

bottle and administering it to the calf in the form of a drench. It was hoped that a flora would be established in the calf's rumen in this manner that would eliminate the bloat. The patient was observed for a period of 10 days following this treatment but no improvement was noted.

Three x-ray pictures of the patient were taken. One lateral view of the head, and two ventro-dorsal views of the pelvis. The x-ray of the head showed an under-shot lower jaw suggestive of bulldog characteristics. The radiographs of the pelvis revealed no abnormalities. It was thought that some aseptic necrosis of the coxo-femoral joint might be detected. This condition has been observed in some other so-called dwarf Hereford bulls. Evidently the bone development was not sufficiently advanced to show it in this case if it was present.

A hopeless prognosis for normal development was given and the calf was discharged Jan. 17, 1949. The owner deemed it advisable to destroy the calf and the left half of the bony pelvis was sent back to the clinic. These bones were macerated and showed early aseptic necrosis of the left coxo-femoral articulation.

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**Carcinoma of the Eye.** October 25, 1948, a 10-year-old white stock-horse was admitted to Stange Memorial Clinic.

Prior to its entry the horse had been treated for a carcinoma by surgical removal of the left lower eye lid.

The symptoms noted were: suppuration from the surgical wound; recurrent neoplastic growth on the remains of the lower left eyelid and the nictitating membrane of the left eye; corneal opacity of the left eye; suppurative eschar involving medial canthus and medial third of the upper right eyelid; neoplastic growth on the nictitating membrane of the right eye, and a purulent discharge from both nasal lacrimal ducts.

The day following the patient's entry to the clinic a series of x-ray treatments



**Fig. 4. Carcinoma of the eye as it appeared when presented at the clinic.**

were begun. Therapy was given every other day giving twice as much exposure to the left eye as to the right. This series of five treatments extended over a period of 10 days, and constituted a cancericidal dosage to the left eye while the neoplastic lesion of the right eye received a total of 1278r.

Each day both eyes were cleansed with 2 percent boric acid solution.

Throughout the period of treatment a brownish, tenacious exudate was present around the lower eyelid and on the side of the face below the left eye. Only a slight purulent exudate was noticed in the right eye. There was no appreciable change in temperature, pulse or respiration during this period. X-ray therapy ceased on Nov. 3, 1948.

For the next four days, both eyes were cleansed with a 2 percent boric acid solution and a 2 percent yellow oxide of mercury ointment was instilled into each eye. On the fifth day the right eye was clean but exudation continued from the left eye. From the eighth to the twenty-second day after cessation of x-ray treatment, the exudate was removed from the

left eye and surrounding area by irrigation with 2 percent boric acid solution. Sulfanilimide powder was dusted on the wound. Similar treatment followed for the next three days substituting 5 percent sulfathiazole ophthalmic ointment for the sulfanilamide powder.

November 26, 1948 the carcinomatous condition had been corrected by the x-ray, however the previous removal of the left lower eyelid prevented proper disposition of normal lacrimal fluid thereby necessitating removal of the eye. The patient was given 55 Gms. of chloral hydrate via stomach tube and restrained in the right recumbent position on the operating table.

The upper eyelid and surrounding area of the left eye were washed, shaved, defatted with ether, disinfected with strong tincture of iodine and infiltrated with 2 percent procaine hydrochloride solution. Surgical removal of the eye followed. The orbital cavity was packed with sterile gauze and sulfanilamide powder. Interrupted sutures of surgical silk were placed across the orifice to hold the pack in place.

The third day following enucleation of the eye, the medial one-half of the sutures were removed and the pack was withdrawn. The cavity was flushed with potassium permanganate solution 1:3000 and insufflated with sulfanilamide powder. This treatment was continued until Dec. 9, 1948.

The remaining sutures were removed on Dec. 5, 1948. Healthy granulations were forming in the cavity and exudation from the wound was slight.

December 10, 1948: exudation had ceased, granulations were rapidly filling the orbital cavity, and the horse was in good physical condition.

The patient was discharged from the clinic on Dec. 12, 1948.

The opinion of the radiologist in charge is that if the lower eyelid had not been removed, x-ray therapy would have successfully corrected the lesions and enucleation of the left eye would not have had to be performed.

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### Intramedullary Pinning of a Fracture in a Dog.

A 6 months old Collie bitch was admitted to the Stange Memorial Clinic on Jan. 13, 1949, with a history of having had its right rear leg broken 10 days previously, in some undetermined manner. The broken end of the tibia was protruding through the skin. Fluoroscopic examination revealed a fracture of the fibula and a compound transverse fracture of the tibia at a point  $2\frac{1}{2}$  inches from its proximal end.

The next morning, following pre-operative administration of 2 gr. of morphine sulfate, the animal was restrained upon the operating table. The entire right rear leg was shaved, defatted with ether, and sprayed with 70 percent ethyl alcohol. Ether was then administered to produce surgical anesthesia in the patient. The leg was covered with a sterile shroud, and an incision made to expose the tibia near the fractured end. By blunt dissection, the muscles were separated from the bone, which was found to be necrotic for about  $\frac{1}{2}$  inch from the projecting end. This necrotic piece was removed with a bone saw.



Fig. 5. The leg, showing the surgical closure of the wound in the soft structures.