

THROMBOSIS IN THE HORSE.

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THE following two cases came under my notice lately whilst in veterinary charge of the 7th (Q.O.) Hussars at Potchefstroom, Transvaal.

Case I.—A big, underbred North American chestnut gelding, nine years old, used as a charger for the last two years without having had any serious ailment during that period.

He had been ridden in the ranks since July 1904, doing well up to September last, when twice within ten days he was sent in from field operations with a history that during a gallop or any prolonged fast work he would suddenly become very much distressed—blowing, sweating profusely, snatching up the near hind leg, and holding it up as if cramped. After standing a few minutes the symptoms would pass off, and the animal was able to walk back to barracks apparently quite well.

I saw him on each occasion when he returned, and could not detect anything amiss, but after the second attack he had a dose of aloes and a few days' rest. On being returned to duty I saw him do his first fast work, and there was a repetition of the former symptoms. After he was trotted for five minutes the man had to dismount very hurriedly, or the horse would have fallen down. During the attack the animal sweated profusely from the head to the lumbar region, while the quarters and thighs were dry.

I was convinced that it was a case of thrombosis of the vessels supplying the hind limbs, though, on making a rectal examination, I could not detect anything abnormal in these vessels. I sent the case to No. 3 Station Veterinary Hospital to be treated by Lieut. Plunkett, A.V.D., who put him on a course of potassium iodide and applied a blister over the loins, but without any beneficial results. A recurrence of the symptoms could be brought about at any time on exercising him at the trot for from five to ten minutes, when he would go down, to regain his feet after a few minutes' rest. These symptoms never occurred in the stable, nor at a walk. As the horse was no better after two months' treatment, he was destroyed.

A *post-mortem* examination, made in conjunction with Lieut. Plunkett, showed the abdominal organs to be healthy, also the lungs. The heart was very much hypertrophied on the left side. The posterior aorta for its last two inches was firmly plugged, the clot extending the whole length of both external and internal iliacs on either side, and for about half the length of the femoral on the left side. The clot was firmly adherent to the vessel walls for the greater part of its length.

Case II.—This was also a big, underbred North American bay gelding, eleven years old, and used as a charger. He was transferred to this regiment in September 1903 with a clean history sheet. About May 1904, when at work, he occasionally became affected with cramps in the hind limbs, which were attacked alternately. At first these would pass off, to recur in a few days with greater severity.

From its fleeting nature I thought the disease was of rheumatic origin, and sent him to hospital, where Lieut. Plunkett treated him up to the end of August for rheumatic arthritis of the stifle, with varying success. He was then discharged to duty, the lameness having disappeared, though the spasmodic action remained in both hind legs.

The owner being on leave, the horse only did exercise work, the groom reporting that he went fairly well. On the night of the 19th November it was reported to the orderly farrier that he was suffering from spasmodic colic, for which he administered the usual aloes drink, and the horse very soon got relief.

On the evening of the 21st November I was informed that he had another attack. I found him standing (he had been rolling), with sweat streaming off him everywhere, very cold all over, breathing hurried, pale mucous membranes, the pulse very full and sluggish, temperature 99.4° . He was holding up the off hind leg as if suffering from cramp. I tested him for sensory paralysis, and got a normal reaction. As he was rather dangerous, a rectal exploration was not made.

The case was sent to hospital, where he remained without any further attacks up to the 30th November, when, in conjunction with Lieut. Plunkett, I had the horse exercised. He had only been ridden at the trot for five minutes when he got very distressed, blowing, with head extended, crouching of the hind quarters, knuckling over and dragging along on the hind fetlocks, and finally going down. As he was unable to regain his feet, we had him destroyed.

Post-mortem Examination.—The posterior aorta and external and internal iliacs were filled with an enormous clot, of a firm consistency and adherent to the arterial walls. There was well marked hypertrophy of the heart, with epicarditis and endocarditis. The lungs showed numerous inflammatory areas, some of which contained miliary nodules. The liver was also studded with miliary nodules. Other organs healthy.

Differential Notes.—No. I. (a) Always went sound until put to fast work, the period before attack varying from five to ten minutes. (b) He always sweated profusely from the neck to the loins, but not over the quarters.

No. II. (a) For the last four or five months of life the animal, if not actually lame, always had exaggerated action of one or both hind limbs. (b) He had two attacks in the stable (he had not done any work for at least six hours previously), each time sweating all over, while during the last attack the sweating was confined to the body, and not profuse.

TWO CASES OF TRYPANOSOMIASIS.

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The first case was found in a Chinese buffalo. The animal was brought into the abattoir in the usual way. It was examined, and appeared to be quite healthy and in good condition. Next morning it was found dead. Blood films were at once prepared from the