

## Clinical Notes

### HEMARTHROSIS OF THE RIGHT KNEE IN A HEMOPHILIAC.

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Although the subject of hemophilic joints has received considerable attention of late, many of the surgical text-books do not give it adequate mention, and some of them fail to speak of it at all. The comparative rarity of the condition, and the importance of its diagnosis, especially of its differentiation from tuberculosis, failure of which has often led to operation with fatal results, seem to justify the reporting of the following case which occurred recently in my service as interne in the St. Louis City Hospital:

*Patient.*—H. C., male, aged 28, nativity American, entered the hospital on account of a swelling of the right knee.

*History.*—At the time of entrance, temperature was normal and he could walk on the affected limb with little inconvenience. He stated that he drank 15 or 16 glasses of whisky daily and had been a bartender for a year and half. Before that he was an electric lineman. He used considerable tobacco and was somewhat excessive sexually. His father was living and healthy at 58. Mother died of some lung affection. Three brothers and three sisters were all living. All of these were healthy with the exception of one brother who was a bleeder. One paternal uncle died of some obscure abdominal trouble. No history of hemophilia in his grandparents could be obtained. When a boy patient was subject to attacks of "rheumatism" sometimes articular and sometimes muscular. He had measles and mumps and had had malaria several times. He denied syphilis but had had gonorrhea several times. In 1889 he had what he called dysentery. He passed blood from the bowels but the passages did not produce pain. He was for two months in a hospital in Dakota for this trouble, bleeding at intervals during the time. The patient stated that when about 12 years old, he received a small wound over the right eye which bled more or less, for two weeks in spite of all efforts to stop it. Ever since he had noticed that a slight cut bled persistently. In 1904 he was in the City Hospital with a scalp wound and the bleeding was stopped with difficulty. A little later he cut his right finger and thumb with a pane of glass and was obliged to enter a hospital where the bleeding continued several days before it could be stopped. About a year ago his right eye was enucleated on account of an injury to it. There was no marked bleeding from this operation. In July, 1906, patient fell and bruised the right knee. It soon became swollen and somewhat painful but he did not go to bed on account of it and within about two weeks the swelling had largely disappeared.

There was no history of hemoptysis or of hematemesis but he had had persistent epistaxis several times, which on one occasion, necessitated the application of a plug by means of a catheter passed through the nose and out the mouth.

*Present Trouble.*—On October 13, 1906 at about 9 p. m. patient accidentally struck his right knee against a box. There was but little pain at the time and he slept well that night. The next morning the knee was stiff, and after walking with it for a short time, he noticed that it was swollen. The swelling had persisted ever since and there had been some pain though not severe.

*Examination.*—He was a fairly well developed though rather poorly nourished man. His skin was clear excepting a few scabs on the hand and a few small furuncles about the right knee. No edema. The right knee joint was enlarged and evidently full of fluid, the swelling being fluctuant and corresponding to the extent of the synovial membrane. On the right side of the external condyle of the femur was a small ecchymosis marking the point of injury. The knee was but slightly tender to pressure. It was somewhat warmer than the

left one. Abdomen was soft and insensitive; spleen not palpable and liver dulness not increased. Apex beat was palpable in the fifth interspace internal to the mammillary line. There were no heart murmurs. Pulse was regular and of moderate strength and frequency. The coagulation time of the blood was about 7 minutes. The urine was clear with a specific gravity of 1.028 and contained no albumin, sugar nor casts. His temperature at no time went above 101 F. and was usually below 99 F. Patient complained of but little pain and the functional disturbance of the joint was slight.

*Diagnosis.*—Hemarthrosis was the diagnosis made, based on, (1) a clear and well substantiated history of hemophilia, one brother also being a hemophiliac; (2) The occurrence of a well-marked swelling of the knee joint following a slight trauma, with scarcely any tenderness, and but little pain, fever, and functional disability.

*Treatment.*—This consisted of putting the patient to bed with the limb at rest, bandaging the swollen joint snugly with elastic cotton, and the administration of small doses of potassium iodid and an occasional purgative. The man made a good recovery. The swelling disappeared completely and he left about the middle of November, having been in the hospital less than 4 weeks.

*Subsequent History.*—Jan. 13, 1907 he returned to the hospital with symptoms which at first were attributed to gastritis. The symptoms increased in severity. He vomited considerably, was constipated and intestinal obstruction was suspected. January 16, the pulse became extremely weak and frequent and the vomitus had a fecal odor. There was no pain and but little distension of the abdomen. The patient was evidently in a dying condition and an operation was advised as offering the only chance. His relatives who knew very well his tendency to bleed finally consented.

*Operation.*—This was performed by Dr. P. D. McMillan. On opening the abdomen the peritoneal cavity was found to contain a considerable amount of bloody fluid. Almost the entire intestines were of a dark red color like that of beginning gangrene. The mesenteric vessels were engorged. No explanation of the cause of the condition was found in the belly.

The man died within 3 hours after the operation. An autopsy was not obtained, and in its absence we have not felt quite sure as to what the condition was which caused his death. The appearance of the bowel and mesentery at the operation suggested the possibility of a sudden portal obstruction. However in view of the man's previous history, the presence of blood in the abdominal cavity as well as some of the symptoms he presented during the last day or two of his life, it seems probable that hemorrhage was an important factor in producing his death.

## ABSCESS OF THE LIVER,

RUPTURING INTO THE LESSER CAVITY OF THE PERITONEUM AND GIVING RISE TO PECULIAR SYMPTOMS.

OPERATION. RECOVERY.\*

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*Patient.*—The patient, a robust male, was admitted to Dr. Musgrave's medical service, in St. Paul's Hospital, February 26, 1907, complaining of severe pain in the abdomen. On March 1, he was transferred to Dr. McDill's service, and during his absence came under my care.

*History.*—He was a native of the United States, of Irish-German descent, and by occupation was a machinist and engineer. He had resided in the Philippine Islands since 1900 and had previously lived in Guatemala for six years. He was a man of large muscular build, and of great vitality. He had a chancroid in 1902, and two attacks of gonorrhea, the last in 1903-1904. In December, 1906, he had a severe attack of estivo-autumnal malarial fever. He never had dysentery to his knowledge.

*Present Illness.*—For seven days previous to entering the

\* Reported from Dr. McDill's surgical clinic, by his permission.