

characteristic of sarcoidosis. On rest in bed and with intermittent breathing of oxygen under pressure, A. K. improved symptomatically. Her appetite was better, and her dyspnea became less troublesome, but it was obvious that nothing had happened to change the course of her disease. She was sent home in March 1950, where her condition remained about the same until several episodes of spontaneous pneumothorax once more made her a bed patient.

In June 1950 she was brought back to this hospital for ACTH therapy plus careful metabolic studies. On her readmission it was obvious that she was extremely weak and that the slightest effort produced extreme dyspnea. Roentgenograms of the chest suggested that the disease had progressed during the six months she had been under observation.

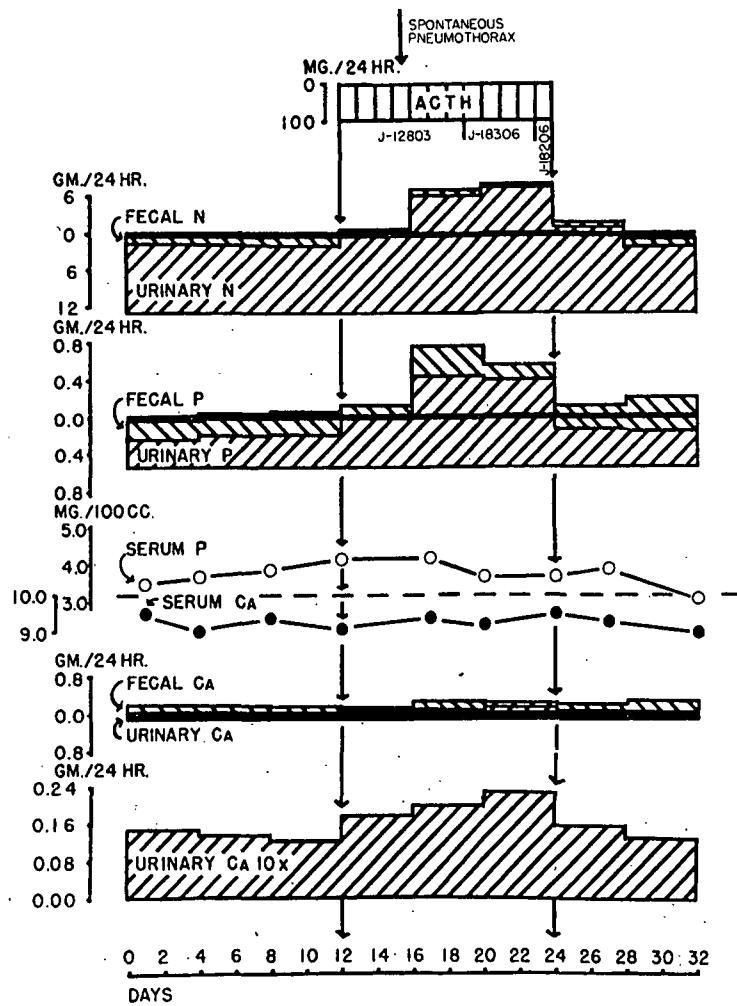


Chart 1.—Nitrogen, phosphorus and calcium balances, and serum calcium and phosphorus, in a 24 year old woman with chronic beryllium poisoning who received ACTH. In this chart and in chart 2 the metabolic data are arranged according to the following scheme. There is a horizontal base line; intake is charted downward from this base line; the urinary and fecal excretions are then measured upward from the intake line toward the base line. If the output (fecal and urinary) exceeds the intake, the final level will be above the base line; if the intake exceeds the output, the final level will be below the base line. Thus a negative balance is indicated by a shaded area above the base line, and a positive balance by a clear area below the base line. The scales for N, P, Ca, and K metabolism are so chosen that (for changes in protoplasm and bone) the area representing P balance should equal the sum of the corresponding areas for N and Ca, and that representing K balance should equal that for N.

ACTH was given at a total dosage of 100 mg. a day in four divided doses for 12 days. Unfortunately, at the onset of her therapy A. K. suffered a spontaneous pneumothorax, during