

CLINICAL MEDICINE

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Blackleg in Sheep. Dr. M. S. Thorpe, of Canby, Minn., performed an autopsy on a ewe that had been dead for 14 hours, and a lamb that had died a few minutes previously.

Examination of the carcasses revealed that the hind quarters in both animals were greatly swollen. The skin on the medial sides of the hind legs was a dark purple. Upon palpation, crepitation of the swollen area indicated the presence of gas in the subcutis. In both animals the area of crepitant swelling extended bilaterally from the hock joint to, and involving, the postero-ventral abdominal wall medially, to the base of the tail posteriorly, and up to a line from the base of the tail to the fold of the flank. Incision of the swollen limbs disclosed a dark, dry musculature with gas bubbles throughout the swollen tissue. Subsequent examination of the remainder of the carcasses revealed no other outstanding pathological processes, although the entire digestive tracts were distended by gas.

When asked if there had been any previous cases of blackleg on the premises, the owner replied in the negative. This information made the possibility of the disease process being blackleg less likely. However, every indication pointed to that infection and the cause of the death of the ewe and lamb was ascribed as very likely being blackleg.

As a prophylactic measure, the remainder of the flock were treated with blackleg aggressin. The fact that there were no further losses in the flock seems to indicate that the diagnosis had been correct.

—L. T. Christensen, '42

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A Little of the Unusual. Two years ago this spring a rather unusual thing occurred involving three thoroughbred mares. These three mares were owned by an Indiana man and were boarded in this locality near Lexington, Ky., to be bred and foal on one particular horse farm. All three were maidens, that is, carrying their first foals, and all fairly good individuals.

The first of the three to foal did so in the early spring and had a normal colt, but in the act of parturition the area between the dorsal commissure of the vulva and the anus was torn. Local anesthetic was injected into the torn tissue. The wound edges were drawn together with interrupted sutures, after which several tension sutures were inserted. Silk-worm gut sutures were used. These sutures were allowed to remain in the wound for two

weeks. Enemas were given to prevent fecal material from packing in the rectum, and mineral oil was administered to aid in keeping the feces soft. A restricted diet of soft food and leafy hay was also advised. With very careful nursing she was healed in time to be bred that season.

Two weeks later the second mare started to foal. The foal's entire head was protruding from the anus and the forelegs were protruding from the vulva. The foal was at once pushed back and delivered normally. Examination revealed an enormous tear in the vagina and rectum. By working through the vagina, the ragged edges of the torn rectum were united with interrupted sutures of No. 2 chromic type cat gut. Many sutures were required, some catching considerable tissue and some entering only the margin of the tear. No attempt to suture the vagina was made because seepage from the rectum must drain into the vagina. Then, too, vaginal tears heal readily without assistance. Since the pelvic region and organs are quite numb following foaling, no anesthesia was used. A twitch was employed at times for a short interval and one front leg was held up as protection against being kicked. The mare was left on a restricted diet of laxative feed with a daily dose of mineral oil. Sulfanilamide was given in view of the possibility of peritonitis. It was necessary to irrigate the posterior part of the vagina frequently. Several days after the sutures were absorbed and the wounds contracted, the diet was increased and exercise allowed.

In the third mare which foaled one week later the colt's forefeet protruded from the anus and the head was retained. The foal was pushed back, straightened and delivered. No anesthesia was employed; the same methods of restraint as in the case of the second mare were used. The tear was not as extensive and a better job of suturing was possible. The same operative technique and treatment were used on this mare as on the second one. When last examined, she was found to be completely healed.

Accidents of this type are not unusual but to have three mares of different line-

age, but bred to the same stallion and owned by the same man, all foal within the same month and have the same accident is hard to explain. At least the author found it so in talking to the owner.

—Dr. A. H. Davidson, '37, Lexington, Ky.

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Macerated Fetus. A six year old Guernsey cow was brought to the clinic Nov. 23, 1940. The history received was that the normal gestation period had expired on May 28, 1940, without any apparent sign of parturition. Although the cow possessed a good appetite she was quite emaciated. A tenacious muco-purulent exudate was discharging from the vulva.

Examination per rectum revealed a mass of bones in the body of the uterus whose walls showed considerable thickening. A persistent corpus luteum was found in the left ovary. A vaginal examination showed that the cervical seal had been broken and sufficient dilatation of the cervix permitted the passage of one finger. Breaking of the cervical seal had allowed infection to enter the uterus causing a chronic metritis and maceration of the fetus. The fetus was probably four or five months old when development had ceased.

On Dec. 3, the vagina was irrigated with a 2 percent Therapogen solution. The retained corpus luteum in the left ovary was expressed per rectum, the ovary being compressed in the hand for a few minutes in an effort to control the hemorrhage. Two days after expressing the corpus luteum the cow began to strain. However, there was no visible external preparation for parturition. A rectal examination revealed no change in the condition of the uterus.

The cow was placed in the stocks Dec. 7, and an attempt was made to remove the fetal bones. Due to the fact that the dilatation of the cervix was only sufficient to permit the passage of the cervical forceps into the uterus, it was impossible to remove any of the bones. Rectal palpation