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REPORT  
ON A  
CASE OF HÆMATOPHILIA,  
OR A  
FAMILY OF BLEEDERS.

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DEFINITION OF HÆMATOPHILIA.

*Gould's Dictionary.*—"An abnormal tendency to hemorrhage, or ease of bleeding."

*Billing's National Dictionary.*—"Congenital tendency to hemorrhage with defective coagulability of the blood. Persons so affected are called bleeders."

*Dunlison's Medical Dictionary.*—"A disease, hereditary and attended by a hemorrhagic diathesis, with unusual obstinacy of traumatic hemorrhage, or a tendency to spontaneous bleedings and to swelling of the joints."

*Quain's Medical Dictionary.*—"A congenital disease, often hereditary, characterized by a tendency to immoderate bleeding, whether spontaneous or traumatic, and to obstinate swelling of the joints."

*Heath's Dictionary of Practical Surgery.*—"A hemorrhagic diathesis which is usually inherited, and in nearly all cases manifests itself during the first few years of life. Painful swellings of the joints are frequently associated with this disorder. Supposed to be more common among inhabitants of northern countries."

KNOWING the different members and their surroundings, I have thought it wise to put on record the following facts connected with the history of this family.

Mr. J. D., the grandfather, whose family history is free from cases of hæmatophilia, was a painter by occupation; at the age of thirty he had several attacks of hæmaturia, extending over a period of several years, but finally, as he thought, made a good recovery; believing, as his physician did, that the attacks were due to his occupation. This was not changed, however, and he went on very well in health, when, at the age of forty-five, he came under my observation and treatment. He had been suffering for two months from repeated attacks of hæmaturia, without any pain. On careful examination I was forced to believe there was no renal calculus present, nor



tumor of any kind in the urinary tract. Various medicines were tried and careful attention paid to diet, also as much as possible rest was enforced. He remained under treatment for about two years, apparently better at times, and then again much worse without any known cause. He then improved and remained well up to the age of seventy, when he died without any decided well-marked disease, although he did have a slight form of what in earlier life he had had many attacks of,—*i.e.*, painter's colic. A post-mortem was allowed, but no marked pathological condition was found. Much to my surprise, the kidneys appeared absolutely healthy. This patient had one brother, now living, a large, fine-looking man, good habits, carriage-trimmer by occupation, but who has always suffered more or less from epistaxis. Otherwise healthy. Mr. J. D. and wife (the latter giving a good family history) had born to them several children, and, so far as I have been able to learn, no cases of hemorrhage developed among them in childhood.

Mrs. W., the eldest daughter of Mr. J. D., at the age of twenty-four, married Mr. H. W., whose family history is clear. She became the mother of seven children, and in nearly all her confinements I was the attending physician. She had no serious post-partum hemorrhage, though the flow at times was severe. Her usual menstrual period is quite free. She has always had great fear of bleeding, and would not have a tooth extracted because of this dread. Her eldest son and daughter have had no hemorrhages; wounds have usually healed kindly. Her third child, a son, when nearly three years old, injured his tongue and soft palate by falling on a tin bean-blower. This was followed by a constant oozing of blood, and resulted in his death on the fourteenth day. I made local applications of various styptics, and gave ergot, gallic acid, iron, and other medicines internally, but apparently with little good.

Her fourth child, a boy, when twenty months old, was suffering from teething, and in my absence a strange physician was called in, who at once, and before the mother really knew what was going on, lanced his gums, which was followed by constant bleeding and death on the eighth day. In this case, in treatment, I saw the child a few hours after the lancing, and began a prompt, vigorous treatment, but I must frankly say it did not seem to control the hemorrhage longer than about twelve hours at a time.

Her fifth child, a daughter, is quite strong and healthy at fifteen.

Sixth child, a boy. I had a serious time in controlling



hemorrhage from a slight cut in his finger when about a year old. Died when fourteen months old from spinal meningitis.

