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CLINICAL SCIENCE AND MOLECULAR MEDICINE

Guidance for Authors

CONTENTS

	page
1. Policy of the Journal	
1.1. Scope	i
1.2. The Editorial Board	i
1.3. The editorial process	i
1.4. Ethics of investigation on human subjects	ii
1.5. Originality of papers	ii
2. Submission of Manuscripts: General Information and Format	
2.1. General	ii
2.2. Full papers	ii
2.3. Short Communications	iii
2.4. Correspondence	iii
2.5. Arrangements for large amounts of information	iii
2.6. Proof corrections	iv
2.7. Offprints	iv
2.8. Availability on MEDLINE	iv
3. Miscellaneous Notes	
3.1. Abbreviations	iv
3.2. Anatomical nomenclature	iv
3.3. Animals, plants and micro-organisms	iv
3.4. Buffers and salts	iv
3.5. Doses	iv
3.6. Enzymes	iv
3.7. Evaluation of measurement procedures	v
3.8. Figures and Tables	v
3.9. Footnotes	v
3.10. Isotope measurements	v
3.11. Radionuclide applications in man	v
3.12. Methods	vi
3.13. Nomenclature of disease	vi
3.14. Powers in Tables and Figures	vi
3.15. References	vi
3.16. Solutions	vi
3.17. Spectrophotometric data	vi
3.18. Spelling	vi
3.19. Statistics	vii
3.20. Trade names	vii
4. Units: The SI System	vii
5. Abbreviations, Conventions, Definitions, Symbols and Special Comments	viii

1. POLICY OF THE JOURNAL

1.1. Scope

Clinical Science and Molecular Medicine publishes papers in the field of clinical investigation, provided they are of a suitable standard and contribute to the advancement of knowledge in this field. The term 'clinical investigation' is used in its broad sense to include studies in animals and the whole range of biochemical, physiological, immunological and other approaches that may have relevance to disease in man. Studies which are confined to normal subjects, or animals, or are purely methodological in nature may be acceptable. The material presented should permit conclusions to be drawn and should not be only of a preliminary nature. The journal publishes four types of manuscript, namely Invited Editorials, Full Papers, Short Communications and Correspondence. In addition, *Clinical Science and Molecular Medicine* publishes abstracts of the proceedings of the Medical Research Society and also that Society's Annual Guest Lecture.

1.2. The Editorial Board

The Board comprises equal numbers of Editors for the Medical Research Society and the Biochemical Society and a Chairman and Deputy Chairman who are drawn alternately from the two Societies. Members of the Board retire after a maximum of 5 years; the Chairman serves in his capacity for 2 years. The membership of the Board is designed to cover as wide a range of interests as possible.

The main function of the Board is to decide on the acceptability of submitted papers, but it also deals with general matters of editorial policy. Financial policy is dealt with separately by the Committee of Management.

1.3. The editorial process

A submitted paper is first read by the Chairman of the Editorial Board who then sends it to an Editor. The latter considers the paper in detail and sends it to one or more referees (who remain anonymous) from outside the membership of the Board. The Editor returns it with

his recommendation to the Chairman who then writes formally to the authors. The ultimate responsibility of acceptance for publication lies with the Chairman. If the Chairman is for any reason unavailable, the Deputy Chairman assumes this function.

1.4. *Ethics of investigations on human subjects*

Authors must state in the text of their paper the manner in which they have complied, where necessary, with the recommendations on human investigations published in the Medical Research Council report of 1962/63 [*British Medical Journal* (1964) ii, 178–180]. Consent **must** be obtained from each patient or subject after full explanation of the purpose, nature and risks of all procedures used and the fact that such consent has been given should be recorded in the paper. Papers should also state that the Ethical Committee of the Institution in which the work was performed has given approval to the protocol. The Editorial Board will not accept papers the ethical aspects of which are, in the Board's opinion, open to doubt.

1.5. *Originality of papers*

Submission of a paper to the Editorial Board is taken to imply that it reports unpublished work, that it is not under consideration for publication elsewhere and that, if accepted for publication by *Clinical Science and Molecular Medicine*, it will not be published elsewhere in the same form, either in English or in any other language, without the consent of the Editorial Board. This does not usually apply to previous publication of oral communications in brief abstract form. In such cases authors should enclose copies of the abstracts. When a paper has been accepted for publication the author, or in the case of multiple authorship the author with whom correspondence has taken place, will be asked to sign a statement vesting the copyright in the Editorial Board. Requests for consent for reproduction of material published in *Clinical Science and Molecular Medicine* should be addressed to the Chairman of the Editorial Board.

2. SUBMISSION OF MANUSCRIPTS: GENERAL INFORMATION AND FORMAT

2.1. *General*

Papers submitted for publication should be sent to the Chairman of the Editorial Board

(Dr D. C. Flenley, Department of Medicine, The Royal Infirmary, Edinburgh EH3 9YW, Scotland).

The submission should contain three copies (of which two may be photocopies) of the typescript, Tables, Figures, etc. The authors should retain one copy of the paper. The Editorial Board does not accept responsibility for damage or loss of papers submitted, although great care is taken to ensure safety and confidentiality of the typescript during the editorial process. In the case of multiple authorship, the covering letter should indicate that the approval of all co-authors has been obtained.

Papers should be presented so that they are intelligible to the non-specialist reader of the journal. This is particularly important in highly specialized fields and a very brief résumé of the current state of knowledge is usually helpful. Certain types of material, e.g. mathematical formulations requiring more than trivial derivations, should be given in a separate Appendix.

Where the reader is referred to previous works by the same author(s) for important details relevant to the present work, it often speeds up assessment if reprints are enclosed with the typescript. This is of particular importance in relation to methodology.

The dates of receipt and acceptance of the paper will be published. If the paper has to be returned to the authors for revision and is not resubmitted within 1 month, the date of receipt will be revised accordingly. For Short Communications the published date will always be that of receipt of the final version. It is emphasized that badly presented or unduly long papers will be returned for revision and delays in publication will be inevitable. Similar delays will be incurred if the typescript is not prepared strictly in accordance with the instructions detailed below.

2.2. *Full papers*

The authors should refer to a current issue of *Clinical Science and Molecular Medicine* to make themselves familiar with the general layout. Concise presentation is very important for rising costs are a severe constraint on space. **The length of manuscript and the number of Figures and Tables must be kept to a minimum.** Extensive Tables of data can be deposited with the Royal Society of Medicine (see 2.5). *Guidance for Authors* is published in the

January and July issues of the journal, and revised periodically.

Typescripts should be, in general, arranged as follows:

(a) *Title page.* Title: this should be as informative as possible, since titles of papers are being increasingly used in indexing and coding for information storage and retrieval. The title should indicate the species in which the observations reported have been made. The numbering of parts in a series of papers is not permitted.

List of authors' names (degrees and appointments are not required).

Laboratory or Institute of origin.

Key words: for indexing the subject of the paper; they should, if possible, be selected from the current issues of 'Medical Subject Headings' (MeSH), produced by the *Index Medicus*.

Short title: for use as a running heading in the printed text; it should not exceed forty-five characters and spaces.

Author for correspondence: the name and address of the author to whom queries and requests for reprints should be sent.

(b) *Summary.* This should be a brief statement arranged in **numbered paragraphs** of what was done, what was found and what was concluded and should rarely exceed 250 words. Contributors from non-English speaking countries are invited to include a translation of the summary in their own language. Abbreviations should be avoided as far as possible and must be defined. Statistical and methodological details including exact doses should also be avoided unless they are essential to the understanding of the summary.

(c) *Introduction.* This should contain a clear statement of the reason for doing the work, but should not include either the findings or the conclusions.

(d) *Methods.* The aim should be to give sufficient information in the text or by reference to permit the work to be repeated without the need to communicate with the author.

(e) *Results.* This section should not include material appropriate to the Discussion section.

(f) *Discussion.* This should not contain results and should be pertinent to the data presented.

(g) *Acknowledgments.* These should be as brief as possible.

(h) *References.* See p. vi for the correct format.

(i) *Figures and Tables.* See p. v.

2.3. Short Communications

The Short Communication should describe completed work, and should not be merely a preliminary communication. The format of Short Communications should be similar to that of Full Papers, but should not exceed 1200 words of text. **One Figure or Table** is allowed, but if neither is included the text may be expanded to 1400 words. The passage of Short Communications through the editorial process can frequently be expedited and contributors are encouraged to take advantage of these facilities when rapid publication is of importance and the material can be presented concisely. The paper should appear in print within 3 months of acceptance. When submitting Short Communications, authors should make it quite clear that the work is intended to be treated as a Short Communication.

2.4. Correspondence

Letters containing critical assessments of material published in *Clinical Science and Molecular Medicine*, including Editorials, will be considered for the Correspondence section of the journal. Such letters should be sent to the Chairman of the Editorial Board within 6 months of the appearance of the article concerned. They will be sent to the authors for comment and both the letter and any reply by the author will be published together. Further correspondence arising therefrom will also be considered for publication. Consideration will also be given to publication of letters on ethical matters.

2.5. Arrangements for large amounts of information

It is impracticable to publish very large sets of individual values or very large numbers of diagrams, and under these circumstances a summary of the information only should be included in the paper. The information from which the summary was derived should be submitted with the typescript and, if the latter is accepted, the Editors may ask for a copy of the full information and diagrams to be deposited with the Librarian, the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, who will issue copies on request. Experience has shown that such requests are frequently received.

2.6. Proof corrections

These are expensive and corrections of other than printers' errors may have to be charged to the author.

2.7. Offprints

Twenty-five offprints are supplied free and additional copies may be obtained at terms, based upon the cost of production, that will be given with the proofs. All offprints should be ordered when the proofs are returned.

2.8. Availability on MEDLINE

Summaries of papers in *Clinical Science and Molecular Medicine* are available on-line on teleprinters participating in the MEDLINE system run by the National Library of Medicine, National Institutes of Health, Bethesda, Maryland, U.S.A.

3. MISCELLANEOUS NOTES

3.1. Abbreviations

Abbreviations should be avoided; if used they must be defined at the first mention; new abbreviations should be coined only for unwieldy names which occur frequently. Abbreviations should not appear in the title nor, if possible, in the Summary. A list of accepted abbreviations appears at the end of this document.

3.2. Anatomical nomenclature

This should follow the recommendations of the International Anatomical Nomenclature Committee (1966), *Nomina Anatomica*, 3rd edn, Excerpta Medica Foundation, Amsterdam.

3.3. Animals, plants and micro-organisms

The full binominal specific names should be given at first mention for all experimental animals other than common laboratory animals. The strain and, if possible, the source of laboratory animals should be stated. Thereafter in the text, single letter abbreviations may be given for the genus; if two genera with the same initial letter are studied, abbreviations such as *Staph.* and *Strep.* should be used.

3.4. Buffers and salts

The acidic and basic components should be given, together with the pH. Alternatively, a reference to the composition of the buffer should be given. Further details are provided in the *Biochemical Journal* (1978) **169**, 9.

When describing solutions containing organic anions and their parent acids, the salt designator (e.g. lactate, urate, oxalate) should be used in preference to the name of the acid (lactic, uric, oxalic) unless it is certain that virtually all of the acid is in the undissociated form.

The composition of incubation media should be described, or a reference to the composition should be given.

3.5. Doses

Doses of drugs should be expressed in mass terms, e.g. milligrams (mg) or grams (g), and also (in parentheses) in molar terms, e.g. mmol, mol, where this appears to be relevant. Molecular weights of many drugs may be found in *The Merck Index*, 8th edn, Merck and Co. Inc., N.J., U.S.A.

3.6. Enzymes

Nomenclature should follow that given in *Enzyme Nomenclature* (1972), Elsevier Publishing Co., Amsterdam, and Enzyme Commission (EC) numbers should be quoted at the first mention. Where an enzyme has a commonly used informal name, this may be employed after the first formal identification. A unit of enzyme activity should preferably be expressed as that amount of material which will catalyse transformation of 1 μmol of the substrate/min under defined conditions, including temperature and pH. Alternatively, or when the natural substrate has not been fully defined, activity should be expressed in terms of units of activity relative to that of a recognized reference preparation, assayed under identical conditions. Activities of enzymes should normally be expressed as units/ml or units/mg of protein.

3.7. Evaluation of measurement procedures

When a new measuring procedure has been used, or when an established procedure has been applied in a novel fashion, an estimate of the precision of the procedure should be given. This should, as far as possible, indicate what sources of variation have been included in this estimate, e.g. variation of immediate replication, variation within different times of day, or from day to day etc.

If the precision of measurement varies in proportion to the magnitude of the values obtained, it can best be expressed as the coefficient of variation; otherwise it should be expressed by an estimate of the (constant) standard error of

a single observation, or by estimates at several points within the range of observed values.

When recovery experiments are described the approximate ratio of the amount added to the amount already present and the stage of the procedure at which the addition was made should be stated.

3.8. Figures and Tables

These are expensive to print and their number should be kept to a minimum. Their appropriate position in the paper should be indicated in the margin of the text. References to Figures and Tables should be in Arabic numerals, e.g. Fig. 3, and they should be numbered in order of appearance. In general, the same data should not be presented in both a Figure and a Table; simple histograms recording only a few values can more economically be replaced by a Table.

Figures, with captions attached, should be supplied as original drawings or matt photographs together with photocopies. All Figures should have their number and the authors' names written in pencil on the back; the top of the Figure should be indicated with a pencilled arrow. A horizontal or square layout is preferred to a vertical one. Acceptable symbols for experimental points are ●, ▲, ■, ○, △, □. The symbols × or + must be avoided. The same symbols must not be used for two curves where the points might be confused. For scatter diagrams, solid symbols are preferred. When a particular variable appears in more than one Figure, the same symbol should be used for it throughout, if possible.

Curves should not be drawn beyond the experimental points, neither should axes extend appreciably beyond the data. Only essential information that cannot readily be included in the legend should be written within the Figure.

Figures for reproduction as half-tones should be submitted as glossy prints. They are particularly expensive to print and their use should be avoided as far as possible.

Tables should be typed separately from the text. They should have an underlined title followed by any legend.

Captions for the Figures, and titles and legends for the Tables should make them **readily understandable** without reference to the text. Adequate statistical information, including that on regression lines, should be included in Figure captions where appropriate.

3.9. Footnotes

These should be avoided as far as possible but where they are used in Tables they should be identified by the symbols * † ‡ § || ¶, in that order.

3.10. Isotope measurements

Both the manufacturer's type number of the counting equipment and the manufacturer's name should be stated. In gamma counting the size and configuration of the detector should be given (e.g. 7.5 cm diam. × 7.5 cm well-type NaI-Tl crystal) and when relevant the channel settings and efficiency of each channel should be specified. Liquid scintillator and Cerenkov counting methods should include the reagents used for sample preparation, with final composition and volume of the sample/scintillant mixture, the type of vial and the method used to correct for quenching. The error in measurement of radioactivity or specific radioactivity should be given if it is a major component of the total experimental error. This error may be derived from measurements on duplicate samples, or from the contributions made by counting statistics, background, quench corrections, etc.

Although the unit for radioactivity is the becquerel (Bq = 1 d.p.s.), for the time being the curie (Ci) should be continued to be used. The degree of isotopic enrichment of the starting material should be specified as atoms % excess for stable isotopes, or the specific radioactivity (radioactivity/unit weight or radioactivity/mol) for radioactive materials. The manufacturer's code number, name and address should be given.

In mathematical models of tracer kinetics the nomenclature of the Task group on tracer kinetics of the International Commission on Radiological Units (Brownell, G. L., Berman, M. & Robertson, J. S., 1968, *International Journal of Applied Radiation and Isotopes*, **19**, 249–262) should be used if possible.

Alternatively, authors may give a reference to a published standard method.

3.11. Radionuclide applications in man

If new or modified radionuclide applications in man are described, an estimate of the average absorbed radiation dose to the whole body should be given, as well as the dose to individual organs that receive higher doses than this average. Although the SI unit for absorbed dose is the gray (Gy = 1 J/kg = 100 rad), for the time being the rad should be continued to be used (see *Recommendations of the International Commission on Radiological Protection*, ICRP Publication no. 26,

adopted 17 January 1977; Pergamon, Oxford); the SI unit for effective absorbed radiation dose is the sievert [(1 J absorbed/kg of material)/radiation quality factor = 100 rem] but for the time being the rem will be used.

3.12. Methods

In describing certain techniques, namely centrifugation (when the conditions are critical), chromatography and electrophoresis, authors should follow the recommendations published by the Biochemical Society (currently, *Biochemical Journal* (1978) **169**, 1–27).

3.13. Nomenclature of disease

This should follow the *International Classification of Disease* (8th revision, World Health Organization, Geneva, 1969) as far as possible.

