1944

Prehaptic Abscess of a Steer

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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. DeValois, '44

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-

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were reduced in size, particularly the right lung which was approximately one-fifth its normal size. When the abscess was incised, about 20 liters of milky pus were removed. The wall of the circumscribed abscess was 5 mm. in thickness.

The liver was further examined, but no tract leading to the abscess could be found and it was presumed that the abscess had developed from an extension of a localized hepatic abscess. The complications that arose from the abscess made this a difficult case to diagnose.

—J. P. Jorgensen, '44

BOOK REVIEWS


The Manual of Clinical Veterinary Medicine was published with the view of furnishing a convenient source of information for laboratory procedure and interpretations for the practicing veterinarian as well as the veterinary student. It is an up-to-date and quite complete, well organized, clearly illustrated, carefully written manual that includes information on such things as how to collect, pack and ship specimens, parasitologic examinations, urine examinations, hematologic examinations, semen examinations, and certain specific disease diagnoses.

The manual is valuable in that the less complex procedures which can be performed in the field or the office are emphasized. Sufficient information is also given in regard to the more complex examinations with the hope that the practitioner may find it useful when soliciting specialized laboratory aid.

Resorting to laboratory aid has become a "must" in veterinary practice. He who does and does it well more nearly fulfills his obligation to himself and his profession. The day of guess work in diagnosis belongs to the past, and inasmuch as doing microscopic and analytical work has become a fixture of everyday practice, this book is what the practitioner has sought for as a handy reference and guide in his laboratory procedure.


In this handy little book is presented a composite of all of the pertinent facts concerning bovine mastitis. It answers the need for a compilation of practical information on the subject which previously was to be found only by examining a multitude of reports on the different phases of the subject. The discussion of the predisposing factors deal with the influence of breed, heredity, lactation, age, size of herd, season and weather, feeding, injury to the udder and teat, and the four groups of inciting bacterial agents.

In treating the diagnosis of mastitis, the various methods of examination are presented and their technics discussed. The chapter concerning the control includes an outline of sanitary herd management and a discussion of the various anti-bacterial agents used in treatment and directions for their use. The entire manual is composed of practical information and the diagnostic methods, the preventive measures, and the treatment of the disease have been discussed as a basis for actual control of mastitis.

When injecting serums, aggressins, or bacterins into valuable animals or those suspected to be sensitized against the protein injected, first place a drop or two in the conjunctival sac to determine whether an allergy exists. If so, simultaneous injection of epinephrine, ephedrine, or extract of adrenal cortex with the immunizing material will prevent anaphylactic shock.