Seventh child, daughter. Now nine years old; no hemorrhages; not strong, but doing pretty well. This child has suffered three or more attacks of swelling of both knees and elbows, which the mother has called rheumatism, and which I have not attempted to deny to her, though in my own mind these attacks were undoubtedly effusion of serum resulting from the hemorrhagic diathesis. Mrs. H. is still regular in her menstruation, though very profuse.

The second daughter of Mr. J. D. married, at the age of twenty, a Mr. J. W., whose family history is free from hemorrhages. She had four children. I was not her physician, but saw one of the children in consultation. Her first child died when an infant, but not from hemorrhage.

Her second child, a boy, strong and vigorous, sustained, when five years old, an incised wound over left frontal region, and from which he bled very freely at first. The wound was well cared for, and bleeding controlled for several days. Then a secondary hemorrhage came on which could not be controlled, and I am informed he died about the fourteenth day. This is the case I saw once with the family physician.

Her third child, a boy, well developed, when two and a half years old accidentally bit his tongue in falling, from which a gradual hemorrhage continued until his death, on the *eighth* day.

Her fourth child died from hemorrhage after moving into an adjoining State. The particulars I have never been able to learn. These were all the children she had, and a sad, sad household presents.

R. D., a son of Mr. J. D., married, and now beyond forty, suffers frequently from severe hemorrhage from the nose. He has lost no children from hemorrhage.

These cases have been to myself quite a study. The anxiety of mind the parents have passed through in caring for their children cannot be described. The worry and anxiety in being called to attend such a family, as the physician, it is impossible to express. I had learned to let them alone, and when called to attend them for bruises or accidents was very careful in dressing not to provoke bleeding. I had several times declined to lance the gums when symptoms seemed to urgently call for it. In the family of Mrs. H. W., what was most distressing was the fact of her first child, during teething, passing into a spasm, and becoming hemiplegic, from which condition he never fully recovered. Later he became an epileptic, giving his family much sorrow. Naturally she had



much additional sorrow and anxiety when her babes were passing through dentition. I regret I am unable to add anything to the treatment already spoken of in text-books. I would urge in such cases a diet that will keep the blood rich in fibrin.

The following extract from Bryant has such a direct bearing upon these cases that I have thought it worthy of insertion.

"Hæmatophilia, or the hemorrhagic diathesis, as the result of heredity, is a subject of peculiar interest to the surgeon, and is to be distinguished from a temporary disposition to bleed, which is present in purpura or leuchæmia, and is often acquired. It attacks the boys of a family rather than the girls, and when bleeders beget children, all, as a rule, appear healthy, but when the girls have families, their boys, as a rule, are bleeders. It may appear at the very earliest period of life. It manifests its presence by a peculiar tendency to bleeding on the slightest provocation, and by the difficulty there is in arresting hemorrhage when it does take place. The surgeon should always have before him the possibility of his patient being a subject of this disease; for, although it would not prevent the performance of any operation essential to save life, it would materially affect the question of operating for any reason of expediency, and would influence the practice adopted.

"The bleeding may take place from any part of the body or into any cavity. It may be venous or arterial, and may occur without any definite cause or follow some slight injury. The swelling of the joints which takes place in this affection in some cases is due to hemorrhage, but in others to serum. In a drawing in my possession the synovial membrane was found, after death, covered with beautiful fine fringes stained a deep orange color from effused blood. Sir W. Jenner states that in these cases 'the tissues are soft, and bruise easily; the blood is slow in coagulating, although it coagulates as firmly as in health, that is, blood is formed rapidly, and there is a tendency to plethora of the small vessels, and that when the patient is looking his best, injuries have the worst effect, and spontaneous hemorrhages are most likely to occur.'"

In this disease, therefore, he advises a mercurial and saline purge every three weeks, dry food, with a considerable portion of dry, fibrous meats, and plenty of open-air exercise, great care being observed to avoid injuries. The bleeding, as a rule, ceases spontaneously. In the acquired disease, iron is of great value.