

using a continuous suture. The internal oblique and the external oblique muscles were sutured separately using No. 4 plain cat gut and the blanket suture. The skin was sutured with umbilical tape using a transverse mattress interrupted suture. Bipp paste was applied to the line of incision and the animal was returned to her stall. After care consisted of application of Bipp paste to the line of incision as indicated. The cow made a rapid, uneventful recovery.

—Jack Nelson, '46

**2**

**Pressure Necrosis.** On September 27, 1945, a dark bay draft horse was admitted to the Stange Memorial Clinic. The animal had a half inch chain about two and one half feet in length embedded into the angle of each mandible. Granulation tissue was rapidly obscuring the chain from view, except at the sides where the chain protruded from the flesh.

There was also a tract of pressure necrosis just above each eye, indicating where the chain had been cut loose by the farmer. The horse presented a very dejected attitude due to the swelling above the eyes, but carried no increased temperature and presented no other symptoms.

#### History

The history secured at this time stated that the owner had turned the horse out on pasture with a halter on, the halter having a chain throatlatch. In some unknown manner, the halter was very forcefully pulled down over the head resulting in the lesions. The owner had merely severed the chain from the halter and brought the horse to the clinic. Judging from the amount of tissue organization the accident must have occurred at least a week prior to the time it was detected by the owner.

The wounds were cleaned and the hair was shaven about the wounds as well as could be accomplished. The horse was given one and one half ounces of chloral hydrate by means of a stomach tube, and

was then restrained upon the operating table. An attempt to pull the chain out demonstrated that it was too firmly embedded. Procaine hydrochloride, 2 per cent, was used to infiltrate around the



View showing the chain deeply embedded in the mandibular tissue.

chain and then an incision was made down to the chain. At the angle of each mandible an exostosis had developed which so firmly incorporated the chain that it was necessary to chisel the bony tissue away. The chain was finally freed and the edges of the wound were smoothed as well as possible.

Aftercare consisted of daily applications of sulfanilamide powder utilizing an insufflator. Granulation tissue quickly formed, and the wound healed without further complications.

This case report has been presented not by virtue of its clinical significance, but as an emphasis of the danger of leaving halters or any other restraining device on animals turned to pasture. It is also mute evidence of the neglect some animals receive at the hands of their owners.

—Jack Nelson, '46

**3**

**Contracted Tendons in Foals.** On April 12, 1945, a three day old Shetland filly was admitted into the Stange Memorial Clinic. The colt was

born with contracted flexor tendons of all four legs, the condition being extreme in the rear legs. This congenital defect is not infrequent, although it is not commonly seen in thoroughbreds, or shetlands. It was formerly attributed to infection of the tendons in utero, but today it is believed to be due to a recessive genetic factor appearing in closely bred individuals.

### Correcting Devices

Various correcting devices have been used with varying degrees of success. One of the best mechanical means consists of wrapping a metal strip to the leg, bent in such a way that it fastens to a shoe which is tacked to the foot. In this way the flexor tendons are stretched and with the addition of weight they soon become adapted and the tendons stretch to their proper length. Splints and other devices are used when the contraction is not severe and upon their failure to respond a surgical operation may be performed.



**View of the pastern surfaces showing wear on them.**

The flexor tendon involved is partially cut to allow it to stretch and thereby to correct the condition. The deep flexor tendon is the one involved when the animal is unable to step flat on its foot and the superficial flexor tendon is involved when the pastern joint cannot be extended. A straight scalpel, a pointed tenatome and a blunt pointed bistoury are required for the operation. A small area

is prepared half way between the knee and fetlock joint. An incision about three-eighths of an inch in length is made through the skin parallel to the tendon and just in front of it. The tendon is held away from the metacarpus or metatarsus with the thumb and finger to avoid the



**View showing open joints after escher was removed**

vessels and nerves which lie between it and the bone. The tentatome is then inserted in front of the tendon and through to the skin on the opposite side. The sharp edge of the blades of both tenatome and bistoury are turned just a trifle toward the tendon when inserting or withdrawing them. The tenatome is withdrawn and the blunt bistoury is inserted in the tract thus established. The foot is forcibly extended while the bistoury is turned with its cutting edge against the tendon. The tendon is cut only as far as is necessary to allow partial extension. The tendons will stretch further when weight is borne on them. A second operation is preferable to cutting too much of the tendon.

### Picture

The accompanying picture shows the hopelessness of this particular case as the soft tissue was worn away from the front of the ankle joints, exposing the joint surfaces as the colt attempted to walk upon them. Euthanasia was recommended and performed upon the owner's consent.

—Klaas Onken, '46