

# CLINICAL MEDICINE

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**1** **Entero-intoxication in Sheep.** On Dec. 26, 1940, Dr. M. S. Campbell, Brookfield, Mo., was called to investigate the death loss in a flock of 800 feeder lambs. These lambs had been on feed for sometime and until the time of the call had been doing well. It seemed that the animals affected were the largest and fattest of the flock.

The history was that the lambs that appeared thrifty the day before would be found dead in the morning. The few that were found showing symptoms lived only a few hours, showing typical brain involvement such as having the head thrown back or running in circles.

On post-mortem the kidneys were found to be hemorrhagic and pulpy in consistency. In all cases the rumen was full, showing an excess of grain for animals of their weight. The small intestines were empty, and there were areas of acute inflammation in the duodenum.

The history pointed to faulty feeding practices. It was found that the lambs were getting good alfalfa hay, silage, and about one pound of grain per head per day. Although they were limited to less than a pound of grain per head per day, they received all the alfalfa they wanted. The ration seemed to be excellent for lambs their size and for the length of time they had been on feed. However, one thing the owner failed to take into consideration was the greediness of some of the more aggressive lambs that were overeating grain.

It was suggested that the grain be cut by one-fourth, and that the feeding space be more crowded. The result was that losses stopped immediately.

—R. L. Campbell, '41

**2** **Fetal Dystocia.** A patient, a seven year old purebred Angus cow, was presented at Stange Memorial Clinic on Jan. 8, 1941. She had begun labor the previous night after having completed a gestation period of supposedly normal length.

Preliminary palpation disclosed a posterior presentation with the fetus in a dorso-sacral position. The right hind leg was extended backward, but the left leg was extended forward under the abdomen of the fetus. The joints were ankylosed, and embryotomy was decided upon as the only feasible recourse.

A flexible cable leader was passed around the left leg, then the obstetrical wire saw was attached to one end of the leader and drawn after it around the leg. The handles of the saw were attached to the wire and guided forward by hand until they rested against the leg, where it was sawed in half. The detached portion of the limb was removed, after having been severed just above the middle of the femur.

An obstetrical chain was attached to the right hind leg and manual traction