

Clause 3, Section 1.—To the present members of the Service an addition to this sum of $\frac{1}{2}$ per cent., in respect of each completed year of service at the time of passing this Act.

Clause 2, Section 2.—In the event of death of a pensioned officer who has received in superannuation allowance and additional allowances a sum of less than the amount of his annual salary and emoluments a gratuity will be granted equal to the deficiency.

The following illustration will show the method of calculation under the new scheme:

	£	s.	d.
Annual salary at 65s. per week, 52 weeks and one day...	169	10	10
Technical allowance of 3s. per week, 52 weeks and one day...	7	16	6
Sunday duty averages for the last 3 years of service ...	6	12	8
	£184 0 0		

Taking the case of an officer retiring at thirty years' service, a gratuity equal to this sum would be granted, plus $\frac{1}{2}$ per cent., for each completed year of service at the passing of this Act. Taking that service to be twenty-five years, $12\frac{1}{2}$ per cent. should be added, thus:

Annual salary, £184; plus $12\frac{1}{2}$ per cent., £23; total, £207.

The superannuation allowance would then be calculated at one-eighth of £184—that is, £23.—multiplied by the number of years' service (30), giving a total of £69 per annum.

The regulations made by the Treasury under Section 3 of the Act prescribes that any civil servant to whom the section applies, and who desires to take advantage of the provision of the Act, must make application before December 31st, 1909, and the application in the case of persons above 55 years of age at the date of the passing of the Act must be accompanied by a certificate in a prescribed form, signed by the medical officer of his department, or, where this is not practicable, by his medical attendant, the Treasury reserving the right to call for further medical evidence as to the condition of the applicant's health in any case in which they consider it desirable. The medical man who signs this certificate will be required to state whether the applicant is in good health and free from any disease or disorder tending to shorten life; whether he believes that he is, and has been, sober and temperate, and whether he is a person who could be recommended to an assurance society for life assurance at the ordinary rate of premium. If the medical man cannot answer this last question in the affirmative, he is required to state whether he considers him to be insurable at an addition to his actual age, or uninsurable.

We understand that where civil servants are in receipt of salaries of less than £150 a year, and are entitled to free medical attendance, arrangements have been made by the Government for the certificates to be supplied by the official medical officer, but, in the case of officers not entitled to free medical attendance, the certificate of any fully qualified medical man will be accepted, and a sum of 5s. towards the expense of obtaining it will be allowed from the public funds. This Bill provides virtually a new insurance to such members of the civil service varying in value from £170 to many hundred pounds, and it is clear that a fee of 5s. for the required medical examination is inadequate. The Association of British Postal Medical Officers has, we believe, already made representations to this effect, and it is to be hoped that medical men will not allow themselves to be misled into accepting fees that do not accord with the standard of payment for such valuable insurance work at the present time. Fees ranging from 10s. 6d. to 21s. cannot be said to be excessive for making these medical examinations and for granting the certificates.

A RECENT issue of the *Hong Kong Telegraph* contains an account of a ceremony at which Dr. G. M. Harston, of the ophthalmic department of the Tung Wa Hospital, was presented, on the eve of his departure from the colony on a holiday, with a number of pieces of embroidered silk. The presentation was made on behalf of the Chinese merchants of the colony in acknowledgement of Dr. Harston's services to their compatriots, and one of the pieces of silk bore an inscription to this effect in Chinese.

THE Association of Head Mistresses, which represents girls' public secondary schools of every type all over the country, recently passed a resolution expressing the opinion "that governing bodies should provide and, subject to parental consent, require medical inspection by a duly qualified doctor in the case of all children entering a public secondary school, and that provision should be made for reinspection from time to time."

THE SIXTEENTH INTERNATIONAL CONGRESS OF MEDICINE.

BUDAPEST, AUGUST 29TH TO SEPTEMBER 4TH.

(Continued from page 1166.)

SECTION OF PSYCHIATRY.

Imbecility.

