

physical methods of treatment. He introduced deep insulin therapy to the hospital, establishing a special small unit which he ran for several years with considerable success until it became outmoded with the appearance of modern psychotropic drugs.

During his lifetime Bob saw enormous changes in the style of hospital care, and great advances in psychiatric treatment generally. He always welcomed any change which was of benefit to the patient, and kept himself abreast of all the latest developments in the therapeutic field.

He served on many of the special committees set up by the Area Board and Department of Health concerned with the development of psychiatric services in Northern Ireland.

Bob had a large circle of friends in the Downpatrick area and in his spare time enjoyed his gardening and golf. Shortly after his retirement his wife, Maura, died. Very soon after her death their only son, Bobbie, was killed in a tragic accident while on holiday. These two events clouded his final years – blows from which he never really recovered.

KED

**F. A. WHITLOCK, formerly Professor of Psychiatry, University of Queensland, Australia, and Honorary Consultant, St Lawrence's Hospital, Bodmin, Cornwall**



After prep school at Malvern, which he recalled without much affection, Tony Whitlock attended Stowe School before proceeding to Queen's College, Cambridge and to St Thomas Hospital. During the war he served in the Indian Medical Service in North Africa and Italy. He was appointed as consultant dermatologist to West

Cornwall in 1947. Although he then secured training in psychiatry at the Bethlem Royal and Maudsley Hospitals, he retained a dermatological perspective throughout his professional life, which was reflected in his many contributions to works on the psychobiology of skin disease.

In 1958 he took up an appointment as consultant psychiatrist to the busy psychiatric unit at the Newcastle General Hospital. With the perceptive encouragement of Professor (later Sir) Martin Roth, he published a major work on *Criminal Responsibility and Mental Illness* in 1963, as well as clinical studies on hysteria and other topics. In 1964 he accepted the invitation and the challenge of estab-

lishing the first academic department of clinical psychiatry in the medical school of the University of Queensland, in Brisbane, Australia. There he secured the support of Sir Fred Schonell, and of his clinical and administrative colleagues and from small beginnings in Lawson House at the Brisbane General Hospital he built up a strong and active academic department.

Although generally reserved in his manner, he was trenchantly outspoken in his criticisms of some of the facilities available for the care of the mentally disordered. His sincerity of purpose, his commitment to the development of teaching for undergraduates and postgraduates, and his encouragement of research, both social and biological, won him rare affection and esteem, formally reflected in the award by the Royal Australian and New Zealand College of Psychiatrists of the Organon Research Prize in 1978.

These were busy and productive times, and his books and papers on suicide and parasuicide, road traffic accidents, and barbiturate abuse were of major practical and theoretical value, and also introduced a generation of Queensland psychiatrists to the virtues of clinical research and to the delights of true scholarship.

The chair fell under the shadow of financial restraints on his retirement and return to Cornwall in 1981, but the foundations were surely laid and it was a great satisfaction to him that the Department continued to prosper, as reflected in the re-establishment of the Chair in 1985.

He battled stoically against a recurrent illness, the result of a meningioma which had been previously removed in Queensland, producing until his last year a steady output of valuable contributions to works on psychosomatics, and forensic psychiatry and continuing an interest in post graduate teaching as honorary consultant to St Lawrence's Hospital, Bodmin. His incisive style is well reflected in many of the psychiatric entries in the *Oxford Companion to the Mind*.

Tony was an accomplished flautist, an enthusiastic carpenter and his labours bore much fruit in his beloved garden for he found it difficult to tolerate idleness in himself or others. His kindness and sensitivity were demonstrated by innumerable acts of generosity but were expressed most readily through his life's work and writings. His clear perception of priorities and his command of language remained intact until a late stage of the recurrent illness from which he was eventually released in the home he loved at Porttowan on 21 May 1990, after devoted care by his wife, Margaret.

MAH

Frances Anthony (Tony) Whitlock was born in Rugby, UK in 1916 and died at his home in Cornwall on 21 May 1990, a few days after his 74th birthday.

Anthony (Tony) Whitlock arrived in Brisbane, Queensland in August 1964 to find a University, a teaching hospital and a medical fraternity eager, though a little apprehensive, for the psychiatric leadership that only the first incumbent of the new Chair of Psychological Medicine could provide. From the daunting initial task of teaching undergraduates in the grossly overworked Brisbane General Hospital Psychiatry Department (dubbed 'a snakepit' and 'medieval' by the press), he gradually developed a substantial department which, although eclectic, always retained a solid biological perspective.

In Brisbane he continued the earlier work he had begun in Newcastle on suicide and suicidal attempts. Later his recognition of the extensive abuse of barbituates led to extensive educational programmes which significantly reduced their use. Traffic accidents, alcohol related illnesses, hysteria, epilepsy, the Ganser syndrome, forensic psychiatry, multiple sclerosis and psychophysiological aspects of skin disease all came under his researcher's scrutiny.

He instituted post-graduate teaching, and revived the almost defunct Diploma of Psychological Medicine of the University of Queensland. Later, however, the Royal Australian & New Zealand College of Psychiatrists became the examining body for psychiatrists, and he was then content to let the DPM disappear.

Professor Whitlock was always ready to contribute to the Royal Australian and New Zealand

College of Psychiatrists in whatever way was asked of him. He presented the Squibb Academic Address at the College's Annual Congress in Adelaide in 1976. His research work was recognised by being the first to be awarded the College's Organon Senior Research Prize in 1978.

In his last year in Queensland he developed a large meningioma which was successfully removed. His retirement to Cornwall was marred by several recurrences necessitating further surgery, although he enjoyed teaching post-graduates there for several years.

Seventeen years spent in Brisbane did nothing to diminish two of his greatest gifts, the elegance and clarity of expression of what he said and wrote. His was, in fact, a seminal and fundamental role in establishing psychiatry as a clinical and academic discipline in Queensland where patients, doctors, psychiatrists and health services continue to owe him much.

JL  
JP

#### Dr John Bowlby

The Memorial Service for Dr Bowlby will take place on 8 January 1991 at 11.30 a.m. at Southwark Cathedral.

An obituary for Dr Bowlby will appear in the January 1991 issue of the *Psychiatric Bulletin*.

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## Comment

### Department of Health: developing districts

Robin Cook has said that a Labour Government would retain the central plank of the White Paper – contracting. Contracting can work only if the health authority "purchaser" is separate from governance of hospital and community health services. This Department of Health document outlines the process of setting up the new district health authorities. Psychiatrists need to be thinking out the opportunities and the risks to their services. It will take at least five years to get the new system fully working.

Psychiatrists who have watched the budget for their "priority service" cut, year after year, to pay for uncontrolled growth in the Acute Sector should see contracting as an opportunity to ring fence the mental health budget. Psychiatrists who are overwhelmed with referrals, such that they are suffering from overwork and their patients from reducing quality of care, now have an opportunity to start negotiating what volume of new referrals can be managed with reasonable quality of care within the