THE USE OF RADIUM IN A CASE OF RODENT ULCER.

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IN connexion with the cases of rodent ulcer treated with radium, which were recorded in the BRITISH MEDICAL JOURNAL of January 23rd, the following notes may be of interest:

My patient was an old gentleman of 85 years. The trouble first started three years ago as a small nodule on the right side of the face, over the maximum point of the second division of the fifth nerve. His sister diagnosed a pimple and promptly squeezed it. As might be expected, despite this treatment ulceration commenced and began to spread. Some valuable time was lost by the patient falling a victim to the enticingly-worded advertisements which promise a cure for skin troubles, trying, as he did, everything, from violet leaves to cuticura soap. When my partner first saw the case, although the ulcer was even then quite small, the patient absolutely refused to have it excised. The case came under my care some eighteen months later. Although the ulcer had by this time spread to the size of the top of a teacup, it was still limited to the area supplied by the second division of the fifth. Even at the present time, while it is ulcerating deeply along the nasal process of the superior maxillary bone, it remains within this boundary. It is thus an example of Mr. Cheate's hypothesis of a nervous influence directing the spread of cutaneous cancer.¹ The question of using Roentgen rays was discussed, but as so feeble and aged a man could not travel, and as at that time we had no portable coil, the idea had to be abandoned. The advent of radium, by removing these difficulties, gave the patient another chance, for, although he was failing more from old age than from the rodent ulcer, I thought it worth while to try the effect of radium bromide. A small tube of 5 milligrams was purchased. In the absence of any guiding standard, I commenced by giving an exposure daily of 15 minutes, holding the tube within half an inch of the ulcer, without any screen, and slowly moving it over the surface. After four or five days, although there were no visible effects, the patient said the pain was less troublesome, so I increased the exposure to twice a day, with the result that the discharge, which had been considerable, rapidly became less, and the granulations were certainly more healthy, but the edges of the ulcer remained unaffected. The treatment was persisted in for some six weeks, during which time the patient's general health failed very rapidly. Finally he absolutely refused to be bothered with any treatment at all. That was about a month ago. Since then the ulcer has spread deeply, the pain increased, and the discharge returned, which is certainly an indication that even in such a desperate case as this the radium had a distinctly beneficial effect.

In connexion with E. S. London's experiments with the effect of radium on mice, showing that they get blinking of the eyes by the third day, it is interesting to note that the nurse who applied the radium for me after two or three weeks complained very much of smarting and aching of her eyes. This was, however, soon relieved by a small screen, which prevented the radiations from reaching her.

RODENT CANCER TREATED WITH X RAYS.

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C. W., aged 51, a resident in South Africa, was recommended for treatment by Dr. Mackay, of Southport.

History.

Has always been a strong healthy woman. No history of syphilis. Twelve or thirteen years ago a "pimple" appeared on her left cheek, near the nose and one inch below the inner canthus. As it gave her no pain or inconvenience, she took no notice of it. Three years afterwards the pimple began to ulcerate and was treated with plasters, applied by an irregular practitioner. Ulceration proceeded until ultimately the soft parts of the nose were destroyed. Two years ago a lump appeared on the right cheek.

Present Condition.

The patient is a strong square-set woman. The soft parts of her nose are destroyed, except a small piece of the right ala, leaving the nasal cavities widely exposed. The septum is intact, but its free margin is unhealthy-looking. For the most part surrounding

Fig. 1.—Before treatment (full face).

Fig. 2.—Before treatment (side view).

¹ BRITISH MEDICAL JOURNAL, 1903, vol. ii, p. 1515.