

- ten Bensel, R. W., Stadlan, E. M., and Krivit, W. (1966). The development of malignancy in the course of the Aldrich syndrome. *J. Pediat.*, **68**, 761.
- Theilen, G. H., Zeigel, R. F., and Twiehaus, M. J. (1966). Biological studies with RE virus (Strain T) that induces reticulo-endotheliosis in turkeys, chickens, and Japanese quail. *J. nat. Cancer Inst.*, **37**, 731.
- Wiskott, A. (1937). Familiärer, angeborener Morbus Werlhofii? *Mtschr. Kinderheilk.*, **68**, 212.
- Wolff, J. A. (1967). Wiskott-Aldrich syndrome: clinical, immunologic, and pathologic observations. *J. Pediat.*, **70**, 221.

Correspondence to Dr. Michael M. Brand, Department of Neurology, Division of Neurochemistry, the Mount Sinai School of Medicine, 100th Street and Fifth Avenue, New York, New York 10029, U.S.A.

Third International Symposium in Davos, Switzerland, 23-24 October 1969

Pre- and neonatal anatomy in relation to pathology.
 Lung function in children.
 Metabolic aspects of asthma.
 Epidemiology of asthma and chronic bronchitis.
 Late prognosis of some chronic lung diseases.
 Late prognosis of chronic upper airways infection.
 Inhalation therapy.
 Bacteriology of chronic lung disease.

For details:

Dr. R. de Haller, Basler Heilstätte, 7260 Davos-Dorf, Switzerland.

Errata

Levin *et al.* : Hyperammonaemia: a deficiency of liver ornithine transcarbamylase. Occurrence in a mother and child. (1969) **44**, p. 157, Table III, line 7—the concentration of alanine should be 1.7 mg./100 ml. (*not* 0.06 mg.).

Levin *et al.* : Hyperammonaemia: a variant type of deficiency of liver ornithine transcarbamylase. (1969) **44**, p. 165, Table III, line 5, column 4—the level of arginine should be 0.79 mg./100 ml. (*not* 0.29 mg.).