

**Brief note on the relief of pain in certain cases of cancer of the tongue / by
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BRIEF NOTE ON

THE RELIEF OF PAIN IN CERTAIN CASES OF
CANCER OF THE TONGUE.

BY

W. MORRANT BAKER.

There are few cases in which a surgeon is more anxious to give relief, and in which the task is often more difficult, than in some of those instances of cancer of the tongue and floor of the mouth which are too far advanced to admit of removal by a surgical operation. The acute sensibility of the parts concerned, the excessive tenderness, the intense neuralgic pain radiating to parts other than those immediately involved, with the highly vascular condition of the diseased tissues, and, as a consequence, the reflex excitability which leads to the greatly increased secretion of mucus and saliva, are among the most prominent symptoms.

Many years since it was hoped that Moore's operation of dividing the gustatory nerve would give great relief in such cases; and without doubt the operation has been, in many instances, a source of relief. But, unfortunately, the cases in which one is most anxious to employ it are frequently those in which it is most difficult, not to say in some cases dangerous. I refer more particularly to those cases in which the mouth cannot be fully opened, and in which the tongue, enlarged and ulcerated, is bound immovably to the floor of the mouth and neighbouring parts. Under these circumstances, the swollen tongue will be often observed in close contact with the teeth of the lower jaw on the corresponding side, usually the molars and bicuspid; while its surface has taken an impress from them, or has become ulcerated superficially, even when the teeth are perfectly sound. The conditions, indeed, resemble pretty closely those which are present in the cases of so-called in-

growing toe-nail. It is true there is frequently no well-marked ulceration; but the conditions of inability on the part of the swollen tissues to expand is evident on careful inspection, although in many cases it is overlooked, partly because the surgeon is misled by the healthy condition of the teeth, and sometimes even by the patient's own statement that he has no pain from friction of the tongue against the teeth; the fact being that from inability to move the tongue the pain is probably different from that which he would recognise at once if the tongue were movable and the teeth sharp and carious.

The simple measure which I am about to suggest will be, of course, at once anticipated. It is that of giving the patient an anæsthetic, and removing the whole of the teeth of the lower jaw which are in contact, or nearly in contact, with the diseased tongue. The fact of the teeth being quite sound should make no difference, as the number removed should be decided merely by their being in the immediate neighbourhood of the disease. In a severe case it is often necessary to remove half-a-dozen or more.

The advantages which accrue from this treatment are not confined to those which result from the relief of pressure, although these are often very obvious when the immediate effects of the operation have subsided. Sometimes even ulceration which seems malignant, and not merely the result of pressure, although probably this is in appearance only, will become more or less healed. With the removal of the teeth there begins almost at once a physiological diminution of vascularity in the neighbourhood of the disease; while still further room for expansion occurs, if the patient live long enough, by the withering of the corresponding part of the alveolar process.

I would lay some stress on the benefits to be derived from the point of view last mentioned, as I feel that in some cases the obvious effects of pressure are not enough to suggest to the surgeon the removal of a number of healthy teeth; and an objection is sometimes raised by the patient himself to the loss of several sound teeth, as it is difficult to explain to him that his life cannot be prolonged for many weeks or months, and that the teeth cannot be of any further service to him. A little tact, however, and of course the promise of an anæsthetic, will usually get over all difficulties.

The amount of relief will, of course, be different in different cases; but the measure is so simple that no objection can be raised to it on the score of possible harm, while the application of local remedies is made easier. The opportunity, moreover, may be taken of dividing the gustatory nerve, if the surgeon thinks it advisable.

In dealing with the subject of the relief of pain in cases of cancer of the tongue, I would also refer to those examples of the disease not so advanced as those just referred to, but in which there may be fairly a difference of opinion as to the advisability of removal, or attempted removal, by operation. In such cases, especially when there is much pain, the decision should be, I believe, in most instances, in favour of removal, unless the immediate risk to the patient's life is more than the surgeon thinks justifiable. It is true that the bare removal of the diseased tissues, with little or no healthy margin, may not prolong very much the patient's life; but it will often give great and permanent relief, so far as pain is concerned, inasmuch as it entails the removal of a highly vascular and sensitive organ. Very possibly, even within a day or two of the operation, the patient will express himself as much relieved. Even when there is local recurrence, there is not necessarily recurrence of pain to any great degree. It is perhaps not an absurd way of putting the matter, that although there is recurrence of disease, there is no recurrence of the sensitive and vascular organ which was formerly its seat.

The various local measures which may be adopted for the relief of pain, lotions, powders, &c., need not be here considered.

With regard to the internal administration of opiates and the like, I would merely remark that when absolutely necessary, they must be given in *sufficient* doses. The amount must be regulated according to what is found requisite for the patient's relief, and must not be restricted by the limit laid down in the tables as the *maximum* dose.

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