

5**Ventral False Hernia In Equine.**

The etiology of ventral hernia is not completely agreed upon by all clinicians. Trauma of many sorts which causes weakening of the muscle fibers is commonly incriminated. Ventral hernia often occurs along the posterior border of the last rib which might indicate a possible hereditary or predisposing weakness of the attachment of the abdominal muscles at this point. Ventral was used to differentiate this hernia from umbilical and inguinal type hernias. It was also referred to as false because in this particular case the peritoneum was torn which is not the case in a true hernia.

On October 31, 1956, a bay saddle horse approximately 10 years old was brought to the Stange Memorial Clinic for a check-up after the owner had noticed a swelling in the right flank area. Examination revealed that the swelling was about eight inches long and projected laterally about four inches. There was fluctuation on palpation of the swelling. Peristaltic sounds, indicating a loop of intestine, were heard on auscultation. The temperature was normal. There was an increase of rate and firmness of the pulse which pointed toward damage to the peritoneum. On the ventral abdomen was an area, one inch in diameter, that was warm and gelatinous to the touch, indicating passive hyperemia.

The following day the area was clipped, shaved, washed with soapy water, and disinfected with 70 per cent isopropyl alcohol. The patient was then given a chloral hydrate, pentobarbital sodium, and magnesium sulfate solution intravenously to the effect of deep surgical anesthesia. This gave restraint, provided relaxation of the abdominal muscles, and prevented straining by the patient during the operation.

When the horse had been placed in position for the operation, 70 per cent isopropyl alcohol was again put on the area to be incised. A dorso-ventral incision, five inches long, was made about six inches anterior to the stifle joint. This

incision extended from the level of the stifle dorsally and was made just through the skin. The subcutaneous tissues were then separated by blunt dissection. This disclosed that each of the three abdominal muscles contained a tear of four inches in length. The tear in each muscle extended in the direction of its fibers and that of the peritoneum in the same direction as the tear in the transverse abdominal muscle. Since there was little or no damage to the attachment of the muscles and the tear did not follow the contour of the last rib, as so often is the case, the prognosis was changed from guarded to favorable. Due to the criss-cross pattern of the tears it was decided not to insert plastic mesh since this would have increased the amount of irritation.

The cecum was pushed back into the abdomen. The peritoneum and transverse abdominal muscle were picked up and sutured with number 4 catgut using simple continuous stitches. Tetracycline[®] powder was sprinkled over this layer and then the internal abdominal oblique muscle was sutured in the same manner as the transverse abdominal muscle and peritoneum. Next the external abdominal oblique muscle and then the subcutaneous tissues were sutured in the above described manner. After each of these layers was sutured a small amount of Tetracycline powder was applied. Finally the skin was sutured with a non-absorbable material using continuous interlocking stitches. The horse was then given 1500 units of tetanus antitoxin and 2,000,000 units of Penicillin G procaine with 2½ grams of Dihydrostreptomycin sulfate, intramuscularly.

The day following surgery the pulse rate was 60 and the temperature 101.4°. The horse showed considerable reluctance to move around. The abdominal edema had increased to cover an area approximately six inches in diameter and one inch in thickness. Another 2,000,000 units

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*** Race track**

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to keep stimulated horses off the track, as well as sorelegged ones that have been blocked. This is dangerous and always taboo. Acute eye injuries are always very dangerous as it is imperative that a horse have good vision.

In conclusion, let me say that the veterinarian is an important cog in racing circles. My experience has been limited to the two tracks here in Arizona, both comparatively small. However, we do have approximately fifty racing days each winter, and I have been with the Commission the past seven seasons. Let me impress upon you that we still make an occasional error, and the opinions I have given you are my own and do not apply to other tracks, as each track has regulations to fit its own particular need. Our races are confined to thoroughbred and quarter horses, there being no harness races in Arizona at present, and the veterinarian is doing his best to keep both horse and dog racing honest and above board. Any violations from his standpoint are few and far between; as an example, in the season just closed we had one violation, which was caught, out of approximately four hundred and seventy races covering about 3,800 horses. A small percentage as you will note, but if the veterinarians were not on the job this percentage would soon soar and in a short time racing would surely deteriorate. No one wants to bet their money on a hop head, besides an element of danger to the jockey is always present with this type of horse.

[Dr. Fox invites any student or alumnus who might visit Tuscon, Arizona, to contact him; he will make the necessary arrangements for you to spend some time with him at the race track. ED.]

*** Disc**

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of a rib and the employment of artificial respiration. The disc in question is then fenestrated dorso-laterally (ventrally in the case of cervical discs) with a small

knife or lancet. As much as possible of the loose content of the disc is removed with a scoup. The adjacent discs can easily be fenestrated through the same opening; this may be an advisable prophylactic measure.

REFERENCES

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3. A Study of Disc Degeneration in Dogs; Lacroix, Leon J., *N. A. Vet.*, 34, 1953, p. 567.
4. Intervertebral Disc Protrusions in the Dog; Horlein, *Vet. Record*, 65, 1953, p. 798.
5. Posterior Paralysis Associated with Intervertebral Disc Protrusion in the Dog; Riser, Wayne H., *N. A. Vet.*, 27, 1946, p. 633-642.
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of Penicillin G procaine and 2½ grams of Dihydrostreptomycin sulfate were administered.

November 1, 1956, the horse was eating, moved around much better, had a temperature of 100.2°, and a pulse rate of 52. The abdominal edema was still increasing in area and a small amount of edema was noted about the area of incision.

On November 5, 1956, the horse was eating and drinking well, moved about freely, and showed no signs of depression. The edema, which had increased to extend from between the hind legs to the points of the olecranons and had a width of one foot and a thickness of two inches, had started to be absorbed. The temperature was 99.0° and the pulse rate was 60. The clinician in charge stated that now the prognosis was very good.

—Rodney E. Hall '58

A few minutes' grooming of your dog's coat every day will not only make him a canine Beau Brummel but will definitely contribute to his good health.