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Bovine Dystocia Due to Bicornual Pregnancy

Howard F. Beardmore
Class of 1941

DYSTOCIA in the dairy cow is by no means a new topic of discussion. Every general practitioner has at times been confronted with this condition, and is familiar with the problems pertaining thereto. It is not the purpose of this paper to enter into a treatise on this subject, but rather to present a case which we feel merits the attention of our colleagues.

On the afternoon of March 4, 1940, a Holstein-Friesian cow, eight years old and in good general condition, was presented at the Iowa State College Veterinary Clinic, having been referred here by the local veterinarian after a precursory examination.

The obtainable history was rather meager. The cow was reported as having been straining since early morning. On examination it was learned that the cause of the dystocia was both fetal and maternal. The symptoms as seen were those of a true dystocia.

The diagnosis was one of dystocia, complicated by a bicornual pregnancy with tranverse position and dorsal presentation.

When examined, the cow remained in the standing position but the actual delivery was made with the patient in the recumbent position.

The fetus was found to occupy the following uterine arrangement: the head and shoulders were in the right uterine cornu, with the right front limb flexed backward and under the body; and with the left front leg back over the thorax, both being palpable from the cervix. The left hind leg was extended into the left cornu; and the right hind leg was extended forward along the fetal belly wall, with that portion from the metatarsals, distally, curved upward into the body of the uterus and occupying a position in close proximity to the two anterior feet. The fetus suffered spastic torticollis and all joints of the legs were ankylosed.

The uterus was slightly contracted and the walls were thickened. The cervix was well dilated. A slight rent into the muscle coats of the dorsal uterus was noted.

Although no portions of the fetus were actually at the cervix, the two front legs and the right posterior leg were palpable and so were drawn towards the internal orifice. Sterile sash cord was then placed on both front legs at the pastern joints, and on the posterior member also; then while repelling at the withers the fetus was rotated to a more favorable position. At this time subcutaneous embryotomy was carried out on all the secured members with the front legs being severed at the shoulder and the posterior leg at the hip joint. The deflected skin of the anterior legs was then used as traction units. Here, a portion of the placenta was necessarily removed to provide more space for the mitigated manipulations.

As the fetus was then guided towards the birth canal the torticollis was handled as follows: special obstetrical hooks were placed on the neck in the vicinity of the glottis. Then by careful traction and maneuvering, a sash cord was placed on the lower jaw near the angle. Thoracic evisceration was found not to be necessary. Traction straightened the neck.

A careful examination was now made and all conditions found favorable for extraction of the fetus. Careful traction was applied and the fetus delivered. It was found to be dry, though not emphysematous.

The patient immediately regained her feet, and the larger portion of the remaining placental membranes came away.
without hemorrhage. The patient was given two pails of water to drink.

On March 5, 1940, the cow was apparently in good condition. Her pulse, respirations, and temperature were normal. A vaginal examination revealed no placental remnants in the uterus, but some sero-sanguinous fluid was removed via siphonage. Two No. 10 gelatin capsules containing iodoform, sodium perborate and boric acid powder were placed in the uterus. The rent in the uterus could not be discerned having been united by fibrin and covered with mucus.

Little change was noticed on March 6, but on March 7 the patient was pronounced to have developed a vaginitis. No treatment was given on the 6th but on the 7th the same treatment was used as on the 5th.

On March 8, the temperature of the patient was 105.2° and the pulse fast. Due to this high temperature two ounces of sulfanilamide and one ounce of phenyl salicylate were administered per os. The uterus was examined, pronounced atonic and two No. 10 capsules, containing the same medicament as those previously used, were inserted into the uterus. The vagina was irrigated with liquid bipp.

On March 9, the temperature was down to normal but the same treatment was used as on March 8 to prevent a rise in temperature and pulse rate of the preceding day. Since the appetite was only fair a mixture of two quarts of molasses, one quart of oats, and five gallons of water was pumped into the rumen, via stomach tube.

On March 10, there was a rise in pulse rate but the temperature was normal. The appetite remained poor and the patient wasn't feeling so well.

The patient's condition was somewhat better on March 11; her appetite was fair and her milk output was doubled over any previous day in this lactation period. As alteratives, fluid extracts of gentian, ginger, and nux vomica (one dram of each) in capsules were given per os. A small amount of pus was noted in the vagina, but it was not deemed advisable to explore the uterus in view of the potentialities of spreading the infection to that organ. Liquid bipp (two ounces) was injected into the vagina.

In addition to repeating this treatment on March 12, the patient was given one quart of black-strap molasses in three gallons of water via stomach tube and two No. 10 capsules of sulfanilamide. The latter was given because the patient had a temperature of 103.8° at this date.

On March 13, the pulse, respirations, and temperature of the cow were normal. There was no vaginal discharge but 3 ounces of two percent Lugol's solution were used to irrigate the vagina.

The patient made an uneventful recovery and was discharged on March 15.

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New Keys

New keys, as a means of indicating membership in the Jr. A. V. M. A., have been chosen to replace the lapel buttons which have been used in the past. These keys will be presented to each member of the association in their junior year. A distinguishing feature of the newly adopted key is the indication of what chapter the individual is a member.

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Veterinary Banquet

The annual Veterinary Banquet was held April 16, in the South Ball Room of the Memorial Union. More than two hundred students, faculty members and guests were in attendance.

Dr. T. P. White, of the Federal Bureau of Animal Industry, and now stationed in Illinois, was the principal speaker of the evening. Dr. White, who has been associated with the Bureau of Animal Industry for the past forty years, was the representative of that body in England for the last five years. He gave an interesting discussion on the topic, “General Remarks on Veterinary Matters in England and the Continent”.

Allen Packer, V. M. 4th, was program chairman, Gerald Brandt, V. M. 4th, handled ticket sales and Max Benson, V. M. 4th, was master of ceremonies.

The Veterinary Student