

the blood were present in reduced amounts. There is also the possibility that after parturition the bitch had suffered from a subclinical hypocalcemia and in this way wasn't able to provide the Ca ions necessary for the coagulating phenomena of blood.

—Harry L. Quick, '45

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Care of a Sitfast. On July 30, 1944, a 4-year-old Belgian mare was admitted to the Stange Memorial Clinic with a collar gall on the top of the neck. Such a gall is popularly known as a sitfast, which is caused by collar pressure on the top of the neck interfering with vascular supply to the area, resulting in necrosis. In time a definite necrotic plug or "core" forms. This pressure is frequently caused by a poor fitting collar or from the use of heavy, swinging tongue machinery.

The mare was immediately given a prophylactic dose of 1500 units of tetanus antitoxin subcutaneously. This sitfast had progressed to the point of suppuration so the use of heat was not indicated. However, a definite "core" had not yet been formed. The area was clipped, shaved and cleaned with a mild antiseptic. The suppurative area was packed with salicylic acid. This treatment was continued until August 2, 1944. Each day the separation of the "core" became more definite.

August 3, the core was carefully grasped with tumor forceps and removed. After removal, a cotton swab was placed on the end of a forceps and the cavity swabbed until clean of all necrotic sheds and tissue fluid. Another swab was dipped into pure formalin (approximately 40 percent formaldehyde), pressed dry and the cavity again swabbed just once. The formalin acts as a chemical cauterizing agent and also tends to loosen remaining particles of necrotic tissue.

For the following 2 weeks, liquid BIPP (bismuth subnitrate 1 part, iodoform 2 parts, liquid petrolatum 18 parts) was placed in the cavity. The cavity healed by granulation from the bottom. The mare made an uneventful recovery.

This case seemed unusual and interest-

ing because of the size of the "core." It penetrated to the depth of about 15 cm., but was only about the diameter of an ordinary lead pencil. The cavity undoubtedly extended to the ligamentum nuchae.

In handling these cases, extreme care must be taken. A heretofore gentle horse often becomes very vicious. In spite of the use of a twitch, such a horse may strike, kick or throw itself without warning when any advances are made toward the sitfast area. The operator should be in a position to make a quick getaway when the formalin swab is used as it causes quite severe pain for a few minutes and the animal reacts accordingly.

Another precaution to be taken is to avoid tetanus and malignant edema. A horse with lesions of this sort seems particularly susceptible to *Clostridium tetani* and gas-forming organisms such as *Clostridium welchii*. The prophylactic dose of 1500 units of tetanus antitoxin should be given each affected animal immediately.

Supplementary Aids

In the event that any rapid swelling or marked depression appears, ice packs should be applied immediately and continuously until improvement is noticed. Supplementary treatment consists of making several long perpendicular skin incisions in the swollen areas to provide for drainage and aeration. The use of sul-anilamide per os and blood transfusions has also been advocated. However, the mortality rate is very high.

In case the cavity fails to heal by granulation, drainage may have to be provided. If so, an opening on one side and at the bottom of the cavity may be provided. Healing again takes place by granulation. Recovery will take place in about 3 months but the animal should not be worked for 6 months.

—Harry D. McCreedy, Jr., '45

Experimental data shows A avitaminosis produces ophthalmia, bone changes, deafness, nervous symptoms, and skin lesions.

Livers of tubercular cows contain greater reserves of vitamin A than those of nontubercular animals.