undertakes all normal activities, such as golf and garden work about his home. General physical examination discloses no abnormality. His blood pressure has changed slightly, in that the diastolic pressure averages about 100 whereas throughout his illness it was 70 to 80. Vital capacity is still low, being about two thirds of normal, whereas previously it had been approximately one third of normal. Roentgenograms of the chest still show diffuse granulomatous lesions throughout the lung fields. There has been little change over the period of observation other than that the individual nodules seem smaller and more dense. Another point of interest is that throughout the course of his illness he has had several episodes of acute renal colic with passage of small stones. These stones have been analyzed and have all contained beryllium, except for the last occasion, which occurred about six months ago; the stones on this occasion showed no evidence of beryllium.

## SUMMARY

This is a case in which beryllium contact is known to have occurred in a fluorescent lighting industry, where several similar, clinical syndromes were also discovered. There has been clinical recovery, the patient returning to a normal, active life, without benefit of specific therapy of any type. Chest roentgenograms still show pulmonary lesions, the diastolic blood pressure is now at the upper limits of normal, and the vital capacity is still but two-thirds that of normal.

## COMMENT

This patient received close medical supervision at all times, and any acute situation, such as the diarrhea and the nasal hemorrhages that developed, was handled promptly, and he was always given the benefit of expert hospital care. However, no specific therapy of any type was ever used. The first evidence of improvement was the ability to gain weight, and this coincided with the subsidence of the nonspecific gastroenteritis. Chest roentgenograms did not seem to be an accurate indicator of the extent of the pathologic changes or of the status of the disease at any particular time. As regards the use of the pituitary adrenocorticotropic hormone (ACTH) or cortisone, as reported in the other cases, I am very doubtful whether either drug should be used for this disease over a long period. There is still too much unknown about this material, and there is a real danger of an unknown hazard in its use at the present time. As an adjunct to other symptomatic therapy during the phase of marked prostration and debility, as a means of producing general systemic stimulation and a sense of well-being, its use may be justified, but certainly there is little justification for using it simply because the roentgenograms show improvement of the pulmonary lesions. In fact, this may be a disadvantage, for by removing the protective band of lymphocytes from the beryllium particles, it may result in an undesired freeing of beryllium. At the present time my impression of this disease is one of chronic general poisoning which must be handled in a nonspecific manner and by very judicious symptomatic therapy until more definite information is obtained as regards any specific therapy.