

in size, and may furnish enough hormone to last a year or more when four to seven such pellets are used.

With adequate doses of the natural or synthetic hormone supplemented by a high salt intake the patients we are now treating who have chronic Addison's disease are looking and feeling better than such patients ever have before. Fewer patients are dying in crisis. One of our patients works as a railroad car inspector; another as a busy housewife and mother of two; another is an active helper on the farm. All three were in crisis during the past year when first seen. Patients must be taught to take their salt and hormone as religiously as a well trained diabetic takes his diet and insulin. The patient should be taught to recognise the danger signs of increasing weakness, vomiting, and diarrhoea, just as the diabetic is taught the symptoms warning of hypoglycaemia or impending coma. Physicians now have a greater responsibility to patients with adrenal insufficiency since more can be done for them today than ever before. Nurses, because of their longer contact with patients, may detect the signs which will determine the course treatment shall take. Alert observation and attention to the details of treatment and nursing care are of paramount importance.

From The American Journal of Nursing

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2. Desoxycorticosterone in Addison's Disease

By MR. EDGAR S. GORDON, M.D.

Since the preponderance of evidence at present points to some other substance or group of substances as the true adrenal cortical hormone, it is important to determine in which direction these investigations are leaning. Corticosterone still remains a possibility, in spite of its relatively low potency in certain respects in the hands of some investigators. The "cortin fraction" of Kendall, which has not been crystallised, is extremely potent in most of the measurable functions of the adrenal cortex. Furthermore, Grollman has announced the preparation of a new compound from the cortex, which has a higher potency than any heretofore obtained. Little about its chemistry has been reported to date. Until these matters have been settled, the entire question of the adrenal cortical hormone will be in an unsatisfactory and unsettled state. The known complications which may arise from the clinical use of desoxycorticosterone make its application to therapy a procedure involving some risk, except in the hands of clinicians provided with adequate facilities for identifying and controlling any difficult situations which may arise. Until many details of its action are more thoroughly understood, its use should probably be restricted.

*From the Council on Pharmacy and Chemistry Report,
Journal of the A.M.A., 20th June 1940*

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