General Remarks

ON THE

PRACTICE OF MEDICINE.

BY

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XIV.—PAIN.

What is Pain? It may Kill. Its Relation to Diseases various. Pain sometimes a direct Indication of Treatment. Sometimes not.

It would be a great thing to understand Pain in all its meanings. To understand it, first of all, in its largest or universal meaning; what it is in its own nature; how allied to the various morbid states and conditions in which it is found, how formed by them, how evolved from them. Then to understand it in its diagnostic meaning, as a symptom for practical use; how it serves to interpret the seat and the kind of any present disease. And then to understand it in its therapeutic meaning, as a symptom for the most practical use of all; how it may be taken to indicate the choice of remedies, and to direct their application and their aim.

An immense field of inquiry is thus opened to us. And, indeed, it would be an affair of high philosophy to expatiate worthily upon every part of it. But I come to the subject in the temper of one who witnesses Pain under the constant obligation of doing the best he can to mitigate or abolish it. Therefore I must be pardoned for passing briefly and lightly over much that presents itself of great speculative interest, if I can but convey to practical minds some just notion of what Pain is in relation to disease, and of its value and bearing as an indication of treatment. There are, however, a few general remarks which I first desire to make.

To any one who should insist upon its being stated in terms what Pain is, it would, I hold, be a sufficient answer to say, that he knew himself perfectly well what it was already, and that he could not know it the better for any words in which it could be defined. Things which all men know infallibly by their own perceptive experience, cannot be made plainer by words. Therefore, let Pain be spoken of simply as Pain.

Again, of the things which belong to simple perception, there is a wonderful agreement among mankind, as long as we are content not to talk too much or too curiously about them. If we do, people get doubting and misunderstanding their own feelings. And this is another reason for speaking of Pain simply as Pain. It is safer to appeal to men's perceptions than to their logic.

But, while upon these pleas, we are very fairly let off from defining Pain; we may perhaps be further admonished not to make it appear other than it really is, by the mode we speak of it. This, however, is a rather difficult business. Natural sensation suffers offence from some cause or other; and hereupon it is altered, raised, exasperated, and so it becomes Pain; but it is sensation still, and nothing more. Nevertheless, it is and always will be something more in common apprehension. No man, wise or foolish, ever suffered Pain, who did not invest it

with a *quasi* materialism. I have known many a philosopher, outreasoned by his feelings, take to rating and chiding *his Pain*, as if it were an entity or quiddity of itself. Really, for practical purposes, we must often let people think and speak of things as they seem to be, and not as they are, making a compromise between philosophy and common sense. We must let them so speak of Pain. There is no help for it.

These are some of the considerations, interesting and puzzling at the same time, which are apt to occur to us when we think of Pain in the abstract. But let us now suppose ourselves at the bed-side and within hearing, when Pain raises its cry of importunate reality. And the first thing to be noticed is the difficulty we have in judging of Pain as a symptom which we do not find in respect of other symptoms. The fact of pain being suffered at all must always be taken on the patient's own shewing. For there is such a thing as shamming Pain. Then, admitting our patient honest and his Pain real, how are we to make sure of its degree? Its degree cannot safely be reckoned according to the patient's own estimate of it. Some make much of a little, and some make nothing of a great deal. Pain, indeed, has or seems to have its many degrees, and its extremes of small and great. There is a Pain which barely disturbs the complacency of a child, and a pain which is too much for the strength of a giant. But are these really the same in kind, and different only in degree? Does the smallest Pain contain all that essentially belongs to the greatest, as the minutest atoms of matter have separately the same properties as their largest aggregates? Familiar language would seem to attest the common belief that it does. But small and great are spoken of Pain as in a figure. They belong primarily to things of bulk and substance. But the things of life and feeling are different from all things in the world beside. They can neither be weighed in a balance nor made to give answer of what they are to tests and reagents. Pain, itself a thing of life, can only be tested by its effects upon life, and the functions of life. And whether it be small or great (so to speak), or of whatever degree, it is to its affect upon life and the functions of life that we must look, if we would know the part it acts pathologically, and what it requires remedially in individual cases.

