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had suffered a grievous loss when their first son died of scarlet fever in infancy (*The Independent*, 12 July 2005). From an early age Peter felt he could not rival this angelic, absent brother in his parents' expectations. Peter also acquired a virulent form of ringworm which led him to a 1-year period of quarantine at the age of 5 and had profound long-term effects. He thought that his separation from other children later made him reserved. However, it turned him into an avid reader, and he read volumes that had lain unread in the house for many years, including Shakespeare, Gibbon and Macaulay.

After leaving the Ipswich School, he decided to follow the family's naval tradition and attended Dartmouth Royal Naval College, from which he emerged a midshipman at the beginning of the Second World War. He spent the War at sea; first in the Mediterranean where his ship was torpedoed and then towed across the Atlantic for repairs. He spent the later part of the War on HMS Swiftsure in the Pacific and Hong Kong and was promoted to full lieutenant. Soon after the atomic bomb attack on Nagasaki, he visited the area. He never forgot the black shadows of former buildings created by the radiation. In 1957 he was discharged on medical grounds: duodenal ulcers from which he continued to suffer for many years.

On leaving the Navy he obtained a place to study medicine at St Thomas' Hospital, London, where he won several prizes, including those for surgery and psychiatry. He graduated in 1953. After his house jobs he began his training in psychiatry at St Ebba's Hospital, Epsom. At medical school he met and later married a fellow student, Ann, daughter of the law reformer, Claud Mullins.

Dr Ann Dally, his ex-wife, contributed to his obituary in *The Times* on the 28 July 2005. She described how it was at St Ebba's that he contracted poliomyelitis and was severely paralysed. He was extremely ill. She said it was typical of him that when his doctors wanted to put him in an iron lung he refused and managed to survive without it. He underwent intensive physiotherapy but was left with marked weakness of the right leg which led to permanent lameness. There are other anecdotes about this illness. Doctors in the hospital were offered the new Salk polio vaccine. He declined this prophylaxis, along with several colleagues. At a later stage, when disabled by his weak leg, he was given an electric wheelchair for use in the street. One day, however, he was overtaken by a steamroller and was so furious that he decided to obtain a car adapted so that he could drive again.

In 1961 he was appointed consultant at Westminster Hospital. He had already come under the influence of William Sargant who invited him to look after his private patients when he was away. He soon became well known to general practitioners and patients. His practice grew rapidly and he enrolled his wife Ann to help him. Although their marriage was dissolved in 1969, the separation was amicable and their mutual practice continued until they retired in 1994. Family tragedy struck when two of his sons died, Simon in 1989 and John in 1994. It is customary for the obituarist to draw a veil over personal grief but Peter himself lifted this veil in the case of Simon, who suffered from manic depressive illness and took his own life on Easter Sunday in harrowing circumstances. Two sons and two daughters survive him and he maintained a close interest in these children and his grandchildren.

Another difficulty, but of a professional nature, overtook Peter in the years after his retirement. The Peter Dally Clinic had been established in Hopkinson House, where the new facilities were available for patients with eating disorders. Two years later it was closed because of staff irregularities and management problems. When it was eventually reopened, Peter Dally's name was sacrificed with the aim of retrieving the reputation of the clinic, although the problems had arisen only after his retirement. Dr Peter Carter, Chief Executive of the new mental health trust, wrote in *The Times* (12 August 2005), following the obituary in that paper (28 July 2005), that he had personally telephoned Dr Dally to explain fully the circumstances. He found Peter to be totally dignified and understanding, not only about the need to close the clinic but also to rename it when it reopened. He accepted that Peter would have been disappointed that his name was not going to live on as a tangible endorsement of his outstanding contributions to the subject of eating disorders. Peter readily supported the proposed action. Dr Carter concluded that, in the fullness of time, it might be possible to reinstate his name.

