

plasma osmolality should be estimated in preference to the sodium level, and that in any assessment of renal and posterior pituitary function in the newborn the plasma osmolality level should be used as the guide to the stress imposed.

Since we have only measured the plasma sodium level, we do not know which substances cause the increased osmolality. It is interesting to note that Rubin *et al.* (1956), who determined the plasma osmolality in dying patients, were unable to account for this rise by calculation from the measured components of plasma.

Summary

Plasma osmolality and sodium levels were estimated at birth and daily thereafter in a number of healthy full-term infants and in a series of feverish infants.

There was only a slight correlation between serum sodium and plasma osmolality readings.

A series of feverish babies without signs of

infection showed a significant rise in osmolality but not in sodium levels.

Implications are discussed.

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Notice

The IVth International Symposium on Cystic Fibrosis of the Pancreas (Mucoviscidosis) and second administrative session of the International Cystic Fibrosis (Mucoviscidosis) Association will be held in Berne, September 19-22, 1966.

Programme:

1. Chemistry of the glucoprotein and mucous secretion.
2. Serous secretion.
3. Clinical investigations.
4. Genetics.
5. Therapy.
6. Social aspects.

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