

nine months each is compulsory, and generally about 25% are "plucked" every year; but still they have much the largest class, the students this year being about eight hundred in number. I think Canada has just reason to be proud of her medical colleges, and of her high standard of medical education.

CANUCK.

Selected Articles.

THE SIGNIFICANCE AND LOCALIZATION OF PAIN IN PELVIC DISEASES.

BY HENRY C. COE, M.D., NEW YORK.

Considering the fact that local pain is the symptom which usually impels a woman to seek the aid of the gynecologist, and that the relief of this pain is the object aimed at in most of his manipulations and operations, it would seem as if our information on this point ought to be more definite than it is. However satisfactory it may be to the surgeon to contemplate a neat and artistic bit of plastic work upon the genito-urinary tract, or to insure a rapid and easy convalescence after laparotomy, if the patient experiences but little mitigation of the pain, to be rid of which she submitted to the operation, in her opinion, at least, it has not proved eminently successful. This may be a narrow view to take of the subject from a scientific standpoint, but it is a practical one. In any branch of medicine the most intelligent patient measures the skill of the physician by his ability to afford prompt relief from present suffering, and it is difficult to convince her that there is any improvement in her condition so long as the pain persists. Pain is the popular indication of existing disease, the seriousness of the latter being proportionate to the severity of the former. This is especially true in pelvic troubles, where the subjective element is so prominent; that patients are constantly at fault in their inferences is a matter of common experience. How often does epithelioma of the cervix make fatal inroads without giving rise to much more pain than does a simple displacement! The inability of the average patient to describe clearly, and to localize, pelvic pain will be apparent on reviewing the vague symptomatology recorded in hospital and dispensary case-books; nor is the connection between the symptoms and the local condition always established by the vaginal examination. The question has often presented itself to my mind: If the true origin of this pain is obscure and ill-defined, how can one hope to remove it by treatment directed more or less at random? It is greatly to be regretted that this subject has not received more attention from

neurologists, whose studies would naturally lead them to view it from a less materialistic standpoint. It certainly furnishes as legitimate a field for their investigation as do diseases of the central nervous system. It is with some trepidation that I bring this subject before the society, because I am conscious of the fact that you must regard with a certain degree of suspicion the off-hand manner in which gynecologists explain nervous symptoms, which you know to be by no means so easy of elucidation. However imperfect this paper may be, I trust that it may at least provoke a discussion which will be of peculiar value, in that it may tend to throw new light upon the obscure subject of pelvic pathology. The matter is naturally considered under two heads, the subjective and objective—the significance of pain as described by the patient, and its localization by the physician. Reflex pains will be discussed separately. It is unnecessary to call attention to the fact that it is a delicate and difficult matter to decide from a woman's own statement concerning the exact character and severity of the pain of which she complains, since there is a common tendency to exaggerate this symptom for which we may not make due allowance until after several interviews. Again, her ability to describe its exact character, site and mode of occurrence, is usually limited. Certain pains, such as back-ache, "bearing down" sensations, etc., are so vague and general that we cannot assign any special importance to them except in connection with more definite pelvic symptoms. Even the pains which are commonly regarded as more or less characteristic of a certain pathological condition are associated with other conditions of a widely different nature. Let us glance at a few of these pains which are sometimes referred to in the text-books as almost pathognomonic, and see if they cannot be reduced to a common basis. The throbbing pain of acute inflammation is excluded as possessing no features peculiar to the region of the pelvis. Among these are constant, aching pain over the lower part of the sacrum, shooting pain in the ovarian region, which is subject to exacerbations just before the menstrual period, and the peculiar "gnawing" pain in the pelvis which accompanies carcinoma uteri. The subject of dysmenorrhœa would be an interesting subject for discussion, especially with the view of determining how much of the pain is of uterine, and how much of ovarian, origin, but to treat it at length would lead us away from the main question.

Chronic pain over the sacrum (as distinguished from the back-ache so common in women) seems to point quite constantly to some morbid condition of the internal generative organs. It is to be carefully distinguished from purely referred pain similarly located, but having more of a neuralgic character, or from that due to direct pressure on