past history of treatment for cardiovascular disease with coralgil and showed some characteristic clinical, laboratory and laparoscopic findings. Especially, on electronmicroscopic examination of the biopsy specimens, many dense body like myeline were found in liver cells. The other diseases were also confirmed by laparoscopic and/or histopathological examination.

Liver scintigraphy was performed with Shimazu multi-scintiscanner (3'' x 2'' crystal, 10 F type of collimator) after intravenous injection of 4 μCi 198Au colloid per kilogram of body weight. Simultaneously the half disappearance time (T 1/2) of the injected activity in the blood was measured with armcounter (Packard).

Average area of the liver of DIL was 225.5 cm², being larger than that of chronic hepatitis and liver cirrhosis by about 20%. Average right and left width of DIL were 16.6 cm and 12 cm, respectively, and the both figures were larger than those of other two diseases. Referring to right and left width of normal liver reported to be 12.5 cm and 6.7 cm, respectively, by Hisada, both widths in DIL increase and moreover, the percent increase in the left was greater than that in the right. In all cases of DIL, the spleen was visualised on scintigram. These findings were similar to those of amyloidosis only a cases though. On the other hand, average T 1/2 in forearm was 7.98 minutes in the case of DIL, being between that of chronic hepatitis and liver cirrhosis.

Liver scintigraphy is useful for screening of storage disease, such as DIL and amyloidosis.

**Serially Determination of Australia Antigen and Antibody in Clinical Course of Various Liver Diseases**

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Serum concentration of Australia antigen and antibody were measured by solid phase radio-immunoassay produced by Abbott Laboratories, in the patients with various liver diseases including 2 cases of fluminant hepatitis, one case of acute hepatitis, 9 cases of subacute hepatitis, 30 cases of chronic hepatitis, 27 cases of liver cirrhosis and 20 cases of hospital controls, with the purpose of elucidating the mechanisms operating in the process to chronic hepatitis from acute hepatitis.

As a conclusion, values of Au-antigen in healthy carrier showed more high leveles than that of patients with chronic hepatitis or liver cirrhosis the values of Au-antibody showed high leveles in the patients with fluminant hepatitis, subacute hepatitis and acute hepatitis. And also, both Au-antigen and Au-antibody were simultaneously proved positive in the patients with chronic hepatitis with sublobular hepatic cell necrosis (namely, severe type of piecemeal necrosis). The prognosis of liver diseases with patients in whose serum leveles of Au-antigen and antibody showed high value, was unfavorable.