

Clinical vampirism

A presentation of 3 cases and a re-evaluation of Haigh, the 'acid-bath murderer'

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Summary

Clinical vampirism is named after the mythical vampire, and is a recognizable, although rare, clinical entity characterized by periodic compulsive blood-drinking, affinity with the dead and uncertain identity. It is hypothetically the expression of an inherited archaic myth, the act of taking blood being a ritual that gives temporary relief. From ancient times vampirists have given substance to belief in the existence of supernatural vampires.

Four vampirists, including Haigh, the 'acid-bath murderer', are described. From childhood they cut themselves, drank their own, exogenous human or animal blood to relieve a craving, dreamed of bloodshed, associated with the dead, and had a changing identity. They were intelligent, with no family mental or social pathology.

Some self-cutters are auto-vampirists; females are not likely to assault others for blood, but males are potentially dangerous. Vampirism may be a cause of unpredictable repeated assault and murder, and should be looked for in violent criminals who are self-mutilators. No specific treatment is known.

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Vampirism has been reported in the medical literature for more than a century. It was named after the mythical vampire in order to describe the sucking of blood or drinking of blood to satisfy a craving for it. An interest in the dead has also been recorded, so that vampirism has been confused with necrophilia.

Single cases and an extensive bibliography have been published by Kayton,¹ McCully² and Bourguignon.³ Their term 'auto-vampirism' is convenient but misleading, for subjects may take their own and/or exogenous blood. Of the latest definitions: '(a) belief in vampires, (b) acts and practices of vampires, blood sucking, (c) necrophilism',⁴ only (b) is appropriate, and the concept requires clarification.

The essential characteristic of the vampire was that he drank fresh blood specifically to satisfy a need, also having an abnormal interest in death and the dead. The appropriate clinical substantive for a human who displays these characteristics is 'vampirist', not vampire, which refers to a supernatural creature or to a bat.

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The mythical vampire was an evil spirit which, being refused entry into the 'other world' because of unsuitable behaviour in life or neglect of rituals, returned to the grave as a 'revenant' or 'living dead' being. He re-animated his corpse and sustained it with blood sucked from the living during sleep, or by biting the neck and drinking from the wound. A victim thus attacked or a suicide victim was liable to become a vampire. Vampires lived in cemeteries and seldom left their graves except to satisfy their need for blood: the dead were their people.⁵ The vampire did not desecrate graves, violate corpses, eat human flesh or have sexual intercourse with the living. He had no real identity and was thought not to cast a shadow or reflect an image in a mirror.¹ The characteristics of a periodic craving for blood, association with the dead and no certain identity are a triad also found in clinical vampirism.

The vampire myth is of great antiquity and appears in some form in most religions that hold a belief in a corporate existence for the spirit after death. It entered Europe from Asia Minor and moved west through Romania and Hungary. The word vampire, of Turkish or Magyar origin, was first used in English in 1734.² The vampire has featured in German, French, English and American romantic and horrific literature since the late 18th century, and novels, plays and films derived from *Dracula*⁶ continue to proliferate. There is a substratum of fact to *Dracula* and the associated *Frankenstein*, based on historical persons.^{7,8}

The drinking of blood may be a feature of sadomasochism, blood rituals, fetishism, ritual revenge, psychosis, and drug intoxication.⁹ Most of the striking cases collected by Krafft-Ebing¹⁰ appear not to have been vampirists. Vampirism is not a primary symptom of any other psychiatric or psychopathic disorder, and its specific motive distinguishes it from other blood-related aberrations. The condition is not likely to be discovered except in criminal cases where evidence is restricted by judicial rulings, and by chance via psychiatric examinations or surgical treatment of self-injuries. Some of our patients who carry out self-mutilation cut themselves in order to suck blood. They had an impaired sense of identity; 2 could not recognize their faces in the mirror and some expressed an interest in death. The mirror effect indicates a gross disturbance of personal reality and is sometimes found in schizophrenia and unreality states as well as vampirism.¹ Identity is the innate knowledge of individuality which becomes more certain and firm as the child develops.

We suggest that compulsive blood-taking, uncertain identity and an abnormal interest in death, as observed in our cases and reported variously by others, are symptoms of the psychopathology of clinical vampirism. Uncertain identity is probably invariable, while an interest in death may not always be evident.

In addition to non-criminal vampirists, we have intensively studied 3 who had been charged with dishonesty and referred for psychiatric assessment because of self-mutilation. We have also re-examined the case of Haigh, 'acid-bath' murderer of 1949, regarding whom there was much inconclusive controversy in psychiatric circles, and propose that he was also a vampirist. We describe these 4 cases in detail, refer to others and discuss clinical vampirism and its implications.

