

an injury, while in tuberculosis there is usually a period of indefinite symptoms preceding the swelling. If the question of operation arises, Calmette's tuberculin test should be tried and the knee aspirated with a hypodermic needle. The needle should be avoided, if possible, as in some cases, those of a severe type, there is great danger of increasing the trouble by such a seemingly small thing as a needle puncture.

Mistakes have unfortunately been made in opening a hemophilic knee for tuberculosis with fatal results. One of the most celebrated European surgeons twice within a few months made such an error, both patients dying from hemorrhage.* Three similar fatalities have been reported in the United States within the last few years. Consequently, too great care cannot be exercised in making a diagnosis in this condition.

The following clinical histories will illustrate the nature and course of the disease in a typical hemophil:

H., aged 14. Was a well-developed male child at birth. He has two brothers and one sister, the younger brother also a hemophil, the elder being free from all suspicion of the disease. One maternal uncle had the disease, dying from the effects of repeated hemorrhages and joint affections, the nature of his trouble never being recognized, being called "rheumatism with complications." This is all the family history obtainable. The first indication of bleeding was when the patient was circumcised when he was five or six months of age, at which time he nearly bled to death, notwithstanding a liberal application of artery forceps and various styptics. My first experience with this patient was a few months later, when he cut his lip, the hemorrhage persisting in spite of all treatment. Calcium chloride was given without the slightest improvement, pressure being the only efficient remedy. The lip was again cut a few weeks later, this time the wound being much larger and the hemorrhage much greater, necessitating constant pressure between the fingers for a period of nearly three weeks. The next time the lip was cut I devised a small clamp, which was kept in place until the wound healed. A few weeks later I first used a solution of adrenalin extract and was relieved to find something that would control the bleeding. The patient's history from that time (1896) to the present has been a succession of cuts, bruises and joint affections, a blow on the soft tissues resulting in a large hematoma, the gums bleeding every time a tooth became loose, frequent attacks of epistaxes, etc. The first joint affection was in the summer of 1903, and, con-

* Koenig—*L'Encéphale*, June 25, 1892.