

board, and will form the basis of the regulations drawn up by the governing bodies.

A deputation, consisting of the heads of the obstetrical and dermatological clinics of Vienna, recently waited upon the Ministers of Commerce, Teaching, and Finance, and presented each with a petition drawn up by the senate of the university. This document described the ravages wrought amongst mankind by carcinoma, and showed the benefit to be derived in cases of inoperable cancer from exposure to actinic substances, particularly radium and its salts, as well as mesothorium. The Government was asked to find the funds for supplying all clinics with a sufficient quantity of this most effective substance. The disease, especially in women, is often far advanced before its diagnosis is possible, and in these cases the use of radium can do much to mitigate the patient's sufferings. As the celebrated mines of Fochimsthal, where so much pitch blende and other radium-containing minerals are found, are the property of the Austrian Government, the supply of the necessary quantity of radium could easily be warranted. The deputation was favourably received by the Ministers, who promised an early fulfilment of their wishes. In the meantime the municipality of Vienna has decided to buy 50 mg. of radium and a large quantity of mesothorium for use in the new Municipal Jubilee Hospital of Vienna, which contains a thousand beds.

The summer term of the University of Vienna has once more witnessed an influx of foreign medical men to the wards and class-rooms of the Viennese hospitals. There are at present about eighty English and American physicians and surgeons following the post-graduate courses, as well as a large number of Italians and Roumanians; and more are expected for the autumn session. There can be no doubt that foreign doctors find that their fees are not wasted, and that they get good value for the money they spend, both as regards instruction and practical work.

Correspondence.

SPONTANEOUS REDUCTION OF A DISLOCATION OF THE CERVICAL VERTEBRÆ.

SIR,—Many will have read with interest Dr. Bentall's very successful case published under this heading in the *JOURNAL* of July 12th (p. 69). I hope I shall be pardoned if I suggest that the evidence produced does not, I think, quite prove that reduction had taken place. The evidence shows that the cord recovered from the primary injury, and had adapted itself almost completely to whatever condition had been established. I do not say reduction has not taken place, only that I am not quite convinced on the evidence. Another skiagram would much elucidate what has actually taken place.—I am, etc.,

Blackpool, July 24th.

WILLIAM HARDMAN.

ASSISTANT MEDICAL OFFICERS IN ASYLUMS.

SIR,—It is interesting to notice the rather large number of vacancies at present existing in this important branch of our public medical services. Looking over the numerous advertisements for junior medical officers, it is apparent that the rate of remuneration has risen somewhat, doubtless because few applications are received, but will that small initial increase of stipend induce the average man to enter the service as he would the army, navy, or public health services? I think not, and I would be sorry for him if it did. The uncertainty of prospects and the disabilities of the service generally far outweigh any such trivial inducement. This he would soon discover. Until some action is taken to improve existing conditions, the asylum medical officer will remain a professional pariah, whose life, like the policeman's, is "not a happy one." For those who take such positions for a year or so it may be pleasant enough, but for those who take it up as a serious life-work—and they alone count for efficiency and progress—the prospects are not alluring. It is invidious to have to state it, but the fact remains that our colleagues who have been fortunate enough to become superintendents trouble little to improve matters. Senior

medical officers fear to incur the displeasure or disapproval of their superiors, and being in a condition of patient expectancy, dare not risk their possible promotion by any public ventilation of grievances.

It would be tedious to enumerate the disabilities of the service from our point of view; a little inquiry before accepting an appointment would easily discover them; nor is it necessary here to point to the advantages possessed by other members of the asylum service—namely, the chaplains, the clerks, and stewards—as compared with the assistant medical officers, who by reason of their work must live in the asylum and in close touch with the patients. Not one-third of the men who join the service can expect, even after years of good work, to obtain the coveted superintendency. Promotion is a mere gamble, and is left to the arbitrary will of a committee of laymen. What, then, are the asylum medical officer's prospects? A "two-room" life, which socially, to all intents and purposes, means annihilation, at least to most men with ordinary human ambitions. He remains a lifelong house-physician. He is allowed a little time off each week—which often is of little use, as most county asylums are situated in remote country parts—and a month's annual vacation. Asylum amusements are routine asylum duties. The work is oftentimes more clerical than scientific. Should the medical officer fail to secure a superintendency, his last hope is to hold on till he reaches the pensionable age of 55, a mere routinized celibate whose life has been one long-drawn house-physiciancy—a mere automaton, a failure.

May I submit the following points, as being worthy of the attention of those who are interested?

1. Promotion to superintendencies should not be a matter of haphazard choice of a changing committee of laymen.

2. All senior medical officers should be provided with residences on the asylum estate.

3. The discrepancy of remuneration as between medical superintendent and senior medical officer is too great.

4. Facilities should be afforded for post-graduate courses.—I am, etc.,

July 8th.

AN A.M.O.

EUGENICS.

SIR,—In your issue of August 2nd there is an error in the account of the discussion following the papers on eugenics at the annual meeting. I am reported as saying that, "if natural selection were limited, men were brought back to the animal." My words were, "if natural selection were *imitated*," etc., this having been suggested by one speaker as the proper aim of eugenics.

Man is evolving on a different plane to the rest of the animal kingdom, his relationship to his environment and to his fellow man being peculiar to his species. But, if this peculiar relationship be granted, the term "natural" selection, as applied to the survival of individuals or groups of individuals, may be admitted, but only as a term indicating that there is no interference with the law of cause and effect. It is wrong to use it in a sense that man must submit to the same processes as the rest of the animals to compass his survival. To do so he must place himself on their level and cease to be man.—I am, etc.,

London, N.W., Aug. 4th.

J. S. MACKINTOSH, M.D.

HEARSEY, in his *Nyasaland Sleeping Sickness Diary*, Part XX, 1913, states that 20 cases of the disease have been reported during the past four months, namely, 7 in January, 6 in February, 5 in March, and 2 in April. Of this number 19 were found in the sleeping sickness area and 1 near Kota-kota, in the Marimba district. These 20 cases, added to those previously reported, make a total of 128. As regards prophylactic measures, clearing of bush and scrub and the lopping of branches of trees which might afford shelter for tsetse flies is being carried out around all the villages in the sleeping sickness area. Dr. Conran, the medical officer in charge of this area, reports that the work is attended with marked success in banishing the flies from the villages. A reinvestigation of the districts to the north and south of the proclaimed area will shortly be undertaken, as it is necessary to ascertain definitely whether these localities harbour cases of the disease or not.