

itself (not the content): the paperback felt inexpensively produced, with frequent incompletely inked pages in this reviewer's copy.

Overall, I enjoyed reading this book, learning quite a lot of new history and perspective along the journey. The editors have achieved what Dr. Griffith described as "my hope that this text has fulfilled its promise to bear witness to the decades-long process of progressive change in forensic psychiatry and psychology practice" (p 381). He concludes: "Looking back, both forensic disciplines have made substantial strides and have established solid foundations. Thus the future is bright for both groups of professionals . . . there is work to do, despite the fact that much ground has already been covered" (p 392). This volume is a worthy addition to the bookshelf of forensic practitioners, trainee and senior clinician alike, as we forge into the decades ahead. As Dr. Paul Amble noted in his chapter, citing the oft-quoted chestnut of Santayana and Churchill: "Those who do not learn history are doomed to repeat it" (p 361). This thoughtful book makes those important history lessons a little easier to absorb and contemplate.

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## Psychiatric Aspects of Criminal Behavior: Collected Papers of Eugene Revitch

Edited by Louis B. Schlesinger. Springfield, IL: Charles C. Thomas, 2017. 266 pp. \$32.95 paperback.

The editor, an enthusiastic and grateful supervisee of Dr. Revitch, portrays this book as a memorial issue (*gedenkschrift*) published after the subject's death. The editor's introduction also immediately categorizes this work as a labor of love (dare we say transference love? Perhaps). From the introduction:

Although many of Dr. Revitch's papers were published 50 years ago, they are as relevant today as when they first appeared. I edited this book because I did not want these seminal papers to become lost in the archives, to be only referenced in term papers or literature review [p. v].

This description is not entirely hyperbolic; some of the conditions discussed below are not as well de-

scribed as elsewhere. The introduction is followed by a biography of Dr. Revitch.

Like any collection of papers, the essays range over a considerable field, sometimes redundant, always intriguing. The book is divided into three major sections, each with its own introduction, and each with six or seven component chapters.

Section I is entitled "Sex Murder and Sex Aggression" and includes articles on the titular themes, "gynocide" [sic], unprovoked attacks against women, and sexual aspects of burglaries, the latter perhaps the first discussion of this topic.

Section II is entitled "Mental Disorders and Crime" and includes discussions of psychopathy and pedophilia, patients who kill their physicians and examples of conjugal paranoia. This last concept was completely new to me in this form. The essay provides useful guidance, not only to forensic psychiatrists, but to attorneys involved in marital disputes. A highly important point here is the manner in which the paranoid member of a couple may seem more organized and superficially rational.

Section III, "Psychiatric Aspects of Epilepsy and Epileptoid Violence," includes discussion of psychiatric problems in epilepsy, differing forms of paroxysms, and social effects of epilepsy.

Two points that may be stressed about the clinical work described is Dr. Revitch's use of sodium amylal interviews and his insistence on a thorough and patient clinical examination as the sovereign approach to assessment. As can be inferred from these titles alone, the forensic relevance of these topics is obvious.

Dr. Revitch's approach could be described as a mixture of forensic, descriptive, dynamic, and neuropsychiatric viewpoints, fairly smoothly integrated; the author's disdain for psychoanalysis, however, is noted in passing. The great strength of this work is Revitch's professional access to a very large number of cases, expressed in his writings in the generous salting of case examples, rich in descriptive detail. Several of these examples are cited repetitively in different essays in the book. He makes connections often forgotten in current clinical work, such as between lingerie fetishism, breaking and entering, and assaults on women. His crossing of models reveals the uselessness of "box diagnosis."

Besides the occasional redundancy, another problem with this book is the goodly number of typographic errors, distracting but not fatal to the au-

thor's points. Surprisingly, although they are early, these papers do not feel dated, and contain several useful suggestions on approaching often-difficult patient populations. It is clear that this book would justify a sampling approach, turning to the relevant chapters to help with clinical problems, rather than seeing it as belonging on every clinician's shelf. Helpful they indeed may be.

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## Munchausen by Proxy and Other Factitious Abuse: Practical and Forensic Investigative Techniques

By Kathryn Artingstall. Boca Raton, FL: CRC Press, 2017. 338 pp. \$89.95 hardback; \$62.97 electronic.

Munchausen syndrome, or factitious disorder, alone (FD) or by proxy (FDP), can be a baffling, frustrating, infuriating, and life-threatening condition encountered in medical and surgical, pediatric, and psychiatric practices. In this book, the author, a former police officer, shares decades of experience in the classification, recognition, unmasking, and resolution of the condition. The book regards FDP as a criminal process wrapped in psychiatric nomenclature. Ms. Artingstall's premise is that individuals who perpetrate physical abuse on children or other unwitting subjects must be uncovered and prosecuted, not excused via insanity pleas. The author is an experienced and wily huntress, appropriate to the task of helping both medical professionals and law enforcement to see past the manifold presentations of FDP cases.

FDP entails intentional production of a medical condition in another person, usually a child, without external gain, distinguishing it from malingering. The boundaries are blurred when, for example, the author discusses malingering by proxy and FDP scenarios with apparent external gain, such as securing or retaining child custody. There are differential diagnoses, some rare (e.g., Ganser's syndrome) and some familiar (e.g., somatoform disorders). Although the author tries to parse them, including a

reference from this Journal,<sup>1</sup> her preoccupation with protecting children obscures coming to terms with the dynamics of the perpetrator; the patient is clearly the victim in proxy cases. Thus, when it comes time (Chapter 15) to address expert testimony, there is little useful information on developing a narrative for criminal sentencing; instead there are details of the *modus operandi* of the perpetrator.

The 39-page opening chapter could be a stand-alone review of FDP. It starts with some history. Baron von Munchausen, an 18th-century raconteur, was implicated in the death of his wife's infant, the product of her wedding-night indiscretion. The subsequent literature on Munchausen-related conditions, the author says, underestimated their incidence and did not squarely confront the fake patients. Even through the 20th century, FDP was regarded as a medical condition, without sufficient attention to the nefarious underlying behaviors.

Ms. Artingstall resents attempts to explain away criminality cloaked as illness. Sympathy from the public toward persons with mental illness comes from ideas such as irresistible impulse and insanity defenses. This effect "is amplified when crimes are egregious and offend the sensibility of people" (p 4), seen also after mass killings.<sup>2</sup> However, the author argues, features of FD and FDP should not be regarded as symptoms, in the usual sense of a mental disorder that can serve as an excuse against criminal charges. In the case of FDP, "When a child or elderly victim dies as a result of abuse that is caused by the factitious behavior of the perpetrator, a homicide has occurred" (p 12). No excuses.

Ms. Artingstall is convincing that FDP is a "delivery system" for criminal abuse. Expert witnesses and law enforcement are necessary for establishing a criminal case, although, "While custodial arrests of FDP suspects are not contingent upon a medical diagnosis of FDP, both are connected to the establishment and provability of evidence to support the theory of one another" (p 14). The author focuses, throughout the book, on medical and law enforcement personnel learning about behavior patterns among FDP perpetrators. She endorses profiling, tempered by contextual and cultural understanding. It would be interesting to know of cases in which medical professionals who are too quick to diagnose abuse via FDP are liable when genuine illness is found, analogous to mislabeling patients as malingerers.<sup>3</sup> There is reference to Internet-based support