Since retiring I have run three day-release courses for part-time occupational physicians in which a whole half-day, in a 10-day course, is devoted to toxicology.

Since 1984 the Distance Learning Course, run from the University of Manchester, has trained many occupational physicians. One of the 27 units on this course is devoted entirely to toxicology.

R MCL ARCHIBALD Consultant Occupational Physician Banstead, Surrey

Book reviews

High Altitude Medicine and Physiology
M P Ward, J S Milledge & J B West pp 496 £50 ISBN 0 412 29010 3 London: Chapman & Hall The development of knowledge of the many effects of high altitude, of physiological adaptations and of medical emergencies in this marginal environment, has been achieved largely in a quantal fashion as successive expeditions have tackled first one problem and then another. Such expeditions, remote from normal laboratory services, depend for their scientific success on meticulous planning and experimental design, as a result of which their experiments are often very well executed despite the extraordinary difficulty of the task. A book such as this, by three distinguished participants on many of the major expeditions of the past 30-40 years, could hardly fail to become a landmark along this particular road. The book is wide-ranging, and of inestimable value, for it not only reviews the latest research, but also delves into the history of all aspects of the subject with a depth of scholarship seldom published nowadays. It also tackles potentially dull and difficult subjects (like 'barometric pressure' or 'diffusion') with a carefully balanced mixture of historical perspective and explanation from first principles which is thoroughly readable; the whole book is a delight to read. Only one slight hiccup occurred during my otherwise unstinted admiration for the text; the explanation of afterdrop (of deep body temperature during active rewarming of the hypothermic individual) was presented as though quite sewn up by recent experiments. This would not be universally accepted; the subject remains quite contentious. But this is a minor point; do not let me dissuade anyone from taking the book seriously.

A J WADE Department of Physiology The London Hospital

Gestalt theory and psychiatry
Gestalt, as discussed by Cutting (July 1989 JRSM, p 429) is precisely what is missing from modern media journalism - at least in the States. We are continually fed only bits and pieces of news. Rarely is any attention paid to context.

If loss of gestalt is characteristic of schizophrenia, who is schizophrenic - the mass media or the society they reflect?

J KALIVAS
University of Kansas Medical Centre

The Task of Medicine
K L White pp 235 ISBN 0-944525-05-9 California: Henry J Kaiser Family Foundation Delivery of medical care is the 'task' of this book; bad news - its origin is based on US systems and experiences, a previous book ('Dear Doctor', by CE Odegaard, HJK Foundation 1986) and a conference convened to tackle the issues raised in that book, attended by 38 American and two Canadian doctors; worse, its stated objective is to discuss 'current paradigms' and 'broadened modifications'.

Now for the more important good news; the subject-matter is up-to-date, relevant and international, ranging from selection of students to the nature of primary care, and from our obsession with numbering and naming to the teaching of interviewing skills. References include graceful use of previous thinkers on both sides of the Atlantic (Flexner, Snow, Fox, Balint and Sacks for example) and a serious attempt is made to discuss obstacles to a more patient and community-orientated health care. It is depressing to see how these obstacles were clearly identified as early as 1920, and yet how, still, status and respect (and funds) follow technology rather than the practitioners of immediacy and uncertainty. There is a shaming section on 'labels exposing ignorance of underlying problems and hostility to patients' (p 43) which ends by quoting John Updike 'Problems that have solutions are not problems'.

This book, in short, is a plea, eloquently argued by Dr White in a mere 87 pp (with a further 130 pp from the conference) for a medical culture (1) which is readier to listen to its 'patients', whether actual (in the consultation/interview), or potential (the community itself defining what it 'needs' its doctors to do); (2) that can select future doctors as much for their qualities of 'caring' and 'service' as for their ability to store data about molecules and cells; and (3) that can integrate the 'newer, softer' sciences (behavioural, psychosocial, anthropoethological) into the (still obviously necessary) 'basic' organic medicine of the textbook and the teaching-hospital ward. It is interesting that, in spite of the literate, eclectic and open-minded presentation of all these difficult issues, it never seems to have occurred to the author to question the preeminent role of the traditional teaching-hospital in the selection and preparation of primary care physicians - general practitioner or family doctors to you and to me.

D G WILSON formerly, Regional Advisor in General Practice

Contributions from St Mark's Hospital. Sesquicentenary Volume 1935-1985
Small may not only be beautiful, but it can also be very productive. This is certainly the impression one