

ent price of hogs the by-product is a valuable commodity. Manufacturers depend upon their by-products for profits, and dairymen should attain the same efficiency in utilizing the products on the side. We are not set in our belief that milk should always go to the factory, but if the majority of dairymen practiced winter milking and all made butter at home the multiplicity of grades and brands would quickly confuse the markets, for the makers at creameries, all trained in the same school and students of the same creed, put out different articles; what then could we expect if the people at large undertook the art? We still believe the creamery and factory are the outlet for the bulk of milk produced in Ontario. The city milk trade is an opportunity for the few, and dairymen generally cannot be influenced or led because of the favorable reports from that quarter.

A review of conditions in Denmark shows that two-thirds of 34,217 cows enlisted in cow-testing associations freshened during the winter, half of the year in 1912-13, while in 1773 two-thirds of a smaller number freshened in the summer. This is indicative of the progress in Denmark where dairying has attained eminence. They have been governed by the scales and Babcock Test, and we are firm in the belief that winter milking is the logical outcome of allegiance to the scales and test. As we said before, a cow cannot do herself justice by milking only a few months in the summer, and with the scales and test and a determination to have a better herd we look for a growth of winter dairying in Ontario.

THE HORSE.

A little wheat in the oats improves the ration.

We have seen very bad cases of sore shoulders cured by applications of white lead.

Never mind how much white the colt has on his legs or face, a good horse was never a bad color.

If the colt is to be shown educate him first, or he will be at a great disadvantage in the ring.

If you are going to breed draft colts get them big and with quality, or they will find a slow sale.

Sometimes we wonder if a horseless age is coming, but still we have faith in the future of the right kind of horses.

Do not be discouraged if your horse or colt does not win at the first show; animals have their "off days" too.

Broad-rimmed sun hats are worn by many city horses. Would not many a horse on the binder or plow appreciate such protection?

How often do you visit the colts in the back pasture? Go down and look them over frequently, and pet and handle them to keep them quiet and tractable.

Do not expect the work horses to be in harness at hard work six days a week and be forced to pick their living nights and Sundays and keep in good condition. They must have some hard feed, particularly grain.

Now that the season is over it is not wise to neglect the stallion altogether. Do not let him go down in flesh too rapidly, but give green feed in plenty. If possible give him the run of a good pasture paddock for at least part of the time. It is better to work him than to give him no exercise, and withal do not neglect grooming.

The slower market has had an effect upon the horse exhibits in connection with the Western shows. In the days of highest prices and keenest demand the breeder and dealer is out with his stock to make sales, chiefly. This falling off when the market is slow demonstrates again that the real reason for making large exhibits is not to win the prize money, but to win fame and make a name to sell stock; and then, too, it educates the people to better stock, and this improves demand.

Dietetic Diseases in Horses—III.

LYMPHANGITIS.—This is a disease of the lymphatic or absorbent system, but as it is usually induced by good feeding accompanied by idleness it may properly be classed as a dietetic disease. It is known by a variety of names, as "a shot of grease," "weed" and "Monday morning disease." It is given the latter name from the fact that it is often seen in heavy horses on Monday morning, after having rested since Saturday evening and in the meantime having received their usual quantity of grain. It consists in inflammation of some region of the lymphatic glands, usually of one or both hind legs, but occasionally one or both fore legs are attacked. Some horses are particularly predisposed to an attack, which follows a day or two's rest, and high feeding. In rare cases it occurs without rest and is supposed to be caused by a highly-fibrous condition of the blood. It is also occasionally noticed in horses in poor condition and poorly fed, in which cases its pathology is hard to explain.

SYMPTOMS.—The local inflammation is usually preceded by rigors (a shivering fit), which often occurs during the night and passes unnoticed. This may continue for hours, and, as a rule, the intensity of the attack is denoted by the intensity and duration of the rigors, which are accompanied by more or less restlessness. Lameness in the affected limb is manifested in an early stage. The rigors are succeeded by an increase of temperature. The patient now breathes heavily and sometimes perspires freely, paws, and may show symptoms simulating those of colic; the pulse is full and strong; the visible mucous membranes injected; bowels constipated and the urine is secreted in small quantities and of high

dom occurs except in a contagious form of the disease, little known in this country. Horses that are predisposed to the disease are liable to a recurrence of the malady on slight provocation. One attack succeeds another, and after a second or third, or sometimes the first, it will be noticed that the swelling of the limb, especially below the hock or knee does not entirely disappear. It becomes greater after each attack until the limb assumes a greatly enlarged and incurable condition known as "Elephantitis".

TREATMENT.—Preventive treatment consists either in giving horses that are highly fed and predisposed to an attack, exercise every day, or reducing the grain ration or partially substituting bran for grain during days in which they are idle. In fact, it is good practice to reduce the grain ration of any horse that is worked regularly and highly fed, when he is about to have a day's or longer rest.