Playing upon the nerves as upon an instrument, the force which Pain can exercise over the movements of disease is very various. It can raise, and it can depress them. It can quicken them into two-fold activity and liveliness, and it can subdue and bring them down as low as death. Moreover, still playing upon the nerves, it can so jar and spoil the concord of symptoms as to falsify the disease, and make it appear other than it really is.

In such manner, rather than by complaint of the patient, does Pain tell itself and its amount of great and small to the reckoning of the physician.

Pain may kill. It may overwhelm the nervous system by its mere magnitude and duration.

A poor fellow had suffered painter's colic for several days, when, by the use of certain remedies which he took, his bowels were scantily opened, and the Pain subsided. In a few days, however, the bowels became again constipated, and the Pain returned with more severity than ever. Then it was

that he was admitted into the hospital under my care. I ordered him warm bath and laudanum. The next day, at my visit, the Pain was unabated, and the constipation remained. I did not omit to examine the abdomen carefully. I made equable pressure upon it with both my hands, and almost with the whole weight of my body; and, as long as that pressure was continued, he experienced relief. In the course of this day, he went several times into the warm bath. While he was in it, his Pain ceased; but it returned as soon as he was removed to his bed again. The constipation was not yet overcome. In the course of the night, he became first cold, then delirious, then pulseless, then insensible; then he vomited some dark fluid, and then he died.

Upon examination of the body, neither within the abdomen nor elsewhere did any visible appearance of disease present itself to which his death could be attributed. There can be no doubt, I presume, that the man was killed by Pain, and died from exhaustion of his nervous system.

In vol. xiv of the *Medical Gazette*, Dr. Borrett reports the case of a lady who died from the Pain of gall-stones. Her nervous system was overwhelmed by the agony arising from a gall-stone impacted in the cystic duct. After continued suffering for sixty hours, she became cold and pulseless and delirious, and so died. After death, nothing was found to account for it but this gall-stone.

In Dr. Merriman's *Synopsis of the Various Kinds of Difficult Parturition* is a case, furnished by Dr. Gooch, of a woman in whom the severest Pain and the most violent expulsive efforts still continued after the child was born, until she became cold and delirious, and her pulse gradually went out, and she died. After death, the Pain and the expulsive efforts were found to be owing to a polypus, which had its attachment to the mouth and some way up within the neck of the uterus. Dr. Gooch remarks upon the case "as a striking proof that mere Pain can destroy life".

There is an eminent instance of death from Pain—death by excitement and torture of the nervous system, followed by its fatal exhaustion, to which I will just allude. Perhaps it has often occurred to many minds.

In all civilised nations calling themselves Christian, capital punishments are now so contrived that death should result from a sudden arrest being put to the functions of an organ essential to life, and thus the criminal be mercifully spared (as far as possible) the pains of dying. But there was once a manner of capital punishment, esteemed the most ignominious, and reserved for the most criminal, which, when the Roman empire became nominally Christian, Constantine thought fit to abolish: I mean crucifixion. It is obvious that crucifixion did not at once put a stop to any vital function, but brought on death by pure, unmixed, protracted torture. The victim died from slow exhaustion of the nervous system by Pain.

"It was the *third* hour, and they crucified Him. And when the *sixth* hour was come, there was darkness over the whole land until the *ninth* hour. And at the *ninth* hour, Jesus cried with a loud voice, and gave up the ghost." (Mark xv, 25, 33, 34, 37.)

Six long hours of dying agony! The thought is very awful.

In that complex of action and suffering which belongs to injury and disease, small things and great, accidents and essentials, are often so crowded together as to defy analysis, and causes and effects get so mixed that one can hardly tell which is which. Therefore it is an occurrence to be made much of, when some great fact stands out and claims its sure and unmistakable agency in the great result. Here we have Pain and Death, and the sure connexion between them. And the rare and extraordinary cases, displaying the connexion, have their value mainly in this, that they show what, under given conditions, is possible, though it seldom comes to pass. The result, complete and accomplished in the few, denotes the tendency which is wrapt up in the many; even the tendency of Pain to death, ever working towards it, and often making near approaches to it, but seldom arriving at it.

