

law. What people tell their solicitors is privileged: the doctor has no such protection in court.

The future

Much of primary care will always depend on patients talking frankly and freely to their doctors about their families and themselves. Patients will soon get a poorer service and doctors much less professional satisfaction if people become afraid to talk. Already some patients are beginning to say, "Please don't write it down, doctor". What is this but a plea for more confidentiality?

General practice now faces the challenge of ensuring that the administration of the team, the soundproofing of the rooms, the arrangement of the records, the control of the computers, and the whole practice organisation, as far as possible, combine to keep the concept of confidentiality.

REFERENCES

- British Medical Association Planning Unit (1969). London: B.M.A.
 Medical Recording Service Foundation of the Royal College of General Practitioners (1973). *Quests in general practice: the quest for confidentiality*. Tape 73/67. Chelmsford: M.R.S.F.

DR E. V. KUENSSBERG

DR E. V. Kuenssberg's three-year term as Chairman of the College Council ended in November. His prime-ministerial qualities had been known long before his election as chief executive, but in office he developed still further. Not only was he able to keep himself fully aware of all the scattered activities in the College but he was constantly in the thick of all the action.

Dr Kuenssberg's remarkable mind and endless energy created much of the activity. The College has never been so busy and has rarely been guided so effectively.

Looking back, three characteristics stand out. First, he had a rare readiness to consider new ideas, secondly he never became remote and he remained approachable, and thirdly he had a great interest in younger doctors with whom he spent much time and many of whom he greatly encouraged. It is good news that he has just been awarded a Woolfson travelling professorship which will spread his ideas and optimism even further afield.

Not only the College, but general practice as a whole has reason to be grateful for Dr Kuenssberg's leadership during these last three hectic years.

LEICESTER IN THE LEAD

IT is becoming difficult to keep track of academic developments in general practice as the pace is accelerating so fast. In our editorial *The first English chair* (February 1972 *Journal*) we welcomed Professor Byrne to the first chair of general practice in England, yet now, only 22 months later, Dr Marinker becomes the ninth general practitioner to become a university professor in the British Isles.

The Leicester appointing committee has shown vision and imagination. It is notable that for a chair of community health they have selected, from an outstanding field, a general practitioner in active practice, without an M.D., an M.R.C.P., or any