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Cystic Calculus in a Bitch

PAUL EDER Class of 1941

On Aug. 31, 1940, a three year old Pekingese bitch was presented for a pedicure. While clipping the nails it was noticed that the bitch was dribbling urine. The owner stated that this had been going on for about a month. The abdomen was palpated and a large object felt in the posterior abdominal region. A diagnosis of cystic calculus was made.

Operation

On Sept. 3, 1940, the dog was returned for treatment. The bitch was given $\frac{1}{4}$ gr. of morphine and $\frac{1}{75}$ gr. of atropine sulfate as a basal narcotic. The operative

site was shaved, cleaned with ether, and swabbed with tincture of metaphen. Nembutal was used to obtain surgical anesthesia. A median incision, about two inches in length, was made posterior to the umbilicus through the skin, muscle, and peritoneum. The bladder was brought up through the incision. The bladder was then incised and the calculus forced through. The bladder incision was closed with a Connell suture using No. 1 catgut. The abdominal incision was closed with three interrupted silk sutures. A roller bandage was applied and the dog returned to the kennel.

The dog remained quiet most of the day. The next day she was apparently quite normal, showing no general symptoms. The abdominal wound was dry and was swabbed with metaphen and the roller bandage left off. On Sept. 7, the sutures were removed since the bitch was voiding urine normally. The wound was swabbed daily with tincture of metaphen for another week, at which time the pa-



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tient was discharged.

The calculus removed was about $1\frac{1}{2}$ inches in diameter. Unfortunately it wasn't weighed. It was broken, however, and showed alternating concentric rings of a yellowish gray and dark gray color.

Acute Gastro-enteritis In a Dog

H. F. BEARDMORE Class of 1941

The patient, a black male Dachshund, 10 months of age, was admitted to the Iowa State College Veterinary Clinic on Oct. 10, 1940. At the time of admission he was apparently in good condition.

In accord with the routine procedure of prophylaxis, an injection of 20 cc. of homologous anti-serum for canine distemper was administered; the history indicated no previous immunity in this respect had been afforded.

Further history revealed there had been a slight catarrhal discharge from the eyes and denuded areas were noted around the ventral and lateral borders of the eyelids. It might be stated at this point that skin scrapings of these areas were positive for demodectic mange mites, as studied microscopically. The symptoms noted were loss of appetite with vomition of undigested food particles, the aforementioned eye discharges and marked halitosis. The diagnosis made was acute gastritis and demodectic mange.

On Oct. 14, the respiration was 40 per minute, pulse 100 per minute and the temperature was 102°. The treatment consisted of two grams of equal parts of milk of bismuth and lactated pepsin and two ounces of mineral oil per os.

The patient was markedly worse on Oct. 15, the respiration having risen to 50 per minute, the pulse to 110, while the tem-

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