

without inward the general direction of the vagina, for a distance of 1.5 to 2 cm. within the hymen, is dorsocephalad. At this point a distinct change in direction takes place and the vagina passes almost directly dorsad. The point of angulation lies opposite, and corresponds to, the perineal flexure of the rectum, and is produced by the pubococcygeus and the puborectalis muscles encircling these organs at this point and drawing them forward, or in a ventral direction. With the finger introduced into the vagina one is able to easily recognize the point of angulation, and to distinctly feel the edge of the puborectalis muscle through the lateral wall of the vagina as it passes in its course toward the symphysis.

An incision through the lateral wall of the vagina 1 to 2 cm. to the inner side of the hymen or its remains will expose the median edge of this muscle. It may easily be dissected up almost from its origin from the symphysis ossis pubis to the rectum, and in passing by the vagina its fibres do not enter or form an attachment directly into the vaginal wall. The muscle varies from 3 to 6 mm. in thickness, and extends, in connection with the pubococcygeus, latterly to the wall of the pelvis the plane in the transverse direction being oblique to the wall of the vagina.

That portion of the vagina lying internal to the point of angulation or perineal flexure, and which composes by far the major portion of the canal, lies in its ventrodorsal plane almost parallel with the muscular plane and rests on it, the rectum alone intervening.

Contraction of the muscles of this layer tends to increase the perineal flexure of the rectum and vagina by drawing the parts in a ventrocephalic direction, and the opening through the muscular floor is thereby maintained ventrad of the line of gravity. The weight of the pelvic organs is thus brought to bear on the muscular layer of the pelvic floor. That mass of tissue ordinarily called the perineal body lying between the rectum and vagina, and extending from the muscular floor of the pelvis to the cutaneous surface, has little or nothing to do with sustaining the pelvic organs.

We will now proceed to a consideration of those lesions of the pelvic outlet resulting from extreme dilatation. It is sufficient to say that they are produced by the passage of the child during labor, without attempting to explain the mechanism. We may divide these lesions or lacerations into three classes: (1) Those involving the muscles of the pelvic floor. (2) Those involving the tissues between the lower end of the rectum and vaginal opening, external to the muscular layer. (3) A combination of these two.

Lacerations of the first class may be compound, by involving