

but minimal destruction in reticuloendothelial system. Eight cases under post operative observation after artificial valve replacement with high dose of dipyridamole, showed short survival ($T_{1/2} = 3.48 \pm 0.75$), slightly decreased recovery ($40.67 \pm 16.7\%$), and two to three times increase of PTO. In two of them, we could forecast thrombotic episodes prior to clinical manifestation based on short survival ($T_{1/2} = 2.3$ and 2.6 days respectively), in spite of marked decrease of glass beads retention. The group under the therapy; e.g. dipyridamole and aspirin, are under investigation.

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The distribution of platelet volumes was studied by Coulter F Counter and Coulter Z Bic Channelyser Model C 1000. Platelet rich plasma from severe thrombocytopenia often gives a curve with an abnormal pattern.

A first peak due to particles smaller than $3.5 \mu^3$ is often present and due to elements of discussed origin. A second distribution, of elements larger than $3.5 \mu^3$, corresponds with platelets, and, for sizes over $25 \mu^3$, the shape of the curve can be altered by the presence of red cells or of cell stroma particularly frequent in thrombocytopenic plasma.

These abnormal results are however not found when mixtures of platelet rich plasma and platelet poor plasma are used.

For a better analysis of the distribution of platelet volumes in severe thrombocytopenia the albumin-gradient separation according to Levy-Toledano was found to be the method of choice in most cases.

P. Steele and E. Genton (Denver Veterans Administration Hospital, University of Colorado Medical Center, Denver, Colorado): **Platelet Survival Time in Coronary Artery Disease: Incidence and Significance.** (486)

A role for platelets in the etiology of coronary artery disease (CAD) and its complications has been suggested. In 68 men with angiographically defined CAD platelet survival (SURV) ($^{51}\text{Chromium}$) was shortened ($3.2 \pm .04$ days; $\text{AVE} \pm \text{SEM}$; normal $3.7 \pm .04$ days; $p < 0.001$) and 41 (60%) had shortened SURV (< 3.3 days). SURV did not correlate with severity of CAD, angina, or history of infarction. Of 37 with hyperlipoproteinemia SURV was shortened ($3.1 \pm .12$ days) in 27 (73%) and different from 31 with normal lipids ($3.3 \pm .12$ days; $p < 0.05$). SURV was performed in 35 following aorto-coronary saphenous vein bypass (ACB). Of 15 with all grafts open, SURV was normal ($3.5 \pm .11$ days) in 10 (67%). Of 20 with one or more grafts occluded SURV was shortened ($2.6 \pm .08$ days) in 19 (95%). In 11 with normal SURV, one of 23 (4%) grafts was occluded while in 24 with shortened SURV 26 of 46 (56%) grafts were occluded. Clofibrate prolonged shortened SURV ($2.6 \pm .09$ to $3.4 \pm .14$ days; $p < 0.001$) and altered lipids. Sulfipyrazone prolonged shortened SURV ($2.8 \pm .12$ to $3.6 \pm .21$ days; $p < 0.001$) and failed to alter lipids. Data suggest that shortened SURV is frequently present in CAD, can be altered by platelet suppressant agents and is associated with ACB occlusion.

I. Aursnes (Institute of Physiology, University of Oslo, Oslo, Norway): **Absence of Correlation between Haemorrhagic Lymph and Prolonged Bleeding Time During Experimental Thrombocytopenia.** (487)

The level of circulating blood platelets below which a prolonged bleeding time can be found, is somewhat dependent on the age of the platelets at hand. However, when studying the appearance of red cells in the lymph of animals during experimental thrombocytopenia, no such critical level could be found at all (I. Aursnes, Scand. J. Haemat. 13, 184-195). Thus very low levels of circulating blood platelets with markedly prolonged bleeding time can be seen in animals with no red cell leakage to their lymph.