

tion and the pH of the solution (Fig. 2). Exflagellation increased sharply from 0 to 100 percent of the control value between pH 7.7 and 8.0 and declined more slowly at higher pH values until no exflagellation occurred above pH 8.6. Thus, regardless of the  $p\text{CO}_2$ , whether physiological or atmospheric, the level of exflagellation was determined solely by the pH of the medium bathing the cells.

Within the range of values studied the bicarbonate concentration was without marked effect on exflagellation (Fig. 1). In the complete absence of bicarbonate, however, exflagellation is totally suppressed at all pH values (9). The relationship between exflagellation and pH is, therefore, entirely dependent upon the presence of bicarbonate. We have, at present, no hypothesis to explain how the bicarbonate-dependent pH control of exflagellation operates at the cellular level.

Our results show that  $p\text{CO}_2$  influences the amount of exflagellation in our in vitro system only by its effect on the pH of the medium; similarly above an undetermined minimum concentration bicarbonate ion affects the amount of exflagellation primarily by its control of the pH of the medium. In the light of these findings the natural control of exflagellation could be interpreted as follows. In venous blood taken from the circulation and equilibrated with air the bicarbonate concentration (approximately 25 mM) does not change significantly. As the blood passes into the gut of an engorging mosquito through the fascicle, the hair-like food channel in the proboscis, the  $p\text{CO}_2$  probably falls to equilibrate with that of the surrounding atmosphere. Such a fall in  $p\text{CO}_2$  mediates a rise in pH from that of the circulating blood to one at which exflagellation is initiated. Measurements on the pH of blood in the stomach of mosquitoes taken between 5 and 10 minutes after engorgement (4) confirm that these pH values overlap the range at which exflagellation is initiated in the in vitro system. Nevertheless, further experimentation is necessary before it will be possible to say whether the bicarbonate-dependent pH control is alone responsible for initiating exflagellation in the mosquito.

Whether or not factors within the insect vector are involved in controlling the events of exflagellation, our results explain how equilibration with atmospheric  $p\text{CO}_2$  is, in the case of *P. gallinaceum*, sufficient to initiate them. Like the malaria parasites and other Haemosporidia, parasitic protozoa such as the leishmanias and African and American trypanosomes generally transform into

forms similar or identical to those found in the insect vector when cultured under atmospheric conditions (1). The possibility arises, therefore, that atmospheric equilibration may be an important factor for the initial transformation to the vector form in other arthropod-transmitted parasites.

RICHARD CARTER, MARY M. NIJHOUT  
Laboratory of Parasitic Diseases,  
National Institute of Allergy and  
Infectious Diseases,  
Bethesda, Maryland 20014

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## Coronary Tone Modulation: Formation and Actions of Prostaglandins, Endoperoxides, and Thromboxanes

**Abstract.** *Exogenous prostaglandin ( $\text{PGE}_2$ ) contracts bovine and human coronary arteries but its precursor, arachidonic acid, relaxes them. The endoperoxides  $\text{PGH}_2$  and  $\text{PGH}_3$  relax bovine coronary strips, but  $\text{PGH}_1$  produces contraction. The primary prostaglandins exert opposite effects to their own endoperoxide precursors, thus,  $\text{PGE}_2$  and  $\text{PGE}_3$  contract, and  $\text{PGE}_1$  relaxes the bovine coronary arteries. The paradoxical coronary dilation produced by the arachidonate or the  $\text{PGH}_2$  suggest that little if any coronary isomerase which converts endoperoxide into  $\text{PGE}_2$  exists, or that a novel, potent, PG-like substance is produced by the isolated coronary arteries. Although the coronaries do not possess thromboxane  $\text{A}_2$  synthetase activity, the vessels are profoundly contracted by exogenous thromboxane  $\text{A}_2$ . Thromboxane  $\text{A}_2$  can be synthesized and released by circulating platelets when they are aggregated by endothelial injury or thrombin. Thus, coronary tone, and possible spasm, in ischemic myocardial zones may be influenced markedly by interplay between prostaglandins, endoperoxides, and thromboxane formed by platelets on the one hand, and endoperoxide products synthesized endogenously in the coronary arteries on the other.*