In this article vampirism may refer to the clinical condition or to the practice of 'drinking' or 'sucking' blood, according to the context.

Case reports

John Haigh

John Haigh, the 'acid-bath' murderer, was executed in London on 10 August 1949 at the age of 40. Haigh confessed that between September 1944 and February 1949 he had killed 9 persons, incised their necks and drunk a cupful of blood from each. Six were friends whose property he then acquired by fraud, but the other 3 were unidentified casual strangers. The primary motive for all the murders, he said, was an irresistible urge for blood, and not gain: 'there are so many other ways of making easy money, though illegitimately'.¹¹ Lord Dunboyne¹¹ wrote: 'No other reported case traceable seems to suggest that a murderer drank the blood of the murdered as an end in itself, unassociated with any sexual perversion'.

A wealth of material exists, giving quite a good picture of his first 25 and last 5 years, but there is little regarding the intervening period of prison sentences and the war. The following is derived from a book on the trial of Haigh, edited by Lord Dunboyne,¹¹ and a biography by La Bern,¹² the two of which complement each other.

Haigh was the only child of sound, middle-class parents for whom he showed genuine affection throughout life. His birth, development and health were normal, there were no congenital or blood disorders, and no family history of mental instability. Intelligent and musical, he was a schoolboy organist and chorister at Wakefield Cathedral, and had a good character. However, between the ages of 25 and 34 he served three prison sentences for dishonesty and company swindles, forgery and impersonation. Thereafter he had business interests in London and lived in the Onslow Court residential hotel. He had close, well-to-do, respectable friends who never suspected that he was a criminal; they corresponded with him even after he was convicted. He was arrested and charged with the murder of Mrs Deacon, a 69-year-old widow who lived in the Onslow Court Hotel, in February 1949.

Apart from crime, his adult behaviour was unremarkable both in and out of prison. From childhood he was good-natured, fastidious and generous. He loved animals and children and disliked cruelty and violence. When his wife left him a few months after their marriage at the age of 25 he had no further interest in sex. He lived well, drank moderately, did not take drugs and did not associate with criminals outside of prison. He was not impulsive and showed caution in his frauds, in contrast to the recklessness of his murders.

He enjoyed blood, and from the age of 6 would lick scratches and wound himself to suck it. He pictured and dreamed of people injured and bleeding after railway accidents. Although of the Plymouth Brethren, he was fascinated by Holy Communion and the Crucifixion, and sometimes saw blood pouring from a large crucifix that hung over the altar in the cathedral, while the bleeding figure of Christ would appear in his dreams.

In 1944, when he was 35, blood dripped into his mouth from an accidental scalp wound. That night he dreamed that his 'mouth was full of blood, which revived the old taste', and knew that he would have to obtain blood. He killed 2 persons that year, 3 in 1945, 3 in 1948 and Mrs Deacon in February 1949. He said 'before each of my killings I had a series of dreams, I saw a forest of crucifixes that changed into green trees dripping with blood . . . which I drank, and once more I awakened with a desire that demanded fulfilment' . . . 'The dream cycles started early in the week and culminated on Friday' (i.e. the day of the Crucifixion — author's note).

In anticipation of having to kill he arranged to have the use of the storeroom of a small factory in Crawley, where he installed non-corrosive metal drums, carboys of sulphuric acid, a pump, tools and protective clothing. He would club or shoot the victim in the head, plug the wound, incise the neck, draw a cupful of blood and 'drink it for 3 to 5 minutes, after which I felt better'. He would put the body in the drum and pump acid over it. The process of dissolution took a few days and he visited the work-

shop daily to inspect. If the body had to be dismembered he greased the floor first, so that the blood would not sink in and he could wash it away. The 'sludge' was poured down the drain and the drum, with what did not dissolve, such as plastic articles or dentures, was thrown on the rubbish heap of the factory yard.

He drove Mrs Deacon to see an 'invention' at his workshop, shot her and drank her blood. She weighed 200 lb and, exhausted after getting the body into the barrel, he went to Crawley for tea. He then completed his task, dined and drove back to London. He openly sold Mrs Deacon's jewellery to a shop and sent her bloodstained coat to a cleaner, all of which was easily traced. The police found blood and other incriminating evidence at the workshop. Haigh confessed and voluntarily described the other 8 murders, then unknown to the police. He told his last visitor before his execution the 'real truth' — 'I was impelled to kill by wild blood demons, the spirit inside me commanded me to kill'.

