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Technics and Procedures Used in a General Practice

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IN CHOOSING subjects for an article on general practice, I tried to cover certain everyday problems and my procedure in handling them. While these techniques give satisfactory results in my estimation, they are by no means suggested as the ultimate choice for all practitioners.

In my practice, calls for teat surgery outnumber all other calls in the winter. In my estimation, good restraint for teat surgery is as important as the actual surgery or the aftercare. A beam hook, constructed somewhat like ice tongs, is placed in a joist directly behind the cow and above the back edge of the gutter. A nylon lariat rope is passed through the middle link of the beam hook and while the owner is standing beside the cow, the rope is wrapped around the leg above the hock twice and tied with a running K knot. Then the other end of the lariat rope is snubbed around a solid post or partition and, with the owner taking up slack on the end of the rope, the leg is lifted by leaning on the rope. Best results are obtained by lifting the hock as quickly and as high as possible especially for the nervous cow. A few cows struggle momentarily but the restraint is very adequate for the average case of teat surgery. During the actual operation, the owner bends the tail sharply vertical; no nose leader is used. In untying the cow, the running K knot at the hock is loosened by one steady pull before the foot is lowered, thus avoiding untying while the cow is no longer restrained. Nylon rope is preferred because it unties easily and can be washed successfully.

Instruments are carried in a Bard Parker hinged-top, pan sterilizer containing a commercial sterilizing agent. Instruments carried in this way hold their edge, can be used safely many times in a day, and do not rust as quickly as when steam sterilization is used. Blunt and sharp pointed Lichty's knives as well as No. 11 Bard Parker blades are used for most constricted sphincters. An attempt is made to cut the inner part of the sphincter without incising the outer skin of the teat. In severe strictures or complete closures the sphincter is incised at three points to reduce chances of recurrence.

Several good strokes of milk are removed in 15 minute, 30 minute, one hour and two hour intervals. If done in the afternoon, the quarter is not milked out in the evening. In all cases of teat surgery, penicillin and streptomycin ointment is instilled into the quarter prophylactically.

Retained bovine placentae are among the common cases seen in an average season. If the cows show no ill effects from retention, the placenta is removed manually in 48 to 72 hours following parturition. If loss of appetite is noted before the allotted time, the cow is examined and treated as necessary. If the placenta cannot be removed without damage to the caruncles, 20-30 mg. diethylstilbestrol is given intramuscularly and manual removal is again attempted in 48 hours.

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an acute metritis is encountered, antibiotics are used along with intravenous sulphonamides. Toxic cases, frequently showing a severe diarrhea and depression without appreciable temperature elevation, are treated with antihistamines in calcium gluconate and dextrose intravenously.

Following removal of placentae, all fluid in the uterus is siphoned out by means of a koroseal tube. The tube is immersed in a warm quaternary ammonium solution and by raising the pail and starting the flow from the tube, a siphon is produced. If the fluid is of a heavy consistency and filled with tissue debris, warm quaternary ammonium solution is pumped into the uterus to dilute the exudate and facilitate its removal.

All cows showing symptoms of toxemia within two weeks after calving with or without a history of retained placenta are checked for excessive uterine exudate. Usually the tail is soiled and in many cases, two to three gallons of putrid, dark colored fluid can be removed by means of a siphon through the cervix. Marked improvement is noted almost immediately following removal of such fluid without further treatment.

Castrating pigs makes up a small but important part of my practice. The ventral incision is used with the farmer holding the pig up by the hind legs, closing his knees in behind the pig's shoulders. When the pigs are too heavy to handle in this way, a 30 in. long obstetrical chain is fastened with one end above each hock and the rear end of the pig lifted by means of an obstetrical pull until the front feet barely touch the ground. Holding the pig with a hog holder aids in applying the chains to the hind legs.

Large boars are restrained for castration by tying the nose low to a post. After fastening a 30 in. obstetrical chain above each hock, the hind legs are pulled upward and backward by means of an obstetrical pull, placed at least four feet above the ground on a post or partition. When drawn out, the boar is easily turned over in dorso-sacral recumbency. The testicles are forced out of the scrotum toward the inguinal canal and the incisions made well between the hind legs for good bottom drainage.

Small animal work is done in the evening by appointment whenever possible. Since this work comprises a smaller part of the practice than large animal work, we find it impossible to sandwich in with our farm calls.

For the large animal calls, our outer clothing consists of coveralls and rubber boots. I do not feel that elaborate clothing is necessary but I do feel it is imperative that our clothing be well laundered and our footwear clean. A stainless steel pail and long handled brush is carried in the car for washing and disinfecting boots after leaving each barn. This is not only a good sanitary precaution but a habit that the more observing client certainly appreciates.

In conclusion, I feel it is my duty to participate in community affairs in whatever way I can. I think a veterinarian should contribute his time and talents to at least one civic organization and to his church and whatever other activities his schedule permits.

According to the Washington Office of the American Medical Association, as announced in the Sept. 15, 1951 issue of The Journal of the American Medical Association, the United States proposes to spend $4,500,000 in the current fiscal year in the interests of health and sanitation programs for Latin American countries. Details of the Point Four Program were presented at hearings on the Mutual Security Act, held jointly by the House Committees on Foreign Relations and Armed Services. Plans include the use of 200 technicians, at a cost of more than $2,250,000. One hundred trainees are provided for at a cost of $380,000, and the cost of grants and materials is estimated at $1,850,000.

To combat and prevent shock following cesarian section, pituitary extract posterior is helpful. It also serves as an aid in expelling placental debris. In toxic cases where healing of tissue is retarded, ascorbic acid therapy may be of value in tissue regeneration.

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