Isolated or cultured vascular smooth muscles synthesize prostaglandins which may be involved in the regulation of blood vessel tone (1, 2). Isolated bovine (3) and human coronary arteries exhibit dose-dependent contractions to prosta-

glandin (PG)  $\text{E}_2$  and  $\text{PGF}_{2\alpha}$  (2). Paradoxically, administration of arachidonic acid, precursor of PG's of the 2 series, caused relaxation of the bovine and human coronary arteries, which was abolished by cyclooxygenase inhibitors (2). These results suggest that arachidonate was converted by coronary PG-synthetase to a substance which has a vasodilating effect, and therefore is not  $\text{PGE}_2$  or  $\text{PGF}_{2\alpha}$ . The unstable endoperoxides,  $\text{PGG}_2$  and  $\text{PGH}_2$ , are candidates for vasodilating substances produced from arachidonate. However, the existing evidence indicates that the endoperoxides contract vascular smooth muscle including rabbit thoracic aorta (4), and isolated pig coronary artery strips (5). A further understanding of endogenous regulators of coronary resistance and their potential impact in such conditions as myocardial ischemia, coronary vasospasms, and coronary thrombosis seems of critical importance.

Bovine and porcine coronary artery and rabbit aorta were excised and handled from freshly removed hearts as previously described (2), and spiral strips were prepared (6). In experiments designed to compare simultaneously the re-

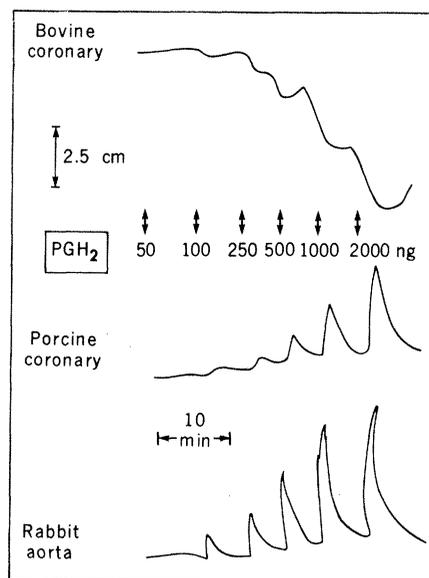


Fig. 1. Comparative arterial vascular responsiveness to the endoperoxide  $\text{PGH}_2$ .

