Pains caused by a part being put on a sudden stretch, as by calculi in tubes or by severe sprains, always produce immediate faintness and nausea, which the other forms of pain do not. It is always paroxysmal, while true inflammatory pains rarely are so. In an inflammatory pain the patient keeps his hands at a respectful distance from the infected part. With the onset of an hepatic colic the patient grabs the side as forcibly as he does with a lead colic or a limb with the lightning neuralgia of tabes, and it is not till the subsequent inflammation sets in that he objects to manipulation. The site of the pain also is all-important to make out, and here, as in all pains, particular attention is to be paid to the gesture of the patient when asked to show where his pain is, for few can describe their pains well, and if severe they will say "it is all over," but if asked to show just where they first felt it, their fingers tell the story better than their words. I have been struck with this even in cases where from subsequent complications the area of pain was widely extended, yet the patients somewhat unconsciously begin with pointing to the first site of the pain and then pass to other regions.

If the pain is due to a calculus in the cystic duct, its site is to the right of the rectus muscle, just below the free border of the ninth rib; if the calculus has passed farther on, into the common duct, a painful point on pressure is found from an inch and a half to two inches to the right of the umbilicus. Not only do nausea and belching of wind come on with the pain, but often vomiting also, and sweat breaks out on the forehead, a characteristic of all severe stretching pains. Besides its primary site, the radiations of this pain are characteristic. The patient's hand passes to the right horizontally round to the back, and then up between the shoulder blades, and sometimes he complains of pain on the top of the right shoulder, but this rarely at the beginning of his attack. This contrasts with the pain of lead colic, in which the patient works his hand around the umbilicus, but does not pass it to the back, or the pain of renal colic, in which the hand goes at once to the back and then quickly down the side and to the front down to the groin, using the border of the hand to describe the downward course of the pain, and not the fingers, as he does in hepatic colic. In the latter he often uses the thumb to locate the pain in the back, as in spinal pain from aneurysm. Now, it is important to note that so long as these paroxysmal pains continue to recur, they mean impacted calculus only, and the occurrence of a chill or rigor with them is another diagnostic sign of gall-stone as the cause of the pain. It is when a change occurs in the character of the pain to a distinctly inflammatory type that we