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CANCER OF THE MOUTH.

The Case against Tobacco.

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With the cause of cancer still unknown, every contribution to its study helps to solve the problem. One cause is universally accepted; that is, *continual irritation of any part of the sensitive body tissue*, thus localizing the outbreak of the disease, if, indeed, it be not the actual cause.

More than a generation ago, a great surgeon said, "Surgery is useless if the patient is saturated with rum and tobacco." Tobacco is still very popular! For more than a century "smokers' tongue" has been pictured and taught by medical men. It has been doubly impressed on me, of late years, that most cancers, not only of the tongue, but anywhere in the mouth, are seen in men who smoke heavily.

To satisfy myself how far this is true, I have studied the histories of the last one hundred cases of mouth cancer seen in my private office, and previous hundreds would have averaged the same. This group chosen from hundreds of cancer cases in all parts of the body, has been observed during the past eighteen months. Without prejudice I have tried to find a common cause.

The tongue showed cancer, or a precancerous condition, in thirty-six; inside of cheek, fifteen; gum, twenty-one; lip, fourteen; throat, fourteen; total, 100. Of women there were ten, men ninety. Of the ninety men, *all* were heavy smokers, except one who had a cancer of the lip, in a scar from an old baseball injury. Almost every man had been an inveterate smoker of from three to twenty cigars daily. One denied cigars, but acknowledged one or two packages of cigarettes daily; he had cancer of the tongue.

The tongue cases showed strikingly that irritation was the cause. Thirty-three of the thirty-six cases were in inveterate smokers, some of as many as twenty cigars daily. Many used a pipe, which often caused cancer to begin where the pipe end allowed the hot smoke to come upon the tongue.

It seemed to me, in former years I had never seen tongue cancer in cigarette smokers, and some of my friends were much consoled by my reassurance; but in reviewing my carefully taken notes of patients' statements, I find six among thirty-six tongue can-

cers were in smokers of cigarettes only. One was a woman who smoked a package daily; one was a man who smoked what were called "all tobacco cigarettes, fifty in a pack." He smoked a pack a day.

One of the worst cancers of the tongue I have recently seen was in a woman. All the left half of her tongue and half of the right was cancerous. I asked her how it began. She said she had a bad back tooth on the left side which her dentist had removed. Had I not been searching for causes, I might have been satisfied with that answer, but I laughingly asked her, "You do not, by any chance, smoke, do you?" "Oh, no," she said. "Or have ever used tobacco?" I asked. "Why, yes! Snuff." "You mean as a Scotchman does?" "Oh, no. I have all my life, taken a small toothbrush in my right hand, dipped it in snuff, and rubbed it hard on my tongue, mostly on the left side, of course." "What did you do that for?" I asked. "Oh, I like the stinging feeling!"

Three women with cancer of the tongue attributed it to a long irritation of a rough tooth which was opposite the starting point of the cancer. In each case the dentist had first filed it smooth, and later removed it. One woman had a typical raspberry sized mass on one side of the tip, exactly where an old rough tooth had come out. She incidentally said she often burned her tongue there with hot coffee, which she never liked unless it was "very hot."

The case of irritation as a cause of tongue cancer stood proved by the foregoing facts. About one case in ten came from a rough tooth, plus, possibly, hot burning drinks. The other nine tenths are chargeable to tobacco.

Smokers will here cite their own consoling experiences, saying, "Here am I, a heavy smoker for twenty years, and no trouble." In answering this, let me deal again with facts.

First, the smoker consults his doctor after he has had his cancer about six months. It is fair to say he has used tobacco about twenty years before that, for the average age at which my hundred cancer of the mouth patients consulted me, was fifty-five years. The youngest was a heavy smoker at thirty-one, the oldest, an inveterate one, at eighty years.

It is a singular human weakness that, almost to a man, the victim seemed proud of his achievement in smoking so much, and ceased to gloat over his past pleasure, and bemoaned his fate only when assured the cause was indisputable. They all meekly drop their tobacco indulgence as one would become a saint in view of imminent death.

The second point, in answer to the smoker's claim

to immunity because of long habit and no disaster, is a candid admission that there is undoubtedly a difference in tolerance to nicotine in individuals. For some, tobacco is a poison which is never overcome (nausea, flushed face, headache, heart and pulse throbbing). Others can smoke twenty heavy black cigars daily for life; but it is an established fact that most of the victims of mouth cancer are those who have a lifelong tolerance and enjoyment of tobacco. If the span of life were twice as long, would the persistence of irritation bring down a larger proportion of victims? One can only judge from the damage to tissues, which is a proved fact.

