

EDITORIAL

"For all the happiness mankind can gain
Is not in pleasure, but rest from pain"

Dryden (1631-1700)

Pain has been experienced by each one of us and we spend most of our working lives trying to relieve pain, but what do we really understand by the term pain? Cassell's Dictionary describes pain as bodily or mental suffering: a disagreeable sensation. It is derived from the Latin "poena" which means pain or penalty and even today the terms pain and penalty may be interchangeable. For example "under pain of" means under threat of punishment or penalty. This may also indirectly affect our patients who may feel guilty and wonder whether their pain was caused by something that they did or failed to do.

As can be seen by the definition, pain is not only a physical problem but affects one's whole being. If treatment is to be effective therefore an holistic approach is needed. The physical component of pain is often the one the medical team feels most competent to treat, but this is only a small part of the problem. The emotional experience of the patient suffering pain together with his attitudes and beliefs must be considered if that patient is going to be able to manage his pain and

especially his chronic pain. Over the years many pain clinics have been instituted throughout the world in recognition of the problems that are associated with pain and to meet the need for a multi-disciplinary team approach in the management of chronic pain.

At the very interesting post-congress symposium held in Cambridge in August 1991 many eminent speakers discussed the probable causes of pain and suggested how these may be managed. Some of these papers are discussed in the report back article. Both the physical and psychological aspects of pain management was stressed by many speakers and different ways of assessing pain were put forward.

A literature review of myofascial pain was undertaken and part one, which deals with an historical overview is presented. It is interesting to note that the concept of trigger points is not a modern one.

More and more use is being made of isokinetic exercises by physiotherapists both for the treatment of patients as well as in research. An inexpensive knee exercise, which was privately constructed, is discussed and the results of tests are compared to more highly sophisticated electro-mechanical systems.

J C Beenhakker