

## DOWNLOAD PDF NOTHING IN COMMON, EXCEPT THE RARE BLOOD THAT FLOWED IN THEIR VEINS.

### Chapter 1 : Jabotinsky: "What flowed through their veins was not blood but bouillion." -

*As far as Melly could see, she and the worldly Jourdan Lanier had nothing in common, except the rare blood that flowed in their veins. Yet Jourdan wanted Melly as his wife, and not because she'd just saved his life.*

The Fortnightly Review Scientific Memoirs IV [] ON the coming First of April, three hundred years will have elapsed, since the birth of William Harvey, who is popularly known as the discoverer of the circulation of the blood. Nor has there been less controversy as to the method by which Harvey obtained the results which have made his name famous. I think it is desirable that no obscurity should hang around these questions ; and I add my mite to the store of disquisitions on Harvey which this year is likely to bring forth, in the hope that it may help to throw light upon several points about which darkness has accumulated, partly by accident and partly by design. Every one knows that the pulsation which can be felt or seen between the fifth and sixth ribs, on the left side of a living man, is caused by the beating of the heart; and that, in some way or other, the ceaseless activity of this organ is essential to life. Let it be arrested, and, instantaneously, intellect, volition, even sensation, are abolished, and the most vigorous frame collapses, a pallid image of death. Every one, again, is familiar with those other pulsations which may be felt or seen, at the wrist, behind the inner ankle, or on the [] temples; and which coincide in number and are nearly simultaneous with those of the heart. In the region of the temples it is easy, especially in old people, to observe that the pulsation depends on the change of form of a kind of compressible branched structure which lies beneath the skin, and is termed an artery. Moreover, the least observant person must have noticed, running beneath the skin of various parts of the body, notably the hands and arms, certain other bluish-looking bands which do not pulsate, and which mark the position of structures somewhat like the arteries, which are called veins. If the wound has traversed a vein, the blood flows in torrents from its interior, in an even stream ; if it has involved an artery, the flow takes place by jerks, which correspond in interval with the pulsations of the artery itself and with those of the heart. These are facts which must have been known ever since the time when men first began to attend to and reflect. I doubt not, also, that butchers, and those who studied the entrails of animals for purposes of divination, must very early have noticed that both the arteries and the veins are disposed in the fashion of a tree, the trunk of which is close to the heart and connected with it, while the branches ramify all over the body. Moreover, they could not fail to observe that the heart contains cavities, and that some of these communicate with the stem of the arteries and some with the stem of the veins. Again, the regular rhythmical changes of form, which constitute the beating of the heart, are so striking in recently killed animals, and in criminals subjected to modes of punishment which once were common, that the demonstration that the heart is a contractile organ must have been very early obtained, and have thus afforded an unintentional experimental explanation of the cause of the pulsation felt between the ribs. These facts constitute the foundation of our knowledge of the structure and functions of the heart and blood-vessels of the human and other higher animal bodies. They are to be regarded as parts of common knowledge, of that information which is forced upon us whether we desire to possess it or not; they have not been won by that process of seeking out the exact nature and the causal connection of phenomena, to the results of which the term science may properly be restricted. Scientific investigation began when men went further, and, [] impelled by the thirst for knowledge, sought to make out the exact structure of all these parts, and to comprehend the mechanical effects of their arrangement and of their activity. The Greek mind had long entered upon this scientific stage, so far back as the fourth century before the commencement of our era. For, in the works attributed to Aristotle, which constitute a sort of encyclopedia of the knowledge of that time, there is evidence that the writer knows as much as has been mentioned, and he refers to the views of his predecessors. Two thousand two hundred years ago the sciences of anatomy and physiology existed, though they were as yet young and their steps tottered. However this may be, it is certain that, not long after his time, great additions were made to anatomical and physiological science. The Greek anatomists, exploring the structure of the heart, found that it contained two principal cavities, which we now call the ventricles,

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separated by a longitudinal partition, or septum: It was to the fleshy body which contains the ventricles that the ancients restricted the title of "heart. Thus they speak of the auricles as mere appendages, or dilatations, situated upon the arterial and venous trunks respectively, close to the heart; and they always say that the vena cava and the arteria venosa open into the right and left ventricles respectively. And this was the basis of their classification of the vessels, for they held all those vessels which, in this sense, open into the right ventricle to be veins, and all those which open into the left ventricle to be arteries. But here a difficulty arose. They observed that the aorta, or stem of the arteries, and all the conspicuous branches which proceed from it to the body in general are very different from the veins; that they have much thicker walls and stand open when they are cut, while the thin-walled veins collapse. But the "vein" which connected the right ventricle and the lungs had the thick coat of an artery, while the "artery" which connected the left ventricle and the lungs had the thin coat of a vein. Hence they called the former the vena arteriosa, or artery-like vein, and the latter, the arteria venosa, or vein-like artery. The vena arteriosa is what we call the pulmonary artery, the arteria venosa is our pulmonary vein; but in trying to understand the old anatomists it is essential to forget our nomenclature and to.

About the year B. This anatomist found around the opening by which the vena cava communicates with the right ventricle, three triangular membranous folds, disposed in such a manner as to allow any fluid contained in the vein to pass into the ventricle, but not back again. The opening of the vena arteriosa into the right ventricle is quite distinct from that. Three similar valves were found at the opening of the aorta into the left ventricle. The arteria venosa had a distinct opening into the same ventricle, and this was provided with triangular membranous valves, like those on the right side, but only two in number. Thus the ventricles had four openings, two for each; and there were altogether eleven valves, disposed in such a manner as to permit fluids to enter the ventricles from the vena cava and the arteria venosa respectively, and to pass out of the ventricles by the vena arteriosa and the aorta. It followed from this capital discovery, that, if the contents of the heart are fluid, and if they move at all, they can only move in one way; namely, from the vena cava, through the ventricle and towards, the lungs, by the vena arteriosa, on the right side; and, from the lungs, by way of the arteria venosa, through the ventricle, and out by the aorta for distribution in the body, on the left side. Erasistratus thus, in a manner, laid the foundations of the theory of the motion of the blood. But it was not given to him to get any [] further. What the contents of the heart were, and whether they moved or not, was a point which could be determined only by experiment. And, for want of sufficiently careful experimentation, Erasistratus strayed into a hopelessly misleading path. Observing that the arteries are usually empty of blood after death, he adopted the unlucky hypothesis that this is their normal condition, and that during life, also, they are filled with air. For, as the arteria venosa branches out in the lungs, what more likely than that its ultimate ramifications absorb the air which is inspired; and that this air, passing into the left ventricle, is then pumped all over the body through the aorta, in order to supply the vivifying principle which evidently resides in the air; or, it may be, of cooling the too great heat of the blood? How easy to explain the elastic bounding feel of a pulsating artery by the hypothesis that it is full of air! Had Erasistratus only been acquainted with the structure of insects, the analogy of their tracheal system would have been a tower of strength to him. More than four hundred years elapsed before the theory of the motion of the blood returned once more to the strait road which leads truthwards; and it was brought back by the only possible method, that of experiment. A man of extraordinary genius, Claudius Galenus, of Pergamos, was trained to anatomical and physiological investigation in the great schools of Alexandria, and spent a long life in incessant research, teaching, and medical practice. No former anatomist had reached his excellence, while he may be regarded as the founder of experimental physiology. And, it is precisely because he was a master of the experimental method, that he was able to learn more about the motions of the heart and of the blood than any of his predecessors; and to leave to posterity a legacy of knowledge, which was not substantially increased for more than thirteen hundred years. The conceptions of the structure of the heart and vessels, of their actions, and of the motion of the blood in them, which Galen entertained, are not stated in a complete shape in any one of his [] numerous works. Galen, moreover, correctly asserted, though the means of investigation at his disposition did not allow him to prove

