

She was dragged onto mats and hosed down with warm water to remove the rest of the cresol solution. Five-hundred cc. of equine citrated blood were given intravenously.

The patient showed forced running movements and muscular tremors for the next 20 minutes. Closer examination revealed welts where the solution had run down the sides and the neck. At the end of 30 minutes, the horse was able to regain her feet, was rubbed down and returned to the box stall.

The next day the horse appeared normal and all evidence of the welts were gone. The skin around the neck area was slightly sensitive, but that was the only remaining symptom.

The right front foot healed uneventfully and the horse was discharged April 5, 1950.

The following factors could and probably did influence this reaction. (1) The lowered hemoglobin and red cell count showed the animal not to be in good condition. (2) Light skinned animals are more sensitive than dark. (3) The previous treatment may have sensitized this animal and the irritation from the first may not have completely healed. (4) The increased concentration could have played an important part, but had the animal been in good health probably no reaction would have occurred. (5) The last treatment was very thoroughly applied. (6) There is also the possibility of an individual idiosyncrasy to cresol.

Lloyd A. Jensen '51

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Urethral Calculi In A Dog. A

9-year-old male Collie was admitted to the clinic on Feb. 9, 1951. The predominant symptom was frequent dribbling of urine. Its previous history was of interest.

On March 9, 1950 it was operated on for urethral calculi and many small stones were removed from the urethra. The recovery was rapid and the patient was discharged on the fourteenth day with the surgical wound completely healed. Ammonium chloride was dis-

persed in 0.5 gm. enseals with instructions to administer 1 gm. (two enseals) twice daily for 7 days and to administer 0.5 gm. (one enseal) twice daily from then on. The dog was returned for a check up on April 7, and again on April 26, at which time the pH of the urine was 5.5 and the animal was apparently in good health.

The dog was brought in again on Aug. 12, 1950, with a history of passing bloody urine and frequent dribbling of urine. A few urethral calculi were dislodged from the urethra by the use of a catheter and the administration of ammonium chloride was again prescribed.

The animal was in a dog fight in the latter part of September and a wound of the gluteal region failed to heal properly. It was treated as an out-patient for this fistulous wound on Oct. 19 and again on Oct. 31. This wound was still present when the dog entered the clinic on Feb. 9, 1951.

Prior to examination, a sedative dose of 1 $\frac{3}{4}$ gr. of morphine sulfate with 3/100 gr. of atropine sulfate was given subcutaneously. After examining the dog it was decided that another operation would have to be performed for urethral calculi and at the same time to debride the fistulous wound of the gluteal region.

The patient was placed on the operative table in a dorsal recumbent position. An area extending from the xiphoid cartilage and rib cage anteriorly and posteriorly to the pubis and laterally to include the femoral region and the area around the gluteal wound was clipped, shaved and defatted with ether. Isopropyl alcohol, 50 percent, was used as a skin disinfectant. Ether inhalation produced and maintained anesthesia. It was difficult to palpate the urethra due to the scar of the previous operation, so a metal sound was introduced through the urethral orifice and passed back through the urethra to the operative area just posterior to the os penis. Three sterile towels were placed around the operative area as a shroud. An incision 3 cm. long and in a longitudinal direction was made through the skin, fascia, old scar tissue and ventral wall of the urethra. The cal-

culi could be palpated, but were so adherent to the mucosa of the urethra that it took about 45 minutes of painstaking manipulation with a metal sound to dislodge 12 to 15 calculi which ranged in size from 1 to 6 mm. Expression of the bladder then flushed out about 18 more stones of approximately the same size and some finer material, which evidently was in the urethra posterior to the incision. The incision was left to heal as an open wound. The gluteal fistula was debrided and packed with sterile gauze and the patient was returned to the kennel.

In the accompanying photograph (Fig. 1) the urethral incision is seen just anterior to the scrotum. The gluteal wound with the gauze pack inserted is seen about 7 cm. dorsolateral to the scrotum. Figure 2 shows several of the calculi with a 6 in. ruler.

On the day following the operation slight hemorrhage was noticed from the open wound. Urination was through both the urethral orifice and incision opening. The dog was taken outside to the exercise pen to urinate and while there he ate large quantities of snow. About 1½ hrs. later he vomited a serous fluid. To control vomition, 1/50 gr. of atropine sulfate was given subcutaneously. On the following days slight hemorrhage was

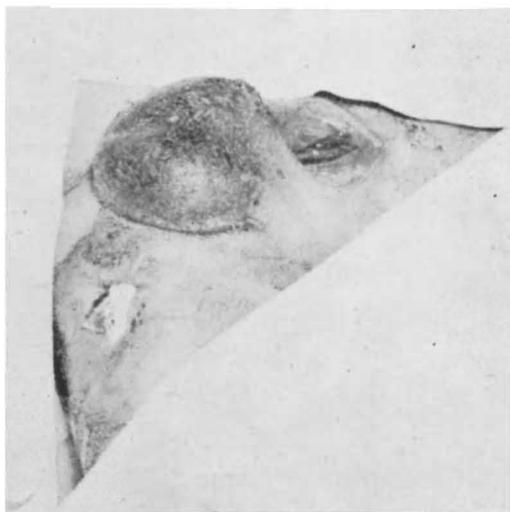


Fig. 1—Photograph of the operative site showing the location of the incision and the gluteal wound.

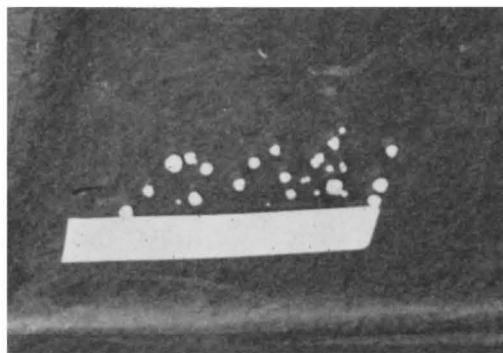


Fig. 2—Several of the calculi with a 6 in. ruler.

seen following urination and excitement. On the fifteenth day the patient was discharged, and at that time urine was still being passed through both openings. As a prophylactic measure, the owner was advised to have the animal castrated following complete recovery; however, at present this has not been done.

R. Scholten '52

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A case of Johne's Disease. On Jan. 31, 1951, a 4-year-old short-horn cow was admitted to Stange Memorial Clinic, and on Mar. 31, 1951, a 5-year-old Brown Swiss bull was also admitted. Both animals were in poor general condition—showing symptoms of watery diarrhea, atonic rumen and poor appetite. Both patients were treated symptomatically for several days with little improvement. It was decided to subject both animals to a test for Johne's disease. The test was conducted as follows: both animals received 10 cc. of avian tuberculin intravenously and their temperatures were checked hourly.

The Shorthorn cow had more than a 2 degree temperature rise which was considered indicative of Johne's disease. The Brown Swiss bull did not show enough change in temperature to be considered positive.

The Brown Swiss bull improved greatly after symptomatic treatment consisting of 3 oz. of powdered gentian, ginger and nux vomica (equal parts), 3 oz. of a vitamin feed supplement and 2 oz. of a mineral mixture, containing a trace of