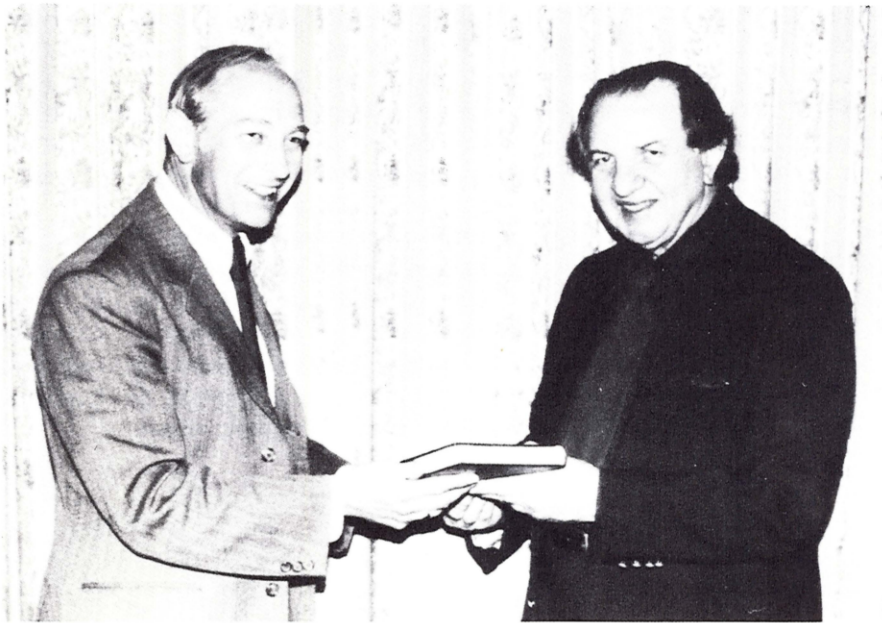


fraction of lml of the suspended red cells filtered in the first minute. The minimum FI was usually reached 7-16 h after the onset of the first symptoms and in the majority of cases it rapidly improved reaching near normal values again by 24-36 h. If it is assumed that these latter values ( $FI = 0.57 \pm 0.04$ ) represent the patients' FI before the infarction, the mean minimum FI following the infarct (to  $0.22 \pm 0.04$ ) was 28% of the original value. This minimum FI was significantly related to the subsequent clinical course of the patients. Eleven patients who developed pulmonary oedema had a significantly lower ( $P < 0.01$ ) FI ( $0.22 \pm 0.07$ ) than the patients who did not ( $0.47 \pm 0.05$ ). The FI of the five patients who developed cardiogenic shock was even lower ( $0.11 \pm 0.04$ ). Three patients died within 2 weeks, in two cases the red cells on admission could not be filtered at all ( $FI = 0$ ) and in the third the FI was 0.22. The possible role of plasma factors in the changes in red cell filterability was studied in three different series of experiments which all suggested that the changes in FI were principally due to a plasma factor affecting the red cells.

PUBLISHER'S ANNOUNCEMENT

"To Al, with respect, admiration and many, many thanks for all you are doing as a Scientist, Artist, and Man."

Robert Maxwell



Prof. A.L. Copley receives a presentation copy of "Perspectives in Biorheology" on the occasion of the Clinical Hemorheology meeting in London, October 1981, from Mr. Gilbert F. Richards, Managing Director of Pergamon Press on behalf of Robert Maxwell. The Festschrift was dedicated to Professor Copley on his 70th birthday.

Michael J. Church  
Managing Editor  
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