

Medicine

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The Interpretation of Pain and the Dysesthesias. CHARLES L. DANA. *J. A. M. A.*

This is a magnificent piece of work and invaluable to any interested reader. Let me briefly epitomize the article:

Psychology has shown that all mental activities are accompanied by neural activities. There is no imaginary pain, for there will be a corresponding morbid neural condition. There are no functional psychoses or neuroses. Consider the subject of pain in relation to the seat of disease.

Paresthesias and burning are symptomatic of nerve terminal affections; cramping pains point to the muscular and visceral nerve endings; aching and throbbing sensations are typical of nerve trunk disease; sharp, shooting pains occur in ganglion affections; tract and cord disease present numbness and paresthesias; thalamic lesions have smarting sensations; while, lastly, cortical affections are painless. But psychic pains are least understood and must be described in detail:

Dana divides the psychoneuroses into four groups, namely: Neurasthenics, psychasthenics, manic depressives, constitutional inferiors with hypersensitiveness.

Psychasthenics describe their pain with enthusiasm, in a tumultuous flow of words. The pains are fairly definite, such as arm neuralgias, head pains, fixed pains over ovary, etc., and, while usually due at the beginning to some definite sensory irritation, are emphasized and glorified by the psychasthenic condition. As time passes they become what is termed attention pains, and the local process may have long disappeared.

Neurasthenics have pains usually due to some auto-toxemia, to tired and exhausted muscles and nerves, but in time they may become attention pains.

Among the depressives the sensations, which usually affect the protopathic rather than the epicritic types, are real to the patient. "Pains in knees for 15 years," "Boiling in stomach," "Cold or