The results of the test done by the method of Kabat et al (1968) showed that

i) Tissue amoebic antigen was positive in 30% of cases of definite amoebic colitis, 55% of cases of definite ulcerative colitis and approximately 25% in cases of bloody diarrhoea of undetermined etiology and in both groups of controls

ii) The false negatives in proven amoebic colitis were in the order of 9.09%.

iii) This test did not help in the detection of amoebic pathology over and above that shown by already available conventional methods. However, its high sensitivity could help in the exclusion of amoebic pathology.

Unlike the diagnostic role of amoebic antigen in the pus from an amoebic liver abscess, this study does not support such a role for amoebic antigen in rectal tissue. However, we suggest

i) a cross-evaluation of these results by other workers.

ii) a study of the evolution and natural history of amoebic antigen in rectal tissue.

iii) and above all the definition of the physico chemical properties of the amoeba antigen.

Diarrhoea after Vagotomy in Indian Patients

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Post Vagotomy diarrhoea has been a perplexing problem, both in regard to its aetiology and its treatment. Reports from western countries indicate an incidence varying from 2 to 68%. The problem has not been critically evaluated in Indian patients adequately although some retrospective studies have mentioned in passing an incidence of 8 to 40%. The general belief that this complication occurs rarely in Indian patients has not been substantiated by any planned prospective study. We have, therefore, studied small bowel functions in twenty duodenal ulcer patients before and after truncal vagotomy and drainage procedure, on a prospective basis. Strict criteria were laid down, the patients were carefully interrogated and the observations were entered in specially prepared proformas. This paper highlights the results of this study in relation to post vagotomy diarrhoea. Seven patients (35%) had diarrhoea in the post operative period. In 20% it was mild transient while in 15% it was episodic. In none of our patients was it severe or incapacitating. Diarrhoea in our cases started as early as 2nd and 3rd week after Vagotomy.

Efficacy of Antibiotic Prophylaxis in Controlling Cholera Epidemic in Urban Areas

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During an epidemic of cholera, vaccination has limited applicability in controlling its spread. Cholera epidemics move fast, affecting the vulnerable areas

of a city in a short period. It has been seen that about 10%-12% of the infected people developed diarrhoea severe enough to require hospital treatment. Most health authorities are concerned with the severely ill group in whom majority of deaths occur.

The cholera epidemic of 1975 in Dacca offered a situation for testing the efficacy of tetracycline in reducing diarrhoea among contacts. Two doses of tetracycline were administered to all family contacts of index case within 24 hours of hospitalisation. A control group of cholera cases did not receive the drug. The families were visited after 10-12 days and history of any diarrhoea or cholera like illness was obtained.

It was found that the subsequent diarrhoea or cholera cases occurring among the cholera contacts within 10-12 days were not different between the treated (13.5%) and the untreated (14.4%) groups. But the occurrence of severe cases requiring hospitalisation was significantly reduced in the treated group (8.0% to 4.5%).

It is felt that even a two dose treatment with tetracycline during epidemic was useful in reducing the severity and hospitalisation of diarrhoea or cholera cases from the cholera affected families. However in view of the emergence of *V. cholerae* resistant to tetracycline antibiotic sensitivity testing of epidemic strains would be needed before application of tetracycline as a control measure.

Diagnostic Role of Australia Antigen and Alfafetoprotein in Carcinoma of the Liver

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Association of alfafetoprotein (AFP) and Australia antigen (HBV Ag) with hepatocellular carcinoma has been reported by various workers. Estimation of these two biological makers in the serum and liver tissue can be used as a diagnostic test for carcinoma of the liver.

In 20 patients of carcinoma of the liver comprising of 12 patients of primary carcinoma and 8 of metastatic carcinoma, we carried out serum estimation of alfafetoprotein and Australia antigen to establish whether it holds true in our patients and if so to what extent. For comparison purposes we carried out these estimations in 18 patients suffering from non malignant liver diseases, five patients suffering from malignant diseases not involving the liver and five healthy voluntary blood donors. The estimations were done by counter current electrophoresis.

We observed that HBV Ag was present only in the serum of patients suffering from Primary Hepatocellular carcinoma (PHC). It was not present in the serum of patients who had cholangio-carcinoma or metastatic carcinoma from primary carcinoma elsewhere in the body.

AFP was found in the serum of patients of PHC when associated with chronic active hepatitis and cirrhosis. AFP was found in all patients of PHC who had large nodular liver but in patients who had smooth enlarged liver it was found only in 71.5% cases.

Association of AFP with HBV Ag was absolute (100%) but in patients without HBV Ag, was found only in 50% cases.