with the great splanchnic nerve through the ganglia above the sixth and the splanchnic distribution below, a reasonable explanation of the distant disturbance is afforded.

Hilton arbitrarily divides the back into three divisions; first, high up between the shoulders, where pain is felt in disease within the thorax; second, between the middle and lower parts of the scapulæ, where disease of the digestive viscera is manifested in pain; and thirdly, the surface in the lumbar region, where pain is associated with local disease in the loins, and disease of the ascending and descending colons, kidneys, ureters and testicles.

The old teleological idea, as expressed by Hilton, that this superficial manifestation of pain in internal disease was a merciful dispensation of Providence, to enable us to recognize pathological states in our internal economy, must give place in the light of general application, and our present state of knowledge, to the view held by James Ross in his paper "On the segmental distribution of sensory disorders," (*Brain*, Vol. X.), viz., that this cutaneous referred pain may be explained in point of locality, by considering the changes in position which take place in some organs, in the development of the human organism. In studying the disturbances in sensation caused by disease of the viscera, he draws attention to the fact that pain may be present on the surface of the body, and in some cases over the affected organ, while in others in parts more or less remote, and that these areas correspond with the primary position of the organ.

This peripheral manifestation he terms somatic pain, in contradistinction to the deep-seated indefinite pain, which may exist in diseased conditions of the viscera. This cutaneous pain may be the only symptom of any severity present in many cases, and a knowledge of the various seats of somatic representation may materially aid in making a diagnosis. In diseases of the lungs and pleura, in pneumonia, for example, there may be pain in the part affected of a full, deep-seated character, but pain is also frequent in the mid-sternal regions, and in pleurisy, while the pain may be most noticeable over the seat of the disease, pain in the abdomen is quite frequent, as a result of pressure on the inter-costal nerves in their course, and pain may even be present on the side of the chest which is not involved by the disease.

The somatic manifestations indicative of heart disease may be precordial, extend to the left shoulder, and radiate down the corresponding arm. When present, this is sometimes of value in determining cardiac affections, but Broadbent remarks, that when a patient complains of pain over the heart, it is usually fair presumption of the absence of disease.

A patient at the General Hospital this year complained of pain very