

hole, or on an inequality of ground. A case came under our notice not many weeks ago, in which after strict enquiry, we came to the conclusion, that the sprain was caused by the horse having put his foot on, and slipped from the edge of a raised floor in his own stable; the sprain was not severe, but still it was a marked case.

It is also beyond doubt that this peculiar strain is sometimes caused by lowering the heels of the horse too much in the preparation for shoeing, thus suddenly putting the tendons on the stretch.

We will now shortly describe the anatomy of the parts, remarking first of all that the flexor tendons below the knee of the fore leg and hock of the hind leg are precisely similar in their anatomical configuration and relations; these are the *perforans* and *perforatus*.

Having removed the skin we find the tendons surrounded by cellular tissue, and removing this we find a layer of the same substance, fibrous as well as cellular in structure, directly enveloping the tendon, as its proper tunic. About three inches below the knee we can see the fibres, tendinous and shining, passing over the tendons in their course from the annular ligament of the joint, to their insertion into the outward border of the cannon bone (*os meta carpi magui*). This is the sheath of the tendons, and if we open it we find that it has a synovial surface, extending about half way down the leg, when it closes, thus forming a *bursa*, through which veins the *perforans* tendon, the space between the tendons and the great suspensory ligament in their front being also filled with uniting cellular tissue.

All modern veterinarians are agreed in the general view of the nature of this particular sprain, hence it is unnecessary to quote their *ipsissima verba*.

*The tendons themselves are never sprained*, for they are inextensible, incapable of distension. They sustain injury from no common accident, but the soft parts around them, that cellular and fibrous sheath of which we have spoken, is liable to extension and even laceration, when the tendons themselves were put violently on the stretch, and this extension or laceration is sprain, purely and solely.

The sprain appears in this wise; a horse is brought to us lame; if it be a severe case, we shall find on enquiry that the lameness has been quite recently discovered by the owner or his servant; if a slighter injury, some hours or days may have elapsed since its occurrence. We examine the leg; we find it swelled, puffy and hot, the horse flinching from very moderate pressure; the enlargement is sometimes small, a mere "knot," to use a stable phrase; at other times more diffused. The animal is evidently in pain; he eases the limb by resting the weight on the toe, and if we move him at ever so gentle a pace, he "drops" towards the sound limb. Occasionally the injury is so severe that the whole system is affected by sympathetic fever.

The pathology of the injury is simply this, that effusion of fluid has taken place into the brachial sac, existing within the sheath of the flexors; in the severe cases, that is, when swelling follows immediately upon the accident, there being blood poured out from ruptured vessels; in the milder, when the swelling is slower of manifestation, there being the usual sero-synovial effusion, accumulating at the bottom of the brachial cavity. There may also be sero-albuminous effusion pervading the whole mass of the cellular substance in closing the tendons, giving the leg a round appearance, instead of that flat