

until May 23, when bipp paste was applied to the incision. This treatment was continued until May 25. Many granulations were forming in the wound and sulfanilamide and urea powder was applied to the area. The wound healed satisfactorily and the sulfanilamide and urea treatment was continued until June 4. The restraining fiberboard collar was removed, and on June 5 the patient was sent home.

September 24, 1947, the dog was returned for further treatment. For two weeks the owner had noticed small lumps in the left flank region. Each was firm and about 1 cm. in diameter.

The following day the dog was again given 8 cc of Nembutal and placed on the operating table. The area over one of the chain of nodules was shaved, defatted with ether, and sprayed with 70 percent alcohol. A piece of the tissue was removed and sent to the laboratory for diagnosis. September 26, the biopsy sample was diagnosed as a section of a lymphocytoma. Microscopic examination revealed many cells in the process of mitosis, although the whole tumor was well encased in a fibrous capsule.

X-ray therapy was undertaken. The dog was given X-ray treatments on Sept. 26, 27, and on Oct. 1, 3, and 6. Oct. 8. the patient was discharged. At that time the owner was instructed to bring the dog back for observation in 6 or 8 weeks.

Nov. 6, 1947, the Pointer was returned to the clinic. He had sustained lacerations of the penis while hunting on Nov. 2. Examination of the left flank revealed a single swelling about 1 cm in diameter.

After the wound on the penis had healed, the dog was discharged and the owner was advised to return the dog in 6 weeks, for another examination to reveal the presence of any recurring tumor formation. At the time of this writing the 6 weeks has elapsed and the dog has not been returned.

A. Neumann, '49

In 1821, Dr. Barton, in the Philadelphia Medical Journal, pronounced *Scutellaria lateriflora* as wholly inert and consequently medically worthless.

3

Laparotomy in an Equine. The patient, a brown 7 year old American saddle horse, was admitted to Stange Memorial Clinic April 1, 1948. The horse had been a ribbon winner in several shows in the midwest. The owner reported that about a year ago he noticed his horse was losing some of his previous spirit, but his endurance remained. Because of the horse's carriage, he continued to place in every show entered.

In February the horse began losing weight, and occasionally displayed symptoms of colic. A veterinarian observed several attacks of colic, and described them as being intermittent, and from mild to mildly severe. These colicky attacks occurred at intervals of from a few hours to a few weeks. This veterinarian, after a microscopic examination of a specimen of feces, told the owner that the horse had a heavy infestation of strongyles. The animal was given 2 treatments of phenothiazine suspension in March; the fecal examination following the treatment was negative for parasite ova, but the horse continued to show colicky symptoms. The attending veterinarian noted that the attacks were always accompanied by a temperature of from 102° to 104°F., so he recommended that the horse be brought to Stange Memorial clinic.

The horse had lost about 200 lb. at the time he was admitted to the clinic, and although he still performed well, he often appeared depressed while in his stall. Rather severe colic was manifested on two occasions after exercise, during these attacks, the pulse rose from 40-72 beats per minute.

A fecal examination was made after admittance, and was again found negative for parasite ova. The blood examination made on the second day revealed an increase in neutrophils, a lowered erythrocyte count, and a lowered hemoglobin index. The urine was negative for sugar, albumin, acetone and bile.

April 12, rectal palpation was performed by 2 staff doctors in search of an aneurysm or for indications to substantiate a diagnosis of thrombo-embolic colic. Palpation revealed a subperitoneal

enlargement in the left kidney region. The enlargement seemed to be primarily to the left of the median line and extended forward as far as the hand could reach. It hung down into the peritoneal cavity about 6 in. When it reached the level of the right kidney it appeared to turn sharply to the right. The consistency was firm and the outline of the mass was somewhat irregular.

April 13, blood for culturing was submitted to the diagnostic laboratory. The results, 4 days later, were still negative. The owner of the patient, when told the results of the examination, decided that he had nothing to lose if a laparotomy were performed. An unfavorable prognosis was given.

The horse was extensively prepared for surgery. For 7 consecutive days he was given, by intravenous transfusion, 500 cc of citrated blood. A ration containing bran, salt, linseed oil meal and ground oats in mash form, along with good alfalfa hay was provided. The patient had a depressed appetite but did eat small amounts of the ration. The above therapy was augmented with 30 Gm. of a commercial mixture containing 2 percent arsenic trioxide, sulfur, and willow bark. This compound was given b.i.d. with the hopes of stimulating erythropoiesis. Another commercial compound containing vitamins A, D₂ and D₃ along with 2 percent dicalcium phosphate was given per orum. To this latter mixture was added small amounts of magnesium sulfate, cobalt chloride, copper sulfate, potassium iodide, and reduced iron. This mineral vitamin mixture was given, 30 Gm. b.i.d. to build up the resistance of the patient for the shock of surgery.

Beginning 36 hr. prior to the operation, the patient was given 100,000 O.U. of penicillin in oil intramuscularly every 6 hr. This made a total of 800,000 O.U. previous to surgery. April 21, 1,500 cc of blood was obtained from a donor to give to the patient during surgery. The left para-lumbar fossa was clipped, shaved and disinfected. The patient was restrained on the operating table and given Mullenbruck's anesthetic solution to affect. Some of the anesthetic was given

prior to putting the animal on the operating table. The shaved left para-lumbar area was painted with strong tincture of iodine and swabbed with 70 percent alcohol. The surrounding area was draped with sterile towels which were clipped to the edges of a 10 in. dorsal-ventral incision.

The large sub-peritoneal mass was palpated. Two arteries, about 1 cm. in diameter supplied blood to the mass. These were ruptured in attempting to remove the growth by blunt dissection. Shortly thereafter, a copious flow of blood appeared through the incision. The profuse hemorrhage and extensive involvement denoted a rapidly fatal outcome. Euthanasia was performed with Mullenbruck's solution.

The necropsy revealed a mass some 40-50 cm. in diameter, located in the sub-lumbar region. This mass consisted of multiple chronic abscesses with very extensive, dense, fibrous granulation tissue. The mass filled the root of the mesentery, enmeshing 3 loops of the intestine and partially surrounding the right kidney. The adrenals and part of the left kidney were buried in the mass. There was questionable hyperplasia of the splenic pulp and a thrombus filled the splenic vein from tip to mouth. There were toxic changes in all of the parenchymatous organs. Cultures of the pericardial fluid and hearts blood taken at autopsy were negative. Culture of the abscesses gave pure cultures of *Streptococcus zoepidemicus*.

L. Witt, '49

4

Suppurative Pododermatitis in a Bovine.

A 6 year old Holstein cow was presented to Stange Memorial Clinic, Jan. 29, 1948 with a history of lameness in the right hind leg due to trauma which had occurred 2 weeks previously. The patient, in poor condition, displayed extreme pain in locomotion and refused to bear weight on the affected leg.

Palpation of the right rear leg, revealed a diffuse, warm swelling which circum-