Figure 1. Autofluorescence laryngoscopy and local spectrophotometry of cancer of vocal cords \textit{in situ} against the background of chronic hyperplastic laryngitis. The endoscopic (a) white-light and (b) autofluorescence images of the vocal cord, and (c) the autofluorescence spectra of the normal mucosa of the vocal cord and tumour excited at 442 nm.

Figure 2. Autofluorescence bronchoscopy and local spectrophotometry of early X-ray-negative lung cancer (SCC RULB). The endoscopic (a) white-light and (b) autofluorescence images of the bronchus, and (c) the autofluorescence spectra of the normal mucosa of the bronchus and tumour excited at 442 nm.
Figure 3. Fluorescence laryngoscopy and local spectrophotometry of cancer of the left vocal cord 2 h after inhalation with Alasense. The endoscopic (a) white-light and (b) fluorescence images of the vocal cord, and (c) the fluorescence spectra of the normal mucosa of the vocal cord ($D_r = 0.3$, spectrum No. 1) and tumour ($D_r = 15.5$, spectrum No. 5) excited at 442 nm.

Figure 4. Fluorescence bronchoscopy and local spectrophotometry of early X-ray-negative lung cancer (SCC RUL.B) 2 h after inhalation with Alasense. The endoscopic (a) white-light and (b) fluorescence images of the bronchus, and (c) the autofluorescence spectra of the normal mucosa of the bronchus ($D_r = 0.4$, spectrum No. 9) and tumour ($D_r = 7.2$, spectrum No. 6) excited at 442 nm.