

Briefly, the ischiococcygeus arises from the spine of the ischium and is inserted into the lateral border of the lower part of the sacrum and the upper part of the coccyx. The iliococcygeus arises from the iliac portion of the obturator fascia, and is inserted into the lateral border of the lower part of the coccyx and a median raphe. These two muscles will interest us but little, and will not be further considered.

The pubococcygeus arises from the lower border of the symphysis ossis pubis, from the posterior surface of the body of the os pubis, and from the obturator fascia as far back as the iliopectineal eminence. From this somewhat extensive origin the fibres pass mesodorsad, passing by the urethra, vagina and rectum, lying cephalad of the lower portion of the ilicoccygeus, and are inserted with those of its fellow from the opposite side by means of a tendinous expansion into the ventral surface of the coccyx and lower part of the sacrum, the more ventral fibres interlacing directly with those of its fellow as a girdle posterior to the rectum.

The puborectalis lies beneath or caudad of the ventral portion of the pubococcygeus, from which it is separated ventrally by an intermuscular fascia. It arises from the outer lower portion of the symphysis ossis pubis or the beginning of the descending ramus and the cephalic surface of the urogenital fascia. Its fibres usually form a well-defined muscular loop which passes dorsad, encircling the rectum at the perineal flexure, when it becomes continuous with its fellow. In passing by the rectum some of its fibres enter the wall of the rectum, gradually become tendinous and pass caudad as far as the cutaneous surface. A few fibres also pass anterior to the bowel, between it and the vagina, some of them eventually becoming continuous with the transverse perinei muscle of the opposite side.

The pubococcygeus and the puborectalis together form what is usually termed the levator ani muscle, and are the most important muscles of the pelvic floor. They produce the characteristic perineal flexure of the rectum and vagina, and form the chief support of the pelvic viscera. They must undergo the greatest elongation during dilatation of the pelvic outlet for the passage of a child, and, therefore, are most liable to suffer rupture or laceration, as will be shown later. The more ventrally placed fibres pass almost directly ventrodorsad, while on frontal section the muscular plane slopes from the periphery toward the centre and cephalocaudad. In the space between the opposite muscles ventrally pass the vagina and urethra, and it is extremely important to clearly understand the relations of these muscles to the lateral walls of the vagina. The normal virgin vagina is not a simple straight tube. In passing from