

CLINICAL MEDICINE

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1 Purpura Hemorrhagica In Man.

During the first week in April, 1941 a veterinarian at Hull, Iowa was called by one of his clients to see some sick horses. The condition was diagnosed as strangles and treated accordingly.

About a week later, one of the horses developed what was diagnosed as purpura hemorrhagica. Blood transfusions and sulfanilamide therapy were used but the horse died some days later.

The day after the horse died, the owner of the horse became very stiff and sore in the muscles below the knee. The muscles were swollen and sensitive to palpation. On the next day, his fingers, hands, and forearm were also affected. A physician was then called.

The temperature of the patient at that time was only 99° F., but he was perspiring considerably. His pulse was 120 per minute, which indicated an overwhelming infection. His throat was somewhat swollen. His arms and legs were so sensitive that even the weight of the bed clothes was painful, and movement was almost impossible. The abdomen was slightly distended with gas.

The patient was hospitalized. Blood smears and cultures were examined for typhoid, brucellosis, and other bacteria, but all the reports were negative. Sputum examinations were also negative except for a few pus cells which indicated some pneumonia. In spite of the negative results for bacteria, a streptococcus was suspected as the etiological agent, and the patient was saturated with sulfanilamide. Some prontosil was also administered, and digitalis was given as a heart stimulant.

The flatulence gradually became worse, causing severe dyspnea and also further embarrassing the heart action. Oxygen was administered and a tube was passed to the duodenum and connected to a Wagenseen suction apparatus. At this time there was indications of enterorrhagia so vitamin K, fibrinogen, and calcium therapy were introduced to control the hemorrhages. Two blood transfusions of 500 cc. each were given five days apart. The hemorrhages were checked in about ten days. Dextrose solution was administered subcutaneously twice a day to provide nourishment. During this time, the patient was very drowsy because of toxicity. However, his temperature never rose above 102° F., but his pulse often ranged between 130 to 140 per minute.

After the last blood transfusion, improvement was steady, and the patient was discharged from the hospital. However, the patient at the present time still complains of a weak heart with a rapid pulse.

This case was the subject of many discussions among the physicians in that area because of its rarity. The subject is still controversial in regards as to whether it

was actually contracted from the horse or whether it was merely a queer coincidence. In volume I of Hutyra's *Pathology and Therapeutics of the Disease of Domestic Animals* mention is made that a few cases have been reported in which caretakers have contracted the disease from an affected horse.

In spite of the rare cases of apparent transmission, this case may suggest that the condition of purpura hemorrhagica be handled cautiously.

—J. Moret, '42

2 Squamous Cell Carcinoma of Horse and Cow.

On March 31, 1942 an eight-year-old Hereford cow was admitted to the clinic. No history of the case was obtained.

Examination of the left eye revealed a growth on the membrana nictitans measuring one inch in diameter, and the cornea was found to be involved also. This enlargement was grossly typical of a squamous cell carcinoma. Stained fresh smears and paraffin sections both showed it to be a malignant tumor which was badly infected.



Carcinoma in the cow

Because of the extension to the cornea it was necessary to enucleate the eye. The cow was placed on the operating table, and the area around the eye shaved and tincture of iodine applied.

Two percent procaine was injected liberally throughout the orbit and ocular recess. The eyelids were closed with con-



Carcinoma in the horse

tinuous silk sutures and the skin incised completely around the eye one-half inch from the edge of the lids. The tarsal glands, lacrimal gland, and adipose tissue were carefully dissected from the overlying skin without puncturing the conjunctival sac. Dissection was carried to the rim of the orbit, and with curved scissors, the ocular muscles, optic nerve, and vessels were severed. This completely removed the eyeball with all the secretory tissue and associated structures. A gauze bipp pack was placed in the orbital recess and the skin edges brought into apposition with two sets of continuous silk sutures. One set was started at the lateral canthus and extended two-thirds of the way across the orbit. A separate line of sutures was then made from this point to the medial canthus. This was done to facilitate treatment of the wound without removing all of the sutures, and also to improve the appearance of the wound.

The following day the medial set of sutures was removed and the pack withdrawn. Liquid bipp was injected into the orbit. For the next ten days treatment consisted of daily irrigations with potassium permanganate 1-3000. On March 13 the remaining sutures were removed and the animal was dismissed from the clinic.

On April 30, 1942, an eight-year-old grey gelding with a similar condition was presented at the clinic. The nictitating membrane of the right eye also showed an enlargement, pink in color, with a cauliflower-like surface, and about one inch