From the same or the like causes as the Pain that kills also comes the Pain that brings to the verge of death, and yet allows to live—from hepatic, renal, and vesical calculi—from morbid growths involving nerves—from some forms of colic. Pain from all these can produce the cold skin, the collapsed features, and the failing pulse. And when it does, who can mistake their meaning? Who can doubt what should be the treatment? The parts are various; the present actuating causes are various. But Pain is the common adjunct of them all; and so crying and so urgent as now to become practically in each case the representative of the whole malady—the sole indication of treatment, superseding and excluding all other indications for the time.

In this range of cases, the whole business of the physician is with the nervous system. All the power and all the expedients of his art are needed to lull it, and, if possible, to lay it to sleep in its agony, and at the same time to hold it up in its weakness, and prevent it from sinking into death.

But let us fully understand what it is that we do, and what it is that we do *not* do, in such cases, by administering exclusively to the pain. We abate an accident, but we do not cure a disease. The disease remains; if curable, to be cured by other treatment; if incurable and uncured, to have the same Pain engrafted upon it on a future day. The Pain is neither more nor less than an accident resulting from the mere mechanism of the parts, which renders them obnoxious to suffer offence from foreign bodies within them or about them. The foreign bodies happen to be the products of diseases within the body itself; and the parts are affected by them not otherwise than they would be by foreign bodies introduced from without.

But, in the vast majority of cases to which Pain belongs, it is no superadded accident, but a true part of the disease. It is involved in the morbid processes going on. It grows out of them, and is sustained by them, and lasts as long as they last.

Now the Pain which waits upon the essential movements of disease would be a pretty large theme to discourse about comprehensively, and too much for our present purpose. The view we now take can only be partial, but it need not be erroneous.

Whatever sick-bed we stand by, and hear severe Pain complained of, and find it the accompaniment of febrile or sudden or rapidly progressive disease, we must not leave that bedside until we have satis-

fied ourselves whether anything, or what, is to be done expressly for the Pain. The result may be, either that we altogether decline to meddle with it, or that we make it our chief indication of treatment; but not without due deliberation in either case.

What a crowd of symptoms go to make up that best known and most distressing of all remediable maladies, the sick headache! I mean the thing which is acute and occurs in paroxysms. And the symptom which takes the lead of them all is the Pain. Yet, when we come to treat the disease, we seek no direct remedy for the Pain as such. Experience has warned us that *thus* neither would the Pain itself receive any mitigation, nor the whole malady be advanced towards its cure in the least degree. Symptoms there are, besides, pointing to those organs of the body which are above all others within the reach of remedies—to the stomach, and bowels, and liver, and imputing to them scanty, torpid, or disordered functions. Accordingly, our trust is in medicines addressed to them, and not in opium. And, the pain being thus got rid of, we do not merely abate an accident, we remedy a disease. The entire complex disease is swept away, and the Pain inclusively. True, the same patient may have the same sort of Pain again; but then he must first have the same disease.

But have we here a constant rule of practice? Whenever (to restate the premises) Pain is involved in the morbid processes going on, growing out of them, sustained by them, and lasting as long as they last, can it be laid down as a principle that it does not need a remedy for itself; but has its treatment always included in the right treatment of the parent disease? Indeed, it cannot be absolutely so laid down. The *duration* of the disease and of the Pain, as a part of it, according as it is long or short, must guide the judgment what to do, or what to abstain from doing, in respect of the particular symptom. In the cases just referred to, the disease is short. The pain, severe as it is, is endurable, while the disease runs its brief course and hastens to its end.

