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Tail Surgery in a Horse

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Toxic Results from Phenothiazine.

On August 8, 1942, the veterinary ambulatory clinic of Iowa State College was called to treat a herd of 64 pigs for ascariasis. The caretaker reported that the pigs had been turned out on alfalfa pasture about two weeks before, and that the pigs were passing some round worms. The herd, except for a few poorly developed individuals, appeared to be a normal herd of 35 pound pigs.

One ounce of a commercial suspension of phenothiazine containing 12.5 grams of phenothiazine per fluid ounce was administered to each pig with a dose syringe.

On the following day, the ambulatory clinic was called to observe the unusual symptoms shown by some of the treated pigs. About one third of the herd showed some symptoms. Several of the pigs were completely paralyzed in the hind quarters. However, except for the paralysis and weakness of the hind quarters, the pigs appeared active. The temperatures of the affected pigs were normal, but a blood examination revealed anemia as shown by a reading of only 60 to 70 on the Tallqvist hemoglobinscale. One of the more severely affected pigs, a "runt" type, was returned to the diagnostic laboratory where a complete examination was conducted. The examination was negative except for a few ascarids in the small intestine and a general anemia.

The herd was again observed on the second day following the administration of the phenothiazine, and all the affected pigs were improved except that some of them showed an apparent blindness. A few days after this, all the pigs had recovered.

No treatment was undertaken, except that the owner was advised to administer the herd a hematinic in their feed in order to correct the anemia.

These cases of apparent toxic results from the administration of phenothiazine to pigs are the first that have been observed by the veterinary clinic at Iowa State College.

—R. P. Fisler, '43

Tail Surgery in a Horse. A gray American Saddle gelding was presented at the Stange Memorial Clinic with his tail deviating dorsally and laterally. The tail at its emergence from the tail head turned sharply up and then bent anteriorly and to the left. There were many scars around the tail head which indicated numerous previous operations.

The history of the patient was that several corrective tail operations had been performed since the original tail set, with
the deformity becoming worse with each operation. The groom revealed the fact that the horse was a chronic tail rubber, and would extricate himself from any device used to prevent the rubbing.

**Surgery**

A course of two operations on the tail was planned to correct the condition. In the first operation, it was planned to sever the connective tissue bands which were holding the tail out of position dorsally and anteriorly and in the second, to sever the connective tissue bands responsible for the lateral deviation. The patient was prepared for the operation by placing a pack saturated with Hg Cl₂, 1:1000, around the operative site for 48 hours previous to the operation, and 1500 units of tetanus antitoxin were administered. Just before the operation the horse was given one ounce of chloral hydrate by means of a stomach tube. Ordinarily this operation is performed in the stocks, using sidelines to restrain the horse. However, in this case as the horse resisted the restraint violently, he was placed on the operating table to prevent him from injuring himself. Tincture of iodine was applied to the operative area, and the tissues were infiltrated with procaine, 2 percent. Because the animal was a show horse, no hair was removed from the tail, thus making asepsis difficult to obtain.

The tail was grasped and pulled downward, and wherever subcutaneous tension was noticed which indicated an adhesion, a very small skin incision was made using a small scalpel. The knife was inserted subcutaneously from the incision and all the adhesions which could be reached were cut. Six such separate incisions were made on the dorsal surface of the tail before the tail hung down normally.

**Postoperative Care**

Following the operation, another Hg Cl₂ moistened pack was secured around the operative area, and allowed to remain in place for 24 hours. After the first day, the area was hot packed one hour daily for one week. Ordinarily, manipulations of the tail are begun on the third day following tail set operations; however, in this case because of the numerous incisions, it was decided to allow an interval of a week in order to effect primary repair of the incisions. After the week, the tail was worked up and down daily for ten days. This was done to prevent the formation of adhesions. Probably it was lack of such manipulation of the tail after the original operation that caused the pulling of the tail out of position. When muscles are severed in a tail set, connective tissue will soon rejoin the cut ends of the muscles unless daily breaking of the attachment is accomplished. It is the consequent contraction of these connective tissue attachments that results in a tail deformity as we see in this case. Mechanical devices used to hold the tail in place following a tail set are to be avoided. The only proper time to use such mechanical devices is just before showing of an animal.

**Second Operation**

Three weeks after the entry of the patient, he developed a slight case of influenza which prolonged his stay at the clinic more than would have been necessary. One month after the first operation, the second operation was performed. The same procedure was followed as before,
except that four deep incisions were made into the left lateral side of the tail while the tail was tensed by traction to the right. As before, all the adhesions that could be reached were broken down. Post operative care was the same as after the first operation. However, a short time after the operation, despite the precautions that had been taken, the horse rubbed his tail and an infection of the wounds followed. The infection caused added adhesions to form which pulled the tail slightly over to the left. To correct this, the tail was held slightly to the right by means of a rope from the tail around the neck of the horse. This was continued for five days after which the rope was removed. At this time, the tail deviated to the right. Again the rope was secured, this time, however, pulling the tail to the left. After several days, the rope was removed, and the tail was found to hang nearly normal. The horse was discharged some time later. Since the operations were performed, a period of several months, the owner has been contacted, and he reports that the tail appears to hang almost perfectly, except for a very slight deviation to one side.

Effect of Sulfanilamide

An interesting sidelight in this case is that the horse, in the course of having influenza, and during the infection following the second operation, was given a total of 22 ounces of sulfanilamide. On March 14, 1942, when the horse entered the clinic, an examination of his blood revealed 11.8 mg. of hemoglobin per 100 cc. of blood, with a blood count of 8,007,000 red blood cells and 8,260 white blood cells per cu. mm. Two months later, on May 13, 1942, after the prolonged administration of sulfanilamide, the blood picture showed only 8.5 mg. of hemoglobin per 100 cc. of blood and a blood cell count of 5,600,000 R.B.C. and 9,440 W.B.C. per cu. mm. When the anemia was noticed, the horse was placed on a heavy grain ration, and Fowler's Solution was administered. The blood picture soon returned to normal.

Quintuplets in a Cow. A grade Ayrshire cow gave birth to five calves on the Fred Haeger farm at Maynard, Iowa, on August 30, 1942. Of the three males and two females, which were born without difficulty, one is living at the present time.

Counting the quintuplets, this unusual nine-year-old cow has produced 16 calves, including two sets of triplets. One of the sets of triplets is now in production at the Haeger farm.

But she has had time for something besides calves. At the end of her seventh lactation period, she had produced more than a ton of butterfat.

—R. H. Schneider, '43

Atresia of the Anus and Rectum and Recto-vaginal Fistula in a Calf.

On June 22, 1942, a purebred Holstein heifer calf was presented at the Stange Memorial Clinic. The calf was one day old and she had been straining and bawling since birth. She showed symptoms of abdominal pain, uneasiness, and no feces had been passed.

Examination revealed atresia of the anus. There was a small amount of feces at the lips of the vulva. A fistula between the rectum and vagina could be palpated about two inches anterior to the vulva. The tract, through which small amounts of feces passed, was about one-half inch in diameter.

The area around the anus was anesthetized by infiltration with 10 cc. of 2 percent procaine in physiological saline solution. A circular incision was made so that its lower border was about one inch above the upper commissure of the vulva. The skin and underlying tissues were removed, exposing the blind end of the rectum which was incised in a similar manner. A considerable amount of meconium was flushed out of the rectum with a two percent solution of sodium bicarbonate warmed to body temperature. The skin of the anus and the mucous membrane