

could be felt by ballottement of abdomen. A rectal examination was then performed. The bladder was not distended, but gas-filled loops of the small intestine extending back into the pelvic cavity and a taut band extending forward on either side of the rectum was palpable.

The skin was prepared for a laparotomy, and the operative site anesthetized by injecting four percent procaine into the muscles, skin and subcutaneous tissues. A six inch incision was made in the right paralumbar fossa through the skin, fascia, muscles and peritoneum. The small intestines were found to be distended with gas, but the cecum was normal, so far as could be determined by palpation. The taut bands palpated per rectum were identified as being the inguinal fold of the peritoneum containing the remnants of the spermatic cord. The strangulated small intestines were found to extend through a rent in the inguinal fold on both sides. It was impossible to return the small intestine through the rent, so the inguinal fold on both sides was torn free at the internal rings. The small intestine then fell downward into approximately normal position. No. 4 chromic catgut was used to suture the peritoneum, muscles and fascia, and the skin was sutured with nylon suture material. A continuous outfolding suture pattern was used on the peritoneum, simple continuous on the muscles and fascia, and an interrupted outfolding pattern on the skin.

On May 11, 1959, the patient's temperature was 101.8° F. Bowel movements were occurring normally, but the consistency was dark, tarry and very odoriferous. The appetite was fair and the mucous membranes were still injected. The patient showed abdominal pain and a reluctance to move. Five hundred cc. of 50% dextrose was given I.V. as a stimulant and a detoxifying agent. Laboratory examination of the blood showed a slight anemia and a moderate leukocytosis.

On May 12, 1959, the patient's temperature was 104.7° F. The animal had a fair appetite, but the bowel movements were still dark, tarry and odoriferous. The animal showed considerable constipation. One thousand cc. of citrated blood was

transfused I.V. The sutures were still in place and no edema of the operative site was evident.

On May 13, 1959, the steer's temperature was 102.4° F. The bowel movements were unchanged and the appetite very poor. One half ounce of nux vomica was given orally in a gelatin capsule as a general stimulant and 1000 cc. of citrated blood was transfused I.V.

On May 14, 1959, the steer's temperature was 102° F. The animal showed constipation, but the feces were lighter in color and less odoriferous. The appetite was improved and the general condition of the animal was much better. The sutures were in place and no treatment was initiated.

On May 15, 1959, the patient's temperature was 102.4° F. The appetite was very good and the bowel movements were of almost normal consistency, color and odor. The general condition of the animal was very good and the patient was discharged from the clinic with instructions to remove the sutures in several days.

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Esophageal Foreign Body. On April 1, 1959, a one year old female Shetland pony was admitted to the Stange Memorial Clinic.

Previous history revealed that this pony was purchased one week ago and since then treated for a cold. The owner observed that the pony would eat and drink, but soon afterwards saliva and mucus were coughed up into the mouth.

On April 2, 1959, a clinician examined the patient. Palpation of the esophagus revealed a distention of this structure about two inches anterior to the thoracic inlet. There was no history of having received a medication bolus or tablet. The temperature was normal. No other symptoms were present at this time.

On April 3, 1959, stall observation revealed that the pony was coughing rather consistently. The cough was productive in that hay and considerable saliva was produced. After drinking water, the fluid appeared to pass into the pharynx, into the nasal pharynx and out the nostrils. The distended area was prepared for surgery



Postoperatively, showing line of incision.

by the following process. The hair was clipped off, the area shaved and skin antiseptic applied. A longitudinal three inch skin incision was made over the distended esophagus. The exploratory surgery revealed that a very hard object about the size of a half dollar was lodged in the esophagus. It was decided to incise the esophagus and remove the foreign body. A one and a half inch oblique incision was made on the dorsal lateral surface of esophagus. Their hard structure was observed to be a piece of tree bark about one inch in diameter. The bark was so lodged that it acted as a valve to material passing down this structure. Little necrosis was observed in the lumen of the esophagus. The esophageal incision was closed by using number "2-0" catgut following a continuous infolding suture pattern. Two layers of continuous sutures were placed in the subcutaneous tissue using number "2-0" catgut suture material. The skin incision was closed by interrupted mattress sutures using nylon suture material. Five cc. of penicillin and streptomycin combination was infiltrated in the area of the skin incision. Also, five cc. of penicillin and streptomycin in aqueous suspension was given intramuscularly. Fifteen hundred units of tetanus antitoxin was given subcutaneously.

On April 4, 1959, the patient was observed to stand with the head extended. The pony did not drink or eat during the day. Five hundred cc. of balanced electrolyte and 250 cc. of 50% dextrose was given intravenously. Five cc. of penicillin and streptomycin combination was given intramuscularly on this date and the two following days. Considerable edema appeared in the surgical area, but no exudate exuded from the site of incision. Therapy was the same on the following day.

On April 6, 1959, the patient was observed nibbling on hay and drinking water. Palpation of the surgical area revealed no food backing up anterior to the site of surgery. Skin sutures were holding well and no exudate was coming from the incision. For the next six days, warm water packs were applied to the surgical site. The swelling began to subside and continued to do so daily until the area was normal in size.

On April 14, 1959, the skin sutures were removed. Palpation of the area revealed no gas or food beneath the skin indicating that the esophageal closure remained intact. An x-ray was taken of the surgical area using barium sulfate as contrast media. X-ray findings disclosed no stenosis forming or barium seeping from esophageal incision.

The pony was sent home on April 16, 1959. At this time, the patient was eating and drinking normally with no abnormal consequences noted.

The owner was very cooperative in reporting follow up information as to how the pony was getting along. On April 21, 1959, a letter from the owner was received stating that the pony was doing well and showing no symptoms suggesting an esophageal stenosis or fistula being present. One month post operatively, on May 4, 1959, another letter was received from the owner. Again the owner stated that no esophageal complications were visible. The author observed this pony in July 1959 at the owners residence. The pony had gained considerable weight and appeared in good physical condition. No post operative esophageal complications were evident at this time.

Charles Sprugel '60