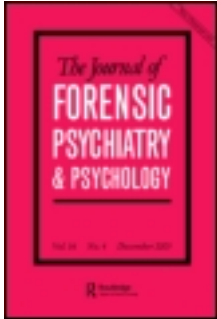


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Criminal poisoning and the psychopathology of the poisoner

CHRISTOPHER CORDESS

ABSTRACT This paper examines both the historical and clinical aspects of deliberate poisoning and the psychopathology of the poisoner.

The paper describes three contemporary phenomena of criminal poisoning: the intentional poisoning of children by parents; threats and acts of random mass poisoning; the poisoning of sick patients by hospital staff.

Clinical vignettes of four alleged poisoners with an account of their individual psychopathology are presented.

A tentative profile of some specific characteristics of the poisoner and his or her motive is drawn from these sources, together with a theoretical discussion of the available literature.

Poisoning as an aggressive or murderous act appears to be relatively uncommon in our present culture, unless there are a number of such acts which go undiscovered (Glaister, 1954). Crowe (1989) in a survey of 422 cases of fatal poisoning in Leeds over a ten-year period to 1987 found only two cases of homicide, and both were of poisoning of children by their parents. In contrast, at other times poisoning has been rife and culturally expected to the point of posing a threat to society.

Fear of poisoning persists and is common in various contexts within our own society. For example, at certain stages of their development children may worry about contamination of their food with more or less paranoid anxiety, and delusions of being deliberately poisoned occur amongst those suffering from schizophrenia and depressive psychoses (Mawson, 1985). People also express concern about mass food contamination by chemical pollutants, deliberately or negligently caused, or of environmental contamination by chemical or nuclear products. Terrorization by threat, whether hoax or not, has become increasingly

prevalent: for example, threats of contamination of Britain by the rabies or AIDS virus.

This paper reviews the early and modern history of deliberate poisoning and then four case histories are described in order to examine common clinical aspects and themes.

HISTORICAL OVERVIEW

Ancient World

Some of the earlier historical records, the cuneiform scripts of Sumeria and the papyri of Egypt, for example, record the use of drugs and poisons. Homer in the *Odyssey* writes of the extensive knowledge of drugs and their use both for their curative and their malignant effects in ancient Egypt and Greece; for example, he writes how Telemachus sought a deadly poison in Ephyra in order to dispose of his mother's suitors.

Greek mythology contains many tales of the use of poison, including those of Circe and Medea, and of Hecate who was the first recorded user of aconite (wolf-sbane). Across a span of history this same poison was used by the Victorian poisoner Dr Lamson in 1881 (Furieux, 1957). There are stories, too, of poisoning by the use of an impregnated garment: of Glaucus by Medea, and of Hercules by his wife. Medea experimented with a number of poisons, as well as using rejuvenating philtres, and was not beyond killing by a variety of other means.

Plato has given us a fictitious account of the death of Socrates by the enforced self-administration of hemlock and of the clinical and toxicological effects preceding his death. Aristotle recounts the use of poisoned arrows by the Scythians, the poison being prepared from snake venom and human blood, the mixture proving deadly (Smith, 1952). Certain tribes, for example, in New Guinea, use such methods in warfare to this day. A similar use was made of ricin, an extract of the castor bean, injected via the tip of an umbrella to kill Georgi Markov, a Bulgarian refugee, in London in 1979.

In Pergamon in Asia Minor, during the second century BC, Attalus III and his physician Nicander cultivated poisons and published records of their experiments with them upon condemned prisoners. Smith (1952) tells us that Mithridates, as well as being very knowledgeable about poisons, spent much of his life in fear of assassination by them and attempting to discover antidotes to them. In the first century AD Dioscorides wrote extensively of poisons and their properties, listing hundreds of fatal substances and their effects.

The Roman Empire, from its earliest years, and increasingly in its decline, was much given to the use of poison as both a political and a domestic weapon. For example, Nero, together with Locusta, indulged in the wanton and extensive poisoning of hundreds of his subjects. Claudius was finally the victim of

Agrippina's poison – in its fatal form a species of mushroom. Because of the widespread suspicion of poisoning the employment of 'tasters' was common in the Roman Empire and elsewhere. Other poison detectors have included venetian glass, rhinoceros horn, opals and peacocks, all of which were supposed to detect the proximity of poison (Brewer, 1894).

