

next day the animal was eating well.

Two days later the appetite was poor and the feces were hard. Twenty cubic centimeters of fluid extract of nux vomica in a No. 10 capsule were administered orally. The next day anorexia still persisted. More nux vomica was given orally and 500 cc. dextrose were administered intravenously. That same day the bandages were removed. The incision was healing nicely. Throughout the remainder of the month of August, the same symptoms persisted—anorexia and very little bowel movement. The temperature remained normal.

On September 3, the cow was again prepared for surgery. An incision was made in the right paralumbar fossa. The abomasum was found to be displaced again. At the same time an incision was also made on the left side posterior to the last rib. Adhesions were broken down and the abomasum was returned to its normal position by gentle traction on the organ by the clinicians on both sides of the cow. The incisions were closed with No. 3 catgut sutures through the peritoneum and through the muscles and fascia. The skin incisions were closed with umbilical tape and the wounds were covered with gauze. Then 500 cc. of 23 percent calcium gluconate and 500 cc. of triple sulfa (sulfamerazine sodium, 15 g., sulfapyridine sodium, 15 g., sulfathiazole sodium, 15 g.) and 1 G. liquid phenol were administered intravenously. Three million units of penicillin were given intramuscularly. One and one-half gallons of mineral oil were given via a stomach tube. One-fourth grain of strychnine in aqueous solution was injected subcutaneously.

Unfortunately the cow could not withstand the strain of the second operation and it died on September 4, 1954. Post mortem findings showed the torsion of the abomasum had been reduced. An acute diffuse fibrinous peritonitis was found in the anterior ventral portion of the peritoneal cavity.

In an interview with the clinician in charge of the case, it was suggested that had incisions been made on both the

right and left sides of the cow during the first operation the case would probably have gone to a successful conclusion.

Donald G. Lyon, '56

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Hematocyst of the Udder in a Cow.

On July 26, 1954, a 2-year-old Holstein cow with a very large pendulous udder entered the Stange Memorial Clinic. It was noticed that the swelling had extended dorsally from the udder into the flank area of the right side. It appeared that the suspensory ligaments were also broken down.

The animal was cast in the courtyard and an area of the udder was shaved and disinfected. An exploratory puncture was made with a 14-gauge needle and blood-tinged serum exuded indicating an hematocyst. An horse trocar was then inserted into the needle hole and about 8 gallons of the liquid was allowed to spurt from the hematocyst; its size decreased accordingly. A diagnosis of hematocyst of the udder and disintegrated lateral and medial suspensory ligaments was made.

The cow was then put on the table and a 6-inch incision was made into the cavity high on the udder. At this point its walls were about 3 inches thick. The cavity extended from a voluminous area down in the udder to a diverticulum as far dorsally as the stifle joint. About 3 gallons of fibrin and serum were removed from the hematocyst. It was packed with sulfanilamide powder and 100 feet of 3-inch wide gauze pack. The cow was given 2,000 cc. saline and 500 cc. dextrose intravenously as shock symptoms had appeared. That afternoon 500 cc. dextrose and 3,500 cc. saline were given by the intravenous drip method. The animal appeared quite depressed, but her temperature was normal.

The next day the cow appeared stronger and 3,000,000 units of penicillin were given intramuscularly to counteract any developing systemic infection.

On the second day, the packs were removed and the cavity flushed with 1:1,000

potassium permanganate solution. Sulfa powder was then put in the wound and fly repellent was applied to control screw-worms. The wound looked good at this time and the temperature was still normal. This treatment was continued for two days more.

On August 1, the temperature was 103.2°F. Three million units penicillin were given and continued for another two days. Then the dose was reduced to 1,500,000 units penicillin and 2 G. streptomycin were added. This was continued for three days. During this week the temperature fluctuated between 101° and 103° F. The local wound treatment was continued in the meantime.

The tenth day postoperatively, the cavity had filled in considerably, although it was still possible to move one's hand around inside. It was decided healing was being retarded by accumulation of fluid in the ventral part of the cavity due to a lack of bottom drainage. An incision was made at the ventral part of the cavity to provide the needed drainage and considerable hemorrhage followed, probably from the subcutaneous abdominal vein or one of its larger tributaries. The incision was packed with sterile gauze to provide hemostasis and a blood transfusion, 500 cc. along with 1,500 cc. saline, was given.

The next day the pack was removed and flushing of the wound with potassium permanganate and inserting sulfa powder resumed. In five days healing was progressing nicely due to the bottom drainage. The cow was sent home on August 11.

Robert C. Cowger, '55

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Esophageal Dilatation in a Toy Manchester.

A 7-month-old male Toy Manchester was admitted to the clinic on July 6, 1954. The history indicated an esophageal obstruction. For 4 or 5 months, the dog had shown signs of vomiting after barking or eating solids. Previous examinations by other veterinarians had led to the diagnosis of upper digestive tract disturbance and tonsilitis.

The patient had been vaccinated for distemper and rabies.

On examination at the clinic, the tonsils were noted to be inflamed; a fecal check was negative for parasite ova. The tonsils were painted with merthiolate and the patient given triple sulfa orally. On further examination of the patient, a crepitating enlargement was palpated just anterior to the thoracic inlet. The enlargement swelled and deflated as the animal breathed. The possibility of a diverticulum or perforation with interstitial emphysema was considered, and fluoroscopy was indicated. Fluoroscopical examination, after giving barium sulphate, indicated an esophageal diverticulum. On a second examination, this condition was revealed to be esophageal dilatation.

A diet of milk and semi-fluid foods was prescribed and the patient was alert and active the several days that it remained in the clinic. The owner was advised about corrective surgery and its rather unfavorable prognosis. The owner decided against surgery. The patient was discharged and the owner was instructed to feed the dog small quantities of soft foods at frequent intervals and prevent gulping of food as much as possible.

At the time of this writing, the owner was contacted and reported that the dog was in good condition for 2 weeks following hospitalization. At that time, the dog was lost or stolen and has not been seen or heard of since its disappearance.

Paul Nees, '55

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White Heifer Disease. On Feb. 4, 1954, a 2-year-old Shorthorn heifer was admitted to the clinic with the history of being bred 3 months previously by a bull that was reportedly settling other cows in the herd. Six weeks later, there was a persistent discharge from the genital tract.

When the animal was presented to the clinic, she showed symptoms of frequent straining, lack of condition, and some dehydration. A vaginal examination revealed a complete stricture of the vagina by