on the eleventh post-operative day.

The owner was advised to milk the cow until production dropped to an uneconomic level and then sell her for slaughter.

It is not clear whether the fetal monster should be classified as a *Schistosomus reflexus* or as a *Perosomus elumbis*, as it showed characteristics common to both types of anomaly. As shown by the photograph (fig. 1) the abdominal viscera lay free outside of the normal limits of the body wall due to failure of the somatopleure to grow down and fuse on the ventral abdominal midline. The thoracic viscera were normally enclosed within a deformed chest cavity. Development was arrested in the midthoracic region so that there was complete absence of posterior thoracic, lumbar, sacral and coccygeal vertebrae. The incomplete pelvis with rear legs attached was rotated 180° about its transverse axis to allow the rear legs to extend dorsally, and the underdeveloped tail to be located near the skull, the whole attached to the anterior part of the body by skin only.

Grossly all of the abdominal and thoracic viscera were identified and normal relations were established for the organs. The rumen was distended to about the same size as the abomasum (abomasum normal in size). The right kidney was underdeveloped and located far back in the abdominal region. There was no anus and the rectum ended blindly in the anal region.

D. H. Crawford, '50

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**Fibroma Removal by Cautery.**

A 2-year-old American Saddle stallion was admitted to Stange Memorial Clinic on June 15, 1949, with a growth protruding laterally from the pastern region on the right front foot. According to the owner, the neoplasm had been growing slowly for several months. The owner wished the patient castrated in addition to removal of the neoplasm.

On June 16, 1949, the horse was placed in the stocks and given 45 Gm. of chloral hydrate via stomach tube. He was then restrained on the operating table in a left recumbent position. A classical castration was performed.

Preparatory to removal of the growth, the area around it was shaved and painted with 7 percent tincture of iodine. The area surrounding the lateral digital nerve of the right front leg was infiltrated with 2 percent procaine hydrochloride solution. When anesthesia was complete the tumor was removed by means of the Nicholson firing iron. By this method, more complete control of hemorrhage was assured. It was also hoped that the cautery would kill any neoplastic cells left behind. A sulfanilamide pack was then applied and 1,500 units of tetanus antitoxin were administered subcutaneously.

The neoplasm was found to be an infected fibroma measuring about 5 cm. in diameter. It appeared to be only an involvement of the integumentum commune. It is seldom that growths of this type recur. A very slight thickening will
probably result as consequence of the healing process.

The horse was returned to a box stall following the operation and sulfanilamide packs were renewed every other day. This treatment was continued for a period of three weeks. The patient was discharged on July 8, 1949.

As no further word has been received concerning this horse, it is assumed that there has been no recurrence of the fibroma.

Eugene Whitford, '52

6 Inguinal Hernia In A Shorthorn Bull. On Oct. 11, 1949, a 4-year-old Shorthorn Bull was referred to Stange Memorial Clinic.

An accompanying letter from the attending veterinarian stated that for several days the animal had shown signs of intermittent colic by kicking at his abdomen for short periods, inappetence, and general depression.

Examination revealed a large, rather firm swelling in the left side of the scrotum. The animal appeared depressed and the feces evacuated were tarry. Laboratory examinations revealed that there was blood in the feces. The pulse rate was 125, respiratory rate 40 and the temperature 101.4°F.

A tentative diagnosis of scrotal hernia was made and confirmed by rectal examination.

It was then decided that a laparotomy be made to attempt to relieve the hernia. The patient was put in the stocks and an area in the left paralumbar fossa was washed, shaved and disinfected with strong tincture of iodine. Anesthesia was accomplished by 80 cc. of 4 percent procaine hydrochloride solution injected into the skin and underlying tissues in the immediate area where the incision would be made. An incision approximately 6 in. long was made through the tissues of the paralumbar fossa beginning just below the lateral processes of the lumbar vertebrae and extending ventrally. The left hand of the surgeon was passed into the peritoneal cavity. An attempt was made to break down the adhesions between the intestines and the internal inguinal ring and canal, without injuring the intestines, so the internal mass could be returned to the abdominal cavity intact. Due to the size of the mass and the fact that the intestines felt somewhat friable, and in all probability would break if more traction were placed on them, it was decided that reduction was impossible and any further attempt to reduce it might be fatal to the animal. The peritoneum was closed with a continuous suture using No. 4 catgut. The internal and external abdominal oblique muscles were brought in opposition with No. 4 chromic catgut using a continuous suture. The skin incision was closed with a mattress suture using ½ in. umbilical tape. Liquid Biop was applied over the area of incision and the animal was returned to the stall.

The owner was advised of the situation. He requested that further attempts be made to reduce the hernia, as the breeding value of the bull was much greater than the salvage value.

The next day the animal was again placed in the stocks, the sutures removed and the incision lengthened to allow the

Fig. 5. The enlarged scrotum.