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SYMPOSIUM ON THE TREATMENT OF CHRONIC BERYLLIUM POISONING WITH ACTH AND CORTISONE

CHRONIC PULMONARY INTERSTITIAL GRANULOMATOSIS

Preliminary Report on Two Patients Treated with ACTH

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BEFORE giving my limited experience in treating patients for chronic beryllium poisoning I wish to comment on the question whether pregnancy is related to the course of the disease.

On this issue I wish to refer to cases 4 and 5 reported in our paper [1] on chronic pulmonary granulomatosis published in the *American Journal of Medicine* in September 1949. The patient in case 4 had two normal pregnancies, one in 1948 and one in 1950, with definite clinical improvement during and after each pregnancy. Likewise, the patient in case 5 revealed definite clinical improvement during and after termination of a normal pregnancy in 1950. Both of these women exhibited severe symptoms of the disease previous to their pregnancies.

This experience is limited and I am not advocating pregnancy as a method of improving the afflicted woman in the child-bearing period. It is, however, food for thought, as we are aware of the hormonal changes produced in the mother by the fetus in utero.

The intent of this preliminary report is to direct attention to the subjective relief afforded by the pituitary adrenocorticotropic hormone (ACTH, corticotropin) in two cases of chronic pulmonary interstitial granulomatosis. Beryllium exposure was a factor in both cases.

REPORT OF CASES

CASE 1.—A white man, now 50 years of age, was employed in a beryllium basic production plant on April 30, 1945. For the first seven days he worked with the soluble fluoric salt compounds of beryllium, but because of evidence of dermal intolerance he was transferred to a department where melted and ground ore was treated with sulfuric acid. Three weeks later he began to have a spasmodic productive cough, substernal discomfort and exertional dyspnea. A clinical diagnosis of acute chemical bronchitis was established. The roentgen examination of the chest showed nothing of significance. Under ambulatory symptomatic therapy he made an uneventful recovery and returned to work on July 9. However, within 10 days he had a recurrence of subjective and objective symptoms. After complete recovery he was ordered medically released from the industry on September 11.

His subsequent place of employment was approximately 1½ mi. (2.5 km.) from the beryllium plant and his permanent residence about 9 mi. (14.5 km.) away.

Read at a meeting sponsored by the Occupational Medical Clinic at the Massachusetts General Hospital, Boston, Dec. 13, 1950.

1. De Nardi, J. M.; Van Ordstrand, H. S., and Carmody, M. G.: Chronic Pulmonary Granulomatosis, Am. J. Med. **7**:345-355 (Sept.) 1949.