atrophy of caput muscles, slow exercise half an hour daily. Massage twice daily as before.

20th September.—Discharged for further rest, walking freely and perfectly sound, much to owner's astonishment. Muscles regaining tone, trotting nearly sound, every anticipation of complete soundness.

MEDIAN NEURECTOMY.

By J. TAGG, M.R.C.V.S., Darbhanga, Bengal.

THE operation of median neurectomy is not generally adopted in this country, but from the little experience I gained from three cases, I have come to the conclusion that in cases of tendonitis, enlarged fetlock joints, ringbones, etc., where other treatment has failed, it might be adopted with advantage as a "*dernèir ressort*."

Mode of Operation.—Patient thrown and chloroformed; when well under the influence of the anæsthetic, turned on to the back, with a well padded sack of straw, shavings, or sawdust on each side. Leg to be operated on taken out of the hobbles, cross hobbles put on, and the leg gently pulled downwards and a trifle backwards by a rope placed around the fetlock.

The nerve can be easily felt behind the ridge formed by the radius, in a straight line forward from the elbow joint. The part is clipped and shaved, and rendered aseptic with solution of hydrarg. perchlor. All instruments should be rendered aseptic. An incision is made through the skin about 3 inches long, then through the aponeurotic portions of the panniculus carnosus and pectoralis transversus muscles, until the fascia covering the elbow-joint and the deep lying muscles is seen. The nerve can now be felt, also the pulsation of the posterior radial artery lying in apposition to it. A pad of fat is usually seen covering the nerve and artery, and this, with the connective tissue, should be carefully dissected away until the nerve is well into view. A good plan to keep the incision well open is to place a piece of twine through the skin and muscles on each side of the incision, and tie them together in front of the leg. A tenaculum is now passed under the nerve, and a piece of cat-gut is threaded on the tenaculum and drawn under the nerve. About an inch or an inch and a half is excised. The wound is then well cleansed with an aseptic lotion, and the muscle sutured with carbolised catgut, and the skin with metallic wire. An aperture for drainage should be left in the lower part of muscle and skin.

The horse is kept as quiet as possible for six days, after which time light exercise may be given till the wound has healed.

The following is the list of cases operated upon.

CASE I. was an aged gelding, used for polo. I had treated him for sprained tendons and sesamoiditis some three months before. Treatment consisted of firing and blistering. On recovery from the firing he was put to work, and after playing at polo he went very lame, most marked on near fore.

Median neurectomy performed under chloroform; went perfectly sound on near fore after the operation; wound healed in three weeks. Dressing consisted of zinc. chlor. solution, 1-20.

CASE II.—A chestnut Waler gelding, which got torn by a boar while out pig sticking in April. The boar must have passed under the belly of the horse, as he tore the skin through at the back of the sesamoids. He was a wonderful horse after pig, never requiring any urging, apparently in his glory after one, and as cunning as the pig himself.

The owner, an indigo planter, treated the wound himself, and it healed slowly. The horse was found to go very lame after it, and was sent to me for treatment. I fired and blistered the joint, but still he was as lame as ever.

Median neurectomy was performed under chloroform, and he was perfectly sound after the operation. The wound healed in three weeks. Dressing consisted of carbolic solution, 1 in 40.

CASE III.—This was the same subject as in Case I. He went lame on the off fore, owing to the old sprain and enlarged fetlock-joint.

Median neurectomy performed under chloroform. I found this a more difficult case to do, owing to venous hæmorrhage; it was my fault in trying to perform the operation quickly. The more cautiously one cuts through the tranverse muscle the less the hæmorrhage is.

Went perfectly sound after the operation. Wound healed rapidly, and the pony has gone to gentle work.

SUTURE OF THE DIVIDED RECURRENT TO THE VAGUS IN ROARING.

By the same.

HERE on the plains of Bengal, after the insertion of tracheotomy tubes for roaring, the patients did well till the rainy season commenced, after which, in every case that I had, the patient started rubbing the throat, which caused a growth to develop in the trachea, and entailed an operation lower down for fixing in the tube. The question of suturing the divided left recurrent on to the vagus was touched upon at college, and I well recollect the report that Mr Macdonald had performed the operation, but whether successfully or not I had never been able to ascertain. After the failures I had had with the tube, I had reflected greatly on the possibility of success with the other operation. I was determined to try it; and with this object in view I procured a pony, as I did not care to experiment on a client's horse, with the chance of disaster.

Operation.—The pony was thrown, chloroformed, and placed on the right side, the head and neck resting on a stuffed sack of straw. I decided to operate at the lower third of the neck, and directly over the jugular furrow. The part was clipped and shaved, and well washed with carbolic solution, 1-40. I made an incision through the skin and panniculus muscle, exposing the jugular vein. The connective tissue was broken down with the finger, and the carotid artery could be easily felt by its pulsation. The inferior laryngeal nerve could be plainly seen running in the connective tissue on the œsophagus. I now carefully dissected the connective tissue away with