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COCCYGODYNIA

OPPENHEIM[1] thus describes coccygodynia: "The name coccygodynia is given to a severe neuralgiform pain in the region of the coccyx which occurs almost exclusively in women. The pain comes on spontaneously or in the act of sitting down, of walking, or of emptying the bladder and intestine, or it is increased by any factor which is associated with contraction of the muscles which are inserted at the coccyx. The coccyx is usually sensitive to pressure and to movement. The disease follows a severe confinement or trauma, but it may have an insidious onset. It has even been observed in children. It may develop without any exciting cause in hysteric persons. In many cases it is a true neuralgia; in others it is due to an inflammatory process in the muscles inserted at the coccyx, or in the surrounding soft parts or bones. These conditions can usually be distinguished from neuralgia by careful bimanual examination. I have seen slight cases recover in a few days or weeks, *e. g.*, under the influence of opium suppositories, others in which the refrigerating double current sound was helpful, and severe cases which defied all treatment and necessitated an operation (separation of all the soft parts from the coccyx or its removal)."

One wonders just what is meant by a "true neuralgia," and just what the author means when he says "it may develop without any exciting cause in hysteric persons."

The case I wish to tell you about today is of interest because it shows that what might be considered a real physical cause

[1] Bruce's Translation of the 5th Edition of Oppenheim's Text-book of Nervous Diseases, p. 595.

may not, in the ordinary sense of the word, be one at all, and just as the origin was not traumatic, physical, the trauma of surgical interference was not curative. It shows the futility of surgical procedure and various other factors of interest when we consider the patient as an individual and not as a mixture of organs and tissues.

The patient is a young woman twenty-eight years of age. She was brought up carefully, though perhaps without adequate instruction in sexual matters. Though rather delicate as a young girl, she has now developed into an unusually strong, healthy woman. For several years past she has worked, closely associated with men. She is unmarried. There is nothing in her family history of special importance. When she was about fifteen she fell and was very badly frightened, though not severely injured. Two or three weeks after the fall, which was not followed by any local discomfort, she woke in the night with a severe pain in the region of the coccyx. Since that time the pain has been more or less disabling: at times she would be overwhelmed by it, at others practically free for a month or two. Of late it has bothered her so much that she has begun to fear ideas of suicide. She has always been partially or completely relieved by an enema, but, naturally, it was frequently not at all convenient if the attack should come while at work or on the train or at a party. She thought the pain was brought on by hard feces in the rectum, gas, "congestion of the bowels" (that certainly sounds as though some physician had spoken). She could not sit on folding chairs, as she said, "in church or Sunday school." She was unable to lean back and sit at rest, to allow herself to day-dream; and any strong emotion, worry, anger, or any other intense feeling might cause the pain.

The pain might be momentary or it might last two hours. She thought it might have something to do with "poor vitality." There is a tender spot in the perineum, pressure about which might start the pain. The coccyx has been removed, but she has had the pains just as before. For six months before I saw her she had had considerable dysmenorrhea.

This, in effect, is the history. The emphasis was put on

the accident and injury at fifteen; on the causation of the pains by pressure of hard objects, uncomfortable chairs, feces; the spot, touching of which caused pain; the relief of pain with enemata. Poor vitality was twice spoken of, both as a cause and as a result of the pain.

But here was an unusually healthy appearing woman, too healthy to be thought of as suffering for the past thirteen years from anything organically serious. Therefore one must inquire as to the actual value of the various items of her history and try to fill in some of the blanks. First, there is the trauma. She thought she might have bumped her coccyx, but she did not remember any local discomfort as an immediate consequence. Therefore are we not perhaps privileged to deprecate its importance? If there had been a fracture she would have had very severe discomfort within twelve hours after the accident. If there had been a bruising, a periosteal or a subcutaneous hemorrhage, the same is true. There was no trouble of this kind. There was, however, a severe fright at the time of the accident, there was a psychic trauma, and when we have heard the finish of this story and realized the rôle played by the mind, especially in a state comparable to fright or panic, we may perhaps conclude that this psychic trauma is of more importance than the physical.

