

*Deaths after Operations.*—Cutting of frenum linguæ, 1; leeching, 5; venesection, 4; blister, 2; extraction of tooth, 12; circumcision, 8; cutting umbilical cord, 4; vaccination, 2; fistula, stone; ligature of carotid, of radial, of ulnar, of femoral arteries, amputation of arm and of thigh, 1 each; phimosis, 2.

*Morbid Anatomy.*—There are no characteristic anatomical changes. The blood is usually normal, the fibrin is apparently not greatly diminished. When the joints are affected they present the characters of the usual inflammatory state.

*Pathology.*—This is obscure; vascular tone is thought by many to be the pathological factor; fragility of the vessels by others, while Eichhorst suggests the possibility of a chemical change in the blood not discoverable by our present methods.

*Diagnosis.*—Hereditary predisposition, the spontaneous and traumatic hemorrhages setting in early in life, and the joint symptoms, are the main points in diagnosis. Purpura (simplex and hemorrhagic) scurvy, peliosis rheumatica, toxic and septic purpura must be excluded.

*Prognosis.*—The younger the patient the more grave the prognosis. Hemophilia is more serious in boys than in girls. Long-continued oozing is a serious form of hemorrhage. These are the few facts connected with this obscure disease that have thus far been elucidated.

The following cases which have come under my observation may prove of interest:

CASE I.—Boy age 13; parents healthy, but mother neurotic; had a number of attacks of epistaxis during the year previous to my acquaintance with him, which had always been alarming owing to the difficulty of arresting the hemorrhage. I saw him early in the morning of July 3rd, 1900. He had bled a great deal during the night while he was partially asleep. I tried all the usual means, such as alum, tannic acid, vinegar, Monsel's solution, and with no success, so finally plugged both anterior and posterior nares, and after an hour and a half I was able to leave my patient with a very sore nose, and to find myself wishing there was something easier to do than arrest a nasal bleeding like this. Next day I saw the boy everything seemed fairly favorable, with the exception of thin red blood presenting round the plugs in the anterior nares. However, I concluded I would let well enough alone and left them there. I saw him again that evening, and as there was a very offensive smell I thought I would remove the plugs, which I did, and of course the hemorrhage began again; then I began to wish I had left them there, as he was to return home to Buffalo the next morning. How-