depressed ST segments in leads II and III and aVR, P wave prominent in lead II, aVF and a very positive R in aVR.[1]

Chart 4 shows the clinical and laboratory data during the time the patient was on cortisone therapy. The dosage of cortisone varied from 100 to 300 mg. a day, given intramuscularly. It is significant that the patient did not manifest any of the toxic symptoms previously noted with ACTH, nor any symptoms of toxicity referable to cortisone. She continued to improve both objectively and subjectively while on this therapy. Cyanosis, clubbing of the fingers, and

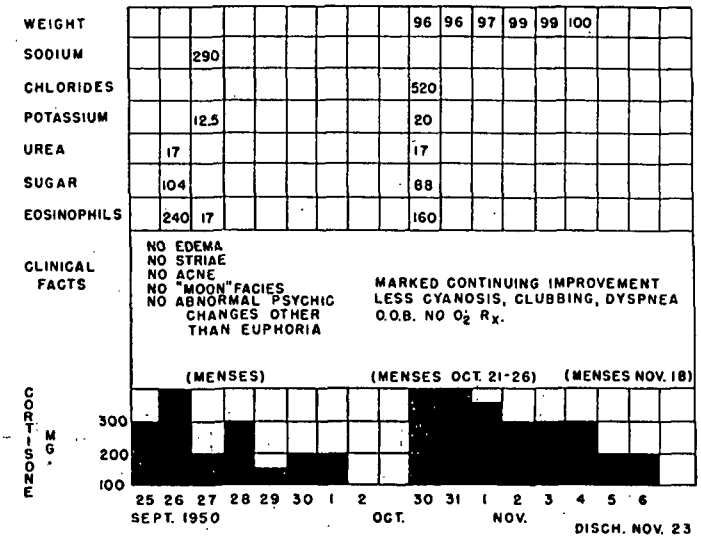

Chart 4.—Clinical and laboratory data recorded while patient was being treated with cortisone.

dyspnea improved greatly, and she remained independent of oxygen therapy and was out of bed. Her menses, which had ceased in October 1948, suddenly returned while she was on cortisone therapy and have continued regularly since. Her weight slowly increased from 76 lb. (34.5 Kg.) to 100 lb. (45.5 Kg.) at the time of discharge on Nov. 23, 1950.

The follow-up study reveals that at the present time the patient weighs 125 lb. (56.5 Kg.), is out of bed for eight hours each day and is being maintained on 150 to 200 mg. of cortisone by mouth daily. The chest roentgenogram shows no change. Oxygen therapy is not necessary.

1. The abbreviations aVR and aVF stand for augmented unipolar limb leads.