

Letters to the Editor

rescue from danger or from blindness, and relief from bodily and mental disorder in cases which were formerly obscure and incurable.

The illustrations are numerous, clear and appropriate, and the most pleasing are those which come from the author's own pencil.

No practitioner or specialist can read this book without finding interesting and helpful instruction and much refreshing inspiration.

JAMES DUNDAS-GRANT.

LETTERS TO THE EDITOR

THE FALLACY OF THE HOODED LAMP

TO THE EDITOR,

The Journal of Laryngology.

DEAR SIR,—For some years, in fact since the introduction of gas filled 60-100 Watt lamps, I have dispensed with the bull's-eye type of shield or hood upon the lamp used to obtain illumination for my frontal mirror. I prefer an unfrosted lamp-bulb and focus the reflection of the glowing filament. When reflected this appears as a more or less circular bright area, of from 2 to 3 inches in diameter. This may rarely be replaced by the reflected image of the filament, but such can be obviated by a very slight alteration in the position of the lamp or by altering the distance between the mirror and same.

The bulb can with advantage be fixed to the socket of a malleable metal standard from 2 to 3 feet in length, the distal length of which is suitably fixed.

I have found that this form of illumination greatly facilitates not only the picking up but also the retention of the desired luminous focus. The theoretical objection that the examiner loses contrast has not been found to have the least practical significance.

The advantages of this relatively light, adaptable, and readily procurable form of illumination for ward work are obvious, whilst both in and out of the "theatre" it dispenses with the assistant whose duty it is to keep the bull's-eye turned towards the surgeon's mirror, often a difficult task, and at the same time permits of better general illumination for incidental purposes.

It is perhaps superfluous to say that as these lamps develop great heat it is necessary to keep the lamp at a distance of at least 4 inches from the patient's head, and that it should not be allowed contact with towels, etc.

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