He was readmitted under Dr. Bell on February 24th, 1902. The results of further operation on the extradural focus were unsatisfactory. The patient's health and strength failed gradually, painless enlargement of the liver developed, and death occurred on September 1st, 1902, the patient having become comatose a few hours before death.

I am indebted to Dr. Adami and Dr. Nicholls for notes of the hurried autopsy made by the latter. The anatomial diagnosis was:—*Chronic Glanders*: Multiple abscesses in glands, muscles, spleen, lungs and liver; chronic local granuloma of dura mater with compression of left occipital lobe; amyloid disease of liver, spleen and adrenals; acute fibrinous perihepatitis and perisplenitis; portal pylephlebitis; acute colitis; chronic parenchymatous with carly interstitial nephritis; broncho-pneumonia.

Notanda:—Absence of tendency to mixed infection; intermittent glycosuria, apparently unique in the history of glanders; great difference as to symptomatology between chronic glanders in horses and in man, particularly as regards nasal and pulmonary symptoms, absent throughout in our case; failure of the mallein reaction.

MCCULLOUGH. Saskatchewan. The notes of this case are owed to Dr. J. G. Rutherford, Veterinary Director-General for Canada. Dr. McCullough was written to and permission was asked to make use of the case, but no reply was received before going to press.

A man contracted glanders of the farcy type from his work horses. He recovered after about four months of sickness, during which time about 50 abscesses on his legs and arms were opened. He wintered in California, returning home in the spring to die of lung trouble:

The diagnosis of glanders was verified by Dr. Bell, Government Bacteriologist for Manitoba.

Nolanda:—The enormous number of abscesses opened; apparent recovery; death from pulmonary disease which was very probably of a glanderous nature.

GRAIN AND Ross. Manitoba. Notes of this interesting case were obtained through the courtesy of Lr. Rutherford, Veterinary Director-General.¹ Dr. Ross, in whose charge the case was, was written to by the writer, permission to use the notes being asked, but no reply was received.

A farmer, aged 22, had for some months had the care of a horse with constant nasal discharge. He had, however, been away from home for several weeks previous to August 20th, 1905. On that date, as the nasal discharge was unusually profuse, he closely examined the horse, particularly its nostrils and mouth. Doubtless infection took place then. On

¹An account of this case is given by Dr. McGilvray, Chief Veterinary Inspector for Manitoba, in the Veterinary Director-General's Report for 1905. Department of Agriculture. Canada. Page 123-4.