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(210). Well, she did, and came the last half in 1922.

Now young trainers may take advantage of Mr. Jones's experience in developing and training this great filly. He began early in the winter of 1893 to prepare by the foundation to wrest the 3-year-old crown from Arion. He had the subject to work on, and but for his inexhaustible patience and cool judgment the world would never have known what a great 3-year-old Fantasy was. We are glad that there is luck in leisure, and we hope that haste makes waste. Watch the trainers that have been most successful, and pattern after them, take the time and be patient, and it will come your way.

RINGBONE MAY BE CURED.

Causes and Treatment of the Great Tubercle With Horses.

The disease we are about to treat on will be found to be another form of exostosis, or rather exostosis in another situation, and may be regarded as "a disease of joint," in so far as it has connection, direct or indirect, with any joint, though this will be found to be generally the case whenever lameness is a consequence, and sometimes when such is not perceptible.

These various sites of exostosis have given rise to distinctions into high ringbone and low ringbone, the latter being the common or ordinary kind. Such distinctions, however, can serve little practical purpose, save in so far as being high and low ossification involves the pastern or fetlock joint in its spread, and implicates the cavity of the joint in the disease. It is anything but uncommon to see the pastern joint in a state of ankylosis from ringbone, and in the ankylosis from the coronet being preparations enough will be found of the coffin (joint) from the spread of ossification being ankylosed as well. Any portion, however, of the exostosis which might occupy the lower half of the coronet bone would be included within the coronary substance (or coronary ligament) in which situation it might probably not come under the denomination of ringbone.

Without reference to its situation, however a ringbone may be large or small. There will likewise, as has already been alluded to, be found variations in the form of the tumor. Very often, instead of being complete, the segment of the ring is defective. Then tumors exist on either side of the pastern without any perceptible prominence in the middle between the two lateral eminences. Again, the tumor may be cir-

cumscribed or isolated. All this, however, we repeat, in no wise affects our prognosis or treatment, save in so far as the joint above or below becomes a participator in the disease.

The horses especially disposed to ringbone are those that have short upright pasterns and from their low breeding are coarse and fleshy legged, the bone of such horses being more disposed to exostosis in general. When a fine, high-bred horse happens to have a ringbone we may conclude it to proceed from some accident rather than from any natural fault or predisposition.

The cause of ringbone may be said to be of three kinds—hereditary, structural and incidental. Ringbones are not so common as formerly, for the very good reason that no astute and careful breeder will select a mare for breeding purposes that is afflicted with ringbone, and his choice of a stallion will be one that is absolutely free from blemishes. "The ringbone is developed in very many instances from hereditary origin, though it is usually occasioned by a strain taken in curvetting, bounding turns and violent galloping or racing."

In regard to the treatment of ringbone, nothing short of firing with the pointed iron and blistering will afford any relief whatever. Unquestionably the most

satisfactory treatment in all cases to cure the lameness is neurotomy (nerving). This does not remove any of the enlargement, but it does the lameness, and in ninety per cent. of all cases treated after nerving the horse can be put to work in a very short time, while on the other hand it takes several weeks. We prefer the surgical operation.



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