stated that "Schütz has proved that mallein must not be regarded as a typical reagent for glanders." It need hardly be said that he has done nothing of the kind. All that Schütz has proved in that connection is that some bad preparations of mallein are in use in Germany.

On page 365, under the heading, "Anthrax in Sheep and Goats," we find the following:—"Anthrax in sheep has been confused most frequently with malignant oedema. The affections which Haubner and others described as anthrax, and which were characterised by crackling swellings of the hind limbs, were certainly malignant oedema." Now, that is very far from certain. It is far more probable that the cases referred to were quarter-evil.

From the article entitled "Swine-Fever" one might extract some scores of entirely erroneous statements, the authors having mixed up in inextricable confusion two perfectly distinct diseases, viz, swine-fever and swine-plague. Indeed, we would strongly advise those who purchase the book to seal up the chapter on swine-fever.

But in spite of such inaccuracies as these the work is superior to any other that we possess on the same subject, and it deserves to have a wide sale. It is to be hoped that Mr Hayes will soon be able to issue the second volume necessary to complete the translation.

CLINICAL ARTICLES.

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CONCRETIONS IN THE GUTTURAL POUCHES.

By WILLIAM A. DELLAGANA, M.R.C.V.S., London.

CASES of this nature being somewhat rare in veterinary literature, I venture to describe one which came under my notice. It may be interesting to some of the readers of this Journal.

When stationed at Bangkok, Siam, my attention was one day drawn to an aged Australian mare—a trooper attached to the riding-school. The sergeant in charge complained that the animal was neither able to eat nor drink, and that when she attempted the latter the water returned through the nostrils. I found her standing in her stall in a very distressed condition, forelegs wide apart, head and neck straightened, breathing with difficulty, and quite incapable of lowering her head or even turning it to either side. She had been at work up to within a few days of my seeing her. Upon manipulation in the parotideal region, hard and tense swellings could be felt on either side, which did not yield to moderate pressure or in the least fluctuate, as one would expect of an abscess. There was a slight increase of temperature (101° F.), and an entire absence of cough. The treatment adopted was with a view to relieve pain and at the same time to encourage "pointing," and thus locate a favourable spot for surgical interference. However, some hours after I had seen the mare it was reported to me that she had suddenly dropped down in the stable and expired. A *post-mortem* examination made the following morning revealed lesions of intense inflammatory action. The tongue (root and dorsum), post-nares, pharynx, and larynx were alike

affected. The guttural pouches were literally crammed with concretions and pus, which, on removal, filled an ordinary stable bucket of about three gallons capacity. Its size the concretions varied from that of a pea to a hazel nut. The pus was thick and creamy, and not putrid. The lungs were congested and the mucous membranes dark in colour. The immediate cause of death, no doubt, was asphyxia.

The most remarkable features in this case were (a) the slight increase in temperature; (b) the absence of cough; and (c) lastly, but by no means least, the enormous quantity of concretions and pus present in the pouches.

Unfortunately I could not ascertain the history of the case prior to the time when I first saw the animal.

SOME UNCOMMON PARASITES.

By F. HOBDAV, F.R.C.V.S., Royal Veterinary College, London.

FILARIA HEMORRHAGICA (RAILLIET).

In June of last year one of the patients in the Free Clinique was a roan pony, four years old, which had been bought a short time previously out of a Russian drove. It was brought up for advice regarding the presence of a number of lumps in various parts of the body, particularly the shoulders and centre of the back, some of which bled occasionally without any apparent cause. Not suspecting parasites to be the cause, alterative medicine was given internally, and refrigerant lotion applied to the skin; this did not give any permanent success, and although the individual lumps would disappear for a time, after discharging a small stream of blood, there were always fresh ones appearing. Thinking the case to be one of more than ordinary interest, I showed it to M. Montmartin, a veterinary lieutenant in the French army who happened to be on a visit to the College, and he at once diagnosed it as being due to a small subcutaneous nematode of which he had had some experience when buying Hungarian horses for the French cavalry.

With the owner's consent a piece of skin directly over one of the nodules was excised, and, by good fortune, a specimen of the parasite secured. When first seen it appeared like a piece of thin white cotton twisting itself about in all directions; it was seized carefully with a pair of forceps and taken into the pathological laboratory. Upon being placed in water it moved about freely and ejected a large number of ova, this process also being witnessed when put under the microscope. When examined it was found that one extremity was badly lacerated, and that only about three-quarters of an inch of the parasite was present. Professor M'Fadyean proclaimed it to be the *Filaria hemorrhagica*. On several subsequent occasions we tried to obtain other specimens but always without success. The treatment adopted consisted in the application of iodine ointment with friction; this had the effect of causing the parasite to change its position and so allow the bleeding spot to heal, but fresh sores almost invariably developed in places a short distance away. In September there were