

layers lateral and dorsal to the stifle. Through this incision, the distal fractured portion was placed in apposition with the proximal end of the broken bone after considerable manipulation of the extended leg to which traction was being steadily applied. The pin was then driven through the fractured region into the medullary cavity in the distal end of the femur, thus holding the bone intact. When the surgeon was satisfied with the completeness of the union and the holding ability of the inserted pin, he cut off the excess portion of the pin still protruding from the trochanter major at the point of insertion, leaving a small length projecting from the bone.

The fascial layers of both wounds were then brought together by continuous cat-gut sutures, after which the skin was joined by interrupted braided silk sutures, covering the projecting pin at the initial site of incision. Sterile gauze pads were taped in place to cover the wounds, and an aluminum splint applied to the leg for additional support. The dog was returned to his kennel after prophylactic injection of 40 cc. of Anti-Canine Distemper Serum and 300,000 O.U. of procaine penicillin in oil.

Penicillin therapy was repeated the following day. At this time, zinc stearate and oxide ointment was applied to the splint abrasions on the injured leg. The dog appeared to be in good condition and was friendly when handled.

The operative wounds continued to heal uneventfully and the patient made satisfactory progress. The splints and sutures were removed on December 17.

On Jan. 4, 1949, the patient was brought into the operating room and the area over the trochanter major made ready for surgery. A skin incision was made over the end of the projecting pin, exposing it to view. The pin was then grasped with forceps and pulled from the marrow cavity of the femur. The skin incision was covered with collodion, and the dog returned to his cage.

Within five days, the dog began making gradual use of the left rear limb. By Jan. 17, he was walking about and placing

more of his weight on the affected limb. Recovery continued steadily from that time.

The patient was discharged from the clinic on Jan. 22, and no further reports on his condition have been received.

**Thomas J. Flynn, '50**

7

**Injury and Hematocyst of the Penis.** September 29, 1948, a 2-year-old Stanradrbred stallion was admitted to Stange Memorial Clinic for treatment of an injury of the penis which had occurred the night before. The history, as offered by the owner and the groom, indicated the stallion had escaped from his box stall into a runway in the barn. A Shetland pony was kept in a box stall near that of the stallion. The groom stated that the pony had remained within the stall throughout the night and therefore could not have caused the injury. The clinicians at the clinic were of the opinion that the stallion had become excited while free and running, and erection had occurred. The constant pummeling of the erected penis against the hocks while running was probably the cause of the injury to the penis.

The patient was examined and a diagnosis made of a hematocyst of the penis. Profuse swelling of the penis and prepuce was evident. The hematocyst was located at the midpoint on the right dorsal portion of the penis. The lesion was located superficially between the tunica albuginea and the epithelium of the penis. Edema of the underline was also present. The patient exhibited pain when walking, keeping the rear legs as far apart as possible to prevent irritation to the swollen penis.

The morning of admittance the patient's pasterns were wrapped with cotton and gauze bandages to prevent injury to these regions when restrained on the operating table. He was then led into the stocks, given 50 Gms. of chloral hydrate in 2,000 cc. of warm water via the stomach tube to produce narcosis. The patient was then

restrained on the operating table and the penis cleansed with a quaternary ammonium solution. Mild tincture of iodine was then swabbed onto the operative area to produce thorough asepsis. An incision was made into the hematocyst. Approximately 2 liters of clotted blood were drained from the hematocyst. Following the operation, sterile gauze packs were placed in the cavity produced in an effort to control the oozing hemorrhage from the penis. The incision was closed with a blanket suture of braided silk in order to maintain the gauze packs in the desired position. Sulfanilamide powder was dusted on the sutured area. A muslin supporter was used to provide support for the penis following the operation to prevent irritation from walking. An injection of 900,000 O.U. of procaine penicillin was given intramuscularly in the right hip. Following the operation, 1,500 units of tetanus antitoxin were given intramuscularly. It was observed that there was a small amount of persistent hemorrhage for several days following the operation. The patient was placed in a darkened box stall so located that he could not see or hear other horses in the building. This was to prevent the animal from getting excited and erecting, which would have been harmful to him during his convalescence.

The muslin supporter to the penis, the braided silk sutures and gauze packs were removed Oct. 1. The cavity was irrigated with potassium permanganate, 1:3000. of 900,000 O.U. of procaine penicillin was given intramuscularly once a day for five days following surgery. These injections were alternated between the right and left hips to prevent irritation.

The open wound was irrigated with potassium permanganate, 1:3000 from Oct. 1 to Oct. 18. Fly repellent was applied around the surgical site. During the early part of this period some skin necrosis of the penis and prepuce was present and was trimmed away. An exudate was also evident during this period but had disappeared by Oct. 18. The swelling of the first fold of the prepuce was greatly reduced, and the edema of the underline had completely disappeared.

*Spring, 1949*

The swelling of the penis and prepuce had completely disappeared by Oct. 19. A hemoglobin, erythrocyte, and a differential white blood cell count was made as well as a fecal examination. No significant variation from the normal was found.

The penis was irrigated with quaternary ammonium solution and powdered with equal parts of boric acid and air slaked lime on Oct. 20.

The prepuce and penis appeared to be completely healed by Oct. 21 and the patient was discharged as normal on Nov. 6.

**Charles M. Towers, '50**

## 8

**Edema of the Sinus.** On Nov. 11, 1949 a 2-year-old, Standardbred gelding with an enlargement over the frontal and maxillary sinus region was admitted to Stange Memorial Clinic. The accompanying history stated that the animal probably had been kicked on the jaw.

Examination revealed a diffuse enlargement of the bony tissue covering the frontal and maxillary sinuses on the right side of the face. The submaxillary lymph nodes were enlarged and there was no passage of air through the right nostril. It was impossible to pass a stomach tube through the right nasal passage. Further examination revealed that the nasal septum was pushed over to the left side. A snoring sound was made on expiration. Examination of the teeth revealed no obvious abnormality. A tentative diagnosis of dropsy of the sinuses was made.

The patient was placed in the stocks on Nov. 17 and 50 Gms. of chloral hydrate was administered via stomach tube and pump. The horse was then restrained in a left lateral recumbent position on the operating table. The enlarged area was shaved, defatted with ether, and painted with strong tincture of iodine. The area of operation was then infiltrated with 2 percent procaine hydrochloride solution. After anesthesia was complete a circular incision about 1 inch in diameter was made through the skin at the height of