Lecky (quoted by Norwich, 1988) wrote in 1869 of the Byzantine Empire that 'The history [of the Empire] is a monotonous story of the intrigues of priests, of poisoning . . . of perpetual fratricides'.

Western Europe

Smith (1952) writes of the rebirth of the 'art of poisoning' in Europe and of the later emergence of 'schools of poisoning' in Naples, Venice and Rome in the seventeenth and eighteenth centuries. Thus the Borgias (Pope Alexander VI and his children Caesar and Lucrezia) had no scruples about ridding themselves of enemies, rivals, troublesome spouses and wealthy relatives with such elegant skills that it became the fashion 'to carry death in an ear-ring, a casket, a signet, a fan-mount, a filigree basket' (Goulding, 1987). A certain Neapolitan woman, Toffana, is thought to have been responsible for more than 600 deaths, mostly of husbands unwanted by their wives and often members of high society, for purposes of monetary gain.

Catherine de Medici is credited with the introduction of both interest and sophistication in these matters into France, where in the late seventeenth century a particularly remarkable poisoner, the Marquise de Brinvilliers, was active. She was an aristocrat who became fascinated by the act of poisoning and in addition to killing her father, husband and brother, would also visit patients in a Parisian hospital. She fed them poison hidden as gifts and then took a keen scientific curiosity in the signs which preceded their death. Two other French women, 'La Voisin' and 'Lavigoreux', midwives and fortune tellers, assisted many in the disposal of their spouses by poisoning. One of La Voisin's poisons was graphically named '*la poudre de succession*', because of its power to change inheritance of title and estate.

At about this time Louis XIV of France took steps to counter the monstrous prevalence of poisoning by appointing a special court in an attempt to eradicate what had become a grave threat to social stability. This is an example of the manner in which a number of societies have made special legal provision against the threat of the ravages of poisoning. In ancient Greece, the court of the Areopagus had a specific function to hear trials of cases of poisoning and to this day it has been traditional that the Attorney General leads in the prosecution of poisoners (and of those accused of treason) in England and Wales.

The Victorian, Edwardian and post-Edwardian eras are known with justification as those of the celebrated poisoners. Many of their names became

household words: for example, Drs Harvey Crippen, William Palmer, Pritchard, Lamson and Smethurst (Parry, 1931; Furneaux, 1957). Many were doctors of medicine, or otherwise involved in pharmaceuticals in an amateur if not a professional capacity. Other non-medical poisoners from this time include Armstrong, Maybrick (Maybrick, 1905), Lafarge, Seddon and Wainwright (Thompson, 1931). Gaute and Odell (1979) list sixty notorious cases in all. In France, Landru, the so-called 'Bluebeard', was responsible for the deaths of numerous women by cyanide in 1922 (Mackenzie, 1928). The Stoneleigh Abbey poisoning case (Barrowcliff, 1971) had many of the features of the 'classic' slow murder by small doses of arsenic.

As well as those poisons already mentioned, strychnine, thallium, hyoscine, copper, chloroform, digitalis, gases and bacteria, have been used. Birkenshaw *et al.* (1958) described the case of Barlow, a nurse, convicted of murdering his wife by insulin injection. Recently Ruta and Haider (1989) described a case, apparently the first, of attempted murder by selenium poisoning.

Fictional literature has often reflected the contemporary facts or the imagination of them in regard to poisoning: to cite some examples, Cicero's 'Murder Trials', *Madame Bovary*, Pushkin's 'Mozart and Salieri', Hawthorne's *Scarlet Letter* (Khan, 1984), and latterly the detective novels of Dorothy L. Sayers and Agatha Christie. Out of Christie's eighty-odd titles over half her murderers use poison as their method (Bottiger, 1985).

Many fairy-tales and plays contain references to poisoning either for its historical, dramatical, or metaphorical power. *Hamlet* alone includes three separate variants of poisoning.

It is the present author's contention that whilst older 'classical' individual poisonings have declined, there has been an upsurge of different patterns of 'extended' poisoning on a larger scale and often involving multiple deaths. It may be that the increased sophistication of forensic pathology and toxicology has been partly responsible for this change. Also the statutory controls contained in the Poison Act 1972 may have contributed (Goulding, 1987).

