(1) The primary stage—where a joint is affected for the first time.

(2) The secondary or inflammatory stage.

(3) The stage of deformity and ankylosis.

In hemorrhage into a joint the onset is always sudden. Immediately after an injury the joint commences to swell and in a few hours is noticeably enlarged. The patient may not be greatly inconvenienced for the first few hours, especially if it be a primary affection, unless the traumatism has been of a very severe nature, but usually commences to limp in from four to six hours after the injury. The joint now has the characteristic appearance of an acute synovitis. In a primary affection the course may be of a very mild nature, the swelling subsiding and the joint becoming apparently normal within two weeks if given rest. In secondary affections, or in case of a primary lesion being neglected, the symptoms and course of the attack are entirely different, the heat, pain and tenderness accompanying the swelling indicating an inflammation. The pain usually is severe for the first three or four days, being greatest over the site of the injury. Palpation reveals a tense fluctuating swelling. The least movement causes pain and a grating sensation is felt and sometimes heard. The temperature is usually increased. The knee is slightly flexed and in appearance exactly resembles a tuberculous joint. The pain and tenderness are influenced by the weather, being much worse in cold, wet days. When the swelling subsides, the joint remains enlarged, the capsule being greatly thickened, on palpation a doughy resistance being felt over the bony prominences. This thickening may never entirely disappear. If the limb be measured it may be found to be from one-quarter to three-quarters of an inch longer than the sound limb, due to the increased blood supply to the epiphyses owing to the injury. The joint is noticeably enlarged; the patellar eminence more prominent and rounded than in the normal knee, and the movement of the patella markedly limited.

The third stage, that of deformity, is the result either of neglect or lack of proper treatment, or of repeated hemorrhages, causing degeneration of the cartilages and contraction of the ligaments and ankylosis more or less complete. Regarding the differential diagnosis between hemarthrosis and tuberculous disease one cannot lay down any hard and fast rules. In the absence of a hemophilic history, a mistake may readily occur. The greatest clinical difference probably is in the mode of onset. In hemarthrosis there is the sudden onset following