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the fact, that the ramifications of the vena arteriosa in the substance of the lungs communicate with those of the arteria venosa, by direct, though invisible, passages, which he terms anastomoses; and that, by means of these communications, a certain portion of the blood of the right ventricle of the heart passes through the lungs into the left ventricle. In fact, Galen is quite clear as to the existence of a current of blood through the lungs, though not of such a current as we now know traverses them. For, while he believed that a part of the blood of the right ventricle passes through the lungs, and even, as I shall show, described at length the mechanical arrangements by which he supposes this passage to be effected, he considered that the greater part of the blood in the right ventricle passes directly, through certain pores in the septum, into the left ventricle. And this was where Galen got upon his wrong track, without which divergence a man of his scientific insight must infallibly have discovered the true character of the pulmonary current, and not improbably have been led to anticipate Harvey. But, even in propounding this erroneous hypothesis of the porosity of the septum, it is interesting to observe with what care Galen distinguishes between observation and speculation. He expressly says that he has never seen the openings which he supposes to exist, and that he imagines them to be invisible, by reason of their small size and their closure by the refrigeration of the heart, after death. Nevertheless, he cannot doubt their existence, partly because the septum presents a great number of pits which obviously lead into its substance as they narrow, and, as he is so fond of saying, "Nature [] makes nothing in vain and, partly because the vena cava is so large in comparison with the vena arteriosa, that he does not see how all the blood poured into the ventricle could be got rid of if the latter were its only channel. Thus, for Galen, the course of the blood through the heart was on the right side, in by the vena cava, out by the vena arteriosa and the pores of the septum; on the left side, in by the pores of the septum and by the arteria venosa, out by the aorta. What now becomes of the blood which, filling the vena arteriosa, reaches the lungs? The vena arteriosa communicates with the arteria venosa in the lungs by numerous connecting channels. During expiration, the blood which is in the lungs, being compressed, tends to flow back into the heart by way of the vena arteriosa; but it is prevented from doing so, in consequence of the closure of the semilunar valves. Hence, a portion of it is forced the other way, through the anastomoses into the arteria venosa; and then, mixed with "pneuma," it is carried to the left ventricle, whence it is propelled, through the aorta and its branches, all over the body. Galen not only took great pains to obtain experimental proof that, during life, all the arteries contain blood and not air, as Erasistratus suppose ; but he distinctly affirms that the blood in the left ventricle and in the arteria venosa is different from that in the right ventricle and in the veins, including the vena arteriosa; and that the difference between the two lies in colour heat, and the greater quantity of "pneuma" contained in arterial blood. Now this "pneuma" is something acquired by the blood in the lungs. The air which is inspired into these organs is a kind of aliment. It is not taken bodily into the venosa arteria and thence carried to the left ventricle to fill the arterial system, as Erasistratus thought. On the contrary, Galen repeatedly argues that this cannot be the case, and often refers to his experimental proofs that the whole arterial system is full of blood during life. But the air supplies a material kindred to the "pneuma," out of which and the blood the "pneuma" is concocted. Hence, the contents of the arteria venosa are. The arteria venosa is a channel by which "pneuma" reaches the heart, but this is not its exclusive function; for it has at the same time, to allow of the passage of certain fuliginous and impure matters which the blood contains, in the opposite [] direction ; and, it is for this reason, that there are only two valves where the arteria venosa enters the ventricle. These not fitting quite tightly, allow of the exit of the fuliginous matters in question. Modern commentators are fond of pouring scorn upon Galen, because he holds that the heart is not a muscle. But if what he says on this subject is studied with care and impartiality, and with a due recollection of the fact that Galen was not obliged to use the terminology of the nineteenth century, it will be seen that he by no means deserves blame, but rather praise, for his critical discrimination of things which are really unlike. All that Galen affirms is that the heart is totally unlike one of the ordinary muscles of the body, not only in structure, but in being independent of the control of the will; and, so far from doubting that the walls of the heart are made up of active fibres, he expressly describes these fibres and what he supposes to be their arrangement and their mode of action. The fibres are of three kinds,

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longitudinal, transverse, and oblique. The action of the longitudinal fibres is to draw in, that of the circular fibres to expel, and that of the oblique fibres to retain, the contents of the heart. How Galen supposed the oblique fibres could execute the function ascribed to them, I do not know; but it is clear that he thought that the activity of the circular fibres increased, and that of the longitudinal fibres diminished, the size of the cavities which they surrounded. Nowadays we term an active fibre muscular; Galen did not, unless, in addition, it possessed the characters of voluntary muscle. According to Galen, the arteries have a systole and diastole that is, a state of contraction and a state of dilatation, which alternate with those of the ventricles, and depend upon active contractions and dilatations of their walls. This active faculty of the arteries is inherent in them, because they are, as it were, productions of the substance of the ventricles which possess these faculties; and it is destroyed when the vital continuity of the arteries with the heart is destroyed by section or ligature. The arteries fill, therefore, as bellows fill, not as bags are blown full. The ultimate ramifications of the arteries open by anastomoses into those of the veins, all over the body; and the vivifying arterial blood thus communicates its properties to the great mass of blood in the veins. Under certain conditions, however, the blood may flow from the veins to the arteries, in proof of which Galen adduces the fact that the whole vascular system may be emptied by opening an artery. Remembering that what we call the right auricle was, for Galen, a mere part of the vena cava, it is impossible not to be struck by the justice of his striking comparison of the vena cava to the trunk of a tree, the roots of which enter the liver as their soil, while the branches spread all over the body. The veins were thus the great distributors of the blood; the heart and arteries were a superadded apparatus for the dispersion of a "pneumatized," or vivified portion of the blood through the arteries; and this addition of "pneuma," or vivification, took place in the gills of water-breathing animals and in the lungs of air-breathers. But, in the latter case, the mechanism of respiration involved the addition of a new apparatus, the right ventricle, to insure the constant flow of blood through these organs of "pneumatization. It is unquestionable, therefore, that Galen, so far, divined the existence of a "pulmonary circulation," and that he came near to a just conception of the process of respiration; but he had no inkling even of the systemic circulation; he was quite wrong about the perforation of the septum; and his theory of the mechanical causes of the systole and diastole of the heart and arteries was erroneous. Nevertheless, for more than thirteen centuries, Galen was immeasurably in advance of all other anatomist; and some of his notions, such as that about the active dilatation of the walls of the vessels, have been debated by physiologists of the. It is pathetic to watch the gropings of a great mind like his around some cardinal truth, which he failed to apprehend simply because he had not in his possession the means of investigation, which, at this time, are in the hands of every student. I have seen learned disquisitions on the theme, Why did the ancients fail in their scientific inquiries? I know not what may be the opinion of those who are competent to judge of the labours of. Euclid, or of Hipparchus, or of Archimedes; but I think that the question which will rise to the lips of the biological student, fresh from the study of the works of Galen, is rather, How did these men, with their imperfect appliances, attain so vast a measure of success? In truth, it is in the Greek world that we must seek, not only the predecessors, but the spiritual progenitors, of modern men of science. The slumbering aptitude of Western Europe for physical investigation was awakened by the importation of Greek knowledge and of Greek method; and modern anatomists and physiologists are but the heirs of Galen, who have turned to good account the patrimony bequeathed by him to the civilized world. The student of the works of the anatomists and physiologists of modern Europe in the fifteenth and the beginning of the sixteenth centuries, will find that they were chiefly occupied in learning of their own knowledge what Galen knew. It is not strange, therefore, that they were overpowered by so vast a genius, and that [] they allowed themselves to be enslaved by his authority, in a manner which he would have been the first to reprove. The first step in this direction is very generally ascribed to Michael Servetus, the unhappy man whose judicial murder by slow fire was compassed by John Calvin; he being instigated thereto by theological antagonism, intensified by personal hatred; and aided and abetted in his iniquity by the Protestant Churches of Switzerland. The whole story has recently been clearly and fully told by Dr. Servetus was undoubtedly well acquainted with anatomy, inasmuch as he was

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demonstrator to Johannes Guinterus in the, School of Paris, where he had Vesalius for his colleague; and, in his later years, he practised as a physician. And it is in developing his conception of the relations between God and man, that Servetus wrote the well-known passages on which many have asserted his claim to the discovery of the course of the blood from the heart, through the lungs, and back to the heart; or what is now termed the pulmonary circulation.