3.14. Powers in Tables and Figures

Care is needed where powers are used in Table headings and in Figures to avoid numbers with an inconvenient number of digits. For example: (i) an entry '2' under the heading 10^3k means that the value of k is 0.002; an entry '2' under the heading $10^{-3}k$ means that the value of k is 2000. (ii) A concentration 0.00015 mol/l may be expressed as 0.15 under the heading 'concn. (mmol/l)' or as 150 under the heading 'concn. (μ mol/l)' or as 15 under the heading ' $10^5 \times$ concn. (mol/l)', but not as 15 under the heading 'concn. (mol/l $\times 10^{-5}$)'.

3.15. References

These should be in alphabetical order of first authors. The full title of the paper, the journal and the **first and last** page numbers should be given, e.g.

CLARK, T.J.H., FREEDMAN, S., CAMPBELL, E.J.M. & WINN, B.R. (1969) The ventilatory capacity of patients with chronic airways obstruction. *Clinical Science*, **36**, 307–316.

When the quotation is from a book, the following format should be used, giving the relevant page or chapter number:

MOLLISON, P.L. (1967) *Blood Transfusion in Clinical Medicine*, 4th edn, p. 50. Blackwell Scientific Publications, Oxford.

REID, L. (1968) In: *The Lung*, p. 87. Ed. Liebow, A.A. & Smith, D.E. Williams & Wilkins, Baltimore.

References in the text should follow the style: Clark, Freedman, Campbell & Winn (1969) on the first quotation and, if there are more than two authors, 'Clark *et al.* (1969)' or '(Clark *et al.*, 1969)' in subsequent quotations.

References to 'personal communications' and 'unpublished work' should appear in the text only and not in the list of references. The name and initials of the source of information should be given. When the reference is to material that has been accepted for publication but has not yet been published, this should be indicated in the list of references by 'In press' together with the name of the relevant journal and, if possible, the expected date of publication. If such a citation is of major relevance to the manuscript submitted for publication authors are advised that the editorial process might be expedited by the inclusion of a copy of such work. In the case of quotations from personal communications the authors should state in the covering letter that permission for quotation has been obtained.

3.16. Solutions

Concentrations of solutions should be described where possible in molar terms (mol/l and subunits thereof), stating the molecular particle weight if necessary. Values should not be expressed in terms of normality or equivalents. Mass concentration should be expressed as g/l or subunits thereof, for example mg/l or μ g/l. For solutions of salts, molar concentration is always preferred to avoid ambiguity as to whether anhydrous or hydrated compounds are used. Concentrations of aqueous solutions should be given as mol/l or mol/kg (g/l or g/kg if not expressed in molar terms) rather than % (w/v) or % (w/w). It should always be made clear whether concentrations of components in a reaction mixture are final concentrations or the concentrations in solutions added.

3.17. Spectrophotometric data

The term 'absorbance' [$\log(I_0/I)$] should be used rather than 'optical density' or 'extinction'. The solvent, if other than water, should be specified. Symbols used are: A , absorbance; a , specific absorption coefficient (litre $g^{-1} cm^{-1}$) (alternatively use $A_{1cm}^{1\%}$); ϵ , molar absorption coefficient (numerically equal to the absorbance of a molar solution in a 1 cm light-path) (litre $mol^{-1} cm^{-1}$, not $cm^2 mol^{-1}$).

3.18. Spelling

Clinical Science and Molecular Medicine uses as standards for spelling the *Concise* or *Shorter Oxford Dictionary of Current English* (Clarendon Press, Oxford) and *Butterworth's Medical Dictionary* (Butterworth, London).

3.19. Statistics

Papers are frequently returned for revision (and their publication consequently delayed) because the authors use inappropriate statistical methods. Two common errors are the use of means, standard deviations and standard errors in the description and interpretation of grossly non-normally distributed data and the application of *t*-tests for the significance of difference between means in similar circumstances, or when the variances of the two groups are non-homogeneous. In some circumstances it may be more appropriate to provide a 'scattergram' than a statistical summary.

A reference should be given for all methods used to assess the probability of a result being due to chance. The format for expressing mean values and standard deviations or standard errors of the mean is, for example: mean cardiac output 10.4 l/min (SD 1.2; $n = 11$). Degrees of freedom should be indicated where appropriate. Levels of significance are expressed in the form $P < 0.01$.

3.20. Trade names

The name and address of the supplier of special apparatus and of biochemicals should be given. In the case of drugs, approved names should always be given with trade names and manufacturers in parentheses.

4. UNITS: THE SI SYSTEM

The recommended *Système International* (SI) units are used by *Clinical Science and Molecular Medicine*. All papers submitted should use these units except in the case of blood pressure values which should be expressed in mmHg. Airways pressure should be expressed in kPa. Where molecular weight is known, the amount of a chemical or drug should be expressed in mol or in an appropriate sub-unit, e.g. mmol. Energy should be expressed in joules (J).

The basic SI units and their symbols are as follows:

Physical quantity	Name	Symbol
length	metre	m
mass	kilogram	kg
time	second	s
electric current	ampere	A
thermodynamic temperature	kelvin	K
luminous intensity	candela	cd
amounts of substance	mole	mol

The following are examples of derived SI units:

Physical quantity	Name	Symbol	Definition
energy	joule	J	$\text{kg m}^2 \text{s}^{-2}$
force	newton	N	$\text{kg m s}^{-2} = \text{J m}^{-1}$
power	watt	W	$\text{kg m}^2 \text{s}^{-3} = \text{J s}^{-1}$
pressure	pascal	Pa	$\text{kg m}^{-1} \text{s}^{-2} = \text{N m}^{-2}$
electric charge	coulomb	C	A s
electric potential difference	volt	V	$\text{kg m}^2 \text{s}^{-2} \text{A}^{-1} = \text{J A}^{-1} \text{s}^{-1}$
electric resistance	ohm	Ω	$\text{kg m}^2 \text{s}^{-3} \text{A}^{-2} = \text{V A}^{-1}$
electric conductance	siemens	S	$\text{kg}^{-1} \text{m}^{-2} \text{s}^3 \text{A}^2 = \Omega^{-1}$
electric capacitance	farad	F	$\text{A}^2 \text{s}^3 \text{kg}^{-1} \text{m}^{-2} = \text{A s V}^{-1}$
frequency	hertz	Hz	s^{-1}
volume	litre	l	10^{-3}m^3

The word 'litre' has been accepted as a special name for cubic decimetre ($1 \text{ litre} = 1 \text{ dm}^3$).

Both the basic and derived SI units, including the symbols of derived units that have special names, may be preceded by prefixes to indicate multiples and submultiples. The prefixes should be as follows:

Multiple	Prefix	Symbol
10^6	mega	M
10^3	kilo	k
10^2	hecto	h*
10	deka	da
10^{-1}	deci	d*
10^{-2}	centi	c*
10^{-3}	milli	m
10^{-6}	micro	μ
10^{-9}	nano	n
10^{-12}	pico	p
10^{-15}	femto	f

* To be avoided where possible (except for cm).

Compound prefixes should not be used, e.g. 10^{-9} m should be represented by 1 nm , not $1 \text{ m}\mu\text{m}$.

Notes:

(i) Full stops are not used after symbols.

(ii) Minutes (min), hours (h), days and years will continue to be used in addition to the SI unit of time [the second (s)].

(iii) The solidus may be used in a unit as long as it does not have to be employed more than once, e.g. mmol/l is acceptable, but ml/min/kg is not, and should be replaced by $\text{ml min}^{-1} \text{kg}^{-1}$.

5. ABBREVIATIONS, CONVENTIONS, DEFINITIONS, SYMBOLS AND SPECIAL COMMENTS

As well as standard symbols and abbreviations that have been accepted by international bodies, and which can be used without definition, this list shows selected abbreviations in the form of groups of capital letters (e.g. ALA, ECF, MCHC) which when used must be defined in the text as indicated on p. iv. The standard abbreviations for amino acids are only for use in Figures and Tables or for peptide sequences.

absorbance	A	complement fractions	C1-C9
acceleration due to gravity	g	compliance (respiratory physiology)	C; express in l kPa ⁻¹
adenosine 3':5'-cyclic monophosphate	cyclic AMP	concentrated	conc.
adenosine 5'-phosphate	AMP	concentration	concn.: may be denoted []; e.g. plasma [HCO ₃] G; express in l s ⁻¹ kPa ⁻¹
adenosine 5'-pyrophosphate	ADP	conductance (respiratory physiology)	r; may be used without definition
adenosine 5'-triphosphate	ATP	correlation coefficient	c.p.m., c.p.s. use ml
adenosine triphosphatase	ATPase	counts/min, counts/s	Ci (1 Ci = 3.7 × 10 ¹⁰ d.p.s.)
adrenocorticotrophic hormone	ACTH	cubic centimetres	Hz
alanine	Ala	curie	Cys
alternating current	a.c.	cycle/s	e.g. 11 August 1970
alveolar minute ventilation	V _A	cysteine	ḂD
alveolar to arterial oxygen tension difference	(P _{A,O₂} - P _{a,O₂})	dates	V _D
ampere	A	dead-space minute ventilation	°C
aminolaevulinic acid	ALA	dead-space volume	<i>not</i> desoxy
Angstrom (Å)	<i>not used</i> ; express in nm (1 Angstrom = 10 ⁻¹ nm)	degrees, Celsius or centigrade	DOC
antidiuretic hormone	ADH (when referring to the physiological secretion)	deoxy (prefix)	DOCA
arginine	Arg	deoxycorticosterone	DNA
arteriovenous	a-v; <i>permitted</i> in Figures and Tables	deoxycorticosterone acetate	diffusate preferred; 'dialysate' should be clearly defined
asparagine	Asn	deoxyribonucleic acid	DEAE-cellulose
aspartic acid	Asp	dialysate	Ḃ (= dx/dt)
atmosphere (unit of pressure)	<i>not used</i> ; express in kPa (1 atmosphere = 101.325 kPa)	diethylaminoethylcellulose	1.25-(OH) ₂ D ₃
atomic weight	at. wt.	differential of x with respect to time	dil.
blood pressure	express in mmHg (with value also in kPa in parentheses)	1.25-dihydroxycholecalciferol	2.3-DPG
blood urea nitrogen	<i>not used</i> ; recalculate as urea, express in mmol/l	dilute	d.c.
blood volume	BV	2.3-diphosphoglycerate	d.p.m.
body temperature and pressure, saturated	BTPS	direct current	d.p.s.
British Pharmacopoeia calculated	write in full and give edition calc. (in Tables only)	disintegrations/min	K _a
'Calorie' (= 1000 cal)	<i>not used</i> ; recalculate as kilojoules (1 'Calorie' = 4.184 kJ)	disintegrations/s	K _b
carbon dioxide output (in respiratory physiology)	ḂCO ₂ ; express in ml STP/min	dissociation constant	e.g. K' _a
cardiac frequency	f _c ; in beats/min	acidic	pK
cardiac output	express in l/min	basic	avoid Latin designations such as b.d. and t.i.d.
centimetre	cm	apparent	<i>not used</i> ; express in newtons (1 dyne = 10 ⁻⁵ N)
clearance of x	C _x	minus log of	E; express in Pa m ⁻³
Coenzyme A and its acyl derivatives	CoA and acyl-CoA	doses	ECG
compare	cf.	dyne	e.m.f.
		elastance	e.s.r.
		electrocardiogram	eV (for radiation energies)
		electroencephalogram	eqn.
		electromotive force	<i>not used</i> ; recalculate in molar terms
		electron spin resonance	express as 10 ¹² cells/l
		electronvolt	ESR
		equation	<i>not</i> ethyl alcohol or alcoholic
		equivalents (amount of a chemical)	EDTA
		erythrocyte count	Na _a , K _a etc., for total exchangeable sodium, potassium etc.
		erythrocyte sedimentation rate	Expt.: plural, Expts.
		ethanol, ethanolic	ḂE
		ethylendiaminetetra-acetate	use absorbance
		exchangeable	ECF
		Experiment (with reference numeral)	ECFV
		expired minute ventilation	E _x
		extinction	Fig.; plural Figs.
		extracellular fluid	F _x
		extracellular fluid volume	
		extraction ratio of x (renal)	
		Figure (with reference numeral)	
		filtered load of x (renal)	

follicle-stimulating hormone	FSH	lactate dehydrogenase	LDH
forced expiratory volume in 1.0 s	FEV _{1.0}	leucine	Leu
fractional concentration in dry gas	<i>F</i>	leucocyte count	express as 10 ⁶ cells/l
fractional disappearance rate	<i>k</i> (as in $A = A_0 e^{-kt}$)	lipoproteins (serum)	
frequency of respiration	<i>f_R</i> ; in breaths/min	high density	HDL
functional residual capacity	FRC	low density	LDL
gas-liquid chromatography	g.l.c.	very low density	VLDL
gas transfer factor	<i>T</i> ; in mmol min ⁻¹ kPa ⁻¹	litre	l (write in full if confusion with the numeral 1 is possible)
glomerular filtration rate	GFR	logarithm (base 10)	log
glutamic acid	Glu	logarithm (base e)	ln
glutamine	Gln	luteinizing hormone	LH
glutathione	GSH (reduced); GSSG (oxidized)	lysine	Lys
		maximum	max.
glycine	Gly	mean corpuscular haemoglobin	MCH; express in pg
gram(me)	g	mean corpuscular haemoglobin concentration	MCHC; express in g/dl
gravitational field, unit of (9.81 m s ⁻²)	g	mean corpuscular volume	MCV; express in fl (1 μm ³ = 1 fl)
growth hormone	GH; if human, HGH	median lethal dose	LD ₅₀
haematocrit	not allowed; use packed cell volume (PCV)	meta-	<i>m-</i>
haemoglobin	Hb; express in g/dl	melting point	m.p.
half-life	<i>t_{1/2}</i>	methanol, methanolic	<i>not</i> methyl alcohol
hertz (s ⁻¹)	Hz	methionine	Met
histidine	His	metre	m
hour	h	Michaelis constant	<i>K_m</i>
human chorionic gonadotrophin	HCG	micromole	μmol
human placental lactogen	HPL	micron (10 ⁻⁶ m)	μm; <i>not</i> μ
hydrocortisone	use cortisol	millequivalent	<i>not used</i> ; give amount in mmol
hydrogen ion activity minus log of	aH; express in nmol/l pH	millilitre	ml
25-hydroxycholecalciferol	25-(OH)D ₃	millimetre of mercury	mmHg; for blood pressure only: see p. vii (1 mmHg = 0.133 kPa)
hydroxyproline	Hyp	millimolar (concentration)	mmol/l; <i>not</i> mM
immunoglobulins	IgA, IgD, IgE, IgG, IgM	millimole	mmol
injections routes:	use abbreviations only in Figures	minimum	min.
intra-arterial	i.a.	minute (60 s)	min
intramuscular	i.m.	molal	mol/kg
intraperitoneal	i.p.	molar (concentration)	mol/l; <i>not</i> M
intravenous	i.v.	molar absorption coefficient	ε (the absorbance of a molar solution in a 1 cm light-path)
subcutaneous	s.c.		mol
international unit	i.u. (definition and reference should be given for uncommon or ambiguous applications, e.g. enzymes)	mole	mol. wt.
intracellular fluid	ICF	molecular weight	NAD if oxidation state not indicated
intracellular fluid volume	ICFV	nicotinamide-adenine dinucleotide	NAD ⁺ if oxidized
ionic strength	<i>I</i>		NADH if reduced
isoleucine	Ile	nicotinamide-adenine dinucleotide phosphate	NADP if oxidation state not indicated
isotonic	<i>not used</i> ; specify composition of fluid, e.g. NaCl, 150 mmol/l		NADP ⁺ if oxidized
		normal	NADPH if reduced
isotopically labelled compounds	e.g. [U- ¹⁴ C]glucose, [1- ¹⁴ C]glucose, sodium [1- ¹⁴ C]acetate; use ¹³¹ I-labelled albumin, <i>not</i> [¹³¹ I]albumin, since native albumin does not contain iodine	normal temperature and pressure	should not be used to denote the concentration or osmolarity of a solution
	for simple molecules: ¹⁴ CO ₂ , ³ H ₂ O	nuclear magnetic resonance	use standard temperature and pressure (STP)
joule	J	number (in enumerations)	n.m.r.
kilogram(me)	kg	observed	no. (in Tables only)
kilopond	<i>not used</i> ; 1 kilopond = 9.8067 N	ohm	obs. (in Tables only)
		ornithine	Ω
		ortho-	Orn
		orthophosphate (inorganic)	<i>o-</i>
			P _i

