similar fashion, whereas the conjugated taurodeoxycholate (5 mM) had no significant effect. In the jejunum the effect of deoxycholate (1 mM) was shown to be reversible.

Thus, unconjugated dihydroxy bile acids inhibit absorption of water and sodium by the small intestine. The jejunum is more sensitive than the ileum and secretes fluid even when glucose is being absorbed; this dissociation between glucose and fluid absorption suggests that the mucosa is not grossly damaged. These findings may be relevant to the pathophysiological mechanisms responsible for certain types of infantile diarrhoea, since it is known that bacterial overgrowth in the small intestine in association with unconjugated dihydroxy bile acids, may occur in infants with prolonged diarrhoea (Gracey, Burke, and Anderson, 1969).

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Serum immunoglobulins and food antibodies in suspected coeliac disease. F. Carswell and A. Ferguson. Suction biopsy of the upper intestinal mucosa takes time and is potentially hazardous but is required for the diagnosis of coeliac disease. A simple, safe, and rapid test which indicates the need for biopsy would be of value.

Fifty-two children with suspected coeliac disease were investigated. The serum immunoglobulins were determined by radial immunodiffusion and precipitin tests were used to detect food antibodies in the serum. These tests were used to predict the presence of coeliac disease. All the children subsequently had an upper intestinal biopsy, and of these 30 had coeliac disease as shown by a flattened upper intestinal mucosa and clinical response to a gluten-free diet.

The immunoglobulin levels were not a useful predictor of the presence of coeliac disease whereas the food antibody tests were. The latter tests were more reliable than the whole blood folate or the barium meal and follow-through.

Food antibodies tend to disappear on treatment with a strict gluten-free diet. Such tests performed at the outpatient clinic could therefore be of value in the management of patients with possible coeliac disease.