

of the decomposing fetal fluids through the damaged uterine mucosa.

On Oct. 6, 1,000 gr. of sulfanilimide was administered orally in 1 dose, as a drench. On Oct. 7-8 the same amount of sulfanilimide, divided into 3 doses per day, was administered.

On Oct. 9, the cow appeared somewhat depressed. Besides the usual dose of sulfanilimide, 1,000 cc of glucose was administered intravenously. The last administration of sulfanilimide was made on Oct. 10.

The danger of peritonitis, by this time time was greatly lessened, however, the animal was not eating or drinking normally. Oct. 10-11, 4 gal. of water was administered daily via a stomach tube. During this time a slight muco-purulent exudate was noted draining from the vulva. The region of the incision was slightly inflamed and healing seemed to be progressing satisfactorily.

The patient's general condition improved until Oct. 13, she was eating and drinking well. At this time a firm swelling was noted in the region of the ventral commissure of the wound. A local increase in temperature was observed in this area accompanied by some pain.

The swelling of this area became so extensive by Oct. 16, that it was necessary to remove several of the sutures in the ventral portion of the wound. A considerable amount of caseous necrotic tissue and purulent exudate was found between the fascia and the skin. In the following 15 days the sutures were progressively removed and the wound flushed daily with 1-5,000 potassium permanganate solution. An incision was made at the ventral commissure to provide adequate drainage for the exudate accumulating under the skin. Prior to, and during this time the musculature had completely healed and during the latter portion of this period the wound was healing by granulation. However, due to the fact that the lateral edges of the wound were approximately 5 in. apart it was decided to attempt to obtain healing by primary union by debriding the necrotic edges of the wound.

On Oct. 31, the patient was restrained in the stocks and procaine hydrochloride

was injected along the edges of the wound. The skin was separated from the underlying tissues to a depth of about $\frac{1}{2}$ in. along the upper $\frac{4}{5}$ of the unhealed incision. The edges of the skin incision were freshened by removing $\frac{1}{4}$ in. of tissue along the length which was to be approximated. The incision was then resutured using a Stewart or inverted mattress type of suture. The lower $\frac{1}{5}$ of the incision was left open to provide drainage.

The wound healed uneventfully and the sutures were removed on the eighth day. By this time the cow was normal in every respect and giving a good flow of milk. She was discharged with the recommendation to the owner that she be fattened and sold for beef rather than to attempt to rebreed her.

—Jean N. Archer, '49
—John E. Tillie, '49

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Chronic Vaginitis In a Mare. A bay Standardbred mare, 6 years old, was admitted to Stange Memorial Clinic Sept. 22, 1947, with the history that she appeared to be in continuous estrum. Upon examination, it was noted that she strained following each act of urination. A dirty, creamy discharge exuded from the external genitalia and caused "scalding" of the perineum and medial sides of the thighs. Examination of the vagina revealed a thick diphtheritic membrane adherent to the vaginal mucosa. The discharge was due to the chronic necrotic condition of the vaginal mucous membrane.

Sterile cotton swabs applied to the vaginal tissue, at the junction of necrotic and living tissue, were examined bacteriologically. At the time the swabs were taken, treatment consisted of a vaginal douche of 1:3,000 potassium permanganate followed by the application of Bipp to the inflamed areas.

The bacteriological examination revealed 3 organisms: *Staphylococcus aureus*, a beta hemolytic streptococcus, and *Corynebacterium pseudotuberculosis*.

An initial dose of 1,000 gr. of sulfanilamide was given orally on Sept. 23. Three successive doses of 330 gr. of sulfanila-

mide were given each day for the next 4 days. A vaginal douche of 1:3,000 potassium permanganate solution was also administered each day. On Sept. 27, the sulfanilamide therapy was stopped. The vaginal douche was administered the following day and the vagina dusted lightly with sulfanilamide.

This treatment was continued for 7 days. The amount of exudate coming from the vagina lessened in amount and the "scalding" on the medial sides of the thighs showed improvement. On Oct. 6, sterile cotton swabs were again applied to the junction of necrotic and living tissue and examined bacteriologically. The vaginal douche was given and 1,000 gr. of sulfanilamide administered orally. The sulfanilamide therapy was continued until Oct. 10.

On Oct. 9, all traces of an exudate coming from the vagina had ceased. The thick necrotic membrane was still present in the vagina, however, it was less extensive than on the original examination. The bacteriological examination revealed the staphylococcus and streptococcus organisms had been overcome. At this time 20,000 units of diphtheria antitoxin were injected subcutaneously into the neck of the mare. During the following 3 days, 10,000 units of diphtheria antitoxin were injected twice each day, subcutaneously in the neck region, until a total of 80,000 units had been administered. Vaginal douches were given daily and much necrotic tissue was removed.

The administration of diphtheria antitoxin was stopped Oct. 13, and only the potassium permanganate douches were administered for the next 3 days.

On Oct. 17, the mare was examined and considerable thick fibrinous necrotic tissue was removed from the posterior portion of the vagina. Examination of the anterior portion with a vaginal speculum revealed it to be free of exudate. The vagina was again douched and the mare was discharged that day.

Because improvement was brought about in the mare with the administration of diphtheria toxin-antitoxin, the owner was advised to have his local veterinarian continue this treatment. It is possible that

the mare may recover in time, and complete healing of the vaginal mucous membrane may occur.

—A. Neumann, '49

Postnatal Care of Pigs

The first 8 weeks are the hardest. Those weeks, from birth to weaning time, are the most critical period in a pig's life, according to Dr. J. C. Kaiser, Rockwell, Iowa. He says that a herd of young pigs rarely grows to maturity without being troubled by one or more of a dozen common diseases of swine.

Scours, "jitters," anemia, hypoglycemia, plant poisoning, gastro-enteritis, and erysipelas are listed as seven diseases common in young pigs. Hog cholera, swine erysipelas, necrotic enteritis, hemorrhagic dysentery, influenza, anemia and nutritional deficiencies are some of the worst trouble makers among older swine.

Veterinary science has done a magnificent job in maintaining swine health, but not all ills and disturbances can be corrected by medication, Dr. Kaiser states. Many ills and disturbances, he says, are caused by poor management and faulty feeding.

As the foundation stones of good management for young pigs, Dr. Kaiser cites the need for clean, dry and relatively warm quarters, plus a plentiful supply of good milk. Good milk in turn, he points out, depends on adequate rations for the sow.

Effective results have been obtained with the use of sulfamerazine for treatment of fowl cholera in turkeys. Dr. J. O. Alberts of the University of Illinois described late experiments with the drug at the 1947 convention of the American Veterinary Medical Association.

An outbreak of fowl cholera in a flock of 2,971 tom turkeys on the range provided an opportunity for a field test. Dr. Alberts reported a marked reduction in losses when sulfamerazine was added to the turkey mash.