

gradual onset are proportionate to similar states of disease, though there is naturally no invariable association in either case with the severity of the affection.

The *duration of pain* and its intermittent, remittent, constant or periodic character, is of distinct importance in diagnosis, though here as well no absolute rule can be formulated.

The *time of occurrence*, with reference to the various periods in one's daily cycle, are often of great value, especially so in disease of viscera having periodical functions, as the stomach or bladder, when pain may be the most diagnostic of all the symptoms present.

The *degree or intensity* of the painful sensation does not furnish any definite information, as individuals vary immensely in their susceptibility to pain, in the actual distress experienced, and in their manner of showing it; nor does the intensity of the sensation indicate a proportionate severity of the affection producing the pain. Usually, however, if the pain is extreme in its severity a serious condition is indicated; but the reverse by no means holds true, and a very malignant disease may exist with a minimum of actual pain.

The *modification* of pain by pressure, movement, rest and so forth, also furnish a certain amount of information.

*Location* modifies both the character and degree of pain, an inflammatory disturbance in a dense structure like bone exhibiting a greater degree of pain than would be experienced in a more lax tissue. The typical stabbing or cutting pain of pleurisy bears no close resemblance to the pain in osteomyelitis, but typical phenomena are rather against the rule, in the science of medicine; so that it is quite possible for any different anatomical structures to show confusion in their painful manifestations.

So far we have been considering platitudes, and the process has been rather indefinite.

In the *New York Medical Journal* (Vol. 69, 1870), pain is studied from a clinical standpoint by W. H. Thompson, where he endeavours to classify it according to its etiology, stating that much may be learned of the cause by an intelligent observation of the patient's gestures in describing his malady. The idea is easily understood, as an individual who has an acutely inflamed knee joint will be much more diffident in the manner he handles the part than he would be were he suffering from muscular rheumatism.

As his first division he takes inflammatory pain, and defines it as being increased on pressure, having the maximum intensity at the seat of the inflammation, being increased on movement and interfering with the normal function of the part.