

of the levator ani, and is connected with filaments from the ganglion impar of the sympathetic nerve, and with small branches of the middle sacral artery, between the levator ani and the posterior end of the external sphincter. The gland is rich in nerves, which form a network perforating its stroma.

This, the "glandula coccygea," Luschka says, is probably the seat of the hygroma cystica perinæalea. And when we consider its highly vascular and nervous elements, and its position, we can hardly doubt that it may in some cases be the seat of coccygodynia.

Some cases called coccygodynia I have found to be due to fissure of the anus, and to the conditions which induce the spasmodic action of the vulvar and perineal muscles, and known as "vaginismus." I have also traced it to retroflexion of the uterus.

The *diagnosis* is made out by local examination. The forefinger introduced into the rectum is applied to the inner aspect of the sacro-coccygeal joint, whilst a finger of the other hand is applied to the outer aspect. The bones and the joint thus embraced between the two fingers are completely explored, and the seat of pain and the condition of the parts are easily determined.

The *treatment*, according to Simpson is surgical. But I have met with cases which, after long and intense suffering, got well spontaneously, or when uterine disease and general disorder were removed. At the same time, I am satisfied that surgical treatment is occasionally essential to relief. One may exhaust sedatives, neurotics, and tonics, and still the pain persists. When there is evident inflammation, leeches will be serviceable, followed by counter-irritation. Temporary ease may be obtained by the local subcutaneous injection of morphia. The surgical treatment is to completely separate from the coccyx the muscular and tendinous fibres that are in connection with it. This is done by a tenotomy-knife passed under the skin at a short distance from the tip of the coccyx, and made to shave along the posterior aspect of the bone, and then to divide the muscular and tendinous attachments, first on one side then, and lastly, all round the tip of it. It is not in every case necessary to make the division so free. In some instances the division of the fibres of the gluteus maximus of one or the other side, or detachment from the coccyx of the sphincter and levator ani may be enough. No bleeding attends the operation, which possesses also the other advantages of subcutaneous sections. Simpson admits that this operation occasionally fails, and that he consequently suggested the removal of the coccyx.

Dr. J. C. Nott prefers extirpation of the bone. Simpson's subcutaneous incision around the coccyx would divide the nervous branches which supply Luschka's gland, and in this way its success in some cases may be explained.

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