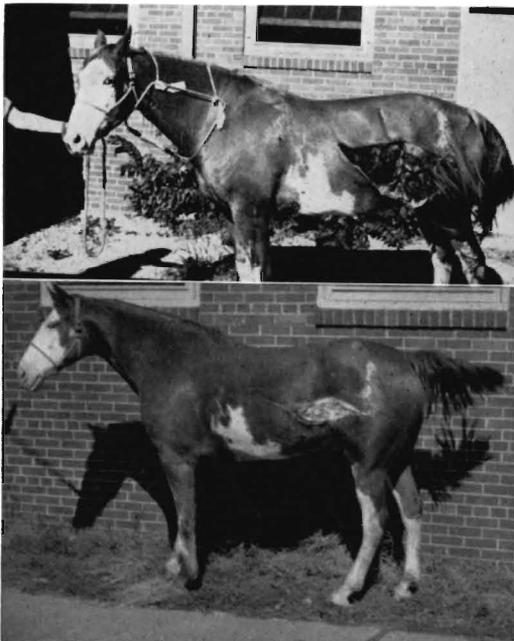


2**Extensive Laceration in a Gelding.**

An eight-year-old Tennessee Walking Horse was admitted to Stange Memorial Clinic on July 23, 1953, with an extensive laceration on its left side. The wound began about eight inches behind the point of the shoulder and extended well back into its flank. It was about six inches deep just above the stifle and the wound gaped widely; there was also a small laceration on the point of the shoulder. The course and damage may be seen in Figure 1. Sight was gone from the left eye, this presumably being a predisposing factor to the injury which occurred when the animal brushed against the top of a metal fence post.



The top figure depicts the gelding on the day of arrival; the bottom, at the time of discharge.

Upon arrival two days after the injury occurred, a guarded prognosis was given. This was based largely on the chance of a possible abdominal hernia, for the bowel could be seen moving in the deeply traumatized area. There was also danger that because of the extensive injuries to the muscles of the flank, loss of function would result to the left leg. The wound

could not be sutured since infection had gained entrance.

The first week the area was kept covered with a drying wound powder (air slaked lime and boric acid powder, equal parts) and fly repellent was routinely applied. For a short time it was found necessary to cleanse and irrigate the wound with potassium permanganate (1:1000) before applying the powder because of the large accumulation of exudate. The animal began to improve and looked brighter and after the second week of this treatment, it was discontinued in favor of the original treatment.

Much interest was shown by those observing this animal and it was gratifying to see the rapid improvement that was being made. Daily examination disclosed the slowly but surely closing of the wound. Figure 2 shows the animal shortly before dismissal on October 9, at which time the animal showed no apparent lameness and further treatment seemed unnecessary.

Roderick Zachary, '55

3**Coronary Thrombosis in a Dog.**

A thirteen and one-half-year-old Airedale Terrier was admitted to Stange Memorial Clinic on July 2, 1953. The history revealed that the animal was constantly straining to defecate, drank excessive amounts of water and had suffered four heart attacks, the last being about a month previous. Further, the dog was unable to walk, had a fair appetite and had no vomitus during the preceding week.

The initial examination, together with the history, suggested a myocardial involvement. Hence, an electrocardiogram was made and this was suggestive of an occluded coronary artery.

The patient was then given an ampule (1.5 gr.) of Digifolin intramuscularly and placed in an oxygen tent. The following morning, July 3, a large amount of fluid feces was found in the cage. One ampule of Digifolin was again administered and the dog returned to the oxygen tent. In