Lungs, trachea and larger bronchi contained a lot of frothy spume. In the abdominal organs there was nothing very abnormal.

The *spleen* was certainly a little darker in colour and softer than normal, but not to any very great extent; when held up there was no movement of the contents within the capsule; and in the opinion of two very observant veterinary students and myself it was not more than the normal size.

On incising the swelling of the neck the substance in it appeared somewhat like gelatine in consistency, and was of a light straw colour. This extended into the chest as far as the pericardium, to the upper part of which it was especially attached, and it was also present under the scapula. This material was firmly adherent to the muscles of the neck, and, underneath it in one place, was a piece of very black (as if severely bruised) tissue.

Professor M'Fadyean, to whom I sent an ear and piece of spleen, confirmed my diagnosis, by finding anthrax bacilli in both.

In talking to the owner I gathered that some four years ago a cow had died of anthrax and been buried in a corner of this pasture; and that last year an animal pastured in this same field died very suddenly, but that no *post-mortem* was made. Up to this date (12th October) no further outbreak has occurred.

CYST IN THE MITRAL VALVE OF A COW.

BY ALEX. M. TROTTER, M.R.C.V.S., Edinburgh.

ON making my usual tour of inspection through the booths of the Edinburgh abattoirs on the 23rd July 1894, my attention was directed to the carcase of a cow which had been brought in that morning. The cow was an aged cross shorthorn, and the carcase showed that she had been in fair condition at the time of slaughter. It was distinctly dropsical. The lymphatic glands were enlarged and abnormally moist; kidneys moist; liver in a state of chronic venous congestion; heart enlarged and flaccid, the auriculo-ventricular opening of the right heart being distinctly dilated. The most interesting lesion, however, was in connection with the mitral valve. The lesion referred to was a fluctuating tumour situated in and involving one of the segments of the valve (*see* Plate XI., Fig. 1). This enlargement was of a bright golden yellow colour, transparent, and fluctuating. Its outline was sharply marked off from the surrounding tissue and distinctly ovoid in shape. The auricular surface of the tumour was tense and clear, the lower extremity being more pronounced, where it projected above the surrounding tissue for 1·2 cm. From this point it gradually sloped until it blended with the cusp. Its greatest length measured from this surface was 2·4 cm.; its greatest width 1·7 cm. Its position in the cusp was such that it approached more nearly to the left hand edge of the segment, the shortest distance being only ·5 cm., whilst the shortest distance to the right hand edge of the valve was 1·7 cm. Its upper extremity involved the attachment of the cusp, and, owing to the formation of the ventricular surface, it prevented the falling back of the valve to its proper position against the walls of the ventricle. The under or ventricular surface of the enlargement was

mapped out by a reticular arrangement due to the anastomosing, in all directions, of dense bands of tissue. The superior extremity of this surface, unlike that of the auricular one, was the more prominent, and its inferior extremity gradually blended with the normal cusp tissue from this point.

On incising the enlargement, a limpid, odourless, bright amber-coloured liquid escaped. When submitted to the action of heat, numerous minute flakes were formed, which rendered the liquid slightly turbid, but well-marked coagulation did not occur. When to a fresh portion strong nitric acid was added, well-marked coagulation of a portion of the liquid took place. The portion that remained fluid became as clear as water, and refused to coagulate even in excess of acid. No change occurred in the coagulation by the addition of excess of acid or by the application of heat.

Microscopically examined, even by the highest powers, this liquid appeared to be perfectly homogenous.

The walls of the cyst were formed entirely from the tissue elements of the cusp. The surface was smooth and unbroken except by the presence of a band which stretched across the cavity near its centre. This band was composed of white fibrous tissue, and was a continuation of one of the chordæ tendineæ. When tension was applied to this chorda tendinea the band became tense, and the whole cyst was drawn in that direction.

What the clinical symptoms were I do not know, as the animal was slaughtered immediately on arrival, and no trustworthy history could be obtained.

ABDOMINAL TUMOUR ASSOCIATED WITH HERNIA— OPERATION AND RECOVERY.

By JOHN MEIKLE, M.R.C.V.S., Larne.

THE subject of the above case was a sheep dog, eight years of age, in splendid condition and a good specimen of his useful class.

About six years ago—according to the owner's testimony—the dog was unfortunately run over, and, after this mishap the tumour began to appear, and it ultimately reached the proportions seen in the photograph (Plate XI., Fig. 2). Whether it was a result of the mishap, or whether it was the developing weight of the tumour which caused the bowel to descend, I will not venture to say. The tumour was situated just in front of the penis, and greatly interfered with the animal while micturating, and also while walking, keeping time to his movements like the pendulum of a clock.

It was the colour of the skin on the lower parts of the abdomen; was 16 inches in circumference, and weighed, after removal, close on 3 lbs. It had a discharging orifice at its lower part, caused by friction against the ground, and emitted a nauseous watery fluid.

On the 11th February last, I operated on the dog under chloroform. The tumour was easily removed, although extremely vascular, about seven large blood-vessels in all requiring ligaturing.

I had a clam made after the manner of "Huish's clam" for the prevention of inversion of the uterus. This I found to suit admirably, the long tooth-like processes on either side of the clam grasping the