osmolar	osmol (or mosmol/l) (the concentration producing an osmotic pressure equal to that of a molar solution of a perfect solute)	solvent systems	e.g. butanol/acetic acid/water (4 : 1 : 1, by vol.), butanol/acetic acid (4 : 1, v/v)
oxygen uptake per minute (in respiratory physiology)	$\dot{V}O_2$; express in ml STP/min	species	sp., plural spp.
packed cell volume	PCV	specific activity	sp. act. Confusion must be avoided between e.g. specific radioactivity and the specific activity of an enzyme
page, pages	p., pp.	specific conductance of airways	sGaw; express in $s^{-1} \text{ kPa}^{-1}$
para-	p-	standard deviation	SD } may be used
para-aminohippurate	PAH	standard error of the mean	SEM } without definition
partial pressure		standard temperature and pressure	STP
e.g. alveolar, of O_2	P_{A,O_2}	steroid nomenclature	see <i>Biochemical Journal</i> (1969) 113, 5–28; (1972) 127, 613–617
arterial, of CO_2	P_{a,CO_2}		
capillary, of O_2	P_{C,O_2}		
mixed venous, of CO_2	P_{v,CO_2}		
pascal	Pa		
per	/		
per cent	%	sulphydryl	use thiol or SH
petroleum ether	not used; use light petroleum and give boiling range	sum	Σ
		Svedberg unit	S
phenylalanine	Phe	temperature (absolute)	T
plasma renin activity	express as pmol of angiotensin $l \text{ h}^{-1} \text{ ml}^{-1}$	(empirical)	t
		temperature, thermodynamic	$^{\circ}\text{K}$
plasma volume	PV	units of	
poise	1 poise = $10^{-1} \text{ N s m}^{-2}$	thin-layer chromatography	t.l.c.
potential difference	p.d.	threonine	Thr
power output	W (1 W = 0.1635 kpm/min)	thyrotrophic hormone	TSH
precipitate	ppt.	thyrotrophin releasing hormone	TRH
pressure	P ; express in kPa (except for blood pressures); 1 kPa = 7.5 mmHg	tidal volume	V_T
		time (symbol)	t
probability of an event being due to chance alone	P	time of day	e.g. 18.15 hours
proline	Pro	torr	not used; use kPa (1 torr = 0.133 kPa)
protein-bound iodine (plasma)	PBI	total lung capacity	TLC
pulmonary capillary blood flow	\dot{Q}_c	tryptophan	Trp
pyrophosphate (inorganic)	PPi	tubular maximal reabsorptive capacity for x	$T_{m,x}$
rad (absorbed radiation dose; $10^{-3} \text{ J absorbed/g of material}$)	not abbreviated	tyrosine	Tyr
red blood cell	use erythrocyte; express counts as 10^{12} cells/l	ultraviolet	u.v.
		urinary concentration of x	U_x
red cell mass	RCM	valency	e.g. Fe^{2+} , not Fe^{++}
relative band speed (partition chromatography)	R_F	valine	Val
rem effective absorbed radiation dose; ($10^{-5} \text{ J absorbed/g of material}$)/radiation quality factor	not abbreviated	variance ratio	F
renin	see plasma renin activity	vascular resistance	express in $\text{kPa l}^{-1} \text{ s}$ (with value in dyne cm s^{-5} in parentheses); primary values of differential vascular pressure (mmHg) and flow (l/min) should always also be given in Tables or text as appropriate
residual volume	RV	velocity	v ; express as m s^{-1}
resistance (rheological)	R ; express in $\text{kPa l}^{-1} \text{ s}$	venous admixture	\dot{Q}_{va}
respiratory quotient (time-averaged)	R	veronal	used only for buffer mixtures; otherwise use 5,5'-diethylbarbituric acid
revolutions	rev.	viscosity, dynamic	ν
rev./min	not r.p.m.; see g if possible (see p. ix)	viscosity, kinematic	ζ
ribonucleic acid	RNA	vital capacity	VC
röntgen	R	volt	V
saturation	S , e.g. S_{a,O_2} for arterial oxygen saturation (see partial pressure for other analogous abbreviations)	volume of blood (in cardio-respiratory physiology)	\dot{Q} ; use \dot{Q} for blood flow rate
		watt	W
second (time)	s	wavelength	λ
serine	Ser	weight	wt.
		white blood cell	use leucocyte; express counts as 10^9 cells/l

Volume 54

AUTHOR INDEX

- AARON, J.E., see Hodgkinson, A. *et al.*
ABLETT, M., see Reed, J.W. *et al.*
AGORASTOS, J., FOX, C., HARRY, D.S. & MCINTYRE, N. Lecithin-cholesterol acyltransferase and the lipoprotein abnormalities of obstructive jaundice 369-379
ALLEYNE, G.A.O., see Fine, A. *et al.*
ALLISON, M.E.M., MOSS, N.G., FRASER, M.M., DOBBIE, J.W., RYAN, C.J., KENNEDY, A.C. & BLUMGART, L.H. Renal function in chronic obstructive jaundice: a micropuncture study in rats 649-659
ANGELIN, B., EINARSSON, K. & LEIJD, B. Effect of chenodeoxycholic acid on serum and biliary lipids in patients with hyperlipoproteinaemia 451-455
ASTRUP, A.G. Family studies on the activity of uroporphyrinogen I synthase in diagnosis of acute intermittent porphyria 251-256
AZNAR, E., see Kurokawa, K. *et al.*
- BAGGIOLINI, E.G., see Clemens, T.L. *et al.*
BALL, S.G., see Thomas, T.H. *et al.*
BARRETT, A.J., see Davies, M. *et al.*
BASAR, I., see Wiggins, R.C. *et al.*
BAUERREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. Effect of saralasin and serum in myohaemoglobinuric acute renal failure of rats 555-560
BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. Biochemical and clinical effects of ethane-1-hydroxy-1,1-diphosphonate in calcium nephrolithiasis 509-516
BELCHER, E.H., see Kojó Addae, S. *et al.*
BELL, C. & LANG, W.J. Effects of renal dopamine receptor and β -adrenoreceptor blockade on rises in blood angiotensin after haemorrhage, renal ischaemia and frusemide diuresis in the dog 17-23
BELLINI, G., see Fernandes, M. *et al.*
BENEDETTI, G., see Okolicsanyi, L. *et al.*
BENNETT, F.I., see Fine, A. *et al.*
BERGSTRÖM, J., FÜRST, P., NORÉE, L.-O. & VINNARS, E. Intracellular free amino acids in muscle tissue of patients with chronic uraemia: effect of peritoneal dialysis and infusion of essential amino acids 51-60
BERTHEZENE, F., see Vincent, M. *et al.*
BETTER, O.S., see Ish-Shalom, N. *et al.* see also Winaver, J. *et al.*
BIGLAND-RITCHIE, B., JONES, D.A., HOSKING, G.P. & EDWARDS, R.H.T. Central and peripheral fatigue in sustained maximum voluntary contractions of human quadriceps muscle 609-614
BILLING, B.H., see Gollan, J.L. *et al.*
BIRCHER, J., see Scherrer, S. *et al.*
BISAZ, S., JUNG, A. & FLEISCH, H. Uptake by bone of pyrophosphate, diphosphonates and their technetium derivatives 265-272
BISAZ, S., see also Baumann, J.M. *et al.*
BLUMGART, L.H., see Allison, M.E.M. *et al.*
BOATIN, R., see Kojó Addae, S. *et al.*
BLYTHE, W.B., see Klemmer, P.J. *et al.*
BOBERG, J., see Vessby, B. *et al.*
BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. Concurrent estimation of total body and exchangeable body sodium in hypertension 187-191
BOHN, B., see Bursaux, E. *et al.*

- BOOTHER, F.A., see Snashall, P.D. *et al.*
- BORNET, H., see Vincent, M. *et al.*
- BOUCHER, R., see Garcia, R. *et al.*
- BOYNAR, J.W., JR., see Wen, S.-F. *et al.*
- BRAMI, M., see Kamoun, K. *et al.*
- BRAUMAN, H., see Nijs-de Wolf, N. *et al.*
- BROOKS, B.A. & LANT, A.F. The use of the human erythrocyte as a model for studying the action of diuretics on sodium and chloride transport 679–683
- BROWN, J.J., see Boddy, K. *et al.*
- BROYER, M., see Bursaux, E. *et al.*
- BROYER, M., see Delaporte, C. *et al.*
- BURKI, N. K., see Chaudhary, B.A. *et al.*
- BURSAUX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. Oxygen transport in children on maintenance haemodialysis 85–91
- CALLENDER, S.T., see Pippard, M.J. *et al.*
- CAMERON, J.S., see Simmonds, H.A. *et al.*
- CARE, A.D., see Swaminathan, R. *et al.*
- CARY, B.A., see Scarpello, J.H.B. *et al.*
- CASH, J.D., GADER, A.M.A., MULDER, J.L. & CORT, J.H. Structure–activity relations of the fibrinolytic response to vasopressins in man 403–409
- CHADWICK, V.S., VINCE, A., KILLINGLEY, M. & WRONG, O.M. The metabolism of tartrate in man and the rat 273–281
- CHAIMOVITZ, C., see Ish-Shalom, N. *et al.*; see also Winaver, J. *et al.*
- CHANARD, J., see Kamoun, K. *et al.*
- CHAU, N.P., SAFAR, M.E., WEISS, Y.A., LONDON, G.M., SIMON, A. CH. & MILLIEZ, P.L. Relationships between cardiac output, heart rate and blood volume in essential hypertension 175–180
- CHAUDHARY, B.A. & BURKI, N.K. Effects of airway anaesthesia on the ability to detect added inspiratory resistive loads 621–626
- CHWALBINSKA-MONETA, J., see Nazar, K. *et al.*
- CLARK, A.S., see Lindsay, R. *et al.*
- CLARK, E.H., WOODS, R.L. & HUGHES, J.M.B. Effect of blood transfusion on the carbon monoxide transfer factor of the lung in man 627–631
- CLEMENS, T.L., HENDY, G.N., GRAHAM, R.F., BAGGIOLINI, E.G., USKOKOVIC, M.R. & O’RIORDAN, J.L.H. A radioimmunoassay for 1,25-dihydroxycholecalciferol 329–332
- COLES, G.A., see Davies, M. *et al.*; see also Sanders, E. *et al.*
- CONWAY, J., GREENWOOD, D.T. & MIDDLEMISS, D.N. Editorial Review: Central nervous actions of β -adrenoreceptor antagonists 119–124
- CORT, J.H., see Cash, J.D. *et al.*
- CORTELAZZO, S., see Okolicsanyi, L. *et al.*
- CORVILAIN, J., see Nijs-de Wolf, N. *et al.*
- COTES, J.E., see Reed, J.W. *et al.*
- CREAMER, B., see WHEELER, P.G. *et al.*
- CSICSMANN, J., see Hutchinson, J.S. *et al.*
- CUNNINGHAM, V.J. & HEATH, D.F. An interpretation of the intravenous glucose tolerance test in the light of recent findings on the kinetics of glucose and insulin in man 161–173
- DAKUBU, S., see Kojo Addae, S. *et al.*
- DALLINGER, K.J.C., see Gollan, J.L. *et al.*
- DAVIES, D.L., see Boddy, K. *et al.*
- DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. The degradation of human glomerular basement membrane with purified lysosomal proteinases: Evidence for the pathogenic role of the polymorphonuclear leucocyte in glomerulonephritis 233–240
- DAVIES, M., see also Sanders, E. *et al.*

- DE LAPORTE, C., STULZAF, J., LOIRAT, C. & BROYER, M. Muscle electrolytes and fluid compartments in six children with Bartter's syndrome 223-231
- DE LOS SANTOS, C., see Klemmer, P.J. *et al.*
- DE NUTTE, N., see Nijs-de Wolf, N. *et al.*
- DE MASSIEUX, S., see Garcia, R. *et al.*
- DERKX, F.H.M., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. Control of enzymatically inactive renin in man under various pathological conditions: implications for the interpretation of renin measurements in peripheral and renal venous plasma 529-538
- DESCOEUDRES, C., see Kurokawa, K. *et al.*
- DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. Renal prostaglandins in renal hypertensive dogs 561-566
- DOBBIE, J.W., see Allison, M.E.M. *et al.*
- DONKER, A.J.M., see Van Hoogdalem, P. *et al.*
- DRAY, F. Bartter's syndrome: contrasting patterns of prostaglandin excretion in children and adults 115-118
- DUPONT, J., see Vincent, M. *et al.*
- EDWARDS, R.H.T. Editorial Review: Physiological analysis of skeletal muscle weakness and fatigue 463-470
- EDWARDS, R.H.T., see also Bigland-Ritchie, B. *et al.*
- EINARSSON, K., see Angelin, B. *et al.*
- ELEBUTE, E.A. & LITTLE, R.A. Effect of streptozotocin-diabetes on the local and general responses to injury in the rat 431-437
- ELLIOTT, A., see Boddy, K. *et al.*
- FAHRENKRUG, J., SCHAFFALITZKY DE MUCKADELL, O.B. & HOLST, J.J. Elimination of porcine secretin in pigs 61-68
- FERNANDES, M., FIORENTINI, R., ONESTI, G., BELLINI, G., GOULD, A.B., HESSAN, H., KIM, K.E. & SWARTZ, C. Effect of administration of Sar¹-Ala⁸-angiotensin II during the development and maintenance of renal hypertension in the rat 633-637
- FERGUSON, M.M., see Lindsay, R. *et al.*
- FLEISCH, H., see Baumann, J.M. *et al.*; see also Bisaz, S. *et al.*
- FINE, A., BENNETT, F.I. & ALLEYNE, G.A.O. Effects of acute acid-base alterations on glutamine metabolism and renal ammoniogenesis in the dog 503-508
- FIORENTINI, R., see Fernandes, M. *et al.*
- FOX, C., see Agorastos, J. *et al.*
- FRASER, M.M., see Allison, M.E.M. *et al.*
- FRIGON, R.P., see Levy, S.B. *et al.*
- FUNCK-BRENTANO, J.L., see Kamoun, K. *et al.*
- FÜRST, P., see Bergström, J. *et al.*
- GADER, A.M.A., see Cash, J.D. *et al.*
- GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. Effect of antionin on blood pressure in the one-kidney hypertensive rat 457-461
- GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. Changes in absorptive and peptide hydrolase activities in rat small intestine after administration of 5-fluorouracil 411-418
- GENEST, J., see Garcia, R. *et al.*
- GHIDINI, O., see Okolicsanyi *et al.*
- GOLDEN, B.E., see Patrick, J. *et al.*
- GOLDEN, M.N., see Patrick, J. *et al.*
- GOLDMANN, G.S., see Nolan, J.P. *et al.*
- GOLLAN, J.L., DALLINGER, K.J.C. & BILLING, B.H. Excretion of conjugated bilirubin in the isolated perfused rat kidney 381-389
- GOULD, A.B., see Fernandes, M. *et al.*

- GRAHAM, R.F., see Clemens, T.L. *et al.*
 GRASSINO, A., see Sorli, J. *et al.*
 GREENWOOD, D.T., see Conway, J. *et al.*
 GRIMBLE, R.F., see Miller, B.G. *et al.*
 GROSS, F., see Bauereiss, K. *et al.*
 GUHA, P., see Pelc, B. *et al.*
 GUTKOWSKA, J., see Garcia, R. *et al.*
- HALDIMANN, B., see Scherrer, S. *et al.*
 HALLIDAY, D., see MCKERAN, R.O. *et al.*
 HARRY, D.S., see Agorastos, J. *et al.*
 HART, D.M., see Lindsay, R. *et al.*
 HARVEY, I., see Boddy, K. *et al.*
 HAYWOOD, J.K., see Boddy, K. *et al.*
 HEADING, R.C., see Gardner, M.L.G. *et al.*
 HEATH, D.F., see Cunningham, V.J.
 HENDY, G.N., see Clemens, T.L. *et al.*
 HESSAN, H., see Fernandes, M. *et al.*
 HODGKINSON, A. Evidence of increased oxalate absorption in patients with calcium-containing renal stones 291-294
 HODGKINSON, A., AARON, J.E., HORSMAN, A., MCLACHLAN, M.S.F. & NORDIN, B.E.C. Effect of oophorectomy and calcium deprivation on bone mass in the rat 439-446
 HOFBAUER, K.G., see Bauereiss, K. *et al.*
 HOLDSWORTH, C.D., see Smart, R.C.
 HOLLOWAY, I., see Boddy, K. *et al.*
 HOLST, J.J., see Fahrenkrug, J. *et al.*
 HOPKIN, I.E., see Milner, A.D. *et al.*
 HORSMAN, A., see Hodgkinson, A. *et al.*
 HOSKING, G.P., see Bigland-Ritchie, B. *et al.*
 HILTON, P.J., see Patrick, J. *et al.*
 HUGHES, J.M.B., see Clark, E.H. *et al.*
 HUTCHINSON, J.S., CSICSMANN, J., KORNER, P.I. & JOHNSTON, C.I. Characterization of immunoreactive angiotensin in canine cerebrospinal fluid as Des-Asp¹-angiotensin II 147-151
- IANNOS, J., see Mancía, G. *et al.*
 ILIC, V., see Royle, G. *et al.*
 ISH-SHALOM, N., RAPOPORT, J., CHAIMOVITZ, C. & BETTER, O.S. The effect of acute extracellular volume expansion on sodium chloride reabsorption in the diluting segment in man 333-336
- JAMIESON, G.G., see Mancía, G. *et al.*
 JEAN, G., see Bursaux, E. *et al.*
 JOHNSTON, C.I., see Hutchinson, J.S. *et al.*
 JONES, D.A., see Bigland-Ritchie, B. *et al.*
 JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. Determination of human leg blood flow: a thermodilution technique based on femoral venous bolus injection 517-523
 JUHLIN-DANNFELT, A., see Jorfeldt, L. *et al.*
 JUNG, A., see Bisaz, S. *et al.*
- KACIUBA-USCILKO, H., see Nazar, K. *et al.*
 KAHN, T., KAJI, D.M., NICOLIS, G., KRAKOFF, L.R. & STEIN, R.M. Factors related to potassium transport in chronic stable renal disease in man 661-666
 KAJI, D.M., see Kahn, T. *et al.*
 KAMOUN, K., CHANARD, J., BRAMI, M. & FUNCK-BRENTANO, J.L. Purine biosynthesis *de novo* by lymphocytes in gout 595-601

