

The results shows the possibility that DIC is of great importance to RDS and FDP and are associated with hemorrhage and thrombosis.

D. Chervet, F. Bequin, P. Vassiliakos, J. Cox and C. A. Bouvier (Unité d'Hémostase, Clinique Gynécologique et Institut de Pathologie, Geneva University Hospital, Geneva, Switzerland): **Evidence of Placental Microangiopathy in Pre-Eclamptic States.** (123)

It has been suggested that a consumption coagulopathy does occur in pre-eclampsia and this has been related to intravascular clotting at the glomerular level and in the decidual spiroid arteries of the mother, but surprisingly little studies of the placental vessels have been reported. From biological data before and after delivery, and conventional, electronic and immunofluorescent studies of the placenta at birth, we present evidence for a consumption coagulopathy, renal involvement and diminution of placental secretion before delivery, and demonstrate the anatomopathological substrate for microangiopathy at the placental level. The predominant feature is intense thickening of both trophoblastic and vascular basement membrane in the villousities, intravascular clotting with platelets and fibrin thrombi, and striking modifications of vascular endothelium. While numerous trophoblastic syncytial cells have been found in circulating maternal blood, little or no circulating endothelium has been found so far, probably because they do not cross the thickened trophoblastic basement membrane. It is interesting to consider the described lesions in comparison with those observed in graft-rejection.

P. W. Howie, D. Purdie, C. Begg, C. D. Forbes and C. R. M. Prentice (University Departments of Obstetrics and Medicine, Royal Infirmary, Glasgow, U. K.): **The Use of Logistic Analysis to Distinguish between Normal and Pre-Eclamptic Patients.** (124)

Tests of coagulation and fibrinolysis were performed in 20 patients with severe pre-eclampsia and in 20 normal pregnant women. Compared with the normal patients, the women with severe pre-eclampsia had raised factor VIII, increased cryofibrinogen and reduced platelet counts. Despite increased resistance to urokinase-induced fibrinolysis, the pre-eclamptic women had lower plasminogen and increased serum and urinary F. D. P. levels. These results suggested that intravascular fibrin deposition was a feature of severe pre-eclampsia. In each test, the range of values in the pre-eclamptic women overlapped with the controls, so that no single test indicated whether intravascular coagulation was present in every case of severe pre-eclampsia. By the use of logistic analysis, it was possible to demonstrate that an abnormality of the coagulation and fibrinolytic systems was present in every case of severe pre-eclampsia. In 10 patients with moderate pre-eclampsia, the severity of the coagulation abnormality was intermediate between the severe cases and the controls.

By sequential logistic analysis, it may be possible to anticipate the phase of clinical deterioration and permit delivery before the onset of fetal death. The haemostatic abnormalities would appear to be a constant and inevitable feature of pre-eclampsia.

K. Yamada, A. Shirahata and T. Meguro (Dept. of Pediat. Keio Univ. Hospital, 160 Tokyo Japan): **The Treatment of Asphyxiated Newborn with Dic by an Alpha Blocking Agent.** (125)

The alpha blocking agent was used in the cases of newborn infants with respiratory distress syndrome (RDS) in which DIC developed. The cases of RDS included idiopathic respiratory distress syndrome, massive aspiration syndrome, atelectasis, etc. To those infants, 1 mg per kg of phenoxybenzamine (POB) was infused every 24 hours. In some of the cases, the exchange transfusion was combined with the administration of POB. After the infusion of POB, almost all of abnormal findings in coagulation studies improved remarkably as did the clinical conditions of DIC, except for the cases of sever stage.

In order to analyse our clinical results, a set of animal experiment was carried out. In this study, the rabbits which were rendered asphyxic were infused with POB and the