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Fisher & Hawley: A FEW BUTTONS MISSING.

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RECENT BOOKS

This department undertakes to note or review briefly current books on law and materials closely related thereto. Periodicals, court reports, and other publications that appear at frequent intervals are not included. The information given in the notes is derived from inspection of the books, publishers' literature, and the ordinary library sources.

BRIEF REVIEWS

A FEW BURTRONS MISSING. By *James T. Fisher, M.D.* and *Lowell S. Hawley*. Philadelphia: J. B. Lippincott Company. 1951. Pp. 282. \$3.50.

Speaking of his service as a psychiatric examiner at the military induction center at Los Angeles during the days of World War II, Dr. Fisher suggests:

"It must have been a disillusioning experience for those who had pictured a psychiatrist as a modern Svengali with thick-lens glasses, who'd invite them onto his couch and explain the hidden significance of last night's dreams. They'd found merely a tired old man with a few trite questions. . . ."

Fifty years after receiving his M.D. from Harvard, however, the author was not too tired to go back to school; in 1946 he went to Lima, Peru, to spend a year observing new developments in psychosomatic medicine at Obreros hospital. Such open-mindedness characterizes his entire attitude toward his specialty, which he admits to be a Johnny-come-lately in the medical field. His career in psychiatry seems to be a living example of Judge Clark's admonition that "here, as elsewhere in the realms of the intellect, knowledge is a freeing, not an inhibiting force."¹ As one reviewer has said, "His attitude toward life and suffering is reverent, but his attitude toward almost everything else has a salty tang of personal and individualistic judgment."²

The author's dry wine needs no bush whatsoever; it may be sampled or drained for pure enjoyment. But as a book for the lawyer's library, it is recommended as an antidote to the inevitable suspicion that the practice of psychiatry need be esoteric or cultistic and that the psychiatrist seeks to be a Svengali.

The legal profession's skepticism toward the mental specialist is notorious and understandable. It was emphasized in a recent Roper survey, published in *Collier's* magazine under the title "When Would You Consult a Psychiatrist?" Especially as to the treatment of certain criminals, "only in the legal profession was there found to be a relatively large measure of distrust of psychiatry."³ The author added that "the viewpoint of the lawyers is worth special consideration because they stand in a position of vital importance regarding future improvements in our mental hospitals." The latter comment is of timely interest, espe-

¹ CLARK, CODE PLEADING, 2d ed., 71 (1947).

² N.Y. HERALD TRIBUNE BK. REV., May 27, 1951, p. 6. See also TIME MAGAZINE, May 28, 1951, p. 82.

³ COLLIER'S MAGAZINE, May 12, 1951, pp. 13 and 75.

cially to Michigan lawyers, in view of the proposed Michigan Sex Deviate legislation.⁴

Much legal literature has already discussed the attitude of the bar toward the admittedly undeveloped science or art of psychiatry. Seen in court, the psychiatrist "functions under the crippling limitation of the 'right and wrong' test of the *McNaughton* case,"⁵ or what Sheldon and Eleanor Glueck call the "sterile quest of blameworthiness."⁶ If medical experts may seem cynical, it must in fairness be recognized that *insanity* is a legal definition; the medical vocabulary does not include that word.

A paradox is here involved. Every lawyer must struggle with his conscience when his client demands the flat *yes* or *no* answer—in advance of judicial determination—to any complicated legal question. Yet toward the medical specialist, in personality problems of the greatest difficulty, counsel may be inconsistently intolerant of any but the strictly categorical answer. Dr. Fisher's book may perhaps lessen misunderstanding of the psychiatrists themselves as well as of what he calls "the most publicized and least understood branch of any profession in the world."

The author's personal search for professional understanding speaks for itself in that respect: the slow building of a specialized practice, professorships, nineteen trips to Europe for postgraduate study, Lunacy Commission work, institutional directorship, and Army field service—not to mention the year in Peru. After all that, he finds no certainty, and no universal absolutes in diagnosis or cure. Throughout the entire book is reiterated the futility of arbitrary classification. "Men have made all the boundaries, and all of the boundaries are artificial"—and designed for a simpler age.

