Lungs.—Greatly enlarged, firm and almost grating on being cut with the knife. They seemed to have undergone a sort of fibrous hypertrophy.

Pleura.—Both parietal and visceral layers were studded here and there with groups of small translucent tubercles, but over the sternal end of the ribs on one side, and over the diaphragmatic layer, larger tubercular-looking growths were scattered, some of them from one to two inches in diameter. They were very pale and somewhat cauli-flower-like in appearance.

Peritoneum.—The peritoneal surface of the diaphragm was studded with outgrowths like those on the pleural surface.

Liver.—About three times the normal size, and studded over and throughout its substance—although very irregularly—with pale yellowish nodules about the size of small potatoes.

Spleen.—Almost covered with similar masses, and bulging in all directions; I think about four times the natural size.

Stomach.—Some small tubercles covered its peritoneal surface, and it presented a peculiar contraction in its middle,—hour-glass contraction,—so that it resembled two distinct stomachs.

The Blood.—The man that slaughtered the horse, observing that the blood was scarcely coloured, caught a quantity of it in a pail to the depth of eight or nine inches, and after it coagulated only about one-eighth of an inch at the bottom showed any red colour. All the rest, although it had formed a pretty firm clot with but little serum expressed from it, was of a pale straw colour. I think not more than one-fortieth part of the entire thickness of the clot was coloured.

I did not make a minute examination of these organs, but knowing the interest taken in these cases by Dr M'Fadyean I packed the greater part of them up and sent them off to him, and I learn from him that the usual methods of staining revealed the presence of tubercle bacilli in the lesions.

INTERESTING CASE OF THREATENED SUFFOCATION (APNŒA) THROUGH DISPLACEMENT OF THE EPIGLOTTIS.

By J. C. JAMES, F.R.C.V.S., Thornbury.

LATE one evening in August last a messenger arrived at my place urgently requesting my immediate attendance to see a cart mare which, he said, "was breathing hard and loud, and was also in a bad state of perspiration."

It was night when I arrived at the farm, and the history I then learned was, that the animal had been quite well and grazing until about two hours before my arrival, when one of the owners threw her some hay over a wall; this she began to eat ravenously, and after eating a few minutes began to cough violently, in fact, the violent and spasmodic coughing had so alarmed the owners that they were afraid death would occur before I arrived.

Immediately I saw the animal I was convinced it was suffering from some impediment to respiration. The perspiration was running

off the skin, there was a discharge of blood-tinged froth from the nostrils, which were dilated to their utmost capacity, also a discharge of saliva from the mouth, and the conjunctival membranes were livid. The breathing was very laboured and converted into a roaring sound, painful to hear, and plainly audible at twenty yards distance from the stable.

The poor brute would occasionally lower her head and protrude the nose, and thus bring the nose, head, and neck nearly in a straight line, and when in this position she appeared to gain some relief.

My first impression was that the animal was "choked" with a wad of hay, but two characteristic symptoms of choking in the horse were absent, viz., the contraction of the muscles of the neck, etc., and screaming. There was no time for thinking the case out, for death was imminent, and I immediately decided to open the trachea to give relief to the breathing. Quicker than it takes me to write it I took my pocket scalpel and made an incision through the skin, etc., down to the trachea; at this she struck at me viciously with the forefeet, staggered, and gasped, and had it not been for a wall would have gone down; but I quickly followed up and with another cut opened the windpipe, into which I inserted my fingers to keep open the incision. This gave immediate relief, and in ten minutes the animal was apparently well. Now another difficulty presented itself; I had no tracheotomy tube with me. However, I soon overcame this by inserting some long sutures through the edges of the cut skin and windpipe, and tying them over the neck.

The next thing was to ascertain the cause, and, as I have before stated, I expected to find some hay impacted in the throat, or in close proximity to the larynx. On gagging the mouth and passing my hand back, I could feel at the very posterior part of the oral cavity the epiglottis fixed under the *velum pendulum palati*, which felt very tense. On replacing this I searched the pharynx thoroughly, but found nothing there. I also passed my fingers through the incision in the trachea (which I had made high up) into the larynx, but found no foreign material there. I then passed a folded cloth over the opening I had made in the trachea and completely closed it, to see if there was then any obstruction to free breathing through the nasal chambers, but there was none; the animal could breathe as freely as if nothing had happened, and looked for food, of which I allowed a handful to test mastication and deglutition, which were well performed.

Next day the wound was closed and sutured, and in a week the animal was doing light ploughing, and she has remained well up to the present time—now four months since.

I offer no comments, merely stating facts as I found them, for the case appears to me to be unique.

A CASE OF APOPLEXY IN THE HORSE.

By A. E. METTAM, M.R.C.V.S., Royal Veterinary College, Edinburgh.

ON the last Sunday in September I was called to see a black Belgian horse, the property of an undertaker, and which during the day had shown symptoms that led the owner to believe something was wrong