The pain came on two or three weeks after the accident. The patient is a bit hazy as to this first pain—whether it woke her out of her sleep, whether she was just going to sleep, she does not seem sure. If it did come on during this period of dulled consciousness it will fit in with our ideas as to the beginning of these symptoms which may be classed as related to bad habits, tics, dysmenorrhea, etc. At any rate, the fact that the pain did not begin for two or three weeks after the trauma certainly weakens the importance of the accident from the physical standpoint.

Now the description as to when the pain would come on is the usual one, the one to be expected from anyone who has had to tell this story to doctors who are content with the statement of the patient. One wonders, however, why she does

not have the pain every time she sits, especially on an unupholstered seat; also, if the presence of feces and gas in the rectum cause a pain of such disabling power, why they do not cause some kind of discomfort whenever present. In other words, there are inconsistencies that should discount the story and demand further light.

How are we going to get the light? That is a matter to be approached differently in each case. The first item that led me in the right direction was a statement that seemed rather to slip out in a moment of relaxed caution, namely, that the pain was like a cramp.

If the pain was like a cramp, what was there about it to justify the panic into which it seemed to throw her? She said that if the pain were to come on where she could not do something right away she did not know what to do. In other words, the statement and the manner of making it combined to give a definite conception of the panicky state of mind induced by the pain.

Now if one thinks for a moment of the difference in sensation in the skin around the genitals, perineum, and anus from that in the skin of the abdomen, chest, or arms, one realizes that it may be due to the fact that sensations coming from this region are endowed with a different cerebral element. If this is true of the skin may it not also be true of the underlying muscles? May not movement of the perineal muscles be sensed differently from movement in the legs and arms? May movement of muscles attached to the coccyx or to the fibrous central point of the perineum be felt in a different way from movements of muscles—say, about the shoulder-joint? What is it that gives the feeling tone to the sexual orgasm if it is not some form of muscular spasm? There is a condition called vaginismus by which is meant a spasm of muscles about the vagina when intercourse is attempted. It is ordinarily considered as an effect of frigidity. In some cases I believe it to be an abortive orgasm. It is the spasm of muscles which when rightly timed and conditioned makes up the orgasm and amounts to a voluptuous sensation. When it is premature and improperly

conditioned it is described as something to avoid—a pain; something to be ashamed of—a weakness. Is the pain described here of this order? How can we obtain an answer to this question without giving offense? The patient was asked to tell all the occasions she could remember when she had had the pain.

After two or three visits, at which times the list was added to, it was evident that as a usual thing there was a complete absence of physical cause—hard chairs, etc.—and there was present an element of emotional value accounting, possibly, for the occurrence of the pain. For example, on one occasion the pain had come when at a wedding of a very dear friend; on another when a man physically and mentally attractive to her (her words) stood beside her looking over her shoulder; another when reading an exciting love story just before the man and woman were to fall into each other's arms; another when she dreamed of a certain man with whom she was on close business terms. Occasions in which an element of this sort occurred were more frequent than those in which there was no possible sexual stimulant suggested, so that when instances of the pain were asked for, statements such as of hard chairs, leaning back, hard feces, and so on, were not mentioned. Are these factors perhaps merely the patient's reflection of the ideas of the various physicians and surgeons she had consulted?

A second item that deserved attention was that the pain seemed so closely associated with the idea of panic. Why is that? Does a person get in a panic if he has a cramp in his foot? I have never met one. There is something about this pain that causes panic. May it not be because of its location? It cannot be seen, for one thing. For another, and probably much more important, it comes from that part of the body that has been made as strictly taboo as possible ever since earliest infancy.

Just what is meant by this? The meaning is that the perineum, the anus, and the genitals are parts of the body almost never referred to by any human over five or six years of age. The actions of children of three, four, or five show a curious

