

hand into the uterus; and, just anterior to the os, I found the knees of the calf. Having got the legs into the vagina and secured them, I returned my hand into the uterus to search for the head of the foetus. This I found deviated towards the left flank of its own-body. After getting it up to the os, I had great difficulty in bringing it through. Thinking that there might be some other cause besides the non-relaxed os, I passed my hand along the back of the foetus, and was greatly surprised to find a membrane dividing the uterus. By strong traction I finally got the calf away.

The division which I had felt induced me to return my hand into the uterus again, with the following result:—I found that the foetus had existed in the right half, for the placental membranes were there, and the cotyledons felt unusually large. The left half of the uterine cavity, which seemed larger than the right, contained no placenta, and was very rugose or uneven to the touch. At its fundus a very little fluid still remained. When passing my hand into this cavity, I was attracted by a thick strong band, that extended from its wall to the partition dividing the two cavities. To find the shape of this my hand had to flex itself into something like the figure six, as the band rolled on itself.

That the enlargement of the abdomen had been due to the accumulation of fluid in this cavity appears certain; but in the absence of an opportunity to make a *post-mortem* examination (the cow being still alive), some doubt must exist as to the nature of the cavity. It seems to me not improbable that it may be a case of mal-formation approaching nearly to a condition of double uterus.

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### LOCAL ANÆSTHESIA.

By HENRY C. WILKIE, F.R.C.V.S., F.Z.S., Bodmin, Cornwall.

IN the December number of the Journal Professor Walley gives a warning with respect to the use of cocaine in canine practice which, I think, is most well-timed, as I am not aware of any previous record of such cases. A somewhat similar instance to that which the Professor relates occurred in my own practice towards the end of 1889.

The patient was a large and very powerful setter bitch, and the operation consisted in the removal of a small tumour situated in the mammary gland. In all previous cases of this kind I had used chloroform to produce general anæsthesia; and although I had never had occasion to fear untoward results, I, unfortunately, resolved to use cocaine in this instance. I employed a hypodermic syringe such as is used in human surgery (the needle of which had been passed through a spirit flame), and a 15 per cent. solution of cocaine. This solution I injected in seven places around the base of the tumour, and awaited establishment of anæsthesia, while the bitch was being held on her side as quietly as possible. In about three minutes the animal was seized with clonic convulsions, the tongue protruded, the lips were drawn away from the gums, and there was frothy salivation, while the eyes appeared unnaturally prominent, and the pupils were widely dilated.

As I feared the bitch might injure herself, I had her carried into a loose box usually kept for colic cases, and which had a straw bed of considerable thickness over the floor and carried high up the walls. On being released here she commenced the gyratory movements mentioned by Professor Walley; the circles she made were rather small, however, and she frequently fell over on her side, when she would stagger up again, to recommence these movements.

As I was not aware, nor indeed am I now, of any antidote to cocaine poisoning, I administered strong doses of ammonia and ether. The bitch swallowed the medicine without any apparent difficulty. Water was placed within her reach, and she was left to herself. She drank greedily of the water, and for three hours she continued to stagger round in circles, while the muscles of the shoulders and back twitched constantly. When the bitch was left for the night, she was given a little more of the ammonia and ether mixture; and though she had a singularly wild appearance, she was now perfectly quiet. The next day she was in much the same condition; the pupils were widely dilated, the appetite was not entirely lost, though but little food was taken. During this day the bitch lay down most of the time, and seemed much exhausted; when she arose she staggered in her gait, but did not fall. By the third day she had quite recovered, very much, of course, to my relief; and she was operated on a day or two later, under the influence of chloroform. Since this I have on several occasions performed minor operations on dogs with a 5 per cent. solution of cocaine injected under the skin in as few places as seemed necessary, and I have never since witnessed any bad effects of the drug. Although in some of these instances anæsthesia has not been quite complete, yet suffering has been always minimised.

As a rule, however, I much prefer to produce general anæsthesia by means of chloroform; and although I never attend to the animal under its influence beyond closely (or as closely as possible) watching the respirations, I am happy to say I have not yet had a single fatality due to the use of this anæsthetic.

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## PECULIAR MOTOR DISTURBANCE IN A HORSE.

By THOMAS MILLER, M.R.C.V.S., Glasgow.

THE subject of the present note was a cart gelding which was recently brought to me for my opinion.

The horse was fresh in condition, belonged to a good firm, and had done nothing in the shape of work for the past two years. He presented the following peculiar train of symptoms:—

He had a great want of control over his movements; in going forward the fore-legs were merely raised and extended, never flexed at the knees, and he tripped at times from digging the toes into the ground. He rolled very much in his gait, the hind-quarters swaying considerably; and when walked even a short distance, he would “blow” when pulled up, the nostrils being dilated and respiration difficult. He carried his head peculiarly at times—high and slightly to the side, and sloping obliquely from poll to nose. When backed he used his