



Scent gland removal in the skunk.

on either side. This brought the two pink papules located just inside and lateral to the anal ring into view. An Allis forceps was used to gently clamp onto the visible nipples. By blunt dissection and gentle traction the whitish glands were separated from the surrounding tissue and the nipples and attached sacs were removed. No suturing is necessary following removal of the glands.

The skunk made an uneventful recovery following surgery, and it has become an interesting family pet.

* This operation took place in the hospital of W.A. Danker, D.V.M.

Clarence Fitz '61

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Gunshot Wound In German Shorthair Pointer.

A female German Shorthair Pointer was brought into the clinic with an extensive wound of the thoracic area just behind the axillary region. There was some oozing of serum from many small punctures in the skin, apparently caused by shot gun pellets. The dog was placed on Kymar* to try to clear away the damaged tissue and to stop the swelling in the area. This was discontinued after one week because the fistulas to the outside were not draining properly and the swelling increased noticeably.

An x-ray was taken and it showed several shot gun pellets in the area. The dog was put on penicillin and streptomycin injections twice daily for five days, and then it was decided to remove some of the necrotic area beneath the skin.

The dog was given one grain of morphine as a basal anesthetic. Sodium pentobarbital was used as the general anesthetic. A large area posterior to the scapula was prepared for surgery. An incision was made from the posterior edge of the latissimus dorsi muscle in an arc around to the first nipple. The skin was reflected away from the fistulous tissue. The fistulous tracts ramified in an area from the front leg to the posterior end of the rib cage, and from the lateral processes of the vertebrae to the midventral line. A large mass of the fistulated tissue was bluntly dissected away and removed. Subcutaneous cat gut sutures were placed and the skin was sutured with vetafil. A roller bandage was applied and the dog was returned to its cage.

The dog was placed on penicillin-streptomycin injections twice daily for three days. On the fourth day post-surgery, a large amount of fluid had collected in the subcutaneous spaces. Eighty cubic centimeters of bloody serum was aspirated with a needle and syringe. The next day 150 cubic centimeters of fluid had collected and it too was removed. This accumulation continued for three more days, but in gradually diminishing amounts. On the seventh day post-surgery, the serum was draining by itself via a small midventral opening through the skin incision. The pressure pack was discontinued, but penicillin-streptomycin ointment was applied along the line of the incision. The sutures were removed two days later and the penicillin-streptomycin ointment was continued for four days. On the eleventh day after surgery the serum had stopped oozing and the incision was holding nicely. The dog was discharged with no appreciable after affects.

* Armour

Dale Schnepf '61

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*Ventriculocordectomy In A Siamese Cat.

It is not infrequent that clients complain to their veterinarian about the persistent loud caterwauling of

Siamese cats. This is a nuisance to the owner and is especially objectionable when the cat belongs to a tenant of an apartment house. It was under these conditions that a male Siamese cat was presented to our clinic. A ventriculocordectomy was suggested under the stipulation that it would be an experimental procedure and that the staff would be operating without previous experience or information regarding the procedure. Permission was granted and the cat was admitted the following morning for surgery.

For purposes of organization of presentation, a mention of the instruments used will precede the description of the procedure. A small mouth speculum was used to hold the jaws open. Three Allis tissue forceps were employed in conjunction with one rat-toothed tissue forceps and a pair of fine pointed scissors in the actual surgery. Two curved hemostats were used to form cotton swabs.

Thirty minutes prior to surgery a subcutaneous injection of 1/100 grain of atropine was given to inhibit excessive salivation into the surgical field. Five cubic centimeters of 2.5% Surital was readied, and the anesthetic given to effect in the right cephalic vein. The head of the cat was secured by an attendant with the animal lying on its back. The spring-type speculum was placed between the superior and inferior canines on the left side and the jaws opened widely. The tongue was grasped with a gauze sponge and drawn anteriorly, revealing the laryngeal structures. One Allis forceps was used to grasp the tip of the epiglottis which, when pulled forward, exposed the arytenoid cartilages. The arytenoid cartilages were each in turn secured with an Allis forceps and the entire larynx was pulled into view. The structures of the cat's larynx allow movement far forward into the oral cavity. The false vocal cords, extending from the cuneiform cartilage to the thyroid cartilage on the laryngeal floor, were very prominent and could easily have been mistaken for the true vocal cords. The true vocal cords were injected with epinephrine, a procedure employed to prevent excessive post-surgical hemorrhage.

After the true vocal cords had been "ballooned" with epinephrine they were grasped with the rat-toothed forceps and removed with the aid of a pair of scissors. A minimum of hemorrhage followed. After removal of the forceps and speculum, the cat was returned to the recovery cage.

It was noticed the next day that the cat could still produce a distinctive Siamese yowl, but the cat was discharged from the hospital with a prognosis that connective tissue formation in the area would change the results.

Ten days later the client reported that the cat could still caterwaul but the frustration over lack of volume seemed to discourage him from doing so as often.

John Jensen '61

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Congenital Hip Dysplasia. On

April 8, 1960, an 8-month old Saint Bernard female was admitted to the clinic with a history of incoordination of the hind limbs since March. The incoordination had become increasingly worse.

Physical examination at the time of admission revealed the following: (1) difficulty in rising, (2) a peculiar swaying gait with most of the hindquarter weight being placed on the left leg, (3) tendency to lose equilibrium, (4) muscular atrophy of the right hip area, (5) pain of the right hip area on palpation. A tentative clinical



Radiograph of hip area.