in their course. Thomson, however, discards this definition and subdivides neuralgia into febrile and toxic.

Now, febrile, and toxic and non-toxic all show intermittency in their manifestations. Under the first heading he includes the indefinite pains of fever, under the second the pains of any chronic poisoning unaccompanied by fever, such as lead poisoning or Bright's disease. The non-toxic form may be due to the irritation of a nerve by some foreign body, and may also be represented by angina pectoris and the painful crisis in tabes dorsalis.

What advantage such an exhaustive classification, depending for its existence on one feature common to all, will afford in the recognition of disease, does not appear very evident; as it is reasonable to suppose that other states of pain may also show an intermittent character.

Subjective pains, as seen in hysteria, are very various, and get recognition by their fleeting character, and possibly in many cases by the extreme superficial quality of the sensation.

Frequently they afford the only means in diagnosing the psychosis, though the possibility of error is great, and hysteria can simulate almost any painful disease.

Cutaneous reflex pain forms the last division of the subject. This was first described by Head, who applied the name to pain which could be elicited on the surface of the body in disease of the viscera, the painful points being brought out by lightly touching the cutaneous surface with some blunt instrument, definite skin areas corresponding to definite organs. Head has prepared elaborate charts showing the seats of this reflex pain in internal disease. Its absence indicates nothing; so that, taking into consideration the complicated charts and the one-sided information obtainable, it does not appear at all probable that the medical student will add a roll of colored charts to his stethescope as an aid in physical diagnosis.

The general value of a classification such as Thomson furnishes, one can readily appreciate, but it is obvious that all pain cannot be limited to one particular division, and it is natural to suppose that the pain experienced in many diseases, may depend on a variety of circumstances.

For the purposes of description, diseases may be more or less roughly divided, according to the manner they manifest or do not manifest pain.

In the first place, there is a certain number of affections not necessarily presenting common pathological lesions, which do not show pain as a primary feature, and it is not till the disease has progressed to such an extent that complete resolution or cure is impossible, that pain occurs, though even pain, as we understand it, may not be present throughout the whole course of the disease. Carcinoma and sarcoma form the most