

# CLINICAL MEDICINE

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**1 Entero-intoxication in Sheep.** On Dec. 26, 1940, Dr. M. S. Campbell, Brookfield, Mo., was called to investigate the death loss in a flock of 800 feeder lambs. These lambs had been on feed for sometime and until the time of the call had been doing well. It seemed that the animals affected were the largest and fattest of the flock.

The history was that the lambs that appeared thrifty the day before would be found dead in the morning. The few that were found showing symptoms lived only a few hours, showing typical brain involvement such as having the head thrown back or running in circles.

On post-mortem the kidneys were found to be hemorrhagic and pulpy in consistency. In all cases the rumen was full, showing an excess of grain for animals of their weight. The small intestines were empty, and there were areas of acute inflammation in the duodenum.

The history pointed to faulty feeding practices. It was found that the lambs were getting good alfalfa hay, silage, and about one pound of grain per head per day. Although they were limited to less than a pound of grain per head per day, they received all the alfalfa they wanted. The ration seemed to be excellent for lambs their size and for the length of time they had been on feed. However, one thing the owner failed to take into consideration was the greediness of some of the more aggressive lambs that were overeating grain.

It was suggested that the grain be cut by one-fourth, and that the feeding space be more crowded. The result was that losses stopped immediately.

—R. L. Campbell, '41

**2 Fetal Dystocia.** A patient, a seven year old purebred Angus cow, was presented at Stange Memorial Clinic on Jan. 8, 1941. She had begun labor the previous night after having completed a gestation period of supposedly normal length.

Preliminary palpation disclosed a posterior presentation with the fetus in a dorso-sacral position. The right hind leg was extended backward, but the left leg was extended forward under the abdomen of the fetus. The joints were ankylosed, and embryotomy was decided upon as the only feasible recourse.

A flexible cable leader was passed around the left leg, then the obstetrical wire saw was attached to one end of the leader and drawn after it around the leg. The handles of the saw were attached to the wire and guided forward by hand until they rested against the leg, where it was sawed in half. The detached portion of the limb was removed, after having been severed just above the middle of the femur.

An obstetrical chain was attached to the right hind leg and manual traction

applied. While the hips of the fetus passed through the pelvic inlet the stump of the right femur was carefully guided to prevent injury of the cervical and vaginal mucosa. The thorax passed out through the dam's pelvis with more resistance due to the position of the fore limbs which were ankylosed in a position extending under the thorax. The placenta came away with the fetus.

The interior of the uterus was palpated to see if any trauma attended the delivery, but no evidence of injury was found. Four one-ounce capsules of boric acid were placed in the uterus. The cow made an uneventful recovery.

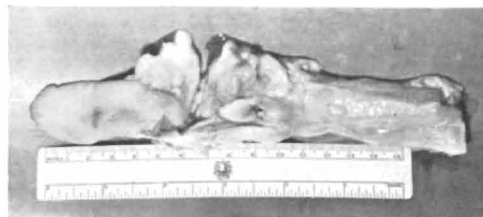
The fetus was of approximately normal size and apparently suffered no deformity other than the ankylosed joints and contracted tendons of the legs. An interesting sidelight is that the fetus was the result of a mother-son mating.

—R. E. Kyner, '41

### 3

**Carcinoma in a Cat.** On Nov. 6, 1940, an eight-year-old male Maltese cat was presented at the Stange Memorial Clinic. The history received was that the cat had been off feed for a period of about ten days. Examination of the patient revealed extensive emaciation, difficulty in deglutition, and tumor formation involving the pharynx and base of the tongue. Euthanasia was advised and the cat was destroyed by Nembutal.

The following morning a complete post-mortem examination was performed, and no pathological lesions were noted until the pharynx and surrounding tissues were examined. An enlargement of the right pharyngeal lymph node was noted which caused it to exert pressure against the esophagus and trachea. The node was white in color, and about three inches in diameter, and firm to the touch. The tissue surrounding the node, the wall of the pharynx and the base of the tongue were of the same character. These structures were white in color, and the base of the tongue was so enlarged that it almost filled the posterior part of the oral cavity.



Squamous cell carcinoma

Micro-sections were made of the tongue, lymph node, and surrounding tissue.

A longitudinal section through the tongue revealed that the basal portion was infiltrated with squamous cells. A few islands of isolated, atrophied muscle cells were still present. In progressing from the base of the tongue to the anterior tip, the infiltration of squamous cells decreased while the muscle cells became more abundant in number.

The section through the lymph node revealed extensive replacement of lymphoid tissue by squamous cells except for a crescent-shaped area on one side of the node. At the junction of the areas, finger-like projections of squamous cells extended into the lymphoid tissue. The surrounding tissue showed a chronic inflammatory process with a leucocytic infiltration. Areas of dead tissue were walled off and surrounded by a thick ring of leucocytes. This tissue was also heavily infiltrated with squamous cells.

The entire pathological picture could be summarized as a malignant squamous cell carcinoma involving the base of the tongue, pharyngeal lymph node and pharynx. Due to its location it produced the clinical symptoms noted. It had not progressed to the stage of metastasis to other parts of the body.

—E. Paul Eder, '41

### 4

**Fetal Ascites.** The dam was a grade Shorthorn about six years old. She had been in labor several hours and parturition was one month premature.

Upon palpation of the calf in the birth canal it was found to be an anterior presentation with dorso-sacral position, the