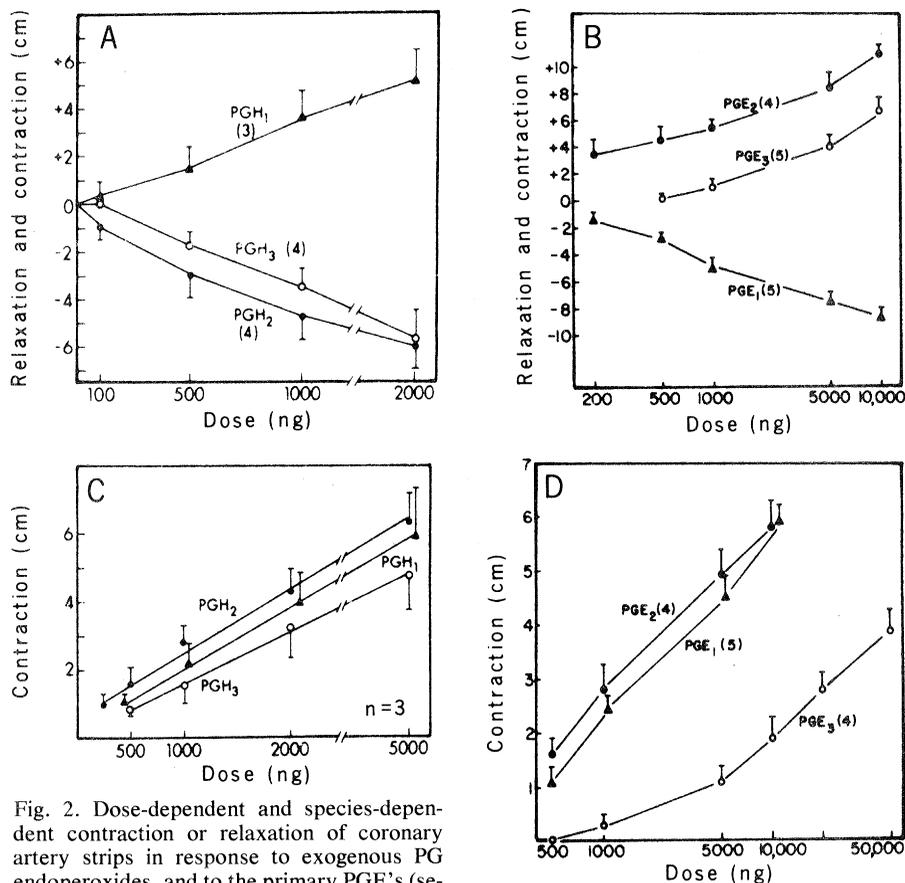


Fig. 2. Dose-dependent and species-dependent contraction or relaxation of coronary artery strips in response to exogenous PG endoperoxides, and to the primary PGE's (series 1, 2, and 3). (A and B) Bovine coronary. (C and D) Porcine coronary. The values are means  $\pm$  standard error; numbers in parentheses indicate the number of aorta strips tested.

responses to endoperoxides in blood vessels removed from various species, a superfusion cascade was employed. The spiral strips of blood vessels were continuously perfused (10 ml/min) with Krebs-Henseleit ( $O_2 : CO_2$ , 95 : 5 percent) which contained a mixture of antagonists that rendered the tissues insensitive to catecholamines, histamine, acetylcholine, and serotonin. The prostaglandin endoperoxides PGG<sub>1</sub>-PGH<sub>1</sub>; PGG<sub>2</sub>-PGH<sub>2</sub>; and PGG<sub>3</sub>-PGH<sub>3</sub> were synthesized from <sup>14</sup>C-labeled precursor fatty acids and purified as previously described (7, 8). The concentrations of the isolated endoperoxides were calculated from the radioactivity measured in the final product, since the purified endoperoxide would have the same specific activity as its labeled precursor, [1-<sup>14</sup>C]arachidonic acid. Thromboxane A<sub>2</sub> and A<sub>3</sub> (TA<sub>2</sub> and TA<sub>3</sub>) were enzymatically generated when PGH<sub>2</sub> and PGH<sub>3</sub> were incubated for 2 minutes at 0°C with human platelet microsomes according to the method previously described (7, 9).

The endoperoxide PGH<sub>2</sub> (the PG-intermediate between arachidonic acid and PGE<sub>2</sub>) was administered directly across a superfusion cascade which contained a bovine and porcine coronary artery (left

anterior descending) and a rabbit thoracic aorta strip (Fig. 1). Surprisingly, PGH<sub>2</sub> (or PGG<sub>2</sub>) produced a concentration-dependent relaxation of the bovine coronary artery strips (Figs. 1 and 2A), while PGH<sub>2</sub> (or PGG<sub>2</sub>) produced a concentration-dependent contraction of the pig coronary artery and rabbit aorta (Figs. 1 and 2C). Comparable results in both bovine (that is, relaxation) and porcine (that is, contraction) coronaries were obtained with the endoperoxide PGH<sub>3</sub> (the PG-intermediate between eicosapentaenoic acid and PGE<sub>3</sub>) (Fig. 2, A and C). In sharp contrast, the endoperoxide PGH<sub>1</sub> (the PG intermediate between dihomo- $\gamma$ -linolenate and PGE<sub>1</sub>) caused a dose-dependent contraction of all three vascular smooth muscle preparations (Fig. 2, A and C). The dose-response relationship indicates that in bovine coronary arteries the PGH<sub>2</sub> and PGH<sub>3</sub> are vasodilators of comparable potency; whereas PGH<sub>1</sub> exhibits similar, but directionally opposite, potency as a constrictor (Fig. 2A). On the other hand, in pig coronary artery spiral strips all three endoperoxides, PGH<sub>1</sub>, PGH<sub>2</sub>, and PGH<sub>3</sub>, were constrictors and were of comparable potency (Fig. 2C), which agrees with the report that PGH<sub>2</sub> contracts pig coronary artery (5). The

three endoperoxides also contract the rabbit thoracic aorta strips at all doses tested, with PGH<sub>2</sub> being about five times more potent a constrictor than PGH<sub>1</sub> and PGH<sub>3</sub> (7). The G endoperoxides gave the same results as their respective PGH's.

