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An Unusual Case of Bit Shyness

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laboratory examination of this material revealed it to be a transudate with some hemorrhage present together with some large cells which resembled monocytes.

The dog was exercised and 5 cc. of vitamin B complex and liver concentrate was given subcutaneously.

On the fifth day she was fed by stomach tube again. An aqueous solution containing 2 oz. of liquid peptone, 50 Gm. of dextrose, and 1 oz. of Up-John's Caripeptic Water was administered. Her condition was not improving and another aspiration biopsy was made on the seventh day.

The dog died on the eighth day after admission to the clinic.

Necropsy revealed a chronic proliferative endocarditis producing an insufficiency of the bicuspid valve and a considerable number of rough granulations at the tip of the left auricle. There was an acute dilation of both ventricles, and a chronic passive congestion of the lungs and liver. There were several areas of chronic inflammation at the periphery of the lungs. There was also an extreme hydrothorax which forced the thoracic organs upward as seen in previous X-ray examinations. A chronic endometritis and pyometria were also present.

Samples from the lung and heart lesions were cultured. It was found that the lung culture contained a species of Salmonella and Streptococcus uberis or a similar species. Cultures of the heart valve revealed a streptococcus, not exactly like that found in the lung. The species is uncertain. Escherichia coli was also isolated in pure culture from the heart valve.

There had been no previous history of any exudate from the uterus. The diagnosis of pleuritis and pneumonia had been made by 2 veterinarians. She was treated and appeared to recover, but would not eat.

After admission to Stange Memorial Clinic an X-ray was made and the position of the thoracic organs and the constriction of the esophagus was noted. This constriction would not allow solids to pass but fluids could go into the stomach.

As previously stated the possibility of a diaphragmatic hernia was discounted after an X-ray examination.

It was then thought that some kind of tumor was causing the malposition of the thoracic contents and exerting pressure on the esophagus causing the stricture. The presence of fluid as revealed by thoracentesis was somewhat of a surprise as physical examination of the thorax had failed to discover evidence of fluid. Necropsy revealed that no tumor formation was present.

A possible cause of this condition was a metastatic infection due to the endometritis and pyometria. The bicuspid valve became infected, resulting in a chronic proliferative endocarditis with a resulting impairment of the function of this valve. On this basis the congestion of the lungs and liver can be explained as well as the formation of the transudate in the thoracic cavity. The appearance of blood in the first biopsy sample was probably due to the hemorrhage produced when the biopsy needle was passed.

—A. Neumann, '49

An Unusual Case of Bit Shyness.

In the winter issue of The Veterinary Student (Vol. IX, No. 2) a clinical case of non-productive alveolar periostitis was described involving the fourth, upper cheek tooth of a 3-year-old horse. The writer of that case report emphasized the fact that the symptoms produced by such a pathological process vary considerably in each individual case. The following case report is presented to further emphasize this fact and to illustrate the steps that may be taken in order to attempt to alleviate such a pathological condition in a highly valuable animal.

On Feb. 13, 1947, a 6-year-old, 5-gaited American Saddle Horse was admitted to the Stange Memorial Clinic for the correction of a condition known as bit shyness. This gelding was credited with having one of the finest show records in the mid-western states. The anamnesis was as
The horse was purchased 18 months prior to the admittance date as a sound animal. The present owner was well acquainted with the horse's show record and the horse itself. Due to the extremely fine show record a "long" price was paid for the animal. The horse was purchased in the early winter season and during the ensuing months of training a bit shyness developed that continued to grow progressively worse until it was impossible to work the animal with a bit. It is of interest to note that the horse handled very nicely with a hackamore, but show rules prohibit its use because of the danger of the animal getting out of control.

Numerous veterinarians were called in on the case, by the owner, and none of them could determine any abnormality of the mouth that might account for this condition. An extremely severe bit was employed, but this only served to exaggerate the condition. Various types of mild bits were also used with no improvement whatsoever. One veterinarian filed the anterior aspect of each lower, first cheek tooth, but this did not alleviate the condition. The reason for this latter treatment is not known.

