Letters to the Editor

We welcome comments, criticism, questions, and suggestions from our physician-readers and will occasionally print letters we receive. Please write to Editor, PRIMARY CARDIOLOGY, 488 Madison Ave., New York, N.Y. 10022

D.O. Specialist

You have made a slip in the October 1975 issue I would like to correct. Next to each doctor's name, you indicate his area of specialization. If a physician is a D.O., it is taken for granted he is a practitioner of osteopathic medicine. If a physician is an M.D., it is taken for granted he is a practitioner of allopathic medicine.

If you were to look up in the Directory of the American Osteopathic Association you will note there is no specialization called osteopathy. There are 54 types of specialization that osteopathic physicians are trained in. Your listing as Dr. Nash's specialty "osteopathy" is an anachronism. For your information, Dr. Nash is certified in diagnostic roentgenology. I trust that in your future issues you will be more specific.

Warren Wolfe, D.O.
Cherry Hill, New Jersey

Aspirin's Role

I have read with interest your note in Clinical Horizons entitled Two Studies Check Aspirin's Role in Stroke, Heart Attack Prevention, in January's issue of PRIMARY CARDIOLOGY. Aspirin has been considered a drug potentially capable of preventing arterial thrombotic diseases. It has been studied in many places, and using varied clinical models. At present, however, it is not clear-cut that it will prevent thrombosis.

Other drugs which can alter platelet function have also been studied for their ability to prevent arterial thrombosis. Persantine (dipyridamole), a drug long known as a coronary artery dilator, is capable of inhibiting platelet uptake of glucose and adenosine. In addition it inhibits platelet cyclic AMP phosphodiesterase. Only in greater than physiologic concentrations does this drug alter platelet aggregation. However, this drug is one of only a few which has clearly demonstrated its in-vivo ability to significantly inhibit valvular-induced embolic disease.

In addition, in clinical settings which alter arterial vessel walls and lead to increased platelet turnover (decreased survival) dipyridamole alone or in combination with aspirin (thereby allowing a lower dose of dipyridamole) can return platelet survival to normal.

The P.A.R.I.S. (Persantine Aspirin Reinfarction