family, or even be quite latent, so much so that she may appear healthy and marry a perfectly healthy husband, yet she possesses in a high degree the faculty of transmitting the disease to her male children, who are almost sure to inherit it from her; even more surely than when the predisposition is on the paternal side.

Tanner in his work on the Practice of Medicine, says, "this form of the hemorrhagic Diathesis is equally manifested in male and female children though in adult life men seem to suffer more than women." On this point, Grandidier, who has devoted much time and study to the subject, state that of boys and girls affected, the proportion was about eleven of the former to one of the latter; that in girls it is rarely well marked, and the danger to life is much less; that in fatal cases the bleeding was generally from the genital organs; one case is recorded of fatal hæmorrhage from rupture of the hymén.

The male children of a woman in whom the symptoms of Hæmophilia are well developed, do not appear to inherit the disease in a more marked degree, than those of a woman in whom the disease is latent.

In the article on the Hæmorrhagic Diathesis in Holmes' System of Surgery, the writer, referring to this subject, says: "Men having the hæmorrhagic tendency who may marry healthy wives, do not appear to convey the tendency to their offspring." This though true to a certain extent does not appear to be the rule. There are cases on record where the disease was transmitted direct from father to son, the father not being a Bleeder himself, but having brothers who were.

It is stated that both the male and female members of a Bleeder family, who are exempt from its manifestations enjoy good health.

Another well marked feature in the etiology of hæmophilia, in common with other constitutional diseases, is the occurrence of "atavism" or "alternate generation," where the predisposition to hæmorrhage, may cease or lie dormant for a generation, only to appear in a subsequent one; or, though manifesting itself in each generation, may pass to the subsequent one through an individual who has not during life manifested its symptoms. For instance the children of a Bleeder may not, and frequently do not, suffer from the disease, yet his grandsons, especially his daughters' sons, are almost sure to be affected.

When once grafted into a family it is impossible to say if it can ever be eradicated. There are authentic accounts of families in whom the disease has existed for over one hundred years, and there is only one instance in which the disease has been reported to be disappearing in a family.

There does not appear to be any good reason why hæmophilia should be more prevalent in one country than another, still as a matter of fact by far the largest number of cases recorded, nearly 50 per cent., are German, less than 20 per cent. are English, including Scotch and Irish; France, the United States and Switzerland about 10 per cent. each, a few cases in Russia, Norway and Sweden. Other countries furnish no record of the disease except Sumatra, where it is stated a native Musselman family exist in whom the disposition to bleed can be traced back for three generations.

Excitement, anger, fear, and the use of alcoholic stimulants seem to aggravate the disease, and may even become exciting causes of hæmorrhages.

Hæmorrhages are said to occur more frequently in spring than autumn, during the night than the day, and the liability is increased after the first traumatic hæmorrhage.

The subjects of hæmophilia may be either of a dark or fair complexion, more often the latter; skin thin and transparent. When not suffering from the effects of loss of blood they look well and healthy, and do not appear to suffer from, or to be more than ordinarily predisposed to any disease—they are frequently bright and intelligent.

The predisposition exists from the birth of the child, but most frequently remains latent until the first year of childhood, or about the period of dentition, when being now old enough to crawl about they are liable to hurt themselves. The latest age at which it has deferred manifesting its presence was in one case at the age of 22 years.

There appear to be three degrees of intensity in this disease: in the first and typical degree the liability to hæmorrhages, both traumatic and spontaneous, interstitial and superficial, and to joint affections is well marked; women seldom suffer from this form.

The second degree is characterized by spontaneous hæmorrhages from the mucous membranes only, without traumatic bleedings or ecchymoses; joint affections absent, or only indicated by a species of rheumatic pain; this is the usual form of the disease as it appears in women.

The third degree is marked only by liability to spontaneous ecchymoses.

The symptoms of hæmophilia may thus be considered under four heads: the traumatic and