But there is still a wide range of cases equally displaying the subjection of the Pain, as in its nature so in its treatment, to the nature and treatment of the disease; equally showing the final cessation of the one dependent upon the cessation of the other, yet urgently calling in the meantime for something to be done specially for the Pain, for the sake of present palliation and relief. And it is still the *duration* of the disease which compels this practice too. But now its duration is *long* (it may be), very long, while the pain being severe (it may be), very severe, cannot be borne, until the disease has accomplished its entire course and brought itself to an end.

Take a severe attack of acute Rheumatism in a man previously healthy and at the prime of life. There are extreme force of vascular action, extreme heat, profuse perspiration, swelling of many joints simultaneously, and Pain, which is agonising and unremitting.

Now, if this disease had a certain stated period to run, and that a short one; if it could be trusted to come to an end, or to conditions of sure mitigation in two or three days; then we might be content to treat it as a whole, and need not be fearfully cal-

culating the tendency of its particular symptoms, or seeking remedies for them; we need not be making much of, and be specially treating, its Pain. Pain, severe though it be, so long as the nervous system bears it well and reacts upon it, may add celerity and force to the existing disease; it may quicken and invigorate all its actions, without disturbing their natural course and harmony.

But acute Rheumatism has no stated period to run. It is oftener long than short; oftener an affair of weeks than of days. And pain is its accompaniment from first to last; Pain (it may be) of the greatest severity, and such as the nervous system cannot long continue to bear well and to react upon. Two or three nights and days made sleepless by Pain tell fearfully through the nervous system upon the whole bearing of the disease. In proportion as the nervous system is brought under the mastery of pain, and is depressed, or subdued, or exhausted by it, the entire disease suffers fluctuation and change. The pulse, hitherto steady to a certain number, varies between great extremes; and hitherto strong, it becomes weaker. The heat of skin, which was uniformly high, becomes lower, and, at the same time, unequally distributed. And now strength begins to pass into weakness; and now one vital organ and now another gives notice of something wrong. This may be the semblance only of disease; but it may be the reality.

Observation, I think, may be trusted for the fact that Pain can do all this. Most rationally, therefore, does it become a special indication of treatment in acute Rheumatism whenever it seems likely to do it; that is, whenever it is in excess. Thus, in the conduct of a case of acute Rheumatism, the chief and greatest remedy sometimes is opium. It is almost always a necessary safeguard.

What has been said of the Pain of acute Rheumatism holds good of the Pain which belongs to other diseases acute in their kind, and of uncertain duration. It holds good of the Pain which attends acute Gout and acute Erysipelas; which attends the Inflammation, acute, severe, and involving many and various structures, produced by large burns, and lacerations, and fractures, and sprains, and by the complex of several in the same man. We know, indeed, that Gout, and Erysipelas, and Inflammation, are curable diseases, and that their Pain will cease whenever they come to an end. Nevertheless, in the meantime, their pain being more than the nervous system can well bear, calls aloud for relief and remedy. For the exhaustion conducing to death, and even actual death may come as much as from the attendant Pain as from the diseases themselves.

More need not be said. For I am not specifying rules, but declaring a principle—a principle that receives abundant illustration from the fact to which all successful practice can testify; namely, that oftentimes the medical treatment of these formidable affections has turned, from first to last, upon the right administration of opium.

What an easy and simple affair would be the practice of medicine, if we could always find out what and where the disease was, and then had only to lay hold of it (so to speak) in its seminal essence, and to treat it, and cure it; and thus could treat and cure exclusively all that belonged to it; its fever and all its disturbed functions of parts, and all its ex-

citement or depression of blood-vessels and nerves, and all its Pains!

And, indeed, one has now and then seen all this accomplished. One has seen a hard and bounding pulse laid hold of as the sole indication of treatment, and an heroic bleeding brought to bear upon it as the sole remedy. And, forthwith, an acute Inflammation, just emerged, with its many formidable accompaniments, has been summarily swept away. Here surely a great deed has been done; enough to make a man proud of the power of his Art, and a little vain, perhaps, of his own skill in wielding it.

