

not the least pain has occurred in his head, and now he enjoys the comforts of health, uninterrupted by "*those ills that flesh is heir to.*"

*Remarks.*—The above case tends to substantiate the expressive sentiments of the learned Dr. Copland who says, in reference to pain in the head: "There is no disorder which tries the science, experience, powers of observation, and acumen of the physician more than this does, and there is none that requires a more precise estimate of the pathological conditions on which it depends, as a basis for safe and successful indications of cure."

Here is an instance of pain within the cranium, deep seated and unassociated by that feeling at the point where the morbid sensation originated. That the fibres of the portio-dura might become excited or irritated and transmit the feeling of irritation to the base of the nerve is perfectly clear, but, that the sensation of pain should originate in the ear or auditory passage without being there experienced also, appears difficult of solution. The subsidence of headache was almost instantaneous after the removal of the foreign body, and not having again returned after a lapse of more than two years, the association of these circumstances would place the source of irritation beyond doubt. During the extraction of the *Beetle*, such intense pain was experienced in the ear and head, even with the most careful manipulation, as almost to induce syncope. Pain during the operation was not felt until such time as the cerumenous secretion external to the insect, and which appeared to act the part of a false membrana tympani, was removed, and the air admitted to the proper membrane of the ear. We have the well known sympathetic pains, such as pain in the shoulder in hepatic disease; pain in the knee in disease of the hip joint; pain in the course of the genito-crural nerve from calculus in the kidney or ureter, and pain in the supraorbital nerve from ice applied to the interior of the stomach, also itching of the nose from ascarides in the rectum; the impression in each instance being conveyed along certain nerves reaches their centres, and without arousing any central irritation passes on to the vesicular termination of some other nerve whether closely or distantly distributed. With these instances of reflected pain there is most frequently associated some recognisable nidus, either tending to functional derangement or permanent organic change, but in the case in question, pain is apparently developed by peripheral derangement and only diagnosed by the detailed circumstances. Considering the vast interlacement of nerves at the base of the brain, derived from the plexuses of the vertebral, the basilar and *carotid*, mingled with threads communicating with the 3rd, 4th, 5th, and 6th pairs of cranial nerves, and others in connection with the cavernous sinus, and pituitary body there is ample room for fallacy in tracing out a supposed source of pain within this complicated bony case, to a still more complex organ the peculiar operations of which are even yet difficult to define, and when such cases as the above present for observation, no measures should be lost sight of which would tend to elucidate any existing obscurity.

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