have given important papers on the principles of prescribing in general practice which are relevant both to established physicians and to those responsible for training the next generation.

In his contribution on identifying and analysing the decision-making process of family physicians, and analysing its component parts, Professor Ian McWhinney of Canada follows the early contribution of Crombie (1963) in the United Kingdom and lists the differences between generalists and specialists in their thinking approach.

The care of young and old patients in primary care has emerged in recent years as deserving special attention. Dr Stuart Carne, who delivered his paper as President of WONCA, identifies several principles based on his own experience of child care in general practice, while at the other end of the age spectrum Professors Huygen and Polliack document in detail the differing prevalence of disease in the elderly compared with other adults. Huygen believes that general practitioners care for the problems of 90 per cent of the elderly and Polliack has produced exciting evidence that it may be possible not only to reduce hospital admissions of the elderly, but to reduce the number of days they spend in hospital if a primary health care team is well co-ordinated.

Both Koh and Wong from Asia show how the principles of general practice which have long been accepted as basic in Europe are equally applicable in their countries, Koh underlining the importance of counselling and Wong the importance of behavioural problems in the identification of risk factors and their modification.

Other topics of increasing interest to general practitioners/family physicians are illuminated by Ejlertsson, who in Sweden sought to measure by means of a continuity index the number of contacts between a patient and his or her own general practitioner, while Bruusgaard discusses alternative systems of care shared between primary and secondary physicians in Norway.

On a more personal theme, Nelson from the USA underlines the conflicts between family physicians' work and home and offers some solutions.

Two broad topics of special importance are analysed by Lamberts and Levenstein based on experience in their own practices. Lamberts, from the Netherlands, concentrates on the behavioural problems which are presenting with increasing frequency to primary physicians throughout the world, describing the involvement of the non-doctor members of the primary health care team; whereas Levenstein, from South Africa, tackles one of the most important physical conditions, myocardial infarction, and underlines the importance of recognizing and treating urgently particular risk factors.

The broad scatter of topics indicates the range of interests of modern general practice and shows that there is much common ground between physicians throughout the world. The quality of these papers has been independently assessed, as almost half of them have already been published in various medical journals around the world.

Selected Papers from the Eighth World Conference on Family Medicine, Occasional Paper 10, gives food for thought for all who are interested in the international evolution of family medicine. It is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75, including postage.

Reference

Crombie, D. L. (1963). Diagnostic process. *Journal of the Royal College of General Practitioners,* **6**, 579-589.

Appeal 1980

EIGHTEEN million is a lot of people; yet it is a fair estimate to say that the 9,000 fellows, members and associates of our College in these islands together look after the health of that number of men, women and children. This gives the College a right to a voice in how that care should be provided; it also lays on the College collectively a duty to see that it is provided effectively, efficiently, and with empathy.

In return, we doctors get the privilege of knowing our patients well—often attaining their confidence and also receiving their gratitude. Individually, this, together with a reasonable standard of living for our families, is reward enough for our absorbing lifetime vocation. Collectively, however, as a College, we have to seek a more material return.

Why? Put simply, because from subscriptions alone we are not able to finance all the things a college of medicine should do. Colleges of medicine exist to improve standards of health care of people, in whatever branch of medicine they are established. They are patient protection societies, as well as being professional institutions. It is in the best interests of patients themselves to support the College, to help expand its activities and to ensure that it flourishes.

Because thinking people know this, the Appeal has already achieved nearly half its target of £1 million. Now we have to reach out and approach such people in our local industries and among our patients; we have to tell them what the College is doing for their benefit. Inserted in this *Journal* is a leaflet, already widely distributed, which can help in spreading the message.

Eighteen million is a lot of people; think what the College could do with £18 million! And then think seriously how to help to raise just £1 million.