achievement has been in a field other than their own. He who in his seminars elucidated the role of the father figure has become a father figure himself.

Although so soon after his death it is difficult to attempt a full assessment, nevertheless we believe that what Freud has become for psychiatry, Balint will become for general practice.

REFERENCES

1. *Journal of the Balint Society*. (1971). **1**, 11.
2. Balint, M. (1957). *The Doctor, His Patient and the Illness*, London: Pitman Medical Publishing Company.
3. Balint, M. (1969). *Journal of the Royal College of General Practitioners*, **17**, 201–211.
4. Balint, M. (1966). *A Study of Doctors*, London: Tavistock Publication Ltd.
5. Susser, M. & Watson, W. (1971). *Sociology in Medicine*, Ch. 4, p. 164, London: Oxford University Press.

STUDENT SELECTION

PROFESSOR MICHAEL SHEPHERD has recently reminded us of Thomas Huxley's dictum " Scepticism is the highest of duties, blind faith the one unpardonable sin."—a maxim for medical practice, if ever there was one.[1]

But which of us truly escapes the urge for blind faith in something? Faith, for instance, in the illusion that human ability is yet measurable, let alone predictable. It has taken 25 years to convince some educationalists that the future ability of children aged 11 cannot be predicted with sufficient accuracy to commit them to a predetermined level of education for life. What a wealth of every day evidence was ignored in accepting that concept!

Examination as measurement

Yet we still use the A-level examination to determine who shall and who shall not have a university education. By doing so we restrict entry into our higher professions to those who, in their middle or late 'teens, exhibit an ability for recall, sufficient industry (and docility) to memorise a large body of factual knowledge, and a legible script. These three are the arbiters. In this narrowly conceived competition, entered by children of widely differing developmental ages, failure puts the professions out of reach. Is not this blind faith of a most unholy order in our ability to predict adult performance?

Many medical schools are now abolishing all interviews and selecting their students entirely on the basis of A-level performance; such measurement is a tool of the exact sciences. When imported (usefully) into the field of human behaviour, the field in which both educationalists and clinicians must browse, its legitimate role and its limitations need to be defined.

What is chosen for measurement must be measurable. The measurement made must usefully contribute to a total assessment. Above all, what is as yet unmeasurable must be recognised as such and given its full value in the scale. We tend to enhance the importance of the measurable area in human behaviour because measuring it engages our attention and our professional expertise. We give it the limelight, unconsciously suppressing what is still in the dark, though the dark areas may be of greater importance than the light.

Wasted potential

In other words, it is failure to appreciate the limitations of measurement in the total human situation, and it is the neglect of what is *not* measured that is so devastating in the present educational policy. As general practitioners we must speak about this.

Medicine is leading the way in systems of genuine scientific measurement of human functioning with such tools as the double blind trial where, as Professor Shepherd has so rightly pointed out, measurement limited to a single objective can be protected from the effects of human variation and human bias. What a world apart is this from the examination as a tool of human measurement. This tool admittedly is accepted only *faute de mieux*, but in spite of this it is universally applied, with little or no concern for the negative damage it may do in excluding able men and women from the professions, men and women who were ill-suited to or who rejected the sterile examination system at a critical stage in their intellectual development.

Look back and remember that both Nelson and Wellington would today have been excluded from service by medical examination. How would Robert Hunter have fared in the A-levels at 16, rejector of all formal education as he was, yet whose observation of wild life while truanting from school led directly to the greatest contribution to the biological sciences of his century? What damage do we do to our youths' powers of observation, to original thought, to all the motivating excitement of discovery in the 'teen ages by demanding the absorption of a mountain of facts for examination recall, most of which are irrelevant to his awakening understanding of both the world about and within him?

Conversely, those whose aptitudes are suited to trial by examination and take the hurdles in their stride, are accepted without further question into the universities and medical schools, without reference to the presence or absence of those qualities of personality that are necessary for work in the higher professions—perhaps particularly in medicine.

The traditional Dutch method of entry to medicine is worth study. Entry to medical schools is much more open, but there is a heavy casualty list of unsuitables during the course, the proof of the pudding thus being to some extent in the eating. Frivolous entry into the medical schools is discouraged by the method of student financing, which is by government loan repayable from subsequent earnings in professional life, and not by grant.

Different qualities

In medicine in particular we seem particularly blind to the profession's need for qualities of problem solving, originality, human insight, empathy, and motivation to serve. Which of these can raise an A-level performance from Grade C to Grade B? They are not necessarily linked to the achievement of a Grade A.

Is it possible that over-emphasis on such a written test might unduly favour those students destined for highly scientific and specialised work? Is it possible that the new method of selecting students may exclude, unreasonably, those who could become good general practitioners?

In student selection the times are out of joint.

REFERENCE

1. *British Medical Journal* (1971). **1**, 457.