1944

Surgical Wound Treatment

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Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol6/iss4/13

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Photo illustrating the contrast in size between the normal right testicle and atrophic left testicle which had not descended into the scrotum.

sheath of the rectus muscle with a similar row, and the skin with silk.

**Operation**

Two incisions were next made, one on either side of the median line in the inguinal region just anterior to the scrotum. The left inguinal canal was explored and found to contain an atrophic testicle. It was removed by traction. The normal right testicle was drawn out of the incision from its attachment to the scrotum and was severed from the spermatic cord with an emasculator as high in the inguinal region as possible. The wounds were left open, and the pig was discharged. The accompanying photograph illustrates the contrast in size of the right and left testicles.

**REFERENCE**


—V. M. Reinhart, '44

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**Surgical Wound Treatment.** Injuries in dogs, which are the result of fights, vary greatly in location and in severity. The following is a case in which the right zygomatic arch was fractured and a hernia produced in a fight with another dog. The patient in this case was a 5-year-old Black and Tan Terrier male which was brought to the Stange Memorial Clinic on March 3, 1944. The owner stated that the dog had been in fights with other dogs, and that he had acquired an enlargement on the abdominal wall, which had become lacerated in one of the fights. Also, there was a deep wound posterior and ventral to the right eye.

The patient was anesthetized with nembutal intravenously, and the areas around the wounds shaved and disinfected. The clinician then cleaned the abdominal wound and sprinkled it with powdered sulfanilamide. An adhesive tape support was placed over the hernia and around the body. This was done to prevent further development of the hernia until such time as it could be reduced surgically. The wound on the head was examined and it was found that the zygomatic arch was fractured. Ventral drainage was provided by removal of a small piece of tissue below the wound. Hemorrhage was controlled with ferric subsulfate and a sterile gauze pack placed over the affected area. The next day this pack was removed and the wound was treated with sulfanilamide powder. Routine wound treatment with sulfanilamide was applied to both wounds daily until March 9, when the patient returned home.

**Further Treatment**

On March 30, the patient was returned to the clinic for further treatment. By this time the wound on the ventral hernia had healed sufficiently to permit surgical reduction of the hernia. The wound on the head had developed a persistent fistulous tract which suggested that a sequestrum lay at the base of the tract.

The dog was given a basal anesthetic of morphine, 32.5 mg., and atropine sulfate, 0.65 mg. The anesthesia was com-
pleted with ether. The hernial support was removed, and the area prepared for surgery. The clinician then removed an elliptical piece of skin about 6 cm. long from the hernial sac. The hernia was reduced by blunt dissection and the peritoneum sutured at the hernial ring with No. 4 plain catgut. The supporting structures were sutured with No. 3 nylon and a row of continuous sutures was put in the skin to hold the edges in apposition. Sterile borated talcum was sprinkled over the incision and another supporting bandage placed over the area. Since the operation had already been quite extensive, no surgery was attempted upon the head wound at that time.

On April 11, the patient was again subjected to nembutal anesthesia, and the area around the fistulous tract on the head prepared for surgery. The clinician found a small sequestrum at the base of the tract, and removed it. Wound treatment was then applied, and the patient made a rapid recovery.

---D. G. DeValeia, '44

6 Prehaptic Abscess of a Steer. On Feb. 23, 1944, a 20-month-old steer entered the Stange Memorial Clinic with a history of anorexia, loss of weight, and alternate periods of constipation and diarrhea. The condition had existed in the steer for 5 weeks, and it was the only animal so affected in a herd of feedlot steers.

When the steer was first observed, a watery to semifluid diarrhea with constant straining was present. A fecal examination was made and it proved negative for parasite ova. This eliminated the current possibility of a coccidiosis infection. Three No. 11 capsules of tannic acid were administered.

The steer was subjected to a rectal palpation but nothing of diagnostic value was noted. Several possibilities as to the cause of the symptoms included foreign body occlusion, hairballs, or an intestinal stenosis. One-half gallon of mineral oil was administered to remove any irritat-

Johnin Test

The persistent diarrhea and cachectic condition of the animal suggested the possibility of Johne's disease. On Feb. 29, a Johnin test was made which was negative. Symptomatic treatment was continued for 2 weeks. During this period, the condition of the steer gradually became worse. Because the animal was prone to bloating, a Kingman tube was passed daily to relieve the gaseous accumulations from the rumen.

A laparotomy was performed on March 13 and a manual examination did not reveal any adhesions between the reticulum and the diaphragm. This was followed by a rumenotomy to relieve a mild impaction and also to determine the possibility of foreign body irritation in the rumen. The contents of the rumen were emptied, but no foreign bodies were found. A large round unidentified structure was discovered anterior and to the right of the rumen, which pressed upon the reticulo-ruminal orifice and made exploration of the reticulum difficult.

The following day, the steer was brought to the post-mortem laboratory where it was destroyed. A post-mortem examination revealed a gelatinous edema in the tissues around the intestines and increased fluid in the abdominal cavity. The thoracic cavity was opened, and what was thought to be either a diaphragmatic rupture with the rumen extending into the thoracic cavity or a huge abscess was noted. The abdominal viscera were removed, the rumen, liver, and diaphragm being removed in one group. This revealed a huge prehepatic abscess, about 40 cm. in diameter, adherent to the liver and the diaphragm. The abscess had produced pressure atrophy of the diaphragm and about two-thirds of it projected into the thorax, pushing the heart and lungs anteriorly. The lungs