

# CLINICAL MEDICINE

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**1** **Anal Atresia in a Calf.** A three day old male Hereford calf was the object of a veterinary call this past summer. The history of the case was that the calf had nursed the first day after parturition, and hadn't nursed since.

Examination revealed a congenital absence of the anal opening. Since there was no evident protrusion of the anal region, it was impossible to determine how far forward the posterior end of the tract was located. A disc of skin was removed from the region, but all efforts to locate the end of the rectum resulted in failure.

As a last resort, a laparotomy was performed in the flank of the animal. It was planned to bring the borders of the bowel through the wound, incise the bowel, and unite the edges of the skin and mucous membrane by interrupted sutures. If successfully performed, this would permit the owner to veal the calf. An uncontrollable hemorrhage, that apparently developed from the exploratory efforts in the anal region, resulted in the death of the animal.

Post-mortem examination revealed that the colon had been arrested in development, ending blindly in front of the pelvis.

—R. C. Wahl, '43

**2** **Dystocia in a Mare.** During the first week of June, 1941, Dr. Charles Schmitt, of Dodgeville, Wisconsin, was called to relieve a dystocia in a grade Percheron mare. She had been in labor approximately three hours after a gestation period of about nine months. One forefoot and portions of fetal mem-

branes were protruding from the vulva.

The history was that the mare had been purchased late in August, 1940. The present owner of the mare had a stallion of nondescript breeding on the farm. She had been bred a few days after being brought to the farm. She had shown no symptoms of advancing pregnancy; and two days before the veterinarian was called, the farmer thought that he observed signs of a heat period. An attempt was made to breed her, but she would not accept the stallion. She was then restrained by means of a twitch and forcibly bred. On the second day following the service the dystocia occurred.

Palpation disclosed a fetus in anterior presentation dorso-sacral position with lateral deviation of the head. Mutation was successfully performed by the use of an obstetrical hook. The hook was imbedded in the sublingual region after which the fetus was repelled by pressure on the sternum with the hand. Traction on the hook brought the head into place with very little difficulty. Obstetrical chains were attached to the fore legs, and the fetus was easily delivered.

Examination revealed partial ankylosis