

with the history of this case in the April number of the *Journal*, the thickness of the plates was inadvertently stated to be a quarter of an inch; it is, in fact, not quite one-eighth of an inch.)

---

*Case of Coccyodynia cured.* By A. GODFREY, M. D., of Sonora.—A few weeks ago I met with a case of coccyodynia of ten years' standing, in a woman, about 32 years of age. She suffered very severe pains in the region of the coccyx, whenever she attempted to sit down or to resume the erect posture, or to walk about. She could not lie down in bed or rise from it without the assistance of some one of her family, nor was she able to sit down on and to rise from a chair without taking hold of the back of the chair or some other object. Still, the least painful posture for her was to keep bent to a certain degree, as if in the act of sitting. While sitting on a chair and lying on her bed, she experienced a very disagreeable, dull, burning, and prickling sensation, which was frequently unbearable. She suffered excruciating pains when her body was swayed from side to side; the gluteal and coccygeal muscles of both sides seemed mostly to trouble her, but especially on the right side, to which the coccyx was somewhat drawn. She dreaded to sit down, and dreaded to rise up—dreaded to get into bed, and dreaded to get out of it. As she did not complain when her bowels were being moved, the tendons of the sphincter, and the fibres of the levator ani, did not appear affected, the disease seemed to be mostly confined to the gluteal and coccygeal muscles, and also perhaps to the sacrosciatic ligaments, which produced traction. The patient states that she cannot tell how the affliction came on, and what caused it. She relates that she consulted a dozen of the best physicians in Tennessee (where she used to live), under whose treatment she successively was for a good while, without deriving any benefit from it, and finally they pronounced her incurable.

Whilst I was attending on a member of her family, she told me her affliction; and the symptoms of coccyodynia, as described in the lectures of Professor Simpson, which I had read in your *Monthly News and Library*, were so striking and plain in her case, that I offered to cure her. I proposed to perform the operation recommended by Professor Simpson, the isolation of the coccygeal bones from the surrounding tissue by means of a tenotomy knife (see *Simpson's Clinical Lectures on Diseases of Women*, Am. ed., p. 216), to which she readily consented. I performed the operation on the 18th day of April last. The relief was effectual, instantaneous, perfect, and I hope permanent. The wound is healed up, and she feels very well. The patient continues to be perfectly free of pains.

---

*Case of Triplets.* By JAS. W. PITTINGER, M. D.—I was called on the 6th of November, 1860, about half-past four o'clock P. M., to see Mrs. O'C., in labour. This was her sixth pregnancy. When I arrived, the child had been born two or three minutes; it was a girl, and weighed, about four and a half pounds; it was quite vigorous for its size. After having attended to it, I requested the mother to bear down, to facilitate the expulsion of the placenta at the next pain. She did so, and a boy was expelled with the membranes entire. A woman who was present informed me the first child was born in the same condition. This boy weighed nearly three and a half or four pounds. The circulation being feeble, I sprinkled cold water upon the child, and immediately it began to cry. In a few minutes it became very lively; it was weaker than the first.