while in the other there was doubtless a renal congestion preceding the hemorrhage, the patient being ill with grip at the time. An epistaxis may result from blowing the nose, but if the nares be examined congestion of the mucous membrane will be found. A few years ago I tamponed the nares of a patient, a boy 8 or 9 years of age, who was supposed to have hemorrhage from the stomach, having vomited a large quantity of blood just before I saw him, being awakened from a quiet sleep by nausea. On examining the nares the source of bleeding was discovered, the blood being swallowed during the sleep. The patient had a habit of rubbing his nose and doubtless caused the hemorrhage in this way. He was a typical hemophil, with joint lesions, and soon after left the city and was lost track of, though I have since heard that he has died from hemorrhages.

A hemophil of the severe type will sometimes bleed from the most trivial cause, and the tendency to bleed, the severity and obstinacy of a hemorrhage varies at different times in the same patient. The disease does not display equal severity in all cases. One member of a family may be affected only in a slight degree, while another may suffer from the severest type of the disease. The mild cases usually escape joint affections, while the severe types are sure to be so affected. The existence of mild cases accounts for the absence of symptoms in some cases until after puberty, and the tendency to hemorrhages in these cases usually lessens after adolescence. The severe types usually die before reaching manhood; the few, if any, who live, must be invalids always on the watch, fearful lest they meet with an injury resulting in the dreaded hemorrhage.

Pathology.—Though the efforts of investigators during the past have not thrown much light on the pathology of hemophilia, it cannot be said that no progress has been made. Of the various theories as to its cause, but two have received much attention: (1) That there is some morbid condition of the vascular walls. (2) That the blood of hemophils is abnormally low in clotting power. The former appears to be the condition existing in hereditary hemophilia, while the latter applies to the sporadic form. The clotting power of the blood varies greatly in the same patient. I have observed both extremes, and have seen hemorrhages persist stubbornly though coagulation took place quickly.

Labbe,* in a recent review of the pathology of hemophilia, divides the theories into four groups: (1) The vascular. (2)

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