

Post-Graduate Medical Journal

LONDON: OCTOBER 1, 1940.

Radium Therapy in Cancer.

During recent years a considerable amount of experimental work has been carried out concerning the value of radium therapy in cancer and as a result this form of treatment has been established on a rational basis. The work of physicists regarding the physical properties of radium has proved of considerable value to clinicians. In this connection the work of PROFESSOR W. V. MAYNEORD carried out in the Physics Department of the Royal Cancer Hospital is outstanding. In every hospital where methods of irradiation are employed in the treatment of malignant disease it is essential that the collaboration of a physicist is available. It is of interest to note the evolution of radium therapy in cancer. During the initial phases radium was applied by means of a surface applicator in cases where the malignant growth was situated superficially. Later interstitial methods were employed using either radon seeds or radium needles. Thus lesions such as cancer of the tongue and breast were treated by this method. The modern method of applying radium therapy in cancer of the mouth and neck is by the radium bomb containing either one or five grammes of radium. This form of therapy is known as teleradium and as a form of primary treatment it has supplanted both interstitial and surface methods.

Important clinical research concerning this new form of radium therapy has been prosecuted at the Royal Cancer Hospital for several years and encouraging results have accrued. In this issue we publish a paper from the Radium Department of this Hospital by DR. M. LEDERMAN, who describes the treatment and gives examples of its results.

It must be emphasised that cancer therapy must be carried out by a team of workers; the clinician must have at his disposal the opinions of the physicist, radium therapist, X-ray therapist and pathologist. Patients must be considered as individuals and their general condition, resistance to the disease, the type of disease, the extent of the disease and any other associated conditions are taken into full account when the type of the treatment to be employed is decided. When treatment is completed the patient must be kept under constant supervision in the Follow-up Department where the results are assessed and any further treatment if required is instituted. It is by this intensive study that we shall obtain a better understanding of the disease and place its treatment on a sound and rational basis.

Post-Graduate News.

F.R.C.S. (Final) Candidates.

ORTHOPÆDIC CLINICAL COURSE: At the Royal National Orthopædic Hospital, Stanmore, by Mr. K. I. Nissen on Saturdays, October 12th, 19th, 26th and November 2nd. Limited to six post-graduates. Fee, to Members of the Fellowship of Medicine, £2 2s. od., and to non-Members, £2 12s. 6d.

REVISION COURSE: At the Royal Cancer Hospital, every morning, from 9.30 to 1.0 p.m. by Mr. Ronald Raven, October 14th to November 2nd. Fee, to Members of the Fellowship of Medicine, £2 12s. 6d., and to non-Members, £3 3s. od.

Anæsthetic Course for D.A. Candidates at the Department of Anæsthetics, Radcliffe Infirmary, Oxford.

For two weeks beginning October 28th, a short intensive revision course, comprising theoretical teaching and practical demonstrations, will be given by the Staff of the Nuffield Department of Anæsthetics. Instruction will be given daily from 9.0 a.m. to 6.0 p.m. Fee to Members of the Fellowship of Medicine, £5 5s. od., and to non-Members, £5 15s. 6d.

The Course will be STRICTLY LIMITED TO TEN post-graduates, and applications must be made to the Fellowship of Medicine, 1, Wimpole Street, W.1 (Langham 4266) *not* to Oxford.