Surgery in the Field

The operating room in large animal practice


Due to the decrease in the horse population the equipment of the general practitioner has been modified during the last 2 decades. Formerly the veterinary clinics in cities were for the dray horses used by local transportation companies; now the clinics are almost entirely for small animals. As a result, the large animal operating table has become estranged from most veterinarian’s equipment. The operating table, as well as the stocks, however, remains to have its advocates and some are being used by general practitioners. Prominent veterinary surgeons regard their table as being essential and extol its virtues as a means of restraint enthusiastically. We were interested in the use of operating tables for large animals, consequently we have asked for ideas on the subject from the field. Dr. H. B. Treman, a general practitioner of Rockwell City, Iowa has willingly submitted some ideas that he has collected after years of successful practice. Some of his views are expressed as follows:

“In a practice that was formerly devoted almost exclusively to equine practice and is now quite limited in that line, we are often asked why we still retain our large animal operating table. Although we do not use it as often as before we would miss it sorely on many occasions if we did not have it. Many farmers have trailers suitable for hauling their livestock and trucks are always available. In addition, we have an ambulance trailer specially constructed with a door at either end that is always at the service of our client. This trailer, if kept for use of medical or surgical patients only would, of course, not be a paying investment but we rent it out for a small sum to be used for transporting stock short distances around the neighborhood. When it is used for our patients we can usually add fifty cents or a dollar to the total bill without that fact being mentioned. With this convenience the owner is satisfied that his animal is receiving the best of treatment and is willing to pay a slightly larger fee than if the surgery had been done on the farm. With these facilities at hand we recommend that animals be brought in rather than cast in the country where incomplete restraint may jeopardize good surgery.

Satisfactory Restraint

“In the course of a year there are sure to be a number of cases which may be treated after a fashion on the farm, either cast or otherwise, that could be treated much more satisfactorily if the patient were confined on a table where adequate time could be taken to do the job as it should be done. Good results are often obtained where inadequate facilities might cause the prognosis to be uncertain if not altogether unfavorable.

“The extensive equine practice in previous years presented cases for treatment for which the table proved to be of special value. It was largely for these purposes that the table as we now know it was developed from the cumbersome devices of a few decades ago. Examples of these conditions are quittors, wire cuts requiring suturing, firing for chronic leg afflictions, the removal of foreign bodies from

(Continued on page 102)
and grain to supply its needed nutrient requirements, milk can be discontinued. Usually some milk, as small an amount as a pound a day in the growthier calves, and larger amounts for weaker calves, should be fed until the calf is 6 weeks old if one wishes to keep it growing and have it develop into a good cow. These recommendations are for raising calves on the minimum milk plan.

Chopping the roughage is inadvisable. Whole hay seems to offer the ideal medium in which the bacteria can develop in the rumen. Chopping also causes greater leaf loss and probably results in greater carotene loss. This latter point is of considerable importance in calf nutrition. Since the rumen of the calf empties rapidly, it is quite important to keep the hay racks full at all times so that the partially digested contents of the rumen can thoroughly inoculate the incoming feed. Although bacteria multiply rapidly it is very important, for maximum efficiency, that the rumen contents be changed at as uniform a rate as possible.

In closing, I should like to mention the importance of sanitation. Many calves probably would not have succumbed to certain contagious diseases if they had been properly fed; on the other hand, the farmer cannot hope to control calf diseases by feeding alone. Even washing the calf pails thoroughly is of little value if the calf can pick up infection from the bedding in its stall or from another calf. In fact, it seems a bit ridiculous to emphasize sterilizing calf pails if the farmer afterwards is going to feed sick and healthy calves out of the same bucket or group of buckets, and use other unsanitary practices. The farmer must be taught the importance of being consistent. If he wants to raise good calves, he must have them well-bred, well-fed, and conscientiously cared for. The veterinarian can cooperate in each of these steps.

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the operator is not in the best frame of mind after wrestling with an animal to effect a form of restraint and the subsequent acrobatic surgery may not result in a performance that would demonstrate the operators true proficiency. The greatest advantage of the operating table in this connection is the liesurely manner with which an operation may proceed without discomfort to the confined animal and the decided freshness of the patient after the operation is over. The operative field may be firmly secured to enable the disinfection, dissection, hemostasis, suturing, and bandaging to be carried out in a thorough manner. The threshing of the animal is held to a minimum and does not allow litter to be thrown about nor cause dust to be stirred up thus providing less danger of soiling the surgical wound.

Use of Stocks

"In my opinion stocks are second only to the table as a means of confinement for large animals. Our stocks are equipped so that the feet, either front or rear, can be held up by means of a pulley block for treating either foot wounds that are not severe enough to require the use of the table, or for applying shoes or trimming the feet of obstreperous patients.

"A very large percentage of the veterinarians over the country are practicing without a table, stocks, ambulance or an adequate place to handle special cases and no doubt make as much or more actual money than one who has such conveniences, but in my opinion the satisfaction of being able to do an operation as it should be done is worth any extra cost and I am sure the clients appreciate the difference."

Dr. Treman has presented many practical points in favor of the large animal operating table and his views echo the thoughts of other successful practitioners. At the present time, a table could not be obtained but, under normal conditions, the price of a simple operating table would not make it out of the question for veterinarians who have, for the most part, an equine and bovine practice. Perhaps if a large animal operating table were given a trial, more veterinarians would agree with Dr. Treman.

ALUMNI NEWS

(Continued from page 89)


Capt. J. M. Dermody, '36, A.P.O. 689, c/o P.M., New York, N.Y.

Lt. R. C. Brager, '43, V.C., Office of Station Veterinarian, Ft. Benjamin Harrison, Ind.


Lt. C. H. Mannasmith, '43, Officers Medical Class, Chemical Warfare School, Edgewood Arsenal, Md.

Lt. John D. Morton, '33, McCloskey General Hospital, Temple, Tex.


Major Stanley L. Hendricks, '34, Station Hospital, Truax Field, Madison, Wis.

Lt. Louis W. Feldman, '42, is inspecting meat in Chicago. Lt. Feldman's address is C.Q.M.D., 1819 West Pershing Rd., Chicago, Ill.

Major George M. Wilson, '37, Station Veterinarian, Camp Adair, Ore.