

greater fall than that of the perinatal mortality rate (37.4 to 19.2) for the same years (Brimblecombe and Barltrop, 1978).

As child care emerges, as Carne has emphasized, as the modern basis of family practice, it deserves and is getting more attention from general practitioners. The Royal College of General Practitioners (1978) published its policy which included a firm commitment (paragraph 8.7) that training programmes in future will have to include satisfactory training in child care, and that College examinations will require candidates "to demonstrate adequate knowledge of the principles and practice of child care reflecting the increased responsibilities of general practice". In addition the College has chosen the theme of "Looking after children" for the annual symposium this month to mark the International Year of the Child.

Meanwhile, the single most urgent need is for general practitioners to find time to see their children regularly in addition to consultations for sickness. The organized regular contact between child, parent, and family doctor in the practice itself, planned at appropriate points in the child's development, offers parents a unique opportunity to discuss with their family doctor individual problems and gives the doctor a chance to know the child and watch his or her progress. It is encouraging that the General Medical Services Committee is currently negotiating appropriate arrangements for this

most important work and that the Government is committed to improving medical services for children. The involvement on a national scale of general practitioners in the provision of contraception is a dramatic example of the speed with which general practitioner services can be harnessed for preventive medicine once the will is there and the arrangements are satisfactory. A comparable expansion of surveillance systems for children within general practice could prove equally encouraging.

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Dr E. V. Kuenssberg

DOCTOR E. V. Kuenssberg retires this month as President of the College.

Thus with the closing months of the 1970s there ends a period of work for the College that has been rare indeed. In the 27 years since the College was founded, only three other members, Dr G. F. Abercrombie, Dr F. M. Rose and Dame Annis Gillie, have ever been elected both Chairman of Council and later President.

Dr Kuenssberg came to high office in the College after a distinguished career in the British Medical Association, which included the Chairmanship of the General Medical Services Committee, Scotland, and membership of the group of 'six wise men' who negotiated the Charter for general practice in the mid-1960s. In the College he was an outstanding Chairman of the Practice Organization Committee and subsequently chaired the Council from 1970 to 1973 with characteristic energy and skill.

The 1970s will surely be seen as a period of great

activity and expansion for general practice in Britain, and Dr Kuenssberg played a big part in most of the important developments which took place. He has probably been involved in as wide a variety of aspects of general practice as any other doctor. Whether as Secretary of the former Research Foundation Board, as Wolfson Visiting Professor, or as a member of the Editorial Board of this *Journal*, he has challenged everyone with whom he has come into contact, encouraging them to do that little extra. He has been enthusiastic in his support of younger practitioners.

His exceptional qualities include his breadth of approach, his remarkable foresight, and his willingness to travel. For instance, he saw the need for a Joint Committee on Postgraduate Training for general practice years ahead of his colleagues.

Not only the College but general practice as a whole can be grateful to Dr Kuenssberg for his leadership during the past decade.