

CLINICAL MEDICINE

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Scrotal Hernia in a Bull. On October 20, 1955 a 3-year-old Hereford bull was admitted to Stange Memorial Clinic with a scrotal swelling that had recently developed. The animal was not eating.

A rectal examination was performed with a resulting diagnosis of a scrotal hernia on the left side.

The paralumbar fossa was prepared for surgery. After making a six-inch incision, the operator introduced his arm through the incision and manually reduced the hernia. The section of gut that had penetrated the inguinal canal was soft and flabby and had lost its tonicity. Contents of the intestine felt packed in the affected section of gut. Adhesions were manually reduced.

In repairing the inguinal canal, the edges of the internal ring were first scarified with a needle. Two interrupted silk sutures were then placed in the internal ring. This was accomplished by passing the needle through the anterior and posterior borders of the ring, the knot being tied outside the abdominal incision and then sliding the knot into place. This was repeated in suturing the other side of the internal ring.

The peritoneum, muscle layers and fascia were closed with continuous interlocking sutures using No. 3 chromic catgut. The skin edges were then put into apposition with continuous interlocking sutures using silk. A bandage of flexo-seal was applied to the wound.

Three million units of penicillin were administered intramuscularly the following day. A gallon of mineral oil was given orally.

Three days after the operation, the bull was eating good and passing normal feces. A tense inflammatory swelling appeared at the base of the scrotum which should disappear in time.

The bull was given a favorable prognosis and was still under observation at the time this article was written.

Donald G. Lyon '56

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Bilateral Cataracts in a Cocker Spanial. A 3½-year-old cocker spaniel female was admitted to Stange Memorial Clinic on August 13, 1955. The dog was suffering from blindness due to

bilateral cataracts. It was being admitted for the purpose of surgery.

Prior to surgery, both pupils were dilated with atropine sulfate three times daily for three consecutive days. Antibiotic ophthalmic ointment was also applied to both eyes three times daily for three consecutive days to reduce the bacterial count.

The animal was anesthetized with Pentobarbital Sodium, (Nembutal) and the area around the eye was clipped with a No. 40 clipper. Morugent ophthalmic ointment was applied to the eye, and the operative area was scrubbed with surgical soap and then flushed with 1:5000 aqueous Zepharin solution. The conjunctival sac was also irrigated with Zepharin solution. The operative area was draped with a plastic shroud. Only one eye was operated on at a time, but the procedure described is the same for both.

Exposure of the eye was accomplished with a lateral canthotomy and use of an eye speculum. A corneal section was made by means of a short incision through the cornea at the limbus and then enlarged by the use of corneal scissors to divide the dorsal one-third to one-half of the cornea at the limbus. A peripheral iridotomy 12 mm. wide was performed through the dorsal aspect of the wound. An equatorial capsulotomy 12 mm. wide was performed through the iridotomy incision. The nucleus of the lens was expressed by means of pressure placed on the ventral aspect of the eye. The remaining cortical material was removed from the capsule by means of a lens spoon. The capsule was irrigated with normal saline. The plastic lens was slipped into the capsule and then centered. The iris was smoothed back into position. The corneal section was closed with three half-depth corneoscleral sutures of 6-0 silk. The canthotomy incision was closed with subcuticular sutures of 4-0 chromic catgut. Atropine sulfate ophthalmic ointment and a broad spectrum antibiotic ophthalmic ointment was applied and then reapplied subsequently five times daily for 5 days. The animal was maintained on 200,000 units of penicillin and 0.25 Gm. of dihydrostreptomycin (lcc.

of combiotic) for 7 days. The corneal sutures were removed in 6 days.

Keratitis was severe for twenty days. Neomycin-hydrocortisone ophthalmic ointment was used to overcome this.

Four to five weeks after the operation, the cornea had cleared leaving a slight opacity remaining at the site of the corneal section. Pupillary reflexes were present, although reduced in magnitude from the normal. A slight wrinkling of the anterior lens capsule was noted.

The owner reported at this time that the dog had begun to run and play again. She had not done this since the time of the cataract maturity.

The second eye was operated on in an identical manner at 6 weeks. Progress on this eye was similar, but more rapid than in the first eye.

During a brief interview over the telephone on October 27, the owner reported that the dog races around the house during the day. It no longer bumps into things when in unfamiliar territory. The animal does not have good peripheral vision, but rather seems to see things that are straight ahead. The owner stated that corneal opacity is limited to the periphery of the eye and is gradually decreasing. The dog seems to show no irritation due to surgery or the lens implant at this time.

Donald Lyon '56

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Empyema in the Bovine. On May 27, 1955 an 8-year-old Angus cow was admitted to Stange Clinic as a "hardware suspect." The only history available at the time was that the animal had been treated for pneumonia about one month previously.

Physical examination revealed a temperature of 101.8°F, decreased vesicular sounds in the lower areas of all the lobes of the left lung, harsh emphysematous sounds in the upper part of the left lung and a complete lack of respiratory sounds over the entire right lung. Examination of the thoracic area by percussion revealed