In structural pain therefore, but a conditional semiotic importance can be attached. In this respect the same axiom rules as in the healing art generally—"that but the congruity of symptoms is the base of diagnosis."

Notwithstanding all this, some general rules can be recognised as a guide at the bedside:

1st. The structural pain is commonly proportionate to the nervous endowment of the tissue affected.

2nd. The pain increases and diminishes in proportion to the progress and regress of the disease.

3rd. The pain is rendered more intense by false position of the articulation.

4th. The pain increases when the affected structures become subject to centrifugal distension by effusion of whatever composition, and to irritation by pus, loose sequestra, and foreign bodies.

5th. The pain is augmented by touch and motion.

6th. Whatever induces and increases pain, hastens the advance of the articular disease, and vice versa.

The so called reflex pain is obviously of a neuralgic character. Being excited by the local disturbance, the morbid impression is conveyed to the spinal cord, the common centre of irradiation; thence it is reflected backward to the muscles appertaining to the affected joint, and sometimes to the next articulation; as for example, the almost pathognomonic pain at the knee in coxalgia.

The latter mode is rather an exception, and an isolated clinical fact, which may be explained in this manner: "that the same nerve (obturator) supplies both joints with sensitive fibres, warranting the supposition of irradiating in the closest proximity."

From the fact that the reflex pain occurs commonly during night and the sleep of the patient, it must be inferred that the trophic or ganglionic province is principally, if not exclusively involved. But a few exceptions have come to my notice to which I shall refer in due course. You are perhaps aware that I was the first observer of these reflex pains; at all events, I was the first who called attention to them, and explained their character and operation. Perhaps they might have escaped my observation as well, had I not for a time shared the same roof with patients of this class, and had not thus an opportunity been afforded me for studying this singular symptom in all its bearings.

One night, after having left my patients profoundly asleep with the lights lowered, my attention was suddenly attracted by a peculiar shriek emanating from the sick room. Within half an hour the shriek was twice repeated.