- KARAMBASIS, TH., see Mountokalakis, Th. *et al.*
- KENNEDY, A.C., see Allison, M.E.M. *et al.*
- KENTERA, D., see Sušić, D. *et al.*
- KETTLEWELL, M.G.W., see Royle, G. *et al.*
- KHAN, M.Y., see Pelc, B. *et al.*
- KILLINGLEY, M., see Chadwick, V.S. *et al.*
- KIM, K.E., see Fernandes, M. *et al.*
- KLEMMER, P.J., DE LOS SANTOS, C. & BLYTHE, W.B. Saline-induced natriuresis in the dog without prior exposure of the kidney to the physical effects of expansion of the extracellular fluid compartment 525-527
- KNAPP, M.S., see Pownall, R.
- KOJO ADDAE, S., DAKUBU, S., LARMIE, E.T., BOATIN, R. & BELCHER, E.H. Total body water, total exchangeable sodium and related variables in the Ghanaian 477-479
- KONDO, K., see Garcia, R. *et al.*
- KONRADS, A., see Bauerreiss, K. *et al.*
- KORNER, P.I., see Hutchinson, J.S. *et al.*
- KRAKOFF, L.R., see Kahn, T. *et al.*
- KRASZEWSKI, A., see Lindsay, R. *et al.*
- KÜPPER, A., see Scherrer, S. *et al.*
- KUROKAWA, K., AZNAR, E., DESCOEUDRES, C., ZULUETA, A. & MASSRY, S.G. Effects of glucocorticoid deficiency on renal medullary cyclic adenosine monophosphate of rats 573-577
- LANG, W.J., see Bell, C.
- LANT, A.F., see Brooks, B.A.
- LARMIE, E.T., see Kojo Addae, S. *et al.*
- LAYCOCK, J.F., see Shirley, D.G. *et al.*
- LAWRENCE, R.H., see Mancía, G. *et al.*
- LEDINGHAM, J.G.G., see McGrath, B.P.; see also Warren, D.J.
- LEE, M.R., see Thomas, T.H. *et al.*
- LEENEN, F.H.H., see Van Hoogdalem, P. *et al.*
- LELD, B., see Angelin, B. *et al.*
- LEONETTI, G., see Mancía, G. *et al.*
- LEVER, A.F., see Boddy, K. *et al.*
- LEVY, S.B., FRIGON, R.P. & STONE, R.A. The relationship of urinary kallikrein activity to renal salt and water excretion 39-45
- LIARD, J.-F. Hypertension induced by prolonged intracoronary administration of dobutamine in conscious dogs 153-160
- LIFSCHITZ, M.D. Lack of a role for the renal nerves in renal sodium reabsorption in conscious dogs 567-572
- LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. Comparative effects of oestrogen and a progestogen on bone loss in postmenopausal women 193-195
- LITHELL, H., see Vessby, B. *et al.*
- LITTLE, R.A., see Elebute, E.A.
- LOIRAT, C., see Delaporte, C. *et al.*
- LONDON, G.M., see Chau, N.P. *et al.*
- LORANGE, G., see Sorli, J. *et al.*
- LUDBROOK, J., see Mancía, G. *et al.*
- MCGRATH, B.P. & LEDINGHAM, J.G.G. Renin, blood volume and response to saralasin in patients on chronic haemodialysis: evidence against volume- and renin-'dependent' hypertension 305-312
- MCKERAN, R.O., HALLIDAY, D. & PURKISS, P. Comparison of human myofibrillar protein catabolic rate from 3-methylhistidine excretion with synthetic rate from muscle biopsied during L-[α -¹⁵N]lysine infusion 471-475
- MCLACHLAN, M.S.F., see Hodgkinson, A. *et al.*

- MACPHERSON, J.N. & TOTHILL, P. Bone blood flow and age in the rat 111–113
- MACHADO, E.A., see Sušić, D. *et al.*
- MACHALLA, J., see Nazar, K. *et al.*
- MCINTYRE, see Agorastos, J. *et al.*
- MAHMOUD, A.A.F. & WOODRUFF, A.W. The causation of splenomegaly in schistosomiasis in mice 397–401
- MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. Effect of isometric hand-grip exercise on the carotid sinus baroreceptor reflex in man 33–37
- MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. Reflex control of renin release in essential hypertension 217–222
- MAN IN'T VELD, A.J., see Derkx, F.H.M. *et al.*
- MARSHALL, D.H., see Pelc, B. *et al.*
- MASSRY, S.G., see Kurokawa, K. *et al.*
- MAYOPOULOU-SYMOULIDOU, D., see Mountokalakis, Th. *et al.*
- MENZIES, I.S., see Wheeler, P.G. *et al.*
- MERIKAS, G., see Mountokalakis, Th. *et al.*
- MICHAEL, J., see Patrick, J. *et al.*
- MIDDLEMISS, D.N., see Conway, J. *et al.*
- MILIC-EMILI, J., see Sorli, J. *et al.*
- MILLER, B.G., GRIMBLE, R.F. & TAYLOR, T.G. A new technique for measuring protein turnover in the gut, liver and kidneys of lean and obese mice with [³H]glutamic acid 425–430
- MILLIEZ, P.L., see Chau, N.P. *et al.*
- MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. Tidal pressure/volume and flow/volume respiratory loop patterns in human neonates 257–264
- MORTOLA, J.P. & SANT'AMBROGIO, G. Motion of the rib cage and the abdomen in tetraplegic patients 25–32
- MOSS, N.G., see Allison, M.E.M. *et al.*
- MOUNTOKALAKIS, TH., KARAMBASIS, TH., MAYOPOULOU-SYMOULIDOU, D. & MERIKAS, G. Effect of inhibition of prostaglandin synthesis on the natriuresis induced by saline infusion in man 47–50
- MULDER, J.L., see Cash, J.D. *et al.*
- NACCARATO, R., see Okolicsanyi, L. *et al.*
- NAZAR, K., CHWALBINSKA-MONETA, J., MACHALLA, J. & KACIUBA-USCILKO, H. Metabolic and body temperature changes during exercise in hyperthyroid patients 323–327
- NICHOLSON, J.A. & PETERS, T.J. Subcellular distribution of hydrolase activities for glycine and leucine homopeptides in human jejunum 205–207
- NICOLIS, G., see Kahn, T. *et al.*
- NIJS-DE WOLF, N., DE NUTTE, BRAUMAN, H. & CORVILAIN, J. Parathyroid hormone-like biological activity in urine 349–353
- NOBLE, M.I.M. Editorial Review: The Frank–Starling curve 1–7
- NOLAN, J.P., VENUTO, R.C. & GOLDMANN, G.S. Role of endotoxin in glycerol-induced renal failure in the rat 615–620
- NORDIN, B.E.C., see Hodgkinson, A. *et al.*; see also Pelc, B. *et al.*
- NORÉE, L.-O., see Bergström, J. *et al.*
- OKOLICSANYI, L., GHIDINI, O., ORLANDO, R., CORTELAZZO, S., BENEDETTI, G., NACCARATO, R. & MANITTO, P. An evaluation of bilirubin kinetics with respect to the diagnosis of Gilbert's syndrome 539–547
- ONESTI, G., see Fernandes, M. *et al.*
- O'RIORDAN, J.L.H., see Clemens, T.L. *et al.*
- ORLANDO, R., see Okolicsanyi, L. *et al.*
- OWENS, C.W.I. Induction of lysinuria in the rat by two *para*-substituted guanidinophenylalanines 673–677

- PATRICK, J., MICHAEL, J., GOLDEN, M.N., GOLDEN, B.E. & HILTON, P.J. Effect of zinc on leucocyte sodium transport *in vitro* 585–587
- PELC, B., MARSHALL, D.H., GUHA, P., KHAM, M.Y. & NORDIN, B.E.C. The relation between plasma androstenedione, plasma oestrone and androstenedione to oestrone conversion rates in postmenopausal women with and without fractures 125–131
- PERNOW, B., see Jorfeldt, L. *et al.*
- PETERS, T.J. & SEYMOUR, C.A. The organelle pathology and demonstration of mitochondrial superoxide dismutase deficiency in two patients with Dubin–Johnson–Sprinz syndrome 549–553
- PETERS, T.J., see also Nicholson, J.A.
- PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. Intensive iron-chelation therapy with desferrioxamine in iron-loading anaemias 99–106
- POTTER, C.F., see Simmonds, H.A. *et al.*
- POWNALL, R. & KNAPP, M.S. Circadian rhythmicity of delayed hypersensitivity to oxazolone in the rat 447–449
- POYART, C., see Bursaux, E. *et al.*
- PURDIE, D., see Lindsay, R. *et al.*
- PURKISS, P., see MCKERAN, R.O. *et al.*
- RAPOPORT, J., see Ish-Shalom, N. *et al.*
- REED, B., WEIR, D. & SCOTT, J. The occurrence of folate-derived pteridines in rat liver 355–360
- REED, J.W., ABLETT, M. & COTES, J.E. Ventilatory responses to exercise and to carbon dioxide in mitral stenosis before and after valvulotomy: causes of tachypnoea 9–16
- REEVE, J., see Wootton, R. *et al.*
- REUBI, F., see Scherrer, S. *et al.*
- RICHARDS, P. Editorial Review: The metabolism and clinical relevance of the keto acid analogues of essential amino acids 589–593
- ROBERTS, N.B. & TAYLOR, W.H. Effect of cyclo-alkyl lactamimides upon human pepsins and pepsinogens 181–185
- ROBERTSON, J.I., see Boddy, K. *et al.*
- ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. The metabolic response to galactose as a measure of hepatic glucose release in man 107–109
- RUDOLF, M., see Saunders, K.B.
- RYAN, C.J., see Allison, M.E.M. *et al.*
- SAFAR, M.E., see Chau, N.P. *et al.*
- SAHOTA, A., see Simmonds, H.A. *et al.*
- SAMSON, R.R., see Gardner, M.L.G. *et al.*
- SANDERS, E., COLES, G.A. & DAVIES, M. Lysosomal enzymes in human urine: evidence for polymorphonuclear leucocyte proteinase involvement in the pathogenesis of human glomerulonephritis 667–672
- SANDERS, E., see also Davies, M. *et al.*
- SANT'AMBROGIO, G., see Mortola, J.P.
- SASSARD, J., see Vincent, M. *et al.*
- SAUNDERS, K.B. & RUDOLF, M. The interpretation of different measurements of airways obstruction in the presence of lung volume changes in bronchial asthma 313–321
- SAUNDERS, R.A., see Milner, A.D. *et al.*
- SCARPELLO, J.H.B., CARY, B.A. & SLADEN, G.E. Effects of ileal and caecal resection on the colon of the rat 241–249
- SCHAFFALITZKY DE MUCKADELL, O.B., see Fahrenkrug, J. *et al.*
- SCHALEKAMP, M.A.D.H., see Derkx, F.H.M. *et al.*
- SCHERRER, S., HALDIMANN, B., KÜPFER, A., REUBI, F. & BIRCHER, J. Hepatic metabolism of aminopyrine in patients with chronic renal failure 133–140
- SCOTT, J., see Reed, B. *et al.*
- SEYMOUR, C.A., see Peters, T.J.
- SHARMAN, P.R., see Mancía, G. *et al.*

- SHIRLEY, D.G., WALTER, S.J. & LAYCOCK, J.F. The role of sodium depletion in hydrochlorothiazide-induced antidiuresis in Brattleboro rats with diabetes insipidus 209–215
- SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. Purine metabolism and immunodeficiency: urine purine excretion as a diagnostic screening test in adenosine deaminase and purine nucleoside phosphorylase deficiency 579–584
- SIMON, A.CH., see Chau, N.P. *et al.*
- SLADEN, G.E., see Scarpello, J.H.B. *et al.*
- SLATER, J.D.H., see Wiggins, R.C. *et al.*
- SMART, R.C. & HOLDSWORTH, C.D. The measurement of calcium absorption and absorption rate with an external arm radioactivity counter 93–97
- SMITH, G.W., see Dighe, K.K. *et al.*
- SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. The effect of α -adrenoreceptor stimulation on the airways of normal and asthmatic man 283–289
- SOMMERVILLE, B.A., see Swaminathan, R. *et al.*
- SORLI, J., GRASSINO, A., LORANGE, G. & MILIC-EMILI, J. Control of breathing in patients with chronic obstructive lung disease 295–304
- SPARKS, J.C., see Sušić, D. *et al.*
- SPELLACY, E., see Wootton, R. *et al.*
- STEIN, R.M., see Kahn, T. *et al.*
- STERLING, G.M., see Snashall, P.D. *et al.*
- STOLL, R.W., see Wen, S.-F. *et al.*
- STONE, R.A., see Levy, S.B. *et al.*
- STULZAF, J., see Delaporte, C. *et al.*
- SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. The mechanism of renomedullary antihypertensive action: haemodynamic studies in hydronephrotic rats with one-kidney renal-clip hypertension 361–367
- SWAMINATHAN, R., SOMMERVILLE, B.A. & CARE, A.D. Metabolism *in vitro* of 25-hydroxycholecalciferol in chicks fed on phosphorus-deficient diets 197–200
- SWARTZ, C., see Fernandes, M. *et al.*
- TAYLOR, T.G., see Miller, B.G. *et al.*
- TAYLOR, W.H., see Roberts, N.B.
- TELEZ-YUDILEVICH, M., see Wootton, R. *et al.*
- TERZOLI, L., see Mancia, G. *et al.*
- THOMAS, T.H., BALL, S.G., WALES, J.K. & LEE, M.R. Effect of carbamazepine on plasma and urine arginine-vasopressin 419–424
- TOTHILL, P., see MacPherson, J.N.
- TRAVIS, J., see Davies, M. *et al.*
- TURNBERG, L.A. Editorial Review: Intestinal transport of salt and water 337–348
- UNGAR, A., see Dighe, K.K. *et al.*
- USKOKOVIC, M.R., see Clemens, T.L. *et al.*
- VAN HOOGDALEM, P., DONKER, A.J.M. & LEENEN, F.H.H. Angiotensin II blockade before and after marked sodium depletion in patients with hypertension 75–83
- VENUTO, R.C., see Nolan, J.P. *et al.*
- VERHOEVEN, R.P., see Derkx, F.H.M. *et al.*
- VESSBY, B., BOBERG, J. & LITHELL, H. Lipolytic activities in post-heparin plasma in man measured with different substrate emulsions 201–203
- VINCE, A., see Chadwick, V.S. *et al.*
- VINCENT, M., BORNET, H., BERTHEZENE, F., DUPONT, J. & SASSARD, J. Thyroid function and blood pressure in two new strains of spontaneously hypertensive and normotensive rats 391–395
- VINNARS, E., see Bergström, J. *et al.*

- WACKER, M., see Baumann, J.M. *et al.*
- WADMAN, S.K., see Simmonds, H.A. *et al.*
- WALES, J.K., see Thomas, T.H. *et al.*
- WALTER, S.J., see Shirley, D.G. *et al.*
- WARREN, D.J. & LEDINGHAM, J.G.G. Renal vascular response to haemorrhage in the rabbit after pentobarbitone, chloralose-urethane and ether anaesthesia 489-494
- WASSEN, R., see Jorfeldt, L. *et al.*
- WEATHERALL, D.J., see Pippard, M.J. *et al.*
- WEIR, D., see Reed, B. *et al.*
- WEISS, Y.A., see Chau, N.P. *et al.*
- WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. Effects of diuretics on renal glucose transport in the dog 481-488
- WENNMALM, A. Influence of indomethacin on the systemic and pulmonary vascular resistance in man 141-145
- WENTING, G.J., see Derkx, F.H.M. *et al.*
- WHEELER, P.G., MENZIES, I.S. & CREAMER, B. Effect of hyperosmolar stimuli and coeliac disease on the permeability of the human gastrointestinal tract 495-501
- WHELPDALE, P.H., see Dighe, K.K. *et al.*
- WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. Effect of arterial pressure and inheritance on the sodium excretory capacity of normal young men 639-647
- WILLIAMS, E.D., see Boddy, K. *et al.*
- WILLIAMSON, D.H., see Royle, G. *et al.*
- WINAVER, J., CHAIMOVITZ, C. & BETTER, O.S. Natriuretic effect of propranolol on dogs with chronic bile-duct ligation 603-607
- WOODRUFF, A.W., see Mahmoud, A.A.F.
- WOODS, R.L., see Clark, E.H. *et al.*
- WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. Skeletal blood flow in Paget's disease of bone and its response to calcitonin therapy 69-74
- WRONG, O.M., see Chadwick, V.S. *et al.*
- ZANCHETTI, A., see Mancia, G. *et al.*
- ZULUETA, A., see Kurokawa, K. *et al.*

