

There is thus no danger of wounding the rectum, and as the bulbo-cavernosus and the vessels which lie on it are avoided, the bleeding is not excessive. The capsule of the tumour is opened by a touch of the knife, or by blunt dissection, and the tumour is shelled out by the finger, just as in the transvesical operation, the urethra being torn across.

Hypodermic injection of quinine.—Giemsa, whose name is familiar to all our readers, as that of the discoverer of a most excellent stain for blood films, has made many experiments with a view to determine the best vehicle for hypodermic injections of quinine. The injection should have a reaction as nearly as possible that of the tissue juices, so that it may cause little discomfort and be easily absorbable. It should also be capable of being sterilized by boiling. He has found that by means of the ethyl-ester of carbaminic acid (ethyl-urethane) the feebly basic monochlorhydrate of quinine is rendered very soluble, and the preparation does not undergo alteration on being boiled.

(*Muenchener Med. Woch.*, No. 23 of 1908.)

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Correspondence.

THE DATE OF SERVICE FOR PENSION GRIEVANCE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Up to 31st March 1890, successful candidates for the Indian Medical Service were given their commissions from the date of entering Netley. In the year 1890, however, the system was introduced of dating the commissions from the day on which the candidates passed the final examination on leaving Netley. This system continued in force for twelve years, but in the summer of 1902, the privilege so long enjoyed before 1890, was restored to the service, and the batch of candidates who passed in August 1902, dated their commissions from 1st September 1902, that is the day on which they entered Netley.

It appears, therefore, that the officers of the Indian Medical Service who entered between 1891 and 1902 have to serve about four months longer for each step of their promotion, and also for their final pensions, than all those officers who preceded and followed them.

This is true of about three hundred and fifty I. M. S. officers, who are under what we may term the "interim regulations."

Owing to the change in the regulations in 1902, there is only thirty-seven days difference in seniority between the last batch of men under the "interim regulations" and the first batch under the newly-restored old regulations. Usually there is almost exactly six months difference between successive batches.

Early in 1905, regulations were introduced, making it possible to obtain accelerated promotion from the rank of Captain to that of Major, under certain stipulated conditions. This acceleration was fixed at a maximum of six months, in order to make it impossible for an officer obtaining accelerated promotion in one batch to pass over the head of any officer in a preceding batch, who for various reasons might not succeed in obtaining such acceleration. The time, however, will undoubtedly come when some officers dating their commissions from 1st September 1902 will be given accelerated promotion and so pass over the heads of some officers dating their commissions from 26th July 1902, who will fail to obtain the necessary acceleration to keep ahead of the batch below.

I have little hesitation in believing that this was never contemplated by those who framed the regulations. Had such a contingency been considered, one cannot help thinking that the concession, which was so strongly urged at the time, would have been granted, *e.g.*, permission to all those under the "interim regulations" to ante-date their commissions to the date of entering Netley. As noted above, if the conditions continue unchanged an *impasse* must occur in 1914; for it is surely idle to hope that the difficulty will be quietly solved by everyone in the 1st September 1902, batch failing to obtain accelerated promotion, or everyone in the previous batch succeeding in obtaining the same. This unusual result could probably be obtained only by official juggling, and therefore need not be considered within the range of probabilities.

It is not, however, too late to make the concession earnestly desired by the three hundred and fifty officers under the "interim regulations" (who rightly or wrongly feel that they are labouring under a disadvantage which savours of injustice), and at the same time remove the possibility, mentioned above, of the *impasse* in the smooth working of the promotion regulations.

It will be objected that the concession asked for, though desirable, is too expensive for the Government of India to make; especially with the extra drain on its exchequer consequent upon the grant of increased pay to the Indian Army. It must be remembered, however, that by the introduction of the "interim regulations" in 1890, the Government of India (since 1st September 1902* has been saving money as compared with the expenditure under the old regulations. In this matter, however, a compromise might be effected by the three hundred and fifty officers concerned agreeing to forego the extra pay involved on promotion from Captain to Major, for the four months concerned in the change; whether that extra pay be due in arrears or be prospective; while they would still preserve their right to the extra pay on first promotion to Lieut.-Colonel, and to the earlier date for taking their pension.

Finally, it is always true that "*bis dat qui cito dat*," and the concession desired by the officers concerned will be all the more thankfully appreciated if it be not delayed until difficulties in the working of the promotion rules make some change imperative.

I have the honour to be,

Sir,

Your most obedient servant,

"INTERIM."

PUERPERAL ECLAMPSIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR.—The following case may perhaps be of some interest to your readers:—Hindu woman, aged about 35. General health apparently good. Was born while her mother was suffering from insanity, developed during pregnancy. Had convulsions when a child. Was married about 15 years ago. First child about 11 years old alive. Second pregnancy resulted in an abortion between the 6th and 7th month. Third child aged about 8 years alive. Fourth child aged about 4 years alive. Fifth pregnancy resulted in another abortion at the 5th or 6th month.

The woman had gone to answer a call of nature and the fetus was delivered suddenly. She cut the cord herself. The placenta did not come out at the time and was not seen to come out subsequently. There was much hæmorrhage and she remained ill for about a month during which period there were convulsions.

Two months after apparent recovery she became pregnant again and was when I saw her, in the 8th month. On the night of Sunday the 29th November, she complained of pain over the chest and shoulders. There was no other symptom. Early next morning she got convulsions. The same evening I was asked to see her. She had then had about 18 convulsions and was semi-comatose. The bladder was empty, the os was about 1½ inch and the head could be felt. Her temperature was normal, respiration quick, pulse good. The child was still alive but the heart sounds were irregular. I advised her immediate removal to the hospital as it was impossible to treat her properly at her house. Her husband gave a history of syphilis, though she had not been known to have developed any symptoms of the disease. A catheter was passed but no urine was drawn. Before medicines could be given she had one more fit to check, which a small quantity of chloroform was administered. When the fit was over a drop of croton oil was put on the tongue, pilo-carpain was injected hypodermically and chloral and bromide given by the mouth. She passed two motions, recovered consciousness and seemed to be improving. The child died shortly after she reached the hospital. Early next morning she gave birth without any interference to the dead child. The placenta was expelled and there was no trouble of any sort. Ergot was given after the expulsion of the placenta. The temperature now rose to 100 and coma reappeared. Pilo-carpain was injected and thyroid extract given with improvement which was of short duration. Inhalation of amyl nitrite, a small quantity of milk, ether and brandy by the mouth and saline injections per rectum were also given, but restlessness and difficulty of breathing increased and the heart grew weaker. After the first administration of chloral and bromide she had no fits. She passed urine but it could not be examined as it was passed in the clothes. Restlessness

* Note.—Because 1st September 1902 is the date on which the first batch under the "interim regulations" should have attained the rank of Major, had the "interim regulations" not been introduced.