

# Editorial

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## James C Blackie

The Reverend Professor James C Blackie, a member of the Editorial Board of this Journal, died suddenly in July at the age of 54. Jim Blackie had occupied the chair of Christian Ethics and Practical Theology in the Faculty of Divinity of Edinburgh University since 1965, but his personal influence extended far beyond his own department, faculty and city. He was held in particularly high regard by members of the medical and nursing professions. His advice was often sought on ethical matters and his scholarly yet practical approach to diverse problems made contact with him both a stimulating and helpful experience. His association with Edinburgh University extended over a period of 30 years, first as student, then as chaplain and latterly as academic and administrator. After war service as a captain in the Royal Artillery, he entered studies for the ministry, graduating with the degrees of MA, BD (Edinburgh) and STM (Union Theological Seminary, New York). On his appointment to the University chaplaincy (after a period in the parish ministry) he rapidly established a style of open and productive relationships with all sections of the University – an approach which he subsequently used to transform the academic department of which he became head. Under his direction education for ministry in Edinburgh became ‘experience-centred’. His students were constantly encouraged to allow insights from the social sciences and from practical experience to challenge and enlighten the more formal components of the divinity curriculum.

Jim Blackie might well be remembered as a ‘committee man’, for he showed an amazing energy for deep involvement in charitable organizations. Among the many important offices he held were the chairmanship of the Consultative Council of the Edinburgh Medical Group and membership of the Governing Body of the Society for the Study of Medical Ethics, chairmanship of Edinvar, an association concerned with the restoration of old properties for use as housing, vice-chairmanship of the Scottish Council of Social Service and convenorship of the Scottish Council on Disability. In addition he served the University on Senate and Court and on numerous committees concerned with student welfare. Another of his major interests was the initiation of research, and

immediately before his death he was a grant holder for two important new research projects in Edinburgh: one related to medical ethics and the other to education for the disabled.

But those who knew Jim well will remember him best for his personal qualities. He had a sharp sense of humour which enlivened many a dull gathering, a gaiety and warmth in his contacts with friends and colleagues, and a willingness to listen and seek out new ideas from everyone he met. Above all, he was a realist and a pragmatist, in the best sense of those terms. His influence should help to ensure that the new growth of medical ethics in Britain is firmly rooted in the soil of actual human needs.

## Janus or looking both ways at the same time

December is the turn of the year for a journal, and the time to look backwards and to look forwards. Looking back we can say that we have indeed been multidisciplinary in what we have offered our readers. And we have not only been multidisciplinary in our attitudes to the various groups of readers but also in the writers who have written for us. So we have had papers on such important clinical subjects as drug abuse, on animal experimentation, and on the making and marketing of new drugs. From the philosopher addressing those of other disciplines we have noted the evolution and setting in context of our own National Health Service and also the way how, within the medical framework of other countries, doctors and others combine to treat their patients. By this means the hope is that the sharp demarcations between one discipline and another will give way to a whole look.

Today the law, as distinct from criminal procedures, appears to play a much more important part in everyday life. The legal aspects of abortion, of ‘allowing the patient to die with dignity’, as well as the complex problems of the prison medical services in Britain and overseas, have been discussed.

All that is now in the past – in volume 2 of the Journal. We look forward to volume 3 and the future. We shall continue to publish main articles dealing with whatever is topical in the field of