

5**Prolapse of the Rectum in a Dog.**

On Feb. 2, 1952, a one-and-a-half-year-old female Dalmation was admitted to the Stange Memorial Clinic. The case was referred to the clinic by the local veterinarian with a history of a prolapsed rectum.

Upon admittance, the rectum was completely prolapsed, the entire wall of the rectum having passed through the anal opening. A large amount of oat straw was found protruding from the prolapsed rectum. The oat straw had evidently produced an irritation in the rectum which resulted in severe straining. The prolapsed rectum showed little pathology except slight inflammation.

Conservative treatment was first tried by putting the patient on a soft diet of horse meat and manually replacing the rectum. The oat straw was removed from the rectum to prevent additional irritation. A local anesthetic in the form of a suppository was inserted per rectum to relieve the existing irritation in attempt to prevent straining. The rectum prolapsed again the next day and the same treatment was repeated. The rectum prolapsed again on the third day and was replaced as before. The fourth day the rectum remained in place, but on the fifth day the rectum was prolapsed. This method of treatment appeared to be inadequate so surgery was decided to be necessary in order to maintain the rectum in proper position.

The abdomen was prepared for surgery in the usual manner. The patient was anesthetized with pentobarbital sodium, and a two inch incision was made through the abdominal wall just posterior to the umbilicus. The descending colon was brought out through the incision and with gentle traction it was pulled anteriorly. With the colon in this position, three through and through interrupted nylon sutures were placed through the posterior one-half of the incision with each suture also passing through the serosa and into the muscularis of the ventral portion of the bowel. The colon was then returned to the abdominal cavity and the peritoneum was

closed with a continuous suture of No. "00" catgut. The three interrupted sutures were then tied and three more interrupted nylon sutures were placed through the skin, muscle, and fascia in the anterior one-half of the incision. Colloidion was used to secure a gauze bandage over the wound.

The post-operative care consisted mainly of putting the patient on a milk diet the first three days. On the fourth day a small portion of horse meat was added to the diet, and the nylon sutures were removed from the incision. Each day following, more and more horse meat was added, and by the tenth day post-operatively the patient was on a normal diet. The patient made an uneventful recovery and was discharged on February 25, 1952.

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6**Distemperoid Vaccination Reaction in a Dog.**

A one-year-old male cocker spaniel was presented to Stange Memorial Clinic on Feb. 15, 1952, with a history of having been vaccinated four days earlier with 25 mg. of distemperoid virus. Since the vaccination, the animal had shown vomiting, salivation, diarrhea and had refused all food except milk and meat. The owner said the dog had trembled when lying down at rest. The reaction started approximately 12 hours following vaccination.

The day following admittance, the animal showed uncertainty of gait $\frac{3}{8}$ gr. of morphine and $\frac{1}{125}$ gr. of atropine were administered subcutaneously and they accentuated the uncertainty of gait.

On Feb. 17th, the dog was given 20 cc. of anti-canine distemper serum subcutaneously. Appetite, bowel movement, temperature and pulse were normal and remained normal throughout the period of convalescence.

Two days later, a fecal and urine sample were collected for analysis. Laboratory examination of the urine was negative for *Leptospira* but showed a heavy bacterial population. The fecal analysis indi-