It would be a mistake to suggest that Peter did not succeed in overcoming the family tragedies and his physical incapacity: for example, far from being ashamed of his lameness he would hang his walking stick on the door of his office to indicate to visitors that he was within. He had a keen albeit mischievous sense of humour. He was particularly kind to secretaries and junior doctors. Patients and staff hung on his every word.

DALLY, P. J. & SARGANT, W. (1960) A new treatment of anorexia nervosa. *British Medical Journal, ii*, 1770.

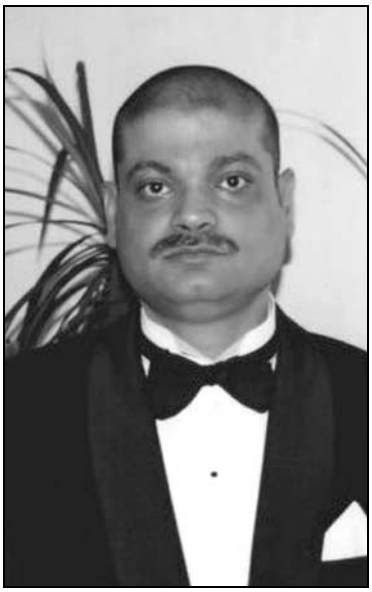
DALLY, P. J. & SARGANT, W. (1966) Treatment and outcome of anorexia nervosa. *British Medical Journal, ii*, 793.

DALLY, P. J. & GOMEZ, J. & ISAACS, A. J. (1979) *Anorexia Nervosa*, pp. 113–118. London: Heinemann.

Gerald Russell

Naresh Gandhi

Formerly Consultant Psychiatrist in Intensive Care at the Park Royal Centre for Mental Health, Park Royal, North West London



Dr Naresh Gandhi died from a bleeding duodenal ulcer on 14 August 2005. He was just 43.

Dr Gandhi graduated in Bombay in 1984 and obtained his MD in 1989. He was an outstanding student and, in addition to showing excellence in all areas of the medical curriculum, his flamboyance and cheery self-confidence made him a magnet for other students. He found time to edit an in-house university magazine and a science journal, which he continued to do with great success for many years. He decided to specialise in psychiatry early and came to England in 1989. After completing his senior house officer training and engaging in research projects, he was appointed as Lecturer in Psychiatry at Imperial College in 1993 before becoming a consultant in Intensive Care Psychiatry at the Park Royal Centre for Mental Health in 1995.

At Park Royal, he quickly established a comprehensive service for forensic patients in an area of the country which has been shown to have an excessive demand (Coid *et al*, 2001). His combination of great self-confidence, ability to rapidly analyse a situation and to make bold decisions made him a very popular and effective clinician. His court reports were a model of clarity and precision and his opinion was increasingly sought by solicitors who wanted someone to pronounce without obfuscation and

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caveats on important clinical issues. He was also an effective manager of the service at Park Royal and in many ways this became an additional medium forensic secure unit in all but name.

Dr Gandhi was a man of razor-sharp intelligence who was very impatient to get things done. Although this was somewhat of a handicap when he was doing research, as he always seemed to know the answer before the research was completed, it was a tremendous asset in forensic mental health services, and the service could always rely on Naresh to find solutions when many others would have failed. He was always willing to give advice but very rarely needed to seek any himself.

Naresh continued to remain firmly and deliberately in the 'line of fire' throughout his working life. He worked excessively long hours and never shirked a new challenge, particularly if it involved a slight element of risk. This may have had a bearing on his final illness, as there was always some new enterprise pressing and as he was always optimistically convinced that everything was for the best, he failed to seek advice for his symptoms until he was very ill.

He married Alison, a Scot, in 1993 and had two sons, aged 10 and 16, of whom he was very proud. Naresh, as might have been predicted from his international spirit, readily embraced all aspects of his new culture with gusto and was equally at home with Indian and Scottish music, which had he lived, he would probably have tried to meld into a common form. He leaves a deep hole in forensic psychiatric practice and an even bigger one for his family, many friends and colleagues in North West London.

