

glands of the left side, it was decided to remove these entire glands. An involvement of the left superficial inguinal lymph node also was suspected, so this node was removed, care being taken to dissect out the tissue containing the lymph vessels which drained from the fourth and fifth mammary glands of that side to the lymph node. Separate skin incisions were made over each mammary gland operated on.

The subcutaneous fascia was sutured with interrupted number 0 chromic catgut and the skin incisions were closed with interrupted sutures of 6 pound test nylon. Three FlexoSeal gauze dressings were placed over the sutured areas and the patient was returned to her cage. Every other one of the sutures was removed on the fifth day following surgery, and the next day the remaining sutures were removed. The patient, apparently making an uneventful recovery, was discharged on November 13.

Edwin Branaman, '54

5

Prolapse of the Rectum in a Dog.

A six-month-old Boston Terrier was admitted to Stange Memorial Clinic on Oct. 13, 1952. History revealed that approximately one month previously, the patient underwent surgery at the clinic to correct a prolapse of the rectum and that since being released, the rectum continued to prolapse at intervals of three days.

On October 14, the patient awaited surgery; no prolapse was evident at this time. One-half grain of morphine and 1/100 gr. of atropine sulfate were given subcutaneously as a preanesthetic. The abdominal area was shaved and washed with soap and water, defatted with ether and soaked with alcohol. The patient was anesthetized with ether. A mid-line incision approximately 1 in. long was made posterior to the umbilicus. The prolapsed bowel was then withdrawn through the incision with gentle traction and replaced to its normal position. The bowel was then held in place by suturing (number 00

chromic catgut) to the ventral floor peritoneum (ventro-fixation). Three sutures were used here, these being applied carefully through the serosa and muscularis of the bowel.

The incision was closed with three, through and through sutures of six pound nylon. Three skin sutures of the same material were used to allow for closer apposition. The objective of the operation was to set up an irritation so that adhesions would form between the bowel and peritoneum and thus prevent recurrence of the prolapse.

A FlexoSeal bandage was put over the incision and the patient was given 300,000 units of penicillin and 0.5 gm. of streptomycin intramuscularly. In addition the patient was given 0.5 cc. of a penicillin-streptomycin combination in the afternoon and again in the evening. Liquid foods were fed.

On October 16, the patient appeared in good spirits and did not seem to notice the operative wound. The bandage was removed on the following day and the wound appeared to be healing nicely. Four days later three stitches were removed; and on October 22, all remaining stitches were removed and ointment applied to soften the wound. The patient was discharged this same day.

Stanley Romans, '54

6

Chronic Bilateral Paralaryngeal Abscesses in a Hereford Bull.

On Oct. 24, 1952, a 2-year-old Hereford bull was admitted to the Stange Memorial Clinic with a history of difficult breathing for two weeks and of not eating for the past two days. Examination of the animal revealed a mucous exudate from the nostrils, and when the larynx was compressed laterally the air passage was almost completely blocked. Pressure on the larynx induced coughing. The breath had a putrid odor. Auscultation over the lungs was not revealing because of the stertorous sounds produced by the stenotic condition of the larynx.