At present deliberate poisoning is one of two statutory crimes under the Offences Against The Person Act 1861: both specify acts of maliciously administering to any person (or causing to be taken by any person) any poison or other noxious thing. Where life is endangered or grievous bodily harm inflicted the offence is punishable with imprisonment for ten years. When administered with the intent to injure, aggrieve, or annoy it is punishable with five years' imprisonment. It is noteworthy that 'administering' in this context means that the poison be ingested or (rarely) that it enters the body by other means, for example, via the skin.

Deliberate poisoning also offends against common law, and where the consequence of poisoning is death the offence will be of unlawful homicide.

MODERN POISONING

Three phenomena of modern poisoning have come increasingly to notice although whether they are indeed new or merely more evident is debatable.

The intentional poisoning of children

This is a form of non-accidental injury (Dine and McGovern, 1982; Rogers and Tripp, 1976; Rendle-Short, 1978). Typically the parent may claim that the child ingested the poison by accident, or the poisoning may be kept secret and the child may be presented for investigation of the often puzzling resultant symptoms, a form of 'Munchausen by proxy'. Meadow (1989) wrote:

[some] parents do incredible things and a determined parent can find ways of poisoning a child, even when under the closest supervision: mothers have injected insulin into intravenous lines, poured medicine into a gastrostomy tube, put nasogastric tubes into the child's stomach to administer particularly noxious solutions that the child could otherwise not take, secreted tablets in their mouth that they have passed on to the child with a kiss, and secreted drugs behind the glass eyeball of the teddy bear they have given the child.

Other reports of parental abuse of children by poisoning include those by Saulsbury *et al.* (1984) and by Schnaps *et al.* (1981).

Of course, such acts may prove fatal, as in the case of the father who gave his 8 year-old son cyanide in a 'trick or treat' candy, so as to obtain life insurance. However, the intention of the parent in this category is not usually homicidal.

Threats and acts of random mass poisoning

The apparent motive may be to secure a ransom or to achieve some political or terrorist goal. Not infrequently, however, the motive remains unknown, particularly where the perpetrator remains undiscovered. A common feature of such acts is the gross abuse of power which they entail, and this may be the primary driving force. The motive may include killing, or death may be an accidental consequence.

Recent examples are numerous and appear to be increasing in frequency. Many major mass scares have been followed by other 'copy-cat' threats as if the atmosphere of terror mobilizes violent and sadistic fantasies in a number of people.

They include the following:

- (1) The 'Tylenol' Affair in September 1982: seven people died in Chicago as a result of taking 'Tylenol' tablets, a proprietary form of paracetamol, which

had been spiked with potassium cyanide. To date no one has been accused and no motive is apparent. (*Independent*, 1989a)

- (2) The 'man with twenty one faces' was named after a popular character in Japanese mystery novels. He operated by lacing sweets with cyanide; by subsequent extortion he was able over a period of years to cause the virtual collapse of the Japanese sweet industry (*Sunday Times*, 1986).
- (3) A threat was issued to the government of Cyprus, for extortion purposes, through the High Commission in London, 'to contaminate the Island of Cyprus by means of a poison gas such as to destroy all forms of human, animal and plant life'. Rare in such cases, a man was apprehended and found guilty (*Independent*, 1989b).
- (4) Militant animal rights activists claim to have poisoned turkeys before Christmas 1986. Related groups said earlier that they had spiked chocolate bars with rat poison to protest against 'the use of monkeys in tooth decay research' (*Daily Progress*, 1984). They also claimed to have laced a popular brand of shampoo with bleach, in the same cause. (This is a chilling example of a willingness to employ the very means of attack against which protest is being made.)
- (5) A Palestinian group based in London claimed to have spiked Israeli oranges with mercury (*Independent*, 1989c).

There have also been a number of related acts of contamination, although not strictly of poisoning. These include:

- (6) In 1986 slivers of glass were placed in American baby foods. Some consumers later placed glass in the food themselves in order to pursue spurious claims against the manufacturer (*Independent*, 1989b).
- (7) There was a recent attempt at commercial blackmail, reportedly demanding one million pounds, by contamination of baby food with broken glass, drawing-pins, razor blades and caustic soda (*Independent*, 1989c). Perhaps equally grotesque is the separate episode of splinters of glass having been placed in babies' nappies, also for purposes of extortion. Such activities have spawned a new jargon: 'product tampering' and 'consumer terrorism'.
- (8) Rarely there have been examples of non-random mass poisoning, for example, the Jonestown Massacre, of 913 people, at the headquarters of the People's Temple in Guyana (*The Times*, 1978; *Sunday Times*, 1979; Levin and Fox, 1985). The Jonestown Massacre had many features of the mass suicide pact (Rosen, 1981).

