

titis, 85% of the 4th type in chronic hepatitis, and also 83% of the 5th type in cirrhosis.

Conclusion: In patients with diffuse liver dis-

eases, the diagnostic accuracy can be greatly increased by the combined use of the right lateral view with the standard anterior view.

Axial Hepato- and Reno-Scintigraphy

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Studies of axial scintigraphy were made for the purpose of three dimensional observation of the liver and kidney.

$^{99m}\text{Tc}_2\text{S}_7$ or ^{99m}Tc Sn colloid was used for liver scintigraphy, and ^{203}Hg chlormerodrin was used for renal scintigraphy.

The patient was bent his neck forward at standing or sitting position, and axial hepato-scintigraphy was performed vertically by fixing the scinticamera over his neck. For axial reno-scintigraphy, the patient was bent forward his upper half of the body to horizontal level and applied scinticamera head upon his hip.

Furthermore, axial reno- and cysto-scintigraphy was performed by taking the patient sitting position upon the scinticamera head.

Axial hepato-scintigraphy was clearly demonstrated transverse projection of the right lobe of

the liver. This procedure was valuable for diagnosis of lesion in the inner portion of the right hepatic lobe. Transverse projection of the spleen was also demonstrated. When the stomach was distended by air, the spleen was displaced to the left and back. This procedure made clear to distinguish the left lobe of the liver from the spleen.

By axial reno-scintigraphy, transverse projection of the kidney was nearly round circle in scintigram. At horizontal position, scintigram of the bladder was demonstrated as separate shadow from the renal scintigram, but overlapped when it was taken at sitting position.

Thus, axial scintigraphy can be taken without use of any special equipment, and valuable for diagnosis of lesion in the liver and kidney by three dimensional observation of scintigram.