

## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Genius, Grief & Grace:  
A Doctor Looks  
at Suffering & Success**

By Gaius Davies.  
Christian Focus Publications. 2008.  
£12.99 (hb). 384pp.  
ISBN: 9781845503598

Dr Davies introduces us to 11 of his own Christian heroes, unpacking their personal struggles, failings and successes, and at the same time explaining their Christian beliefs.

The heart of his thesis relates to his definition of grace as a part of God's general goodness, the rain that falls on the just and the unjust. He amusingly quotes Lord Bowen:

The rain it falleth on the just  
And on the unjust fella;  
But more upon the just because  
The unjust stole the just's umbrella.

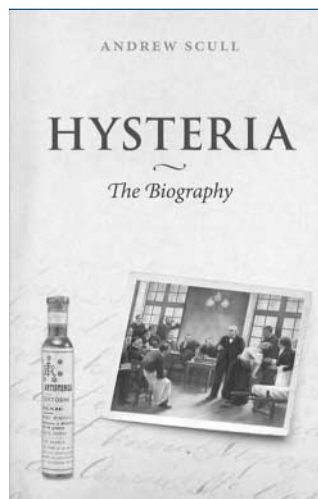
An important part of Davies' theory is that God's light is reflected through the acceptance and presence of holiness or grace in a person, but that grace itself does nothing to change the person's temperament. The 'saints' he describes were difficult people to live with and often struggled with their faith.

Some of Davies' choices of subject seem idiosyncratic to me and may be of less interest to others too, except for the particular personality problems they present. The author did not set out to explore issues of spirituality and psychiatry, as addressed by other contemporary authors, but his analysis of the development of personality and faith will read well enough alongside those other titles for the interested psychiatrist.

I note that Dr Davies has published widely on related topics and perhaps his intended audience is primarily a Christian one. He reveals flashes of insight into his own character, beliefs and deep faith, which at times sits uncomfortably alongside his historical documentary style. Will non-Christians find the text accessible and informative? Inevitably, some pre-existing knowledge is assumed, but each chapter does stand on its own and Dr Davies' erudite descriptions and analysis of the characters of well-known authors such as C. S. Lewis or John Bunyan will be enlightening to all.

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**Hysteria: The Biography**

By Andrew Scull.  
Oxford University Press. 2009.  
£12/99 (hb). 240pp.  
ISBN: 9780199560967

Scull has written many books on the history of psychiatry and this one covers familiar territory, taking us through the turf wars between Victorian gynaecologists, psychiatrists and neurologists, who fought for the right to manage (and exploit) patients with unexplained physical symptoms. The paternalistic misogyny evinced by these physicians still has the capacity to shock. Scull describes in vivid detail the contribution of the American Civil War, the 'circus' orchestrated by Charcot, the 'Napoleon of the neuroses', the Freudian diversion that followed, and the psychosomatic symptoms in men generated during the First World War.

But it is the final chapter, 'L'Hysterie morte?' that I found of most interest. Here Scull asks, 'where are the hysterical invalids. . . all apparently vanished into the ether?' His thesis is that the disorder has shuffled off into oblivion. But nothing could be further from the truth: patients with hysterical (conversion) disorders present in general hospital wards, neurological out-patients and medico-legal settings with a frequency that would surprise Scull and others such as Shorter who argue that cultural factors have 'shaped' the more florid presentations of functional neurology out of the clinical arena. Recent epidemiological studies suggest a burden of disability associated with chronic hysteria which is far higher than a typical practising psychiatrist might suspect or than is reflected in standard textbooks of psychiatry or clinical neurology.

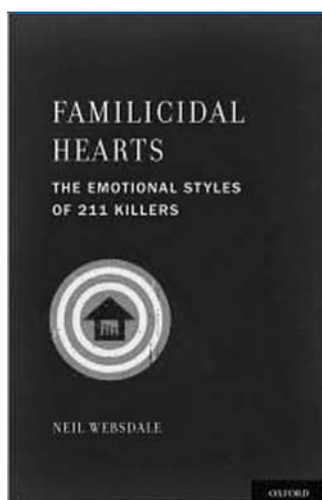
Scull ascribes this state of affairs in part to the demise of psychoanalysis (irrelevant in my opinion), psychiatry's preoccupation with Big Pharma and the hegemony of DSM. But it is more complex than this. These patients reverberate around general hospitals, often after relatively trivial accidents and injuries, as Charcot pointed out, but by the time they are referred to psychiatrists they usually have gross untended disabilities, especially if treatment is delayed as is invariably the case. They are largely ignored by modern psychiatric services, which are focused on the creation of crisis services, 'risk assessments' and home treatment: patients with neuroses and gross disabilities are outside their remit.

Why should this be? It appears to me that primary care trusts and commissioners of healthcare are preoccupied with 'serious mental illness', patient pathways and early intervention designed to reduce (mental) hospital stay. But assigning treatment resources to this group of patients would make economic sense, especially in a cash-strapped National Health Service about to be subjected to further financial cuts. In a survey carried out on patients with persistent, unexplained physical symptoms in Devon it was conservatively estimated that the lifetime costs of these disorders

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'<sup>1</sup> 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

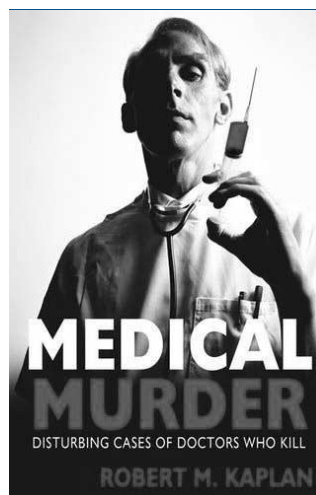
expectations of modern-day life on human beings in mediating behaviour. Even extreme forms of behaviour are modified by shifting societal norms and the evolution of modern thinking.

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