year teaching and hospital work were continued satisfactorily; several new members joined the senior staff, but still more are needed as heads of other departments. A donation of a lakh of rupees has been received for building up a mental and nervous diseases hospital. The future plan of Vellore is to start co-education and develop special units, *viz,* rural medical unit, tuberculosis unit, etc., in addition to the main pre-clinical and clinical departments. There is also a plan to start a University School of Nursing.

Correspondence

CÆSAREAN SECTION

SIR,—In regard to the contribution of mine on 'Cæsarean Section' published by you in August 1945, I should like to amplify one point which may help to obviate the disappointment of some novice when using the abdominal nerve block.

It is always easy to block the thoracic nerves but the ilio-inguinals and ilio-hypogastrics are often difficult. Bishop, Carr, Anson and Ashley (Quarterly Bulletin, Northwestern University Medical School, Chicago, 1943 Fall Quarter), have demonstrated the great frequency of distal anastomoses between the nerves to the anterior abdominal wall.

I have bilaterally dissected the thoracic XII, ilio hypogastric and ilio-inguinal nerves on four unpreserved subjects within 24 hours of death. In every instance the nerves had a different pattern and position, even on the two sides of the same subject.

From the above and from practical experience I conclude that to be certain of blocking the ilio-hypogastric and ilio-inguinal nerves it is necessary to infiltrate the internal oblique muscle from 3 to 4 cm. cephalad to 2 cm. caudad to the anterior superior iliac spine in a line 2 cm. medial to the spine, and that the infiltration must be continued laterally and cephalad through the internal oblique and transversalis muscle to a distance of 3 to 4 cm. from 3 to 4 cm. cephalad to 2 to 3 cm. candad to the iliac crest. Such an infiltration requires 20 c.c. 1 in 200 novocaine (procaine), 1 in 2,000 nupercaine or 1 in 3,000 amethocaine in 0.9 per cent saline solution.

When the correct technique has been acquired the results will be found satisfactory. Speed comes with practice.

F. R. W. K. ALLEN.

INDIAN MILITARY HOSPITAL,
POONA,
3rd October, 1945.

THE IMMEDIATE NEED OF REFORM OF THE MEDICAL COUNCILS OF INDIA

SIR,—I have read the communication of Dr. R. S. Greval in the May 1945 issue of your esteemed journal (pp. 281-2). While I am very much with the writer as regards the necessity of reforms in our Councils, I wish to point out that the medical act of England of 1858 was passed and the General Medical Council set up which registered *all persons who were practising medicine at that time* including so-called quacks, and not only qualified medical men, as the writer mentions. Nor is the main function of the General Medical Council 'to register medical students', etc. This is entirely wrong. It has no such function at all.

U. B. NARAYAN RAO.

1, DAMODAR MANSIONS,
OPERA HOUSE, TRAM TERMINUS,
BOMBAY 4,
4th October, 1945.

TROPICAL EOSINOPHILIA

SIR,—In a fairly large number of cases of tropical eosinophilia treated by me, the differential count has revealed a very high increase in lymphocytes. Immature forms are common. An association of these with eosinophilia would seem to augur a dramatic response to arsenical therapy. The eosinophilia, though occasionally reaching very high figures, is not so constantly marked as this lymphocytosis. So that I think that the term eosinophilia now applied to the blood picture is incomplete as well as misleading.

T. BALAKRISHNAN, M.B., B.S.

ASOKA HOSPITAL,
CALICUT,
7th November, 1945.

[*Note.*—We have observed a lymphocytosis in about one-third of our cases only during the course of arsenical treatment, being most marked in a patient developing agranulocytic angina (*vide Indian Medical Gazette,* March 1945, p. 151). The lymphocytes appeared to be morphologically normal.—EDITOR, *I.M.G.*]

CONGENITAL ABSENCE OF THE SHAFT OF THE FEMUR ON BOTH SIDES

SIR,—The case reported by Capt. Katdare in the June number of the *Indian Medical Gazette* (Congenital Absence of the Shaft of the Femur on Both Sides) is extremely interesting. In view of the rarity of the condition, it is rather depressing to read, 'The family history is of no importance'. Writers on heredity like Gates (1929), Baur, Fischer and Lenz (1931), and Snyder (1941), all agree that absence of the patella is a hereditary condition determined by a dominant gene. One should therefore expect one of the parents to show this condition.

Again, the left hand appears to be a variety of split-hand or lobster-claw (I hope the writer means this when he calls it a typical 'claw-hand'), which also is determined by a dominant gene. According to genetic principles, one of the parents should show this deformity also. Even assuming that the condition is recessive as Lenz believes, it would be worth while to find out if the parents in this case were cousins or not.

It is not my intention to suggest that Capt. Katdare has neglected the family history; I only suggest an enquiry in greater detail.

K. A. SHAH.

RANCHHODLAL DISPENSARY,
AHMEDABAD,
12th November, 1945.

REFERENCES

BAUR, E., FISCHER, E., AND LENZ, F. (1931). *Human Heredity.* George Allen and Unwin Ltd., London.
GATES, R. R. (1929) .. *Heredity in Man.* Constable and Co., Ltd., London.
SNYDER, L. H. (1941) .. *Medical Genetics.* Duke University Press, Durham.

Service Notes

APPOINTMENTS AND TRANSFERS

THE Central Government is pleased to nominate Colonel S. L. Bhatia, M.C., Inspector-General of Civil Hospitals, Assam, to be a member of the Medical Council of India from Assam, with effect from the 30th August, 1945, *vice* Colonel W. E. R. Dimond, C.I.E., O.B.E., resigned.