
mental retardation, progressive growth in community mental health facilities, growth in general hospital psychiatric units and an extension of academic psychiatry.

Following his retirement at age 60, he worked as a Consultant Psychiatrist at the Frankston Community Mental Health Centre (1985-87) and was Consultant to the Frankston Hospital (1987-91). He worked in private practice at the Southside Clinic in Frankston until he ceased work in December last year. He assisted the Medical Review Board from 1991 where his experience and expertise were highly valued.

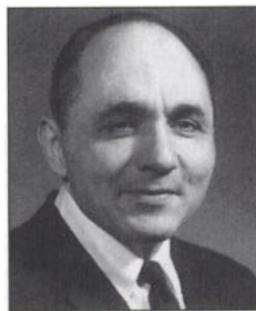
Jack played a significant part in a number of mental health professional organisations. He was Honorary Secretary of the Section of Neurology and Psychiatry of the British Medical Association (NSW Branch), Honorary Secretary of the NSW Branch of the Australasian Association of Psychiatrists (AAP) (1955-57), Chairman of the Victorian Branch of the RANZCP (1969-71) and Councillor of the RANZCP from 1969 to 1974. He was Chairman of the Victorian Branch of the Australian Group for the Scientific Study of Mental Deficiency from 1975 to 1982, was elected a Fellow of the Royal College of Psychiatrists (UK) in 1971 and a Corresponding Member of the American Psychiatric Association in 1976.

Jack was appointed Assistant Editor to the *Australian and New Zealand Journal of Psychiatry* when it was founded in 1967 and became its Editor-in-Chief from 1970-1972; then Assistant Editor again till 1976 when given the title of Editor Emeritus. He published more than 20 papers and was joint Editor of two proceedings.

The latter years of his life were marred by double hip fractures which affected his ambulation to considerable degree but which he handled with courage and fortitude. He is survived by his supportive wife, Betty, his two children, John and Margaret, and five grandchildren.

ALAN STOLLER

This is a shortened version of the obituary which appeared in *Australasian Psychiatry*, Vol. 2, December 1994.



Eli Robins, formerly Professor of Psychiatry Washington University School of Medicine, St Louis, Missouri, USA.

Eli Robins died in December 1994. He made a monumental contribution to psychiatry. Early on, he said that psychiatric illnesses were

best viewed similarly to

other illnesses in medicine and characterised by a specific clinical picture, course of illness, and a distinct familial background. Ultimately, in the best of all possible worlds, specific laboratory tests would help differentiate one psychiatric illness from another. He had a great deal in common with British and Scandinavian psychiatrists in that he thought that the course of illness might be the best discriminator and at one point noted that follow-up studies were far more likely to contribute to psychiatric understanding than factor analysis of symptoms.

Robins graduated from Harvard Medical School and did his residency in Boston where he was much influenced by Mandel Cohen who had a classical medical viewpoint about psychiatry. Cohen suggested to Robins that he go west to Washington University in St Louis, as that department was headed by a person who provided hope for a scientific psychiatry, E. F. Gildea. Robins went to St Louis and became a neurochemist in the laboratory of Oliver Lowry, concurrently participating in teaching in the department of psychiatry. He proved popular with medical students and gradually began to influence residents.

These were the late '40s and early '50s when psychiatry had been inundated with a wave of psychoanalytic thinking. Most psychiatrists thought his views were mad, but, as his ideas reached increasing numbers of faculty and trainees, his influence grew.

He made numerous contributions to research. He co-authored important papers on hysteria, and later he made a study of suicide. His major contributions to the study included the demonstration that most suicides in the community suffered from affective illness and/or alcoholism. By the middle 1960s he was collecting the brains of suicide victims and looking for pertinent neurochemical findings.

He became head of psychiatry, and under his leadership the department became notable for its research and systematic approach to psychiatric disease. Being a member of his department was both fun and exciting. Because of his interest in follow-up studies, he had the faculty assess cases in one of Langfeldt's studies to determine if it were possible to predict a chronic or remitting outcome of schizophrenia. He took up Leonhard's system of subtyping schizophrenia, enabling faculty members to hold their own at cocktail parties dominated by both certified and amateur psychoanalysts.

Robins was creative and tough-minded. He evaluated papers critically and came up with new, often better, ideas than those of the authors themselves. He insisted on data. A good example occurred at an American Psychiatric Association meeting when a well known psychiatrist asked, "Dr Robins, do you think that people who commit suicide really want to die?" His response was "How the hell would I know?"

He was a leader who pushed psychiatry into the main stream of medicine. His influence was felt in all areas. The current emphasis on systematic diagnostic criteria stems from Dr Robins and the department that he forged at Washington University.

The contribution of Eli Robins is such that his steadfast adherence to science and truth helped change the way we view the field. Perhaps Shelley said it best in a poem to Wordsworth.

"Thou wert as a lone star, whose light did shine
On some frail bark in winter's midnight roar:
Thou hast like a rock-built refuge stood
Above the blind and battling multitude".

Professor Robins was elected to the Honorary Fellowship of the College in 1986.

GEORGE WINOKUR

The deaths of the following have also been reported:

LEON FERDINAND EARL LEWIS, retired Consultant Psychiatrist; Townhouse No 9, Fairmount Development, Fairways, Maraval, Trinidad, West Indies.

MARGARET ISABEL LITTLE, retired; formerly The London Clinic of Psychoanalysis; 1 Mayfield, 72 London Road, Dunton Green, Sevenoaks, Kent.