Haigh seemed not to realize that he might die or that the disintegrating bodies had once been alive and his friends. His only regret was that 'being led by an irresistible urge, I was not given to the discovery of the distress this might cause to myself and others', by which he meant his parents and friends. He wrote to his mother from the death cell: 'My spirit will remain earth-bound for a while. My mission is not yet fulfilled.' Haigh was unconcerned about his trial and refused to appeal against his sentence. A panel of psychiatrists found that he was not legally insane and that he had no symptoms of mental illness; his electro-encephalogram (EEG) was normal.

On the grounds that his impeccable early career, usually good character and personal fastidiousness could not be reconciled with the gruesome killings, it was suggested that Haigh had a multiple personality or identity. A non-violent, cautious, professional swindler is unlikely to murder for money and to do so recklessly. Haigh kept the same friends during his last 5 years, stayed in their houses and escorted their teenage daughters to entertainments. None suspected anything sinister of him. There seems no doubt that Haigh's identity, and the motives and values that corresponded with it, were not constant. Haigh realized this when, normally self-assured, he said: 'No-one will ever understand me, I am really very bewildering'.

The three unmarried White males described below all came from good middle-class homes with stable, affectionate parents and siblings, and no family psychopathology. Birth and development were normal, and they were well-built, reasonably good-looking and, apart from self-mutilation, physically and mentally healthy and free from congenital defects or blood disorders. In all the central nervous system and EEGs were normal, and their IQs 110-120. All found cannibalism revolting and films about Dracula 'rubbish'. They were not interested in the occult or religion, and had no food fads.

Personal case 1

This 27-year-old had been expelled from 5 schools between the ages of 8 and 13 and thereafter detained in residential schools, reformatories, prisons and a treatment unit, except when he absconded and when released for 7 months at the age of 20 and 3 months at the age of 26. His offences included drug trafficking, housebreaking, stealing, fraud, impersonation and assaults (some unprovoked) in prison and outside. He never earned a remission of sentence and was eventually declared a habitual criminal. He took pot (marijuana), speed (a mixture of cocaine, heroin and morphine), LSD, cocaine and other drugs until the age of 20, after which he took only dagga and drank alcohol.

He was an attractive, wilful child, liable to tantrums, violence and cruelty. From the age of 4 he burned curtains, smashed furniture, bashed his teddy bear against the wall, mutilated his pet birds and chameleons, hanged his dog and cat and terrorized the school.

He was always impulsive, reckless, vindictive and incapable of remorse. Violence, human injuries and blood excited him, but he

got no pleasure out of inflicting pain. He relieved frustration in prison by tearing rats apart and indulging in the blood. He was a passive homosexual and masochist who enjoyed pain inflicted by others but found accidental pain unpleasant. Corporal punishment excited a 'wonderful feeling' with sexual arousal, and sex was satisfying only when he was sodomized violently.

From the age of 4 he sucked his blood and later cut himself and opened veins longitudinally for the purpose (Fig. 1). From the age of 24 he had dreams of tying a boy to a tree and slashing him. When the blood spouted in his dreams, he wakened 'satisfied and drained'. After such dreams a desire for exogenous blood led him to buy fresh blood at the abattoir and drink it with 'a warm, relaxed feeling, not sexual'. He would bite the neck or shoulder of his partners to suck their blood, and sometimes thought of cutting them with a knife. The craving subsided for several weeks after taking his own or exogenous blood. Blood 'warmed and relaxed' him; alcohol and drugs did not influence the blood interest.



Fig. 1. Old and recent scars and wounds for taking blood.

From childhood he dreamed of being dead and kept dead creatures in his room. At the age of 26 he visited cemeteries in the hope of exhuming a fresh body, and longed to have one to 'cherish it'. He never had necrophiliac sexual desires. He would visualize himself as dead and 'longed to have cancer' like his mother so as to experience her suffering 'inside' and her death. He falsely confessed to having murdered a child in the hope of 'seeing what it was like to be hanged', as he believed that only one part of him would die and the other would observe execution. His identity was never certain. He had three separate names and separate prison records; 'I am never sure which I am at any time', he said.

At 27 he had 'blood dreams' and an increasing urge to cut a young homosexual friend for blood, and would have done so eventually if he had not been arrested for suspected car theft.

In hospital he was superficially pleasant, moody and unsociable. He liked to speak of death and blood fantasies, and made sinister drawings in red ink, which might well illustrate the blood demons of Haigh. He sometimes cut himself and sucked blood. After leaving hospital he received a long prison sentence for violence and other serious crimes.

