

ammonium chloride and mercurial diuretics. Reexamination in April showed little change in vital capacity but there was a further reduction in maximum breathing capacity (chart 4). The residual volume was greater than expected. ACTH was given, with an excellent endocrinologic response, as indicated by a fall in eosinophil count and a rise in 17-ketosteroids

**N.A., MALE, AGED 16—ASTHMA TREATED WITH ACTH—EFFECT ON VITAL CAPACITY
AND RESPIRATORY AIR VELOCITY**

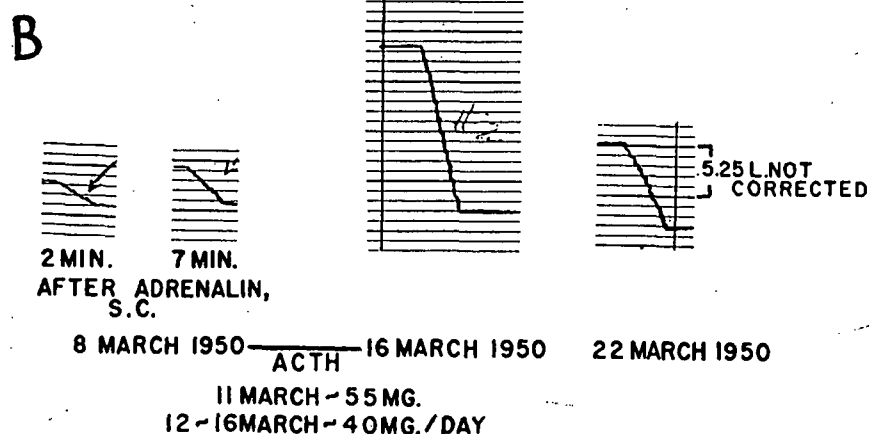
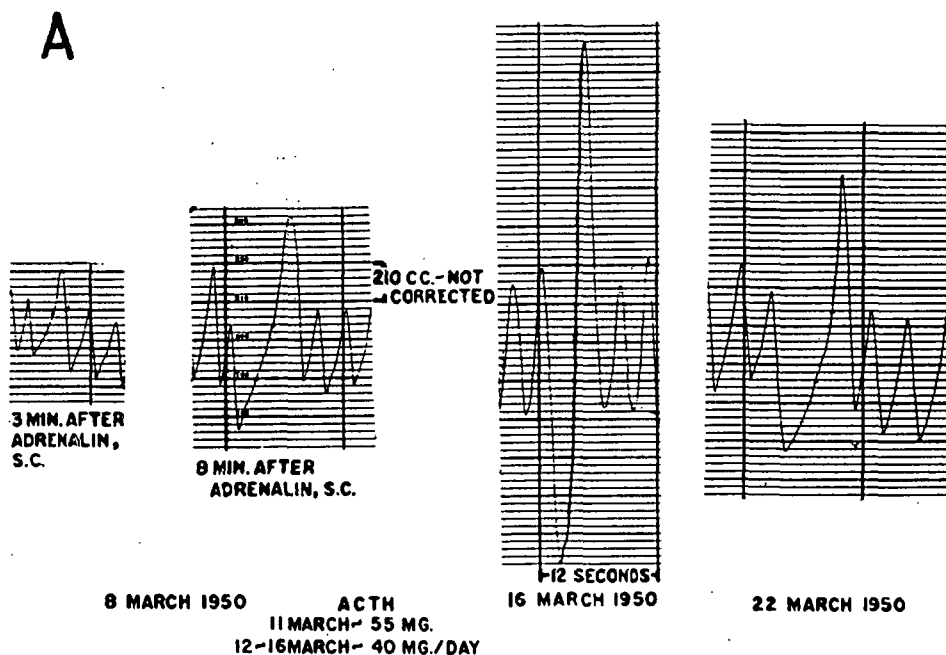


Chart 3 (case 2).—A, spiogram of the patient made during an acute attack of asthma, which was treated with epinephrine hydrochloride, injected subcutaneously, and another study made during and after ACTH therapy. Read the individual tracing from right to left with inspiration up and expiration down.

B, maximum ventilatory capacity measurements made at the same intervals of time as those in A.

excretion (table 2). However, there was virtually no change in vital capacity or maximum breathing capacity. There was a questionably significant fall in residual volume. Examination