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### Chapter 2 : RH Negative Blood: Monkey Blood, Blue Blood, Pure Blood, True Blood, or Ordinary Blood?

*What flowed through their veins was not blood but bouillion. Evidently we have become accustomed, we have accustomed ourselves, to insult, as well as to the fact that nobody will rush to our defense, and that we ourselves can do nothing.*

E All of the above 9. The nervous systems main components are what? Explain what LTP does to enhance communication between two neurons, on the postsynaptic end. More receptors, such as AMPA receptors, are added and existing ones are sensitized via phosphorylation. Dendritic spine number and surface area is increased as well. Explain what LTP does to enhance communication between two neurons, on the presynaptic end. If the retrograde messenger theory is correct, presynaptic cells participate in the enhancement by increasing the probability of synaptic vesicle release. Please remember the retrograde messenger is theoretical, I just thought it should be included here Critical Thinking: Vision[ edit ] 1. Explain why you are normally unaware of your blind spot. Stare at a bright light for 10 seconds and then stare at a white sheet of paper. What do you observe and why? You should observe a negative afterimage. What is it that makes things "disappear" when you are staring at them at night, and how do you make them reappear? There are no rods in the fovea, so little light is picked up when you stare directly at the object. Name what rods are sensitive to and also what cones are sensitive to. Rods are more sensitive to lower light levels, but lack color-seeing ability. Cones work in brighter light and perceive color blue, green, red. Explain how Deadly Nightshade works Normally, the parasympathetic nervous system constricts the pupil as needed with acetylcholine. The atropine in nightshade is a competitive agonist on the same receptor as the one that accepts acetylcholine. Hearing[ edit ] 1. Explain how the pitch of sound is coded. How is the loudness of sound coded? What do the three semicircular canals in the inner ear enable us to do? How do they accomplish this? Each of the three fluid filled canals is on a different plane. Movement is detected on these planes when the fluid inside moves around, vibrating cilia on the cupula which sends it on to the brain. What does the eustachian tube do? What does the eustachian tube have to do with a middle ear infection? The eustachian tube is to keep pressure in the middle ear the same as atmospheric pressure. If the tube is blocked, the gases in the ear will diffuse back into the surrounding tissues and a vacuum will be made. Eventually, this will pull fluid in and if it becomes infected You have an ear infection. What is the advantage of having a oval window? Sound transduced from air to a more dense medium endolymph, in scala media where the organ of cortis is placed would be partially reflected and greatly weakened if not for the ossicular bones that transfer the vibration from membrana tymphani trough malleus, incus and stapes to the foramen ovale where it puts the liquids of cochlea in motion. This motion is then transfered trough membrana vestibularis to membrana basilaris, which in turn puts the haircells in motion. This leads to a bending of the stereocills, fastened to membrana tectori, and as a result; a depolarization of the afferent sensory fibre receptor of n. The loss of energy in transduction is partially re-gained by the size of membr. Review Questions[ edit ] 1. Located under the hardest bone in the body, these control not only hearing but also a sense of gravity and motion: A The incus and the stapes B The pinna and the ear drum C the vestibular nerve and the semi circular canals D The eustachian tube and the stapes 2. The retina does the following; A allows vision in light and dark, using cones and rods B Gives depth perception using binocular vision C Contains the ciliary muscles that control the shape of the lens D Protects and supports the shape of the eye 3. When eating a piece of candy, I will use the following to sense that it is sweet A Fungiform papillae.

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### Chapter 3 : William Harvey ()

*As far as Melly could see, she and the worldly Jourdan Lanier had nothing in common, except the rare blood that flowed in their veins. Yet Jourdan wanted Melly was his wife, and not because she'd just saved his life.*

It is no wonder, that Severus had feared the reckless Gryffindor. This chapter contains violence and a sadistic James Potter Chapter Text The Judgement by Lady Magic for the Marauders Lady Magic waited a few seconds before she removed her invisibility and stepped into the Great Hall, effectively silencing the male students, who had been kept behind. She glanced once to Orion Black, and another short glance to the teaching staff, who had stayed as well. One of you have dared to abduct and rape a male bearer, one of my own chosen, and then had the audacity to enact an obscure bonding ritual, that will even work as a marriage, after using an illegal dark spell to blind his victim. Two of them are rapists as well – using dark spells to ensure that their victims would be denied justice. You will pay for your crimes. A blinding light hit Sirius and Peter, both began to scream as they felt how their magical cores got destroyed completely. Nothing would be able to restore them ever again. Should you, against all odds, manage to escape them for the duration of 10 years, then you will once more receive a human body. But neither you, nor any of your offspring will ever be able to become magical again. Instead of human intelligence, only animal instincts were visible in their eyes. Sirius Orion No-name and Peter Pettigrew have ceased to exist. As if they had heard an invisible call for the wild hunt the black dog and the rat vanished from the hall, as if the hellhounds were hot on their trail. She wanted to be there when he was interrogated by the DMLE. He was responsible for this fiasco, and he would pay for it. She would make certain of that. Before Dumbledore even realised that a powerful entity was in his office, as he was still left helpless, bound and silenced by Lady Hogwarts to wait on his doom, he had already been judged for his past crimes and mistakes. Firstly, had the goddess who had cloaked herself in invisibility and darkness, put a spell on Dumbledore, which would force him to tell the whole truth to any question he would be asked during the interrogations. Lady Magic had already decided, that should he be found guilty, the moment when the Wizengamot decided his fate, he would lose his magical core forever. No children that he sired would ever be able to have magic flowing through their veins again; they would all be muggles. She had also decided that he would lose his knowledge of the wizarding world, and would be handed over to the Goblins for the rest of his natural life. She sent a strong healing charm, mixed with her personal blessing, to ensure that no mental scars would be remain. She whispered softly into their minds, that they should search the company of Slytherins. They would take care of them, as if they were family. The female students of all houses had been sent to their rooms as a precaution, to prevent fights from breaking out in the common rooms. The founders had originally mixed in the ley lines that surrounded their lands, with special wards, for the protection of students and professors. And one of them, one of the oldest, should prevent any kind of rape or sexual harassment. They do not even want to consider the consequences should this invaluable ward have been damaged or even destroyed. This could be the last straw, that would lead to a closing of Hogwarts. To ensure that nobody would snoop around, the Professors had sent the innocent male students back to their common rooms, where their house mates were waiting impatiently. Regulus was the first to enter the Slytherin common room and sighed loudly. He was now officially Heir Black and he knew that he would never see his brother again. How could Sirius have done something so bad and despicable? The younger Black feared for his friend Severus, who had almost treated him like a beloved brother. He had listened in shock at what they Aurors had discovered already. Severus had been raped and abducted by his attacker. This would be so traumatising for his silent friend. Severus had been so optimistic that he would have a better future far away from these cretins who made his life a living hell. He found it ridiculous that James Potter claimed a crush on his best friend, when you see day in day out, how much he mistreated him. Lucius had come into the room and sat down beside him, Bella and Narcissa sat on the couch, which were placed opposite. His glare clearly said: He never even stopped when Severus tried to retreat to the dungeons. He always seems able to find him and you could

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say, he stalked him. I asked him what happened, and he only stared blankly at me. Severus trembled and murmured again and again, that Potter had kissed him, as he was on the way to the common room. He had bruises on his arms and his waist.

