

physiological science, as those of any other man ; but I cannot accept the fruits of fancy for the product of intellect. When Mr. G. sees fit to dream, he must not get out of patience because others do not dream too. Fretting will do no good, and a medical Journal is no place to make converts by blustering.

BETA.

Connecticut, January, 1836.

HÆMATURIA, OR BLOODY URINE, FROM THE RUPTURE OF A VEIN OF THE PROSTATE.

TRANSLATED FROM THE REVUE MEDICALE BY B. B. APPLETON, JR. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following fact, and the reflections which accompany it, seem to throw some light upon the diagnosis of Hæmaturia, a disorder, the cause of which is often involved in much obscurity. A young man from 28 to 30 years of age, of a venous system developed in consequence of some venereal excesses, passed bloody urine. Mild treatment and diluted drinks effected no change in his condition. M. Lacroix having been consulted, gives the following particulars ; the patient passes water without pain ; he does not experience any weight in the loins or hypogastric region ; the liquid which he passes is pure blood, dark, and escapes drop by drop under the following circumstances. When he passes water, in an upright or supine position, at evening, morning, or in the course of the day, he discharges a liquid exactly like the urine which he evacuates in a perfect state of health. While in the chair the urine still continues natural, previous to the passage of fecal matter ; but during the efforts which are made in the act of defæcation, he passes drops of blood, and this has happened at every alvine discharge for eight days. This last circumstance is best fitted to aid the diagnosis ; for, if any known sign had raised a suspicion that the kidney or bladder was the seat of this hæmaturia, the nature of the urine, which passes always pure, is a sufficient proof that neither the secretory organ nor the receptacle were affected. The inference then is, that the source of the blood is in the excretory canal, and in that part which is nearest to the rectum, since it is in the act of defæcation that these hemorrhages occur.

Now, we shall be asked, perhaps, how the canal of the urethra can pass alternately urine and blood. This is easily to be conceived of, by the application of the knowledge which we have respecting the phenomena of venous circulation ; and it is this very succession in the alternate ejection of blood and urine, which proves satisfactorily that the disorder is owing to the rupture of a vein ; for, if you suppose an inflammation accompanied with hemorrhage of the prostate, the liquid would be constantly discharging, and would be mixed with the urine.

In the case of a ruptured vein, we may again be asked how it happens that the blood does not pass with the urine in its course through the urethra ; for the same reason that in venesection, it is not sufficient that the vein should merely be opened—it is further necessary that an obstacle, like a ligature, should oppose the return of the blood. Now, in the

efforts of defæcation, the contractions of the parietes of the abdomen have an action sufficient to cause the flow of blood, by the obstacle which they oppose to its return in the veins of the prostate.

This hemorrhage is owing simply to the rupture of a vein, without the necessity of supposing the prostate varicose ; for nothing indicates that this organ is the seat of any such affection. In examining his past history, we find that the patient has never been subject to that retention of urine so common in an enlarged state of the veins of the prostate. Besides, on a careful examination of the prostate, we find that it is not larger than usual, and that it gives no sensation of pain upon pressure, or in the rectum in defæcation. The age of the patient, too, prevents the supposition of a varicose prostate ; for as it is an affection common in advanced age, it is very rare in young persons. A single indication was offered, and this was to remove the obstacle which operated periodically to destroy the clot of blood (caillot) which was formed for the cicatrization of the vein, by preventing the patient from making these efforts for some days. For this purpose relaxing drinks were given, and washes applied twice or thrice a day. On the fourth day the patient was entirely cured.

VITALITY OF THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following extract from one of my lectures on the Science of Human Life, is furnished to you for publication in your Journal, not because I wish to make a display of my own ingenuity, but because I desire most respectfully to present the views contained in the latter part of this extract, to the attention of physiologists and physicians, as extensively as possible, and to ask them to give as much consideration to my notions, and especially those concerning the coloring matter of the blood, as they deem them worthy of. For it seems to me very certain that if these notions are not perfectly futile and visionary, they are of very great importance ; and I am not confident in my own mind which of these propositions is true. It may not be improper to observe in this place, however, that I have been permitted to read this extract to one of the ablest and most learned professors of physiology in our country, and he has declared that he considers the views contained in it, as worthy of very serious and careful examination.

Yours respectfully,

Boston, January 9, 1836.

S. GRAHAM.

The blood, like the chyle and other substances of the body, has repeatedly been analyzed by the chemist, and we have been told the precise quantities of the muriate of soda and potash—of phosphate of lime—iron—sulphur, &c. contained in it ;—but without the least advantage to physiology, therapeutics, or dietetics. On no one of these points, has the chemical analysis of the blood thrown the least ray of light ; for it is not with a fluid composed on the principles of inorganic chemistry, of certain chemical elements, that the physiologist or the physician has to