It is remarkable that in the bovine coronary arteries, the primary prostaglandins produce directionally opposite contractile responses from the endoperoxide intermediates. Thus, PGE<sub>2</sub> and PGE<sub>3</sub> constrict the bovine coronary artery, while PGE<sub>1</sub> relaxes it (Fig. 2B). The fact that both arachidonate and PGH<sub>2</sub> (or PGG<sub>2</sub>, not shown) produced bovine coronary artery relaxation strongly supports the hypothesis that the active modulator of coronary vascular tone by arachidonate is the PGH<sub>2</sub> endoperoxide. In contrast, the primary prostaglandins, as well as the precursor arachidonic acid, induce contractions of the porcine pig coronary arteries (Fig. 2D) and rabbit thoracic aorta strips (data not shown). Thus, in porcine coronary artery, and the rabbit thoracic aorta (the traditionally employed example of peripheral arterial vasculature), the fatty acid precursors, the endoperoxide intermediates, and the primary prostaglandins all produce a contractile response.

The recent demonstration that endoperoxides can be converted in certain tissues to a potent vasoactive product, TA<sub>2</sub> (10), suggests the possibility that TA<sub>2</sub> is favored in the coronary vasculature. To test this possibility, we incubated blood vessel microsomes (100,000g pellet) prepared from beef or pig coronary arteries or rabbit aorta with PGH<sub>2</sub>. We were unable to demonstrate the formation of TA<sub>2</sub>; as a positive control we were able to produce TA<sub>2</sub> [determined by bioassay (9)] by incubating human umbilical artery with the endoperoxide (data not shown). We enzymatically generated PG endoperoxide, TA<sub>2</sub>, and PGE<sub>2</sub> as previously described (7) and compared their effects on a superfusion of the bovine coronary artery and thoracic aorta (Fig. 3). The endoperoxide [sheep seminal vesicle microsomes (SSV) plus arachidonic acid (AA)] relaxed the bovine coronary, but the TA<sub>2</sub> generated from the endoperoxide by further incubation with human platelet microsomes (SSV + AA + IPM) was an extremely potent coronary vasoconstrictor. Indeed, profound contractions were produced by the addition of TA<sub>2</sub> [median effective dose (ED<sub>50</sub>) approximately 50 ng expressed in terms of the endoperoxide originally incubated with platelet microsomes] or TA<sub>3</sub> (ED<sub>50</sub> ~ 250 ng) to a superfusion cascade of the bovine and porcine coronary arter-

ies and the rabbit aorta. The rabbit aorta and porcine coronary were contracted by all the arachidonate products (that is, endoperoxides, primary PG's, and thromboxanes).

Bovine and human coronary arteries are qualitatively similar in several of their responses, both being contracted by PGE<sub>2</sub>, PGF<sub>2α</sub>, and indomethacin; relaxed by arachidonic acid; and relaxed by PGE<sub>1</sub> (2, 3). The bovine coronary artery exhibits remarkable receptor specificity for the degree of unsaturation of the prostaglandin molecule as well as the configuration of the prostanoate ring. The endoperoxide ring structure alone does not determine the vascular response, since PGH<sub>1</sub> (lacking the C-5 double bond) contracts, while PGH<sub>2</sub> and PGH<sub>3</sub> (the latter having an additional double bond at C-17) relax the bovine coronary. The critical role of the C-5 double bond in prostaglandins is again emphasized by the fact that PGE<sub>1</sub> dilates, while PGE<sub>2</sub> and PGE<sub>3</sub> constrict the bovine coronary. Equally as striking is that the isomerization of all three endoperoxides into their primary PGE products produces a qualitatively opposite biological response in the bovine coronary artery. The importance of changes in the ring structure is also demonstrated by the fact that isomerization of the endoperoxide into an oxane ring converts the compound from a dilator (PGH<sub>2</sub>, PGH<sub>3</sub>) to a constrictor substance (TA<sub>2</sub>, TA<sub>3</sub>) of the bovine coronary.