Flashback 1 20th October It was Saturday evening, Slytherin House had celebrated the whole afternoon, after their team had won clearly. Their team members had wanted to take their House rivals down a peg or two and show, why Slytherin was better. Even Severus had smiled shyly over the unexpected triumph, as he had been dragged to the game by Evan and Regulus, who forced him to share a bench with the Black-sisters. He had felt an icy glare in his back, but as he looked up, everything seemed normal. She had teased him and demanded at least one dance at the Yule Ball, which Severus had graciously accepted, although for a second, he had looked as if he had bitten on a lemon. At least at the Yule Ball at Malfoy Manor, he would be safe from being pranked, as neither Potter nor his idiotic twin Sirius would come on their own free will to such a formal occasion. Even though he was no fan of such social gatherings, he knew about their importance. Lord Malfoy, his legal guardian, had used the summer, between their lessons, to speak with him about possible betrothal contracts to other noble houses. He feared that the Ministry would try to intervene and snatch Severus, in order to sell him to the highest bidder. It had happened before. James Potter, whose obsession with the shy Slytherin had skyrocketed during the last two years, had been hiding in one of the unused classrooms in the dungeon area. He had the map and his invisibility cloak with him and waited impatiently for his elusive snake to come around the corner. He was very eager to stake his claim on the Slytherin and steal his first kiss. A smirk was visible on his face, there he comes, alone and reading one of the older tomes from the Library; probably a book about Potions. Who cares, it was show time. He giggled manically as he was ready to tackle his victim. Before Severus could realise what was happening, James had dragged him under the invisibility cloak and into the unused classroom, which he then sealed with a darker spell from his repertoire. He removed the cloak and threw it carelessly on one of the desks as he circled around his prey like a lion. Long time no see. And I will ensure that you will never forget it. He relished in the fear of his prisoner. There was nothing that he enjoyed more as dominating the smaller teenager, except claiming him completely, but that was far away in the future. No, he has to show everyone that Severus was his. A devious idea flitted through his mind. I will only carve my name and maybe one other word onto your chest if you behave. Just to ensure that they know not to touch what belongs to me. Halfway through this torture he had passed out, while James stared dreamily at his work. They would search for them much too quick for his liking, but he will have time to prepare everything, for when he finally claims his elusive snake. After all, in 2 years, nobody would bat an eye when James whisks his property away from any social boundaries. He would only need a safe haven, where nobody would dream to look for them. And then he would show Severus once and for all, that he only belonged to him. He called his house elf and ordered him to wake Severus in 30 minutes. He should use his elven magic, so that Severus could only mention the kiss, but nothing else. And that those cuts would be invisible to anyone except Severus and himself. With the blood, that still flowed from the open wounds, James created a dark pendant, so that he would always be able to find his elusive snake again. I should have convinced my father to send Severus to another school, far away from Hogwarts, so that he would never meet James Potter ever again. As you know, the chameleon charm will only be activated outside of the estate borders. Light families seldom received an invitation? She would enjoy hexing James Potter to hell and back for anything that he had done to Slytherin House over the years. He even tried to follow him to the lavatories. The Yule Ball at the Malfoys was always the highlight of the season, but James Potter just had to ruin it.

Flashback 2 Yule ball at Malfoy Manor 25th December In his new dress robes, Severus stood without his usual glamour at the side of his foster brother. He almost missed his usual glamour, which made him feel safe and secure, but he had been forbidden by his foster father to use the charm. Lord Malfoy had told him not to worry, only a very small circle knew his secret, and they will keep it that way. Severus should relax and enjoy the festivities. Before Severus had a chance to react, the Potter scion had erected a silencing ward around them and pressed his wand against the smaller Slytherin, while he whispered into his ear: Your choice – a kiss or a dance. He had a bad feeling that nobody would realise what Potter was up to,

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until it was much too late. You can trust me, I will take very good care of you, my little serpent. Maybe I should just take what I want. Nobody will hear us, and I enjoy to make you squirm.

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### Chapter 4 : Secret Fire by Violet Winspear

*The flow of blood back to the heart through veins is assisted by valves & \_\_\_\_\_. Contractions of the body's muscles  
Breathing rate is primarily determined by the level of the chemical \_\_\_\_\_ in the blood.*

Disappointed, Landsteiner left blood group work and continued other research projects until World War I intruded. Phillip Levine a doctor and Landsteiner research associate wrote that Landsteiner lost his lab facilities, faced personal deprivations and frustrations, as well as starvation during that bleak time. In America twenty-two-years later, he again pursued the antigens on red blood cells. He believed there were more antigens than just A and B ones he discovered back in human blood. To find more antigens, he settled on using rabbits and not humans for his tests. Landsteiner is the genius and the leader in the lab. He had the ideas, and the devoted lab assistants did the tedious work to prove them, just as he once did. This immunized the rabbit to the human A antigen, and forced the rabbits to make anti-A antibody. This process also immunized the rabbit against weaker antigens or factors that might also be on the red blood cell. If the serum reacted with some but not all, then clearly those that did react carried some unknown factor, the X Factor. Levine and Wiener were Landsteiner disciples and they started a slugfest over Rh discovery that muddied the waters for decades. Levine honored his promise for almost ten years until called in to consult on a horrific transfusion case at Bellevue hospital in 1940. For more on this blood feud, see the next article in this series titled Blood Feud. Researchers needed lab animals and monkeys were expensive. Only the highest anthropoid apes— their blood cells being indeed distinguishable from those of man, but have blood group characteristics which are shown to coincide with those of man. Wiener was interested in studying the evolution of agglutinogens M and N in apes and monkeys. Wiener, working alone, used the same techniques Levine and Landsteiner used to identify the M, N, and P factors, Wiener took anti-M antibodies and anti-N antibodies and proved beyond a shadow of doubt that monkeys had the same M factor in their blood as humans do. To really drive the point home, check out this online article, read the tables in the mid section. This is the first time two animals are used in the same test. They chose to inject rhesus monkey blood into guinea pigs and rabbits because the rhesus monkey was higher up the phylogenetic tree than sheep. The antisera from the rabbits caused a reaction. This was the successful procedure: They injected rabbits with. They strained out the M cells with the anti-M antibodies stuck to them and discarded it. They took the remaining serum, freed from the anti-M antibody, and mixed it with a new batch of type M human. This new rabbit serum hit a home run by reacting with most but not all human blood. Later, they got the same test result using guinea pigs. They injected the rabbit with 10 drops of guinea pig blood and used the same procedure described above. While both rhesus like and guinea like produced the same test result, the rhesus like reaction was stronger. Landsteiner had retired in 1930, but Rockefeller let him use a lab until his death in 1956. He died in the lab. Despite retirement in Landsteiner still searched for his X factors, and Wiener looked for human blood similarities in his ape work. Of the two men, Wiener had more familiarity with apes and monkeys. Wiener named the discovery the Rh factor in honor of the Rhesus blood donor. The Rh factor gave Landsteiner et al, one more tool to use in establishing blood profiles to characterize human blood. For years, both Landsteiner and Wiener referred to their discovery as the monkey-rabbit-human experiment. What so many people tend to forget is that a new and important blood test was discovered. I hope the reader understands it could have been called X factor or KL factor just as easily as it was called Rh factor. In fact, the name was changed in 1940. I will explain later that when non-scientific people use Rh factor, most are referring to the tests done by Landsteiner and Wiener because of the rhesus monkey, but doctors are referring to a another blood system that absolutely does not have one thing in common with a rhesus monkey! I will explain why in the next article: But please note even he called it rabbit anti-rhesus sera in his annual report. Wiener proved 78 years ago, that humans shared M antigens with monkeys. Both RhD and Rhd. Owen states clearly that both RhD and Rhd tested positive using the guinea pig antibody test described above. Finally, scientists report that no matter how potent they make the dose human antibodies

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from all blood types do not clump Rhesus monkey cells. Zimmerman, D Rh: New York, Macmillan Publishing Co. A new agglutinable factor differentiating individual human bloods. Proc Soc Exp Biol Med. British Journal of Haematology Landsteiner, K and A. Wiener, An agglutinable factor in human blood recognized by immune sera for Rhesus blood. New York Journal of Experimental Medicine

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### Chapter 5 : Human Physiology/Appendix 1: answers to review questions - Wikibooks, open books for an op

