

inner aspect of the hock was left. This received a couple of good blisters of mercuric biniodide, and the mare was able to go to work in exactly 6 weeks, and has remained sound since.

Truly I never saw or heard of an open joint case making such a recovery as this, nor did I ever hear of treatment more simple, though thoroughly aseptic. This rapid recovery was undoubtedly due to the entire absence of inflammation of the structures that enter into the formation of the joint, as evidenced by the astragalus retaining its normal white aspect, and by the synovial membrane not unduly secreting synovia.

No doubt, beyond the hole being directly punched into the capsule, little or no bruising took place; otherwise we should have had inflammation with its complications, and a very different termination of the case.

The plan of treatment laid down by Professor F. Smith does to my mind look feasible and rational after seeing this case, and I shall most certainly make a dependent opening, if such does not exist, in the next case of open joint I get, and, if it demands it, shall also wash it out. It is unquestionably of essential importance that the treatment of open joints should be conducted on strictly aseptic lines.

A CASE OF ASCITES IN THE CAT

AND

A CASE OF MITRAL INSUFFICIENCY IN THE HORSE.

By S. STOCKMAN, M.R.C.V.S., Royal Veterinary College,
Edinburgh.

CASE I. ASCITES.

ON the 22nd September last a tom cat was brought to the Dick College Clinique with the following history.

The animal was aged five years. In June last he had shown considerable enlargement of the abdomen, which disappeared however towards the end of July. About the beginning of September he began to show symptoms of a return of the abdominal enlargement. His appetite fell off, he became languid, disinclined to move, and suffered from thirst. When brought to the college the abdomen was swollen up like a drum and very tense—too tense to allow of one experiencing fluctuation. The buccal mucous membrane was icteric. On examination the heart sounds were found to be normal. The diagnosis was ascites.

Treatment.—I inserted a trochar and canula through the abdominal wall and drew off a pint of albuminous fluid, still leaving a considerable quantity in the cavity. A broad bandage was applied to the abdomen and the following draught prescribed :—

R

Potassii acetatis ℥j ss.

Tinct. strophanthi, mm. 40.

Aquam ad ℥jj.

A dessert spoonful twice a day.

He was brought back according to desire two days afterwards. The remainder of the fluid had oused out through the puncture, leaving the wall relaxed. A hard enlargement could now be felt over the region of the liver. I diagnosed cirrhosis of the liver and condemned the animal to death.

Post-mortem.—The body was emaciated. The thoracic organs were healthy.

Liver.—The liver was universally enlarged to about half above its normal size, harder than normal, and on section presented all the appearance of cirrhosis.

Microscopic Examination.—A thick fibrous ring surrounded each lobule. The liver cells were compressed, some atrophied, and in some parts the cirrhosis could be seen extending along the capillaries into the lobules.

Spleen.—The capsule was thickened and the organ was much enlarged throughout. On section the Malpighian bodies stood out prominently on the surface like small grains of sago, but were of testicular consistence.

Microscopic Examination.—The capsule, the trabeculæ, the middle coat of the arteries, and the Malpighian bodies exceeded their normal dimensions. Numerous small and dense collections of blood appeared over the section. Stained with methyl aniline violet no amyloid reaction appeared. The increase in bulk of the capsule and trabeculæ was due to a numerical hypertrophy of their muscular tissue. The thickening of the middle coat of the arteries was of similar origin. The hypertrophy was probably a compensatory one brought about by the increased venous pressure originating in the portal branches in the liver. The enlargement of the Malpighian bodies and the small accumulations of blood have probably a similar explanation. The whole picture may be described as chronic venous congestion of the spleen.

Professor Hamilton assures me that the above splenic lesions are very common in man in association with nutmeg liver, and it was on this assurance that I came to the above conclusions as to the nature of the splenic lesion.

CASE II. HEART DISEASE.

In November last an aged cob was brought to the Dick College Clinique to be treated for spavin.

The patient appeared to be very excitable, and on being made to move exhibited signs of dyspnœa incommensurate with the violence of the exertion. The capillaries of the Schneiderian mucous membrane seemed to be engorged. Pulse 36 per minute, but weak. Pulsation in the jugular vein was virtually absent during rest, but appeared after exercise. On pulling the near fore leg forward and applying the stethoscope over the base of the heart, a soft systolic murmur could be heard to almost entirely replace the first sound. The pulmonary sound (2nd sound) was intensified owing to the backward pressure on the pulmonary valves. To percussion the area of cardiac dulness was not increased. I concluded from the time of the murmur, the comparative absence of venous pulsation, and the character of the souffle, that the lesion was an insufficiency of the mitral valve. This I have found to be a very common lesion of the heart affecting work horses

in this city, where there is a lot of uphill pulling. It arises probably from a dilatation of the left ventricle produced by over exertion.

After five minutes' trotting at a moderate pace, a sound animal should return to its normal breathing in about five minutes. While at rest the pulse of this animal was 36 and the respirations 16 per minute. After five minutes' trotting the pulse went up to 48 and the respirations to 32. After five minutes' rest the pulsation had not fallen under 42, and the respirations were nearly 28 per minute.

CARCINOMA OF THE KIDNEY IN A HORSE.

By GEO. J. HARVEY, M.R.C.V.S., Darlington.

THE subject of this note was a half-bred bay gelding, eight years old, which had been in his last owner's possession twelve months. Four months before I saw it, it was noticed to be easily fatigued, and to fall off in condition. Thinking the horse was being over-worked, the owner turned it out. The change did not lead to any improvement. The animal rapidly wasted; swelled under the belly, in the sheath, and hind limbs. On the right side the asternal ribs appeared as if pushed out by something,—so that the animal was considered an oddity. Pulse 50, weak; temp. 101° F. Having examined the horse, I diagnosed enlarged liver, and advised sale or slaughter, considering the case hopeless. The horse was kept at grass until the 16th September, when I was asked to see him again. I saw him three times, and on the last visit I confirmed my first opinion. I should state that the temperature varied from 101° to 104° F. If the horse was trotted for fifty yards it was ready to fall down.

Acting on my advice, the owner had the horse slaughtered, and I made a *post-mortem* examination. The right kidney was enormously increased in size. It was attached above to the *psosæ* muscles, on the right to the abdominal wall, and below to the double colon. It weighed before incision 79 lbs., and it measured 4 feet 6 inches in circumference. The left kidney was about twice the normal size, but otherwise it appeared healthy. I forwarded the right kidney to Professor M'Queen, and he reports that Professor M'Fadyean examined it microscopically, and found that the mass was almost entirely composed of a carcinomatous new growth, with a small amount of stroma, and epithelial cells of the spheroidal or glandular type.

RUPTURE OF THE BLADDER IN AN OX.

By R. C. TAYLOR, M.R.C.V.S., Colchester.

ON the 7th of December I was called to see an ox, which had first refused food and appeared unwell on that day. His condition I found to be as follows:—

Temperature 102°; shifting and lifting his hind limbs, and assuming the position of an animal about to micturate. Rectal examination discovered nothing abnormal. Bladder empty, yet no one had seen him stale. Left alone he would lie down and grunt a little as if in