lateral recumbency. Sixteen gr. of Sodium Pentabarbital were given intravenously. The mandible was examined and a fracture of the symphysis was found.

It was decided to wire the two halves of the mandible together by drilling a hole in the right and left mandible—behind the respective first premolars, and inserting a stainless steel wire. The stainless steel wire was inserted from medial to lateral, through the left hole. The long end of the wire on the medial side, was brought up and over the left canine tooth, down and across in front of the incisors to the right hole. The wire was inserted through the hole from laterial to medial and brought up, over and behind the right canine, continuing down across in front of the incisors to the short end. These two ends were pulled tightly and twisted. Another wire was inserted in both holes, brought together in back of the incisor teeth where the two ends were pulled together and twisted. The twisted portion was cut and bent down to prevent laceration of the tongue.

Another hole was drilled through the mandible from right to left at right angles to the symphysis, just anterior to the canine teeth. A Steinmann pin was driven into this hole and the right end clipped off. The pin was then driven into the mandible. The opposite end was clipped off so that the end was flush with the gums.

Soreness was noted in the area for several days, however the dog ate well and was in good spirits. Recovery was uneventful.

E. M. Freeman '52

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8 **Fracture with Sequestrum.** On July 10, 1951 a 9-month-old Guernsey heifer was admitted to Stange Memorial Clinic with a bony growth located on the left mandible.

An x-ray taken on July 13 revealed the bony growth to be a bone fracture with sequestration.

On July 20, the patient was restrained, the swollen area of the mandible was shaved, washed, and disinfected with 7 percent tincture of iodine. A 2 percent procaine hydrochloride solution was injected into the area for local anesthesia. The swelling was then incised and the sequestrum was removed. The wound was packed with sulfathiazole powder and a sterile guaze pack. The wound edges were closed with a continuous nylon suture.

The day following surgery, the patient seemed quite alert. Several loops of suture were taken out and the pack was removed. A new pack containing equal parts of strong tincture of iodine and glycerine was placed in the wound.

On July 22, the pack was again removed and was replaced with a fresh pack of iodine and glycerine. The pack was removed on July 23.

On July 24, *Corynebacterium pyogenes* was found to have been the infective agent present in the bony tissue of the jaw.

No medication was administered for a number of days and the wound was healing nicely, although an enlargement of the mandible remained. Fly repellant was applied about the area of incision on July 29.

The patient was discharged Aug. 2 with healing progressing nicely, although the swelling persisted.

Robert Boyce '53

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9 **A Clinical Diagnosis of Diabetes Mellitus in a Dog.** A four-year-old female dog of mixed breeding was presented at the clinic on Jan. 15, 1951 with a history of having been irregularily off feed for about a month. She was also listless and seemed to be constipated.

The patient was emaciated and somewhat depressed, but pulse, respiration, and temperature were within normal limits. A slight conjunctivitis was evidenced by the dried exudate in the canthi of the eyes.

A chronic obstruction of the intestinal tract was suspected, but palpation over the peritoneal region did not confirm the suspicion. A radiologic study of the gastrointetinal tract was made but proved to be negative for foreign bodies.