But disease in its progress, *after it has some time emerged*, is apt to split itself into fragments, and each fragment to become a several centre for new morbid actions and suffering, to radiate from, and to present a several scope, at which new remedies must take their aim. Pain is one of these fragments and one of these centres.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

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PAIN REFERABLE TO THE GENERATIVE ORGANS.

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We may now consider,

2. Cases in which there is pain, but apparently no difficulty, attending the discharge.

There are a variety of circumstances capable of giving rise to the presence of pain during menstruation, in cases where there is no evidence of the existence of menstrual retention. The rheumatic diathesis predisposes patients to suffering of this kind, as was particularly insisted on by the late Dr. Rigby. The patient suffering from this "rheumatic" dysmenorrhœa is liable to migratory pains in different parts of the body, more especially in the joints, a loaded condition of the urine, from excess of urea, lithic acid, and lithate of ammonia, together with flatulence and hæmorrhoidal congestion (Dr. Rigby). Then, again, the presence of a congested, overloaded condition of the abdominal viscera, in which the pelvic organs always participate more or less, is frequently associated with painful or uncomfortable performance of the function of menstruation; and in nervous, hysterical subjects, the degree of the evil is likely to be magnified. As a rule, the diagnosis between cases in which the painful sensations are due to these general causes, and those in which there is partial or temporary retention of the secretion, is not difficult, the character of the pain being different in the two cases, as will be presently shown.

We may now consider, with the aid of the foregoing conclusions, the diagnostic indications of the

several varieties of pain, etc., present during menstruation.

The diagnostic distinctions between cases of dysmenorrhœa in which there is partial menstrual retention, and those in which there is no such impediment to the escape of the menstrual fluid as to produce this state of things, are the following:—In partial retention, the pains are situated in the uterine regions; they may be, and generally are, very severe, more or less paroxysmal in character, resembling, though on a small scale, the pains of labour, and often go on increasing in intensity until relieved. The pain differs from that present in the other description of cases, in that it is more severe and more limited to one spot. When there is no retention, the pain may be situated in the uterus, but more generally, perhaps, in the ovarian regions, in the thighs, back, etc. In menstrual retention, there may be pains in back, thighs, etc.; but it is not limited to these parts, and there is also pain in the uterine region.

Then, again, in menstrual retention, the pain which is present is of a peculiar *kind*. It more or less closely resembles the pain of labour. Coming on suddenly, lasting for a certain time, and then going off, to return again after a few minutes or after a longer interval,—such is the character of the pain. The patient may not be entirely free from pain throughout; but the occasional, it may be periodic, exacerbation, this it is which characterises it. When the pain is excessive, it may induce disturbances of the nervous system of various kinds—hysterical convulsions, agitation, anxiety, palpitations, tenesmus, pain in micturition, etc.

As long as the menstrual discharge continues persistently, the presence of pain need not generally give rise to uneasiness, although it by no means universally follows that, because there is a discharge, the size of the outlet is sufficient. It is the absence of the discharge coincidently with presence of the kind of pain above alluded to, that should make us suspicious of the existence of some obstruction, and more especially when the symptoms in question have been present for any considerable time, or have shown themselves recently in an individual who previously menstruated easily and regularly.

When, from the nature of the symptoms present, we are led to believe that there is a mechanical difficulty of some kind, in order to ascertain the nature of this supposed difficulty, it will be necessary to make a vaginal examination, and in certain cases to use the sound.

In those somewhat rare cases in which the dysmenorrhœa is connected with the discharge of a membrane from time to time from the interior of the uterus, the presence of the membrane itself will so far remove all obscurity from the diagnosis.

When there is painful menstruation, the discharge appearing scantily, disappearing for a time, then reappearing, perhaps in gushes, and again ceasing, when this condition of things is noticed at successive menstrual periods, it gives ground for the suspicion that there is some difficulty in the escape of the fluid. When coagula having the form of casts of the uterine cavity, or a portion of it, are passed under such circumstances, this is also in favour of the presence of mechanical obstruction. Fibrous tumour, polypus, flexion or version of the