Personal case 2

This 19-year-old had been sent to a reformatory. From the age of 17 he had travelled around the country associating with criminals, living by crime, and indulging heavily in drugs and alcohol. He was grossly psychopathic but had some feeling for his parents. Since childhood he had been prone to tantrums and violence, and was unfeeling, impulsive, vindictive and incapable of remorse. He tormented animals and children and committed arson.

From the age of 16 he had stabbed strangers on impulse, 'some of whom may have died'. He enjoyed burning shops, robbing, smashing windows and stealing cars during political riots. Recurrent dreams of violence, blood and mutilated people 'gave him peace'. He had no real interest in sex and feared he might kill a sexual partner.

As regards blood he said: 'I have liked the appearance and taste of blood all my life. I would lick scratches and cut myself for it. I used to pull off birds' heads and drink their blood, I bit the head off a guinea pig when I was a child and sucked the blood, and pulled off the head of a chicken, collected the blood in my hands and drank it. I cut myself in order to get blood. Blood relaxes me. I think if I got it every few days, I would be settled. When I feel annoyed, the sight of blood usually calms me, but if it does not, I smash my fists against the wall and lick the blood, even tear my clothes up.' 'It is the feeling of blood in me not the taste that I need, I would like to get it from another person, but so far have not worked out how.'

From about the age of 6 he had kept dead animals in his room and talked to the dead in the graveyard. He still envied them, and asked 'are they as unhappy as I am?' He never knew who he really was: 'I can't understand myself, so how could other people understand me?' In order to attain an identity he joined the Cape Scorpions, an exclusive criminal gang, and was tattooed with their emblem, but never identified with them.

In hospital he was restless and unpredictable, but not violent. He would cut himself for blood whenever possible, and once managed to lick blood from a used syringe. When prevented from taking a table knife he began to shake, sweat, and shout that he must have blood and would have to smash a window and cut someone with the glass. He then bashed his knuckles against the wall and sucked the blood. After sedation he settled down. We learned later that he died after a surgical operation.

Personal case 3

This 22-year-old broke his arm at the age of 5, and at the age of 8 smashed his right knee with loss of patella and tissue, in road accidents. He enjoyed hospital and picked off the skin grafts in order both to prolong his stay and suck blood. From the age of 13 he mutilated himself in other ways, was hospitalized many times and, to date, has received many blood transfusions when exsanguinated and more than 200 anaesthetics. From the age of 17 to 21 (between spells in hospital) he worked in offices for short periods. He missed much of his schooling, but educated himself in hospital. From childhood he had been reserved and well-behaved; he objected to pain, cruelty and violence and loved animals. He had no interest in sex, alcohol or drugs. He said: 'I have never been upset by the sight of blood, but enjoyed it tremendously. When I was young it was a habit to suck blood, which soon became a craving and I had to have it. I cut myself to get blood, but as I dislike pain, I usually get it by scraping the granulations which does not hurt much, collecting a cupful and drinking it. I get the craving frequently. I cannot say what sets it off. I have always liked the taste of blood, but it is the feeling of having it inside me that is important, and a transfusion is more satisfying than drinking it' . . . 'I was always fascinated by death and from the age of 4 visited cemeteries, hoping to see bodies and bones.'

He enjoyed surgical and accident wards, seeing the sick and dying, helping nurses with patients' dressings and watching blood transfusions. He asked, unsuccessfully, to work in the mortuary and postmortem rooms. He mutilated himself for blood and to get back into hospital. 'Blood, sickness and death are all connected in some ways. I would love to be dead. I would love to have the experience of death. I would really love it. I have no real idea who I am, I am often scared of what, whoever I am, might do.' He only felt real in a hospital. For a few weeks after leaving he was free from unreal feelings and the desire for blood. He rapidly became unsettled, injured himself and was urgently

admitted to a hospital. While he was under observation in this hospital he was quiet and unsociable. He managed to cut himself or scrape his wound occasionally to suck blood. During the few years since his discharge he has continued to injure himself very severely.

Discussion

These 4 subjects each displayed the triad of vampirism. They ingested their own and exogenous blood from victims (Haigh), partners and abattoirs (case 1), animals and clinical specimens (case 2), and blood transfusions (case 3). They frequently dreamed of bloodshed and death.

Death attracted them, not as a release from suffering but because they wished to 'experience it' as 'living dead' in the company of the dead. Cases 1-3 frequented cemeteries, talked to the graves, and kept dead creatures. Haigh spent time with his decomposing victims. In one way or another all expressed a belief that in dying they would achieve another, more real existence.

