like the human placenta; and also that the insertion of the two cords is analogous in both instances, in the centre of course, but a little depressed (or umbilicated). Persons may say, "why do we not see this in the cadaver?" but, on reflection, a "body" is not opened in a dissecting-room until some little time after death; in all likelihood the subject did not die of Asiatic cholera,—by this time, post mortem (cadaveric) changes have taken place; but persons may again say, in ordinary autopsies, held a few hours after death, why do we not see that umbilicated depression? (I) there may be urine in the viscus, in many cases; (II) possibly it is only in cases of Asiatic cholera, where the observer may have the chance (as Dr. R. Nelson had) of seeing it—rom the "spasm" being on, which would remain after death; perhaps, in one or two days after death, if an autopsy were practised on a person who had died of cholera, this appearance would no longer be seen, on account of cadaveric changes.

In the dissecting-room. On sauntering through we may come across a student "dissecting" the bladder; but what is the observed relation of the organs, one to the other? As it is very troublesome dissecting the bladder down below the pubes, we shall likely see the bladder (upper portion) turned out and over the pubes; the bladder has possibly been inflated with air, through a blow-pipe, through an incision; rectum, lower portion, in connection with lower portion of bladder, possibly stuffed with tow, then ligatured and cut off; intestines have been previously taken away, or turned over to one side; now, everything (especially in a cadaver of some weeks), here is very much distorted; relation of the parts, perfectly strained and unnatural: if water were used ligaturing the neck of bladder below the pressure would be *equal* on all sides, and we would then get more likely the true shape.

Certain conditions where the bladder may, in all probability, be flattened against the pubes.—During the progress of *labor* in the female, when the child's head occupies the sacral concavity, before labour comes on, during the last few days, and especially hours, preceding actual confinement, when the woman urinates every few minutes, latterly, I think the bladder is still horizontal; but, on account of being pressed on above, it has to be frequently emptied, simply because there is only room for a small quantity of urine; if, when the head passes, the bladder contains a large quantity of urine (comparatively speaking), it is almost sure to be torn; of course this cannot take place unless on being flattened against the pubes.

Pelvic tumors, including large fibrous tumors of the uterus, which may have a "process" descending into concavity of sacrum,—the action of these would depend on their size, and situation within the pelvis. In these cases, most likely, as the bladder gets filled, it rises, and gets flattened against pubes,—or, in other words, gets jammed between pubes and the hard tumor.

Fracture of ossa pubis.—It would be interesting if those who had these cases to attend would report whether the fractured edge caused extra irritation of the bladder; I do not remember having heard of it, and this therefore further makes me think that the bladder does not flatten behind the pubes in the emptied state; if it were so the bladder would very likely get torn, as there is nothing whatever between, except iliac fascia.

But these are all unusual cases, and my endeavor now is to prove that the bladder is not triangular; of course this view does not militate against the usual representation of the lower zone in our books.

Correspondence.

DR. C. E. NELSON'S FRACTURE CASE.

CORRECTIONS.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—The article on "Operations" is all right. The second one, "Fracture Case," contains several inaccuracies of the printer; an important one, as regards punctuation, about "putting on the stockings," and "not being able to stand without crutches;" these mistakes cannot now be helped, however; but one grave error I shall have to ask you to correct in your next number (December), that is, printer put five inches shortening (!) instead of two; the older readers will of course see that is a mistake, but it will not so readily occur to the younger ones, who might think it strange, my sending a fracture case to the paper having *five inches* shortening.

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