

selves, were found to be extremely friable. In the course of bluntly dissecting out the small intestine from the hernial sac, the intestine was accidentally ruptured. Because of the friability of all the tissues involved, especially of the intestine, suturing was rendered impossible. It was found very difficult even to make the No. 4 catgut sutures hold in the abdominal muscles at the neck of the hernia. Sulfanilamide was placed in the sac and a gauze pack was sutured in the cavity with a continuous blanket suture of braided silk suture material. An initial dose of 600,000 O. U. of penicillin was administered intramuscularly in the gluteal region and a dose of 200,000 O. U. was given every 6 hrs. thereafter.

November 1, 1947, four days after the operation, the packs were removed and no serious effects were noted. The horse appeared normal at 6 a. m. the following morning, but at 9 a. m. fecal material was observed passing from the wound. A fecal fistula had apparently been formed at the junction of the intestinal rupture and the mouth of the hernia. Euthanasia was performed and a post mortem diagnosis substantiated the clinical diagnosis of a fecal fistula.

—Art Skewes, '49
—A. Neumann, '49

6

Dystocia and Caesarean Section in a Bovine.

A Holstein cow, aged, 5 years, was admitted to Stange Memorial Clinic Oct. 4, 1947. The owner did not accompany the animal so an adequate history could not be immediately obtained. The only history elicited was that she had started to labor the preceding day and had not calved as yet. It was decided to perform a vaginal examination on her.

The cow was placed in the stocks and the external genitalia washed with soap and water. Upon examination the operator found a 180° clockwise torsion of the uterus. It was decided, in view of this fact, to correct the uterus to its normal position.

The operative area in the right paralumbar fossa was clipped with mechanical

clippers, using first a coarse and then a fine head. The clipped area was washed with soap and water, dried, defatted with ether, and painted with a 7 percent tincture of iodine. A sterile towel was placed dorsal to the lumbar vertebrae, and 2 towels fastened to it so they draped down on each side of the operative area. This left the paralumbar fossa exposed in a field of sterile towels.

The line of incision was anesthetized first intracutaneously by injections of a 4 percent procaine hydrochloride solution. Each succeeding injection after the first was made near the edge of the preceding "wheal" produced when the drug was forced into the tissues. The deeper structures beneath the line of incision were anesthetized using the same 4 percent procaine solution.

The incision, about 12 in. in length, was made dorso-ventrally, approximately 8 in. anterior to the tuber coxae. Its dorsal boundary was about 4 in. below the transverse processes of the lumbar vertebrae. The incision was through the body wall in the previously anesthetized area at a point where the omentum contacted the abdominal wall. Hence it was necessary for the operator to go through the omentum, hold the small intestines in the cavity, and correct the torsion by manipulation of the uterus.

A large amount of straw colored fluid was present in the peritoneal cavity. This fluid was removed by cupping out a little at a time, through the incision. This accumulation of fluid in the peritoneal cavity was believed to be due to obstruction of the venous blood supply from the uterus. The torsion could have impeded the blood flow in the vessels of the right broad ligament and blood plasma under high pressure would transude into the peritoneal cavity.

A vaginal examination was made again at this point. Because the cervix was tightly closed, and because the abdominal cavity was already opened and the uterus appeared healthy, it was decided to perform a Caesarean section.

The original incision in the body wall was lengthened dorso-ventrally until it was of sufficient length to permit the ex-

traction of the fetus. The wall of the uterus was then incised near the apex, and after some manipulation the fetus and fetal membranes were removed from the uterus. The fetus was dead when taken from the uterine cavity.

A Connell infolding suture, of No. 3 chromic catgut was used to close the incision in the uterine wall. The closed incision was dusted lightly with sulfanilamide powder. A continuous suture of No. 5 chromic catgut was used to hold the incised edges of the peritoneum, transverse fascia, transversus abdominis, obliquus abdominis internus, and obliquus abdominis externus muscles in apposition.

The skin was brought together with the Stewart stitch, using umbilical tape. Bipp paste was then applied topically to the wound.

The following day, Oct. 4, the patient was given a drench containing 1,000 gr. of sulfanilamide in water with 1 oz. of bovine tonic. The bovine tonic is composed of:

Tincture of Nux Vomica..... 5 ounces
Tincture of Gentian 1 ounce
Tartar emetic15 drams
Distilled water q. s...... 1 pint

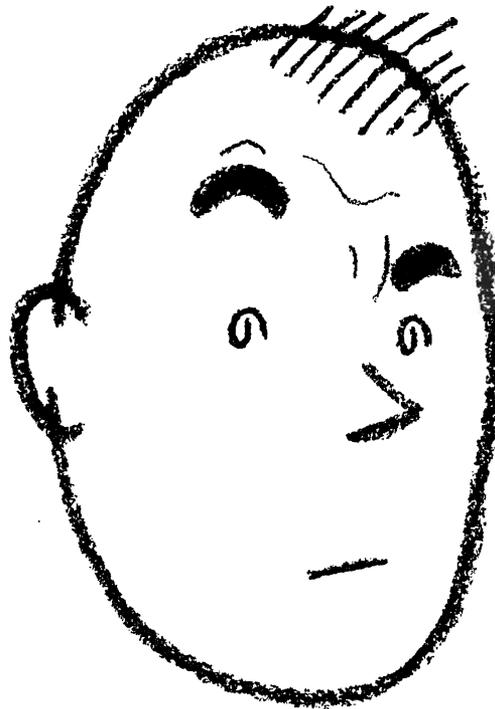
The tonic was given to facilitate the closing of the esophageal groove in an effort to deliver the sulfanilamide directly into the abomasum.

The next 3 days the sulfanilamide therapy was continued. A total of 1,000 gr. was given in 3 doses. The first, second, and third days, 1 oz. of bovine tonic was also given orally with each dose.

The sulfanilamide treatment was discontinued on Oct. 10 and on the eleventh day after the operation, every other stitch in the skin wound was removed. The remaining stitches were removed the next day and the wound dusted with boric acid and air slaked lime. The patient was discharged in good condition, Oct. 21.

—A. Neumann, '49

In 1819, the editor of the New York Evening Post collected and made public numerous cases to show the efficiency of the skull cap for curing the bites of mad dogs.



SHOW YOU? Sure!

There's nothing we like better than realistic veterinarians who want "to be shown" that Cutter B-T-V is the best way to fight hog cholera. That by eliminating live virus, B-T-V makes vaccinating easier for you, safer for your clients.

EASIER? Because you can vaccinate any time with Cutter B-T-V, all or part of a herd. There's no vaccination stunting and no post-vaccination flareups.

SAFER? Because with Cutter B-T-V, there's no danger of contaminating clients' premises, no chance of virus breaks.

Result? Pigs stay on full feed, gain faster, reach market sooner.

More and more, progressive veterinarians are becoming convinced of B-T-V's particular advantages. *Trial is all it takes.* How about it, Mister from Missouri, may we "show" you?

CUTTER LABORATORIES, BERKELEY 1, CALIF.