

**2**

**Enucleation of the Eye.** On Jan. 15, 1954, a Hereford cow was admitted to Stange Memorial Clinic at Iowa State College. The diagnosis was a carcinoma of the right eyeball, which was to be removed. The operation was scheduled for the next day.

The animal was restrained on the operating table, and the operative site prepared by clipping, washing thoroughly, defatting with ether, and disinfecting with 50 percent isopropyl alcohol. A local anesthetic of 2 percent procaine was infiltrated under the skin. Surgical anesthesia was obtained by injecting approximately 6 cc. of procaine in five different places around the eye. A two-inch 18-gauge needle was used and was directed toward the optic nerve in each instance.

For the operation, three sutures were placed equidistant through both eyelids. The ends of all three sutures were left six inches long and tied together to serve as a means of traction. An incision, approximately  $\frac{3}{8}$  in. back from the edge of the lids, was made through the skin around the eye. The incision was continued down to but not including the conjunctiva. The incision was then directed lateral between the eyelid and the conjunctiva toward the orbit. At this point a scissors was used to complete the blunt dissection down into the orbit. A detachable-bladed scalpel is not recommended for this due to the danger of losing the blade or breaking it; a straight scalpel can be used. Sufficient fatty tissue is left to fill the cavity. The lateral muscles of the eye were transected at their attachment to the eyeball. Blunt dissection was continued until the eye could be rotated freely. At this point only the retractor muscle and the optic nerve and vessels were still intact. These were severed down as far as possible with the scissors and the eyeball removed. The cavity was dusted with sulfathiazole powder and packed with sterile gauze. Starting at the lateral canthus the lids were closed with interrupted silk sutures. The two medial-most sutures secured the gauze pack.

Forty-eight hours after the operation the two medial sutures were removed to facilitate removal of the gauze packing. A 1:3,000 dilution of potassium permanganate solution was used to irrigate the eye socket. Sulfa-urea powder was dusted into the cavity and three million units of penicillin given intramuscularly.

A beginning local inflammation was treated with hot packs the third day after the operation. Twenty-four hours later the inflammation was still apparent. A third suture was removed to enable a gloved finger to be inserted to remove the blood clots collected. Three million units of penicillin and 3 Gm. of Streptomycin were given intramuscularly. Hot packs and irrigation were continued the following two days. On January 23, a putrid odor was noticed before irrigation; a sulfa-urea solution was used to irrigate the cavity.

Two days later drainage was being established. The socket was still quite necrotic. Pieces of clotted blood were removed with a finger, and the socket irrigated with a 1:3,000 dilution of potassium permanganate. To prevent irritation from the inflammatory exudate the area below the drainage was cleansed and covered with petrolatum.

The animal was ready for discharge on January 27. The cavity was thoroughly cleansed and two tubes of Combiotic ointment instilled into the socket. Petrolatum was applied on the area of drainage and the patient discharged that afternoon.

The usual outcome is union of the eyelids. The remaining scar along the lids is small with a small white dot of granulation tissue at the medial canthus. By leaving as much periocular fat as possible the cavity will fill in well.

**Carl Miller, '55**

**3**

**Atony of the Urinary Bladder in a St. Bernard.** On Feb. 15, 1954, the cadaver of a 3-year-old female St. Bernard was admitted to Stange Memorial Clinic for diagnosis. There was a



**The St. Bernard at Necropsy. The dark enlargement, front and center, is the bladder. Three gallons of fluid were drained from it.**

history of occasional straining and frequent scanty urination. The abdomen was greatly distended and before death the animal was quite depressed. The owner thought the animal was pregnant; however, there was no increase in mammary development. Since the animal was dead on arrival there was no clinical diagnosis made.

Post mortem examination revealed complete atony, chronic dilatation and hypertrophy of the urinary bladder which contained approximately three gallons of sanguineous urine. The bladder wall was approximately 2 mm. thick and showed diffuse hemorrhages throughout. There was a mild chronic nephritis accompanied by some symptoms of uremia. A mild myocarditis was also seen. The animal was not pregnant.

The etiology of this particular case was unknown. Urethral calculi, tumors or stricture of the urethra (acquired or congenital) could cause this condition but in this case the urethra was unobstructed, no calculi were present and there was no disturbed innervation of the bladder. An enlarged prostate or prostatic involvement may be an etiological factor in male animals. This syndrome may have been initiated by a chronic cystitis.

**Keith T. Johnson, '55**

**4** **Chronic Pancreatitis.** On March 27, 1954, a 60-pound 6-year-old male German Shorthair Pointer was presented at the Stange Memorial Clinic with a history of blood being noticed in the stools two months previously, continuous loss of weight although the appetite was always good, occasional vomiting, loose clay-colored stools, and a diet of Nutrena and tablescraps.

Physical examination revealed a thin bright active animal with a peculiar bloated appearance; palpation of the abdomen revealed nothing that would have accounted for its enlargement.

A tentative diagnosis of chronic pancreatitis was made and the animal was left at the clinic for further observation and therapy.

A fecal sample was obtained from the dog. The stool was loose, yellowish-gray, foul smelling, and contained blood clots and excessive mucus. Microscopic examination revealed *Ancylostoma caninum* ova. Part of the stool was subjected to a simple test for pancreatic enzymes (trypsin specifically). The test was conducted as follows: A small piece of undeveloped radiographic paper was inserted into a paper cup containing a