Our experiments suggest that the endoperoxides should not just be regarded as intermediates but as the major active species generated by the oxidation of the precursor fatty acid, with the primary PG's being the metabolites. Such a situation has been demonstrated in platelets where the endoperoxides and possibly the thromboxanes are critical for aggregation, whereas the primary PG's represent minor degradation products (11). The observation that arachidonate relaxes human and bovine coronary arteries suggests at least two possibilities. (i) the coronary might possess a cyclooxygenase but lack the isomerase that converts PGH<sub>2</sub> to PGE<sub>2</sub>, thus in the absence of enzymatic generation of primary PG's, the dilator endoperoxides PGH<sub>2</sub> and PGG<sub>2</sub> may accumulate. Similarly, if PGE<sub>2</sub> were generated slowly at a very low concentration it would not exert enough of a contractile response physiologically to antagonize the endoperoxide-induced vasodilation. (ii) Another possibility is that the bovine coronary artery is producing a novel PG-like substance (from the arachidonate or the en-

doperoxide) which is highly potent but only present in low concentrations.

These observations have physiological and pathological implications. In investigations in open-chested dogs, intracoronary injection of arachidonate produced coronary dilation which was abolished by indomethacin (12), thereby indicating a correlate to our experiments. Potentially noxious stimuli, such as low oxygen tension, could result in the local biosynthesis of a PG-endoperoxide product which would enhance regional coronary blood flow, and thereby overcome the local cardiac oxygen and metabolic deficit. On the other hand, although we could not demonstrate thromboxane synthesis in the coronary artery, the potent vasoconstrictor TA<sub>2</sub> can be synthesized by circulating platelets during thrombosis and aggregation. Thus, coronary tone, and possibly spasms, in ischemic zones of the myocardium may be influenced markedly by interplay between thromboxanes from platelets on the one hand and endoperox-

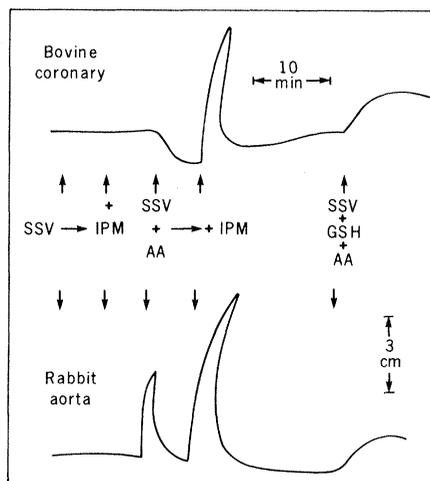


Fig. 3. Comparative contractile response to enzymatically generated PG endoperoxide, thromboxane A<sub>2</sub>, and PGE<sub>2</sub> on superfused bovine coronary artery and rabbit aorta strips. The incubation of sheep seminal vesicle microsomes (SSV, source of cyclooxygenase) plus 500 ng of arachidonate (AA) in 50 mM phosphate buffer at pH 7.4 for 1 minute at room temperature quantitatively generates a mixture of PGH<sub>2</sub> and PGG<sub>2</sub> (7, 8) which relaxes the bovine coronary but contracts the aorta. If this mixture is then incubated with indomethacin platelet microsomes (IPM, the source of thromboxane synthetase) at 0°C for 2 minutes, then 25 to 30 percent of the endoperoxides are converted to the potent vasoconstrictor thromboxane A<sub>2</sub> (7-9). When arachidonate is incubated in the presence of reduced glutathione it is quantitatively converted to PGE<sub>2</sub> (7), which contracts both the bovine coronary and the rabbit aorta. Incubation of the enzymes (SSV and IPM) without substrate (AA) produced no response on the blood vessels.

ide intermediates synthesized endogenously on the other.