*For clarification: These sinus veins have nothing in common (except for the name "sinus") with the sinuses of the face on both sides of the nose and above the eyes which can get infected, leading to sinusitis.*

In this book, De Haan takes the position that sin is in the blood and is transmitted through the blood. He goes on to argue that the father alone is the contributor of the blood of an embryo and the mother alone is the contributor of the body of an embryo. It is, he contends, the only way Christ could be born without sin, as he got his body from his mother, and his blood from God the Father. Otherwise, Christ would have had the blood of Adam, and thus would have been a sinner! When a preacher makes the statement that the blood comes only from the father or that sin is in the blood, he will be sure to get many hearty "Amens. No one in those churches, so far as I know, ever questioned the idea that sin was in the blood! I first heard this theory at the knees of my father, who listened to M. De Haan on the radio and who read his book on this subject. Of course, the book is very convincing when one considers the quotes De Haan makes from medical text books, and that he was himself a surgeon. Let me emphasize at the outset that I have nothing against M. His name was held quite high by my father and others with whom I was associated in my early years. I believe I learned from him as I listened to him on the radio and read several of his books. He held to the veracity of Scripture, the deity of Christ and other great fundamentals. I do not question him or his motives. I received a nice letter from Kurt E. He informed me that RBCM would not now "give unqualified support to the book as originally published. Do the Scriptures teach this doctrine? I believe it can be clearly demonstrated that no such doctrine is taught in the Bible. This is false doctrine pure and simple. If this theory is false, then the whole thing goes down. My contention is that this theory, that sin is in the blood, is neither taught nor implied in the Scriptures. Because of this one error, many others are introduced and, consequently, this original error is compounded. Some of the more glaring mistakes De Haan made I will now list, with the pages where the reader may find the references. The blood of a child comes from his father alone, and "the male sperm is the source of the blood"; " The body of an embryo comes from his mother alone, p. She contributes no blood at all to the embryo, p. The blood of Adam came directly from God, p. The only cause of corruption [of a dead body] is sinful blood, p. The blood of Adam was changed in some way when he sinned and thus became sinful blood, p. Sin is in the blood and not in the flesh. Flesh can only be called sinful flesh because it is nourished and fed and sustained by sinful blood, p. This blood was divine blood, p. It is my position that every one of these ten propositions is false or contains false elements. I have seen many children who are so much like their fathers they could pass for twins. I am one such child. I am the same size as my father was. I weigh about the same as he did. My left eye droops exactly as his did. The older I get the more I look like my dad. On the other hand, my mother was a very small woman and never weighed much more than a hundred pounds and there is very little resemblance between my mother and me as far as appearance is concerned. Every reader knows this is true in countless cases. I believe his idea is a scientific blunder that exceeds anything I ever read written in modern times! It is a fact that is clearly and easily demonstrated that the things male and female children share, are contributed by both parents. The parents together contribute the blood, the mental capacity, the resistance or susceptibility to disease, the appearance, the color of hair, eyes, skin, and every other inheritable trait common to both male and female. The traits that are not common to both male and female are sexual. Therefore every non-sexual organ, every muscle, every bone, every gland, every nerve, and all the other parts, and extracellular materials, including the blood, are derived from both parents. If the blood comes only from the father, then where do female clones get their blood? Therefore I tried to obtain each of the three medical text books from which De Haan quoted. Through the interlibrary loan I was able to obtain two of the books quoted, however I could not obtain the exact editions quoted. The quotes he gives in his book are irrelevant to the purpose for which he quotes them. All food and waste material which are interchanged between the embryo and the mother must pass through the blood vessel walls from one circulation to the other. The foetal heart pumps blood through

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the arteries of the umbilical cord into the placental vessels, which looping in and out of the uterine tissue and lying in close contact with the uterine vessels, permit a diffusion, through their walls, of waste products from child to mother and of nourishment and oxygen from mother to child. As has been said, this interchange is effected by the process of osmosis, and there is no direct mingling of the two blood currents. In other words, no maternal blood actually flows to the foetus, nor is there any direct foetal blood flow to the mother. The problem with these quotes is that they say not one word about the point to be proved! In fact the blood of the mother and that of the embryo may be two entirely different and incompatible types. De Haan does not produce a single quote, from either Scripture or Biology, which supports his proposition that the blood of a baby comes from the father alone and its body comes from its mother alone and if he knew of such authority surely he would have produced it. De Haan would have us believe that sin was lurking in the blood of Mary, separated from Christ only by the villae of the placenta. And if one drop of her blood passed through the placenta into the body of the Lord Jesus He would have been a sinner! Can anyone believe our Lord came so close to being a depraved sinner? This is a theory totally foreign to the teaching of Scripture. Similar faulty thinking developed the immaculate conception of Mary and a host of other fanciful, bazar, and false teachings. Indeed he did allude to some passages, but not once does he say, "This is the text which proves my proposition. That something was blood. It must have been. It could be nothing else. It could have been a thousand other things, so far as we know, for with God all things are possible. But we are not left in doubt about this. Notice the text does not say that God put something into man, but God "breathed into his nostrils the breath of life and man became a living soul! He was all there. He had a brain, he had a heart, he had lungs and he had blood. He had every essential except life. And for De Haan to say Adam lacked blood is not exegesis but imagination! If there had been a Scripture that taught this doctrine, it would have been given instead of a mere assertion. Surely no one would make such a statement without some Bible evidence! Yet the reader will look in vain for any. Indeed the author does quote Ps He goes on to say: It is merely an assertion! Do they have sinful blood? This reminds me that Augustine claimed that peacock meat would not rot! He said he tried it himself and found that it was indeed true. And some people will believe such claims simply because they wish to believe them. It has nothing to do with evidence for there is none and I beg to be excused. Sin affected the blood of man, not his body, except indirectly, because it is supplied by the blood. For this very reason sin is not in the flesh but in the blood. He gives no Scripture to prove it. He expects the reader to accept his word on this. Whatever difference there may have been was the effect not the cause. Their blood was the same type, same color, the same as to sin and there was no corruption in the red fluid that did not result from the effects of their depraved hearts. Just as we say "He has wicked hands," "he has a vile mouth" or "his brains are perverted. These are but the instruments of sin. And when someone receives a heart transplant from a wicked man, surely no one would think that the organ could impart character to the recipient. And neither will blood impart character to an individual, either good or evil. When God looked down on the antediluvians did He see that the wickedness of man was great in the earth, and that his blood was completely evil? Surely God knew the source of sin in man, surely God saw the real problem in man, and surely God did not think it in one part of man while it was really in another part! Therefore, if God said sin was in the heart, then it was not in the blood but in the spiritual nature of man. There can be a moral and spiritual disorder in the soul without a perversion of the substance or essence of the soul or the body. This is the real nature of a depraved soul.

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### Chapter 6 : Secret Fire (Harlequin): calendrierdelascience.com: Books

*The sinus veins lead to the jugular veins in the neck, which carry the blood back to the heart (see image below). For clarification: These sinus veins have nothing in common (except for the.*