combination of immodest smartness in exposure and fearfulness of detection therein, and no one seems to have the ability to cast their mind back with sufficient clarity to get to the origin of these ideas of shamefulness. As I have watched the infant on its mother's or nurse's knees, having its diapers changed, it has seemed to me that perhaps here I saw one of the original sources of the matter. As the diaper is removed the infant's hands are very apt to go to the genitals, and when they do there is almost certain to be an expression of disapproval on the mother's or nurse's face. Very frequently the intentness of the infant's inspection of the overhanging face is most striking. At that age words mean nothing; expression means everything. We all know how readily an infant will howl at a frowning, and chuckle at a smiling, face. In short, I believe before the age of eighteen months a very strong sense of the improprieties has been established; a background that makes valid the later corrections, a sense that weighs, appreciates, and gives force to all references, suggestions, and admonitions relating to this region. It is easy enough to understand the development of ideas when they come in response to words, to speech, because that is the current coin in which we as adults most consciously deal. Our thoughts are put into sensory images, into words, and because they are sensory images, things we seem to see and hear, they seem much more real, much more important than feelings, prejudices, and attitudes of mind. A prejudice relating to this region of the body finds something similar in every human it comes in contact with, finds justification on all sides; hence, it has a force, a power compared to which words, frank expressions, are rather futile.

It is in something similar to the foregoing that we are to find the explanation for the panic element involved in, or induced by, the sensation described as pain by this patient.

Another item in the history is of interest as bearing on this attitude of mind, namely, her statement that the pain had something to do with "poor vitality." This was her phrase. The pain was brought on by poor vitality or, what she emphasized as the more important, was followed by poor vitality. There

is something reminiscent about such a statement. It sounds like the advertisements of the patent medicine men and the quacks—"poor vitality brought on by masturbation."

When I had assured myself as to the relationship between the panic, the pain, and the sexual or moral ideas of the patient, I showed her anatomic charts of the perineum and the genitals and described the function of the muscles. This necessitated going into the function of the bulbocavernosus and its relation to erection and copulation. This information was received with interest and without offense.

Then the fact that the first pain occurred at fifteen was discussed, and the question was raised as to what girls of that age might be thinking about. Among other things masturbation, either manual or through voluntary setting of the muscles about the perineum and thighs, was spoken of, though merely as one of a number of things.

Several visits intervened, and then the patient remembered that though she could not be sure about the first pain she did remember, that a few weeks thereafter she had tried to get a pleasant sexual sensation in some manner. She could not remember particularly as to whether she had gotten it or not, but she did remember having this pain and being driven into a panic thereby.

Now there seemed to be enough evidence to justify the conclusion that the pain, the panic, and the despondency were all on a more understandable basis, and it seemed reasonable to say that the pain was the cramp-like contraction of muscles in the perineum, those that are concerned in the essentials of copulation, namely, erection and orgasm. This was pointed out to the patient and linked up with that which has been said concerning the mental and moral attitude toward the whole realm of sex and the sensuous. Finally, she drew the conclusion that perhaps the pain was, in reality, part of the *normal* sensation of sexual excitement.

After the second or third visit I think the patient felt that an attempt to understand and really remedy the condition was under way. At any rate, she ceased to have the pain with

anything like the same intensity. The last three times she had the pain she immediately got hold of herself, told herself there was nothing to get panicky about, and the pain passed off. It is my belief that this improvement will continue.

The most satisfactory thing about the case is the general emotional change in the patient. The despondency has passed into a state of buoyancy and she declares there is a load off her spirits.

In conclusion, I would say that this case of so-called coccygodynia is really a sort of vaginismus which, in turn, is closely related to the muscular condition of erection and orgasm. The muscular conditions have their emotional tone fixed by the location of the sensation—they are in the perineum, they are normally voluptuous and pleasant, but in a condition such as exists in this case they are painful and induce panic.

Surgical procedures may be of benefit, but I strongly suspect that all cases of coccygodynia are of much the same nature and can be far better handled with understanding than with anesthesia and blood-letting. In that respect I would emphasize the change in emotional status especially. Contentment has taken the place of despondency, and I do not believe that would occur as the result of a surgical procedure, no matter how successful.

To return to Oppenheim's definition, I would be inclined to add that coccygodynia is closely related to vaginismus, is increased by contractions of the muscles inserted into the central fibrous point of the perineum. Also, as regards the statement "these conditions (local inflammatory processes) can usually be distinguished from neuralgia by careful bimanual examination." I would say that in these cases there may be such wincing from any examination that the surgeon might easily be misled into thinking that there was inflammation, when, in reality, the real trouble is in the mental attitude.