

FACULTY RESEARCH REPORT

INTRACTABLE PAIN

**A Project of the Northern Home Counties Research Subcommittee—
Recorder, J. A. Currie, M.B., B.S.**

The following questionnaire on intractable pain was sent to all members of the faculty, numbering 214.

“ . . . By intractable pain we mean severe chronic pain which may be continuous or intermittent, for example secondary carcinoma most often in bone, trigeminal neuralgia, post-herpetic neuralgia, painful neuroma, phantom limb pain, sciatica and complaints of similar aetiology.

- (1) Are you satisfied with the present facilities for your own use and available in hospital for dealing with this ?
- (2) If not, what do you lack and what, in your view, do hospitals lack ?
- (3) How many cases of intractable pain have you had to deal with in the last three years (your death certificates counterfoils may act as an *aide memoire*) . . . ”

89 members replied (approximately 40 per cent).

Answers to Question 1

Satisfied	.....	.....	.....	.....	62 = 70 per cent
Not satisfied	.....	.....	.....	.....	23 = 26 per cent
Insufficient experience to answer					4 = 4 per cent

Answers to Question 3

The total number of cases seen was approximately 626, but there was considerable variation in arriving at the figures. One doctor claimed to have seen 40 cases in a three year period, whereas the majority reported between 20 and 1.

Answers to Question 2

The criticisms of those not satisfied came under the following three headings:

- (1) Lack of hospital beds for the admission of patients dying of cancer.
- (2) The lack of a suitable long-acting pain-relieving drug not causing mental impairment.
- (3) The absence of any adequate treatment for post-herpetic neuralgia.

Discussion

It was remarkable to find that a large number of doctors were satisfied. There is no doubt from discussions that by “ satisfied ” many meant that they considered that the treatment they were able to give was adequate, and gave proper relief. It seems difficult to explain this, other than by assuming that many practitioners have great powers of suggestion of which they may or may not be aware, so that the usual drugs in their hands, are much more effective than in the hands of others; or, alternatively, and it is with reluctance

that this is put forward, their standards and powers of self-criticism are lower than those of their colleagues. In few cases can this be true.

One practitioner, of considerable experience, considered that the use of "Hyperduric" morphine solved the problem, whereas many have found this preparation disappointing and long ago gave up using it.

It might well be desirable to pursue the idea of the same drug in different hands giving very different results by experiment designed to this end.

Of those not satisfied, four had difficulty in getting cases of advanced cancer admitted to hospital, but they came from widely separated areas: this, then, was not a local problem that the College might usefully take up with the appropriate regional board.

Two wanted better facilities for physiotherapy. This is a matter on which there must be considerable disagreement in the profession as a whole.

It was felt that the answer to the problem of intractable pain might be found in the establishment of a pain clinic in London, and contact has been made with a number of consultants interested in the subject.

The recorder is grateful to all those who sent in replies and for the great care and trouble taken by many over their answers. He also wishes to thank Commander Doran and his staff for their unfailing help and promptness.

The opinions expressed in the discussion are those of the recorder only.

Cytological Screening of 1000 Women for Cervical Cancer (A report by the South-east Scotland Faculty of the College of General Practitioners), 1958. *The Lancet* (October). pp. 895-896.

In 1955, Professor R. J. Kellar invited the South-east Scotland Faculty to take part in a research project on the early detection of cervical cancer. Cervical smears were taken by the Ayre technique and were sent to Professor Keller's department for examination. After 1,000 smears had been done, 15 unsuspected early carcinomata had been found. In the patients who were tested while having their post-natal examination, no less than two per cent of positive smears were found. The authors claim, with justification, that cytological reports on such smears should be available to all general practitioners.