It is also obvious that these drugs reduce the numbers of circulating lymphocytes in lymphocytic leukemia but do not have similar effects in myelogenous leukemia or in monocytic leukemia. These effects are not long-lived, and most of the diseases in which these drugs have been used recur after cessation of the treatment.

If one can destroy or diminish the cellular reaction around granulomas, it is possible that one would have a greater chance to remove the substances which were producing those granulomas, because one expects the areas to be more permeable than when they are infiltrated and surrounded by vast numbers of specialized cells. From this point of view, ACTH and cortisone might give an opportunity for removal of a foreign substance like beryllium which might not be possible in the intact granuloma, but how to go about to do that is not now clear, nor is the possible explanation which I have given for the evidence of improvement which has been presented this morning. In other words, I think it very dubious that these drugs will cure beryllium granulomas, but I think it is encouraging so far as they may present an opportunity for a successful removal of beryllium, an opportunity based on possible greater permeability of the areas. It might be wise to consider this theoretical explanation and see if it really corresponds to what occurs in the disease.