

1941

Abstracts

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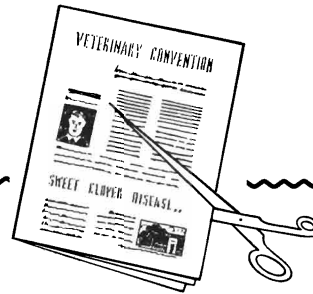
Recommended Citation

(1941) "Abstracts," *Iowa State University Veterinarian*: Vol. 4 : Iss. 1 , Article 16.

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ABSTRACTS



A NEW TREATMENT FOR MASTITIS, "NOVOXIL" LIQUID. Twenty-three cows with 67 quarters infected with *Streptococcus agalactiae* received injections of "Novoxil" liquid in the infected quarters. "Novoxil" liquid is a colloidal dispersion of silver oxide in a light mineral oil. The "Novoxil" liquid was injected through the teat canal into the milk cistern of infected quarters immediately after the udder had been milked out at a regular milking. Ten of the cows showed clinical symptoms of catarrhal mastitis in 19 infected quarters.

All but eight of the cows received a single course of treatment during the lactation period. Five were given repeated courses of treatment while in milk, and three received a single injection during the dry period. *Streptococcus alagactiae* infection was eliminated in 59, or 88.1 per cent, of the infected quarters. In 19, or 82.7 per cent, of the cows the infection was not present following treatment.

Ten, or 52.6 per cent of the quarters showing clinical signs of catarrhal mastitis, recovered from the symptoms and the infection was eliminated. The clinical symptoms of mastitis and also the infection disappeared from all of the quarters in five, or 50 per cent, of the cows showing clinical symptoms of catarrhal mastitis before treatment.

Ten cc. of a 5 per cent concentration were used in most cases as it was assumed it would be more certain in its effect than would a weaker concentration. Injections at 24-hour intervals appeared to be more effective than at 72-hour intervals. Three to five injections were more effective than a lesser number. These statements should

not be regarded as conclusive, because of the limited number of cows involved.

Swelling of the udder and a change in the appearance of the secretion occurred in all cases following the injections, but these changes were only temporary.

The greater quantity of the silver injected into a quarter was eliminated in about five days following the last injection, but traces were present in the milk for some weeks later.

(Klein, L. A., Kleckner, A. L., and Blitz, R. O. 1941. *Effect of Novoxil Liquid on Catarrhal Mastitis and on Streptococcus agalactiae Udder Infection.* Amer. Jour. Vet. Res. 2:141-145)

A CETONEMIA TREATMENT. Consideration has been given to some of the more commonly recommended therapeutic agents for ketosis of cows and ewes. The safest and most rational form of therapy for ketosis in the ruminant appears to be the liberal administration of dextrose or a similar carbohydrate. There seems to be little evidence to support the use of insulin, sodium bicarbonate, magnesium sulfate, or calcium gluconate. Calcium gluconate is indicated when ketosis is complicated by milk fever. Chloral hydrate therapy may be beneficial for ketosis in cows, but it should not be employed when the animal is in a weakened condition or is affected with both ketosis and milk fever. Further observations are desirable to determine the usefulness of anterior pituitary hormones for acetonemia in the cow.

Carbohydrate therapy in the ruminant is most effective when treatment is begun

in the early stage of the attack, and intravenous and subcutaneous injections of dextrose solution are supplemented by large oral doses of sugar or molasses. Eight cases of clinical ketosis in cows have been described to illustrate the effectiveness of this treatment, and an attempt is made to find a physiological basis for these clinical observations.

(Sampson, J., and Boley, L. E. 1941. *Therapy for Ketosis. Am. Jour. Vet Res.* 2:327-332)

ADEQUATE HOSPITALIZATION FOR SMALL ANIMALS. The author presents an account of his personal experiences and observations in the field of small animal practice and hospitalization. He relates a few experiences with the more difficult clients, but observes that as a whole the majority of them are appreciative and pleasant to work for. The difficulties of the beginning small animal practitioner, such as inadequate housing facilities, neighbors' complaints about barking, and various other inconveniences, are noted.

The author then goes on to list and discuss the essentials in a small animal hospital, namely: adequate isolation, proper segregation of patients, surgical asepsis, sound-proofing, heating and ventilation, lighting, and sanitation. He also discusses the advisability of having a trained assistant to obviate the possibility of a layman assistant developing into a "quack", something which commonly happens.

(Olsen, M. L. 1941. *Notes on Hospitalizing Small Animals. Can. Jour. Comp. Med.* 5:193-197.)

A MODIFIED WHITESIDE TEST. The Whiteside test, as originally described, is performed by adding 2 cc. of a normal NaOH solution to 10 cc. of foremilk in a watch glass and then stirring the mixture with a glass rod. The modified test is performed by mixing five drops of foremilk and one drop of a normal NaOH solution on a flat glass plate using a dull green blotter as a background. After mixing for 20 seconds with a glass rod, the specimen is exam-

ined by reflected light for the presence of a precipitate. The amount and character of the precipitate can be graded.

The modified Whiteside test was found to parallel closely the leucocyte count in ability to detect the presence of udder infection. It embodies simplicity of operation and ability to shown in a rough quantitative manner the degree of inflammation in the udder, and should be of value as a presumptive test, in the field, for the presence of chronic bovine mastitis.

(Murphy, J. M., and Hanson, J. J. 1941. *A Modified Whiteside Test for the Detection of Chronic Bovine Mastitis. Cornell Vet.* 31:47-55)

OUR COVER, from a photograph taken in the cattle wing of Stange Memorial Clinic, shows a group of students and their instructor making an examination of a cow's udder in mastitis control.

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