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Restraint and Hospitalization of Cats

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A CAT presents a problem in handling for the small animal practitioner much as does the western steer to the rural practitioner, in that the ability of the doctor is often measured by the way the animal is handled rather than by the way the animal responds to the treatment. The hospitalization and treatment of the cat is so different from that of the dog that it is a problem in itself. Some men are slow to encourage feline practice because, first, they have a natural dislike for cats; second, they have difficulty in restraining them; third, they have difficulty in administering drugs; and fourth, they have a lack of first-hand information regarding feline habits, peculiarities and diseases. It is my hope that I may tell you something that will stimulate interest in the cat. I find my cat patients very interesting and in most cases not so hard to handle. In my practice, one patient in fifteen is a cat. In general this is about what happens when you receive a feline case:

The telephone rings, and a female voice says, “Doctor, are you going to be there a little while? I have a cat that I want you to see. He is afraid of strangers and doesn’t like to ride in a car; but I have a couple of the neighbors helping me, and we will try to be down in a few minutes.”

Ten or fifteen minutes later in come three or four excited people, their coats covered with hair. They are carrying a cat wrapped in a blanket, tied in a box, thrown in a sack, or chucked in a suit case, and exclaiming in one voice, “We have had a difficult time, but we made it!”

The doctor, after such an introduction to his new patient, must approach the situation with caution.

A Favorite Pet

The cat is definitely one of the favorite pets in American homes. He is inherently clean and quickly adapts himself to home life and its discipline. However, he is almost never a true friend of man. There is seldom any strong bond of affection between the cat and his master. He attaches himself to his surroundings rather than to his owner. He will often remain in a home when the family moves away, and will be as contented with the new occupants as with the old.

A cat restrained either in his own environment or elsewhere becomes excited, wild and anxious to free himself by scratching, biting and clawing. It is his nature to reach out with a front leg and grab the nearest object in his attempt to gain his freedom, and if the person attempting the restraint is in the way of the foot, he usually receives a good scratch.

Examination

When the cat is brought into the hospital, it is best to have the owner take the patient into the examination room, which is small, has screened windows and can be closed. Ask him to place the cat on the examination table which has a smooth top. Then ask the owner to sit down in a chair which is far enough away from the table that the examiner will not be bothered while he handles the animal. Then approach the patient very slowly, and remove it from the blanket or box in which the owner may have brought it. Remove these articles from the table so the cat cannot grasp anything with his claws. Then place the cat down squarely on all four feet forcing the belly and sternum down on the table top. A cat in this position will usually remain quiet and is in no position to scratch or bite. Then place one hand on his shoulders and...
back, and keep him in this position until you have obtained the history and symptoms from the owner. If the cat is to remain in the hospital, pick him up by placing one arm around him and place the palm of a hand under his sternum and between his two front legs. Place the cat close to the body and thus carry him with little disturbance or excitement.

**Handling**

If the patient is to be treated and sent home he is still in a position sitting on the table, as stated above, for his examination and whatever minor treatment he may be given. If the cat resents being handled, he should be placed in a zipper bag or wrapped in a towel or light rug. If the ailment is such that the feet must be exposed, clip the nails on all four feet before starting to work. Make it a rule to clip the nails on all cats that require any great amount of treatment. A cat is an animal that will not stand much restraint if excited. If excited while being restrained he taxes his strength to the limit in an effort to gain his freedom. If he is restrained for any length of time, it will take him several days to recover. I recall a few cases I have experienced in my practice in which it was several days before the cat returned to normal after being restrained. One case was simply that of removing a few hair mats from a Persian cat. Another case was a cat from which I removed a small calculus from the end of the penis. In both instances these patients were restrained but a short time and handled in a careful manner. The animals were sent home after treatment, but in both cases they refused to eat or move around for three days and did not hold up their tails for five days.

The doctor and his assistant can handle most cats in almost any position by having the assistant hold the head and front legs, while the doctor holds the hind legs with one hand and works with the other. If one wishes to treat the cat lying on its back, it may be done by placing a rope on each of the four feet and tying him to the four corners of the table.

**Minor Operations**

While doing minor operations, such as castrations, have the assistant grasp the cat's hind legs in one hand and the front legs in the other and tuck the head under his arm. A good assistant can hold any cat in this manner.

The veterinarian is often called upon to enucleate an eye. Do this under local anesthesia. Place the cat in a zipper bag with his head sticking out, shave the area and inject novocaine. Usually one can remove the eye with little or no interference from the cat.