It has been interesting to note the cause of cancer inside the cheek. It is not amiss to say that, among the old school gentlemen in active business, it was quite a common habit to keep a little quid of tobacco in the cheek, unbeknown to friends. Of the 100 cases cited, thirteen had chewed tobacco as well as smoked occasionally. These thirteen all had cancer, starting inside the cheek where the quid was held, or on the edge of the palate or tongue near by.

Every surgeon knows that lip cancers are rarely seen in women—and almost universally in men who have smoked. The clay pipe, by reason of its more chafing surface, has universally been credited with its host of victims and, not infrequently, one sees a notch worn in the teeth by holding the pipe where the cancer starts.

One other possible irritating cause from the teeth I have seen in disease starting opposite two teeth, one filled with amalgam, the other with gold. It is possible that continued electric irritation from a mild voltaic pile caused by two different metals bathed in an acid fluid, might cause disturbance and originate this trouble.

Substantial corroboration of irritation as a cause of cancer, is found in the tropical cancer of the cheek, in natives who practise *buyo*, or chewing the betel leaf. Most all the cases are seen in the situation where the mass is held in the cheek, and, as with tobacco, they never get well. A recent article by Professor G. H. Davis (*Journal A. M. A.*, February 27, 1915) describes his experience with the Philippine natives who practise it. Since the American occupation tobacco chewing has been widely introduced, but I doubt if it is preferred to the betel.

The same irritation cause of cancer is the oft quoted kangri disease—a cancer formed on the abdomen of natives of Kashmir from constant wearing of a warming box containing hot embers, strapped on the belly, in winter.

In conclusion, my emphasis must be laid on the prolific cause of all forms of cancer of the mouth from incessant irritation, notably from tobacco; a terrible and unnecessary toll on human life! If one must use tobacco at all, a moderate and not abusive amount may not be injurious; but it stands proved that in any form it may be disastrous.

The occasional medical protests against the injurious use of the weed are always met by an outbreak in the public press—inspired, perhaps, by commercial interests—quoting octogenarians who owe their long lives to having always smoked. Thus the public is beguiled, while no note is sounded about the thousands who are perishing from its overuse.

As a casual observer of social life, I am led to be-

lieve that overindulgence in both stimulants and tobacco, is becoming a thing of the past. Business men and rulers of nations have recognized the danger of one, and it is the duty of medical men to notice the peril lurking in the other.

13 WEST FIFTIETH STREET.

THE CANCER PATIENT'S DILEMMA.

A Plea for the Standardization of What the Public Should Be Taught in the Campaign of Education Concerning Cancer.

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Fear is an element in fostering, perhaps in causing disease; hope is a factor in palliating, perhaps in curing disease. Honest ignorance may be as disastrous in either regard as dishonest knowledge. The victim may be tossed from one horn to the other of this dilemma. There are so many difficulties involved in the dissemination of true and useful knowledge that the cancer problem becomes to the patient not so much a two horned dilemma as a hydra headed monster. The world still awaits the coming of the Hercules of medicine who, with the weapon of definite knowledge, will slay this serpent of the many heads. Until such fortunate day it is a very grave question how best to shield humanity from this insidious and powerful enemy. How may the campaign of education concerning cancer be conducted in order to eliminate harmful fear and engender hope, to safeguard both the public and the profession from honest ignorance on the one hand and dishonest knowledge on the other.

It is thought by many that we are no nearer to the answer to this question than we were when the inauguration of the campaign of education followed close upon the initiation of the era of scientific cancer research. That the campaign has eventuated already in a very wide dissemination of information—correct and incorrect—concerning cancer, no one can doubt. The output of secular literature on the subject is constant, varying in volume, but never entirely absent. The present is a newspaper age, and it is safe to say that few homes, however humble, are left untouched by the campaign inaugurated within the medical profession, fostered by organizations of professional and lay membership, and sent broadcast over the land by an ever active secular press. It is impossible at present to estimate on which side of the deadly parallel of good and evil the larger total of accomplishment may be placed.

The campaign of education, speaking in the gross, is directed along three main channels of enlightenment—cause, treatment, and prevention. Each is hemmed round about with difficulties so numerous that the intelligent layman is soon in a maze of doubt and uncertainty. This state of mind is apt to engender a lack of confidence in the medical profession, and hence to lead to an unwholesome pessimism, the result of which is sure to be indifference and neglect. The less intelligent part of the public, unable to comprehend enough of the subject