

THE EFFECT OF SULFINPYRAZONE AND ASPIRIN ON THE IVY TEMPLATE BLEEDING TIME
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The Canadian Stroke Study has afforded us an opportunity to study the effect of sulfinpyrazone 800 mg daily, aspirin 1200 mg daily, both drugs together, and a placebo on the Ivy template bleeding time. Patients with transient cerebral ischemic attacks were randomized to one of the treatment groups and studied before and during treatment.

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		SULFINPYRAZONE	ASPIRIN	SULFINPYRAZONE/ASPIRIN	PLACEBO	TOTAL
	N	95	90	88	79	352
Pre-drug	\bar{X}	5.06	5.12	4.86	5.07	5.02
	S	2.14	2.77	2.13	2.46	2.38
1 month	\bar{X}	5.20	7.27	7.24	4.68	-
6 months	\bar{X}	5.33	7.61	7.73	5.25	-

In 352 patients studied pre-drug, the mean bleeding time was 5.02 ± 2.38 (± 1 SD) minutes. Aspirin significantly prolonged the bleeding time ($p=.001$). Sulfinpyrazone alone had no effect on the bleeding time. In patients receiving both drugs, the effect was no greater than that of aspirin alone. ^{51}Cr platelet survival studies have been completed in 47 patients during treatment. The mean of 8.4 days was similar to the mean in 17 normal controls (8.3 days). However, analysis by treatment groups remains to be done.

THE LEVELS OF FIBRIN STABILIZING FACTOR ACTIVITY IN THE COURSE OF MYOCARDIAL INFARCTION.

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It is known that coronary thrombosis is found in most cases of myocardial infarction. There is surely relationship between the infarction and thrombosis. Platelet aggregation and fibrin formation mechanism are of course concerned with the thrombosis, but the purpose of our research is to know how fibrin stabilizing factor is involved in that. From this respect, we observed the behavior of F.S.F. in myocardial infarction. The typical changing pattern of plasma F.S.F. in the myocardial infarction is as follows; it holds high level just after the onset, rapidly decreases right after, goes down to the minimum at 5th - 7th day, gradually increases thereafter, returns to normal level at about 14th day. This profile was almost same as that in case of experimental myocardial infarction in dogs and was very specific in heart tissue, but was not observed in the control surgical experiment, and in the patients with brain bleeding and thrombosis. The experiment of Master's two-step test to see the effect on plasma F.S.F. level gave an interesting result. The tests of about 100 normal plasma showed the age dependency which means the increasing F.S.F. concentration in plasma related on age. The mean of F.S.F. in adult was 21 ± 3 ($\mu\text{MDC}/10 \text{ min}$).

PLASMA FIBRINOGEN IN HEPARINIZED PATIENTS. A. Saleem, A. F. Kreis, K. Fretz. Department of Pathology, Milton S. Hershey Medical Center, Hershey, Pennsylvania, U.S.A.

We present a simple and reproducible micro-procedure (using 20 μl) for plasma fibrinogen based on Ellis Stransky principle of clot density measurement. In this procedure we use polybrene buffer as a plasma diluent which neutralizes up to 16 units of heparin per ml of plasma. The measurement of absorbance at 340 nm provides improved sensitivity at low fibrinogen levels. The procedure compares favorably ($r=0.99$) with a reference procedure on total clottable protein.