In a prospective study of 535 patients various clinical factors believed to predispose to deep venous thrombosis have been studied using a linear logistic analysis. The patients had been screened with the ^{125}I-fibrinogen test. A standard computer program was used to obtain the maximum likelihood estimates of the coefficients for the various factors studied. The most important factor was age; premedication with omnopon, presence of varicose veins, infection, history of previous DVT, severity and type of operation were also significant.

For any patient the logit y can be estimated and expressed as a percentage risk of thrombosis using the equation $y = -6.00 + (\text{Age} \times 0.0617) + (\text{History of previous DVT} \times 1.38) + (\text{V. veins} \times 1.26) + (\text{Premedication with omnopon} \times 0.97) + (\text{Infection} \times 0.84) - (\text{Urological operation} \times 1.94) - (\text{Thoracic operation} \times 1.15)$ derived from the significant factors and their coefficients. (The values of factors other than age are either 0 = absent, or 1 = present.)

I. Přerovský and J. Hladovec (Institute for Clinical and Experimental Medicine, 14622 Praha 4, ČSSR): **Endothelaemia in Patients with Myocardial Infarction and Angina Pectoris.** **(482)**

The previously published method (Thrombosis Res. *3*, 665, 1973) was used for the estimation of endothelaemia. The method is based on an ennumeration of endothelial cells after a differential centrifugation and removal of platelets by an addition of adenosine-diphosphate. The normal values in humans are from 4–5 cells in one microlitre of plasma. Significant increases were found in patients with acute myocardial infarction and in patients with severe angina pectoris. The increase attains maximum values on the first days of myocardial infarction and within 3–5 days they return gradually to original values. A series of clinical as well as animal experiments was carried out to elucidate this phenomenon.

W. Czarniecki, Z. Filipowicz, S. Gołębiewski, W. Kardasiewicz, W. Malanowicz, K. Schreyer and A. Zaleski (I Medical Department, Warsaw Medical School, Warsaw, Poland): **Hypercoagulability State in Renal Diseases.** **(483)**

The authors carried out investigations on the blood coagulation and fibrinolysis in renal diseases and found many evidencies of a hypercoagulability state: 1) studies on the plasma factors showed among others an increased level of factors I, VII and VIII; 2) studies on the fibrinolytic system an inhibition of the fibrinolysis in euglobulins; 3) Thromboelastographic (TEG) studies: widening of the maximum TEG amplitude (increased "Emx" index) and a tendency to shortening of "r" and "k" segment; 4) Determination of the half time of radioactivity decay of fibrinogen ($T^1/_2$ ^{131}J fibrinogen) showed a significant reduction of the $T^1/_2$ J fibrinogen; 5) the paracoagulation test was positive in many cases; 6) Fibrinogen and fibrin degradation products (FDP) were increased in serum and urine of many patients. The results were analysed in different renal diseases and in cases of renal insufficiency separately. The findings speak for an increased tendency for clotting in the renal diseases and are very important for pathogenesis and treatment.

*A. Kuramoto, A. Ihara, Y. Taketomi, H. Uchino and K. Taguchi** (Department of Medicine & Surgery*, Hiroshima University Hospital, Horoshima 734, Japan): **Thrombokinetic Study for Evaluation of Anti-Platelet Agents on Cardio-Vascular Disorders.** **(484)**

To predict and establish the early prophylactic therapy in thrombogenic disorders, we applied ^{51}Cr-labeled platelet survival study (Acta Haemat. Jap. *29*, 809, 1966) along with body scanning, to detect early stage of platelet deposition (platelet adhesion) on the injured vascular endothelium and surface of artificial heart valve(s).

In a case of diffuse thromboangitis, markedly decreased survival ($T^1/_2 = 0.65$ days) was noticed with increased platelet turn over (PTO), which reflected increased number of megakaryocyte in the bone marrow. In a case of diffuse skeletal haemangioma, ^{51}Cr-labeled platelets were sequestered in the involoved bone, with short $T^1/_2$ (= 3.4 days)