Curative treatment consists in the administration of a purgative as 6 to 10 drams of aloes and 2 drams ginger, according to the size of the patient and feeding bran only until the purgative commences to act. In the meantime, water from which the chill has been removed should be given in small quantities and often. If evidence of considerable pain be noticed, an anodyne, as 1 to 2 drams solid extract of belladonna or 1 to 2 oz. chloral hydrate may be given, but this is seldom necessary. If the pulse be full, strong and frequent it is good practice to give 10 to 15 drops Fleming's tincture of aconite in a little cold water as a drench. The patient must be warmly clothed and excluded from drafts. The disease is more common in cold than in warm weather, hence he must be kept comfortable. The affected parts should be bathed long and often with hot

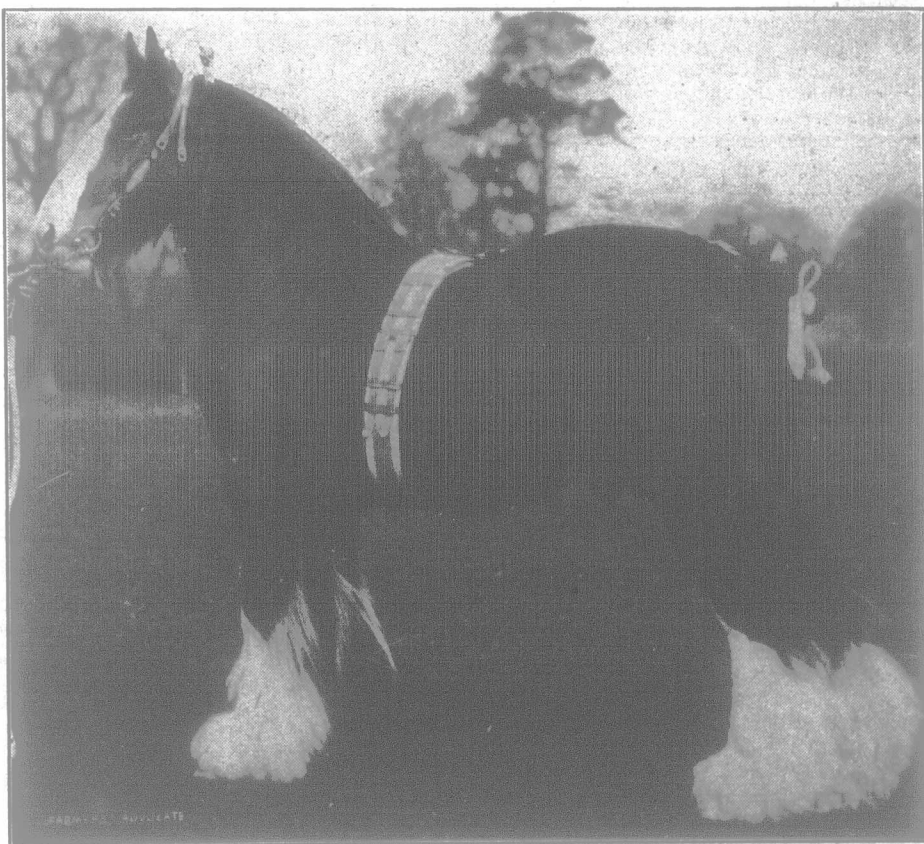
water, and after bathing be rubbed dry and a camphorated liniment applied as one made of 3 oz. alcohol, 2 oz. of turpentine, 1 oz. spirits of ammonia, 4 drams gum camphor and water to make a pint. If the weather be quite cold, unless the patient can be kept warm and comfortable, the bathing should be dispensed with, as the reaction caused by a draft of cold air after bathing tends to complicate matters. Diuretics, as 3 dram doses of nitrate of potassium should be given 3 times daily. He should be allowed to stand idle until the soreness and lameness have disappeared; and then should be given regular exercise which helps to dissipate the swelling.

Even in the acute stages forced exercise reduces the lameness and dissipates the swelling to a great extent, but when he is allowed to stand idle again both reappear, and it has been noticed that each time the swelling is lessened in this way during the inflammatory stage, a portion of it has a tendency to become organized and permanent. Even after the inflammatory stage has passed, the swelling reappears to a greater or less extent during the night. Hand-rubbing and bandaging between the hock or knee and fetlock, as the case may be, tends to prevent swelling after it has become dissipated. Some authorities recommend regular work during all stages, but the experience of most practitioners has been to the contrary.

WHIP.

Why Horsemen Should Exhibit.

From reading the reports of the Western exhibitions it is plain that the quietness in the horse market is having an effect upon the business, particularly that of the big importer and dealer. Exhibits of horses have been much smaller numerically this year in the West than has been the case for some time, and the interest has not been so intense at the ringside. The horse business must go on, and most of the horsemen are staying in the business of breeding, importing, buying and selling. Then in view of all this why not exhibit? The prize money is just as good as it was previously. In fact it is better in many cases. Just as good horses, and we believe better are being bred now as ever was



A Winner at the Royal.

This good Shire won his class at England's greatest show.

color. The local inflammation is manifested by swelling of the inguinal glands (those on the inner surface of the thigh) when the posterior extremity is affected, and of the brachial glands (those on the inner surface of the fore-arm) when in the anterior limb. The first symptoms are often noted when the teamster goes to the stable in the morning after the horses have had a day's or longer rest. He asks the horse to stand over and notices that he goes lame. If a hind leg (it is remarkable that the off hind leg is more frequently involved, and the reason cannot be given) be affected it will be noticed by passing the hand gently down the inner surface of the thigh with gentle pressure, that there is heat and tenderness, and if in the early stages, the surface will have a beaded feel, but as the disease advances the swelling increases and this peculiarity can no longer be detected. If the fore limb be involved, this peculiarity to the touch will be detected by passing the hand slowly down the inner aspect of the fore-arm. The patient is usually very lame and does not care to move or put weight upon the affected limb and if the inflamed glands be pressed intense pain will be manifested by violently lifting the leg, and in extreme cases the patient has been known to moan or shriek. The swelling usually extends rapidly and involves the whole circumference of the limb, from the body down to the coronet. As the swelling increases, the pain and lameness usually become less. In rare cases there is the formation of abscesses, but fortunately this sel-