

was paid to them, but in such cases it cannot be assumed that they remained *in situ* long enough to prevent such recurrence of themselves.

Another point worthy of consideration is, Are we not rather inclined in cases of this sort, where there is localised enteritis present, to bring the patient too soon on to a semi-solid diet? This would apply also to many cases of colic. Bran mashes and a liberal allowance of hay cannot be an ideal diet for cases of this kind.

I do not wish to argue against the value of bran mashes, but merely to suggest that bran, even in the form of a mash, is a semi-solid diet; and if, as is generally held, bran acts mechanically as a laxative, it cannot be indicated in many forms of intestinal trouble, although it is the "sheet anchor" in such and universally prescribed.

I think that possibly greater success might be achieved in the treatment of bowel troubles where it is known that enteritis exists, or where the latter is anticipated through some surgical interference, if more attention were paid to the restriction of solid diet, and more recourse had to purely "slops" for a short time.

An argument which might be suggested against such a line of treatment is that, if an animal wants to eat nature knows best and there cannot be much amiss. Experience, however, shows that this is not the case. Take enteric fever in man as an example. No solids of any sort are given until the temperature has become normal and shown that it is going to remain normal, yet long before this the patient usually has the greatest desire for a good round meal. Experience in feeding milk to young horse stock in poor condition, and the relish with which they will drink it out of a bucket, makes me think that it might enter much more than it does into the hospital diet of horses, and that the withholding of food of every description (not, of course, including water) for twenty-four hours may frequently be practised with advantage.

A CASE OF TUBERCULOSIS IN THE HORSE.

By W. H. BROOKE, M.R.C.V.S., Handsworth, Birmingham.

AT the beginning of October last there was brought under my notice a grey cart horse, twelve years old, which up to that time had apparently been doing well. His appetite for some time previously had been a little precarious. If a large feed was put before him he would occasionally refuse it, but when fed carefully he had taken a good amount of nourishment, and had kept up well in flesh.

Two months back, however, he began to lose condition and fall off in appetite. At this time he had a slight cold, and was passing a considerable quantity of oxyurides, among which were some strongyles (*S. armatus*).

Treatment was applied to remedy this, and for a week or two he improved, his appetite returned, and he was decidedly better in his general health; but he again grew worse, steadily lost in flesh, and took scarcely half of his usual food allowance. His bowels were inactive, and gradually became more and more constipated, until

during the last few weeks of his life no regular action could be maintained without the use of enemata.

When these were administered several good quantities of fæces were evacuated, and for a short time after he would be brighter and return to his food. Prior to giving enemata, I several times emptied the rectum of accumulations of very hard moderate-sized pellets of dung, and what followed was gradually, but for a very short time, of a softer consistency, but constipation returned within the following twenty-four hours. Examination per rectum threw no light on diagnosis. A prominent symptom in the case was intermittent blowing, which in the earlier part of his illness was of short duration only, but during the last week was almost continuous.

Auscultation, excepting for the last three or four days, revealed no altered or absent sound. The respirations at times were normal, but during the fits of blowing ran up to forty per minute. Average temperature, 101° to 102° . The urine, especially after the relapse, became decidedly increased in quantity and of a pale colour.

I diagnosed the bowels as the seat of the trouble, and thought that there was some serious interference with the circulation, affecting either the blood or lymph streams, but whether caused by tumour, strongyles, or tuberculosis I was unable to determine. To clear up the matter of tuberculosis I used the tuberculin test at 10 P.M. on 5th November, and carefully noted temperatures at the prescribed times, but obtained no rise beyond $102^{\circ}33'$. Taken at 7.30 A.M. on same day the thermometer registered $101^{\circ}4'$, and at 4.45 P.M. $101^{\circ}8'$. On ninth, twelfth, fifteenth, and eighteenth hours the temperatures were $102^{\circ}1'$, $102^{\circ}3'$, $101^{\circ}1'$, and $101^{\circ}2'$ respectively, which seemed to eliminate tuberculosis.

During the last few days of the animal's life the lungs were seriously involved, and on the evening of 20th November the symptoms became very urgent—the breathing was very laboured, perspiration profuse, the bowels gave way to extreme relaxation, and death occurred at 12 o'clock midnight.

The *post-mortem* examination, made on the following morning, showed a general congestion of the bowels, especially of the small intestines, the veins of which were somewhat engorged. There were several tumour-like enlargements affecting the lymphatic glands situated in the gastro-hepatic omentum, the sub-lumbar glands and spleen, which latter were so large as to give one the idea of their being really tumours, but when cut into they were found to be calcareous, as were also all the other glandular lesions. No pus was found in any of the nodules, which were evidently of old standing, and no doubt accounted for the negative result given to the tuberculin test. The bronchial glands contained numerous nodules in a similar state of calcification, and the lungs were the seat of a dense miliary tuberculosis. I found tubercle bacilli in films taken from the lungs, and also in others prepared from the spleen and sub-lumbar glands. Both kidneys were much softened, but contained no apparent tuberculous lesion. The liver, excepting for a somewhat softened condition, was normal.

The mesenteric glands appear to have been the primary seat of the disease, and from here the disease probably spread through the thoracic duct to the lungs.