Six months prior to admittance the veterinarian then in charge of the horse wrote to the clinic asking for suggestions. He was advised to make certain that the riding gear and bridle were in perfect adjustment—being neither too tight nor too lose. Also he was to advise the owner that only a thoroughly experienced trainer should handle the horse and that a chrome plated, straight, bar bit ¾ in. in diameter should be used (this type of bit has produced good results in many tender-mouthed horses). In the event that these suggestions failed, the last resort was to bridle the animal, using the chrome bit, and turn him loose in a stall or pasture. All of the suggested methods of attempting to overcome this bit shyness were tried and all failed. When the horse was turned loose with the bridle on he fought for several hours until exhausted and then refused to eat or drink for 3 days. At this time the owner became alarmed and thought something else should be done so the horse was brought to the clinic.

Upon entering the clinic a thorough visual and manual examination revealed no abnormalities of the head and mouth other than the filed teeth and a slightly thickened area on the right ramus of the mandible which produced no pain when palpated. A fecal examination showed the presence of several species of Strongylidae ova. A blood examination revealed a normal blood picture. X-ray pictures were taken of both sides of the head and the one taken from the left side revealed the presence of a gas-like pocket involving the roots and surrounding area of the first, lower cheek tooth. The right side, other than the thickening of the mandible, was normal. With this evidence a diagnosis of non-productive alveolar periostitis, involving the left, first, lower cheek tooth, was made. This readily illustrates the value of the X-ray as a diagnostic aid.

The owner was notified of the findings and informed that the condition might be aided by the removal of the involved tooth. However, a very guarded prognosis was given in regards to correcting the condition because even though the tooth was infected enough to be the cause of this bit shyness, there is a psychological factor in all light horses which especially must be considered in this case. Due to the general temperament of light horses it is usually difficult to break them of a bad habit and in this instance, this bit shyness may have developed into a bad habit. The owner hesitated to have the tooth repelled because of the scar that might be left on the face, however he finally consented to allow the operation to be performed.

The horse was given 2 oz. of chloral hydrate in a gallon of water by way of a stomach tube for a basal anesthesia and restrained on the operating table. The involved mandibular area was prepared for surgery by shaving, washing, defatting with ether and tincture of iodine being applied. Procaine hydrochloride was infiltrated into the skin and periosteum along the lateral, ventral border of the ramus of the mandible and a 1
incision was made down to the bone. A bone chisel and mallet were employed to enter the medullary cavity. The exposed portion of the medullary cavity was then infiltrated with 15 cc. of procaine hydrochloride by using a 2 in., 16 gauge needle. This type of anesthesia was used because of the failure that is too often associated with the mandibular foramen nerve block. The involved tooth was repelled with the use of a flat punch. A dental pack was then applied to the cavity. The aftercare consisted of removing this dental pack every 2 days and flushing the cavity with warm potassium permanganate 1:3,000. This was continued until the opening was practically closed.

The tooth that was repelled was split and upon examination it was found that there was a failure of the central island of dentine to completely close. However, the resulting opening could not be detected upon gross examination of the table surface. This opening was large enough to permit a flat piece of straw to be forced down into the tooth. It can be assumed that this straw carried with it enough pathogenic organisms to result in the periostitis.

When the surgical wound had completely healed the horse was ordered home and the owner was advised to rest the horse for a few days and then begin the training period by using a hackamore. After the animal is trained this way for several weeks a soft rubber or chrome bit may be tried. If the horse still continues to be bit shy he is to be returned to have the right, first, lower cheek tooth repelled.

At this writing, no additional information can be given. However, if anything of significance does develop, it will be included in a subsequent issue of this publication.

—V. H. Austin, '47

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Non-Congenital Atresia Recti.

On Feb. 11, 1947 a Spotted Poland China pig, age 4 months, was admitted to Stange Memorial Clinic.

Upon admission the pig was suffering from an acute bloat. His abdomen was greatly distended and firm. He had begun to bloat, according to the owner, about 3 days previously. His condition had not improved and he was getting visibly worse.

![Fig. 1](image-url)

An operation for a prolapsed rectum had been performed on the pig about 4 weeks previously by a local veterinarian. The animal had appeared to recover from the operation. However, upon examination it was found that scar tissue had formed in the rectum. This tissue had formed so completely that a stricture developed resulting in a complete occlusion of the rectum.

No treatment was attempted and on Feb. 12 the animal was destroyed by electrocution. Necropsy revealed an occlusion of the rectum due to a stricture about 6 to 8 centimeters inside of the anus. A sharply circumscribed fibrinous proctitis suggestive of necrophorous infection was found. However, no cultures or smears were made of the inflamed