pericardii results, a lingering death is the only termination that can be expected. A post-mortem examination reveals a copious effusion of serum into the pericardial sac, and in many cases false membranes to such an extent that the pericardium can scarcely be seen.

Treatment.—Small and repeated doses of aconite appear to have a highly beneficial effect, allaying pain and irritability. Pain may, however, if excessive, be more effectually controlled by the administration of opium in some of its forms. Potassæ bicarb., in doses of ʒii., may be given every four hours until relief is afforded. The patient should be kept perfectly quiet, and out of the way of any sight or sound likely to cause excitement. Digitalis is recommended by some practitioners to be given in combination with potassæ nitras. Fomentations to the sides, or even a strong vesicant, frequently are attended with beneficial results. Oleaginous draughts may be given as often as may be necessary, to keep the bowels in good condition. In the course of time the case will terminate fatally in spite of all that can be done—treatment only serving to prolong the life of the animal. The internal administration of potassæ iodidi may be tried with a view of causing absorption of the fluid effused, but generally its use is not attended with much benefit. In a case where a horse has been suffering from influenza or any other debilitating disease, and has reached the convalescent stage, it may sometimes be noticed that suddenly his respirations change in character, the breathing becoming quicker than usual, œdematous swellings of the limbs appear, and regurgitation of blood may be observed to be taking place in the jugular veins. With such symptoms the practitioner may know that effusion has taken place into the pericardial sac. In such a case proper hygienic treatment must be given. The judicious use of stimulants will also