

is much more frequent than most medical men have been wont to regard it, and it is hoped that, if in the past there has been any ground for the opinion prevalent among veterinarians that glanders—like other diseases of animals communicable to man—has been far too slightly regarded by the medical profession, there will in future be no reason for them to hold this opinion, as far as Canada is concerned.

Of the eleven Canadian cases, an abstract of which will be given in conclusion, four or possibly five were chronic; ten of the eleven cases died of the disease, and one (Armstrong's) is incomplete, its subsequent history being unknown. All the patients were adult males. In every case, save that of Wilkins, in which the source of the disease is not mentioned, the human malady was clearly traceable to glandered horses.

CASES OF HUMAN GLANDERS IN CANADA.

SMALLWOOD. Isle Jésus. *British American Journal*, I, 1846, 201.—Farmer, aged 42, took ill on April 20th, 1844, with headache and pain in the back of the neck, worse on movement and severe enough to prevent sleep. When seen on April 22nd he had in addition slight swelling and redness of the right eyelid, the usual symptoms accompanying fever, and a pulse of 90. On April 24th his headache was better, but there was pain in the neck and limbs, the swelling of the eyelid had increased, and his throat was sore. The bowel movements had been free and offensive. On April 25th the right eye was completely closed by the inflammatory swelling, the patient was very restless and had a pulse of 100, deglutition was difficult, there was general pharyngitis, and the nasal and buccal secretions were increased. The breath was offensive, the tongue furred, the bowels loose, with dark and offensive movements.

Inquiry showed that a glandered horse of the patient's had snorted in his face while a drench was being administered two or three days before the onset of the illness. The man did not wash his face till some time after. About midnight of April 25th complaint was made of intense heat of the head, neck and throat, and dysphagia was increased. Both eyes were swollen, there was dyspnoea, the stools were dark, liquid and offensive, the pulse 110, and there was occasional delirium.

By 1 p.m. on April 26th the eyelids could not be opened on account of the livid swelling, the surface temperature had fallen, he was delirious and unable to swallow, the nasopharyngeal secretion was dark and viscid, the pulse 120 and small, and the motions, still offensive, were passed involuntarily. A number of pustules, the size of small-pox lesions, containing dark red fluid, had appeared that morning on the legs and body, with two similar lesions on the face. There was dyspnoea, muttering delirium and subsultus, and the skin was bathed in perspiration. By