

made by the Lord Chief Justice and by many doctors that, where a person is liable to become unconscious, danger exists, is correct on strictly logical grounds. However, when all the characteristics of diabetes mellitus are considered, the position in respect of this disease is seen to be somewhat different.

The diabetic is not in the same category as many epileptics on whom complete unconsciousness is liable to descend with great suddenness. Most diabetics understand the mechanics of their condition fairly well: they know the time of day in which insulin reactions are liable to occur: they know how to treat reactions and usually carry sugar with them: and, most important of all, they usually have sufficient warning to take remedial measures before their consciousness becomes clouded. This applies even to many patients who have severe reactions. The patients who fail to wake in the morning are those in whom normal sleep has masked the premonitory signs and this has no influence on their employability, even if it may occasionally affect their punctuality.

Conclusion

It would appear, therefore, from this survey that many of the restrictions placed on diabetics are unnecessary: their potentiality for employment is limited solely by their stamina, by the presence of any organic complications of their disease, and by their own good sense. If these results are confirmed by other surveys, and the need for these is great, most diabetics should be freed from needless restrictions in the choice of their occupation.

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Correction

In the article "Respiratory Function of Witwatersrand Goldminers: A Comparison between Radiologically Normal Miners and Control Non-mining Subjects" (Brit. J. industr. Med., 15, 258) there is an error in Table 3 (p. 26), in the column "Fall in Compliance on Hyperventilation at $f \pm 50/\text{min.}$ ":—

51-60 years railway workers should be -0.019 not -0.083
 S. D. should be 0.036 not 0.094

BOOK REVIEWS

A Short History of Public Health. By C. Fraser Brockington. (Pp. vii + 235. 15s.) London: J. & A. Churchill. 1956.

A reviewer is sometimes tempted to ask, Is this book really necessary? The question is especially pertinent in this instance since, from Simon to Frazer, public health has been well served by its historians. A new version is, therefore, justified only if it offers a different approach or provides some new insights into the well-known narrative. Professor Fraser Brockington's latest book sets out to do this.

The book is divided into two parts; the first, which consists of a concise account of the history of public health in this country, provides the background for the second part, in which some of the major topics in this field are selected for fuller historical treatment and discussion.

On the whole the result is very satisfactory, although the book is not without its faults. The "short" history contained in Part I does not belie the title. The growth of public health during the past two centuries is covered in about 60 pages. This has involved a considerable degree of compression. In fact, compression has, at times, been carried too far and so given rise to such statements as that William Farr "observed the correlation between cholera and water supplies" (p. 25). A naïve student or a sophisticated statistician might gather from this that the incidence of cholera in an area is a function of the volume of water consumed or available. There are inaccuracies, too: the first medical officers of health in the Metropolitan districts were not "appointed on the instruction of the General Board of Health" (p. 24) but through the Metropolitan Management Act of 1855; John Snow did not confront "the parish council" about the Broad Street pump (p. 25), it was the Board of Guardians. And, unfortunately, the hospital services today do not cost £300,000 (p. 60), but this may be a typographical error of which there are a number, especially in the index.

The second part, which occupies two-thirds of the book, is much better done. These eight chapters are devoted to the following subjects: the effects of economic and social changes on population, and the growth of community services for housing, maternal, and child health, neglected children, mental illness, tuberculosis, venereal disease, and the aged. In each case the historical account leads on to a discussion of current issues, which is both informative and thought-provoking.

Inevitably there are gaps. There is no mention of the school meals service and the free milk scheme in the chapter on the services for the child. This is perhaps to avoid duplicating the brief mention of these in Part I. Industrial health is not dealt with here, although the thread is woven into the general pattern of public health history in the first part.