

1950

## A Case of Clinical Listerellosis

Loyd A. Jensen  
*Iowa State College*

Follow this and additional works at: [https://lib.dr.iastate.edu/iowastate\\_veterinarian](https://lib.dr.iastate.edu/iowastate_veterinarian)



Part of the [Large or Food Animal and Equine Medicine Commons](#), and the [Veterinary Physiology Commons](#)

---

### Recommended Citation

Jensen, Loyd A. (1950) "A Case of Clinical Listerellosis," *Iowa State University Veterinarian*: Vol. 12 : Iss. 3 , Article 16.  
Available at: [https://lib.dr.iastate.edu/iowastate\\_veterinarian/vol12/iss3/16](https://lib.dr.iastate.edu/iowastate_veterinarian/vol12/iss3/16)

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact [digirep@iastate.edu](mailto:digirep@iastate.edu).

skin swabbed with 50 per cent isopropyl alcohol. Anesthesia was provided by infiltration with 10 cc. of two per cent solution of procaine hydrochloride. An incision two cm. in length was made through the skin on the lateral side of the metacarpal region between the lower limit of the carpal sheath and the upper limit of the digital sheath. A tenotome was introduced into the incision and the deep digital flexor was cut approximately half way through. The wound was sprinkled with sulfanilamide powder, closed with a single silk suture, and bandaged. Fifteen hundred units of tetanus antitoxin were administered subcutaneously.

A special shoe was placed on the hoof to provide extension and to prevent walking on the toe. This shoe projected two in. beyond the anterior edge of the hoof and curved back against the anterior wall of the hoof.

For the following five days equal parts of powdered boric acid and air slaked lime were applied and the wound bandaged. The wound was left uncovered after the fifth day as healing had progressed satisfactorily.

Each day for 10 minutes the fetlock joint was extended by placing the loop of a twitch just above the hoof, and placing the handle flat against the sole to provide a lever for forced extension. Daily walking of the patient about the clinic forced it to place weight on the affected limb thus providing for prolonged extension.

The patient was discharged on Feb. 20, 1950, with advice to the owner that the heel be kept trimmed down. Recent communication from the owner indicated that progress is satisfactory.

**C. H. Bregman '51**

**6**

**A Case of Clinical Listerellosis.**

A Brown Swiss cow from a local herd of 60 head was admitted to Stange Memorial clinic on Feb. 5, 1950, with

a history of being off feed, circling to the right and with being a possible rabies suspect. Another animal in the herd had died previously with similar symptoms.

A thorough examination was made revealing the right side of the face to be partially paralyzed, the right ear to be drooping, and when in motion she circled to the right and could not be reversed. The temperature, pulse and respiration were normal. A sample of urine was taken and a test for acetoneuria was made and was found to be negative. A blood sample was drawn and the blood picture was as follows:

Hemoglobin ....	69 per cent or 8.30 Gm.
Red blood cells .....	7,960,000 per cmm.
White blood cells ..	6,800 per cmm.
Eosinophils .....	200
Stab cells .....	1,800
Segmented cells ..	300
Monocytes .....	200
Lymphocytes .....	4,300

On Feb. 16, 1950, a clinical diagnosis of listerellosis was made. Five gm. of a special preparation\* of aureomycin hydrochloride with sodium glycinate in 250 cc. of sterile water were given intravenously in the right jugular vein. The same dose was repeated on Feb. 17. On Feb. 18 it was reduced to 2.5 Gm. of aureomycin hydrochloride with sodium glycinate in 125 cc. of sterile water.

The following day the cow would move in either direction, but preferred to move to the right.

During the remainder of the time the cow was in the clinic, she showed definite signs of improvement. At the time of discharge the right ear drooped but a fraction of what it did when she was admitted, the right side of the face had nearly returned to normal and she moved quite freely in either direction. Her appetite had also returned to normal. She was discharged March 3, 1950.

**Loyd A. Jensen '51**

\*For parenteral use only.