of the other inhibitors of fibrinolysis. No fibrinogen degradation products were detected.

The treatment had no effect on the normal increase of the fibrinolytic activity during venous occlusion. This indicates that the drugs did not interfere with the release of the plasminogen activator. Of interest is that the combination caused a significant increase of the plasminogen activator content of the vein walls. This indicates that the combination stimulates the synthesis of the plasminogen activator in the vein walls.

In the coagulation and fibrinolytic systems, then, the combined treatment produced changes tending to counteract the development of thrombosis.

We have now started to give this combination to 26 patients with idiopathic recurrent venous thrombosis and with a decreased content of plasminogen activator in the vein walls. Biopsy specimens for determination of the plasminogen activator content of the vessel wall were taken before treatment and after three and 12 months' treatment respectively. In those 17 patients in whom the activator content was checked after three months the plasminogen activator content had increased in all but one. In most patients the activator content reached the normal level, which according to our grading is 6 arbitrary units. In those six patients who had taken the drug combination for 12 months an increase was noted in all. During the treatment period they had no new episodes of thrombosis.

Abstract

Fibrinolytic Enhancement by Stanozolol: A Double-blind Trial

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Thirty-four men with ischaemic heart disease were given 10 mg stanozolol per day, 10 mg stanozolol plus 100 mg phenformin per day, or a placebo for 12 months in a double-blind, randomized study. A panel of fibrinolytic and coagulation tests was performed at monthly intervals. Throughout the study the groups on active treatment showed significant enhancement of plasma fibrinolytic activity compared with their baseline values and compared with the placebo group. No significant difference was found in the enhancement of fibrinolysis which was produced by either active treatment regimen, and it is concluded that 10 mg stanozolol daily is as effective as 10 mg stanozolol plus 100 mg phenformin daily in increasing plasma fibrinolytic activity in men with ischaemic heart disease.