

Obituary

The Rt. Hon. Sir Henry Willink, BT., M.C.,
Q.C., D.C.L., Hon.LI.D., Hon.F.R.C.G.P.

We record with the deepest regret the death, on 1 January, of Sir Henry Willink, an Honorary Fellow of the College. The nineteenth James Mackenzie Lecture (January *Journal*) tells in considerable detail of the tremendously important part he played, as Chairman of the Steering Committee, in the foundation of our College.

Having been Minister of Health he knew about some of the difficulties which faced general practitioners in their daily work; he knew of the critical attitude of some senior consultants and specialists towards them; he appreciated how much the future welfare of British medicine depended on improving the standard and the status of general practice; and he had a sincere and deep-felt sympathy for family doctors. He really wanted to help them.

At monthly intervals throughout much of 1952, often at great inconvenience to himself, he attended all the eight meetings of the Steering Committee. They took place in the evenings, which meant that he had to motor back to Cambridge after dinner each time. James Simpson, a general practitioner in Cambridge who was also on the Steering Committee, sometimes accompanied him.

Harry Willink's sense of humour and fair play, his kindness and determination saw the Steering Committee through many a bad patch. His great friendship with Sir Wilson Jameson and his acquaintance with several other senior members of our profession were a considerable help. He was not afraid of any of

them. His intimate understanding of the legal problems which faced the Committee, and his wise advice about these and about the firm of solicitors (Linklaters and Paines) whom he thought would help us most over the intricacies of company law, were of infinite value to the doctors on the Committee who knew little or nothing about these things.

His hospitality and friendship over the next 20 years—when he was Master of Magdalene College, Cambridge, and later at 51 Madingley Road after he had retired, were wide open to all those who knew him well.

A few months before he died he read and approved the draft of the James Mackenzie Lecture which described the prominent part he had taken in the birth of our College. He suggested a few important amendments all of which were incorporated in the lecture.

Much of the correspondence between him and the Honorary Secretary of the Steering Committee 20 years ago and since then has been preserved. In this there are many interesting comments on how a former Minister of Health viewed the medical profession! Even at the age of 80 his handwriting was as neat, his mind as clear, and his humour as infectious as they had ever been.

We are comforted to know that in 1955 our College, in its evidence to the Willink Committee on Medical Manpower, strongly recommended an *increase* in the number of doctors for Great Britain—advice which was, unfortunately, not taken at the time.

Henry Willink's name will always stand high on the list of those to whom the College owes its greatest debt. Without him it might never have been founded.

JOHN H. HUNT

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STUDENT SELECTION

Sir,

I cannot allow to pass as truth Dr John Stephen's assertions (December *Journal*) that a college attack on "entrenched and myopic academics" will bring "some sanity and wisdom" to the problems of selecting students of medicine. He did not disclose his experience of this difficult field, so he may be correct in stating that some medical schools choose students only on the basis of school certificate examination results in chemistry, physics and biology. I would like him to name these schools.

I served for five years on the Admissions Committee of the Aberdeen Faculty of Medicine, three of them as Chairman; in that time I studied some thousands of applications, examined the correlation between pre-entry qualifications and subsequent performance at medical school, sifted the literature on the selection process, spent many hours talking to hopeful students and their parents, and attended innumerable conferences and discussions on the best bases for selection. From that experience I have to say to Dr Stephen and those who think like him, that school perform-

ance in science subjects was and is, not only in Aberdeen, but one of several criteria that are used to select students. Age, sex, domicile, number of attempts at English 'A' levels or Scottish highs, and a detailed school report are all taken into account as well.

In Aberdeen we do not routinely interview applicants because there is no evidence that interview clarifies, and some evidence that it confuses, the central question—has this boy or girl the intellectual abilities and the personality characteristics to sustain him or her through a long, arduous, science-based course of training for the practice of one of the many fields of medical endeavour?

In passing, let me suggest that Dr Stephen read *The Lancet's* newly published careers booklet, *The Scope of Medicine*, which should convince him that there is room in modern medicine for a variety of personality types.

Since we do not have neat valid profiles of the kind of people who make good family doctors, or hospital specialists, or community physicians (and even if such profiles were available, could we discern them in 18–19-year olds?), because adolescents mature at varying and unpredictable rates, and because there is much yet to be documented about the learning process, it is just not possible to forecast with high accuracy which candidates will do better than others in medical school. But we do know that, at present, the evidence of ability shown in school examinations, and the evidence of industry and interest as attested by teachers, offer the firmest basis for predicting success in the undergraduate medical course. This, I submit, is better

for everyone than whatever alternative Dr Stephen has in mind—an alternative that he does not state and which, therefore, can hardly be said to be saner, wiser, or more just. (Would he care to tell us on what criteria he would reject?)

I know enough about the College of General Practitioners to be quietly confident that many, if not most, of its members will wish to dissociate themselves from Dr Stephen's proposed attack on the Universities—and might even agree that his letter reveals the very "entrenched and myopic" attitudes he attributes to people like me.

I write in sorrow, not in anger. My sorrow is compounded from experience—experience of failure in students who either did not have the ability to learn or who had learned in the wrong subjects, experience of young people who did not gain a place because enough places are just not available, experience of the inadequacy of current knowledge on the right criteria for selection—and last, but not least, experience of uninformed, unsubstantiated, and unworthy criticism by those who have little or no personal experience of the selection process.

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REFERENCES

- Journal of the Royal College of General Practitioners* (1972). Editorial, **22**, 135–6.
Stephen, J. (1972). *Journal of the Royal College of General Practitioners*, **22**, 849.

Book reviews

Present state and future needs of general practice (1973). Third edition. London: Royal College of General Practitioners. Price: £1.50.

The third edition of this well-known college publication is very welcome. At a time when Britain is entering Europe and a major reorganisation of the National Health Service is in sight there is a great need for facts and figures from general practice.

Much of the work this time has been done by Dr John Fry and this volume clearly bears his stamp, especially in the emphasis on the setting of general practice in relation to other forms of medical care and in the comparisons with medical organisation in other countries.

One major development is the challenge made here to the idea of general practice as "primary care". This edition places general practice as a form of secondary care after self-care. The implications of this are considerable both in terms of

health education, access to other sources of care (such as pharmacists) and in the extent of delegation likely to occur in general practice in the future.

One particularly valuable feature is the further development of the concept of the average practice with an analysis of the major and minor medical and social incidents which can be expected in the course of a year. Although such a hypothetical practice does not exist, a yardstick is valuable for us all.

One of the more disturbing facts is the continuing fall of younger practitioners, and especially the relative deficiency of British-trained principals entering the National Health Service.

The section on the use of the hospital services is most valuable. Here there is much useful information on the number of specialists, the trends in outpatient referrals, inpatient admissions, and the rate of domiciliary visits. One famous maxim "that general practitioners care for 90 per cent of all episodes of illness alone" is sharply disputed.