Their identities were changeable and uncertain. Haigh appeared to develop satisfactorily to adulthood; he fluctuated thereafter, and the fastidious, socially acceptable young man cannot be recognized in the callous, revolting murderer. Case 1 had several identities; cases 2 and 3 had no clear idea of themselves, and found their predicament bewildering.

Their personalities were different. Haigh, non-violent and sociable, murdered 9 people. Case 3, a non-violent and introverted man, inflicted terrible injuries on himself and later attacked others. Cases 1 and 2, violent, impulsive psychopaths, did not assault for blood, although they both contemplated it. Therefore vampirism, although specifically psychopathic, is not necessarily associated with general or violent psychopathic disorder and, conceivably, might occur in persons not recognized as abnormal, for example Haigh.

All had satisfactory family, medical and psychiatric histories. Vampirism and psychopathy developed in spite of favourable influences and no possible causes for either were discovered. The patients were disinterested in sex, and blood evoked no sexual feeling, in contrast with a very rare form of sadomasochism in which drinking a partner's blood is said to cause sexual arousal and orgasm. Alcohol and drugs were not relevant factors.

Mental unrest and an increasing desire for blood preceded each indulgence. Recurrent blood dreams sometimes dramatized the urgency, and Haigh said he would have to kill for blood shortly after a significant dream. The visions of bleeding forests and crucifixes of Haigh and case 1, and the latter's drawing of a blood demon must have had a similar origin in their unconscious.

Taking a taste or a cupful of blood was followed by a warm, relaxed feeling, with calm and disappearance of the craving. This lasted from 1 day to months, perhaps longer. It is not known whether Haigh took his own blood between murders. The indulgence was neither a habit nor an addiction. Vampirism is a rare compulsive disorder with an irresistible urge for blood ingestion, a ritual necessary to bring mental relief; like other compulsions, its meaning is not understood by the participant.

Any theory about vampirism is speculative. What we propose assumes the unconscious persistence of ancient myths. In mythology blood contained the essence and qualities of the host which could be transferred to another. Thus a victor drank the blood of his enemy in order to possess his powers,¹³ and a vampire sucked blood from the living in order to obtain regeneration.

Archaic man's fear of a blood-sucking spirit and of becoming a 'revenant' became an archetypal myth from which human vampirism evolved. The human vampirist is analogous to the vampire, with the common features of the main triad and unease, isolation and the 'mirror defect'. The activities of the human vampirist throughout the ages may have given real substance to the belief in the vampire and reinforced the myth. Vampirism

today is therefore a rare atavism and blood-taking a ritual act of regeneration.

How common is vampirism? A few cases of probable vampirism have been published, such as Krafft-Ebing's¹⁰ case No. 31 who paid to prick women and suck their blood, McCully's² case who from the age of 13 periodically cut his neck and caught the blood in his mouth, and Bourguignon's³ female patient who repeatedly sucked blood from a pharyngeal angioma, later bleeding to death.

The occurrence of self-mutilation and other assaults on the body appears to have increased in the last 25 years; self-cutters are predominantly female and many have an impaired sense of identity. A few cut themselves primarily to drink blood, and we have found 7 — 4 females and 3 males — all auto-vampirists, among 150 non-criminal self-mutilators. Taking blood from others seems to be an exclusively male phenomenon. This is probably because force is involved and females seem to have an inbuilt bias against criminal violence; the large majority of convictions for serious assault and murder in Western courts are among males.

Vampirism seems to vary in frequency and intensity, from our fully developed cases to the disturbed young women who occasionally cut themselves to taste their blood. Nothing is known about remission or permanent resolution; there is no specific treatment.

Since vampirism involves unprovoked violence against the subject or another person it might be regarded as a variant of sadomasochism; there is insufficient evidence to show whether this may be the case. In vampirism the specific motive is to obtain and ingest blood, and not indulgence in cruelty, self-punishment or self-degradation, and therefore in our view it is not essentially sadomasochistic and is a clinical entity.

Although rare, vampirism has serious clinical and practical implications. Male auto-vampirists may attack others for blood; both males and females are a recurrent treatment problem. Self-mutilation is not rare among violent recidivist prisoners,¹⁴ some of whom may be vampirists. The circumstances, motives and blood interest of criminals who mutilate themselves, or who have scars from repeated self-mutilation, should be inquired into carefully. Old and recent scars, together with puncture wounds convenient for sucking blood, are very suspicious (Fig. 1).

Vampirism is thus a possible cause of unpredictable repeated murder which is likely to be overlooked.

The vampirist may show no obvious signs of mental disorder. It is a disturbing thought that a pleasant person, like Haigh, unsuspected, may be a vampirist liable to a periodic craving for blood.

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