

Seven days after admittance, the patient was seen to eat some hay. She was standing for the first time in three days, but she was very weak. The previous treatment of whole blood and molasses was repeated.

With careful nursing and repeated blood transfusions this cow went on to make a complete recovery.

John Babcock '52

2

Metastatic Squamous Cell Carcinoma in a Hereford Cow. On Jan. 4th, 1951 a 12-year-old Hereford cow was admitted to Stange Memorial Clinic with a history of having had what was thought to be infectious keratitis of the right eye. The condition was not treated and became infested with screw-worms. The animal was gradually becoming emaciated.

Examination showed the right eye to be completely absent. There were multiple fistulous tracts ventral to the right eye which emitted a sweetish, carious smelling exudate. The right maxillary and mandibular regions showed marked enlargements. Auscultation revealed an apparent cardiac enlargement and vesicular sounds were absent from several areas of the lungs. Palpation revealed large, soft, fluctuating swellings on the maxilla and mandible and enlarged cervical lymph nodes. The animal was emaciated, anemic and heavily infested with biting lice. The appetite and thirst were normal. Frequent scanty urination was observed.

A diagnosis of squamous cell carcinoma with metastasis was made, based on the breed and age of the animal, the history and results of the examination. Euthanasia was recommended.

Euthanasia was performed on Jan. 12, 1951 and the diagnosis was confirmed by post mortem findings. A tumor-like mass of tissue containing numerous abscesses extended from the anterior portion of the right orbital cavity posteriorly to its axis and ventrally approximately 15 cm. The neoplasm filled the orbital cavity and extended along the right oculomotor nerve into the cranial cavity. The tissue

was firm and white in consistency. The retropharyngeal and cervical lymph nodes were filled with neoplastic tissue. Metastasis had taken place to the lungs, bronchial lymph nodes, kidneys, and visceral pleura.

C. D. Hinkley '52

3

Cresol Sensitivity in a Palomino.

On March 10, 1950, a 2-year-old Palomino mare was admitted to Stange Memorial Clinic for treatment of a wire cut on the lateral surface of the right front fetlock.

A blood sample was drawn and taken to the clinic laboratory for analysis. The total red cell count was 5,550,000, the total white count was 8,200 and the hemoglobin was 61.5 percent or 7.63 grams, which was quite low.

Three days later the patient was given 40 grams of chloral hydrate via stomach tube and placed on the operating table in the left lateral recumbency. The area around the wound was shaved and painted with strong tincture of iodine. The digital nerves of the right front foot were blocked with 2 percent procaine hydrochloride. The exuberant granulations were removed with a combination of blunt and sharp dissection. The wound was dusted with air-slaked lime and boric acid in equal parts and wrapped with a sterile gauze pack. Fifteen-hundred units of tetanus antitoxin were injected subcutaneously.

The animal was observed to have lice and on March 29, she was sponged with a one percent solution of cresol. This treatment did not remove all the lice, so on April 13, the horse was again led to the stocks and bathed. This solution was a 2 percent solution of cresol which usually is not toxic. Marked cutaneous reactions were apparent immediately. The excess solution was wiped off at once. The patient was placed in the stocks to dry.

In about 5 minutes the patient appeared weak and incoordinated, the lips were slack, the pupils dilated and she appeared quite depressed, going down a minute or so later.

She was dragged onto mats and hosed down with warm water to remove the rest of the cresol solution. Five-hundred cc. of equine citrated blood were given intravenously.

The patient showed forced running movements and muscular tremors for the next 20 minutes. Closer examination revealed welts where the solution had run down the sides and the neck. At the end of 30 minutes, the horse was able to regain her feet, was rubbed down and returned to the box stall.

The next day the horse appeared normal and all evidence of the welts were gone. The skin around the neck area was slightly sensitive, but that was the only remaining symptom.

The right front foot healed uneventfully and the horse was discharged April 5, 1950.

The following factors could and probably did influence this reaction. (1) The lowered hemoglobin and red cell count showed the animal not to be in good condition. (2) Light skinned animals are more sensitive than dark. (3) The previous treatment may have sensitized this animal and the irritation from the first may not have completely healed. (4) The increased concentration could have played an important part, but had the animal been in good health probably no reaction would have occurred. (5) The last treatment was very thoroughly applied. (6) There is also the possibility of an individual idiosyncrasy to cresol.

Lloyd A. Jensen '51

4

Urethral Calculi In A Dog. A

9-year-old male Collie was admitted to the clinic on Feb. 9, 1951. The predominant symptom was frequent dribbling of urine. Its previous history was of interest.

On March 9, 1950 it was operated on for urethral calculi and many small stones were removed from the urethra. The recovery was rapid and the patient was discharged on the fourteenth day with the surgical wound completely healed. Ammonium chloride was dis-

persed in 0.5 gm. enseals with instructions to administer 1 gm. (two enseals) twice daily for 7 days and to administer 0.5 gm. (one enseal) twice daily from then on. The dog was returned for a check up on April 7, and again on April 26, at which time the pH of the urine was 5.5 and the animal was apparently in good health.

The dog was brought in again on Aug. 12, 1950, with a history of passing bloody urine and frequent dribbling of urine. A few urethral calculi were dislodged from the urethra by the use of a catheter and the administration of ammonium chloride was again prescribed.

The animal was in a dog fight in the latter part of September and a wound of the gluteal region failed to heal properly. It was treated as an out-patient for this fistulous wound on Oct. 19 and again on Oct. 31. This wound was still present when the dog entered the clinic on Feb. 9, 1951.

Prior to examination, a sedative dose of $1\frac{3}{4}$ gr. of morphine sulfate with $\frac{3}{100}$ gr. of atropine sulfate was given subcutaneously. After examining the dog it was decided that another operation would have to be performed for urethral calculi and at the same time to debride the fistulous wound of the gluteal region.

The patient was placed on the operative table in a dorsal recumbent position. An area extending from the xiphoid cartilage and rib cage anteriorly and posteriorly to the pubis and laterally to include the femoral region and the area around the gluteal wound was clipped, shaved and defatted with ether. Isopropyl alcohol, 50 percent, was used as a skin disinfectant. Ether inhalation produced and maintained anesthesia. It was difficult to palpate the urethra due to the scar of the previous operation, so a metal sound was introduced through the urethral orifice and passed back through the urethra to the operative area just posterior to the os penis. Three sterile towels were placed around the operative area as a shroud. An incision 3 cm. long and in a longitudinal direction was made through the skin, fascia, old scar tissue and ventral wall of the urethra. The cal-