

Letters to the Editor

As the hooded lamp appears to be still in general use, I wish to place the above experience on record for trial by others.—I am,
Yours very truly, J. B. HORGAN.

CORK, 2nd January 1931.

RADIUM AND INTRINSIC CARCINOMA OF THE LARYNX

TO THE EDITOR,
The Journal of Laryngology.

SIR,—The cases reported in the January number of the *Journal* add support to a clinical observation, recorded elsewhere (*Clinical Journal*, September 1930) by me, in regard to the action of radium in the treatment of intrinsic carcinoma of the larynx.

This lesion presents clinically in some cases as a non-ulcerated, papillary excrescence on the vocal cord, or as an excavated malignant ulcer.

The former type, in its early stage, is observed as a mere local thickening, but in a more advanced form a pearly-white, hard, lobulated, non-ulcerated mass occupies the entire cord, presenting a characteristic laryngoscopic appearance when viewed. A malignant lesion coming under this category reacts specifically to radium, and within a week or two of the application of the radium, fades away, leaving in its wake an apparently normal cord, a complete *restitutio ad integrum*. The cord, however, presents a persistent pinkish diffuse congestion. This reaction to the radium appears to be a constant phenomenon, and can be predicted almost with certainty. It is in this type of intrinsic carcinoma of the larynx that (in the present inadequate state of our knowledge) radium yields gratifying results locally. Moreover, comparatively small doses (as small as 600 mgrm. - hours in some cases) achieve this end-result.

On the other hand, in regard to the excavated malignant ulcer of the cord, the reaction to radium cannot be foretold with any degree of precision; failures are common, as is evidenced by the report in January's *Journal*.

It is of interest to note that the case of carcinoma of the larynx, treated by radium, exhibited by Mr. H. Kisch at the Laryngological Section of the Royal Society of Medicine in November 1929, conformed to the non-ulcerated, nodular type, and the successful local result consequently was only to be expected.

Of the last 7 cases of intrinsic carcinoma of the larynx that have come

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under my observation, 4 cases were of the non-ulcerated type. In all 4 cases, the lesion disappeared completely with radium treatment. Of the remaining 3 (ulcerated type), one died soon after treatment, while neither of the other 2 were benefited by the radium.

All the cases were treated by the present customary method of fenestration of the thyroid ala, with embedding of the radium needles on the chondral surface of the growth. The usual dose was 1000 to 1200 mgrm.-hours of the element, screened with 0.3 mm. platinum screen.

It would thus appear that the two clinical types of carcinoma of the larynx referred to, react differently in regard to their reaction to radium, and that each type merits its own dosage and treatment.

This is in line with the action of radium on the superficial skin lesions. A nodular, non-ulcerated rodent ulcer will rapidly disperse under a small dose of radium, applied superficially, whereas the excavated rodent, presenting as an ulcer with everted edges, require a much larger dose, often administered interstitially, instead of superficially. When the ulcer has extended to the underlying bone, radium proves impotent in preventing the advancing ravages of the lesion.

The knowledge gleaned from this source would go to suggest that the dosage for the excavated malignant ulcer of the cord needs to be much bigger than the dose for the papillary non-ulcerated type. When the ulcer has extended to the underlying cartilage, it is to be expected that the radium will prove ineffectual.

Doses of radium, as much as 7000 to 10,000 mgrm.-hours, spread over seven to ten days, have been used in the treatment of malignant ulcer of the cervix uteri; may not the failures in some cases of malignant ulcers of the vocal cord, be due to an inadequate initial dose of radium emanations?—I remain, Yours faithfully,

N. ASHERSON.

LONDON, W.1, 3rd January 1931.