

clinical research into dementia would virtually cease. If so, in the light of the present law (as, we hope, set out in the draft), the Nuremberg Code and the Declaration of Helsinki, it is to be wondered how it currently proceeds at all. Wishful thinking will not ensure that these dilemmas will just creep away.

These two articles do, however, create further confusion by stating that terms such as 'clinical' or 'therapeutic' research are not defined. No doubt, however, the authors are as familiar as were the writers of the discussion paper with the difference between Part II (Clinical research, including diagnostic and therapeutic methods) and Part III (Non-clinical Biomedical Research) of the Helsinki Declaration. This is the product of the World Medical Association, on which it should be safe to rely. For the avoidance of doubt it would be easy to quote: 'In the field of biomedical research [involving human subjects] a fundamental distinction must be recognised between medical research in which the aim is essentially diagnostic or therapeutic for a patient, and medical research, the essential object of which is purely scientific and without direct diag-

nostic or therapeutic value to the person subjected to the research'. But perhaps the text of the Code should not be made still longer.

The Commission does not seek confrontation with the psychiatrists over the Draft Code or the discussion paper. We would readily concede that the text can be improved. I hope that this article will explain more clearly the 'job description' which has been specified by us for each document; and thereby direct more accurately attempts to improve it both in principle and detail.

#### REFERENCES

- <sup>1</sup>ROBERT BLUGLASS (1986) The Draft Code of Practice (Mental Health Act 1983)—in pursuit of agreement. *Bulletin of the Royal College of Psychiatrists*, 10, 76–78.
- <sup>2</sup>JOHN R. HAMILTON (1986) Code of Practice for the Mental Health Act 1983: "Patronising and unrealistic". *British Medical Journal*, 292, 1219–1220.
- <sup>3</sup>KENDELL, R. (1986) The Mental Health Act Commission's 'Guidelines: a further threat to psychiatric research'. *British Medical Journal*, 292, 1249–1250.

## Obituary

### IAN HENDERSON (Mental Health Foundation)

The death of Mr Ian Henderson was announced in May 1986. In 1949, Ian Henderson, together with Dr Derek Richter, founded the Mental Health Research Fund, later to become the Mental Health Foundation. Throughout the ensuing 37 years, Ian Henderson remained active in the Fund and Foundation and was one of the driving forces behind its success. He saw it grow from a small organisation which held the occasional conference and raised modest sums of money for psychiatric research, to a large foundation disbursing over a million pounds a year, not only for scientific purposes but also for developing and evaluating treatments and services.

Ian Henderson was always intensely interested in the work of the Foundation and gave generously of his time and energies. His presence at its meetings will be sorely missed. Psychiatrists owe him a great deal.

### KENNETH MACRAE, Emeritus Professor of Forensic Psychiatry, University of Edinburgh

Professor Kenneth Macrae, who died on 13 February 1986 at the age of 68, will be remembered as the first Professor of Forensic Psychiatry at the University of Edinburgh and the Physician Superintendent of the State Hospital, Carstairs for 10 years until he retired in 1979. Kenneth Macrae was born and educated in Scotland and qualified at Edinburgh in 1941. The following year he became a Medical Officer in the RAF where he served for four years, progressing to the

rank of Squadron Leader and being awarded the AOC's Certificate of Merit. After completing his house jobs he took up psychiatry in 1948, taking the diploma in psychiatry in 1951. In December of that year he was appointed Deputy Physician Superintendent of Dingleton Hospital, Melrose and in 1954 became, at a relatively young age, the Physician Superintendent of Bangour Village Hospital, West Lothian. In his 15 years in that position Kenneth strove to reduce patient numbers and bring the hospital into line with current philosophies of care.

His administrative experience led to his becoming a member and later Vice-Chairman of the South East Regional Hospital Board, a member of the Scottish Probation Advisory and Training Council and of the Standing Medical Advisory Committee. He became a member of the Royal Colleges of Physicians of both Edinburgh and Glasgow. He was Secretary of the Scottish Division of the RMPA from 1963 to 1967 and was elected the Division's Chairman in 1967. He was elected a foundation Fellow of the College and later served on the Public Policy Committee and the Mental Health Act Working Party.

Kenneth Macrae had long had a keen interest in forensic psychiatry and lectured on the subject at Edinburgh University from 1956. He had also been the leading expert in the south-east of Scotland called on by the Crown in important trials to give evidence on the mental state of the accused. With this background he became the natural choice in 1969 to fill the newly-created combined post of Professor of Forensic Psychiatry at Edinburgh University and Physician Superintendent of the State Hospital, Carstairs. Over the years Kenneth constantly endeavoured