

The third class is that large number of diseases or derangements in which pain is the only symptom present, and it is here that a proper estimation of the variety of pain present, and an accurate knowledge of the distribution and connections of nerve trunks affords almost the only means of diagnosis. Hilton says, that, if a patient presents himself to a surgeon complaining of pain in any region of his body, and there is no evidence of any cause by any other symptoms, the surgeon should ask himself, what association of nerves will explain the pain. And he lays down the axiom, "that pain felt in any part must be accounted for by the nerves of that part." Also, he further states that by following centripetally the nerves supplying the part, the cause of pain may be ascertained. As an example of this, and one familiar to all, he mentions spinal caries, where one of the earliest symptoms present may be pain in the arms, epigastric or hypogastric regions, depending on the site of the morbid process, whether cervical, dorsal or lumbar, and obviously due to some disturbance of the nerve roots with a peripheral manifestation in pain.

The existence of girdle pain or bilateral and symmetrical pain would also imply a bilateral state of disease, and furnish more or less reliable information as to the extent of the pathological condition. So also the presence of pain in the auditory canal may exist quite apart from any local lesion, but the cause will be found in some other part of the distribution of the fifth nerve. Such pain is fairly frequent in malignant disease attacking the side of the tongue, and most of us are unfortunate enough to know that an aching tooth may cause very severe earache.

In regions like the head, where there are several distinct nerves supplying parts in close apposition, the exact location of pain is naturally very important.

Another common example is the pain experienced at the knee in hip-joint disease, but there are so many other examples that the general idea is all that is required, an accurate knowledge of anatomy furnishing a fair guide for most cases.

Another class of referred pain and differing slightly from the foregoing, is seen in the pain occasionally experienced in the tips of the shoulder, which occurs in affections of the pleura, intrathoracic growths and notably in liver disease, and is probably explained by the connections of the phrenic nerve with the third and fourth cervical nerves, which have a distribution to the cutaneous surface over the shoulder.

Pain between the shoulders and spreading over the inferior angles of the scapulæ, often attributed to rheumatism, is frequently an indication of disease of the stomach, and by considering the connections of the fourth, fifth, and sixth dorsal nerves, which are distributed in that region,