To help the student understand family life and to make his own emotional adjustments many things are needed, but, most important, are sympathetic teachers in the medical school, to whom he may turn for help and advice and with whom he may discuss his problems. This is by far the most difficult task but is one which the medical school is morally bound to accept.

Secondly there must be an adequate library covering the whole range of subjects allied to sexual and marital relations.

Thirdly, and purposely placed last, there must be some teaching in all the little subjects which go to make up this vast field. Much of this already exists under gynaecology or psychiatry but many of the little bits which make up the complete picture are still missing. Dyspareunia needs to be more than the last gynaecology lecture and contraception does not just put ideas into the students’ head.

The British Medical Students’ Association is not trying to tell teachers what to teach. Students are adults, or nearly so, and at the time of qualification many are at the height of their intellectual ability. They can make a useful contribution to medical education and this symposium was a serious attempt to put their point of view to their teachers so that they may review the curriculum in these subjects and make up the deficiencies.

---

THE PUBLIC WELFARE FOUNDATION
UNDERGRADUATE PRIZE ESSAY, 1958*

A Case of Inoperable Carcinoma

P. W. Kershaw

Edinburgh

This case deals with a problem which every general practitioner is continually facing. However, it is in some aspects unusual, and also presents a far-reaching problem which is not met with in the majority of such cases.

Medical history.—Mrs. M., the patient, aged 47 years, lives with her family in a flat in a corporation housing estate. She has been under the care of the practice for about four years.

Past history.—1933: She developed a left oculomotor palsy which was shown by thorotrast angiography to be due to a left posterior

*The Public Welfare Foundation Undergraduate Prizes are awarded for the best case reports by medical students on patients seen in general practice.
communicating carotid junction aneurysm. Ligation of the left internal carotid artery was carried out.

1953: A Bilroth partial gastrectomy was performed for a gastric ulcer with duodenal cap deformity. During investigation, radiopaque deposits had been seen in liver, spleen and associated lymph glands, and at operation a liver biopsy was carried out. This showed a deposit of brown coloured pigment in the reticulo-endothelial cells. Geiger counter examination showed radioactivity of the liver higher than that of a control block of tissue.

1957, March: She visited her doctor complaining of a bad cough and epigastric pain for a week. There had been no nausea or bowel upset but she thought that she had lost a little weight recently. The liver was felt as a tender mass under the right costal margin, but further examination was negative. She was advised to rest in bed and return in five days with a urine sample, as one of her daughters had just recovered from infective hepatitis. However, she did not return till three weeks later, this time with the added complaint of vomiting, the epigastric pain having continued. She was anaemic and much thinner. The liver was enlarged to three fingers breadth below the right costal margin. Because of the previous gastric ulcer, further investigation was considered necessary, but she was too ill to attend her hospital appointment.

May: She was admitted to hospital where, at laparotomy, an inoperable carcinoma was shown by liver biopsy to be a primary intra-hepatic cholangio-carcinoma.

July: She returned home and again entered the general practitioner's care. He found her to be almost cachetic, anorexic and vomiting after every meal and; as well as abdominal pain, she now had periods of backache. She was depressed at returning from hospital unimproved.

At first codis was prescribed to ease the pain during the day and sodium amytal was given as a sedative at night. Chlorpromazine 25 mg., b.d. initially, was added as an analgesic and euphoriant. In a short time pethidine 100 mg., b.d. replaced the codis and a chloral hydrate—opiate mixture replaced the sodium amytal. The doses were increased, but soon had to be replaced by omnopon 40 mg.; cocaine 20 mg. in 20 per cent alcohol, syrup of orange and water, and which was slowly increased in strength as tolerance was acquired.

Slow deterioration was evident as time passed, and in October she began to develop ascites and swelling of her arms and legs probably due to liver damage with resultant lowered plasma proteins and lymph obstruction in the liver.

November 7th: The patient's condition was still worsening
when she was introduced to me by her general practitioner, on one of his twice weekly visits.

Lying in bed emaciated, jaundiced and complaining of continual pain, she looked 15 years older than her real age, but she was clean and well cared for. The abdomen was greatly enlarged, the skin being so tightly stretched that it shone and her operation scars stood out. The liver was felt and found by percussion to be about a hand’s breadth enlarged. All other examination was negative. Her tongue was quite moist. She said she was eating a little—there were the remains of a sandwich on a bedside chair—and managed to sit by the fire nearly every day.

November 21st: Much worse, stuporose and almost incoherent. She said she had not been eating much recently and had not felt like getting up. Slight bed-sores were developing on each buttock and a barrier cream was prescribed. There was no other change on examination.

December 5th: The patient seemed better than on a previous visit and, though depressed and said she wasn’t improving, she appeared more alert. The bed-sores had completely disappeared.

December 19th: Died.

Post-mortem report.—The primary growth was a moderately differentiated adeno-carcinoma of the bile duct which had replaced about half the liver tissue. The remainder of the liver was fibrosed. There were secondary deposits in both lungs, left kidney, thoracic 11 and 12 vertebrae, para aortic glands, mediastinal glands, porta hepatis and also in the diaphragm.

Social history.—The patient was a housewife who had done temporary summer work in a seaside cafe. She lived on the ground floor in a four-in-a-block type of house in a new corporation housing estate. As well as kitchenette and bathroom there were four other rooms. As the family consisted of Mr and Mrs M. their five daughters, one son and a son-in-law, most of the rooms were used as bedrooms.

The husband worked in a paper factory in a nearby town and never arrived home until very late in the evening. For some years he had not got on well with his wife. In 1954, she left him because of his unfaithfulness and they were not reunited until February 1957 when all previous difficulties were settled. During this time she maintained her independence, refusing to go to live at the home of her eldest married daughter.

