

mandible had again increased in size, and it was decided that complete extirpation of the abscess should be attempted. The owner was duly informed as to the seriousness of the radical surgery about to be performed. The animal was placed upon the operating table and the administration of nembutal intravenously was begun. The animal died before anesthesia was complete.

Post Mortem

An immediate necropsy was performed and extensive pathological processes were noted. Chronic purulent lymphadenitis was found in all the anterior cervical lymph nodes. The exudate contained within the abscessed nodes was of a thick consistency, creamy yellow in color, and without characteristic odor, thus typical of a *Corynebacterium* infection. Pulmonary lesions included chronic pneumonia and atelectasis of the apical lobes, and healed pleurisy with pulmonary adhesions between the lobes. From the swelling on the left metacarpus a fistulous tract was found to extend into the medullary cavity of the metacarpus where a chronic purulent osteomyelitis was evident. Material from the sublingual nodes was submitted to bacteriological examination and a pure culture of *Corynebacterium pyogenes* was isolated.

Conclusion

Corynebacterium pyogenes produces sporadic cases of chronic suppurative infections in cattle, swine, sheep and goats. In cattle the organism may produce a suppurative pneumonia, actinomycotic-like lesions or abscessing mastitis.

From the foregoing, the importance of an early differential diagnosis between actinomycosis and *Corynebacterium pyogenes* infection may be gathered. In many cases of actinomycosis the prognosis is favorable and treatment is successful. On the other hand, treatment of a chronic metastatic *Corynebacterium pyogenes* infection is usually futile, and an early diagnosis of the condition is important in order that the owner may realize a partial compensation by emergency slaughter of the animal affected.

R. P. Fisher, '43

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Canine Infectious Papillomatosis.

On September 22, 1941, an eighteen-month old, male Cocker Spaniel was admitted to the Charles Henry Stange Memorial Clinic showing papillomata between the toes of both fore-feet. No history was obtained as to the rate of growth or the length of time the warts had existed.

It was decided that an attempt should be made to remove the warts by repeated applications of trichloroacetic acid topically, and intravenous injections of sodium iodide. Iodine therapy has been used with a fair degree of success in treating related conditions, such as oral papillomatosis in puppies, and it also seemed indicated in this condition. The injections of 10 grains of sodium iodide were made at three day intervals, and trichloroacetic acid was applied to the areas daily for a period of one week. At the end of this time the warts had practically disappeared. A slight, moist eczema developed between the toes of the affected feet and this was treated with daily applications of tannic acid and boric acid powder. Two weeks after the treatment was begun the dog was discharged from the hospital, apparently healed.

Some few weeks later, this same patient was returned to the hospital by its owner with the complaint that the papillomata were recurring. Upon examination the second time, papillomata were seen between the toes and on the foot-pads of both fore-feet. A diagnosis of infectious papillomatosis was made at this time.

Surgical removal of the warts seemed indicated and the patient was prepared for surgery. The surgical area of both front feet was shaved, cleaned, and sprayed with tincture of metaphen. A one percent metacaine solution was injected into the area as a local anesthetic. An incision was made around the base of each papilloma, and each was peeled from the underlying epithelial tissue with a hemostat. Several silk sutures were taken in each of the cavities left by removal of the papillomata—three from the

right and one from the left front foot. The after-care consisted of routine wound treatment of iodine followed by applications of tannic acid and boric acid powder.

However, approximately two weeks after their removal, the papillomata were beginning to recur and for a second time the warts were removed surgically. The operative procedure followed the same plan as above, but the excised tissue this time was placed in a sterile container and was sent to the laboratory so that an autogenous vaccine might be made from the tissue. In the ensuing week, while waiting for the vaccine, the wounds healed rapidly but additional warts were seen to be developing between the toes on both feet.

Upon receipt of the vaccine, its administration by subcutaneous injection into the flank was begun immediately. On the first day a 1 cc. dose was used, and on the third day the dose was increased to 2 cc. of vaccine. Then on every alternate day thereafter, 4 cc. of the vaccine

were given until a total of 23 cc. had been administered. The papillomatous areas appeared to be drying and were beginning to disappear upon the eleventh day of treatment with vaccine. Three days later the patient was discharged with the lesions on the feet having nearly disappeared. The owner of this patient has since been contacted and he reports no recurrence of the papillomata.

This case of infectious papillomatosis was of interest primarily from two standpoints: First, it is the only case of an infectious papillomatosis affecting the feet which has entered the hospital, although oral infectious papillomatosis in puppies has been reported. Second, it seems to indicate that biologic therapy or, more specifically, treatment with an autogenous vaccine may be beneficial in such cases. It must be remembered, however, that an isolated case such as this cannot be used as conclusive evidence that such therapy is infallible.

—J. B. Crundwell, '43

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