Weight Gains, Serum Protein Levels, and Health of Breast Fed and Artificially Fed Infants. [*Spec. Rep. Ser. med. Res. Coun. (Lond.) No. 296.*] By B. Levin, Helen M. M. Mackay, Catherine A. Neill, V. G. Oberholzer, and T. P. Whitehead. (Pp. 154; 69 figures. 16s.) London: H.M.S.O. 1959.

This report is based on 946 infants and children studied at the Salvation Army Mothers' Hospital and Queen Elizabeth Hospital, London. The aim was originally that of determining the optimum protein content of infant diets, and this involved assessing the normal content and variation of serum protein levels in full-term and immature infants.

The authors have attempted to overcome the great variation found in what are termed "premature" babies, and they were forced to classify their babies on the basis of birth weight.

The report contains a great deal of information on the weight gain of infants on different diets, which is probably of primary interest to the paediatrician and infant welfare officer. The biochemical studies of the serum proteins suggested that lower birth weight was associated with lowered serum proteins. Low serum protein levels seen in the premature infants (based on weight) is overcome by the end of 12 months after birth.

Gamma globulin levels show great variation, particularly in the early months of life, adult levels being reached around puberty. Factors such as type of feeding, season of the year, or mild infection did not appear to affect protein levels.

The authors provide a table giving the total protein, albumin, and globulin blood levels from birth to up to 18 months after birth. These figures are probably likely to be the part of the report of most value to the clinical pathologist.

This investigation has involved a great deal of work, of which the delay of approximately 10 years between the survey and date of publication is perhaps an indication.

JOHN L. EMERY.

Clinical Toxicology. By C. J. Polson and R. N. Tattersall. (Pp. xi+589. 42s.) London: English Universities Press. 1960.

Any book associated with the name of Polson will always include an adequate bibliography and this is no exception. On the other hand, it does not include any analytical techniques, but to include those as well as the clinical aspects would be impossible in a book of this size. It contains extremely comprehensive information about the poisons most likely to be seen in practice and should be invaluable to anyone in hospital who wishes to confirm his suspicions of a suspected case and to check on the appropriate treatment. There is, however, one great difficulty when writing books on clinical toxicology, and that is that the symptoms of many kinds of poisoning resemble those of natural illness at one stage or another. This fact, coupled with the fact that many doctors are unsuspicious, makes it not surprising that it is

common for cases of poisoning to be missed. This means that in books on clinical toxicology, if they are to be comprehensive, such symptoms as nausea, diarrhoea, abdominal pain, and so on, which are common features in most cases of poisoning, must be repeated, and consequently the important aspect of the diagnosis of any case of poisoning, the appreciation of the unusual, is not sufficiently stressed. For example, in cases of alcoholic poisoning if certain eye signs have been noticed, there is a strong possibility that the patient has taken methyl alcohol. This is the art of toxicology and requires medical knowledge. The analytical techniques are another matter, because they require considerable technique, skill, and experience outside the scope of most medical practitioners. In the United States there are many experts who describe themselves as "toxicologists" but who are, in fact, analytical chemists, whereas there are forensic pathologists who know a great deal about the post-mortem appearances and clinical aspects of poisoning, but do not call themselves toxicologists. A happy compromise will have to be reached in the future by which those with medical qualifications will have to interpret the results of the non-medically qualified analyst, each admitting that he cannot assume the mantle of the other.

The section on the law of poisons is quite adequate for the medical profession but perhaps a little superficial for lawyers or pharmacists. Nevertheless, this book can be recommended to pathologists who have to assist coroners and to clinicians who are likely to be faced with cases of poisoning in hospitals.

F. E. CAMPS.

Eight Colloquia on Clinical Pathology. 3rd International Congress of Clinical Pathology, Brussels, July, 1957. Edited by Maurice Welsch, Pierre Dustin, and Jacques Dagnelie. (Pp. iv+829; illustrated.) Brussels: Presses Académiques Européennes. 1958.

The report of the Third International Congress of Clinical Pathology, held in Brussels in July, 1957, has finally appeared, and although the editorial date appears to be 1958, this large volume of 829 pages was distributed to the participants less than three months before the Fourth International Congress is due to start in Madrid. Although one realizes the enormous amount of labour that the editors put into such a volume, this seems an unnecessarily long interval, particularly as many of the papers and discussions presented at this congress had already been published. While this volume is, therefore, an excellent record of previous work, it can hardly be used as an up-to-date reference book on any of the subjects concerned. This seems a pity, and it would be an immense help to pathologists—both those who attend the congresses and those who would like to read the papers—to have publication expedited in future.

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