WEYGANDT (Hamburg) opened a discussion on the clinical and forensic aspects of imbecility. He pointed out that while psychical differentiation, together with any somatic peculiarities which might be present, the clinical course of the disease and the confirmation at the autopsy of the diagnosis made during life formed an ideal basis for classification in psychiatry, this had rarely been definitely carried out. In regard to imbecility in children, considerable advances have been made in this direction. Certain groups of cases had been more or less sharply differentiated, including amaurotic idiocy, affecting several members of one family, feeble-mindedness associated with disturbances of the thyroid gland, imbecility associated with a Mongolian type, encephalic imbecility, hydrocephalic imbecility, meningitic imbecility, epileptic imbecility, infantile dementia, dementia praecox, and imbecility associated with inhibition of the brain development. But besides these types there were others which could not be clearly differentiated on account of the mild nature of the symptoms. From the forensic point of view, as also from that of providing for the care of such imbeciles, it was necessary to divide the cases into groups according to the peculiarity of the symptoms, for instance, the degree in which the patient could be influenced by favourable surroundings, the antipathy which the patient showed toward social intercourse, etc., as well as the severity of the disturbance. He cited as an example that while epilepsy was an important affection from the criminological standpoint, those severely afflicted being averse to social intercourse, were comparatively easily managed. From the forensic point of view, the least characterized cases formed the most important group. In determining whether a patient was criminally responsible, the best criterion could be formed by comparing the child with another, normal child of the same age, allowance being made for any anomalies independent of the intelligence.

SOMMER (Giessen) dealt with cases of idiocy, with children in schools for the mentally defective, and with children's reformatories, and stated that the cases met with in these three categories often presented common factors from the medical and psychological point of view. Sommer, speaking of the investigation of juvenile criminality, pointed out that the usual methods often failed, especially in children whose intellectual characters appeared to be normal, and in those showing moral defects, hysterical and epileptoid tendencies. He regarded it as probable that his methods of analysis of the exogenous and endogenous factors influencing the child could demonstrate that juvenile criminality was largely a pathological condition.

FISCHER (Budapest), who limited his remarks to moral insanity, discussed the symptoms. These included: Absolute confusion of ideas and incapability of being influenced, marked criminal impulsion, instability and restlessness, want of general activity and sociability, over-estimation of self, exaggerated imagination, vanity, egotism, cynicism, absolute want of ethical conceptions, and of the consciousness of right and wrong and decency, as well as a number of signs of bodily degeneration. With special reference to the ethical defects, he stated that there was no tendency to progression, and then turned his attention to the best methods of taking care of such patients.

ROUBINOVITCH (Paris) dealt with the paedagogic psychiatry of *enfants difficiles*. He described five classes: Hyposthenics with a not backward mental condition, hyposthenics with backward mental development, hyposthenics with normal intelligence, and hypersthenics with defective intelligence, and lastly a mixed type. The conditions stood in some relationship to neuropathies or infantile psychopathies, while of the predisposing causes he emphasized sex, heredity, faulty education, bad hygienic and moral surroundings, etc. The diagnosis depended on the recognition of the character of the mental defects and the realization of the associated somatic defects.

SECTION OF DERMATOLOGY AND VENEREAL DISEASES.

Light Treatment.

VEIEL (Cannstadt) dealt with the physical methods of treating skin affections. After dealing briefly with the results obtained with sunlight, Finsen light, blue light, red light, etc., he came to the conclusion that Finsen light yielded better results than the mercury lamp. He then spoke in favour of liquid air and carbonic acid in a number of chronic affections. Roentgen rays were dangerous, but yielded excellent results in many cases. He regarded these rays as indispensable for herpes tonsurans, favus, purulent folliculitis of the head, dermatitis papillaris of the neck, while in syphilis he only used them in cases which had resisted all other forms of treatment. He spoke of the good cosmetic results in lupus, but believed that complete cure by Roentgen rays was rare. Since lupus had been treated by x rays, the number of secondary carcinomata had increased. The rays were suitable for circumscribed infiltrating eczema and for circumscribed dense psoriasis patches. They should not be used for acute or weeping eczema. Superficial epitheliomata could be cured by x rays, but deep-seated disease, and cases in which the regional glands were affected, were not benefited by this treatment. He dealt briefly with radium treatment, and concluded by referring to the excellent results obtained by Bier's passive congestion in cases of furuncle, carbuncle, and suppurating lymphatic glands.

Radium.

WICKHAM and DEGRAIS (Paris) summarized the results which they had obtained with radium in the biological laboratory and radium institute of Paris. After considerable experimentation they had adopted the use of a filter made of a plate of lead covered with rubber having a thickness of 1.27 mm. After describing the apparatus which they now employed, they passed on to the consideration of the method of employment and results obtained. They had dealt with about 1,000 patients, of whom the greater part were suffering from malignant tumours. The oldest case had already lasted four and a half years. By introducing the radium in tubes into the tumours, by filtering and other methods, they had succeeded in "curing or improving" a number of cases of cutaneous and subcutaneous tumours, cancer, sarcoma, mycosis fungoides, lymphosarcoma, etc., affecting the skin, uterus, and other parts, without producing any super-added inflammatory reaction. They also reported that they had obtained "interesting results" in cancers affecting the mucous surfaces. In angiomas and cheloids excellent results had been obtained. Further, they spoke of "happy" results in superficial inflammatory and pruriginous lesions of the skin. Radium appeared to them to act specifically, but not necessarily destructively. Much interest was evinced in the lantern illustrations and casts which demonstrated the results obtained by radium in the different diseases mentioned.

