

enumerated are related, just as he thinks they are in sarcoidosis to a protean binding, that is protean will bind calcium in certain diseases, but as far as I'm concerned, that's a description, not an explanation. I don't know.

UNIDENTIFIED SPEAKER:

What is the dosage of your ACTG for that treatment?

BY DOCTOR HARDY:

Well, it varies a great deal. In general, we have given him 200 milligrams a day, ACTH embodied into fifty milligrams every six hours, for a few days; then down to a hundred milligrams spread out; then shift to the oral cortisone, keep him there one or two weeks until you're sure that you have what would be the best possible benefit from the symptomatic standpoint, and in various cases, we have tested this by pulmonary function study and cardiac catheterization study and then we do what Doctor George Dorn calls titrate the dose, meaning let him go down to the point below which he is still comfortable and then keep him there.

I'm a great deal older than I was when I talked about this in 1950 and I have patients that have been on 75 milligrams of cortisone, 25 milligrams every eight hours for a year, and I can't see where I've done any harm, and I've taken symptomatic patients from a complete chair patient back to forty hours a day - four hours a day, and this is very impressive even though in all honesty, I don't