

SYMPTOMS AND DIAGNOSIS.

Occasionally the symptoms in chronic cases are obscure. In acute cases they are pronounced, consisting of rigors, fever, swelling of the glands in the submaxillary region, often farcy buds along the course of the lymphatics of the hind legs or shoulders; a leaden colour of the mucous membrane of the nostrils, and in later stages, patches of congestion, erosions and ulcers which have depressed mouse-eaten-like centres, raised edges surrounded by a red areola and discharging a sanious pus. The localization of the lesions (chancres and tubercles) occur in the membrane lining the nostrils and upper air passages, in the larynx and lungs. In true glanders, the submaxillary glands are enlarged, hard and attached to the sides of the jaw. The lesions are frequently confined to one nostril—the discharge from which is constant, though seldom excessive, but always adhesive, often of heavy specific gravity sinking in water, and in advanced stages it is offensive and mixed with blood indicating the exposure of blood vessels by the ulceration and the implication of the cartilage or bones.

In the lungs numerous small tubercle-like nodules are found resembling milliary tubercles of tuberculosis, which when present produce quickened breathing and cough. In the superficial form usually called farcy, the localization is confined to the chains of lymphatic glands in the groin and shoulder which swell, suppurate, and form open ulcers which discharge a similarly adhesive pus.

It may commence as glanders, farcy setting in subsequently or vice versa. The former is incurable, although some authorities claim to have witnessed recoveries. Farcy is supposed to be curable by some, but the one so often runs into the other, and the risks of error so great that we prefer to deal with both forms as incurable.

In a country of such vast extent and variety of climate as Canada, we find corresponding variations in most diseases of animals, and in glanders particularly is this the case. It is a disease especially of the cheap horse, thus in the crowded cities there are many poor men who work cheap horses and stable them in buildings unfit for animal habitation. These are the horses which becoming infected spread and perpetuate this disease by infecting buildings, drinking troughs, &c. In them, too, we meet with it in its most virulent and acute forms.

On the farms, too, infection is spread by the congregation of horses in crowded stables on market days and during church service. In farm horses which are a great deal in open air and sunshine it usually assumes a somewhat chronic form; acute cases being less frequently seen than in cities.

As seen in the prairie country and Rocky Mountain regions it is not nearly so pronounced in its manifestations, is seldom acute and often very deceptive and difficult to diagnose clinically; hence the greatest care should be exercised by those who bring horses into Manitoba and the Territories to take every precaution against its introduction. It is to be feared that during the past four years this disease has been repeatedly imported from the south by cheap ponies brought in to sell to mining outfits; true, careful inspection is ordered and carried out by the veterinarians of the mounted police, and they do the best they can under the circumstances, yet we know that inspection of large numbers of semi-wild horses on the prairie cannot be other than unsatisfactory.

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