

Extreme anal pain during evacuation of the bowels sometimes occurs without any evidence of the cause being obtained by inspection or palpation. In such cases a fissure may confidently be diagnosed, though an anaesthetic may be required to permit the anal margins being separated sufficiently to display the narrow crack lying between the folds of mucous membrane. A similar pain, but persisting for hours after evacuation may be hard to explain until careful inspection reveals a small, firm, bluish nodule, perhaps no larger than a split pea, at the anal margin. This is termed a "blind pile"; it contains a tiny blood-clot, and a small incision and evacuation of the clot gives instant relief.

In tuberculous disease of joints a noticeable symptom is that when the patient has just fallen asleep he wakes again with a sharp pain. This is termed "starting" pain, and is due to erosion of the cartilage covering the ends of the bone, so that as the muscles controlling the joint relax in sleep, movement of the raw surface of bone causes acute pain. The remedy is to apply extension to the limb, so that the joint surfaces are held apart and jarring prevented.

In fractures and dislocations no great pain may be felt at the moment of injury; but it rapidly becomes severe as the tissues become tense and swollen. In both fractures and dislocations accurate setting is the most important thing in relieving pain. Indeed the relief obtained is an excellent indication of the correctness of the position. If pain continues really troublesome, it may be assumed that the fragments are not fitting well, and readjustment to correct position, relax muscles, or alter the amount of extension weight, is required.

LOCALITY AND RADIATION OF PAIN; REFERRED PAIN.—Naturally the place where pain is felt is of prime importance, and hardly less important is the direction in which it radiates. Mostly the site of disease or injury is located very well by the pain which is in or over the part affected; but in many cases there is radiation of pain to distant parts along the course of further distribution of the nerve or nerve supplying the site of trouble. This is known as "referred pain," and it may lead the observer astray by directing attention away from the real source of mischief.

Again, it may assist diagnosis in a case where pain is somewhat diffuse in parts where several organs are closely grouped together. Instances of both the value and the pitfalls of referred pain are readily found.

In gall-stone, colic, and some other conditions of the liver, pain radiates up from the liver to the right shoulder and perhaps is felt in the right upper arm. In renal colic pain shoots down into the groin, and in men is frequently felt in the testicle. Thus the cause of colicky pain in the right side, which might arise from either liver or kidney, may be made plain by the direction of its radiation.

In disease of the heart, pain, if present, is felt usually over the heart, but often it radiates down the left arm. In pericarditis pain is felt in the epigastric angle just at the lower end of the breastbone. Owing to the position of the pericardium, directly in front of the gullet, there may also be pain in the chest on swallowing in pericarditis.

Pain in the ear is not necessarily due to any trouble in the ear, for it is at times a symptom of disease in the tonsil or in a back molar tooth.

As instances of the pitfalls of referred pain, there are cases of constant abdominal pain about the umbilicus, which may lead one to give exclusive attention to the viscera, when the real condition is spinal caries of the lower dorsal region causing pressure on the nerves of the abdominal wall as they emerge from the spinal canal; cases of pain in the hip joint, giving rise to suspicion of disease there when the cause is irritation of the prepuce; cases of pain in the knee joint with limp, bringing a healthy knee under suspicion when the real source of mischief is the hip joint; cases of pain in the back of the thigh and leg, diagnosed sciatica, but due to the pressure of a tumour in the pelvis on the nerves; and cases of pneumonia at the base of the lung, where, owing to the distribution of the lower thoracic nerves over the abdominal wall, the symptoms of abdominal pain and tenderness may lead to wrong diagnosis of peritonitis or typhoid fever.

PAIN AND TENDERNESS.—Pain in the region of disease or injury covers a much wider area than the part actually affected. The pain or tenderness elicited on movement