Spinal Arterial Aneurysm Yes, they happen. Very rarely, but probably more than we know, since the only practical way to make a diagnosis of one is still to have a catheter spinal angiogram, and not every patient with spinal hemorrhage gets one. I believe the vast majority of isolated spinal aneurysms to be hemorrhagic dissections ruptured dissecting aneurysms. They have nothing in common with saccular aneurysms of the brain, except that both bleed. Spinal aneurysm is an aneurysm arising from any artery inside the dural sac. Our experience, as well review of literature, suggests that most of these aneurysms arise from the proximal intradural radiculomedullary or radiculopial arteries, and only rarely from the anterior or posterior spinal arteries. All of these considerations suggest, to me, a dissecting etiology – the vessel is torn at the point where it traverses the dura, and the dissection propagates into the intradural subarachnoid segment of the vessel. If the dissection ruptures, the result is spinal subarachnoid hemorrhage, which is how these aneurysms present. If, however, the dissection thromboses, the outcome will depend on the availability of collateral support. Closure of a dominant radiculomedullary artery Adamkiewicz, for example with no effective collaterals will result in an anterior spinal infarct syndrome acute paraplegia, bowel, bladder, sexual dysfunction, pain and temperature sensory loss, sparing proprioception and vibration. If effective radiculomedullary collaterals exist, the patient will likely do well. There are, of course, plenty of spinal arterial and venous aneurysms encountered as part of spinal vascular shunts, such as spinal arteriovenous fistulas and spinal arteriovenous malformations. It is possible that some spinal aneurysms, particularly involving the anterior or posterior spinal arteries, may in fact be associated with other lesions such as spinal AVMs. The proposed scenario is that the AVM or fistula ruptures, with resulting hemorrhage compressing or obliterating the bleeding lesion, leaving only the associated aneurysm visible on angiography. This, in my opinion, is a rather unlikely scenario, for several reasons. First, the lesion has to have bled rather than the aneurysm itself. Second, most spinal shunts remain visible even after hemorrhage. In summary, we angiogram most patients with spinal hemorrhage. An abnormal-appearing spinal artery fusiform dilatation, most commonly, especially if matched to the epicenter of the hematoma, is likely an aneurysm probably dissecting or pseudoaneurysm. Treatment Embolization is the primary method of attack. For the radiculomedullary artery, embolization is only feasible if collateral reconstitution of the anterior spinal axis can be demonstrated. This means performing a complete spinal angiogram to identify additional radiculomedullary contributors, and injecting those levels while temporarily occluding the radiculomedullary artery giving rise to the aneurysm. It is pointless and misleading to inflate the balloon in the proximal segmental artery, because of the rich collateral potential in the spine. The test occlusion has to involve the radiculomedullary artery itself. Even without wedging if one is worried about dissection, a microcatheter of size comparable to the diameter of the radiculomedullary artery should result in significant decrease in flow through the vessel. With the catheter in this position, the neighboring radiculomedullary artery is injected to see if there is sufficient anterior spinal artery reconstitution. If the patient passes test occlusion, the aneurysm can be embolized with either coils or liquid embolics. This is one instance where we prefer Onyx to nBCA in the spine. We feel that the risk of n-BCA spilling into the anterior spinal artery, however good our catheter position might be, is simply too great and consequences too severe. Even if Onyx does not reach the aneurysm, or does not seal it entirely, substantial diminution of forward flow through the radiculomedullary artery is very helpful. The remaining radiculomedullary artery is likely to thrombose, as no retrograde runoff vessel remains to keep it open. The same is true for coil embolization proximal to the aneurysm, provided that coils are placed into the radiculomedullary artery itself and not so proximally that collateral radiculomedullary reconstitution is possible. Aneurysms of the anterior spinal artery itself do not appear to have a feasible endovascular solution.

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Recovery depends entirely on extent of damage caused by index hemorrhage. Eytan Raz This middle-aged man presented with acute back pain, followed quickly by lower extremity paresis, sensory level, and incontinence – typical spinal hemorrhage presentation. Notably, nonhemorrhagic spinal artery infarctions present in the same manner – onset is usually painful, even when there is no bleeding – unlike most cerebral ischemic infarcts. MRI of the thoracic spine shows an intradural, extramedullary hematoma orange arrows, which is best seen when outlined by a normal ventral spinal vein light blue on post-contrast T1-weighted images. Injection of the right T10 segmental artery identifies a typical fusiform aneurysm red of the radiculomedullary artery Adamkiewicz, pink, giving rise to the anterior spinal artery purple. The catheter arrow is black, and dorsal division of the segmental artery is yellow. Fortunately, another sizable contribution to the anterior spinal axis was located from the right T7 segmental artery. With the microcatheter wedged in the right T10 level proximal radiculomedullary artery white arrow, thus obstructing its flow test occlusion, the right T7 segmental artery is injected through a second diagnostic catheter. You can see robust reconstitution of the entire spinal axis, including the portion below T. Notice that coils do not reach the level of the pseudoaneurysm. We felt this to be acceptable, as no other branches arise from the T10 radiculomedullary artery to enable its continued patency. With no outflow, the artery and its dissecting aneurysm will thrombose. In fact, the post-coiling image on the right no longer opacifies the dissecting pseudoaneurysm. The patient recovered well and has not re-hemorrhaged. CASE 2 – Adamkiewicz aneurysm Once again, the aneurysms appear to have a predilection for the intradural portion of the radiculomedullary artery. The reason for this, as far as I am aware of, is unknown. This post-partum patient presented with back pain, followed by complete sensory, motor, and autonomic deficit below the waist. MRI demonstrates extensive blood products in the intradural space, what seems like a dorsal epidural collection at the upper thoracic level black arrow and a discrete oval lesion at T11 level white arrows which is extramedullary. Is it intradural or extradural? Test occlusion was deemed impractical. The patient was taken to the OR for decompression of intrathecal hematoma. Recovery has been quite partial. Spinal angiography identified a radiculopial spinal aneurysm arising from the right T9 segmental artery, like so: An obligatory stereo pair, so useful in the spine: Microcatheter run, better showing the aneurysm and its off-midline relationship to the spinous processes. Notice unusually large size of the posterior spinal artery segment. In fact, prominent surface cord vessels, hyperemia, and arteriovenous shunting were seen throughout the cervical and thoracic spine, consistent with an acutely inflammatory process. We felt that neither nBCA nor Onyx embolization were worth the risk; to durably close this aneurysm the embolic must fill the aneurysm itself, and close the radiculopial artery, which is usually surprisingly well tolerated; in this case we felt that the prominent size of the PSA, and presence of major myelopathic symptoms, were too much to risk another hit. Coils were therefore placed in the intercostal artery to mark the level of laminectomy and into the proximal ventral division to slow down intra-aneurysmal flow. Our feeling was that proximal coils alone may achieve aneurysm thrombosis this case, which however did not turn out to be the case in surgery:

## Chapter 7 : One Drop of Blood

*Blood vessels are the part of the circulatory system that carries the blood throughout the body. The types of blood vessels are arteries, arterioles, capillaries, venules, and veins. The heart.*

