is poor. However, further investigations are required before definite conclusions are drawn about the fate of the vitamin thus absorbed, its metabolism, transfer, storage, utilization or excretion.

ng. = nanogram = millimicrogram.

On the Dose of the Cold Meal in ^{131}I-triolein Test and ^{131}I-oleic Acid Test

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The influence of the dose of the cold meal on fecal excretion was examined in 428 cases of ^{131}I-triolein test and 190 cases of ^{131}I-oleic acid test. Abnormal group (secondary malabsorption) was compared with the control group (other than malabsorption).

Method A represents without cold meal; method B, 0.5 ml/kg and method C, 1.0 ml/kg body weight of cold meal, which consists of pea-nut oil 40 : water 40 : tween-80 3.

Statistical analyses revealed the following. The more the dose of cold meal the higher the fecal excretion in the abnormal group, while no increase was observed in the control group. Therefore, the abnormality was more definitely detected by method C in triolein test, and by method B in oleic acid test. The authors never tried 1.0 ml/kg body weight of cold meal, which consists of oleic acid 40 : water 40 : tween-80 3, because of its rancid dysodorousness and laxativeness.

The authors' criterion of the range of fecal excretion; that is, normal, under 2.0%; border-line, 2.1-4.0%; abnormal, over 4.1%; was reconfirmed by this study.

Clinical and Basic Studies of Radioiodinated Lipids Absorption Test

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This study was performed to reevaluate the radioiodinated lipids absorption test. Cannules were placed in the thoracic duct, portal vein and femoral vein of adult dogs and radioiodinated lipids were administered into the stomach or duodenum. The results are as follows:

Transportation phase of radioiodinated triolein is divided into two shapes. One is the elevation of radioactivity in portal plasma as well as the extent of the elevation of lymph-activity and 10 to 70% of radioactivity of portal plasma and lymph were precipitated by TCA. In another cases the radioactivity appeared predominantly in thoracic duct in comparison with the slight elevation in portal plasma. In these cases more than 90% of radioactivity of thoracic lymph was precipitated by TCA, but only less than 60% of radioactivity was precipitated from femoral