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The HORSE DISEASE spread from Toronto and Rochester throughout the Atlantic States, Ontario and New Brunswick before it reached our horses here. It was so long in coming that we began to hope that clear cold wintry weather would set in and put it to flight before it had time to settle down in Halifax. As it is, let us be thankful that we have had the benefits of ample warning, of time for preparation, and of other peoples' experience in the course and treatment of the Disease. We have another thing to be thankful for, that, whilst rumours were floating in people's minds, and commonly repeated all over the Province, that the disease had really appeared in Halifax more than a month ago, yet the Editors and Reporters of our newspapers had the good sense to avoid giving them publicity until they were verified by actual facts, and thus we were spared the inconveniences, the losses, and the other manifold evils, of a sudden panic. The Disease at last came upon our Horses, at a time when every owner and groom was prepared for it, when al-

most every horse's general health was being carefully cared for, when every prudent man's stable was clean and warm, and every animal had his rug around him. We now know that in other countries the percentage of deaths is small, that with proper care and treatment the animal speedily recovers; and our Horse Owners, instead of showing alarm, simply release all animals from labour at the first symptom of attack, and place them in clean and comfortable quarters, confident that in most cases recovery is simply a question of time.

Veterinarians in the United States describe the disease as a kind of influenza or catarrhal fever, easily cured if taken at outset when a simple inflammation of the air passages, but liable, if the animals are exposed and kept at work, to lead to lung disease, and to end in death. In all stages, however, there is general debility, loss of appetite, cough, discharge at the nose, increased temperature, weakness of circulation, the pulse sometimes scarcely perceptible, and in many cases, a yellow

appearance of the mucous membranes, especially that of the eye.

From the debilitating character of the disease, it is recommended that there should be no blood-letting nor purgatives, arterial sedatives, setons, &c. The local symptoms of laryngitis should be attended to by anodyne cough mixtures or pastes, mild counterirritants of the throat, such as liniment, mustard applications, and in some cases blisters, fumigations of boiling water, decoctions of poppy head, &c. If there is great loss of appetite and general strength it will be necessary to administer stimulants; carbonate of ammonia mixed with camphor is recommended. Vegetable tonics should also be used, in shape of pills, four or six times a day. To allay the fever, small doses of salt-petre in the drinks or in rectal injections may be given. *Rest is absolutely necessary*; also clean and comfortable stables, not too hot nor too cold, and free from draughts; blanketing; hand-rubbing; bandaging of the extremities; feeding with warm gruel, bran mashes, oats only when mashed with