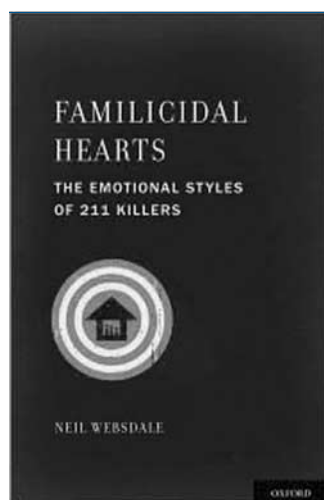


was in excess of £14 million. The real tragedy, as Scull to his credit points out, is that with very few exceptions neither psychiatry nor neurology has assigned any resources to this group of patients.

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Familicidal Hearts: The Emotional Styles of 211 Killers

By Neil Websdale.
Oxford University Press, 2010.
£17.99 (hb). 334pp.
ISBN: 9780195315417

Familicide here is 'the deliberate killing within a relatively short period of time of a current or former spouse or intimate partner and one or more of their children'. It is a rare occurrence but one which, at least in the USA, has been steadily increasing. This book explores the phenomenon through the analysis of an archive of cases spanning about 250 years and a range of sources, from the popular press to witness statements and personal interviews with investigating officers, relatives of victims and perpetrators. As the author readily acknowledges, this is unusual methodology but it leads to some compelling conclusions. A continuum of interpersonal styles of those who have committed familicide is proposed, with the 'livid coercive' group (who use domestic violence habitually before killing) at one end and 'civil reputable' individuals (who, superficially at least, are engaged in more socially desirable patterns of interpersonal and family relationships) at the other.

Neil Websdale is a professor of criminal justice in Arizona, but he writes from an enormously wide perspective. There are major elements of criminology, sociology, history and politics. In addition, he draws on concepts in psychology, psychiatry and psychoanalysis as well as philosophy, religion, ethics, literature and fiction. He does not shy away from potentially difficult areas, for instance, gender roles and what might be the underlying causes of domestic violence by men towards women. He recognises the presence of mental disorder and illness among both killers and victims in some familicide cases but also writes, in a fascinating way, about Gordon's concept of 'haunting'¹ and what he himself describes as 'uncanny acts', ultimately inexplicable occurrences outside the realm of the predictable, so much so that attempts may be made to reframe them as the result of some form of insanity.

What comes out very strongly and clearly from reading this book, in addition to the individual experiential and emotional aspects of the lives of those who commit familicide, is the importance of the social milieu and the influence of the changing

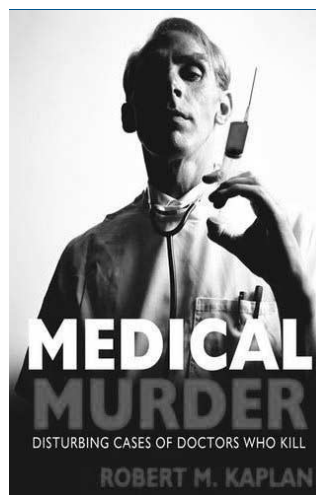
expectations of modern-day life on human beings in mediating behaviour. Even extreme forms of behaviour are modified by shifting societal norms and the evolution of modern thinking.

This is a complex book and it addresses a difficult and particularly disturbing form of homicide. It is not always easy to read, simply because it contains such a richness and diversity of reference material and ideas. But it is well worth the effort. It should be of interest and importance to anyone involved in the assessment or treatment of those who have killed.

- 1 Gordon A. *Ghostly Matters: Haunting and the Sociological Imagination*. University of Minnesota Press, 1997.

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Medical murder: Disturbing Cases of Doctors Who Kill

By Robert M. Kaplan.
Summersdale Publishers, 2010.
£7.99 (pb). 320pp.
ISBN: 9781849530361

Living as we do in the shadow of Dr Harold Shipman, this very readable history of doctors who kill is something of a relief. William Palmer, a Barts man, was hanged in 1856 for numerous killings, and Thomas Cream, 'The Lambeth Poisoner', was hanged in 1892 after a spree of poisoning prostitutes with strychnine. King George V's Physician, Lord Dawson of Penn, apparently gave quite a large dose of morphine to the semi-comatose King, as his life was 'moving peacefully towards its close' (as announced in Dawson's medical bulletin). The theme is broadened in chapters entitled 'Killing with kindness' (about the problems of euthanasia) and 'Genocidal doctors' (e.g. Nazi practitioners) to the tendency of doctors to conform even to dysfunctional social mores, while other health professionals are moving into carer-assisted killing.

Kaplan uses the term 'clinicide' to mean 'the death of numerous patients during treatment by a doctor'. He considers several categories of clinicide including medical serial killing, treatment killing (i.e. intentionality being blurred between the 'hero' killer and the 'mercy' killer) and mass murderers, doctors being accomplices or even leaders (e.g. Radovan Karadzic). He outlines a number of theories as to why doctors do this, most of them psychoanalytic and with limited evidence base, for example 'unleashed psychopathic drives' or 'the Wounded Healer', and postulates 'the Orestes syndrome' as the basis for Shipman's murders (he was intensely attached to his mother). The fact that today's larger medical schools enable students to go through 'without being medically known', the nature of medicine as

another commodity, and the inadequacy of 'a burgeoning host of regulators' lead Kaplan to conclude that 'clincide will continue'.

The real strengths of this book are its easy-to-read, non-technical style, its good references (although there is no index), and the tales of peregrinating mayhem caused by a range of doctors (Kaplan largely sticks to the Anglo-Saxon literature), which are entertaining and well paced. Kaplan also tries to put this process in terms of the history of the development of medical practice over the past 200 years in particular, although his notion that 'until 150 years ago doctors did little more than talk and hold the pulse' is rather condescending to the extraordinary work of Ambrose Paré, William Harvey and William Withering, to name just a few. If there is one clue that emerges from all these strange tales it is that

bad doctors are already being bad, difficult and antisocial in medical school. And they go on being bad by moving around, across specialties, countries and continents, using brazen charm and the power of medicine to stay afloat.

And what about audit? Just 6 months before Shipman's arrest he was reported as a 'single-handed enthusiastic GP with a rolling programme of audit – keep up the good work!'

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