This email address is being protected from spambots. You need JavaScript enabled to view it. Abstract A 12 year old boy presented with repeat episodes of lower gastrointestinal bleeding. We outline the pitfalls encountered en route to making the correct diagnosis and undergoing definitive surgery. Although not a classical presentation, his symptoms initially responded to therapy for ulcerative colitis UC , confirmed clinically and on histology. However, he was readmitted with lower gastrointestinal bleeding. Repeat colonoscopy was grossly normal except a small polyp, and histology suggested UC. It was not until, on the third presentation with a precipitant hemoglobin drop, that capsule enteroscopy in conjunction with CT angiography was performed, and the site of blood loss identified. Surgical resection of the affected jejunum was curative and histology confirmed the diagnosis. Identifying the site of small bowel bleeding can be challenging due to its inaccessibility, length, vigorous contraction and overlying loops. Phlebectasia is a rare cause of gastrointestinal bleeding in children. Our case highlights the importance of keeping an open mind and a multimodality approach to investigating ongoing obscure gastrointestinal bleeding in children. We present a case of year-old boy presenting with recurrent lower gastrointestinal bleeding simulating ulcerative colitis. The first case of phlebectasia of the jejunum in a child was reported in who presented with life-threatening gastrointestinal bleeding due to this special vascular anomaly [1]. This is the second paediatric case reported in the English literature with a chronic presentation. Our case highlights the importance of a multimodality approach to investigating on-going obscure gastrointestinal bleeding. Case report In the first sub-acute presentation, a previously fit and well year-old boy presented with a 2 week history of painless passing of altered blood per rectum, pallor and easy fatigability. He had no other gastrointestinal symptoms and his bowel habits were normal. He had no discomfort in the abdomen. Other investigations including Creactive protein, white cell count, stool microscopy, culture and sensitivity, immunoglobulins, pANCA, anti-amoeba antibodies, coeliac antibodies, were all within normal limits. Ultrasound scan of the abdomen was normal. Upper gastrointestinal endoscopy was normal. Lower gastrointestinal endoscopy showed erythema extending from rectosigmoid junction to hepatic flexure and biopsies revealed focal active colitis suggestive of ulcerative colitis. He was treated with prednisolone, ranitidine and ferrous fumarate. Outpatient clinic follow up at 1 month showed low ferritin and haemoglobin levels persistently low despite iron therapy. He was treated as ulcerative colitis and commenced on onalsalazine. On the second emergency admission, he presented 2 years later, while on maintenance treatment with massive lower gastrointestinal bleeding and hypotensive shock with haemoglobin of 5. He underwent colonoscopy which revealed polyp in cecum with multiple ectatic vessels and an ulcerative colitis on colonic biopsies. Treatment was changed to mesalazine. Follow up colonoscopy at 3 months later was better and biopsies were doubtful about the ulcerative colitis. Colonoscopy 9 months later showed all biopsies to be normal histologically. Medications were stopped as child was well. On the third emergency admission, he presented 5 days later following cessation of medications, with lower gastrointestinal bleeding - altered blood and fresh rectal bleeding - and required transfusion. Capsule enteroscopy showed dilated veins within the lumen of the small bowel Fig. CT angiography identified site as jejunum Fig. He underwent superior mesenteric angiography which showed no arterio-venous malformation. Upper and lower gastrointestinal endoscopies were normal. At an exploratory laparotomy, proximal section of jejunum was thickened with dilated, prominent and tortuous veins Fig. Proximal jejunal segmental resection containing multiple phlebectasia and primary anastomosis was carried out uneventfully. A total of 53 cm of bowel was resected Fig. The cut section of the resected jejunal segment showed dilated vessels Fig. Diagnosis was confirmed by histology which suggested phlebectasia Fig. He was discharged home 3 days post-operatively. He is currently asymptomatic, thriving well and off all medications at 5 years after final

surgery. Recently he has been discharged from follow up. Some ulceration of the villi tips. Intestinal phlebectasias are venous varicosities in the absence of portal hypertension. The vein is grossly dilated and tortuous, but with a normal vascular wall and little surrounding connective tissue stroma. The most common site is the jejunum [3,4]. This has been a somewhat blind area in the gastrointestinal system; beyond the reach of conventional upper and lower gastrointestinal endoscopes. However, advent of video capsule enteroscopy VCE [5] and double balloon enteroscopy DBE [6] has opened up the door to this relatively inaccessible segment of small intestine. The identification of small bowel lesions, presenting as chronic gastrointestinal bleeding, is a challenge. Upper and lower gastrointestinal endoscopies tend to be negative. Capsule enteroscopy or doubleballoon enteroscopy are not frequently used in the pediatric population. History of altered lower gastrointestinal blood and the lack of raised inflammatory markers might have led us to question the initial diagnosis of ulcerative colitis. However, the diagnosis seemed to be confirmed with an absence of positive findings in other investigations, a response to treatment, and further confirmatory histology reports on repeat endoscopy and biopsy. It was not until his third presentation, with precipitant hemoglobin drop on this occasion, that a small bowel source was considered and the bleeding source finally identified with a combination of capsule enteroscopy and CT angiography. While this case highlights the importance of a multimodal approach to investigating ongoing obscure gastrointestinal bleeding, it also emphasises the importance of keeping an open mind. Despite an initial diagnosis being made on clinical findings there is still the potential for an alternate pathology being present, particularly when the story does not completely fit with the histopathology. Digital subtraction angiography is useful in identifying active bleeding but not so helpful when bleeding has slowed down [7]. It is possible to evaluate the whole small bowel using double balloon enteroscopy. Capsule enteroscopy is the current investigative modality of choice as an initial screening investigation in patients with occult gastrointestinal bleeding with negative upper GI and colonoscopy. However while it is a less invasive procedure, it is non-therapeutic, may not be able to image the whole small bowel if slow transit, and does yield false positive results. A recent case series by Ohmiya N et al. Surgery has been regarded as the definitive therapy for intestinal phlebectasias in actively bleeding lesions. However in cases of multiple or extensive lesions resection might not be practical. In this small series [8], enteroscopic injection sclerotherapy using polidocanol proved beneficial for treating phlebectasias. However these lesions are known to relapse. At present, surgical resection remains the gold standard. Congenital vascular malformations are classified into haemangioma and vascular malformation and both differ from each other so much that they have nothing in common except for their external appearance may be similar [9]. Haemangioma is further classified into common infantile hemangioma [rapidly involuting congenital hemangioma RICH or noninvoluting congenital hemangioma NICH ], kaposiform hemangioendothelioma KHE tufted angioma and intramuscular hemangioma. While the vascular malformations are classified into high-flow lesions – arteriovenous malformations AVM and arteriovenous fistulas AVF and low-flow lesions-capillary malformations CM – port wine stain, venous malformations VM , cavernous lesion, lymphatic malformations LM and lymphatic-venous malformations LVM. Both can have rare syndromic presentations and an additional class of lesions. Our lesion was venous cavernous type of vascular malformation. Conclusion Jejunal vascular phlebectasia, although congenital, may be missed in the prenatal and postnatal period and may present in the adolescent period or in the adult life. Diagnosis is elusive and misleading unless there is high index of suspicion in the light of unusual clinical features, so health professionals should be aware of these uncommon congenital anomalies. Phlebectasias are a rare cause of gastrointestinal bleeding in children. We should keep our options open when investigating obscure gastrointestinal bleeding. Multimodal approach to investigating on-going obscure gastrointestinal bleeding is vital to establish the diagnosis and management, capsule enteroscopy is the key investigation. Current gold standard treatment of symptomatic phlebectasia of the gastrointestinaltract remains surgical resection; however, recent evidence has shown that enteroscopic interventional sclerotherapy may be an alternative therapy available. Bleeding jejunal phlebectasia in an adolescent: J Pediatr Surg ; Thirty years of overt,

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obscure GI bleeding solved by modern technology. *Gastrointest Endosc* ; *J Postgrad Med* ; *Can Med Assoc J* ; The role of capsule endoscopy after negative CT enterography in patients with obscure gastrointestinal bleeding. *Eur Radiol* ; Small intestinal vascular malformation bleeding: *Abdom Imaging* ; Vascular malformation of the jejunum presenting as obscure gastrointestinal haemorrhage: *Singapore Med J* ; Patel R, Curry JJ. *Handbook of Pediatric Surgery*.

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### Chapter 8 : Obsession & Abduction - Chapter 9 - Trickster32 - Harry Potter - J. K. Rowling [Archive of Our

*A 12 year old boy presented with repeat episodes of lower gastrointestinal bleeding. We outline the pitfalls encountered en route to making the correct diagnosis and undergoing definitive surgery.*