Poisoning of sick patients

This usually occurs in hospital. Often it is perpetrated by nurses, invariably with the rationalization of an altruistic motive. The intent is apparently homicidal and death is frequently the consequence.

There are a number of recent examples.

- (1) Thirty-six babies were murdered at the Hospital for Children, Toronto. Despite a full royal commission which accepted that the neonatal children were killed in a cardiac intensive care ward by digitalis overdosage no one person has been found responsible.
- (2) In 1989 49 patients were killed at the Lainz Hospital, Vienna, following insulin injection by a group of nursing staff apparently for 'mercy motives'. There were, however, sadistic undercurrents.
- (3) Seventeen post-operative patients at St Petrus Hospital, Wuppertal, West Germany, were murdered by a nurse dubbed 'the Angel of Death' by her colleagues. Her motive remains unclear (*The Times*, 1989).

CLINICAL VIGNETTES

Four vignettes follow of individuals who have been found to be responsible for, or suspected of, poisoning. All are of the personal pattern of poisoning, rather than the new phenomena of which there are no clinical accounts available. The author has personal experience of two of the (disguised) cases described and the second two are known from previous reports. They are only vignettes and in no way purport to be detailed case histories.

Case 1

A 22 year-old woman was admitted to a maximum security hospital from another hospital after conviction for arson and being suspected of poisoning a nurse with Weedol (which contains paraquat). She gave a history of an interest in poisoning extending from childhood, although she had not developed a technical knowledge of poisons. She had infused laburnum seeds, which she had then administered to her siblings, and had contaminated the family food with lead shot, ground glass, DDT and lawn clover killer. She had herself ingested poison on a number of occasions, including paraquat.

She came from an outwardly successful family being the middle of five siblings, most of whom, including herself, gained entrance to university. She was said to have been demanding as a child with certain neurotic traits but was, however, sociable. She had avoided sexual contact assiduously and broken friendships with boys when they wished to make intimate physical contact. There was no recorded history of sexual abuse. There was dispute about her psychiatric diagnosis, and subsequently she suffered a psychotic episode of brief duration. She fulfilled the DSM III-R criteria of borderline personality disorder

(American Psychiatric Association, 1987). There was no evidence of a schizophrenic process illness.

Case 2

A 26 year-old man was admitted to a maximum security hospital as a result of widespread alarm, involving both his family and his psychiatrist, at his increasing preoccupation with poison. The most alarming act had been his purchase of several kilograms of commercial cyanide. He informed staff of his purchase and had not attempted to make use of it.

His family background included an 'odd' mother and father who had left the family soon after the birth of the fourth child. He was the third-born. From the age of 9 and for some years subsequently he had been homosexually abused. There was a history of early truanting, of social isolation and of numerous minor acts of delinquency which eventually caused him to be taken into care.

Five years prior to his admission he made a number of anonymous and threatening telephone calls. He wrote an unsigned obscene letter to a former teacher. He also wrote to the police reporting the homosexual assaults of which he had been a victim in childhood. It is said that, angered by the lack of response to this letter, he placed weedkiller in food and caustic soda in the table salt of random potential victims. He also reported that for some years he had been poisoning animals in a park. He was suspected of an act of arson and he spoke of poisoning his mother. He was accepted for outpatient individual psychotherapy but there followed at least 20 admissions to hospital after he claimed to have swallowed antimony, rat poison and slug pellets. His preoccupation with thoughts of killing and of suicide finally made him unmanageable, particularly since he insisted upon carrying 'a small amount of solution' (cyanide) with him throughout the day.

After his admission to secure hospital he exhibited brief episodes of quasi-psychotic behaviour, but his diagnosis was considered to be that of severe personality disorder and not of a schizophrenic illness.

Case 3

A consultant surgeon, outwardly successful, who sat on several influential committees, and was adopted as a prospective parliamentary candidate, was found guilty of the murder of his wife (Stepney, 1984). At the trial, as subsequently, he adamantly maintained his innocence. Over a period of about one year he is said to have administered regular doses of an anti-metabolite (anti-cancer) drug to his wife. This continued during her hospitalization for investigation of aplastic anaemia caused by the poison (CCNU) from which she eventually died.

