Pitchfork Tine in a Horse's Leg

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crossed forelegs apparently impeding normal parturition. The legs were straightened out, an obstetrical chain attached to them and traction applied. The calf failed to come easily, and placing one hand in the birth canal it was found that the head was slipping back into the uterus when traction was applied to the legs. A running wire loop was placed over the upper jaw of the fetus and sufficient traction applied to keep the head in the physiological position while greater traction was placed on the forelegs. The calf then came easily until the fetal pelvis entered the maternal pelvis. Steady traction served to bring the calf out without damage to the dam.

Examination of the dead calf revealed a distended abdominal cavity. Incision of the cavity released about a gallon of blood-tinged serous fluid.

It was necessary to make a return call the following day to remove the fetal membranes. The cow at this time was depressed, but made a satisfactory recovery.

—Dr. M. S. Thorpe, Canby, Minn.

by L. T. Christensen, '42

Pitchfork Tine in a Horse's Leg.  
On Nov. 16, 1940, a black seven-year-old mare was brought to the Stange Memorial Clinic with a history of lameness and enlargement of the fetlock and pastern joints of the right posterior limb.

The owner stated that the mare had injured its leg the past summer on a pitch fork. He said a ringbone had started to develop recently.

Nothing could be determined by palpation. Two X-rays were taken, one from the front and one from the lateral side. They showed a three-inch portion of a pitch fork tine lodged in the limb parallel to the first phalanx. The loose end was surrounded by a great deal of connective tissue. The deep, sharp end which laid in close to the bone had caused an exostosis of the distal end of the first phalanx. The tine appeared to have gone in from an anterior-median direction.

Two days later the mare was put in the stocks and given one and one-half ounces of chloral hydrate, administered through a stomach tube. She was restrained on the operating table on her right side. After the operative site was shaved, cleaned, and tincture of iodine applied, the incision was made just below the fetlock joint on the dorsal surface of the first phalanx.

A considerable amount of connective tissue was necessarily removed before the piece of fork tine could be located. A pair of forceps was used to pull the piece of tine from its lodgement. Liquid bipp (bismuth and subnitrate, 1 part; iodoform, 2 parts; liquid petrolatum, 15 parts) was used to fill the tract. The wound was bandaged and the animal returned to her stall.

The next morning the bandage was removed. The tract was filled with butesin picrate ointment and the wound rebandaged. Very little lameness was evidenced on exercising the mare.

The above treatment was repeated for the next two days. An increased lameness and swelling then made it advisable to change treatment on the third morning. The limb was soaked in a phenol-formalin 2 percent solution for one-half hour before the butesin picrate and bandage were applied.

The above treatment was repeated for the next six days. On the seventh day, no treatment seemed to be indicated. The developing ringbone was anesthetized with 2 percent procaine. The area was
Fetal Dystocia. Late in August a veterinarian was called to a farm to attend a dystocia. On arriving he found a Brown Swiss cow trying to have her second calf. The fetus was in normal anterior presentation with the forelegs and head protruding from the vulva. The eyes were open and the calf was apparently in good condition. After repelling the calf, the birth canal was palpated but nothing could be felt. The assistant then pulled the fetus out as far as possible and in this position a greatly distended sac of fluid was felt just over the rim of the pelvis. This was an enormously enlarged abdomen.

With a curved pointed bistoury, the veterinarian made an unsuccessful attempt to puncture the abdomen and allow the fluid to escape. During the handling of the calf, a brown fluid was noticed escaping from the mouth. A stomach tube was immediately passed on the fetus and about seven gallons of the fluid ran out. This reduced the abdomen, and the calf easily slipped out. During the process of removing the fluid the fetus died.

On post mortem examination the stomachs and anterior third of the small intestine were found to be greatly distended. The remainder of the small intestine and the large intestine were normal. No stricture of the intestine was present. Apparently the fetus had swallowed the amniotic fluid, which then collected in the anterior portion of the digestive tract.

L. W. Feldman, '42

Rupture of the Prepubic Tendon of a Ewe. A two year old Hampshire ewe was brought to the Iowa State College Veterinary Clinic on Feb. 17, 1941. The normal gestation period was almost completed. The ewe had become lame about ten days prior to the time she was presented. The only external cause the owner was aware of which could possibly be a factor in the case was the fact that the ewe had to jump over a ten inch door sill to get into the stable.

The animal was examined, the symptoms and general appearance indicating rupture of the prepubic tendon. These symptoms included a peculiar downward enlargement of the abdomen, a forward displacement of the mammary gland and a hindrance to locomotion. Both sides were involved, but the left side of the abdomen was more pendulous than the right.

As no treatment was indicated, the ewe was sent home. Instructions were given the owner to watch for signs of approaching parturition and to give assistance in delivering the lamb if possible. The prognosis given was quite unfavorable. This is due primarily to the fact that following a degeneration of the abdominal floor, regeneration does not readily take place. The rupture would also make parturition more difficult than normal, because the force of contractions of the uterine musculature alone would have to expel the fetus or feti, and because the sagging of the abdominal floor would change the relationship between the plane of the axis of the uterus to that of the pelvic cavity.

Several weeks later, two associates and the author interviewed the owner of the

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