

THE HAEMOPHILIC ARTHROPATHIES.*

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THE above mentioned article gives a most comprehensive and interesting review of this very important subject. On account of the limitations of space, the translator is obliged to omit parts of the article dealing with the history and pathogeny of the subject, selecting only those divisions that are of direct practical value.

The malady, ordinarily hereditary and occurring in members of the same family, which is known by the term haemophilia, or bleeder disease, is characterized by three orders of symptoms viz, external haemorrhages, either spontaneous or provoked by insignificant traumatism; interstitial haemorrhages, ecchymoses and haematomata, and thirdly by special articular troubles, which are characteristic enough to merit a detailed description.

ETIOLOGY. In the etiology of haemophilia in general there are two noticeable features, the geographical distribution is almost entirely confined to the northern races, out of 252 cases analyzed 106 were in Germany and 58 in England and in the second place it is generally to be found among the members of certain families, with a peculiar heredity that has been summarized in the following law: a woman of a haemophilic family, even if she is not herself affected, transmits it to her children, but a man of the haemophilic tendency does not transmit it to his descendants even though a sufferer himself: it also generally appears in the males of the tainted families.

The etiology of the arthropathies themselves, is in a similar manner dominated by a primordial idea, that of sex: it is the male sex which is practically always affected. If one finds in haemophilic families some females which present manifestations of the diathesis (one female to thirteen males according to Grandidier) this is practically never in the form of an arthropathy, one case only being reported. On the contrary any haemophilic male may be attacked.

The age at which these lesions appear is almost always the same, during the first fifteen years of life the first attack appears, hardly ever in the first year, but rarely before two years, and very commonly between four and six.

Other causes are suggested, *e. g.*, cold, and the majority of attacks are in the spring and fall; traumatism, too, is mentioned as a disposing factor, and while the history in some cases may give support to this belief,

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