patients there was practically no response to DM stimulation, [a maximum rise of only 18% (16-50%)] occurring at 30 minutes.

The response of adrenal steroids and ACTH to DM stimulation was not uniform in all patients even in the same group.

The variable secretory responses to DM injections are depicted in Table 2 and are exemplified below.

(1) Variant 1: DM stimulated ACTH secretion and increased the production of steroids by all three zones of the adrenal gland (6 patients with CD).

(2) Variant 2: DM induced secretion of ACTH and Cort but had no effect on Ald and DHEAS secretion (5 patients with CD and 1 with ECT).

(3) Variant 3: DM induced secretion of ACTH and Cort in association with either Ald or DHEAS; 5 patients with CD, [1 with increased Cort and DHEAS (3a) and 4 (3b) with increased Cort and Ald levels].

(4) Variant 4: Administration of DM resulted in an increased secretion of Cort, Ald, and DHEAS in various combinations without a rise in ACTH:

4a- stimulation of all studied steroids (1 patient with ACTH-ind)

4b- stimulation of Cort + Ald (1 patient with ACTH-ind)

4c- stimulation of Cort + DHEAS (2 patients with ACTH-ind)

4d- stimulation of Cort secretion (1 patient with ACTH-ind)

4e- stimulation of Ald + DHEAS secretion (1 patient with CD and 1 patient with ECT)