

yet many attacks occur when the patient may be immobilised in bed. The joint most frequently attacked is the knee, in almost half the cases examined; then the elbow in about a fourth of the cases, and next in frequency the ankle. Rarely but one joint is attacked; when it is the knee, generally several are effected.

**SYMPTOMATOLOGY.** Koenig has divided the study of the articular signs of haemophilia into three periods, viz.: first period, articular enlargement; second, chronic arthritis; third, definite deformity: and this division should be maintained.

*First period, Haemarthrosis.* It is almost always, as we have seen in the case of a young child, in the knee that the trouble appears. Suddenly, apparently without reason, the joint becomes tumid, and so painful as to prevent the patient either moving it or placing his weight upon it. If it is examined at this time the joint is found to be filled with an abundant effusion, the synovia is distended to a maximum, all the cul-de-sacs are full, and the member is in a position of semi-flexion. The patellar impact is prevented, the palpation of the joint is painful, but does not reveal any especially tender spot. If one attempts to move the joint, one will find that the pain will set a definite limit to the excursion of the limb, and if the patient be old enough to explain his sensations he will complain of a sensation of tension, increasing at night, preventing sleep, and causing the child to cry out. Finally, the chief sign is the withdrawal of blood almost pure if an exploratory puncture is practised.

Some other signs should be mentioned. There are no true signs of inflammation, the skin is stretched and glistening, but is not red, hot, nor oedematous. One can at times delineate the base of the synovia and after a few days there may be found an ecchymosis extending to that point, at other times one may find punctiform ecchymosis. It is rare that one finds crepitation. Some authorities have described an accompanying rise of temperature, due probably to re-absorption of the blood, but others do not note this symptom.

The duration of the attack is short; the symptoms end suddenly, the haemarthrosis reaches its maximum in a few hours, the tension remains unchanged twenty-four or forty-eight hours, then little by little the effusion diminishes, fluctuation may be felt in the joint, the pain disappears, and the articulation returns little by little to its normal state. But what is the more remarkable is the frequent repetition and the great number of successive attacks. Not only are different articulations attacked, but the same joint may be attacked in succession as often as 31 times in ten years in one reported case. The first attack may leave the joint in quite a normal condition, but one cannot say that this is the rule, for others reach the second condition after a fewer number of attacks.