

## THE RELIEF OF PAIN.

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This paper is the outcome of a recent conversation with a nurse who happened to be in charge of a patient on whom I had operated for the removal of an ovarian cyst. The question arose as to what extent she was in pain, and the nurse told me that she had never understood what pain was, and why so many different drugs were at times ordered for its relief.

Of course, pain is a very wide subject, and I cannot do more than give the bare outlines of the reason for its existence; details can, however, be filled in from any of the larger text-books.

We will first consider the physiology of the subject. Practically all over the body are nerves, which conduct impulses from the various organs of the body—skin, muscles, bowels, and so on—up to the brain. These nerves are known as afferent, or sometimes, though it is not so good a term, as sensory nerves. The impulses themselves vary in character. Sometimes they give rise in the brain to simple sensation, as when the skin is touched gently. Sometimes they are not felt at all, as when the object of the message is to ask for a greater supply of blood to a particular organ. Again, there may be a sensation of heat or cold, as when the skin is touched by a hot-water bottle or an icebag. Lastly, the result of the impulse may be a feeling of pain.

Now pain sensations are not, as we might perhaps suppose, simply exaggerated feelings of touch. It is true that if we pinch the skin gently we feel just a touch, and if we nip it hard it hurts, and there is always a point at which a touch sensation passes into a pain sensation; as we shall see later, this point varies in different individuals, but they are quite different sensations, and, as a matter of fact, they travel up different paths in the spinal cord and brain. Some parts of the body are incapable of sending up touch impulses at all, though sensations of pain may arise from them. For instance, the intestine can be touched, or even cut or sewn, without the patient, although he be perfectly conscious, knowing that anything is happening; but a mass of indigestible food in its interior may give rise to the excruciating pain which we call colic.

In any case, however, pain results from the stimulation (in the appropriate way) of the endings of an afferent nerve; the impulse thus generated passes up the nerve to the spinal

cord, and thence to the brain itself, the actual feeling of pain being generated, in all probability, on its surface, the cerebral cortex, as it is called.

The intensity of the feeling of pain does not necessarily bear any accurate relation to the intensity of the stimulus. In the same individual, at the same time, a jab with a penknife will hurt more than a prick of a pin, but there the relation ends. The same person will at one time feel the pinprick very acutely, and at another not so much as the former thrust with the knife. What is more important, however, is to recognise the great variation in feeling of pain that exists in different individuals.

This is a point which we doctors and nurses need to bear in mind. Quite commonly one hears a nurse say, when a patient cries out with pain at the administration of a hypodermic injection: "Why, it is only a pinprick." Pain is always a reality. Then we must make another distinction between pain itself and the extent to which the patient is bearing it—two very different things again: but we are all at times liable to confuse them if we are not on our guard. Bearing pain means deliberately, by exercise of the will power, repressing the instinct to cry or move, or otherwise show that pain is being felt. Here, again, the question of blame must be put altogether on one side. One of the worst things we can do is to scold a patient or be cross with him because his will power is deficient.

If a patient has but little control, or more commonly because he has lost it from disease, it is just as much a real ailment as an obvious tumour or an open sore.

One sometimes, I am afraid, gets a report from a nurse to the effect that a patient is making a fuss but is not really in pain. A statement of this kind only betrays the blank ignorance of the observer. We have no means of measuring a person's feelings of pain, and we must begin by assuming in any given case that pain which is complained of actually exists. The converse is also important, and if we have reason to think that a patient is concealing pain for fear of giving trouble or being thought to be a coward, we must try and get him to tell us frankly how and where he is suffering. But I will return to the distinction between pain and want of fortitude later on.

Coming now to the question of treatment, we can relieve pain in several quite different ways. Obviously the first thing to do is to remove the cause—to take away whatever it is that is in contact with the nerve endings. I think we may profitably dwell on this a little,

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