We recently found that when PGH<sub>2</sub> is incubated with bovine coronary microsomes, the PGH<sub>2</sub> is completely metabolized (that is, there is a loss of rabbit aorta contraction) to a labile compound which is a much more potent coronary relaxant (13). We also found that a primary product generated by bovine coronaries incubated with <sup>14</sup>C-arachidonate, is 6-keto-PGF<sub>1α</sub> (13). This end product was inactive as a coronary relaxant. Thus, the coronaries possess a major novel arachidonate metabolic pathway which generates a labile substance apparently intermediate between PGH<sub>2</sub> and the final 6-keto-PGF<sub>1α</sub>-like product, which is a potent coronary vasodilator. On the other hand, PGH<sub>1</sub> was not metabolized by bovine coronary microsomes, and thus exhibited no loss of rabbit aorta or coronary contraction. Formation of 6-keto-PGF<sub>1α</sub> requires the presence of a double bond between C-5 and C-6 which is lacking in PGH<sub>1</sub> but not in PGH<sub>2</sub> or PGH<sub>3</sub>. The major arachidonate end product produced by isolated perfused rabbit hearts was a 6-keto-PGF<sub>1α</sub>-like product, whereas a compound comparable to the novel prostaglandins is not produced from di-homo-γ-linolenic acid [C<sub>20</sub>:3 (n-6), where n is the position of the first double bond], the fatty acid (precursor of PGH<sub>1</sub>) which lacks the double bond between C-5 and C-6 (14). Thus, vascular resistance in the intact heart and in isolated coronary arteries appears to be largely determined by this major novel metabolic pathway.

PHILIP NEEDLEMAN  
PRASAD S. KULKARNI  
AMIRAM RAZ

Department of Pharmacology,  
Washington University Medical School,  
St. Louis, Missouri 63110

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## Blood Corpuscles and Blood Hemoglobins: A Possible Example of Coevolution

**Abstract.** A model which equates oxygen transport to hemoglobin concentration and molecular weight is used to demonstrate that high concentrations of hemoglobin will augment oxygen transport only if the molecular weight of the hemoglobin is low. The evolution of corpuscles is a necessary counterpart to having high concentrations of the low molecular weight hemoglobins; corpuscles prevent loss of the small molecules by way of excretory filters and prevent the development of exceedingly high plasma osmotic pressures.

Some animals have hemoglobins (Hb's) which are carried in solution, while others have Hb's which are located in blood corpuscles. Animals with high Hb concentrations always have blood corpuscles (1), and it has been suggested that the blood corpuscles have evolved because a solution of Hb of the same oxygen capacity would be highly viscous, although recent evidence has indicated that this is not the case (2). A much overlooked observation is that the Hb's which are carried in solution have large molecular weights ( $> 5 \times 10^5$ ) while the Hb's located in corpuscles

have low molecular weights ( $< 7 \times 10^4$ ). In this report, I show that it is the low molecular weight of the Hb that is critical to obtaining blood with a high oxygen capacity. The packaging of the Hb in corpuscles is a necessary counterpart to having high concentrations of the low molecular weight Hb; such packaging prevents loss of the molecules of low molecular weight by way of excretory filters and prevents marked increases in plasma osmotic pressure.

The significance of molecular weight can be demonstrated with a simple model which equates oxygen transport ( $O_t$ ),

that is, the volume of oxygen flowing per minute in the arterial blood, to molecular weight,  $M$ , in solution. It is well established that  $O_t$  is equal to the product of blood flow ( $\dot{V}_B$ ) and the amount of oxygen bound to the Hb. Thus

$$O_t = \dot{V}_B(k_1 C_{Hb}) \quad (1)$$

where  $k_1$  is a constant for the binding capacity of Hb (3) and  $C_{Hb}$  is the concentration of Hb. However,  $C_{Hb}$  will also affect  $\dot{V}_B$  by changing blood viscosity ( $\eta$ ). For example, from the Poiseuille equation (4), one can approximate blood flow as

$$\dot{V}_B = k_2/\eta \quad (2)$$

where  $k_2$  is a constant that embodies the vascular dimensions of the vessel system and the driving pressure, for example. For any given  $k_2$ , blood flow will vary inversely with blood viscosity. In turn, blood viscosity is directly related to the intrinsic viscosity  $[\eta]$  of Hb and  $C_{Hb}$  or

