inner part, passing horizontally in front of the iris until the whole length of the cutting edge had penetrated the anterior chamber.

The withdrawal of the knife was followed by a gush of the aqueous humour; and this assisted me materially by washing the *corpus nigrum* into the incision. With a pair of iris forceps I then commenced the removal of the body (which, from its most delicate texture, required the greatest care), extracting it in shreds.

A minute portion, however, remained in connection with the incision, effectually blocking up the orifice; but as this was not likely to do harm, I decided to leave it alone. The mare was afterwards tied up to the stall posts in a darkened stable, and free fomentations and atropine collyrium were applied. There was slight opacity of the cornea for a few days, but the wound quickly healed, and the aqueous humour was soon re-secreted. Having remained in the stable for ten days, she was sent to work, the eye being protected from the light and wind by a black bandage.

The operation yielded the most satisfactory results. On an examination three weeks afterwards, the corneal opacity had entirely disappeared, and there was complete restoration of vision. The small portion of the body left behind appeared to have disposed itself over the surface of the iris. All that remained to mark the seat of operation was a linear cicatrix, partly hidden by the eyelid.

Since the operation, nine months ago, during which time the animal has been under my observation, she has not shown the least disposition to return to her former practice.

AN UNUSUAL CASE OF BLACK-QUARTER.

By J. R. U. DEWAR, M.R.C.V.S., Kintore, Aberdeenshire.

OWING to the recent publication of the experiments in connection with the prevention of anthrax and black-quarter by the late Professor Robertson and Professor Penberthy, an account of an unusual case of the latter disease—symptomatic anthrax—may prove interesting.

On the 29th December last I was called to Bridgefoot, Monymusk, to see an eight months' old heifer calf that had been observed to be off its food and looking dull the night before. They had then given it a dose of Epsom salts, but without any apparent effect, and it seemed to be still getting worse. It was now dull and depressed-looking, head drooping, unwilling to move, and walking stiffly and with evident pain, especially on its fore legs. Pulse 112, and weak; temperature 102.8° F.; respiration quiet, and very little accelerated. On examination, I found an œdematous swelling on the lower part of the neck, in front of the dewlap on the left side, and a crepitating swelling over the pectoral muscles, a little behind and to the inner side of the right elbow; but these were so little noticeable as to have escaped observation. I told the owner that the calf had black-quarter, and held out no hope of recovery, but said he might try it with stimulants in the form of whisky, with small doses of common and Epsom salts. I afterwards learned that it got very little of either.

Dec. 30th.—Passing the farm, I called to ask about the calf, and

was astonished to find it still alive. It was lying almost moribund, and refused to move; pulse frequent, but difficult to count—almost imperceptible; temperature 101.2° F.; breathing quiet. The swelling on the left side of the neck had increased very little; that under the right breast had spread forward to the front of the shoulder, up to the superior part of the neck in front of the dorsal spines, over the nape of the neck an inch or two, and back along each side of the spine to about the girthing place. There was also a large and prominent swelling on the left quarter, quite independent of the others, and covering the hip down almost to the stifle joint. These swellings were all crepitant, that on the quarter being particularly resonant. I expressed the opinion that it would not live many hours.

Jan. 2nd.—Passing again, I called at the farm, and was more astonished to find the calf alive and improving. It had eaten a slice or two of turnip put into its mouth on the evening of the 30th, had been moving about the shed, and passing fæces naturally. It had gradually gained appetite, until it was now eating about one-third its usual quantity. All the swellings seemed larger, and from that low down inside the right elbow, and that on the left front of the dewlap, dark blood-coloured fluid was oozing. The owner wished me to prescribe, but Nature had been succeeding so well that I prescribed nothing but nursing.

Jan. 9th.—Calf still improving. I opened an enlargement behind the right elbow, in order to save skin that threatened to slough, and gave exit to a quantity of reddish fluid.

Jan. 19th.—A considerable slough had come away on the left side of the base of the neck, about the lower end of the jugular groove, leaving a wound 4 or 5 inches long. Swelling on the quarter enlarging, especially at its lower part.

Jan. 26th.—Opened the swelling on the quarter, as the contents, which seemed to be nearly all fluid, were forcing their way down the leg, dissecting the skin from the tissues underneath. Fully half a gallon of red-coloured serous-looking fluid, with a good many shreds of dead tissue in it, escaped.

I prescribed a $\frac{1}{10}$ per cent. solution of mercuric chloride to wash out the cavity and dress the wounds with, although the discharged fluid had no particular smell, and was not at all fœtid.

Feb. 11th.—Wound where slough separated on left side of the neck healing very well, that of incision on left thigh discharging thick, creamy, healthy-looking pus. The muscles of the left quarter very much wasted, the outlines of the bones being clear and distinct. The swelling on right side of the neck enlarging and filling up the hollow between the front of the shoulder and the neck.

Feb. 18th.—The swelling on the front of the right shoulder had increased immensely, was as prominent as the shoulder, turning the head a little to the left side, and giving the calf a peculiar one-sided appearance. It extended from the top of the neck to the lower part of the dewlap, where I opened it and gave exit to a large quantity—nearly a couple of gallons—of yellow whey-coloured fluid, having a peculiar, slightly acid odour. There were also pieces of dead tissue in it. Notwithstanding the quantity of fluid that escaped, an enlargement still persisted at the upper part of the neck. It seemed to be

due to a distinct sack, but was less tense than before the lower one was evacuated. I left it unopened.

March 6th.—The swelling on the right side of the nape of the neck still persists, but is smaller than it was, being now no bigger than a breakfast roll. It has a peculiar feel, not exactly doughy, but more pillowy, as if loosely stuffed with hair. The wound behind the right elbow is quite healed; that on the left side of the root of the neck all healed, but a scab still over it; the left quarter is filling up with muscular tissue, but the wound below it is still discharging healthy-looking pus; the right shoulder is very bare and lean, and the wound in front of it almost healed. The calf is evidently thriving, and although it manifests weakness on the off fore and near hind legs when walking, it is fast recovering, and I expect will soon be all right.

I have detailed this case at some length, not for the purpose of entering into the nature or treatment of black-quarter, but simply to show what Nature unassisted will sometimes accomplish. It was unquestionably, looked at clinically, a typical case of symptomatic anthrax; and although the purgative dose of magnesium sulphate administered when it was first observed ill may possibly have contributed to its recovery, I prescribed nothing of any consequence until I felt sure it was to recover. I also observed that the evacuation of the fluid contents of these large cavities, and the consequent exposure of large surfaces to the atmosphere, did not appear to affect its general health in the least.

A CASE OF POISONING BY TARTAR EMETIC— RECOVERY.

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

NOTHING more forcibly illustrates how much we have yet to learn—how much even with the most refined instruments of research we may never know—than our inability to explain the remarkable difference of action of the same agent when operating on different species of animals. How is it that substances which on man and many other animals exert a prompt and certain emetic action, are almost devoid of such an action when administered to the horse? I fear that our present knowledge does not enable us to give any satisfactory reply to the question. We may, of course, say that the nervous system of the horse is insusceptible to the action of substances that excite vomiting in other animals, but that is just a roundabout way of restating our ignorance on the point.

The following case affords a striking example of this idiosyncrasy of species with regard to the action of certain drugs.

On the 23rd of January last I was hurriedly summoned to visit a coachman who had suddenly been seized with alarming symptoms. The reason why my attendance was desired, rather than that of a medical practitioner, will soon be explained. On arrival I learned that the coachman had on the morning in question been apparently in his usual state of health. He had partaken of his ordinary break-