His wife is said to have suffered from schizophrenia throughout their marriage

and to have developed a belief that she suffered from a brain tumour. The accused maintained that he was treating this (supposed) tumour. Despite the case being made at court for *folie-à-deux*, there was no other suggestion that he was mentally ill.

Most noteworthy is the distancing quality of some of this poisoner's statements about himself and his acts, and their 'as if' quality (Deutsch, 1942). 'As if' refers to a person with a pervasive sense of the unreality of his or her relationship to the world and himself or herself, often with an apparent sensitive emotional capacity but with an absence of inner experience. The quotations are not untypical of the reported comments of other poisoners. For example, 'Is administration by frequent small doses a feasible plan to murder? This effect remains conjectural . . . There is only indirect evidence that CCNU might act in this way.'

'CCNU cannot be excluded for [my wife's] illness. But if it was the cause, it caused it in an obscure and unpredictable way which is not compatible with the resolve and ruthlessness required for murder.'

'Could my behaviour have been a "murder gesture"? It is the only alternative to my own account which fits the medical facts. But the answer is "NO" because in so many ways [my wife] was so uniquely useful and valuable to me.'

Case 4

A 14 year-old boy (Young, 1973; Holden, 1974) was admitted to a maximum security hospital after being found guilty of killing his stepmother with thallium, and of having attempted the murder of others of his family.

From the age of 8 he showed an alarming interest in the pharmacology of poisons, having from that time begun 'toxological' experiments on insects, plants and rats – which he had sometimes killed with aconite. Subsequently he administered antimony, atropine and thallium to his father, to his sister and to school friends, and had also experimented with 'treatment', using emetics. At the age of 12 he expressed a strong interest in pursuing a career in medicine.

He had been raised by his father and stepmother. His own mother died of TB, contracted during pregnancy, three months after his birth.

He is said to have been homosexually abused as a child and later tried to poison his abuser with caustic soda. The details of the abuse are unknown.

He seemed obsessed by the power of poison and expressed a pleasure in witnessing the pain poison gave his subjects. At other times he showed uninterest in any but the purely scientific aspect of his hobby. He had modelled himself on one of the most notorious of Victorian poisoners, Dr William Palmer, and Dr Crippen was said to be an early 'hero'. He made attempts to poison himself over the years using a variety of substances.

After nine years in hospital he was released at the age of 23. A few months later he was found guilty of the murder by poisoning of two workmates, and the

attempted murder of two others. The psychiatric diagnosis was initially of (psychopathic) personality disorder with possible brief psychotic episodes.

DISCUSSION

A number of general characteristics may tentatively be extracted from the historical survey and from these four case vignettes.

The epidemiology of poisoning is unknown but there are indications of changing patterns. Although historically poisoners were more commonly women, they may now be more often male. They are likely to be medical personnel with an interest in chemicals from a young age. There may be an intense interest in the 'scientific' aspects of their acts and the physical effects of the poisons.

There may be a history of anonymous obscene telephone calls or threatening (poisonous) letters. The poisoning may be intended to be anonymous and it may be directed at particular targets or may be random.

There appears to be a great need for the feeling of power which poison imparts, and which the generalized response of terror partly satisfies. This may include keeping a small fatal dose 'just in case', similar to the carrying of weapons by other types of offender. The need for power may be obviously sadistic and sexualized, or may be more or less denied ('I am only interested in the purely scientific aspects'). 'For these men . . . cruelty may not be so much the end they are seeking as the means whereby they arouse extreme sexual emotion in themselves' (Brittain, 1970).

Although it is frequently the case that there is adamant conscious denial of responsibility for the act, there is also a common wish for notoriety and infamy by transgressing a major taboo.

Practically none of the known poisoners has been actively psychotic in the strict sense at the time of their offending, although there may have been a history of previous psychotic episodes or, more usually, a subsequent one. They will frequently conform to the diagnosis of borderline personality disorder (DSM III). Their behaviour will show clearly sadistic features, and they may be seriously antisocial in other areas.

A number of poisoners attempt to poison themselves.

It would appear from the few cases for which details are available that a history of sexual abuse in childhood may not be uncommon.

Trial acts of poisoning against animals, as well as other forms of cruelty, may be evident in the early history. Such behaviour may be predictive of future dangerousness as described in a general context by Scott (1977).

There are a number of examples of modelling behaviour upon that of a previous notorious (anti) hero, and a copy-cat pattern following publicly reported acts or threats of poisoning.

