

ON THE TRUE POSITION

OF THE

BLADDER IN THE MALE,

AND A FEW THOUGHTS ON PASSING THE CATHETER, BOTH
AS REGARDS DRAWING OFF URINE, AND AS REGARDS
"SOUNDING" FOR STONE.

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I must really apologize to my Montreal readers for obtruding my name so often in the pages of the RECORD; but, in my humble opinion, the subject of this article is one of importance, as is evinced in daily practice; and also, with the exception of those who have had an extensive experience in this branch, such as hospital men, many general practitioners are not so well versed in several little points as they themselves might desire,—their time being most busily engaged in general practice.

I also wish to lay before the medical public the idea that in all likelihood the wood-cuts in our anatomical text-books are erroneous; and if that is the case, causing serious errors in our practice, in passing the catheter—in sounding—and in the operations (*séances*) of lithotripsy.

The position of the bladder in the pelvis, which is likely to be the true one.

Erasmus Wilson, in his "Anatomy," says, "the bladder, when *empty*, is *triangular* and flattened against the pubes." As a minor remark, I think the statement that it is *triangular* is open to doubt, the idea being that the urachus holds it up from the top; my ideas on this point will be elaborated further on, where the connection will be seen.

Flattened against the pubes. With all deference to this celebrated man, I think this statement is incorrect; I prefer the "explanation" that will be given lower down.

Apart from the explanation that will be read lower down, I think the chief argument against its being flattened against the pubes when empty, is the utter absurdity of it, when you come to reflect on the matter, likely for the first time.

As a preliminary observation, I will remark that professors, and medical men generally, are too apt to regard the relative position of viscera in the cadaver as being *precisely the same* as in the living subject; one may say, "well, there are the same folds of peritoneum, so-called ligaments, &c.," but the condition of things is very different; in the corpse, everything is collapsed—that is, when it is opened—from the pressure of atmos-

pheric air, fourteen pounds to the square inch; *before* the "body" is opened, another state of things obtains, a little different to that during life, *i.e.*, certain organs are more distended than during life; also, certain portions of the cadaver are swollen from various extravasations, ante-mortem or cadaveric.

As regards medical students examining closely the relative position of the pelvic (or other) organs, they rarely take the trouble; it being infrequent for a student to dissect the bladder and rectum (stuffed with tow, the anus sewn up); and then, as regards the bladder at least, they think a great deal more of cleaning the muscular coat off nicely, than of any relative position of the organs.

Another great obstacle to our arriving at the truth lies, I think, in the fact that we dissect the cadaver *lying down* (for convenience sake); this is very different to the position during life, as we sit or stand nearly all day. When the body is laid down (like in gynæcological examinations as usually conducted, but for which I always ask the patient to stand up), the pelvic and abdominal viscera *recede* from their usual relative position.

We will take Wilson's first wood-cut, where the man is represented lying down (the usual position, in hospitals, of passing the catheter—but I always ask the man to stand up): there is quite a longish space, which is not clearly accounted for, between prostate and pubes; now, if the bladder, when contracting, flattens against the pubes, as is stated, it would of course have to pull along, and over, with it, rectum, vesiculæ seminales and prostate, across the pelvic cavity (4 inches!) to behind the pubes—a thing that is very unlikely to say nothing of the rectum being closely connected with sacrum, and held there by a meso-rectum. What about pulling the triangular ligament over to pubic arch, which is very unlikely; in that case the urethra inside the body would become distorted, which we know is not the case, by passing the catheter.

A few words more:—the terms that are made use of in designating certain portions of the bladder are, I think, apt to confuse, and thereby mislead; for instance, "body," "superior fundus," "inferior fundus," "base"; the student has got to stop and think whether you are sitting the man or laying him down; and even then the terms are very obscure.

THE TRUE EXPLANATION,

I think, is to be found in Dr R. Nelson's "Trea-