amongst those over the age of 5; the heaviest mortality being amongst infants; a description is given of the exudate found in the faeces of a case of dysentery, but there is no mention of how often a similar exudate is found in a salmonella infection.

A very comprehensive chapter contains valuable material and observations on epidemiology of these *E. coli* infections and analyses the work for and against their being the cause of epidemics; there is a review of epidemiological investigations in which the H and the phage typing were employed. As so often happens when many articles are abstracted and described in a small space, some parts of this chapter are not as detailed as might be desirable, and this can confuse the reader. However, the references are accurate and doubtful statements were clarified when the original articles were consulted.

An extremely valuable chapter on the morbid anatomy at necropsy is based on the personal observations of G. Ilgner, who had access to material which is rarely obtained in England, as all of it was fixed within a very few hours of death.

One chapter deals exhaustively with the problems of protein and carbohydrate metabolism and the experiments on amino-acid metabolism are particularly interesting. The formation of biogenic amines is said to be caused by deamination of amino-acids instead of decarboxylation and a few of the references are not listed, which can be irritating; another curious mistake is the description of Aristophanes as a philosopher and attributing to him a saying of Heraklitos.

Adam's own contribution is on the pathogenesis, treatment and clinical presentation of gastro-enteritis, the last of which he explains on anatomical and biochemical findings; he feels that parenteral infections cause some cases, basing part of his argument on what might be a dangerous foundation, that is on negative bacteriological results. In this comprehensive chapter there are details of some types of enteritis seldom, if ever, seen in England, including enteritis necroticans due to *Clostridium welchii*.

The possible paths by which infection can be spread and many techniques to make the manoeuvres for admitting, nursing and handling babies safe, are fully discussed. Although many of the methods are widely used, few now practice a 'napkin round' and many would object to the use of a 1½ % solution of formaldehyde for washing floors.

Ninth International Congress of Paediatrics

The Ninth International Congress of Paediatrics will be held in Montreal, Canada, from Friday, July 19 to Thursday, July 25, 1957, under the chairmanship of Dr. Alan Ross, Professor of Paediatrics, the Montreal Children's Hospital, Montreal 25, Canada.

British Paediatric Association Memorandum on the Use of Radio-iodine in Paediatrics

In 1956 the British Paediatric Association set up a subcommittee to consider the use of radioactive iodine in paediatrics in relation to possible carcinogenic effects. Its members sought advice from Dr. E. E. Pochin, of University College Hospital, and Dr. L. F. Lamerton, of the Physics Department, Institute of Cancer Research, Royal Cancer Hospital, who presented the data and explained the calculations on which the following conclusions are based.

1. That no form of radio-iodine should be used to treat an over-active gland in a child and that therefore the use of radio-iodine for the therapy of thyrotoxicosis did not require discussion.
2. That there appeared to be increased vulnerability to the late effects of external *x*-irradiation with doses of the order of 250 reps, or more, at least up to the age of 6 years, and that there was no evidence of the age at which vulnerability decreased to the adult level.
3. That it was not possible to feel sure that test doses of ^{131}I as low as 1μc might not be hazardous in children.
4. That, bearing in mind that the half-life of ^{131}I was 192 hours and of ^{132}I 2·3 hours, ^{132}I was not likely to be hazardous in test doses of about 4μc, a dose which is adequate for the usual tests which are completed within the first four to six hours, but not for those requiring longer times.
5. That ^{131}I should not be used in children when the employment of ^{132}I would give the information which is needed. In the calculations leading to this conclusion several 'safety factors' are involved which make it doubtful whether any harm will actually result from the use of small doses of ^{131}I, and it must be left to the individual paediatrician to decide whether its use is justifiable in the investigation of any specific clinical problem.

(Signed) D. V. HUBBLE
J. H. HUTCHISON
P. R. EVANS

Correction

We regret that in the paper entitled 'Oesophageal Reconstruction in Children Using Intrathoracic Colon' by Charles D. Sherman and David Waterston (*Archives of Disease in Childhood*, 32, 11) the source of the paper as stated was incorrect; this should have read '*From the Department of Surgery, University of Rochester, New York, and The Hospital for Sick Children, Great Ormond Street, London*'.