SUBJECT INDEX

- Abdomen, motion of rib cage and, in tetraplegic patients MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32
- Absorption, intestinal, rat, changes in, after administration of 5-fluorouracil GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. 411-418
- Absorption, intestinal, role of, in increased oxalate absorption in patients with calcium-containing renal stones HODGKINSON, A. 291-294
- Acetazolamide, effect of, on renal glucose transport in the dog WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481-488
- Acidosis, effects of, on glutamine metabolism and renal ammoniogenesis in the dog FINE, A., BENNETT, F.I. & ALLEYNE, G.A.O. 503-508
- Adenine phosphoribosyltransferase, urinary purine excretion as diagnostic screening test in deficiency of adenosine deaminase and SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Adenine, urinary excretion of, as diagnostic screening test in adenosine deaminase and purine nucleoside phosphorylase deficiency SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Adenosine 3':5'-cyclic monophosphate, effects of glucocorticoid deficiency on, of rat renal medulla KUROKAWA, K., AZNAR, E., DESCOEUDRES, C., ZULUETA, A. & MASSRY, S.G. 573-577
- Adenosine 3':5'-cyclic phosphate, effect of ileal and caecal resection on intestinal concentration of, in the rat SCARPELLO, J.H.B., CARY, B.A. & SLADEN, G.E. 241-249
- Adenosine deaminase, urinary purine excretion as diagnostic screening test in deficiency of SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Adrenal insufficiency, effect of, on human plasma renin DERKX, F.H.M., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. 529-538
- β -Adrenoreceptors, central nervous actions of antagonists to (Editorial Review) CONWAY, J., GREENWOOD, D.T. & MIDDLEMISS, D.N. 119-124
- β -Adrenoreceptors, effect of α -adrenoreceptor stimulation on airways of normal and asthmatic man after blockade of SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. 283-289
- α -Adrenoreceptors, effect of stimulation of, on airways of normal and asthmatic man SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. 283-289
- β -Adrenoreceptor, effects of blockade of, on blood angiotensin rises after haemorrhage, renal ischaemia and frusemide diuresis in the dog BELL, C. & LANG, W.J. 17-23
- Age, bone blood flow and, in the rat MACPHERSON, J.N. & TOTHILL, P. 111-113
- Air trapping, identification of, in human neonates MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. 257-264
- Airway, effects of anaesthesia of, on ability to detect added inspiratory resistive loads CHAUDHARY, B.A. & BURKI, N.K. 621-626
- Airways, pulmonary, assessment of obstruction of, in the presence of lung volume changes in bronchial asthma SAUNDERS, K.B. & RUDOLF, M. 313-321
- Albumin, serum, bovine, conjugate of, with hemisuccinate of 1,25-dihydroxycholecalciferol for radioimmunoassay CLEMENS, T.L., HENDY, G.N., GRAHAM, R.F., BAGGIOLINI, E.G., USKOKOVIC, M.R. & O'RIORDAN, J.L.H. 329-332
- Aldosterone, relationship between, in plasma and potassium transport in chronic renal disease in man KAHN, T., KAJI, D.M., NICOLIS, G., KRAKOFF, L.R. & STEIN, R.M. 661-666
- Aldosteronism, primary, plasma renin in DERKX, R.P., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. 529-538
- Allopurinol, effect of, on purine biosynthesis by human lymphocytes in gout KAMOUN, K., CHANARD, J., BRAMI, M. & FUNCK-BRENTANO, J.L. 595-601
- Amino acid analogues, effect of, on renal excretion of amino acids in the rat OWENS, C.W.I. 673-677

- Amino acids, essential, metabolism and clinical relevance of keto acid analogues of (Editorial Review) RICHARDS, P. 589–593
- Amino acids, free, intracellular, content of, in muscle tissue of patients with chronic uraemia BERGSTRÖM, J., FÜRST, P., NORÉE, L.-O. & VINNARS, E. 51–60
- S-Aminolaevulinic acid, urinary concentration of, in diagnosis of acute intermittent porphyria ASTRUP, A.G. 251–256
- Aminopyrine, hepatic metabolism of, in patients with chronic renal failure SCHERRER, S., HALDIMANN, B., KÜPPER, A., REUBI, F. & BIRCHER, J. 133–140
- Ammonia, effects of acute acid–base alterations on glutamine metabolism and renal production of, in the dog FINE, A., BENNETT, F.I. & ALLEYNE, G.A.O. 503–508
- Anaemia, effect of blood transfusion on carbon monoxide transfer factor of lung in patients with CLARK, E.H., WOODS, R.L. & HUGHES, J.M.B. 627–631
- Anaemias, iron-loading, intensive iron-chelation therapy with desferrioxamine in PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. 99–106
- Anaesthesia, renal vascular response to haemorrhage in the rabbit after, with pentobarbitone, chloralose–urethane and ether WARREN, D.J. & LEDINGHAM, J.G.G. 489–494
- Analgesics, hepatic metabolism of aminopyrine in patients with chronic renal failure and history of abuse of SCHERRER, S., HALDIMANN, B., KÜPPER, A., REUBI, F. & BIRCHER, J. 133–140
- Androstenedione, plasma, relation between, and plasma oestrone and androstenedione to oestrone conversion rates in post-menopausal women with and without fractures PELC, B., MARSHALL, D.H., GUHA, P., KHAM, M.Y. & NORDIN, B.E.C. 125–131
- Angiotensin II (Des-Asp¹), characterization of immunoreactive angiotensin in canine cerebrospinal fluid as HUTCHINSON, J.S., SCICSMANN, J., KORNER, P.I. & JOHNSTON, C.I. 147–151
- Angiotensin II, effect of administration of antagonist of, during development and maintenance of renal hypertension in the rat FERNANDES, M., FIORENTINI, R., ONESTI, G., BELLINI, G., GOULD, A.B., HESSAN, H., KIM, K.E. & SWARTZ, C. 633–637
- Angiotensin II, effect of antagonist of, in myohaemoglobinuric acute renal failure of rats BAUEREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. 555–560
- Angiotensin II, effect of blockade of, on blood pressure before and after marked sodium depletion in patients with hypertension VAN HOOGDALEM, P., DONKER, A.J.M. & LEENEN, F.H.H. 75–83
- Angiotensin, effect of renal dopamine receptor and β -adrenoreceptor blockade on rises in, in blood after haemorrhage, renal ischaemia and frusemide diuresis in the dog BELL, C. & LANG, W.J. 17–23
- Angiotensin II, plasma, blood pressure and, in patients on chronic haemodialysis McGRATH, B.P. & LEDINGHAM, J.G.G. 305–312
- Antidiuresis, role of sodium depletion in induction of, by hydrochlorothiazide in Brattleboro rats with diabetes insipidus SHIRLEY, D.G., WALTER, S.J. & LAYCOCK, J.F. 209–215
- Antidiuretic hormone, effect of, on renal medullary adenosine cyclic monophosphate of rats KUROKAWA, K., AZNAR, E., DESCOEUDRES, C., ZULUETA, A. & MASSRY, S.G. 573–577
- Antiserum, effect of injection of, to tonin on blood pressure in one-kidney hypertensive rats GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457–461
- Arginine-vasopressin, effect of carbamazepine on, of plasma and urine THOMAS, T.H., BALL, S.G., WALES, J.K. & LEE, M.R. 419–424
- Arterial disease, occlusive, determination of human leg blood flow in JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. 517–523
- Asthma, bronchial, interpretation of different measurements of airways obstruction in the presence of lung volume changes in SAUNDERS, K.B. & RUDOLF, M. 313–321
- Asthma, effect of α -adrenoreceptor stimulation on airways of normal subjects and patients with SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. 283–289
- Atropine, effect of α -adrenoreceptor stimulation on airways of normal and asthmatic man after SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. 283–289
- Bacteria, colonic, metabolism of tartrate by, in man and rat CHADWICK, V.S., VINCE, A., KILLINGLEY, M. & WRONG, O.M. 273–281
- Baroreceptors, carotid, effect of stimulation of, on renin release in essential hypertension MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217–222

- Baroreceptors, carotid sinus, effect of isometric hand-grip exercise on reflex from MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Bartter's syndrome, contrasting patterns of prostaglandin excretion in children and adults with DRAY, F. 115-118
- Bartter's syndrome, muscle electrolytes and fluid compartments in six children with DELAPORTE, C., STULZAF, J., LOIRAT, C. & BROYER, M. 223-231
- Basement membrane, glomerular, excretion of fragments of, in urine of patients with renal disease SANDERS, E., COLES, G.A. & DAVIES, M. 667-672
- Basement membrane, glomerular, human, degradation of, with purified lysosomal proteinases from polymorphonuclear leucocytes DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Bile acids, content of, in colon luminal material after ileal and caecal resection in the rat SCARPELLO, J.H.B., CARY, B.A. & SLADEN, G.E. 241-249
- Bile acids, effect of chenodeoxycholic acid on, in patients with hyperlipoproteinaemia ANGELIN, B., EINARSSON, K. & LEJD, B. 451-455
- Bile duct, natriuretic effect of propranolol on dogs with chronic ligation of WINAVER, J., CHAIMOVITZ, C. & BETTER, O.S. 603-607
- Bilirubin, conjugated, excretion of, in isolated perfused rat kidney GOLLAN, J.L., DALLINGER, K.J.C. & BILLING, B.H. 381-389
- Bilirubin, kinetics of, in plasma of patients with Gilbert's syndrome OKOLICSANYI, L., GHIDINI, O., ORLANDO, R., CORTELAZZO, S., BENEDETTI, G., NACCARATO, R. & MANITTO, P. 539-547
- Blood flow, leg, human, determination of, by a thermodilution technique JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. 517-523
- Blood flow, renal, response of, to haemorrhage in the rabbit after pentobarbitone, chloralase-urethane and ether anaesthesia WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Blood flow, skeletal, in Paget's disease of bone and its response to calcitonin therapy WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69-74
- Blood pressure, arterial, effect of prolonged intracoronary infusion of dobutamine on, in conscious dogs LIARD, J.F. 153-160
- Blood pressure, arterial, effect of, and inheritance on sodium excretory capacity of normal young men WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. 639-647
- Blood pressure, effect of isometric hand-grip exercise on MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Blood pressure, pulmonary and systemic, influence of indomethacin on, in man WENNMALM, A. 141-145
- Blood pressure, thyroid function and, in two new strains of spontaneously hypertensive and normotensive rats VINCENT, M., BORNET, H., BERTHEZENE, F., DUPONT, J. & SASSARD, J. 391-395
- Blood transfusion, effect of, on carbon monoxide transfer factor of lung in man CLARK, E.H., WOODS, R.L. & HUGHES, J.M.B. 627-631
- Blood volume, blood pressure and, in patients on chronic haemodialysis MCGRATH, B.P. & LEDINGHAM, J.G.G. 305-312
- Blood volume, relationships between cardiac output, heart rate and, in essential hypertension CHAU, N.P., SAFAR, M.E., WEISS, Y.A., LONDON, G.M., SIMON, A. CH. & MILLIEZ, P.L. 175-180
- Body mass, lean, determination of, in the Ghanaian KOJO ADDAE, S., DAKUBU, S., LARMIE, E.T., BOATIN, R. & BELCHER, E.H. 477-479
- Bone, age and blood flow in, in the rat MACPHERSON, J.N. & TOTHILL, P. 111-113
- Bone, blood flow in Paget's disease of, and its response to calcitonin therapy WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69-74
- Bone, effects of oestrogen and a progestogen on loss of, in postmenopausal women LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. 193-195
- Bone, effect of oophorectomy and calcium deprivation on, in the rat HODGKINSON, A., AARON, J.E., HORSMAN, A., MCLACHLAN, M.S.F. & NORDIN, B.E.C. 439-446
- Bone, uptake by, of pyrophosphate, diphosphonates and their technetium derivatives BISAZ, S., JUNG, A. & FLEISCH, H. 265-272

- Breathing, pattern of, in patients with chronic obstructive lung disease SÖRLI, J., GRASSINO, A., LORANGE, G. & MILIC-EMILI, J. 295-304
- Breath test, measurement of expired $^{14}\text{CO}_2$ by SCHERRER, S., HALDIMANN, B., KÜPFER, A., REUBI, F. & BIRCHER, J. 133-140
- Bromosulphthalein, kinetics of, in plasma of patients with Gilbert's syndrome OKOLICSANYI, L., GHIDINI, O., ORLANDO, R., CORTELAZZO, S., BENEDETTI, G., NACCARATO, R. & MANITTO, P. 539-547
- Brush border, jejunal, human, location of hydrolase activities for glycerine and leucine homopeptides in VESSBY, B., BOBERG, J. & LITHELL, H. 205-207
- Calcitonin, skeletal blood flow in Paget's disease of bone and its response to therapy with WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69-74
- Calcium, absorption of, by duodenum *in vitro* of chicks fed on phosphorus-deficient diets SWAMINATHAN, R., SOMMERVILLE, B.A. & CARE, A.D. 197-200
- Calcium, dietary, effect of oophorectomy and deprivation of, on bone mass in the rat HODGKINSON, A., AARON, J.E., HORSMAN, A., MCLACHLAN, M.S.F. & NORDIN, B.E.C. 439-446
- Calcium, increased oxalate absorption in patients with renal stones containing HODGKINSON, A. 291-294
- Calcium, measurement of absorption of, and absorption rate with an external arm radioactivity counter SMART, R.C. & HOLDSWORTH, C.D. 93-97
- Calcium, measurement of total body content of, in hypertensive subjects by total-body neutron-activation analysis *in vivo* BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Calcium nephrolithiasis, effects of ethane-1-hydroxy-1,1-diphosphonate in BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Calculi, urinary, increased oxalate absorption in patients with, containing calcium HODGKINSON, A. 291-294
- Carbamazepine, effect of, on plasma and urine arginine-vasopressin THOMAS, T.H., BALL, S.G., WALES, J.K. & LEE, M.R. 419-424
- Carbon monoxide, effect of blood transfusion on transfer factor for, of lung in man CLARK, E.H., WOODS, R.L. & HUGHES, J.M.B. 627-631
- Carbon dioxide, ventilatory responses to exercise and, in mitral stenosis before and after valvulotomy REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Cardiac output, effect of prolonged intracoronary infusion of dobutamine on, in conscious dogs LIARD, J.F. 153-160
- Cardiac output, influence of indomethacin on, in man WENNMALM, A. 141-145
- Cardiac output, relationships between heart rate, blood volume and, in essential hypertension CHAU, N.P., SAFAR, M.E., WEISS, Y.A., LONDON, G.M., SIMON, A. CH. & MILLIEZ, P.L. 175-180
- Cardiac output, studies of, in hydronephrotic rats SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Carotid baroreceptors, effect of stimulation of, on renin release in essential hypertension MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Carotid sinus, effect of isometric hand-grip exercise on baroreceptor reflex from MANCIA, G., IANNOS, J., JAMESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Cathepsins, degradation of human glomerular basement membrane by, of polymorphonuclear leucocytes DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Cellular immunity, circadian rhythms and POWNALL, R. & KNAPP, M.S. 447-449
- Cerebrospinal fluid, canine, characterization of immunoreactive angiotensin in, as Des-Asp'-angiotensin II HUTCHINSON, J.S., SCICSMANN, J., KORNER, P.I. & JOHNSTON, C.I. 147-151
- Chelating agents, intensive therapy with, for iron in iron-loading anaemias PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. 99-106
- Chenodeoxycholic acid, effect of, on serum and biliary lipids in patients with hyperlipoproteinemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Chest wall, deformation of, in breathing of tetraplegic patients MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32

