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Metorrhagia in the Bitch

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moved and a small fistulous tract was found that entered the medullary cavity of the metacarpus. This tract was curetted and a liquid BIPP pack was placed over the incision. The case was diagnosed as osteomyelitis. A very unfavorable prognosis was given because of the fact that the medullary cavity was open and permanent recovery was unlikely.

The BIPP pack treatment was continued until August 12. A culture was then made of the infected bone and Staphylococcic and Streptococcic organisms were found to be present. The BIPP pack treatment was discontinued and a bandage saturated with penicillin (135 Oxford units per cc.) that was furnished by the Department of Hygiene was applied. The penicillin treatment was continued for five days at which time another bacteriological examination revealed only Staphylococci to be present. This indicated that the Streptococci were susceptible to the penicillin while the Staphylococci were resistant. In addition to this, before penicillin treatment was attempted a large amount of hemorrhagic-serous exudate was present and this was reduced a great deal during the course of penicillin therapy.

Improvement of the patient was quite slow; however, it had recovered sufficiently to be discharged on September 13. The owner was contacted November 15 and he reported that the patient appeared to have completely recovered from the osteomyelitis.

Use of Penicillin

At present penicillin has not been used to any great extent for treatment of cases due to the limited supply. A small amount presented at the Stange Memorial Clinic of penicillin has been prepared for clinical use by the Department of Hygiene. In this case of osteomyelitis, penicillin proved to be of definite value due to its bactericidal action against the Streptococcic organisms.

—R. Vaughn Lewis, '45

Metorrhagia in the Bitch. Severe post partem hemorrhage is practically confined to the cow and mare, yet occasionally our small animals are victims of severe hemorrhage after whelping. This hemorrhage has the possibility of two origins; it may be placental, as a result of detachment of the chorionic membranes from the maternal tissues, or it may be traumatic in origin. The former was probably the case of a Boston bitch that was presented to the Stange Memorial Clinic.

On July 18, 1944, a one and one-half-year-old Boston bitch whelped five apparently normal puppies. The parturition was prolonged, but otherwise normal. The bitch and puppies were progressing nicely until two days later when she began hemorrhaging from the uterus and refusing all food.

By the next day, when the dog was presented to the Clinic, it was showing signs of severe anemia and general prostration. The mucous membranes of the mouth and eyes were very bleached, and the dog had become greatly depressed. A blood-stained mucus discharged constantly from the vulva.

Treatment

In an attempt to contract the uterus and thus stop the flow of blood, 1/320 gr. of ergotrate was administered per os. This treatment was continued for three days along with thromboplastin injections, which was 10 cc. the first day and 5 cc. each of the five succeeding days. A blood transfusion was attempted on the fourth day. Only 75 cc. of citrated blood were given when she started to show symptoms of shock, so the treatment was abandoned. Because of the dog's weakness all but one puppy was taken from her until she regained sufficient strength to nurse them. The ergotrate and thromboplastin therapy was continued with additional agents containing vitamin K for symptomatic therapy. Blood-stained mucus continued to come from the uterus until the fourteenth day, when the visible mucous membranes began to improve in color and lactation increased. In the course of a few days the dog made a satisfactory recovery and was dismissed from the Clinic.

The diagnosis of this condition seems to involve the composition of the blood. Evidently the coagulating thromboplastins of
the blood were present in reduced amounts. There is also the possibility that after parturition the bitch had suffered from a subclinical hypocalcemia and in this way wasn't able to provide the Ca ions necessary for the coagulating phenomena of blood. —Harry L. Quick, '45

5 Care of a Sitfast. On July 30, 1944, a 4-year-old Belgian mare was admitted to the Stange Memorial Clinic with a collar gall on the top of the neck. Such a gall is popularly known as a sitfast, which is caused by collar pressure on the top of the neck interfering with vascular supply to the area, resulting in necrosis. In time a definite necrotic plug or "core" forms. This pressure is frequently caused by a poor fitting collar or from the use of heavy, swinging tongue machinery.

The mare was immediately given a prophylactic dose of 1500 units of tetanus antitoxin subcutaneously. This sitfast had progressed to the point of suppuration so the use of heat was not indicated. However, a definite "core" had not yet been formed. The area was clipped, shaved and cleaned with a mild antiseptic. The suppurative area was packed with salicylic acid. This treatment was continued until August 2, 1944. Each day the separation of the "core" became more definite.

August 3, the core was carefully grasped with tumor forceps and removed. After removal, a cotton swab was placed on the end of a forceps and the cavity swabbed until clean of all necrotic sheds and tissue fluid. Another swab was dipped into pure formalin (approximately 40 percent formaldehyde), pressed dry and the cavity again swabbed just once. The formalin acts as a chemical cauterizing agent and also tends to loosen remaining particles of necrotic tissue.

For the following 2 weeks, liquid BIPP (bismuth subnitrate 1 part, iodoform 2 parts, liquid petrolatum 18 parts) was placed in the cavity. The cavity healed by granulation from the bottom. The mare made an uneventful recovery.

This case seemed unusual and interesting because of the size of the "core." It penetrated to the depth of about 15 cm., but was only about the diameter of an ordinary lead pencil. The cavity undoubtedly extended to the ligamentum nuchae. In handling these cases, extreme care must be taken. A heretofore gentle horse often becomes very vicious. In spite of the use of a twitch, such a horse may strike, kick or throw itself without warning when any advances are made toward the sitfast area. The operator should be in a position to make a quick getaway when the formalin swab is used as it causes quite severe pain for a few minutes and the animal reacts accordingly.

Another precaution to be taken is to avoid tetanus and malignant edema. A horse with lesions of this sort seems particularly susceptible to Clostridium tetani and gas-forming organisms such as Clostridium welchii. The prophylactic dose of 1500 units of tetanus antitoxin should be given each affected animal immediately.

Supplementary Aids

In the event that any rapid swelling or marked depression appears, ice packs should be applied immediately and continuously until improvement is noticed. Supplementary treatment consists of making several long perpendicular skin incisions in the swollen areas to provide for drainage and aeration. The use of sul-anilamide per os and blood transfusions has also been advocated. However, the mortality rate is very high.

In case the cavity fails to heal by granulation, drainage may have to be provided. If so, an opening on one side and at the bottom of the cavity may be provided. Healing again takes place by granulation. Recovery will take place in about 3 months but the animal should not be worked for 6 months.

—Harry D. McCrcreedy, Jr., '45

Experimental data shows A avitaminosis produces ophthalmia, bone changes, deafness, nervous symptoms, and skin lesions.

Livers of tubercular cows contain greater reserves of vitamin A than those of nontubercular animals.