not successful. There will be some agent, removed by charcoal, working to recombine with transferrin and iron, and denaturation may occur in the course of acdiification and neutralisation with ascorbic acid and buffer.

Radioimmunoassay was more sentitive than immunoassay, and anti-transferrin serum was not needed, if transferrin was labelled to react with anithuman serum.

Ninety eight % pure transferrin supplied by Hoechst Co. was used to obtain anti-sera and I would like to acknowledge Dr. Izumi Nakashima for his assistance in immunoassay.

LIBC in Liver Diseases Measured by ^{59}Fe Irosorb

M. Iio, K. Chiba, K. Kitani, K. Ide, H. Kameda and H. Ueda

University of Tokyo, 2nd Department Medicine, Tokyo

Irosorb-59 was applied for the measurement of LIBC in liver diseases.

Fundamental studies of this method revealed the following characteristics of the method. 1) plasma showed 153% values of the serum. 2) freezed serum could be used for long period however cooled serum (3-5°C) showed the increase in LIBC. 3) iron absorbing capacity of the sponge (25°C, 1 hr incubation) was 95.1 % ±1.36 and 1 sponge could abrorb 91 γ of iron. 4) Effect of incubation temperature on resin sponge uptake showed calibration between 5°C~30°C room temperature unnecessary. 5) By diluting serum with veronal buffer (PH 7.3) lineality of this method was proved. 6) Reproducibility of this method was confiermed by repeated measurements of the same samples.

Clinical application of this method was performed on 25 cases of control, 15 cases of hepatitis, 11 cases of liver cirrhosis, 18 cases of schistosomiasis japonicum with liver damage, 19 cases of schistosomiasis japonicum without liver damage 2 cases of iron deficient anemia and 2 cases of aplastic anemia.

LIBC values were found to be 279.3±38.5 μgr/dl in control cases, 271.1±81.8 μgr/dl in hepatitis, 147.0±41.0 μg/dl in liver cirrhosis, 236.9 ± 74.9 μgr/dl in schistosomiasis japonicum with liver damage, 294.7 ± 58.5 μgr/dl in schistomiasis japonicum without liver damage, 386 and 336 in iron deficient anemia &93.7 & 195 in aplastic anemia. Negative correlation (r=—0.528) was found between LIBC & Kunkel values in liver disease.

LIBC measured by sinplified Irosorb-59 method was found to be an useful index to follow up the progress of liver cirrhosis.

UIBC and TIBC Values in Liver Diseases Measured by Isotopic Method

M. Tanaka and H. Yamada

First Department of Internal Medicine, Nagoya University School of Medicine, Nagoya

Serum iron $U_1/_1Bl$ and T/BC values in patients with liver disease of diverse etiology were measured. They were 10 cases of constitutional hyperbilirubinemia, 19 cases of obstructive jaundice, 29 cases of infections hepatitis, and 14 cases of liver cirrhosis with 20 cases of normal control.

Serum Iron values were as follows; normal 96.4±18.3 μg/dl constitutional hyperbiliubinamia 89.9±28.8, obstructive jaundice 91.1±30.4, infections hepatitis 212.2±50.2 and liver cirrhosis 137.0±36.0, $U_1/_1Bl$ values were as follows; normal 214.2±39.8 μg/dl constitutional hyperbiliuemia 192.3±61.7 obstructive jaundice