- Chloralose-urethane, renal vascular response to haemorrhage in the rabbit after anaesthesia with WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Chloride transport, use of human erythrocyte as model for studying action of diuretics on BROOKS, B.A. & LANT, A.F. 679-683
- Chlorine, measurement of total body content of, in hypertensive subjects by total-body neutron-activation analysis *in vivo* BODDY, K., BROWN, J.H., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Cholesterol, effect of chenodeoxycholic acid on, in patients with hyperlipoproteinaemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Cholic acid, effect of chenodeoxycholic acid on, of bile in patients with hyperlipoproteinaemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Circadian rhythm, delayed hypersensitivity to oxazolone in the rat as evidence of POWNALL, R. & KNAPP, M.S. 447-449
- Coeliac disease, effect of hyperosmolar stimuli and, on permeability of human gastrointestinal tract WHEELER, P.G., MENZIES, I.S. & CREAMER, B. 495-501
- Colon, adaptation of, after ileal and caecal resection in the rat SCARPELLO, J.H.B., CARY, B.A. & SLADEN, G.E. 241-249
- Colon, bacterial metabolism of tartrate in, of man and rat CHADWICK, V.S., VINCE, A., KILLINGLEY, M. & WRONG, O.M. 273-281
- Contraction, voluntary, central and peripheral fatigue in maximum sustained, of human quadriceps muscle BIGLAND-RITCHIE, B., JONES, D.A., HOSKING, G.P. & EDWARDS, R.H.T. 609-614
- Cyclic AMP see Adenosine 3':5'-cyclic monophosphate
- Cyclo-alkyl lactamimides, effect of, on human pepsins and pepsinogens ROBERTS, N.B. & TAYLOR, W.H. 181-185
- Cystinuria, induction of, in the rat by two *para*-substituted guanidinophenylalanines OWENS, C.W.I. 673-677
- Deoxyadenosine, urinary excretion of, as diagnostic screening test in adenosine deaminase and purine nucleoside phosphorylase deficiency SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Deoxycholic acid, effect of chenodeoxycholic acid on, of bile in patients with hyperlipoproteinaemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Deoxyguanosine, urinary excretion of, as diagnostic screening test in adenosine deaminase and purine nucleoside phosphorylase deficiency SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Deoxyinosine, urinary excretion of, as diagnostic screening test in adenosine deaminase and purine nucleoside phosphorylase deficiency SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Desferrioxamine, intensive iron-chelation therapy with, in iron-loading anaemias PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. 99-106
- Diabetes insipidus, role of sodium depletion in hydrochlorothiazide-induced antidiuresis in Brattleboro rats with SHIRLEY, D.G., WALTER, S.J. & LAYCOCK, J.F. 209-215
- Diabetes mellitus, effect of, induced by streptozotocin on local and general responses to injury in the rat ELEBUTE, E.A. & LITTLE, R.A. 431-437
- Dialysis, peritoneal, effect of, and infusion of essential amino acids on intracellular free amino acids in muscle tissue of patients with chronic uraemia BERGSTRÖM, J., FÜRST, P., NORÉE, L.-O. & VINNARS, E. 51-60
- Diaphragm, effect of contraction of, in breathing of tetraplegic patients MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32
- Diet, role of, in increased oxalate absorption in patients with calcium-containing renal stones HODGKINSON, A. 291-294
- 1,25-Dihydroxycholecalciferol, metabolism *in vitro* of, in chicks fed on phosphorus-deficient diets SWAMINATHAN, R., SOMMERVILLE, B.A. & CARE, A.D. 197-200
- 1 α ,25-Dihydroxycholecalciferol, radioimmunoassay for determination of CLEMENS, T.L., HENDY, G.N., GRAHAM, R.F., BAGGIOLINI, E.G., USKOKOVIC, M.R. & O'RIORDAN, J.L.H. 329-332

- Diluting segment, effect of acute extracellular volume expansion on sodium chloride reabsorption in, in man ISH-SHALOM, N., RAPOPORT, J., CHAIMOVITZ, C. & BETTER, O.S. 333-336
- Diphosphonate, effects of, in calcium nephrolithiasis BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Diphosphonates, uptake by bone of, and pyrophosphate and their technetium derivatives BISAZ, S., JUNG, A. & FLEISCH, H. 265-272
- Diuretics, effect of, on renal glucose transport in the dog WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481-488
- Diuretics, use of human erythrocyte as model for studying action of, on sodium and chloride transport BROOKS, B.A. & LANT, A.F. 679-683
- Dobutamine, induction of hypertension in conscious dogs by prolonged intracoronary infusion of LIARD, J.F. 153-160
- Dopamine, effect of blockage of renal receptors for, on rises in blood angiotensin after haemorrhage, renal ischaemia and frusemide diuresis in the dog BELL, C. & LANG, W.J. 17-23
- Dubin-Johnson-Sprinz syndrome, organelle pathology and mitochondrial superoxide dismutase activity in patients with PETERS, T.J. & SEYMOUR, C.A. 549-553
- Elastase, degradation of human glomerular basement membrane by, of polymorphonuclear leucocytes DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Electrolytes, muscle, fluid compartments and, in six children with Bartter's syndrome DELAPORTE, C., STULZAF, J., LOIRAT, C. & BROYER, M. 223-231
- Emulsifier, effect of, in triglyceride substrate emulsion post-heparin lipolytic activity in man VESSBY, B., BOBERG, J. & LITHELL, H. 201-203
- Endotoxin, role of, in glycerol-induced renal failure in the rat NOLAN, J.P., VENUTO, R.C. & GOLDMANN, G.S. 615-620
- Erythrocytes, activity of uroporphyrinogen I synthase in, of patients with acute intermittent porphyria ASTRUP, A.G. 251-256
- Erythrocyte, human, use of, as model for study of action of diuretics on sodium and chloride transport BROOKS, B.A. & LANT, A.F. 679-683
- Erythrocytes, phosphate content of, in children on maintenance haemodialysis BURSAUX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. 85-91
- Essential hypertension, see Hypertension, essential
- Ethane-1-hydroxy-1,1-diphosphonate, effects of, in calcium nephrolithiasis BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Ether, renal vascular response to haemorrhage in the rabbit after anaesthesia with WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Exercise, determination of human leg blood flow in JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. 517-523
- Exercise, hand-grip, isometric, effect of, on carotid sinus baroreceptor reflex in man MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Exercise, metabolic and body temperature changes during, in hyperthyroid patients NAZAR, K., CHWALBINSKA-MONETA, J., MACHALLA, J. & KACIUBA, H. 323-327
- Exercise, ventilatory responses to carbon dioxide and, in mitral stenosis before and after valvulotomy REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Extracellular fluid, effect of acute expansion of volume of, on sodium chloride reabsorption in the diluting segment in man ISH-SHALOM, N., RAPOPORT, J., CHAIMOVITZ, C. & BETTER, O.S. 333-336
- Extracellular fluid, effect on volume of, of renal prostaglandins in two-kidney Goldblatt hypertensive dogs DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. 561-566
- Extracellular fluid volume, effect of expansion of, before and after haemorrhage on renal sodium excretion in the dog LIFSCHITZ, M.D. 567-572
- Extracellular fluid volume, natriuresis in the dog without prior expansion of KLEMMER, P.J., DE LOS SANTOS, C. & BLYTHE, W.B. 525-527
- Fat, body, total, determination of, in the Ghanaian KOJO ADDAE, S., DAKUBU, S., LARMIE, E.T., BOATIN, R. & BELCHER, E.H. 477-479

- Fatigue, central and peripheral, examination of, in sustained maximum voluntary contractions of human quadriceps muscle BIGLAND-RITCHIE, B., JONES, D.A., HOSKING, G.P. & EDWARDS, R.H.T. 609–614
- Fatigue, physiological analysis of weakness of skeletal muscle and (Editorial Review) EDWARDS, R.H.T. 463–470
- Fibrinolysis, structure–activity relations of, in response to vasopressins in man CASH, J.D., GADER, A.M.A., MULDER, J.L. & CORT, J.H. 403–409
- Fluoride (¹⁸F), measurement of skeletal blood flow by clearance of, in patients with Paget's disease of bone WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69–74
- 5-Fluorouracil, changes in absorptive and peptide hydrolase activities in rat small intestine after administration of GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. 411–418
- Folate, occurrence of pteridines derived from, in rat liver REED, B., WEIR, D. & SCOTT, J. 355–360
- Folate polyglutamates, catabolism of, in rat liver REED, B., WEIR, D. & SCOTT, J. 355–360
- Frank–Starling curve (Editorial Review) NOBLE, M.I.M. 1–7
- Free radicals, effect of, in organelle pathology in patients with Dubin–Johnson–Sprinz syndrome PETERS, T.J. & SEYMOUR, C.A. 549–553
- Frusemide, effect of, on renal glucose transport in the dog WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481–488
- Galactose, metabolic response to, as measure of hepatic glucose release in man ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. 107–109
- Gastrointestinal tract, human, effect of hyperosmolar stimuli and coeliac disease on permeability of WHEELER, P.G., MENZIES, I.S. & CREAMER, B. 495–501
- Gilbert's syndrome, plasma bilirubin kinetics and diagnosis of OKOLICSANYI, L., GHIDINI, O., ORLANDO, R., CORTELAZZO, S., BENEDETTI, G., NACCARATO, R. & MANITTO, P. 539–547
- Glomerular filtration rate, effect of angiotensin II blockade on, before and after marked sodium depletion in patients with hypertension VAN HOOGDALAM, P., DONKER, A.J.M. & LEENEN, F.H.H. 75–83
- Glomerular filtration rate, effect of calcitonin therapy on, in patients with Paget's disease of bone WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69–74
- Glomerulonephritis, evidence for pathogenic role of polymorphonuclear leucocyte in DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233–240
- Glomerulonephritis, human, polymorphonuclear leucocyte proteinase involvement in pathogenesis of SANDERS, E., COLES, G.A. & DAVIES, M. 667–672
- Glucocorticoid, effects of deficiency of, on renal medullary adenosine cyclic monophosphate of rats KUROKAWA, K., AZNAR, E., DESCOEUDRES, C., ZULUETA, A. & MASSRY, S.G. 573–577
- Glucose, intravenous glucose tolerance test in man and kinetics of insulin and CUNNINGHAM, V.J. & HEATH, D.F. 161–173
- Glucose, metabolic response to galactose as measure of release of, from liver in man ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. 107–109
- Glucose tolerance test, kinetics of glucose and insulin in man and CUNNINGHAM, V.J. & HEATH, D.F. 161–173
- Glucose transport, renal, effects of diuretics on, in the dog WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481–488
- [³H]Glutamic acid, injection of, in measurement of protein turnover in gut, liver and kidneys of lean and obese mice MILLER, B.G., GRIMBLE, R.F. & TAYLOR, T.G. 425–430
- Glutamine, effects of acute acid–base alterations on metabolism of, and renal ammoniogenesis in the dog FINE, A., BENNETT, F.I. & ALLEYNE, G.A.O. 503–508
- Glycerol, production of acute renal failure in rats by injection of BAUEREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. 555–560
- Glycerol, role of endotoxin in renal failure induced by, in the rat NOLAN, J.P., VENUTO, R.C. & GOLDMANN, G.S. 615–620
- Glycine, subcellular distribution of hydrolase activities for homopeptides of, in human jejunum VESSBY, B., BOBERG, J. & LITHELL, H. 204–207

- Gout, purine biosynthesis *de novo* by human lymphocytes in KAMOUN, K., CHANARD, J., BRAMI, M. & FUNCK-BRENTANO, J.L. 595-601
- Guanidinophenylalanines, *para*-substituted, induction of lysinuria in the rat by OWENS, C.W.I. 673-677
- Haemodialysis, chronic, renin, blood volume and response to saralasin in patients on McGRATH, B.P. & LEDINGHAM, J.G.G. 305-312
- Haemodialysis, maintenance, oxygen transport in children on BURSAUX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. 85-91
- Haemorrhage, effect of, on renal sodium excretion in the dog LIFSCHITZ, M.D. 567-572
- Hand-grip exercise, isometric, effect of, on carotid sinus baroreceptor reflex in man MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Heart rate, effect of isometric hand-grip exercise on MANCIA, G., IANNOS, J., JAMIESON, G.G., LAWRENCE, R.H., SHARMAN, P.R. & LUDBROOK, J. 33-37
- Heart rate, effect of prolonged intracoronary infusion of dobutamine on, in conscious dogs LIARD, J.F. 153-160
- Heart rate, relationships between cardiac output, blood volume and, in essential hypertension CHAU, N.P., SAFAR, M.E., WEISS, Y.A., LONDON, G.M., SIMON, A.CH. & MILLIEZ, P.L. 175-180
- Hemisuccinate, conjugate of bovine serum albumin and, of 1,25-dihydroxycholecalciferol used in radio-immunoassay CLEMENS, T.L., HENDY, G.N., GRAHAM, R.F., BAGGIOLINI, E.G., USKOKOVIC, M.R. & O'RIORDAN, J.L.H. 329-332
- Heredity, effect of arterial pressure and, on sodium excretory capacity of normal young men WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. 639-647
- Hydrochlorothiazide, role of sodium depletion in induction of antidiuresis by, in Brattleboro rats with diabetes insipidus SHIRLEY, D.G., WALTER, S.J. & LAYCOCK, J.F. 209-215
- Hydrogen ions, renal excretion of, in metabolism of tartrate in man CHADWICK, V.S., VINCE, A., KILLINGLEY, M. & WRONG, O.M. 273-281
- Hydronephrosis, haemodynamic studies in rats with, with one-kidney renal-clip hypertension SUSIC, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Hyperbilirubinaemia, conjugated, organelle pathology and mitochondrial superoxide dismutase activity in patients with PETERS, T.J. & SEYMOUR, C.A. 549-553
- Hypercapnia, breathing pattern of patients with, in chronic obstructive lung disease SÖRLI, J., GRASSINO, A., LORANGE, G. & MILIC-EMILI, J. 295-304
- Hyperosmolarity, effect of, and coeliac disease on permeability of human gastrointestinal tract WHEELER, P.G., MENZIES, I.S. & CREAMER, B. 495-501
- Hyperparathyroidism, parathyroid hormone-like biological activity in urine of patients with NIJS-DE WOLF, N., DE NUTTE, N., BRAUMAN, H. & CORVILAIN, J. 349-353
- Hypertension, cardiogenic, induction of, by prolonged intracoronary infusion of dobutamine in conscious dogs LIARD, J.F. 153-160
- Hypertension, concurrent estimation of total body and exchangeable sodium in BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Hypertension, effect of antionin on, in uninephrectomized rats GARCIA, R., BOUCHER, R., GUTOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457-461
- Hypertension, essential, angiotensin II blockade before and after marked sodium depletion in patients with VAN HOOGDALM, P., DONKER, A.J.M. & LEENEN, F.H.H. 75-83
- Hypertension, essential, plasma renin in DERKX, F.H.M., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. 529-538
- Hypertension, essential, reflex control of renin release in MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Hypertension, essential, relationships between cardiac output, heart rate and blood volume in CHAU, N.P., SAFAR, M.E., WEISS, Y.A., LONDON, G.M., SIMON, A. CH. & MILLIEZ, P.L. 175-180
- Hypertension, experimental, renal prostaglandins in dogs with DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. 561-566

- Hypertension, renal-clip, one-kidney, haemodynamic studies in hydronephrotic rats with SUSIC, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Hypertension, renal, effect of administration of Sar¹-Ala⁸-angiotensin II during development and maintenance in the rat of FERNANDES, M., FIORENTINI, R., ONESTI, G., BELLINI, G., GOULD, A.B., HESSAN, H., KIM, K.E. & SWARTZ, C. 633-637
- Hypertension, renal sodium excretion in normotensive young sons of parents with WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. 639-647
- Hypertension, renovascular, plasma renin in DERKX, F.H.M., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. 529-528
- Hypertension, spontaneous, thyroid function and blood pressure in a new strain of rats with VINCENT, M., BORNET, H., BERTHEZENE, F., DUPONT, F. & SASSARD, J. 391-395
- Hyperthyroidism, metabolic and body temperature changes during exercise in patients with NAZAR, K., CHWALBINSKA-MONETA, J., MACHALLA, J. & KACIUBA, H. 323-327
- Hypoparathyroidism, parathyroid hormone-like biological activity in urine of patients with NUS-DE WOLF, N., DE NUTTE, N., BRAUMAN, H. & CORVILAIN, J. 349-353
- Hypothalamus, effect of carbamazepine on osmoreceptors of THOMAS, T.H., BALL, S.G., WALES, J.K. & LEE, M.R. 419-424
- Immunodeficiency, purine metabolism and SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Indomethacin, effect of, on natriuresis induced by saline infusion in man MOUNTOKALAKIS, TH., KARAMBASIS, TH., MAYOPOULOU-SYMYOULIDOU, D. & MERIKAS, G. 47-50
- Indomethacin, influence of, on systemic and pulmonary vascular resistance in man WENNMALM, A. 141-145
- Insulin, plasma, effect of galactose on, in man ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. 107-109
- Insulin, intravenous glucose tolerance test in man and kinetics of glucose and CUNNINGHAM, V.J. & HEATH, D.F. 161-173
- Intestine, effects of resection of, on colon of the rat SCARPELLO, J.H.B., CARY, B.A. & SLADEN, G.E. 241-249
- Intestine, small, rat, changes in absorptive and peptide hydrolase activities in, after administration of 5-fluorouracil GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. 411-418
- Intestine, transport of salt and water in (Editorial Review) TURNBERG, L.A. 337-348
- Iron, excretion of, after desferrioxamine in iron-loading anaemias PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. 99-106
- Jaundice, obstructive, chronic, renal function in rats with ALLISON, M.E.M., MOSS, N.G., FRASER, M.M., DOBBIE, J.W., RYAN, C.J., KENNEDY, A.C. & BLUMGART, L.H. 649-659
- Jaundice, obstructive, lecithin-cholesterol acyltransferase and lipoprotein abnormalities of AGORASTOS, J., FOX, C., HARRY, D.S. & MCINTYRE, N. 369-379
- Jejunum, human, subcellular distribution of hydrolase activities for glycine and leucine homopeptides in VESSBY, B., BOBERG, J. & LITHELL, H. 205-207
- Kallikrein, urinary, relationship of activity of, to renal salt and water excretion LEVY, S.B., FRIGON, R.P. & STONE, R.A. 39-45
- Keto acid analogues, metabolism and clinical relevance of, of essential amino acids (Editorial Review) RICHARDS, P. 589-593
- Kidney, dog, effects of glucose transport, in the dog WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481-488
- Kidney, effect of propranolol on haemodynamics of, in dogs with chronic bile-duct ligation WINAVER, J., CHAIMOVITZ, C. & BETTER, O.S. 603-607
- Kidney, factors related to potassium transport in chronic stable disease of, in man KAHN, T., KAJI, D.M., NICOLIS, G., KRAKOFF, L.R. & STEIN, R.M. 661-666
- Kidney, natriuresis in the dog without prior exposure of, to expansion of extracellular fluid volume KLEMMER, P.J., DE LOS SANTOS, C. & BLYTHE, W.B. 525-527

