

sure. The peritoneum and muscle were closed separately using 00 chromic catgut in a continuous stitch and an interrupted stitch, respectively. The skin incision was closed with nylon using an interrupted suture. Sterile saline was continuously poured on the operative field throughout the procedure to keep the viscera moist. The oxygen was discontinued to stimulate normal breathing. Fifteen minutes later artificial respiration was stopped and the dog continued breathing without help. The wound was bandaged and 2 cc. of combiotic® were administered intramuscularly and was continued for three days at 1 cc. two times a day.

Milk was fed for 3 days following surgery and then slowly changed to canned dog food. Vomition occurred once following the first feeding of milk, but not thereafter. The patient convalesced normally with no apparent complications and was discharged Feb. 20, 1956.

— Donald G. Lyon '56

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Ventral Hernia In A Bull. A 3-year-old Jersey bull was admitted to Stange Memorial Clinic on Feb. 8, 1956. The bull was suffering from a hernia in the right anterior portion of the abdominal floor. The swelling extended from the midline outward and from the costal arch backward for 16-18 inches. History revealed that there had been an abscess in that area earlier and that it had been opened for drainage.

Upon palpation a hernial ring 6 inches in diameter was noted. Considerable fluctuation indicated the presence of fluid and possibly exudate. Three days later an exudate was found draining from the previous incision. The area was cleaned with alcohol and sulfa-urea powder was applied. Exudation stopped several days later.

On Feb. 18, the patient was prepared for surgery. The patient was placed on the operating table. The area of the hernia was clipped, shaved, scrubbed with soap, and followed by the liberal application of alcohol. Forty cc. of 3 percent procaine

was infiltrated around and across the point of the hernia. A longitudinal skin incision 12 inches long was made over the center of the hernia. An 8 inch incision midway and perpendicular to the longitudinal incision was also made. The subcutaneous tissue and fascia was then freed from the dorsal portion and reflected to disclose the hernial sac. A fistulous tract was present from the skin thru the hernial sac. The sac was opened longitudinally for 6 inches, thru the tract and the tract was excised. The hernial sac was overlapped for 1½ inches using five mattress sutures of vetafil.® Next a 10 by 10 inch plastic mesh screen was placed over the area and sutured around the edge with interrupted mattress sutures using vetafil. The subcutaneous flap was then laid over the plastic mesh and sutured in place using interrupted vetafil and continuous number three catgut sutures. Continuous interlocking sutures using umbilical tape was used to close the skin incision.

Considerable swelling appeared in the operative site when the patient was removed from the table. However, it was believed that the sutures and plastic mesh were holding. A many-tailed bandage and canvas belt was then placed over the repaired site.

Three million units of combiotic® were administered intramuscularly and was continued for several days. The appetite and bowel movements were good following surgery. The incision was dry and in good apposition at the time this article was written.

— Roger Siegert '57

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Skin Laceration on a Shetland Pony. On Dec. 24 1955, a 4-year-old Shetland pony was admitted to Stange Memorial Clinic. A rough incision had been made completely around the fore-arm just below the humero-radial articulation. The skin had been separated from the leg for 5 inches toward the carpus and this cuff of skin was turned down and inside out. This loose necrotic tissue was cut off. No anesthesia



Leg wound after removal of cuff of skin.

was necessary. The pony was given 1,500 units of tetanus antitoxin. The lesion was moist with a sticky exudate. The wound was covered with 5 percent sulfathiazole ointment and covered with a bandage. Every third day the wound was rebandaged.

When the third bandage was removed the lesion was still very moist but granulation tissue was forming over most of the wound area. For the next week healing powder (boric acid and air slaked lime equal parts) was applied to the wound daily to try to dry the wound. In a few days a thin scab had formed at the dorsal and at the ventral aspects of the wound.

The treatment was then changed to spraying the wound daily with an oil base fly repellent (oil of tar, oil of eucalyptus and cottonseed oil) to keep the scab soft. This treatment was continued as long as the pony was at Stange Memorial Clinic. After 17 days of treatment, the animal began chewing at the lesion so a restraining device (side stick) was applied. The scab in the middle of the

wound on the anterior and posterior surfaces of the leg came off each day, due to the movement of the knee joint. However, the area became smaller and the periphery granulated in, as healing progressed. The side stick was worn for 4 weeks and was then removed. The animal was sent home after 56 days of hospitalization. Upon discharge the entire wound had granulated in and the epithelium was progressing in from the edges of the wound.

— John Harman '57

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Episiotomy and Clitoridectomy. A

5-year-old spayed cocker spaniel was admitted to the Stange Memorial Clinic on April 14 1956, with a history of a persistent vaginal discharge. She had been treated as an out patient on June 10, 1955 and again November 1, 1955. On the latter date cultures were taken and *Staphylococcus aureus* along with *Streptococcus sp.* were isolated. Antibiotic sensitivity tests were also run and the organism were found to be most susceptible to terramycin,[®] tetracycline and chloromycetin[®]. On Dec. 17, 1956, she was again admitted showing no improvement with the antibiotic therapy. An exploratory laparotomy was performed at this time. No pathology could be found in the abdominal cavity except adhesion of the uterine stump to the bladder. She was discharged 5 days after surgery.

After considering all the above history, it was decided to do an episiotomy in hopes of locating the source of the discharge. The perineum and surrounding area were shaved and disinfected with phenmerzyl nitrate[®]. A 2 inch incision was made thru the skin in a dorsal and slightly lateral direction beginning at the dorsal commissure of the vulva. The vagina was then exposed and incised gradually in an anterior direction until the cervix was visible. Only a slight hyperemia of the vaginal mucosa was noted

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