Apart from the difficult task of reporting to a court that some criminal's mental abnormality "does not reach that arbitrary line which bounds the legal definition of insanity," there is a more constructive job which can be done. There is the person whose conduct is beginning to stray too close to the outer bounds of normality. Here the specialist may serve him "as a trained surveyor to help locate the boundary." Elsewhere he says: "The ability of the paranoid individual to carry on perfectly lucid conversations upon a variety of subjects is often confusing to the uninformed observer who, for some reason, is inclined to view sanity as an all-or-nothing proposition."

In another place he speaks of misconceptions due to the way our language jumps to arbitrary extremes. In connection with hypnosis he says, "either a man is asleep or he's awake, according to the language of the street." And it is notable

⁴ See REPORT OF THE GOVERNOR'S STUDY COMMISSION ON THE DEVIATED CRIMINAL SEX OFFENDER, State of Michigan (1951).

⁵ *M'Nagten's Case*, 10 Clark & Fin. 200 (1843); 1 C. & K. 130.

⁶ "Comments on the Attitude of the Legal Profession Toward Psychiatry," 5 LAW. GUILD REV. 301, 303 (1945). See also "Psychiatric Aspects of New Procedures in the State of Michigan," 31 J. CRIM. L. & CRIM. 684, 692 (1941).

that this writer by no means gives that subject of hypnosis the once-fashionable short shrift. It is mentioned often in connection with therapeutics, in which field Fisher seeks greater efficiency in analysis of that mental content which lies below the so-called conscious or waking level. While he subscribes to no school, he studied with Freud, among many others, and pays great respect to that Viennese pioneer. He rejects the involved theories of many psychoanalysts, however, in the same deferent way in which he submits:

“. . . I have never considered myself a disciple of the Freudian school. And more particularly in recent years I have inclined toward the belief that sex, like bathtub gin during the prohibition era, has been magnified far out of proportion to its real significance. (This is perhaps a viewpoint made possible only by my advancing age.)”

Nonetheless he believes that analysis—a deep digging into the stuff of dreams—is often indicated. Where time and money permit, *psychoanalysis* is often the proper solution, he finds.⁷ But he is coming to believe that a hypnosis induced by certain modern drugs (narcosynthesis) permits faster access to the sub-threshold mental content, and may tend to make analysis available on other than a Rolls Royce basis.⁸

Therapy of any sort, however (and he discusses the gamut from the “big drink” of hydrotherapy to the frontal lobotomy) is at best a mere repair job. Society will have to learn to live with itself. The last chapter considers the contradictions involved in modern living. Our bodies were evolved, through countless eons of adaptation, for use in an earthly jungle; they are now sought to be adapted within a few short centuries to life in a super-industrialized age. And meanwhile, while life accelerates fast enough of its own accord, we are goaded and chivvied by the “make hay” mottoes of the agricultural age of our forefathers. Dr. Fisher’s suggested solution will be no less surprising than the revelation of the *Collier’s* survey that clergymen displayed more faith in psychiatry than did lawyers.

*Curtis Wright, Jr.**

⁷ The kindness of Dr. O. R. Yoder, Medical Superintendent of Ypsilanti (Michigan) State Hospital, in critically reading this review, is gratefully acknowledged. He has not been asked to take responsibility for any inaccuracy of emphasis in this report, however, nor for the reviewer’s terminology, admittedly non-technical.

⁸ Sodium pentothal (“Truth Serum”), Sodium amytal. Although not specifically mentioned, there is also a newer agency called Surital. Acknowledgment is gratefully made to Eleanor R. Wright, M.D., of the Ypsilanti State Hospital staff, for helpful suggestions, and to Max Appel, M.D., criminal pathologist, Champaign, Illinois, whose use of narcoanalysis on criminal suspects the reviewer has been privileged to observe.

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