The cat takes medication fairly well if he is not excited. Tablets can be given by placing the cat on a smooth-topped table in the same position in which he was held for examination. The head should be pulled back until the mouth comes open; then the pill is dropped over the back of the tongue. Close the mouth and you will find that he will swallow the pill without objection. Always use sugar coated pills because the cat is sensitive to almost any taste and will object and salivate profusely. Liquids may be given in the same manner if they are tasteless and are given a few drops at a time. Mineral oil can be given in the food. It is tasteless and mixes well with ground, uncooked meat.

**Hypodermics**

I usually give hypodermic injections at the nape of the neck. The skin is very thick and tough in this region and the patient does not object. If a short needle is used, there is little danger of breaking it.

Probably there is no greater difference of opinion in feline practice than there is on how to properly hospitalize a cat. I do not claim that my method is the best; but it is one which produces pleasing results for me, so I will briefly explain it.

Some hospitals have a separate kennel room for cats. I do not have a separate room because I believe they will be more quiet and contented in a kennel room with dogs, if they cannot see the dogs, than if they were in a room with strange cats. This is especially true in the mating season. Place the feline pa-
tients among the dog kennels, and in cases of infection do not put cats in that kennel room again for ninety days. Never take cats out of their kennels except for treatment and cleaning of the kennels. Each cat has a pan in its kennel filled with cottonseed hulls.

**Cottonseed Hulls**

I borrowed the idea of using cottonseed hulls for cat boxes from the poultryman. This type of litter absorbs large quantities of moisture and looks attractive to the visitor. It is easily cleaned off the floor and out of the kennel, and it may be disposed of by burning. Cotton seed hulls are not expensive. They cost about $1.50 per cwt. and that amount will last for six months. This works out very nicely as most cats are "broken" to a box. Use round or square pans about an inch deep. These pans can be boiled between cases.

Cats are said to be very susceptible to coal-tar phenol products, and this should be considered in selecting a kennel for the cat. This also should be considered in operating or in treating the patient for external parasites.

Feline patients are slow to eat when hospitalized; therefore, always ask the owner what the cat prefers to eat, and how the food is prepared. This aids in getting them started to eat. I find that a cat prefers to eat kidney, liver, heart, canned fish, and milk to drink. The first two days the cat is in the hospital ask the attendants to spend a great deal of time petting and grooming him, for if the cat can be made to feel at home he will act and respond more naturally.

**Euthanasia**

The veterinarian is often called upon to destroy cats. There are many recommended methods, some of them taking considerable equipment such as a gas chamber or air-tight bell jars. However, I do not think such extra equipment is necessary unless large numbers are to be destroyed. I accomplish euthanasia by giving the cat a nembutal capsule per orum, placing him in the kennel, and thirty minutes later when he is asleep injecting ten cc. of saturated magnesium sulphate solution into the heart. This method is simple, cheap, and takes no restraint on the part of the doctor to perform.

A successful practitioner with cats must be an expert in determining the sex. This may sound amusing, but I will venture to say that half the clients that own young cats are in doubt as to the sex of their pets. To illustrate this, I recall an incident that happened early last fall.

The telephone rang and a lady asked, "How much do you charge to castrate a cat?"

"Two dollars," was the answer.

"How much to spay a cat?"

"Five dollars," was the answer this time.

An hour later, in came a lady carrying a cat in a suitcase. She said, "Here is my cat. I don't know if I want a two dollar or a five dollar operation."

The remarks I have made have been somewhat rambling and loosely connected, but the above methods have aided me in my feline practice. They are not entirely original but they are practices which have stood the test in our organization, and I am passing them on to you with the hope that I have told you some things that may be of value to you in your practice.

**DEGREES HELD BY STAFF MEMBERS**

A survey of the degrees held by members of the veterinary faculty at Ames reveals that nine staff positions are filled by veterinarians holding their professional degrees from colleges other than Iowa State. Michigan, Washington, Pennsylvania and Ohio represent the schools from which these degrees were granted.

Bachelor and graduate degrees from schools other than Iowa State are held by ten staff members and a total of twelve schools is represented. Yale, Western Reserve, Cornell, Wisconsin, Drake, California, Michigan, Minnesota, Des Moines, De Pauw, Monmouth, and Oklahoma A & M make up this list.

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