

The old idea of the central perineal body forming the main support of the pelvic contents has long since been abandoned by most writers, and proper attention and study have been directed to the muscular layer with its fasciæ, which forms the true support at the inferior strait.

It still appears difficult, however, for some to properly appreciate this supporting layer, and the value of active muscular action in its maintenance. The layer as a whole may be recognized, but the fasciæ are looked on as playing the chief role in the support. For instance, in one of our most recent and excellent text-books on gynecology, we find this statement: * "It is equally untrue that the muscles, especially the levator ani, furnish a continuous support, *i.e.*, it is unphysiological for muscles to be in a constant state of action. Such tendency would soon destroy their power. The recto-vesical fascia is in itself sufficient when intact to afford the required support." There is much contained in this statement, and as I disagree with it almost *in toto* the various points will be considered in order.

Take the point that "the recto-vesical fascia is in itself sufficient when intact to afford the required support." This, in my opinion, is an error. Fasciæ in themselves never furnish the kind of support here meant. There is not an instance in the human body where a fascia, aponeurosis, ligament or similar structure, unaided by muscular action, sustains for any great length of time any weight or tension. It is an invariable rule when weight or tension is permanently thrown on fasciæ or ligaments, through the loss of muscular power, that these structures yield and lengthen. If the muscles of one side of the back become weakened or paralyzed, scoliosis quickly results, notwithstanding the powerful ligaments binding the vertebræ together. When paralyses of certain muscles of the leg occur, the ligaments of the arch of the foot and the plantar fascia invariably yield and the arch of the foot is lost. So it is in every instance throughout the body, and so it would inevitably be were the fasciæ mentioned left alone to furnish the support at the pelvic diaphragm.

The second point with which I disagree is that "it is unphysiological for muscles to be in a constant state of action" as "such tension would destroy their power." The direct opposite of this is true. Every normal muscle is in a constant state of activity. This does not mean that every muscle is constantly exerting its full contractile power, but that every muscle is constantly exerting a certain amount of contractile power which varies somewhat in different muscles. Cut any normal muscle and its ends instantly retract. This is called

* Dudley, 1893, p. 433.