

Obituary

Dr Malcolm Wright, FRCPsych, BSc, MA
Formerly consultant psychiatrist at Banstead,
Long Grove and Royal Richmond Hospitals



Malcolm was born in 1927 and brought up in Filey, Yorkshire. Educated at Bridlington Grammar School for Boys, he then went up to Leeds University to study medicine, and in 1951 he graduated MBChB as well as obtaining the conjoint qualification MRCS and LRCP. Then, after 2 years as a medical officer in the Royal Air

Force, he chose to train as a psychiatrist, which he did under Sir Martin Roth.

In the late 1960s he was appointed consultant psychiatrist at Banstead Hospital, Epsom, and his out-patient clinic work was done at Richmond Royal Hospital. When Banstead closed, Malcolm transferred to Long Grove Hospital in Epsom, and continued his out-patient clinic and day-hospital work in Richmond. Everywhere he worked he was respected by both his colleagues and his patients (his out-patient clinic often not ending until 20.30). He was involved in Richmond and Barnes 'Mind' until long after his retirement and also continued voluntary work with Shenehom Housing Association in Barnes.

Because of his lifelong interest in archaeology, he took early retirement in 1990 and became a student again, obtaining a BSc in archaeology and later an MA in cognitive evolution. He travelled to the Cradle of Humankind in South Africa and took part in field trips to Turkey, the Massif Central and Tautavel in France, and Boxgrove, just outside Chichester. Retirement also gave him time to travel widely in India, Indonesia, Turkey and Morocco.

For the past 20 years he had spent a lot of time in his house in France with his loving wife Elly. Malcolm became disabled by a rare condition, inclusion body myositis, diagnosed in 2005. This little-known condition gradually weakened him and his mobility was greatly impaired, but he never complained. Academically, he became an even more avid reader. He kept himself up to date with the latest research in evolution-based anthropology, genetics and neuroscience. He also continued to attend the 3-monthly luncheons of the 'Long Grove Veterans' (retired medical colleagues) in pleasant restaurants and pubs in London and Surrey. He last attended in December 2011. He died quietly at the end of January 2012. He was devoted to his wife Elly, his daughter Eve, son David, his granddaughters, and stepson James.

Lewis Clein, with considerable help from Dr Hilary Forsyth (another colleague) and Dr Alan Shamash (a childhood school friend).

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Reviews

**The Optimism Bias:
Why We're Wired to Look on the Bright Side**

Tali Sharot

Constable & Robinson, 2012, £8.99, pb, 272 pp.

ISBN: 9781780332635

After you have finished reading this review, how do you foresee the rest of your day? Why do you expect an untroubled afternoon finishing off a few important tasks in time for catching the early train? Being constantly interrupted followed by an unforeseen near-disaster is just as likely. And why are you going to buy a lottery ticket on the way home, even though the odds of winning are 13 983 815 to 1?

Neuroscientist Tali Sharot thinks she has the answer. Her engaging book, *The Optimism Bias*, is all about how we expect the future to turn out rather better than it usually does. People tend to overestimate the possibility of positive events – for example, having a long-lasting relationship or professional success – and underestimate the likelihood of negative events

such as illness or getting divorced. Sharot studies optimism at a neural level and knows her subject well. The book is written for a general audience and, as is vogueish, mixes hard science with anecdote. So, waiting for a pint of Guinness to pour illustrates the power of anticipation and Sharot's friend Tim's holidays are used to explain how our choices can seem better after we have made them.

Why has optimism evolved? Sharot contends that when our brains predict positive outcomes for us, they are more likely to happen: self-fulfilling prophecies have a survival advantage. Optimism is also crucial for maintaining happiness. Depressed people are much more realistic than average; it seems that when people take off their rose-tinted glasses their equanimity goes too.

It is possible to dispute Sharot's conclusions; this is half the fun. It is a shame that there is little here which engages with *Smile or Die*, social critic Barbara Ehrenreich's recent examination of America's culture of positive thinking. Also, while I found Sharot's central thesis of a widespread human

bias towards optimism persuasive, this theory can be over-stretched. For instance, she postulates that a bias towards optimism explains the current financial crisis, but I doubt whether such a bias is a sufficiently powerful explanation that all other theories can be disregarded.

