Pulmonary roentgenograms of August 7 disclosed some improvement. Further roentgen study on September 27 demonstrated additional improvement.

The temperature remained within normal limits throughout the period of hospitalization. The pulse rate ranged between 80 and 100; the respiratory rate, between 20 and 40.

A gradual but appreciable clinical improvement was obvious three days after the inception of ACTH therapy. Dyspnea and cyanosis receded. Oxygen was less frequently needed and was not required after September 20. The mental attitude improved definitely, and the patient acquired a rather optimistic attitude toward the future. There was a gradual loss of weight despite a normal appetite. Some of this loss may be ascribed to the concomitant loss of cardiac decompensation edema. The weight at the beginning of ACTH therapy was 142 lb. (64.5 Kg.), compared with a hospital discharge weight of 138 lb. (62.5 Kg.).

SUMMARY

Two advanced cases of chronic pulmonary interstitial granulomatosis having beryllium exposure as a factor have responded clinically to ACTH.

There has not been any roentgenographic pattern of recession in one case up to the present time. The localized recession in the second case is not conclusive in view of the existing major cardiopathy.

[Before leaving the amphitheater, Dr. De Nardi made the statement below.]

Considering the present over-all status of ACTH and cortisone, it is my opinion that their use should be limited to those cases of chronic beryllium poisoning in which the symptoms are severe and there is clinical evidence of progressive aggravation of the disease.

Up to now both ACTH and cortisone have given some definite clinical improvement in these cases only during the period of their administration and for a few days thereafter. After their use is discontinued, there is a regression to the previous clinical state.