If they are to be successful, and the perpetrator is to remain undiscovered, acts of poisoning need planning, a degree of intelligence and cunning. They are, therefore, in a different category to the great majority of acts of violence against the person. In some cases poisoning is conducted over a long period of time, allowing for observation of the ill-effects on the victim. In this sense it may be a model of controlled, sustained, sadistic behaviour.

Some explanations

Psychoanalytic theory, particularly the views of Melanie Klein and her followers, offers compelling explanations of the fears of poisoning in childhood, and of the 'normal' unconscious fantasies of poisoning in infancy. By extension these theories offer an explanation of the delusions of poisoning so common in the adult psychoses: 'little children pass through anxiety-situations (and react to them with defence mechanisms), the content of which is comparable to that of the psychoses of adults' (Klein, 1935).

These theories can also offer insight into the mind of the poisoner. One of the innate fantasies of the infant at the oral level, according to Kleinian theory, is of poisoning its mother's milk and her creativity; of attacking and invading her breast. This occurs by projective identification of bad parts of the self, with consequent persecutory anxiety. Thus the adult poisoner may be thought of as acting out a fantasy common to infants at a primitive level either out of developmental failure or regression.

A dynamic link can also be made between the invasive experience of sexual abuse and the consequent state of helpless victimization, and the choice of poisoning, itself invasive, as a retaliatory act, placing the suffering back where it belongs. The act may then be seen as a reaction formation, establishing power and control. Similarly, in Kleinian terms, it may be seen as the achievement of grandiosity and omnipotence by the use of manic defences along with denial of an unconscious level, by splitting of the massive aggression and homicidal violence entailed. As a result of this splitting, treatment psychotherapeutically is likely to prove problematic, with the patient appearing compliant but acting out massively.

It should be said that Klein's evidence is taken from clinical experience of the psychoanalysis of children, and later developments from the analysis of adults, and that such theories often meet with suspicion or hostility from those unfamiliar with that discourse. It is also of course true that whilst such theory may offer understanding and insight into the mind of the poisoner, and may be used in treatment, it offers little explanation of why the poisoner enacts the fantasy.

Howells (1978) attempted to understand the interpersonal world of a poisoner in a special hospital using personal construct theory, and specifically the repertory grid. However, he was only able to conclude that poisoning was given a positive value by the patient and had been modelled on the activities of another. 'In some cases', Howells concluded, 'deviant behaviour may need to be viewed in

the context of possible "alternative definitions" of reality by the person.' It may be that Howells is edging towards a description of personality not dissimilar to that of the 'as if' personality.

Hunter (personal communication, 1987) considers that the poisoner fulfils many of the characteristics outlined by Brittain (1970) in his description of the sadistic murderer: that is, he is often of high intelligence; may show an ambivalent relationship to the mother and perceive the father as authoritarian and punitive, or the father may be absent; he may be introspective, solitary, studious, obsessional, prudish, vain, hypochondriacal but rarely violent, although possessed of a deep sense of grudge. Sexually the poisoner may be overcontrolled and may have a fascination with such subjects as Nazism, the occult and demonology. Such characteristics are likely to provide a thin defence to feelings of profound inadequacy; the offence behaviour may frequently need to be repeated and the murderer may kill serially. However, these characteristics are generally applicable to all sadistic murderers and are quite unspecific. It is noteworthy also that Brittain in his classic paper made no mention of the poisoner or poisoning.

Dylan Thomas in a supposedly comic account of Mr Pugh's thoughts concerning his wife catches a dramatic image of the poisoner's mind:

Alone in the hissing laboratory of his wishes, Mr Pugh minces among bad vats and jeroboams, tiptoes through spinneys of murdering herbs, agony dancing in his crucibles, and mixes especially for Mrs Pugh a venomous porridge unknown to toxicologists which will scald and viper through her.
(*Under Milk Wood*, 1954).

CONCLUSION

A review of the history of poisoning provides examples of its widespread practice throughout history for personal and political gain.

Whilst such criminal acts continue in our own culture three phenomena of modern poisoning are also described: the intentional poisoning of children, threats and acts of random mass poisoning, and the poisoning of sick patients by hospital personnel (so-called 'mercy killings').

From the four case vignettes and from the historical accounts some general characteristics of the poisoner are tentatively drawn. It is generally in the nature of the modern form of mass, random poisoner and extortionist that the offender remains anonymous and undiscovered, and the 'offender profile' (Canter, 1989) remains largely unknown.

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