groups of Au-ag-negative, 53 cases (22%) were AFP-positive.

This difference was significant ($P<0.001$).

2) There were no correlation between the Au-ag titer and the values of AFP, but recognized that there were correlation in acute hepatitis of the good prognose.
3) After this, We continue investigating the relationship with Au-ag and AFP, including Au-antibody.

Non-Erythropoietic Component of Early Labelled Bilirubin in Patients with Cirrhosis and Acute Hepatitis (Recovery Stage)

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Non-erythropoietic component of early labelled bilirubin was studied in 7 acute infectious hepatitic patients (in recovery state), 18 cirrhotic patients and in 7 control subjects with plasma and bile, after injection of 2.5 μci of [4-^{14}C] δ-aminolaevulinic acid intravenouslly. All cases were examined in the nonicteric stage (total serum bilirubin below 1.5 mg/dl). The mean cumulative radioactivities in 4 hours in the control subjects were $29.6\pm4.7\times10^3$ C.P.M./mg$\times$ hrs. in plasma, and $27.0\pm1.2\times10^3$ C.P.M./mg $\times$hrs. in bile.

In acute hepatitic patients (in recovery stage), the mean cumulative radioactivities in 4 hours in both plasma and bile were approximately twice as large as that in control subjects. ($P<0.001$ and <0.005 respectively.) In cirrhotic patients with large size liver scintigrams, the mean cumulative radioactivitites in both plasma and bile were approximately 1.4 times as large as that in control subjects. ($P<0.001$ both in plasma and bile.)

In cirrhotic patients with medium sized liver scintigrams, the mean cumulative radioactivities in both plasma and bile were approximately the same as large as that in control subjects.

In cirrhotic patients with markedly small sized liver scintigrams, the mean cumulative radioactivities in both plasma and bile were approximately one half as large as that in control subjects. ($P<0.01$ both in plasma and bile.)

In the cirrhotic patients, two peaks of bilirubin activities were observed in many cases in both plasma and bile. The more the cirrhosis advanced with the liver reduced in size, the more the cases showed two peaks.