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chiatrists, in passing judgment as to sanity, profess a knowledge they do not truly possess.¹

The author describes how they are encouraged in this role by judges, district attorneys, relatives of patients, and the public at large. It may be, as the author feels, that unwarranted reliance has been placed on the personal integrity of psychiatrists. The response to this book, by Dr. Szasz's colleagues, suggests the vituperative outburst of angry men rather than dedicated scientists, and thus lends credence to his argument.² If the author has not presented a view that is well settled, he has at least stated a *prima facie* case and one worthy of examination by those who care to uphold the rights of the weak or seek remedies for their injuries.

¹ Gaylin, "Psychiatry and the Law: Partners in Crime," 8 Columbia Univ. Forum 23 (1965).

² Davidson, "The New War on Psychiatry," 121 Amer. J. of Psychiatry 528 (1964); Slovenko, "The Psychiatric Patient, Liberty and the Law," *Ibid.* at 534, and see discussion, *ibid.* at 539; Glaser, "The Dichotomy Game: A Further Consideration of the Writings of Dr. Thomas Szasz," 121 Amer. J. of Psychiatry 1069 (1965).

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*Reviewed by John K. O'Toole**

THE ADDICT AND THE LAW, by Alfred R. Lindesmith. Indiana University Press. 333 pp. 1965.

This is an intense survey of the narcotics problem and the various legal and administrative efforts to solve it. Professor Lindesmith is convinced that dope addition is a disease rather than a crime and this thesis, strongly and persistently propounded, is the core of his book. More than this, the book is almost a universal and quite scathing indictment of the Federal Narcotics Bureau, its attitudes and procedures. He deplors the use of informers and the inconsistent and often arbitrary arrest and prosecution of offenders, and believes that compulsory treatment, owing to its coercive aspects, offers no medical promise. One may agree with his trepidation over the "prohibi-

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tionist" atmosphere pervading the anti-narcotics fight which, instead of striking at the problem, drives it underground; the only beneficiary will be the bootlegger. Still, one may dispute his view that the medical profession should be put in charge of the whole addiction problem; its ramifications and overall impact on society are so strong that legal authorities should keep control of it. On the other hand, here, as in many similar fields, systematic cooperation between the two professions seems highly indicated.

Professor Lindesmith points to the way other countries have tackled the issue. He is particularly impressed by the British plan which calls for the establishment of an individual doctor-patient relationship, and, by personalizing the problem, takes the punitive sting out of it. He does not subscribe to the theory that the American situation is unique, in a class by itself, and therefore beyond comparison with other countries. He believes that whatever worked in Britain should work here. He offers little corroboration for his view, except for the fact that many Canadians transfer to Britain for treatment; the conclusiveness of which point is not too clear.

Without any doubt, this book is written with a strong partisan flavor. Yet nobody can escape the intellectual honesty which it exudes. Professor Lindesmith sincerely believes that much is wrong with our domestic methods, and much could be copied from others. Basically, he does have a point here, if only he would have substantiated it in greater detail. Instead, he submits statistics, charts, and hearings reports, which will aid the reader in drawing his own conclusions. His book, for all its acerbity, does furnish facts and a message. Primarily it will speak to those who care to listen and to study further. For all those in the legal and the medical field who want to get at the root of the problem and seek the real values behind the controversy, this is recommended reading.