

numerous neoplastic masses in the subcutis of the back and sides would make this an atypical form of this disease. Under normal circumstances the transmissible venereal tumors are found as single or multiple, small or large, firm, soft or friable, gray to gray-red, sessile or pedunculated, nodular or papillary masses on the penis and at times on the parietal layer of the prepuce. They occur on the glans, sometimes on the entire penis, at the base of the penis and adjacent prepuce, and may extend to the scrotum and perineal region. In the female the tumors are usually solitary, are found beneath the mucosa in any part of the vagina, often involve the adjoining vestibule and may spread to the labia. Their size varies from small nodules to large masses, and the latter may occlude the vulvo-vaginal lumen or may protrude between the labia. In both sexes regressive changes are common, so that the tumors may ulcerate and slough, bleed easily, and frequently are associated with a serous, hemorrhagic, or purulent preputial or vaginal discharge.

In most cases the tumors are confined to the genitalia, although spread may occur by direct extension to adjacent structures and by metastasis to regional lymph nodes and rarely to internal organs. Transmission is effected by coitus, either from male to female or from female to male. Transmission is possible also by an animal licking the affected genitals of another animal and in turn licking its own genitals or those of other susceptible dogs.

This condition has a world-wide distribution. In the United States it is seen especially in the metropolitan areas. It is seldom seen in Iowa.

Robert Glotfelty, '54

9

Tampon Operation for Chronic Prolapsus Vaginae. On March 24, 1953, a Hereford cow and her one week old heifer calf were admitted to the Stange Memorial Clinic. The history was as follows:

11-3-52 Prolapse of the vagina occurred and was reduced. The lips of the vulva were sutured to prevent a subsequent prolapse.

11-15-52 The sutures were removed because of local infection resulting from the irritation. No straining observed at this time.

2-5-53 Prolapse of the vagina occurred. This was reduced and sutured again.

2-19-53 The sutures were removed; no straining observed.

3-2-53 Prolapse of the vagina occurred for the third time and was reduced and again sutured as before.

3-13-53 The sutures were removed to permit the delivery of the calf.

3-17-53 Calf was delivered with no complications.

3-19-53 Vagina and rectum prolapsed, reduced and sutured.

At the time of entrance, there was considerable swelling of the vulvar lips with hyperemia and abscessation from the stitches. The entire area was cleaned and the exudate, necrotic tissue and sutures removed. Following this, five percent sulfathiazole ointment was applied to the area and a rope truss applied to prevent prolapse of the vagina and to discourage straining.

During the next three weeks the cow was given full rest in a box stall and was disturbed only to give routine supportive treatment. During this time interval, the hyperemia, swelling and abscessation of the vulvar area completely subsided and the rope truss was removed.

On April 14, the entire perineal area and the area over the dorsal surface of the tail head were clipped. These areas were then scrubbed, defatted with ether, and two percent tincture of iodine applied. Epidural anesthesia was given, using 15 cc. of two percent procaine hydrochloride. A sagittal incision about one and one-half inches to the right of the anovulvar openings was made from the dorsal extent of the anus to a point level with the tuber ischia and medial to the posterior border of the sacro-sciatic ligament. A similar

incision was then made on the left side. These incisions were made through the diaphragm of the pelvic outlet. Using blunt dissection, the connective tissue and fat were broken down lateral to the rectum and vagina to a point just posterior to the peritoneal reflections of the pelvic cavity. The area of blunt dissection was the width of the hand laterally, five inches dorso-ventrally and 18 inches antero-posteriorly. Eighteen feet of three foot wide sterile gauze impregnated with sulfathiazole powder were then packed into each area. The skin was sutured with interrupted stitches of umbilical tape, the posterior end of each strip of gauze being left exposed and included in the ventral most suture. Five percent sulfathiazole ointment was applied to the wound edges and the animal returned to the stall.

Seventy-two hours post-operatively one-third of the gauze pack was removed from each side. On the following day, another third was removed, and on the sixth day following the operation, the remainder of the pack was removed.

The primary purpose of this operation was to promote healing by secondary intention and resulting in the formation of adhesions between the rectum, vagina and the pelvic wall; the exudation and hyperemia that followed were expected. Because of this, the post-operative therapy of penicillin on April 17 and 18 was administered merely to prevent a systemic involvement. There were no other post-operative complications, and the patient was discharged on April 26, after apparent recovery.

K. D. McMartin, '54

Because of improved vaccines and medicines, veterinary experts figure that a puppy that survives the first year of life now can expect to live to the age of 11 or 12, barring mishap. Ten years ago, its life expectancy was only seven to eight years.

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