Savonarola at the stake: the rise and fall of Roy Meadow

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Objective: The aim of this paper is to describe the role of prominent paediatrician Professor Sir Roy Meadow in the controversy surrounding the diagnosis of Munchausen Syndrome by Proxy (MSBP) in mothers accused of murdering their children.

Conclusion: The MSBP saga is a further chapter of an era of moral panic that started several decades ago with repressed memory therapy, satanic ritual abuse and multiple personalities. The fall of medieval sage Savonarola is an apt analogy for the fate of Roy Meadow. The history of medicine is rife with figures who become their own authority and rule by force of personality.

Key words: child abuse, medical registration, Munchausen Syndrome by Proxy, Roy Meadow, specialist medical evidence.

Children can only be protected from abuse if those who suspect abuse are accorded the presumption of good faith when they report their suspicions.

Professor Sir Roy Meadow

The death of Sally Clark, 42, on 16 March 2007 was yet another sad chapter in the story of medical hubris, misguided zeal and medical lynching that constitutes the saga of Munchausen’s Syndrome by Proxy (MSBP) and the rise and fall of Roy Meadow. Mrs Clark was jailed in 1999 for killing her 11-week-old son, Christopher, in December 1996 and 8-week-old Harry in January 1998. The first appeal against the convictions failed in 2000 but she was freed in 2003 after a fresh appeal. A crucial factor in her conviction was evidence from Meadow that there was a “one in 73 million” chance of two children dying from cot deaths in an affluent family. It was this statement, more than anything else, that sealed Meadow’s fate and precipitated a catastrophic downfall.

The medieval sage Savonarola berated the Florentine public on their wicked ways. As is the fate of many pursuing a Jeremiad, Savonarola eventually fell out of favour and, for his trouble, was burned at the stake. The incendiary end of a hectoring prophet who strode the public stage to condemn iniquity is an apt analogy for the downfall of Professor Sir Roy Meadow.

MSBP has a curious provenance. Munchausen Syndrome, described in 1951 by Richard Asher, referred to psychopathic young men who simulated illness to get admitted to hospital. First described by paediatrician Roy Meadow, MSBP applied to mothers who harmed their children in various ways, even killing them, to perpetuate symptoms of illness so that they could receive treatment in hospital. The mothers were insistent their children were sick (or not getting better) and had an adversarial, if not hostile, relationship with their doctors. Cases caught on camera only served to dramatize the perception of bizarre mothers who killed or maimed their children.

Meadow’s 1977 Lancet paper describing two cases of MSBP was initially regarded with some incredulity, but his evidence at the 1993 trial of nurse
Beverly Allitt, who murdered four children and harmed nine others under her care, propelled him to world fame. Meadow gave evidence that Allitt had MSBP but this was contradicted by psychiatric testimony that, while she might have had Munchausen’s Syndrome, MSBP was not a factor in her serial killing.

MSBP became the poster illness for the burgeoning epidemic of moral panic about child abuse and Meadow’s star was in the ascendant. He was President of the Royal College of Paediatricians, awarded a knighthood and addressed meetings of judges who tried cases of child abuse and murder. He pronounced the eponymous and superficially appealing but sinister Meadow’s Law: “one sudden infant death is a tragedy, two is suspicious and three is murder, unless proven otherwise”.

Meadow became an authority, the leading British figure pursuing mothers and fathers who abused their children, particularly those parents with MSBP. A star witness who over-awed juries, Meadow played a part in convicting a number of women of infanticide or child murder, either on the grounds of asphyxiation or shaken baby syndrome. His work had a significant influence in many countries, including Australia and Canada.

Meadow became notorious as the central figure in three high profile cases, giving evidence in the trials of Sally Clark, Angela Cannings and Donna Anthony. All three women were convicted of killing their children and spent lengthy periods in prison, but were later exonerated by the Court of Appeal.

But there were concerns about MSBP from the start. First, who was the designated ‘patient’: the child victim, or the injuring mother? Second, how were the boundaries to be drawn? Far from a mother smothering her child in a hospital bed, the majority of cases were mundane and far less harmful. A child with persistent and difficult to diagnose complaints; frequent admissions leading to an adversarial relationship with doctors who felt under siege by the parent; attempts to seek other opinions ending in further confrontation; finally, the meeting to determine ‘another’ explanation for what was wrong with the child, the outcome being the diagnosis of MSBP.

The ‘disorder’, yet to be scientifically invalidated, occurs in adults, usually female. Yet the diagnosis is made by a paediatrician concerned about harm coming to the child, scarcely an objective basis to reach a decision, and having no training in adult psychiatry. If called in at all, an adult psychiatrist is only requested to the time judgements have hardened and everyone, including the accused parties, is extremely defensive.

