
This is a valuable report which should help to set standards and remove a lot of uncertainty. The clinical material was composed of over seven hundred babies, over two-thirds full term and under one-third premature, almost all born at the Mothers’ Hospital in North-East London. The mean weights of the full-term infants are similar to those of published standards for ‘normal’ infants, but the smoothed curves now presented are a valuable addition to the somewhat scanty British data on this subject. The curves for premature babies confirm the view that if weights are grouped by age from conception, then after 40 weeks the curve is similar to that for full-term infants. As regards feeding it is generally concluded that full-term babies in this series, fed either on breast milk or on dried cows’ milk, had similar weights, similar protein levels, a similar incidence of infections and, with oral medication, similar haemoglobin levels. For premature babies, however, it is concluded that human milk is an inadequate food in early life, due to the low protein content. Biochemical investigations established standards of normal for total serum protein, albumin and globulin in the first eighteen months of life in full-term infants. The serum protein levels of premature infants were much lower than for full-term infants but changes for age were similar in both. After eight days of age the serum protein level was not influenced by the type of food given. Valuable data on the serum protein components and especially on serum gamma globulin levels in the cord blood are also included. The whole report represents a great amount of co-ordinated labour and must be regarded as a standard work of reference.

Both these are formidable programmes, demanding much of the public health authorities and not a little of the mothers and children, not to mention the fathers. The fact that two schedules had to be promulgated shows how opinion can be divided, and the pros and cons of each in relation to the different disease vaccines are fully and freely discussed in the text. All through there is evidence of the desire to confer optimum protection with the minimum of backsliding on the part of the patient, and this is clearly why the two different schedules are propounded.

This publication is most timely and will help to some extent to delimit the problems concerned with vaccination programmes even if the tentative answers to them are somewhat equivocal. And as with so much recent writing, one is left with the feeling of what an unpleasant person in the woodpile is type I polio virus.


Dipping into this year book is just like going to an international paediatric congress in the United States. It does not matter which particular section one attends, there is the same series of well-chosen papers, generally of the proper length but some overrunning their time, some passing without comment but others attracting discussion. Naturally the majority of the papers are by Americans, and all the commentators are American also.

The congress has various things, such as personal contacts and ‘cokes’, which the book lacks; but these apart, I believe one could profit as much by reading the book as by attending the congress—and it is a lot cheaper.


After protracted discussion the symposium adopted two schedules for immunizing children. The first was, 5 weeks to 6 months—three injections of pertussis vaccine; 7-10 months—two injections of poliovaccine; 10-12 months—two of diphtheria and tetanus and a fourth of pertussis; 15-18 months—a third injection of diphtheria and tetanus and of poliovaccine. Booster doses of diphtheria and tetanus at school entry and 8-9 years. The second schedule was, 2-6 months—three injections of a triple vaccine of diphtheria, tetanus and pertussis; 7-10 months—two injections of polio; 15-18 months—a fourth injection of the triple vaccine and a third of polio; booster doses of diphtheria and tetanus as for schedule 1. In each schedule smallpox vaccination was to be carried out some time during the first 5 years, with re-vaccination at 8-9 years, and B.C.G. was to be given between 10 and 15 years. Schedule 1 entails 11 visits and 13 injections, while schedule 2 needs nine visits and 10 injections.


From the Hospital of Saint-Vincent de Paul comes a series of 19 chapters by different authors dealing with one or other of the growing points of paediatrics. Each article is complete in itself and, while not exhaustively reviewing its subject, is a reasonably full account of recent work. The volume is sponsored by Professor Marcel Lelong who himself contributes a chapter on hiatus hernia. These articles give one a rapid appraisal of a particular subject but would not be a jumping-off ground for further research as they do not assess the literature to any degree.


Readers of this pamphlet will be relieved to learn that the danger of contracting infectious illness from bathing where sewage is discharged into the sea is negligible.