

incision on both sides is used in most cases with better results. The prognosis in all cases should be guarded with the outcome depending on the extent of damage to the abomasum. Recovery following surgery is usually characterized by 1-2 weeks of little improvement followed by a long convalescent period.

—Rodney E. Hall '58

2

### Castration of a (Gelding?).

A three year old riding horse was entered into the Stange Memorial Clinic on March 28, 1957. The owner had purchased the horse as a gelding, but found him to be rather high spirited and difficult to handle at times. Upon examination, no distinguishable structures were palpable in the scrotum. All feed was withheld and exploratory surgery for a cryptorchid testicle was planned for the following day.

March 29, the horse was led to the casting mats and 200 cc. of a solution containing 8.5 Gm. chloral hydrate, 1.9 Gm. pentobarbitol sodium, and 4.2 Gm. magnesium sulfate were administered intravenously. The casting harness was then used to cast the horse onto the mats.

Close examination of the scrotal area revealed two large scars, indicating that castration had been attempted previously. The majority of retained testicles are found on the left side, therefore this side was chosen for exploratory examination. The area was prepared for aseptic surgery and a 5 inch skin incision was made over the left portion of the scrotum. The hand was pushed down into the inguinal canal by blunt dissection. Much connective tissue was encountered all the way down the canal, but no testicle or epididymis was found in the area outside the internal inguinal ring. The operator then pushed one finger through the peritoneum and widened this hole to about 3 inches by tearing. The undersized testicle was finally located approximately 5 inches from the internal ring. The testicle, epididymis and spermatic cord were brought out of

the inguinal canal by gentle steady traction. A White Emasculator was used to sever the spermatc cord and crush the spermatic blood vessels.

The contents of the canal were then pushed up against the internal inguinal ring with two sterile gauze packs which were tied together for easy removal. Three braided nylon interrupted sutures were placed in the skin incision. Fifteen-hundred units of tetanus antitoxin were administered subcutaneously, and the horse was removed to the stall.

The packs were removed 48 hours after surgery. There was some swelling which persisted for several days. It was felt that the gelding would do better at home with more exercise and thus was released from the clinic on April 3, 1957.

—Rog Larson '57

3

### Osteochondrosarcoma.

On March 5, 1957, a 10-year old female terrier cross was admitted to Stange Memorial Clinic with a large firm tumorous mass (15 by 8 by 7 cm.), which involved the proximal end of the radius and ulna. The leg was ankylosed in a flexed position



Neoplasm, ankylosed leg, and muscle atrophy of shoulder.