Stephen Ginn, BMJ Editorial Registrar, BMA House, London, UK, email: mail@frontierpsychiatrist.co.uk

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Oxford Specialist Handbooks in Psychiatry: Forensic Psychiatry

Nigel Eastman, Gwen Adshead, Simone Fox, Richard Latham & Seán Whyte
Oxford University Press, 2012, £44.99, pb, 712 pp.
ISBN: 9780199562824

On my first day as a junior doctor, trying frantically to remember if I learnt anything useful at medical school, I took four things to work with me: stethoscope, tourniquet, the *British National Formulary* and the *Oxford Handbook of Clinical Medicine*. All proved to be invaluable on a daily basis and it is for that reason that the Oxford Handbook has been an essential purchase for every medical student and junior doctor for many years. It was with mixed feelings that I opened a copy of the new *Oxford Specialist Handbook of Forensic Psychiatry*; same size and feel, with coloured ribbons to mark crucial pages, but would it live up to the iconic status of its well-established predecessor? Would it be a practical and useful, carry-with-you-everywhere guide to forensic psychiatry?

The book is divided into four main parts: clinical forensic psychiatry, the ethics of forensic psychiatry, law relevant to psychiatry and psychiatry within the legal system. In the first section the authors skilfully distil the aspects of clinical disorders that are particularly relevant for forensic psychiatrists. There are thoughtful discussions of common ethical dilemmas throughout the text but also in the specific ethics section. In the section on the law, the three UK jurisdictions are covered in addition to Ireland, with some reference to other legal systems around the world. In the final part, practical advice on court reports and giving evidence is clear and concise. The sum of these parts is an impressive summary of key knowledge required of forensic psychiatrists, written in an engaging and interesting style despite the limits of space.

This is a wonderful book and I was not disappointed. I wish it had been available when I started my training in forensic psychiatry but I will use it frequently in the future.

Every forensic psychiatry trainee (and many others besides) should own a copy.

Clare Oakley, clinical research worker, St Andrew's Academic Centre, Institute of Psychiatry, King's College London, UK, email: clareoakley@doctors.org.uk.

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Drugs – Without the Hot Air: Minimising the Harms of Legal and Illegal Drugs

David Nutt
UIT Cambridge, 2012, £12.99, pb, 368 pp.
ISBN: 9781906860165

This is a book aimed at the general public. Reviewing a book on drugs as an addiction specialist had the prospect of being an unrewarding experience. Simplistic, reductionist arguments presented in a journalistic style leaving you angry and despondent. However, having David Nutt as the author offered the prospect of something different and as the title suggests, 'without the hot air'.

Did the book work for me and would I recommend it to you? In part it worked (even though I am not the target audience) and yes, I would recommend it, because it is full of sound referenced evidence along with key data, vignettes and anecdotes that make it a pleasure to read. For an addiction psychiatrist, parts of the book giving background understanding to subjects (e.g. 'Why do people take drugs?') can be skim read, along with other chapters for the non-specialist psychiatrist (e.g. 'Prescription drugs').

For me, the real strength of this book is in the sharing of the author's depth of knowledge in the science and political history of the subject, along with his clinical perspective and a passionate desire to reduce the harm caused by all substances including alcohol and tobacco.

The longest chapter, 'The war on drugs, and the drugs in war', offers cogent arguments that the continuing status quo is just not good enough, but Nutt does not stop there. He offers alternatives for the future, and with the prospect of a wide readership, and people informing themselves of the issues, our children (including those in producer nations) will live in a more informed and less hazardous future.

Finally, as only a scientist in psychopharmacology research could do, David Nutt offers his vision of 'The future of drugs': a DNA-sequenced society choosing selectively to use substances to enhance performance and treat disease. If we make the right choices!

Malcolm Bruce, MBChB, FRCPsych, PhD, Consultant Psychiatrist in Addiction, Community Drug Problem Service, 22–24 Spittal Street, Edinburgh EH3 9DU, UK, email: malcolm.a.bruce@nhslothian.scot.nhs.uk

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