Immunity to Syphilis.

EHRMANN (Vienna) reported the results of experimental investigations on the question of superinfection and immunity towards syphilis. A positive inoculation was possible before and even immediately after a primary sore developed, but the typical character became less marked the longer the period between the appearance of the primary sore and the inoculation. Later, the inoculation resulted only in a slight papule or no effect at all was produced. Temporary lesions might be obtained during the secondary stage, if large quantities of infective material were used or if the inoculations were repeated. After describing the absolute and relative immunity of the skin toward introduced spirochaetes, he dealt with those uncommon conditions in which the previously existing immunity had disappeared and the body reacted as if no change had taken place at all.

HALLOPEAU (Paris) described the recent additions to knowledge as to the evolution of syphilis. The parasites might take various routes on leaving the chancres. They might pass through the lymphatic channels, with or without causing an implication of the regional glands. They might pass directly into the capillaries. They might further penetrate the neighbouring tissues directly and infiltrate these gradually. The lymphatic glands exercised a marked attenuating effect on the parasites, and for

this reason the infiltrating lesions were usually very virulent. When the parasites passed out of the lymphatic system, the infection was extended to the blood circulation and a roseolous eruption resulted. The generalization of the infection only took place at this stage. Hallopeau followed the parasites through the body and spoke of the affinity which they possessed for special tissues in different individuals.

SCHERESCHESKY (Breslau) reported the details of his method of culturing spirochaetes, including the *pallida* and *dentium*. He stated that the *recurrens* lived on his nutrient medium for ten days, and could then be successfully inoculated on to mice.

SECTION OF URINARY DISEASES.

Anuria.

KÜMMEL (Hamburg) recognized two large groups of anuria—the occlusion anuria, in which the passage of urine was prevented by a calculus in the pelvis of the kidney; and true renal anuria. Out of 8 cases of calculous anuria on which he had operated, 7 showed signs of hydronephrosis, and only in 1 was the pelvis free from urine. The diagnosis could be made by the enlargement of the kidney, the pain on pressure over the affected kidney, the result of radioscopy, of cryoscopy, and the functional testing of the renal sufficiency. In cases of true renal anuria the process might be caused by inflammatory affections, by infective affections, by eclampsia, by toxic influences, including carbolic acid, and by other causes of nephritic changes. Reflex anuria undoubtedly existed, but the author had never seen a case. He was of opinion that these cases would prove to be more and more uncommon the further the diagnostic capabilities in urology advance.

Nephritis.

CASPER (Berlin) discussed the nature of the various forms of nephritis. After touching on the more usual forms, all of which were necessarily affections of both kidneys, he spoke of what he termed *nephritis haematurica*, in which the urine in the intervals between the haemorrhages was apparently free from albumen. If tested with a delicate reagent, such as 20 per cent. of sulpho-salicylic acid, albumen would be found. *Nephritis circumscripta* was a form which corresponded to the French *néphrite parcellaire*. In this case the haemorrhages were produced by the action of bacteria in the kidneys. He further spoke of a form as "colic nephritis," in which the symptoms were identical with those of renal colic. The prognosis of nephritis was good, save in severe parenchymatous forms and in rapidly progressive cases of contracted kidney.

Extirpation of the Bladder.

RIHMER (Budapest) gave his experience of total extirpation of the bladder. After recording his general results, he turned to the difficult question of the implantation of the ureters. The best results were obtained by implanting them in the skin surface of the body, while implantation into the rectum must be given up. In none of his cases had recovery taken place. Ascending infection of the kidneys could be avoided by good technique. He also spoke of the modern idea of making an artificial bladder out of the rectum and short-circuiting the intestine by means of an artificial anus. VERHOOGEN and DE GRAEUWE (Brussels), who spoke on the same subject, said they had obtained the best results by leaving the ureters open in the wound or by suturing them to the skin. The results of implantation into the bowel had been very bad, but they devised a means by which better results could be obtained. After performing nephrostomy, they suggested making a cystectomy with ureterostomy into the caecum, which would be isolated for this purpose.

SECTION OF STOMATOLOGY.

A number of papers dealing with the diseases and hygiene of the mouth were read. Among the more interesting of these were the influence of heredity on the pathology of the jaw and of the teeth, by GALLIPE (Paris); the basis of the development of abnormalities of the arcus dentium, by ZSIGMONDY (Vienna); and also the present state of the scientific basis of dental caries prophylaxis, by GOADBY (London).

(To be continued.)