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A Case of Suspected Soybean Poisoning

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CLINICAL MEDICINE

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1

A Case of Suspected Soybean Poisoning.

Soybean poisoning is a cumulative disease. After 50 to 70 days on soybean feeding there occurs in some animals hemorrhages from mucous membranes resulting in passage of blood from body openings. This is accompanied by high fever which may range up to 109°F. Death follows the onset of symptoms in two to five days.

Two Guernsey cows from the same herd were admitted to the Stange Memorial Clinic with a field diagnosis of soybean poisoning. The first cow admitted on Oct. 9, 1949, with a history of engorgement on soybeans died in a few minutes after arrival. The autopsy findings were impaction of the rumen and reticulum, with death due to mechanical interference of circulation and respiration. Typical lesions of soybean poisoning were not present. The second cow admitted had a similar history but was not so acutely ill. It was treated for impaction and bloat. Treatment consisted of:

Ruminatoric:

Strychnine sulfate	.5 gr.
Ginger	10 gr.
Tartar emetic	30 gr.
Barium chloride	30 gr.

A single dose given in water as a drench.

Antiferment, each ounce containing:

Salicylic acid	15 gr.
Camphor	20 gr.
Oil of Turpentine	120 ml.

Two 1 oz. capsules given morning and night.

A single dose of eserine .5 gr. was given subcutaneously. On the next day the cow appeared to be relieved of all symptoms of bloat. An active diarrhea was present. Two 1 oz. capsules of antiferment were given and the cow was discharged with good prospects for a complete recovery.

Sam Holman, '51

2

Urethral Calculus in an English Bulldog.

A 2-year-old male English Bulldog was admitted to the Stange Memorial Clinic on the morning of Oct. 10, 1949, with a history of difficult urination.

Palpation of the penis disclosed the presence of a hard spherical object in the posterior portion of that organ. A sample of urine was collected and subjected to laboratory examination which revealed a specific gravity of 1.022, a reaction of pH 5.5 and sediment composed of leucocytes, erythrocytes and spermatozoa. A tentative diagnosis of a urethral calculus was made which was confirmed by