Concern arose in various quarters. Psychiatrists and psychologists raised objections to the definition of MSBP. Some legal authorities questioned the scientific validity of the diagnosis, let alone the evidence used. The cases that caused the most controversy concerned young children who died of respiratory failure. There was intense debate over pathological changes and likelihood that the children could have died of natural causes, rather than murder.

But the most vociferous response came from those who had the most to lose: mothers who had their children removed and, in far too many cases, were falsely jailed. In an interesting example of the demotic opportunities provided by the internet, websites protesting the injustice of MSBP sprung up. In the House of Lords, Earl Howe, the Opposition spokesman on health, mounted a vociferous attack on the lack of scientific validity of MSBP, accusing Meadow of “inventing a ‘theory without science’ and refusing to produce any real evidence to prove that Munchausen’s Syndrome by Proxy actually existed”.

But progress was difficult. Who, after all, was prepared to say they condoned child abuse, let alone murder? The MSBP lobby combined professional infallibility with unshakeable conviction. Of course, mothers convicted of child murder would protest their innocence, wouldn’t they? – the subtext being that an occasional victim of injustice was worth tolerating in the interests of child safety.

However, protests continued and the legal profession paid more attention when offenders were middle-class, articulate and credible. The media, sensing a good story, began to heckle; then came the Sally Clark case. A lawyer, sentenced to jail for murdering two of her children, she vehemently protested her innocence and refused to accept any plea bargain. Meadow, who gave evidence at the trial, was a prosecutor’s dream: serious, credible, seemingly compassionate, reeling off dazzling facts and figures to buttress his case. Statistics proved Meadow’s undoing. The statement that there was a 1 in 73 million chance of the baby being murdered famously led to an annoyed response from the Royal Statistical Society that the figure was more likely 1 in 150.

Once it was shown the Clark children could have a congenital condition, the case unravelled – but by then Sally Clark had lost her babies and spent 3 years in jail. Other cases with similar outcomes were reviewed and Meadow’s star plunged like a spent comet. He was struck off the medical register by the GMC for “serious medical misconduct”, then reinstated on appeal on the grounds that no doctor would give evidence under these conditions. However, further cases are to go before the GMC and, whatever the outcome, it can be said that Meadow’s reputation has suffered irreparable damage.

The predictable response from paediatricians and the child abuse ‘industry’ to Meadow’s deregistration was that no expert will be prepared to give evidence in court. According to those pursuing child abuse, any infraction of due process could be tolerated in order to
pursue defaulting parents.¹⁷ The fact is that no paediatrician, social worker, psychologist or psychiatrist has anything to fear when giving evidence on such cases. The expert witness has to confine themselves to facts, avoid judgements they are not qualified to make, stay within their professional discipline and not allow self-righteousness to intrude into a situation in which the court, not they, have to reach a judgement.¹⁸

Samuel Roy Meadow came from humble origins in Lancashire. His mother was extremely ambitious for her children and he more than returned her confidence. He studied medicine at Oxford, worked as a GP and took up paediatrics. By 1980, he was head of paediatrics at St James Hospital in Leeds.

Gillian Paterson, Meadow’s first wife, gives a less than salutary account of Meadow,¹⁹ describing him as a misogynist without close friends. He would attend discussions at the Anna Freud Centre where the issue of child sexual abuse, real or imagined, must have been a topic of some interest. In a revealing incident, Meadow played the Judge in an amateur production of Arthur Miller’s *The Crucible*, based on the Salem witch hunts.

Meadow, Paterson said, could not understand that MSBP was a rare condition but saw cases wherever he looked.

There is another analogy. Meadow could be seen as a mirror image of another northerner who grew up in humble circumstances, had a pushy mother and saw medicine as the best outlet for his talents: Harold Shipman.²⁰ While Shipman became Britain’s worst serial murderer, Meadow saw himself as a crusader against mothers who killed their children. Sometimes in medicine the boundary between life and death is extremely porous, just as is the distinction between two doctors on their own crusades, although from radically different viewpoints.

Savonarola combined searing rectitude with overweening hubris and paid the ultimate penalty when the public turned on him. Now we have seen the same happen to Meadow. The history of medicine is replete with figures who become their own authority and rule by sheer force of personality.²¹ That we are witnessing a terrible fall is no consolation to those jilted women or their shattered families. That child abuse, let alone child murder, is intolerable is not doubted, but the removal of children and the jailing of innocent parents is an appalling calumny permitting no tendentious moral relativism. No profession can stand aside when its members play any part in perpetuating this tragedy.

The MSBP saga is merely a further chapter, albeit one with appalling consequences for the innocent victims, of an era of moral panic that started several decades ago with the advent of repressed memory therapy for childhood sexual abuse,²² coupled with such inanities (were the outcome not so horrendous) as satanic ritual abuse and multiple personalities.

In the words of Harold Merskey, when the critical faculty is even slightly loosened, there is no end to the developments that can follow.²³

REFERENCES