instances in spite of careful evaluation and every precaution it is impossible to predict or prevent the development of mental changes. However, if at the first indication of abnormal mental change treatment is withdrawn, pronounced psychic disturbances will be kept at a minimum.

Skin changes may be associated with ACTH and cortisone treatment. These usually take the form of acne, keratosis pilaris, hirsutism and pigmentation. Inasmuch as these, with the possible exception of pigmentation, usually disappear following discontinuance of ACTH and cortisone, no specific measures for their prevention are indicated. An occasional patient complains of loss of scalp hair during or following ACTH and cortisone treatment. As yet no instances of failure of hair to regrow have been reported.

Cushing's syndrome, with rounding of the face, hypertension and purplish abdominal striae, appears with prolonged or intensive ACTH or cortisone therapy. It is always reversible and gradually disappears when treatment is discontinued.

The *electrolyte* and *metabolic* changes associated with hyperadrenocorticism have already been discussed.

Moderate restriction of caloric intake during hormonal treatment may be advisable because of the marked increase in appetite and body weight, exclusive of edema, which occasionally develops. Unfortunately, subsequent to treatment it is often difficult for these patients to lose this additional weight.

There is some evidence to suggest that ACTH and cortisone may cause vascular complications by virtue of their effect on blood coagulability. Fatal pulmonary embolism in patients receiving ACTH or cortisone has been reported.[5] We have observed thrombophlebitis in only one patient following ACTH administration. It has been suggested that the development of intravascular thrombosis is due to the production of blood hypercoagulability.[5] Not all workers are agreed that this occurs and offer evidence that an opposite effect is produced.[6]

Animal experiments[7] have shown that ACTH and cortisone interfere with wound healing. Decreased formation of fibroblastic tissue and granulation tissue is observed. Clinically, however, this has not been a frequent or serious problem. Epithelization of skin burns and the "taking" of autografts and homografts of skin are not interfered with and may actually be improved with the use of ACTH cortisone.[8] Testosterone propionate, 25 mg. daily, intramuscularly, or a similar potent nitrogen-retaining drug may be used during ACTH and cortisone administration if difficulty with wound healing is anticipated.

Lastly, a comment should be made about the exacerbation and occasionally actual exaggeration of disease processes which may develop on withdrawal of ACTH or cortisone therapy. In those instances which are characterized by an immediate

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