detriment to marriage among the "H" kindred. No reliable data relating to deaths in infancy and their causes in this family are available.

ASSOCIATED GOITRE

As was mentioned by Stobie, loc. cit., goitre occurred amongst members of family "H" (Nos. III 7; IV 7, 9, 13; V 7, 15). This is probably due to the fact that they lived isolated lives and used well or spring water in an area known to be low in iodine. Recently village communications have been extended, permitting the purchase of sea-fish, a rich dietary source of iodine, and the water has been changed to the main supply of the nearest large town. New cases of goitre are not occurring in the parish, and a recent school survey did not show a high incidence of adolescent hyperplasia of the thyroid gland. Fluorine is present in the former village water supplies, but the amount (about 0-1 parts per million) is unimportant (Murray and others, 1948).

Clinical and social data were collected and the family tree was completed during investigations on endemic fluorosis for which assistance is received from the Medical Research Council and in which one of the authors (D.C.W.) is associated with Professor Margaret Murray. We are indebted to her for estimations of the fluorine content of waters. The help of Dr. E. B. Ford, who determined the mode of inheritance, is gratefully acknowledged. Mr. L. E. Griffith kindly assisted with the construction of the family table.

REFERENCES


BOOK REVIEWS


The rate of movement and the change in direction in the present-day development of public health are illustrated by the facts that the eleventh edition of this well-established textbook, published in 1946, is already out of print and that the appearance of this twelfth edition is thus made necessary. The recognized value of this book to those to whom it is addressed is evidenced by the rapidity with which edition succeeds edition.

It is indeed an admirable textbook. But what is of particular significance is that in its recent editions the authors have found it both necessary and desirable to include within its pages a consideration of the definition, concepts, aims, and methods of social medicine and a discussion of the relationship of this subject to public health. They regard public health and social medicine not as one and the same field of activity, the name of which is undergoing change as the scope and concepts of the subject become modified under the impact of changing social circumstances, but as being closely related subjects.

They present the view that public health as an administrative system and not as an academic discipline suffers from the disadvantage that the scope of its application to the needs of the community is strictly limited by the legal powers available to the Ministry of Health, the local authorities, and other bodies discharging public health functions. The activities of the medical services of central and local authority commonly demand the co-operation of other and discrete departments, such as those which deal with housing, education, public assistance, and the like, which are not primarily concerned with the health (in the strictly medical sense) of the public at all. For these reasons public health in its administrative aspects is to be regarded as a territory without clearly defined frontiers. The surrounding areas of administration are concerned with the wellbeing (as contrasted with the health, again in the narrower medical sense) of the citizen from one point of view or another and these are all more or less closely associated with the organizations which, centrally or locally, carry out public health functions.

As an academic discipline, on the other hand, public health has to be considered from a much wider aspect than that of the functions of a public health department of a local authority. The student has to be impressed with the fact that the health of the community predominantly depends upon factors that have no direct connexion with the organized public health services, such as education, standard of living, climate, conditions of work, for example. The influence of organized medicine upon the health of the community, although of great importance in its own sphere, has practical limitations.

These conclusions, reached by two such men, both of whom have had long and profitable experience both in the public health service and as teachers in an academic department, must command the attention of all who are interested in these matters. Social medicine as an academic subject would seem, in their opinion, to be public health which, unhindered by administrative machinery, has become expanded and enlarged, being able to take into account all the factors, and not merely those which medicine accepts as being medical, which may influence directly or indirectly the health of the community. It recognizes no artificial administrative barrier separating health, wellbeing, and efficiency, and regards housing, education, and the like as being matters to which there are medical aspects and which are well worthy of study by the medically qualified.

No one can possibly cavil at this distinction that is made. It is both realistic and important. It means, in short, that public health, now transmogrified into social medicine, within the universities is, as it should be but recently has not been, in advance of public health, preventive medicine, hygiene, state medicine, call it what you will, in application. As the result of the change in concept, scope, and methodology that has followed upon the change in name, social medicine in the universities is now resting firmly on the twin pillars of medicine and the social sciences. Its study is being prosecuted not by graduates in medicine alone but by these in close collaboration with the representatives of
other sciences which deal with the different aspects of human and social biology and of human ecology.

With the development of social medicine in the universities, and with the expanding recognition in the community of the impossibility of dissociating merely for administrative reasons the medical services and the others which deal with housing, education, and all the rest which promote in one way or another the health of the people, it is probable that in the not too remote future this administrative distinction between the different departments of the central and local authority will gradually be broken down, and with the passing of time the practice of public health in the community will come to mirror the scope and aims of social medicine within the universities.