$$\eta = 1 + [\eta]C_{Hb} + ([\eta]C_{Hb})^2 \quad (3)$$

and the intrinsic viscosity of the Hb is directly related to  $M$

$$[\eta] = k_3 M^a \quad (4)$$

where  $k_3$  and  $a$  are constants (5). By substituting Eqs. 4, 3, and 2 into Eq. 1, then

$$O_t = k_4 C_{Hb} / [1 + k_3 M^a C_{Hb} + (k_3 M^a C_{Hb})^2] \quad (5)$$

where  $k_4$  combines  $k_1$  and  $k_2$ .

From Eq. 5, it is evident that the relation between  $O_t$  and Hb is a complex one. The two components that are important are the direct relation between  $O_t$  and Hb, which is a consequence of the oxygen-binding properties of the carrier molecule, and an inverse relation between the two which depends on the effects of Hb on  $\eta$ . Of particular interest is the fact that the influence of Hb on  $\eta$  is dependent on both concentration of Hb and on  $M$ . Although a variety of carrier pigments have been identified, they are all polymers or aggregates of molecules with low molecular weights. If the large Hb's are split into smaller units,  $\eta$  will be reduced without the oxygen capacity of the blood being changed.

The influence of  $M$  on  $\eta$  and  $O_t$  are illustrated in Figs. 1 and 2. In Fig. 1 are shown the results obtained after substituting Eq. 4 into Eq. 3. The  $[\eta]$  of the Hb's, based on known values for myoglobin and various polypeptides, is approximated from

$$[\eta]_{Hb} = 0.0238 \times M^{0.5} \quad (6)$$

which accurately predicts the known  $[\eta]$  for myoglobin, 3.1 cm<sup>3</sup>/g (6). The accu-

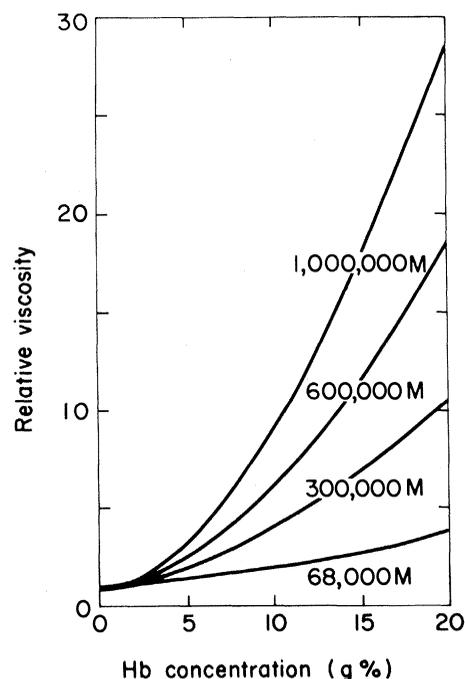


Fig. 1. Effects of hemoglobin concentration and molecular weight on the viscosities of hemoglobin solutions.

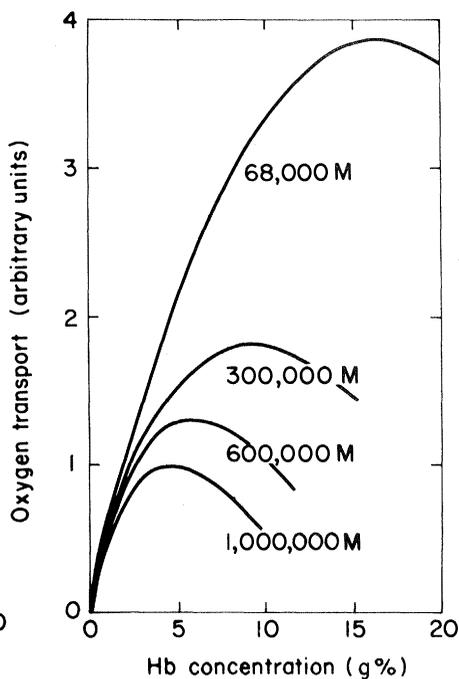


Fig. 2. Oxygen transport as a function of hemoglobin concentration and molecular weight.