most informative and should be of interest to those confronted with this phase of the problem. The legal status of therapeutic abortion is most important as this is a controversial point as regards medicine and law.

Part IV — "The Hospitalized Abortion-Requesting Patient", which is taken up in two parts, "The Abortion Problem in the General Hospital" and "Experiences in a Psychiatric Hospital", shows there has been a fairly insistent incidence of therapeutic abortion throughout the country and

deals with methods of control. The establishment of committees of survey has gone a long way toward helping control the misuse of therapeutic abortion in a general hospital. Although the problems and experiences in a psychiatric hospital are somewhat different, they are most helpful in the treatment of these hospital patients.

Part V, which deals with the psychiatric and psychotherapeutic considerations of this problem, is amply discussed in three parts.

Part VI deals with the prevention of abortion, which is much more important than treatment. This, with Part VII should be widely read. The psychiatric aspects of conception and planned parenthood are reviewed in detail. The closing chapters are the reflections of the psychiatrist and gynecologist, which were read with great interest.

The tremendous scope of this book with such able contributors should interest all who are concerned with this problem, the physician, the psychiatrist, the social worker and the lawyer. However, one should be left with a gentle reminder that all who seek help or who have therapeutic abortions are certainly not necessarily psychiatric patients.

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