because I am afraid we sometimes do not begin in this plain way. We all know the story of the crying baby that was treated first with one kind of soothing powder and then with another, on the supposition that it was suffering from stomach-ache. The numerous remedies were, however, unavailing, and the infant continued to cry until it was time to undress it. Then it was found that one of the pins with which its binder was fastened was sticking into its skin! This sounds absurd, but it is not more so than, for instance, giving a patient after an operation opium when he is in pain from a tight bandage, which can easily be loosened without detriment to his recovery. Sometimes, however, the reason for the pain is not quite so obvious. I remember the case of a boy who suffered intense pain in the chest, associated with paroxysms of coughing. This was assumed to be due to whooping-cough, for which he was treated for a long time without any effect. Ultimately the history of the case was enquired into more fully, and it was found that he was said to have "swallowed" a plum stone, which was ultimately removed from one of his bronchial tubes, with the result that the "whooping-cough" disappeared entirely.

So we must always begin by seeking for the cause of the pain, and not treat it simply as pain.

If we cannot remove the cause, the next thing is to act on the nerve endings, so that the cause no longer irritates them. This we can do in two quite different ways. If we can get at them, we can apply to the nerve endings themselves a drug that will paralyse them, so that they are no longer capable of transmitting impulses upwards. This, however, can be—or should be—only a temporary expedient. The drugs that are capable of effecting this are known as local anæsthetics; perhaps the most efficacious is cocain, but there are others of the same group, such as eucain and novocain, which are often preferable as being less injurious. Menthol and carbolic acid are also useful. The drawback attached to cocain is that it is a powerful poison when absorbed into the blood, as it always must be to a certain extent. This can partly be prevented, however, by combining it with extract of the suprarenal body adrenalin, which has the effect of contracting the blood vessels of the part, so that the cocain does not as readily get into the blood. The combination is very useful in operations on the nose, which would otherwise be very painful. A good example of the relief of pain by this means is found in the way in which a raging toothache can be immediately stopped by plugging the hollow tooth with a little piece of wool dipped in a solution of cocain. But to continue to treat the toothache by this means would be most erroneous, the proper course being to have the tooth either stopped or extracted as soon as possible.

Another way of paralysing the nerve endings is by giving drugs of the belladonna group, such as atropine or hyoscine, either by mouth or hypodermically. These act directly on the nerve endings all over the body when they get into the blood, and this expedient is most useful when we cannot get direct access to the particular nerves that are responsible for the painful impulses. Here, again, caution is necessary. As these drugs act on all nerve endings alike, we often have to paralyse some that should not be touched at all. In the case of atropine and hyoscine great care is essential, for we may cause collapse from interference with the nerve endings in the heart. In the case of belladonna, too, which is usually given by the mouth, the effects have to be watched, and at the first sign of undue quickening of the pulse the question of discontinuing the remedy must be raised.

If it is impossible or undesirable to act on the nerve endings, we have to dull the perceptive powers of the brain itself, so that, though the painful impulses are not diminished, yet the brain does not, as it were, make so much out of them. This we can do by two different classes of drugs—either those of the opium group, opium itself, or its derivatives, such as morphine, heroin, and so on, or the coal-tar products, such as antipyrin, phenacetin, antifebrin, and their allies. But the consideration of these must be deferred to the next paper.

HONOURS FOR ENGLISH NURSES.

The King of Greece has conferred on the nurses who served in the Græco-Turkish War the bronze war medal, which has been forwarded to each nurse with his Majesty's photograph, and a diploma stating that she is awarded a commemorative medal for the services which she has rendered during the campaign against Turkey in the capacity of nurse.

The nurses have also received a second diploma, referring to the Greek Red Cross, already bestowed upon them by Queen Olga. This proves that although the British Red Cross Society, the official channel for supplying aid to the sick and wounded in war, saw no reason to send trained women nurses to the seat of war, the services of those who went out were both needed and valued.

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