

positive to the electronic metal detector test and was sent to the clinic as a "hardware" suspect.

When the patient arrived at the clinic she was in a very weak and debilitated condition; the pulse was 70 and was very weak; respirations were about 45 and the temperature was 101.6°F.

A rumenotomy was performed the same day the patient was admitted. Several nails and pieces of wire were removed from the reticulum, although none were found to be penetrating the mucosa. At this time it was thought that adhesions could be palpated outside of the reticulum with the possibility of an encapsulated foreign body between the reticulum and the diaphragm. The incision was closed in the usual manner and the patient was given 500 cc. of glucose intravenously and 3,000,000 units of penicillin intramuscularly.

The day following surgery the patient was very depressed; 500 cc. of glucose and 3,000,000 units of penicillin were again administered. On December 20, 500 cc. of calcium gluconate was administered in addition to glucose and penicillin as given the previous day; the patient was still very depressed and her temperature had dropped to 100°F. On December 21, the patient was very weak and could not rise to its feet. The temperature was 99°F. and the pulse was very weak. Five hundred cubic centimeters of glucose was given intravenously. The patient expired during the night of December 22, 1953.

Autopsy revealed an infarction of the duodenum three inches anterior to the entrance of the hepatic duct that involved the entire circumference of the intestine. Fibrinous adhesions in the area indicated that the condition had been present several days. There were no perforations. The duodenum anterior to the obstruction was greatly distended and the abomasum was enlarged to about three feet long and twelve inches in diameter.

Although the occurrence of this disease entity is rather infrequent, we should remember that it does occur. It should

be remembered as a possible diagnosis when there are digestive disturbances of an obscure nature.

N. J. Hyde, '54

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Transmissible Lymphosarcoma.

On Feb. 10, 1953, a ten-year-old male boxer was admitted to the Stange Memorial Clinic with many small urticarial-like swellings in the skin of the entire body. A large growth, one and one-half inches in diameter, was in the skin of the back. Some of the swellings were reported to have existed for only a short time, while others were quite firm in consistency and more persistent in growth. The condition had been noted for approximately two months by the owner and was diagnosed by a local veterinarian as urticaria. Antihistamine treatment had been administered without benefit.

On February 11, a hematological study showed no significant findings. Biopsies were performed on two of the growths, and diagnosis of the highly malignant condition, transmissible lymphosarcoma, was made.

On February 13, the owner requested that the dog be destroyed. Upon post mortem examination, numerous white, neoplastic masses, 1-5 cm. in diameter, and quite firm in consistency, were found in the subcutis of the back and sides. There were numerous smaller masses found on the mucosa of the prepuce. Other findings were: slight enlargement of the superficial lymph nodes, fatty degeneration of the kidney with numerous healed infarcts, chronic valvular endocarditis and chronic hepatitis. There were no signs of metastasis to internal organs.

This case is interesting because of the tumor-like masses on the mucosa of the prepuce. They are indicative of the condition transmissible lymphosarcoma, also known as transmissible venereal tumor of the dog. The absence of tumorous growths on the penis and the presence of

numerous neoplastic masses in the subcutis of the back and sides would make this an atypical form of this disease. Under normal circumstances the transmissible venereal tumors are found as single or multiple, small or large, firm, soft or friable, gray to gray-red, sessile or pedunculated, nodular or papillary masses on the penis and at times on the parietal layer of the prepuce. They occur on the glans, sometimes on the entire penis, at the base of the penis and adjacent prepuce, and may extend to the scrotum and perineal region. In the female the tumors are usually solitary, are found beneath the mucosa in any part of the vagina, often involve the adjoining vestibule and may spread to the labia. Their size varies from small nodules to large masses, and the latter may occlude the vulvo-vaginal lumen or may protrude between the labia. In both sexes regressive changes are common, so that the tumors may ulcerate and slough, bleed easily, and frequently are associated with a serous, hemorrhagic, or purulent preputial or vaginal discharge.

In most cases the tumors are confined to the genitalia, although spread may occur by direct extension to adjacent structures and by metastasis to regional lymph nodes and rarely to internal organs. Transmission is effected by coitus, either from male to female or from female to male. Transmission is possible also by an animal licking the affected genitals of another animal and in turn licking its own genitals or those of other susceptible dogs.

This condition has a world-wide distribution. In the United States it is seen especially in the metropolitan areas. It is seldom seen in Iowa.

Robert Glotfelty, '54

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Tampon Operation for Chronic Prolapsus Vaginae. On March 24, 1953, a Hereford cow and her one week old heifer calf were admitted to the Stange Memorial Clinic. The history was as follows:

11-3-52 Prolapse of the vagina occurred and was reduced. The lips of the vulva were sutured to prevent a subsequent prolapse.

11-15-52 The sutures were removed because of local infection resulting from the irritation. No straining observed at this time.

2-5-53 Prolapse of the vagina occurred. This was reduced and sutured again.

2-19-53 The sutures were removed; no straining observed.

3-2-53 Prolapse of the vagina occurred for the third time and was reduced and again sutured as before.

3-13-53 The sutures were removed to permit the delivery of the calf.

3-17-53 Calf was delivered with no complications.

3-19-53 Vagina and rectum prolapsed, reduced and sutured.

At the time of entrance, there was considerable swelling of the vulvar lips with hyperemia and abscessation from the stitches. The entire area was cleaned and the exudate, necrotic tissue and sutures removed. Following this, five percent sulfathiazole ointment was applied to the area and a rope truss applied to prevent prolapse of the vagina and to discourage straining.

During the next three weeks the cow was given full rest in a box stall and was disturbed only to give routine supportive treatment. During this time interval, the hyperemia, swelling and abscessation of the vulvar area completely subsided and the rope truss was removed.

On April 14, the entire perineal area and the area over the dorsal surface of the tail head were clipped. These areas were then scrubbed, defatted with ether, and two percent tincture of iodine applied. Epidural anesthesia was given, using 15 cc. of two percent procaine hydrochloride. A sagittal incision about one and one-half inches to the right of the anovulvar openings was made from the dorsal extent of the anus to a point level with the tuber ischia and medial to the posterior border of the sacro-sciatic ligament. A similar