F. A. E. CREW.


Economists, with a suave genius for concealing unpalatable situations behind an innocuous patten, have made much in the past of the "rewards of abstinence." It is a subtle phrase, calculated to appeal to the puritan conscience. To question who abstains and who gets the rewards is as vulgarly irrelevant as it is politically dangerous. By communal abstention from gross indulgence in consumer goods during the first half of the nineteenth century the industrial revolution was pushed through to offer its rewards in vast aggregations of capital equipment. So, in over-simplified form, runs the theory. Fortunately, the events occurred in a community not wholly composed of economists.

The men who saw to it that some of the profits were ploughed back in, so that part at least of the new capital was used in clean water supplies, and streets and sewers and the promotion of health, were the pioneers whose brief working biographies form the subject of Professor Greenwood's Heath Clark lectures. Most of them were doctors. All of them were interested in finding out the facts of the society in which they lived by means of statistics; and it is mainly in this technical aspect of their thought that they are presented here.

The development of the life table, besides setting the costing of the life insurance industry on a rational basis, placed in the hands of the reformers an invaluable weapon. The shift of emphasis that turned from consideration of the expectation of life to the concept of preventable death was an obvious but vitally important one. It was by exploring the associations between conditions of life and greater or less expectation of survival that the pioneers achieved their most notable success in promoting reform. Their very ignorance of much of the content of modern medical science stood them in good stead; in the absence of knowledge of micro-organisms as materies morbi, or of genetics as limiting the range of individual viability, the intellectual climate was favourable to the pursuit of realistic studies into the influence of the conditions of everyday life on health. Professor Greenwood traces the development of this line of thought in a series of selected biographical sketches from the late eighteenth century, to its most operationally effective period in the heyday of Victorian reform.

But if technique was important, it became so only because of the moral urge to employ it for human good. The second phase of the Protestant revolution which grew up with the Wesleys during the second half of the eighteenth century was unique among ethical movements because the will to philanthropy was co-existent with techniques for organizing society to co-operate in philanthropic enterprise. St. Jerome, among the ruins of the Classical Empire, had cried: "Christ dies every day, naked and hungry, in the person of his poor," but it was a private sorrow, and public activity had concerned itself with organizing relationships between secular and spiritual government after the irrelevant prehistoric example of Saul and Samuel. The definition of social medicine offered by the present author as "those applications of medical and scientific knowledge to the prevention and relief of suffering and to the raising of the standard of living which could only be effected by social agencies, by co-operation" would have been alien to St. Jerome for all his compassion.

It is the great merit of these all too short essays that while concerned principally with the means, they are sympathetic towards and quietly illustrative of the ethical values that determined the ends. The first half of the book in particular, which deals with the eighteenth century, amply discloses the dissenting background of most of the now little-known reformers whose work is discussed. In the second half, which is mainly concerned with Chadwick, Farr, and Simon, we are in better mapped territory and are able to the advantage to break off into less generally discussed aspects of their work.

If one has any quarrel with the way the argument is presented it is perhaps in the extension of undue charity to the personality of Chadwick, who himself had little charity. His passion was for tidiness and not for the poor, a dangerous if not uncommon vice in philanthropists. Here we are shown Chadwick solely as the patient investigator of the nauseous evils of early Victorian urban life. He is gently exposed as an unsuitable interpreter of vital statistics but the general tone is one of defence. No account is given of Chadwick as the administrator, the proponent of strong central authority and harsh institutional treatment. One of the great virtues of the statistical method is that, properly employed, it is a prophylactic against authoritarianism; and in medicine authoritarianism is absolutely impossible. In past it has necessarily had the teacher-pupil relationships of an art where initiation comes through observing and listening to the skilled practitioner, who often has neither the time nor the will to rationalize his techniques. Chadwick, though not a doctor, belongs to this past. He achieved authority in line and would have liked to see this described.

In the main, however, the author's charity creates the book's great charm. Professor Greenwood writes most happily when praising the humanity of those he likes— one remembers the moving simplicity of an earlier essay on Bacot—and it is clear that he has a great liking for the "men who loved doing little sums.

It is unfortunate that the Oxford University Press should see fit to charge 12s. 6d. for a book that one would like to urge students to buy.

R. PADLEY.


The report of the first ten years of the Prophit Trust Survey from 1934 to 1944 gives the results obtained from examinations of over 10,000 young people. It includes material published in interim reports (Ridehalgh, 1942; Daniels, 1943, 1944). The survey was planned for the examination of groups of persons at the ages most at risk from tuberculosis, that is between 15 and 25.