Mrs H., the patient’s second daughter, was a bakery worker. Her husband was a National Serviceman. Mrs R., the other married daughter, aged 22, remained at home looking after her mother.
She was expecting her first baby in December 1957 and had booked for her confinement in hospital but attended her own doctor for antenatal care. With her husband she sub-leased a room in the house. Miss E. M., aged 20, was a nursing orderly at a nearby chronic sick hospital, and Miss H. M., aged 18, was a bakery worker. The two youngest children, David M. (14) and Mary M. (8), were still at school.

The modern house, into which they moved in 1956 was a great improvement on their previous two-roomed flat in a slum tenement which had shared water and sanitation. The rent and rates were 25/- per week and, as there were at least four wages to keep the family, their finances were adequate. The rooms were moderately well furnished and clean, but without the expensive radiogram or television so often seen in many less responsible homes.

**Discussion**

The complete management of this rather sad case has involved various aspects of the Health Service from initial investigation to specialized hospital care. The general practitioner, however, was faced with the final problem—one of his most distressing and yet important ones—the management of the terminal stages of a patient suffering from incurable cancer. The only aim in such a case is to achieve the comfort and happiness of the patient, by supporting both the patient and family, relieving pain and instructing the family in nursing.

The patient had a great desire to stay in her own home, and was obviously happier there. As a result, the general practitioner had to supervise her complete care. Her family (except for her husband who did nothing) proved capable of doing this, and, as one of them was a nursing orderly, they refused outside help. That they never showed any sign of strain was demonstrated by the fact that they did not want their mother to return to hospital when it was suggested. The added complication of a baby entering the household did not seem to worry the mother and she probably had sufficient rest as this large family could do most of the general housework. Specialized jobs such as bed-baths were done by the nursing orderly when she came home. Had the baby been born before the patient died, discussion with the family regarding hospital admission would have been necessary.

The importance of movement and getting the patient up as much as possible was stressed to the family, as were the care of the skin, how to keep her nourished and the necessity of her taking her analgesics regularly. All these matters were fully understood by the nursing orderly and the patient was well cared for. The episode
of minimal bed-sores was controlled by a barrier cream. Adequate, good nourishment might have been considered a problem in a family reared in a slum, and the use of eggs and milk, and small, tasty frequent meals was thus emphasized.

The treatment of pain was an important aspect of the case, as it often is, and the increasing strength of analgesics used illustrates this. Ideally, the patient should suffer no pain and this can usually be achieved by patiently increasing the doses, but sometimes, and especially where, as in this case, back pain is severe as a result of metastasis, it may be very difficult. The side effects of opiates often become evident and increase any tendency to vomit caused by the disease. The use of chlorpromazine was of value here in increasing the potency of the opiates, decreasing the vomiting and alleviating depression.

The patient was not told of the prognosis of her disease, but—as always—the patient’s relatives were. The pregnant daughter was informed of the expected outcome when she visited the surgery soon after the patient left hospital.

Heavy demands on home nursing and home-help services were not necessary in this case partly because there was a trained person in the family, but also because of the size. The rather crowded home did not seem to affect the care of the patient, perhaps because the family had only recently been used to much worse conditions. Reliance on the domiciliary and hospital services—both refused by this family—is a problem which is inevitably increasing as the population ages and smaller families with difficult housing conditions refuse their direct responsibilities.

As to the future, as well as usual care in illness, the general practitioner must watch the social aspects of a rather unstable family—an irresponsible father, two married sisters with husbands and one with a baby girl, and two children without direct maternal and little paternal care.

The unusual aspect of this case concerns its aetiology. It is one of the few known cases of cancer having been caused by thorotrast injection—about 20 mls. reaching the circulation 24 years before death. It is now known that there is a liability for thorotrast to cause a definite blocking of the reticulo-endothelial system, producing a "thorotrastosis" with pathognomonic orange granules on macroscopic liver or spleen sections. The cancer may be caused either by direct radioactivity of thorium dioxide or the predisposition of the thorotrast cirrhosis. Only two out of seven conclusive deaths from malignancy in fourteen autopsied cases were primary liver carcinoma. The actual incidence of malignant disease due to thorotrast is unknown as its existence has only recently been
recognized and the latent period varies from 3 to 35 years. Some workers maintain its use should be prohibited, but at the moment the obvious attitude is to use it only if there is no safe and satisfactory alternative. Any effect of gonadal or foetal irradiation from thorium dioxide in the liver and spleen is unknown. In this case there have been no effects to the second generation but the family must be carefully followed to see if any ensue.

Summary

This case illustrates the terminal care of a woman aged 47 dying from incurable cancer under rather overcrowded conditions, but at least in the home surrounded by her family. It shows the important role of the general practitioner in visiting, treating, educating, and comforting. The part played by the family who, because one of them had nursing training, were able to dispense with hospital or local authority domiciliary services is shown. Social and financial complications were not evident but might have become so if the baby had been born earlier.

The case also illustrates an eminently preventable disease, which apart from the effects it has had on one person, may have further effects in future generations. The case may assist our knowledge of the condition, although it may be years before full assessment can be made.

Correspondence

The Doctor's Surgery

From the Professor of Child Health, University of Bristol

Sir,

It has occurred to me, and probably to many others that the continued use of the term "Doctors' Surgery" is out of date and perhaps tends to suggest, in the minds of the public, that the place exists for "scalpels and bandages". Is it not time that a more forward looking term was invented? I have in mind, of course, the notion that the "Doctors' Surgery" is now something infinitely more than a "workshop"; it should, and no doubt is in many, a place for consultation, advice and guidance on matters of health as much as it may be concerned with the recognition and care of disorder or disease. Perhaps the College might like to consider the matter.

A. V. Neale.