- Kidney, perfused, isolated, excretion of conjugated bilirubin in GOLLAN, J.L., DALLINGER, K.J.C. & BILLING, B.H. 381-389
- Kidney, prostaglandins of, in renal hypertensive dogs DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. 561-566
- Kidney, rat, effects of glucocorticoid deficiency on adenosine cyclic monophosphate in medulla of KUROKAWA, K., AZNAR, E., DESCOEUDRES, C., ZULUETA, A. & MASSRY, S.G. 573-577
- Kidney, response of blood flow in, to haemorrhage in the rabbit after pentobarbitone, chloralose-urethane and ether anaesthesia WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Kidney, structure and function of, in rats with chronic obstructive jaundice ALLISON, M.E.M., MOSS, N.G., FRASER, M.M., DOBBIE, J.W., RYAN, C.J., KENNEDY, A.C. & BLUMGART, L.H. 649-659
- Kininogenin, see Kallikrein
- Lactamimides, cyclo-alkyl, effect of, on human pepsins and pepsinogens ROBERTS, N.B. & TAYLOR, W.H. 181-185
- Lactate, plasma, effect of galactose on, in man ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. 107-109
- Lead acetate, effect of, on role of endotoxin in glycerol-induced renal failure in the rat NOLAN, J.P., VENUTO, R.C. & GOLDMANN, G.S. 615-620
- Lecithin-cholesterol acyltransferase, lipoprotein abnormalities of obstructive jaundice and AGORASTOS, J., FOX, C., HARRY, D.S. & MCINTYRE, N. 369-379
- Leg, human, determination of blood flow in JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. 517-523
- Length-tension curve, ventricular muscle and (Editorial Review) NOBLE, M.I.M. 1-7
- Leucine, subcellular distribution of hydrolase activities for homopeptides of, in human jejunum VESSBY, B., BOBERG, J. & LITHELL, H. 205-207
- Leucocytes, human, effect of zinc on sodium transport in, *in vitro* PATRICK, J., MICHAEL, J., GOLDEN, M.N., GOLDEN, B.E. & HILTON, P.J. 585-587
- Leucocytes, polymorphonuclear, evidence for pathogenic role of, in glomerulonephritis DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Leucocytes, polymorphonuclear, involvement of, in pathogenesis of human glomeronephritis SANDERS, E., COLES, G.A. & DAVIES, M. 667-672
- Lignocaine, effects of anaesthesia of airways with, on ability to detect added inspiratory resistive loads CHAUDHARY, B.A. & BURKI, N.K. 621-626
- Lipoproteins, lecithin-cholesterol acyltransferase and abnormalities of, in obstructive jaundice AGORASTOS, J., FOX, C., HARRY, D.S. & MCINTYRE, N. 369-379
- Lipoprotein lipase, activity resembling, in post-heparin plasma in man measured with different substrate emulsions VESSBY, B., BOBERG, J. & LITHELL, H. 201-203
- Lithocholic acid, effect of chenodeoxycholic acid on, of bile in patients with hyperlipoproteinemia ANGELIN, B., EINARSSON, K. & LEJD, B. 451-455
- Liver, metabolic response to galactose in man as measure of release of glucose from ROYLE, G., KETTLEWELL, M.G.W., ILIC, V. & WILLIAMSON, D.H. 107-109
- Lung disease, obstructive, chronic, control of breathing in patients with SÖRLI, J., GRASSINO, A., LORANGE, G. & MILIC-EMILI, J. 295-304
- Lung, effect of blood transfusion on carbon monoxide transfer factor of, in man CLARK, E.H., WOODS, R.L. & HUGHES, J.M.B. 627-631
- Lung, interpretation of different measurements of airways obstruction in chronic bronchial asthma in the presence of changes in volume of SAUNDERS, K.B. & RUDOLF, M. 313-321
- Lymphocytes, human, purine biosynthesis *de novo* by, in gout KAMOUN, K., CHANARD, J., BRAMI, M. & FUNCK-BRENTANO, J.L. 595-601
- L-[α -¹⁵N]Lysine, rate of synthesis of human myofibrillar protein from muscle biopsies during infusion of MCKERAN, R.O., HALLIDAY, D. & PURKISS, P. 471-475
- Lysinuria, induction of, in the rat by two *para*-substituted guanidinophenylalanines OWENS, C.W.I. 673-677
- Lysosomes, enzymes from, in human urine SANDERS, E., COLES, G.A. & DAVIES, M. 667-672

- Medulla, kidney, mechanism of antihypertensive action of, in hydronephrotic rats with one-kidney, renal-clip hypertension SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Mercaptopurine, effect of, on splenomegaly in schistosomiasis in mice MAHMOUD, A.A.F. & WOODRUFF, A.W. 397-401
- Methoxamine, effect of stimulation of α -adrenoreceptors with, on airways of normal and asthmatic man SNASHALL, P.D., BOOTHER, F.A. & STERLING, G.M. 283-289
- Menopause, relation between plasma androstenedione and oestrone and androstenedione to oestrone conversion rates in women with or without fractures after PELC, B., MARSHALL, D.H., GUHA, P., KHAN, M.Y. & NORDIN, B.E.C. 125-131
- 3-Methylhistidine, catabolic rate of human myofibrillar protein derived from excretion of MCKERAN, R.O., HALLIDAY, D. & PURKISS, P. 471-475
- Micropuncture, renal sodium and glucose transport in the dog studied by WEN, S.-F., BOYNAR, J.W., JR & STOLL, R.W. 481-488
- Micropuncture, study by, of renal function in rats with chronic obstructive jaundice ALLISON, M.E.M., MOSS, N.G., FRASER, M.M., DOBBIE, J.W., RYAN, C.J., KENNEDY, A.C. & BLUMGART, L.H. 649-659
- Microspheres, radioactive, use of, for determination of bone blood flow in the rat MACPHERSON, J.N. & TOTHILL, P. 111-113
- Microspheres, use of, in determination of renal vascular response to haemorrhage in the rabbit after pentobarbitone, chloralose-urethane and ether anaesthesia WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Mitochondria, liver, superoxide dismutase activity in, of patients with Dubin-Johnson-Sprinz syndrome PETERS, T.J. & SEYMOUR, C.A. 549-553
- Mitral stenosis, ventilatory responses to exercise and carbon dioxide in, before and after valvulotomy REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Mouth occlusion pressure, measurement of, in patients with chronic obstructive lung disease SORLI, J., GRASSINO, A., LORANGE, G. & MILIC-EMILI, J. 295-304
- Muscle, cardiac, length-tension curve and (Editorial Review) NOBLE, M.I.M. 1-7
- Muscle, electrolytes of, and fluid compartments in six children with Bartter's syndrome DELAPORTE, C., STULZAFI, J., LOIRAT, C. & BROYER, M. 223-231
- Muscle, human, turnover of myofibrillar protein of, derived from 3-methylhistidine excretion and muscle biopsied during infusion of L-[α -¹⁵N]lysine MCKERAN, R.O., HALLIDAY, D. & PURKISS, P. 471-475
- Muscle, intracellular free amino acids in, of patients with chronic uraemia and effect of peritoneal dialysis and infusion of essential amino acids BERGSTRÖM, J., FÜRST, P., NORÉE, L.-O. & VINNARS, E. 51-60
- Muscle, skeletal, human, central and peripheral fatigue in sustained maximum voluntary contractions of BIGLAND-RITCHIE, B., JONES, D.A., HOSKING, G.P. & EDWARDS, R.H.T. 609-614
- Muscle, skeletal, physiological analysis of weakness of, and fatigue (Editorial Review) EDWARDS, R.H.T. 463-470
- Myofibrillar protein, human, turnover of, derived from measurement of 3-methylhistidine excretion and muscle biopsies during infusion of L-[α -¹⁵N]lysine MCKERAN, R.O., HALLIDAY, D. & PURKISS, P. 471-475
- Myopathy, physiological analysis of, and fatigue (Editorial Review) EDWARDS, R.H.T. 463-470
- Natriuresis, effect of arterial pressure and inheritance on, in normal young men WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. 639-647
- Natriuresis, effect on, of renal prostaglandins in two-kidney Goldblatt hypertensive dogs DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. 561-566
- Neck chamber, variable-pressure, use of, to study reflex control of renin release in essential hypertension MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Neonates, human, tidal pressure/volume and flow/volume respiratory loop patterns in MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. 257-264

- Nephrectomy, effect of, on plasma renin in man DERKX, F.H.M., WENTING, G.J., MAN IN'T VELD, A.J., VERNHOEVEN, R.O. & SCHALEKAMP, M.A.D.H. 529-538
- Nephrectomy, unilateral, effect of, on development and maintenance of renal hypertension in the rat FERNANDES, M., FIORENTINI, R., ONESTI, G., BELLINI, G., GOULD, A.B., HESSAN, H., KIM, K.E. & SWARTZ, C. 633-637
- Nervous system, central, actions of β -adrenoreceptor antagonists in (Editorial Review) CONWAY, J., GREENWOOD, D.T. & MIDDLEMISS, D.N. 119-124
- Nitrogen, measurement of total body content of, in hypertensive subjects by total-body neutron-activation analysis *in vivo* BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Noradrenaline, responses of, to exercise in hyperthyroid patients NAZAR, K., CHWALBINSKA-MONETA, J., MACHALLA, J. & KACIUBA, H. 323-327
- Nucleoside phosphorylase, urinary purine excretion as diagnostic screening test in deficiency of SIMMONDS, H.A., SAHOTA, A., POTTER, C.F., CAMERON, J.S. & WADMAN, S.K. 579-584
- Obese mice, measurement of protein turnover in gut, liver and kidneys of, with [3 H]glutamic acid MILLER, B.G., GRIMBLE, R.F. & TAYLOR, T.G. 425-430
- Obstructive jaundice, see Jaundice
- Oedema, effect of streptozotocin-diabetes on, after injury in the rat ELEBUTE, E.A. & LITTLE, R.A. 431-437
- Oestrogen, effect of, on bone loss in postmenopausal women LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. 193-195
- Oestrone, relation between plasma androstenedione and oestrone and conversion rates of androstenedione into, in post-menopausal women with or without fractures PELC, B., MARSHALL, D.H., GUHA, P., KHAN, M.Y. & NORDIN, B.E.C. 125-131
- Oophorectomy, effect of, and calcium deprivation on bone mass in the rat HODGKINSON, A., AARON, J.E., HORSMAN, A., MCLACHLAN, M.S.F. & NORDIN, B.E.C. 439-446
- Oophorectomy, relation between plasma androstenedione and oestrone and androstenedione to oestrone conversion rates in post-menopausal women with and without fractures after PELC, B., MARSHALL, D.H., GUHA, P., KHAN, M.Y. & NORDIN, B.E.C. 125-131
- Osteitis deformans, skeletal blood flow in, and its response to calcitonin therapy WOOTTON, R., REEVE, J., SPELLACY, E. & TELLEZ-YUDILEVICH, M. 69-74
- Osteoporosis, oestrogen, progestogen and LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. 193-195
- Oxalate, effects of ethane-1-hydroxy-1,1-diphosphonate on urinary excretion of, in calcium nephrolithiasis BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Oxalates, increased absorption of, in patients with calcium-containing renal stones HODGKINSON, A. 291-294
- Oxazolone, circadian rhythm of delayed hypersensitivity to, in the rat POWNALL, R. & KNAPP, M.S. 447-449
- Oxygen, influence of indomethacin on uptake of, in man WENNMALM, A. 141-145
- Oxygen, mechanisms of blood transport of, in children on maintenance haemodialysis BURSAUX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. 85-91
- Paget's disease of bone, see Osteitis deformans
- Pancreas, secretion of bicarbonate by, during infusion of porcine secretin in the pig FAHRENKRUG, J., SCHAFFALITZKY DE MUCKADELL, O.B. & HOLST, J.J. 61-68
- Parathyroid hormone, biological activity with nature of, in human urine NIJS-DE WOLF, N., DE NUTTE, N., BRAUMAN, H. & CORVILAIN, J. 349-353
- Pentobarbitone, renal vascular response to haemorrhage in the rabbit after anaesthesia with WARREN, D.J. & LEDINGHAM, J.G.G. 489-494
- Pepsinogens, human, effect of cyclo-alkyl lactamimides on ROBERTS, N.B. & TAYLOR, W.H. 181-185
- Peptidase, change in activity of, in rat small intestine after administration of 5-fluorouracil GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. 411-418

- Peptidases, subcellular distribution of, in human jejunum VESSBY, B., BOBERG, J. & LITHELL, H. 205-207
- Peptide hydrolase, change in activity of, in rat small intestine after administration of 5-fluorouracil GARDNER, M.L.G., SAMSON, R.R. & HEADING, R.C. 411-418
- Peripheral resistance, total, studies of, in hydronephrotic rats with one-kidney renal-clip hypertension SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Permeability, effect of hyperosmolar stimuli and coeliac disease on, of human gastrointestinal tract WHEELER, P.G., MENZIES, I.S. & CREAMER, B. 495-501
- Phenacetin, hepatic metabolism of aminopyrine in patients with chronic renal failure and history of abuse of SCHERRER, S., HALDIMANN, B., KÜPFER, A., REUBI, F. & BIRCHER, J. 133-140
- Phenobarbitone, effect of, on bilirubin kinetics in patients with Gilbert's syndrome OKOLICSANYI, L., GHIDINI, O., ORLANDO, R., CORTELAZZO, S., BENEDETTI, G., NACCARATO, R. & MANITTO, P. 539-547
- N*-(*cis*-2-Phenylcyclopentyl)azacyclotridecan-2-imine hydrochloride, effect of, on human pepsins and pepsinogens ROBERTS, N.B. & TAYLOR, W.H. 181-185
- Phosphate, effects of ethane-1-hydroxy-1,1-diphosphonate on urinary excretion of, in calcium nephrolithiasis BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Phosphate, oxygen transport in blood in children on maintenance haemodialysis with low blood concentration of BURSAUX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. 85-91
- Phosphorus, measurement of total body content of, in hypertensive subjects by total-body neutron-activation analysis *in vivo* BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Phosphorus, metabolism *in vitro* of 1,25-dihydroxycholecalciferol in chicks fed on diets deficient in SWAMINATHAN, R., SOMMERVILLE, B.A. & CARE, A.D. 197-200
- Photon absorptiometry, measurement of bone mineral by LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. 193-195
- Plasma renin activity, blood pressure and, in patients on chronic haemodialysis MCGRATH, B.P. & LEDINGHAM, J.G.G. 305-312
- Plasma renin activity, effect of angiotensin II blockade on, before and after marked sodium depletion in patients with hypertension VAN HOOGDALEM, P., DONKER, A.J.M. & LEENEN, F.H.H. 75-83
- Plasma renin activity, studies of, in hydronephrotic rats with one-kidney renal-clip hypertension SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Plasma volume, studies of, in hydronephrotic rats with one-kidney renal-clip hypertension SUŠIĆ, D., SPARKS, J.C., MACHADO, E.A. & KENTERA, D. 361-367
- Plasminogen activator, structure-activity relations of response of, to vasopressins in man CASH, J.D., GADER, A.M.A., MULDER, J.L. & CORT, J.H. 403-409
- Polyacrylamide gel electrophoresis, use of, for characterization of immunoreactive angiotensin in canine cerebrospinal fluid HUTCHINSON, J.S., SCICSMANN, J., KORNER, P.I. & JOHNSTON, C.I. 147-151
- Polymorphonuclear leucocytes, evidence for pathogenic role of, in glomerulonephritis DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Polymorphonuclear leucocytes, involvement of, in pathogenesis of human glomerulonephritis SANDERS, E., COLES, G.A. & DAVIES, M. 667-672
- Porphyria, intermittent, acute, family studies on activity of uroporphyrinogen I synthase in diagnosis of ASTRUP, A.G. 251-256
- Potassium, muscle, fluid compartments and, in six children with Bartter's syndrome DELAPORTE, C., STULZAFT, J., LOIRAT, C. & BROYER, M. 223-231
- Potassium, plasma, relationship between, and plasma aldosterone, renin activity and potassium excretion in chronic stable renal disease in man KAHN, T., KAHN, D.M., NICOLIS, G., KRAKOFF, L.R. & STEIN, R.M. 661-666
- Pressoreceptors, see Baroreceptors
- Pressure-volume curve, ventricular muscle and (Editorial Review) NOBLE, M.I.M. 1-7
- Progestogen, effect of, on bone loss in postmenopausal women LINDSAY, R., HART, D.M., PURDIE, D., FERGUSON, M.M., CLARK, A.S. & KRASZEWSKI, A. 193-195
- Propranolol, central nervous actions of (Editorial Review) CONWAY, J., GREENWOOD, D.T. & MIDDLEMISS, D.N. 119-124