COID, J., KAHTAN, N., GAULT, S., *et al* (2001) Medium secure forensic psychiatry services. Comparison of seven English health regions. *British Journal of Psychiatry*, **178**, 55–61.

Peter Tyrer

reviews

Oxford Handbook of Psychiatry

David Semple, Roger Smyth, Jonathon Burns, *et al*
Oxford: Oxford University Press, 2005, £24.95, pb, 953 pp.
ISBN: 0-19-852783-7

The book has four sections: fundamentals of psychiatric practice; general adult psychiatry; psychiatric sub-specialties; and reference material. The clinical disorders are covered concisely under the headings of aetiology, epidemiology, clinical features, differential diagnoses, assessment/investigation, management and prognosis. All the psychiatric sub-specialties have been adequately represented. The ICD–10 and DSM–IV coding index has also been provided.

The important information that a trainee in psychiatry needs on a day-to-day basis for the assessment and management of common and urgent situations, as well as medication with dosages and side-effects, has been adequately covered. The chapters on legal and ethical issues, mental health legislation in the UK and Republic of Ireland, and therapeutic issues deserve special mention as they provide precise information, which was previously difficult to find from a single source. The separate section on difficult and urgent situations will be an excellent aid for psychiatric trainees while on-call.

The book is bulky, which suggests that the fine balance between being overinclusive and being precise might not have been attained. However, this might change with later editions. The need for a chapter on evidence-based psychiatry in a handbook is a matter of debate. It is, however, a very well written chapter.

The title of the chapter 'Disorders of behaviour' suggests that in other clinical disorders there is no disorder of behaviour. The ICD–10 heading for this group of conditions 'Behavioural syndromes associated with physiological disturbance and physical factors' might have been more accurate. A few more blank pages for a reader to make their own notes would have been beneficial.

The authors need to be commended for this book which definitely measures up to the high standards set by other handbooks in the Oxford series. The simple note-based format makes for easy reading. It is a valuable resource for medical students during their psychiatry placements, senior house officers and, most importantly, those preparing for the MRCPsych examinations. Busy consultants and specialist registrars will find this book a useful quick reference and it will doubtless find a place in the bags of all psychiatric trainees.

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OSCEs in Psychiatry

Ranga Rao
London: Gaskell, 2005, £20.00, 208 pp.
ISBN: 1-904671-17-9

The objective structured clinical examination (OSCE) has revolutionised the way that we examine undergraduates and postgraduates in medicine. It is now widely used in medical schools and since spring 2003 has been an integral part of the MRCPsych part I examination. This book will be of major relevance to all trainees and should go a long way to demystifying the OSCE for their trainers.

The OSCE is introduced in some detail and its advantages (the provision of a uniform examination that deals with specific issues) and disadvantages (the scenarios may not mimic real-life situations) are acknowledged. The development of specific OSCEs is discussed and vital tips are then given on how to pass and train for the examinations.

A large part of the book is dedicated to specific examples of OSCEs. Several (but unfortunately not all) sub-specialties of psychiatry are covered as is neurological examination and even feedback of neurological investigations. Not surprisingly this part of the book is quite repetitive but covers a wide range of different scenarios and will doubtless be of value to those preparing for their part I examination and those responsible for designing OSCEs. Each example starts with constructive instructions to candidates, discusses the key points that should be covered and then describes what the authors would consider to be a good approach. The scenarios are fair and cover issues that one would expect in the exam. Any candidate who approached their OSCE in the way suggested by the authors should enhance their chance of success.

The book also contains an interactive CD–ROM. I suspect this will be of most value to trainees revising for exams and would certainly provide some variety, which is usually helpful.

This book is a worthy addition to the College Seminars Series, covering a key topic that all psychiatrists need to be familiar with. The authors are to be congratulated on a book that is comprehensive without being overinclusive.

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