The Emperor's New Clothes

In a book entitled "The Modern Temper," the erstwhile literary critic and editor turned philosopher Joseph Wood Krutch depicted the innate need of man (and woman) to find order in a universe that is alien to his (or her) innermost needs. That book was written nearly three quarters of century ago, but its message still rings true.

Apparently, urologists and gynecologists have a similar need; that is why the anatomy and physiology of the lower urinary tract and sphincter mechanism is depicted in such orderly and precise detail in most textbooks. In fact, there are myriad names to describe the structures that suspend, support and operate the lower urinary tract and female pelvic floor. These are not synonyms, but different names to describe different parts of different structures that I, as an experienced surgeon, never see. There are four possibilities to explain this phenomenon: 1. The structures are there, but I don't see them; 2. The structures are there in the gross anatomy lab, but not in live people; 3. They are there in normal people, but not in people who need operations; and 4. They are not there at all and exist only in the minds of those who have an inner need to find them.

These structures are called the vesical neck, internal sphincter, smooth muscle sphincter, external sphincter, striated muscle sphincter, midurethral complex, distal segment, endopelvic fascia, pubocervical ligament, pubourethral ligament, vesicopelvic ligament, urethropelvic ligament, compressor urethra, urethrovaginal sphincter. I don't mean to get too anatomic, but with the exception of the pubourethral ligament, a distinct, dense white structure that attaches the distal urethra to the pubis, I never see any of these structures.

To be sure, there is some tissue that suspends and supports the lower urinary tract and pelvic organs, but it is certainly not a ligament; rather, it is comprised of connective tissue, smooth and perhaps striated muscle and some thin fascia. This tissue, which some of my surgical colleagues refer to as the "good stuff," constitutes the strong tissue found at surgery that is needed for repair of damaged support structures, but it is identified by its palpable tensile strength, not by any anatomic boundaries. Of course there is a sphincter, but I don't know where it begins and where it ends and I don't know what it looks like. I'm not even exactly sure how it works.

Joseph Wood Krutch suggested that such things as humanity, love, justice, fairness, equality and religion are nothing more than inventions of the human mind that seek to find meaning in a world in which we have no special place at all. To find order in such a universe we find order in our own minds and apply that order to what we see. Sometimes the order we see is real. Sometimes it is not. And sometimes, it doesn't matter because the conclusions we draw from (erroneous) beliefs seem to work. Thus, it is possible that operations for stress incontinence are effective even though the principles upon which they are based are faulty.

Einstein saw that the laws of gravity worked just fine on earth, but not so in the rest of the universe. Hence, $E=mc^2$. So, in outer space you can jump off the top of a high building with impunity. Don't try that on the earth.

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