- Propranolol, natriuretic effect of, on dogs with chronic bile-duct ligation WINAVER, J., CHAIMOVITZ, C. & BETTER, O.S. 603-607
- Prostaglandins, contrasting patterns of excretion of, in children and adults with Bartter's syndrome DRAY, F. 115-118
- Prostaglandins, effect of inhibition of synthesis of, on natriuresis induced by saline infusion in man MOUNTOKALAKIS, TH., KARAMBASIS, TH., MAYOPOULOU-SYMVOULIDOU, D. & MERIKAS, G. 47-50
- Prostaglandins, influence of inhibitor of synthesis of, on systemic and pulmonary vascular resistance in man WENNMAHM, A. 141-145
- Prostaglandins, renal, production of, in renal hypertensive dogs DIGHE, K.K., SMITH, G.W., UNGAR, A. & WHELPDALE, P.H. 561-566
- Protein, measurement of turnover of, in gut, liver and kidneys of lean and obese mice with [³H]glutamic acid MILLER, B.G., GRIMBLE, R.F. & TAYLOR, T.G. 425-430
- Proteinases, activity of, in urine from patients with renal disease SANDERS, E., COLES, G.A. & DAVIES, M. 667-672
- Proteinases, lysosomal, degradation of human glomerular basement membrane by, from polymorphonuclear leucocytes DAVIES, M., BARRETT, A.J., TRAVIS, J., SANDERS, E. & COLES, G.A. 233-240
- Pteridines, folate-derived, occurrence of, in rat liver REED, B., WEIR, D. & SCOTT, J. 355-360
- Pteroylglutamate, catabolism of, in rat liver REED, B., WEIR, D. & SCOTT, J. 355-360
- Pulmonary resistance, total, measurement of, in human neonates MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. 257-264
- Purines, effect of, on purine biosynthesis by human lymphocytes in gout KAMOUN, K., CHANARD, J., BRAMI, M. & FUNCK-BRENTANO, J.L. 595-601
- Pyrophosphate, uptake by bone of, and diphosphonates and their technetium derivatives BISAZ, S., JUNG, A. & FLEISCH, H. 265-272
- Quadriceps, human, central and peripheral fatigue in sustained voluntary contractions of BIGLAND-RITCHIE, B., JONES, D.A., HOSKING, G.P. & EDWARDS, R.H.T. 609-614
- Race, variation in relationship of urinary kallikrein activity to renal salt and water excretion according to LEVY, S.B., FRIGON, R.P. & STONE, R.A. 39-45
- Radioimmunoassay, determination of 1,25-dihydroxycholecalciferol by CLEMENS, T.L., HENDY, G.N., GRAHAM, R.F., BAGGIOLINI, E.G., USKOKOVIC, M.R. & O'RIORDAN, J.L.H. 329-332
- Radioimmunoassay, use of, for measurement of immunoreactive angiotensin in canine cerebrospinal fluid HUTCHINSON, J.S., SCICSMANN, J., KORNER, P.I. & JOHNSTON, C.I. 147-151
- Receptors, low-pressure, renin release in essential hypertension and MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Renal artery, effect of antitonin on blood pressure in rats with constriction of GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457-461
- Renal failure, acute, effect of saralasin and serum in rats with, and myohaemoglobinuria BAUEREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. 555-560
- Renal failure, chronic, hepatic metabolism of aminopyrine in patients with SCHERRER, S., HALDIMANN, B., KÜPFER, A., REUBI, F. & BIRCHER, J. 133-140
- Renal failure, role of endotoxin in, induced in the rat by glycerol NOLAN, J.P., VENUTO, R.C. & GOLDMANN, G.S. 615-620
- Renal insufficiency, oxygen transport in blood in children with BURSAX, E., BROYER, M., POYART, C., BOHN, B. & JEAN, G. 85-91
- Renal nerves, effect of, on renin release after haemorrhage and renal ischaemia BELL, C. & LANG, W.J. 17-23
- Renal nerves, lack of role for, in renal sodium reabsorption in conscious dogs LIFSCHITZ, M.D. 567-572
- Renin-angiotensin system, effect of saralasin on, in myohaemoglobinuric acute renal failure of rats BAUEREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. 555-560
- Renin, control of, in man under various pathological conditions DERKX, R.P., WENTING, G.J., MAN IN'T VELD, A.J., VERHOEVEN, R.P. & SCHALEKAMP, M.A.D.H. 529-538

- Renin activity, plasma, blood pressure and, in patients on chronic haemodialysis MCGRATH, B.P. & LEDINGHAM, J.G.G.
- Renin, effect of administration of Sar¹-Ala⁸-angiotensin II on plasma concentration of, in the rat FERNANDES, M., FIORENTINI, R., ONESTI, G., BELLINI, G., GOULD, A.B., HESSAN, H., KIM, K.E. & SWARTZ, C. 633-637
- Renin, effects of renal dopamine receptor and β -adrenoreceptor blockade on release of, in the dog BELL, C. & LANG, W.J. 17-23
- Renin, plasma, relationship between plasma aldosterone, potassium excretion and plasma potassium and activity of, in chronic renal disease in man KAHN, T., KAJI, D.M., NICOLIS, G., KRAKOFF, L.R. & STEIN, R.M. 661-666
- Renin, reflex control of release of, in essential hypertension MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Respiratory sensation, effects of anaesthesia of airway on, assessed by detection of resistive loads CHAUDHARY, B.A. & BURKI, N.K. 621-626
- Rib cage, motion of abdomen and, in tetraplegic patients MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32
- Saliva, concentration of tonin in, of hypertensive rats GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457-461
- Saralasin, effect of, in myohaemoglobinuric acute renal failure of rats BAUEREISS, K., HOFBAUER, K.G., KONRADS, A. & GROSS, F. 555-560
- Saralasin, renin, blood volume and response to, in patients on chronic haemodialysis MCGRATH, B.P. & LEDINGHAM, J.G.G. 305-312
- Schistosomiasis, causation of splenomegaly in mice with MAHMOUD, A.A.F. & WOODRUFF, A.W. 397-401
- Scintillation counting, external, measurement of calcium absorption and absorption rate by SMART, R.C. & HOLDSWORTH, C.D. 93-97
- Secretin, porcine, elimination of, in pigs FAHRENKRUG, J., SCHAFFALITZKY DE MUCKADELL, O.B. & HOLST, J.J. 61-68
- Shock, traumatic, effect of streptozotocin-diabetes on local and general responses to, in the rat ELEBUTE, E.A. & LITTLE, R.A. 431-437
- Skin tests, circadian rhythms and POWNALL, R. & KNAPP, M.S. 447-449
- Sodium, angiotensin II blockade before and after marked depletion of, in patients with hypertension VAN HOOGDALEM, P., DONKER, A.J.M. & LEENEN, F.H.H. 75-83
- Sodium chloride, effect of acute extracellular volume expansion on reabsorption of, in diluting segment in man ISH-SHALOM, N., RAPOPORT, J., CHAIMOVITZ, C. & BETTER, O.S. 333-336
- Sodium, effect of arterial pressure and inheritance on excretion of, in normal young men WIGGINS, R.C., BASAR, I. & SLATER, J.D.H. 639-647
- Sodium, effect of indomethacin on excretion of, before and after saline infusion in man MOUNTOKALAKIS, TH., KARAMBASIS, TH., MAYOPOULOU-SYMOULIDOU, D. & MERIKAS, G. 45-50
- Sodium, effect of zinc on transport of, in human leucocytes *in vitro* PATRICK, J., MICHAEL, J., GOLDEN, M.N., GOLDEN, B.E. & HILTON, P.J. 585-587
- Sodium, exchangeable, total, determination of, and total body water in the Ghanaian KOJO ADDAE, S.K., DAKUBU, S., LARMIE, E.T., BOATIN, R. & BELCHER, E.H. 477-479
- Sodium, excretion of, after propranolol in dogs with chronic bile-duct ligation WINAVER, J., CHAIMOVITZ, C. & BETTER, O.S. 603-607
- Sodium, increased urinary excretion of, in the dog without prior expansion of extracellular fluid volume KLEMMER, P.J., DE LOS SANTOS, C. & BLYTHE, W.B. 525-527
- Sodium, intestinal transport of water and (Editorial Review) TURNBERG, L.A. 337-348
- Sodium, lack of role for renal nerves in renal reabsorption of, in conscious dogs LIFSCHITZ, M.D. 567-572
- Sodium, measurement of total body content of, in hypertensive subjects by total-body neutron-activation analysis *in vivo* BODDY, K., BROWN, J.J., DAVIES, D.L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Sodium, muscle, fluid compartments and, in six children with Bartter's syndrome DELAPORTE, C., STULZAF, J., LOIRAT, C. & BROYER, M. 223-231

- Sodium, role of depletion of, in hydrochlorothiazide-induced antidiuresis in Brattleboro rats with diabetes insipidus SHIRLEY, D.G., WALTER, S.J. & LAYCOCK, J.F. 209-215
- Sodium transport, use of human erythrocyte as model for studying action of diuretics on BROOKS, B.A. & LANT, A.F. 679-683
- Sodium, urinary kallikrein activity in subjects on restricted dietary intake of LEVY, S.B., FRIGON, R.P. & STONE, R.A. 39-45
- Spinal injuries, motion of rib cage and abdomen in patients with MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32
- Splenomegaly, causation of, in schistosomiasis in mice MAHMOUD, A.A.F. & WOODRUFF, A.W. 397-401
- Stones, renal, increased oxalate absorption in patients with, containing calcium HODGKINSON, A. 291-294
- Streptozotocin-diabetes, effect of, on local and general response to injury in the rat ELEBUTE, E.A. & LITTLE, R.A. 431-437
- Submaxillary gland, concentration of tonin in, of hypertensive rats GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457-461
- Sulphate space, blood pressure and, in patients on chronic haemodialysis MCGRATH, B.P. & LEDINGHAM, J.G.G. 305-312
- Superoxide dismutase, activity of, in liver mitochondria of patients with Dubin-Johnson-Sprinz syndrome PETERS, T.J. & SEYMOUR, C.A. 549-553
- Tachypnoea, causes of, during exercise in mitral stenosis REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Tartrate, metabolism of, in man and rat CHADWICK, V.S., VINCE, A., KILLINGLEY, M. & WRONG, O.M. 273-281
- Technetium (⁹⁹Tc), uptake by bone of pyrophosphate, diphosphonates and their complexes with BISAZ, S., JUNG, A. & FLEISCH, H. 265-272
- Temperature, body, changes in metabolism and, in hyperthyroid patients during exercise NAZAR, K., CHWALBINSKA-MONETA, J., MACHALLA, J. & KACIUBA, H. 323-327
- Tetraplegia, motion of rib cage and abdomen in patients with MORTOLA, J.P. & SANT'AMBROGIO, G. 25-32
- Thalassaemia, iron-chelation therapy with desferrioxamine in PIPPARD, M.J., CALLENDER, S.T. & WEATHERALL, D.J. 99-106
- Thermodilution, determination of human leg blood flow by technique of JORFELDT, L., JUHLIN-DANNFELT, A., PERNOW, B. & WASSEN, R. 517-523
- Thyroid gland, function of, and blood pressure in two new strains of spontaneously hypertensive and normotensive rats VINCENT, M., BORNET, H., BERTHEZENE, F., DUPONT, J. & SASSARD, J. 391-395
- Tidal flow/volume, loop patterns of, in respiration of human neonates MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. 257-264
- Tidal pressure/volume, loop patterns of, in respiration of human neonates MILNER, A.D., SAUNDERS, R.A. & HOPKIN, I.E. 257-264
- Tilting, head-up, effect of, on renin release in essential hypertension MANCIA, G., LEONETTI, G., TERZOLI, L. & ZANCHETTI, A. 217-222
- Tonin, concentration of, in saliva and submaxillary glands in hypertensive rats GARCIA, R., BOUCHER, R., GUTKOWSKA, J., KONDO, K., DEMASSIEUX, S. & GENEST, J. 457-461
- Total-body neutron-activation analysis, concurrent estimation *in vivo* of total body and exchangeable body sodium in hypertension by BODDY, K., BROWN, J.J., DAVIES, D. L., ELLIOTT, A., HARVEY, I., HAYWOOD, J.K., HOLLOWAY, I., LEVER, A.F., ROBERTSON, J.I. & WILLIAMS, E.D. 187-191
- Transamination, efficiency of, of keto acid analogues of essential amino acids (Editorial Review) RICHARDS, P. 589-593
- Transport, effect of zinc on, of sodium in human leucocytes *in vitro* PATRICK, J., MICHAEL, J., GOLDEN, M.N., GOLDEN, B.E. & HILTON, P.J. 585-587
- Transport, intestinal, of salt and water (Editorial Review) TURNBERG, L.A. 337-348

- Triglycerides, lipolytic activities in post-heparin plasma in man measured with different substrate emulsions of VESSBY, B., BOBERG, J. & LITHELL, H. 201-203
- Triglycerides, serum, effect of chenodeoxycholic acid on, in patients with hyperlipoprotein-aemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Tubular reabsorption, conjugated bilirubin and, in perfused isolated rat kidney GOLLAN, J.L., DALLINGER, K.J.C. & BILLING, B.H. 381-389
- Uraemia, chronic, intracellular free amino acids in muscle tissue of patients with BERGSTRÖM, J., FÜRST, P., NORÉE, L.-O. & VINNARS, E. 51-60
- Urea, blood, effects of acute acid-base alterations on, in the dog FINE, A., BENNETT, F.I. & ALLEYNE, G.A.O. 503-508
- Uric acid, effects of ethane-1-hydroxy-1,1-diphosphonate on urinary excretion of, in calcium nephrolithiasis BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Urine, human, parathyroid hormone-like biological activity in NUS-DE WOLF, N., DE NUTTE, N., BRAUMAN, H. & CORVILAIN, J. 349-353
- Urolithiasis, effects of ethane-1-hydroxy-1,1-diphosphonate in BAUMANN, J.M., BISAZ, S., FLEISCH, H. & WACKER, M. 509-516
- Uroporphyrinogen I synthase, family studies of activity of, in diagnosis of acute intermittent porphyria ASTRUP, A.G. 251-256
- Ursodeoxycholic acid, effect of chenodeoxycholic acid on, of bile in patients with hyperlipoprotein-aemia ANGELIN, B., EINARSSON, K. & LEIJD, B. 451-455
- Valvulotomy, ventilatory responses to exercise and carbon dioxide in mitral stenosis before and after REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Vasopressins, structure-activity relations of fibrinolytic response to, in man CASH, J.D., GADER, A.M.A., MULDER, J.L. & CORT, J.H. 403-409
- Ventilation, responses of, to exercise and carbon dioxide in mitral stenosis before and after valvulotomy REED, J.W., ABLETT, M. & COTES, J.E. 9-16
- Ventricle, heart, length-tension curve for muscle of (Editorial Review) NOBLE, M.I.M. 1-7
- Volume expansion, effect of indomethacin on natriuresis after, by saline infusion in man MOUNTOKALAKIS, TH., KARAMBASIS, TH., MAYOPOULOU-SYMOULIDOU, D. & MERIKAS, G. 47-50
- Water balance, effect of carbamazepine on THOMAS, T.H., BALL, S.G., WALES, J.K. & LEE, M.R. 419-424
- Water, body, total, determination of, in the Ghanaian KOJO ADDAE, S., DAKUBU, S., LARMIE, E.T., BOATIN, R. & BELCHER, E.H. 477-479
- Water, intestinal transport of sodium and (Editorial Review) TURNBERG, L.A. 337-348
- Water, relationship of urinary kallikrein activity to excretion of LEVY, S.B., FRIGON, R.P. & STONE, R.A. 39-45
- Zinc, effect of, on sodium transport in human leucocytes *in vitro* PATRICK, J., MICHAEL, J., GOLDEN, M.N., GOLDEN, B.E. & HILTON, P.J. 585-587

Correction

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Page 117, Table 1: values in the second column for 'Range' under 'Normal children' should read (0.11-0.50).