THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XXIV.] TORONTO, MAY, 1892. [No. 9.

Original Communications.

HÆMATURIA.*

BY WM. BRITTON, M.D., TORONTO.

Continued from March No.

As has been said, each portion of the urinary tract, from the malpighian corpuscles down to the meatus urinarius, having its own individual histology and functions, is subject to its own peculiar diseases, and therefore, as hæmaturia may accompany almost any urinary ailment, the first and most important step from this starting point towards a diagnosis is one of topography; and with this object in view, the following data will be useful:—

1st. The color.

2nd. The degree of coagulation.

3rd. If coagula exist, of what form?

4th. Relation of the blood to the urinary stream.

5th. Condition of the urine as to quantity, reaction and presence of other normal and abnormal constituents.

6th. Constitutional symptoms and the history of the attack.

As has been stated, brightness and coagulation of the blood point, as a rule, no farther up than the bladder, unless the renal lesion is much greater than usually met with.

Urethral hæmorrhage is ordinarily normal as to color, and may or may not be coagulated; and if so, coagula that have formed in its outer part are moderately small in calibre and elongated, while those of a deeper origin, in the neighborhood of the bulb may be much larger. It usually precedes the flow if near the meatus; and if more deeply situated, it either flows unmixed by the sides of the urinary stream or comes afterwards.

*Read before the Ont. Medical Association, June, 1891.

It does not always follow, however, because urethral disease exists, that the hæmorrhage has its origin at that point. A tumor or stricture may so occlude the passage as to produce atony and congestion of the bladder; and in this instance the bleeding would be vesical.

The same rule will also apply to all pathological states of the prostate, causing hypertrophy and obstruction.

An exception to this rule of exceptions occurs when the prostate is in a highly congested condition, for extravasation may occur backwards from this gland into the bladder, which would apparently render the hæmorrhage vesical in character.

As a general rule, the prostate and urethra being excluded, if the blood is bright, clotted, not intimately mingled with the urine, and increasing in quantity towards the end of micturition, it is derived from the bladder.

An exception to this would occur in case it was poured down rapidly from the ureter or kidney.

Occasionally a difficulty in diagnosis may be experienced when bladder hæmorrhage is slow, for free admixture would take place, coagula would be broken up by prolonged contact with urine, and, if marked acidity exist, the color would be considerably darkened.

Sir Henry Thompson advises as a means of elimination, the collecting of the urine drop by drop, through a retained cathetor after thorough washing. If in those circumstances it still appears mixed, uncoagulated and darkened, the presumption as to its renal origin would be tenable.

The most frequent sources of vesical hæmorrhage, are wounds, contusions, stone, tumors, malignant or papillomatous, and inflammation.

There is nothing special to be said of the connection between this symptom and wounds of the organ.

In cases of stone the bleeding is irregular in its occurrence, often very slight in proportion to the magnitude of the other symptoms, and much aggravated by exertion.

Cystitis, if productive of hæmorrhage, is apt to be severe in character, and therefore the strangury as well as the constitutional symptoms, are extreme. The presence of pus or abundant mucus, with perhaps alkalinity and phosphates in the later stages, will settle the matter of origin.