Do ethnic categories protect or divide us? The way that Washington chooses to define the population in the census could trigger the biggest debate over race in America since the nineteen-sixties. This war has been fought throughout the second half of the twentieth century largely by black Americans. How much this contest has widened, how bitter it has turned, how complex and baffling it is, and how far-reaching its consequences are became evident in a series of congressional hearings that began last year in the obscure House Sub-committee on Census, Statistics, and Postal Personnel, which is chaired by Representative Thomas C. Sawyer, Democrat of Ohio, and concluded in November. Although the Sawyer hearings were scarcely reported in the news and were sparsely attended even by other members of the subcommittee, with the exception of Representative Thomas E. Petri, Republican of Wisconsin, they opened what may become the most searching examination of racial questions in this country since the sixties. Related federal agency hearings, and meetings that will be held in Washington and other cities around the country to prepare for the census, are considering not only modifications of existing racial categories but also the larger question of whether it is proper for the government to classify people according to arbitrary distinctions of skin color and ancestry. This discussion arises at a time when profound debates are occurring in minority communities about the rightfulness of group entitlements, some government officials are questioning the usefulness of race data, and scientists are debating whether race exists at all. Tom Sawyer, forty-eight, a former English teacher and a former mayor of Akron, is now in his fourth term representing the Fourteenth District of Ohio. It would be fair to say that neither the House Committee on Post Office and Civil Service nor the subcommittee that Sawyer chairs is the kind of assignment that members of Congress would willingly shed blood for. Indeed, the attitude of most elected officials in Washington toward the census is polite loathing, because it is the census, as much as any other force in the country, that determines their political futures. Congressional districts rise and fall with the shifting demography of the country, yet census matters rarely seize the front pages of home-town newspapers, except briefly, once every ten years. The subcommittee has an additional responsibility: He points out that the country is in the midst of its most profound demographic shift since the eighteen-nineties--a time that opened a period of the greatest immigration we have ever seen, whose numbers have not been matched until right now. Since , those categories have been set by O. Statistical Directive 15, which controls the racial and ethnic standards on all federal forms and statistics. Directive 15 acknowledges four general racial groups in the United States: These categories, or versions of them, are present on enrollment forms for schoolchildren; on application forms for jobs, scholarships, loans, and mortgages; and, of course, on United States census forms. The categories ask that every American fit himself or herself into one racial and one ethnic box. From this comes the information that is used to monitor and enforce civil-rights legislation, most notably the Voting Rights Act of , but also a smorgasbord of set-asides and entitlements and affirmative-action programs. The truth of that statement was abundantly evident in the hearings, in which a variety of racial and ethnic groups were bidding to increase their portions of the federal pot. The National Coalition for an Accurate Count of Asian Pacific Americans lobbied to add Cambodians and Lao to the nine different nationalities already listed on the census forms under the heading of Asian or Pacific Islander. The National Council of La Raza proposed that Hispanics be considered a race, not just an ethnic group. The Arab American Institute asked that persons from the Middle East, now counted as white, be given a separate, protected category of their own. In every case, issues of money, but also of identity, are at stake. In this battle over racial turf, a disturbing new contender has appeared. After checking with supervisors, the bureau finally gave me their answer: The children should take the race of their mother. The only choice I had, like most other parents of multiracial children, was to leave race blank. Ironically, my child has been white on the United

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States census, black at school, and multiracial at home--all at the same time. According to various estimates, at least seventy-five to more than ninety per cent of the people who now check the Black box could check Multiracial, because of their mixed genetic heritage. If a certain proportion of those people say, ten per cent should elect to identify themselves as Multiracial, legislative districts in many parts of the country might need to be redrawn. The entire civil-rights regulatory program concerning housing, employment, and education would have to be reassessed. School desegregation plans would be thrown into the air. Of course, it is possible that only a small number of Americans will elect to choose the Multiracial option, if it is offered, with little social effect. Merely placing such an option on the census invites people to consider choosing it, however. When the census listed "Cajun" as one of several examples under the ancestry question, the number of Cajuns jumped nearly two thousand per cent. To remind people of the possibility is to encourage enormous change. Those who are charged with enforcing civil-rights laws see the Multiracial box as a wrecking ball aimed at affirmative action, and they hold those in the mixed-race movement responsible. Graham contends that the object of her movement is not to create another protected category. In any case, she said, multiracial people know "to check the right box to get the goodies. Visitors to Colonial America found plantation slaves who were as light-skinned as their masters. Patrick Henry actually proposed, in , that the State of Virginia encourage intermarriage between whites and Indians, through the use of tax incentives and cash stipends. The legacy of this intermingling is that Americans who are descendants of early settlers, of slaves, or of Indians often have ancestors of different races in their family tree. Thomas Jefferson supervised the original census, in . The population then was broken down into free white males, free white females, other persons these included free blacks and "taxable Indians," which meant those living in or around white settlements , and slaves. How unsettled this country has always been about its racial categories is evident in the fact that nearly every census since has measured race differently. For most of the nineteenth century, the census reflected an American obsession with miscegenation. The color of slaves was to be specified as "B," for black, and "M," for mulatto. In the census, gradations of mulattos were further broken down into quadroons and octoroons. After , however, the Census Bureau gave up on such distinctions, estimating that three-quarters of all blacks in the United States were racially mixed already, and that pure blacks would soon disappear. Hence-forth anyone with any black ancestry at all would be counted simply as black. Actual interracial marriages, however, were historically rare. This was particularly true of the off spring of black-white unions. Reginald Daniel, who teaches a course in multiracial identity at the University of California at Los Angeles, says. Both sides of my family have been mixed for at least three generations. I struggled as a child over the question of why I had to exclude my East Indian and Irish and Native American and French ancestry, and could include only African. The antebellum South promoted the rule as a way of enlarging the slave population with the children of slave holders. By the nineteen-twenties, in Jim Crow America the one-drop rule was well established as the law of the land. People of mixed black-and-white ancestry were rejected by whites and found acceptance by blacks. Many of the most notable "black" leaders over the last century and a half were "white" to some extent, from Booker T. Washington and Frederick Douglass both of whom had white fathers to W. Daniel sees this as "a double-edged sword. No one leaped over to the white community--that was simply the mentality of the nation, and people of African descent internalized it. What this current discourse is about is lifting the lid of racial oppression in our institutions and letting people identify with the totality of their heritage. We have created a nightmare for human dignity. Multiracialism has the potential for undermining the very basis of racism, which is its categories. If people are to be counted as something other than completely black, for instance, how will affirmative-action programs be implemented? Suppose a court orders a city to hire additional black police officers to make up for past discrimination. Will mixed race officers count? Will they count wholly or partly? Far from solving the problem of fragmented identities, multiracialism could open the door to fractional races, such as we already have in the case of the American Indians. In order to be eligible for certain federal benefits, such as housing-improvement programs, a person must prove that he or she either is a member of a federally recognized Indian tribe or has fifty per cent "Indian blood. This category goes after people who have parents

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who are socially recognized as belonging to different races. But then you have to ask what happens to their children. Do we want to have more boxes, depending upon whether they marry back into one group or the other? What are the children of these people supposed to say? I think about these things because--look, my mother is English; my father is Ghanaian. My sisters are married to a Nigerian and a Norwegian. I have nephews who range from blond-haired kids to very black kids. They are all first cousins. Just look at-- What are the numbers? Seventy per cent of American Indians marry outside. I grant you that the enormous growth potential of multiracial marriages starts from a relatively small base, but the truth is it starts from a fiction to begin with; that is, what we think of as black-and-white marriages are not marriages between people who come from anything like a clearly defined ethnic, racial, or genetic base. At that time, interracial marriages were rare; only sixty-five thousand marriages between blacks and whites were recorded in the census. Marriages between Asians and non-Asian Americans tended to be between soldiers and war brides. Since then, mixed marriages occurring between many racial and ethnic groups have risen to the point where they have eroded the distinctions between such peoples. Among American Indians, people are more likely to marry outside their group than within it, as Representative Sawyer noted. Blacks are conspicuously less likely to marry outside their group, and yet marriages between blacks and whites have tripled in the last thirty years. The rate for black women marrying white men is about half that figure. In the census, six per cent of black householders nationwide had nonblack spouse--still a small percentage, but a significant one. Multiracial people, because they are now both unable and unwilling to be ignored, and because many of them refuse to be confined to traditional racial categories, inevitably undermine the entire concept of race as an irreducible difference between peoples. The continual modulation of racial differences in America is increasing the jumble created by centuries of ethnic intermarriage. The resulting dilemma is a profound one. If we choose to measure the mixing by counting people as Multiracial, we pull the teeth of the civil-rights laws. Are we ready for that? Is it even possible to make changes in the way we count Americans, given the legislative mandates already built into law? If it does not, then the policies underlying the terms of measurement are doomed to be flawed.

### Chapter 9 : Secret Fire by Violet Winspear - FictionDB

*Arteries and nerves have nothing in common with each other. Arteries carry oxygenated blood from the Heart to the body, whereas the nerves carry electrical impulses from the Brain.*