

fever, which was probably due to hæmorrhagic septicæmia and to rinderpest. Surra has already been reported from Hong-Kong by the Colonial Veterinary Surgeon, Mr Gibson. It contributes something to the study of the geographical distribution of disease to report that larger trypanosomes of cattle are also found here.

[*Note*.—The four trypanosomes shown in the figure were carefully drawn with the camera lucida from a Romanowsky-stained preparation forwarded by Dr Heanley, the magnification being exactly 2000. The film also showed a few piroplasms with the characters of the piroplasma bigeminum.—J. M'F.]

SOME CLINICAL NOTES.

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AN ABSCESS IN THE PELVIC CAVITY.

THE subject of this note was a yearling country-bred gelding, which was castrated on the 31st October 1907.

On 11th November he was noticed to be unwell, showing uneasiness, frequently looking towards his flank, not feeding well, temperature 102°, and pulse weak. At first sight peritonitis was feared, but on making a rectal examination the following condition was disclosed. The hand could only be passed a short distance into the rectum, owing to a large swelling situated on the right hand side of the rectal wall. When an endeavour was made to force on the fingers past this swelling the bowel was found to take a sharp turn towards the right inguinal region, and at the seat of the swelling, and onwards as far as the fingers could reach, the bowel was quite immovable. The substance of the swelling itself was hard to the touch, although the mucous membrane covering its surface was infiltrated, spongy, and easily penetrated by the fingers. The size of the swelling could not be accurately gauged *ante-mortem*, but appeared to be about the size of a cocoa-nut.

Diagnosis.—An abscess resulting from infection through the inguinal canal after castration.

Treatment consisted in giving large doses of potassium iodide, plus linseed oil, and frequent enemas to regulate the bowels.

Although straining was continuous the patient had great difficulty in passing any fæces, owing to mechanical obstruction and also to prevention of peristaltic action from the fixed condition of the bowel. After enemas the fluid lodged in the rectum and could not be evacuated by the patient.

An unsuccessful attempt was made to disperse the swelling by manipulation, but it was not deemed advisable to make an incision, since there were no signs of pointing. Death took place on the 25th November. The symptoms were never at any time very acute, but rather took the form of a dull and continuous abdominal pain, manifested by uneasiness, frequent lying down and getting up, and looking towards the flank.

Post-mortem examination revealed a thick-walled abscess in the wall of the rectum, whose contents were thick pus and cheesy *débris*.

A loop of floating colon at its junction with the rectum was caught up and firmly fixed by new inflammatory fibrous tissue to the region of the right internal abdominal ring, the loop being fixed in the form of an almost complete circle. There were also scattered here and there in the gastro-splenic omentum several discrete and thick-walled abscesses about the size of walnuts and containing creamy pus. There was no sign of a generalised peritonitis.

The case is interesting as showing the resistance of the patient, which was sufficient to prevent an acute peritonitis by encapsulating the invading organisms; and, had the bowel not become caught up and adherent to the abdominal wall, there is no reason why he should not have made a useful recovery.

ASCITES DUE TO CIRRHOSIS OF THE LIVER.

The subject of this note was an aged American donkey stallion. The patient was sent to this dépôt for treatment from one of the breeding districts, where he had been stationed. He arrived on the 1st November 1907, and at the same time I received a statement of the case from the native veterinary assistant, under whose treatment he had been, to the effect that the stallion had been under treatment for the past six months, suffering from chronic debility, with irregularity of bowels and capricious appetite. Various lines of treatment had failed in producing any change for the better.

On arrival here his condition is best described by saying that he had not a "picking" on him, so emaciated was his condition. From the date of his arrival his temperature was taken twice daily for several weeks, but it was usually normal and never rose above 102°. A few days after his arrival I malleined him, thinking that possibly the chronic debility might be due to old-standing glanders lesions. The result, however, was negative. After a few weeks' observation it was seen that his bowels were very irregular, occasionally being constipated, and at other times diarrhoea ensuing. For several weeks a slight nasal mucous discharge was always present in the early mornings, but quickly dried up as the day got warmer. The appetite was usually very good, the patient eating anything which was offered to him. A large grain ration was given and also a large fodder ration, which latter included about 10 lbs. of lucerne or other green fodder, such as green oats. It was found, however, that if food was not given in very small quantities at a time attacks of colic were induced. Even in spite of careful feeding, whilst endeavouring at the same time to get the patient to put on condition, attacks of colic were fairly frequent, but never violent. Pulse and respirations remained normal.

The patient was decidedly pot-bellied on arrival, and the only result of good feeding seemed to be to increase the size of his belly, but without causing him to put on flesh over his ribs and along his back. His system was in such a debilitated state that it took about two months for a small wound, the result of a gall, on the withers to heal.

Various lines of treatment were adopted, including iron tonics and strychnine, whilst always paying careful attention to the state of the bowels.

After two months' treatment his condition had certainly improved up to a certain point, but then remained stationary up to the date of destruction, viz., 24th April 1908, on which date his condition was still very poor.

I had never been able to convince myself as to the exact nature of the disease, although realising that some serious lesion in the abdominal cavity, either of the liver or mesentery, was responsible for the patient's condition and for his inability to properly assimilate his food. "Pot-belly" in donkeys not in hard condition being the rule rather than the exception even in a normal state of health, it did not strike me in this case as calling for marked attention.

The following conditions were revealed on *post-mortem* examination : Organs in thoracic cavity normal in appearance, the heart showing no structural alterations. Liver enormously enlarged, weighing 42 lbs.; colour very light, and lobulated appearance very marked from extensive cirrhosis. On section, found to be exceedingly tough, and the whole organ uniformly cirrhotic. Very little normal liver tissue remained, it being replaced by a dense white fibrous tissue, which latter was abundantly present throughout the organ. About 2 gallons of a clear and watery dropsical transudate present in the peritoneal cavity. Kidneys on section pale and flabby. No other macroscopical lesions.

It only remains to be said that the ascites was evidently secondary to and resulting from the cirrhosis of the liver, but the cause of the latter lesion was not determined.

Abstracts.

ULCERATIVE LYMPHANGITIS IN THE HORSE.

IN 1892 Nocard described ulcerative lymphangitis as a disease distinct from farcy, and in 1896 he published a detailed description of the microbe which is the cause of it.

The microbe had already been detected by Preisz, in 1891, in the kidney of a sheep, and it has been named the Preisz-Nocard bacillus.

The part played by this microbe in veterinary pathology is of extreme importance. Not only does it produce ulcerative lymphangitis, but also pustulous dermatitis, caseous pneumonia of the sheep, and "lung disease," only to mention classified diseases.

Dassonville believes that the part it plays is even more important than has hitherto been imagined. For instance, he has found it in a large number of different lesions in horses and other animals—in certain wounds in the fold of the pastern, in the scales which separate from the skin after firing, and in suppurat on due to the insertion of setons.

These diseases have not been studied from the bacteriological point of view, but it would be interesting to know what part the Preisz-Nocard bacillus plays in their production.

Since Nocard's memoir the microbe appears to have received little attention, though M. Vallée states having seen a horse suffering from