Platelet function was assessed in 40 patients with nephrotic syndrome but without renal failure in order to establish whether or not there is any haemostatic disorder lending to hypercoagulable state. The findings were compared with those from 40 normal controls. There was no clinical evidence of thromboembolic phenomena in the patients. Values for the mean platelet counts and clot retraction were similar (P less than 0.05), whereas significant decrease of platelet adhesiveness (P less than 0.001) as well as prolonged platelet aggregation time (P less than 0.001) were noted. This is different from some reports in literature which have frequently reported enhanced platelet function. There may be a difference in the way platelets metabolise arachidonic acid to potent aggregating agents, in the African patients as compared to patients studied elsewhere. The hypercoagulable state in our nephrotic syndrome may be explained by alterations in other haemostatic parameters rather than in platelet function.