An Unusual Type of Sterility in a Bull

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An Unusual Type of Sterility in a Bull. A purebred 22-month-old Shorthorn bull was admitted to Stange Memorial Clinic on Oct. 4, 1950. The history indicated that the animal had normal sexual desire but was unable to protrude his penis.

The bull was restrained in the standing position along side the operating table so that a thorough examination of the penis could be made. Ten cc. of two percent procaine hydrochloride was injected epidurally between the first and second coccygeal vertebrae to simplify manual protrusion of the penis.

The prepuce and surrounding area was cleaned with soap and water before the examination of the penis was undertaken. By pulling posteriorly on the prepuce and pushing anteriorly on the penis, the latter was forced through the orifice of the prepuce sufficiently to grasp it with a sterile gauze sponge. By gently pulling the penis out of the sheath, multiple pinpoint adhesions were broken down. Droplets of blood formed on the penis at the sites of the broken down adhesions. Traction on the penis was continued until maximum protrusion was obtained. The penis was considered underdeveloped for a 22-month-old bull. Clinically, it appeared about the size of a 5- or 6-month-old bull’s penis.

Before the penis was returned to the preputial cavity, 5 percent sulfathiazole cream was applied to prevent recurrence of the adhesions and to minimize the possible infection of the pin point wounds. For several days the preputial cavity was flushed with 1 oz. of a sulfathiazole-mineral oil mixture (one oz. sulfathiazole in 6 oz. mineral oil) to help prevent the formation of adhesions and assure free movement of the penis in the sheath.

On the third day the bull was teased to see if he could extend his penis. Sexual desire was manifested but the penis would not protrude from the prepuce. By palpation during the teasing the end of the penis was found to be several inches from the preputial opening. A few days later when the bull mounted a cow the penis did not protrude and could not be palpated at the preputial opening. At a later date when the bull was being teased, palpation through the sheath revealed that the adhesions were permanently broken down and that the penis...
was fully extended from anterior to the scrotum to the distal end of the sheath but would not protrude from the prepuce.

The diagnosis was phimosis and underdevelopment of the penis. The owner indicated he did not wish to waste the time necessary to determine whether or not the penis would develop to normal size so the bull was taken to market.

The etiology of the multiple pin point adhesions could not be determined, but it is presumed to have been of an infectious nature and having occurred during the pre-puberal development of the bull.

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A Canine Dental Abscess. On Oct. 1, 1950, a 10-year-old male Fox Terrier was presented at Stange Memorial Clinic with a history of having refused to eat for several days. A clinical examination revealed severe pain when the mouth was opened, but no cause could be determined. Since the dog was owned locally, it was sent home with instructions that it be returned the next day if there was no improvement.

The dog was again presented on the following morning with an extensive, edematous swelling of the right side of the head, involving the eye to such an extent that it could not be closed. The nictitating membrane and the ventral conjunctiva were edematous and the latter everted. The right upper lip was pendulous and about three times the normal thickness due to the edema. The mucous membrane of the mouth appeared normal, but the dog showed severe pain when an attempt was made to open the mouth.

One grain of morphine was given to the dog as a combination sedative and analgesic. The dog was then placed on the operating table and a speculum inserted in the mouth. After a careful examination of the oral cavity, it was determined that the upper right second molar was slightly loosened in its alveolus. After removal of this tooth, a small area of necrosis was found on its root. The right eye was manually closed and a pack soaked in 2 percent boric acid solution was bandaged in place. The dog was then placed in a kennel.

The next day the dog was very depressed, had a pulse rate of 200 per minute and a temperature of 103.6°F.

On the fourth day the dog was somewhat more alert, but a brownish colored saliva having a necrotic odor was noted coming from the mouth. Also an area of crepitation was noted between the eye and the ear. A speculum was again inserted in the mouth and an abscess was found draining into the mouth through the alveolus of the infected tooth. After infiltrating the skin with 2 percent procaine hydrochloride, the crepitant swelling between the eye and the ear was incised. A sanguinous, purulent exudate similar to that found in the mouth drained freely from the wound.

A differential blood count was made at this time and revealed a total white count of over 14,800. About 7,000 of these were stab cells and about 5,000 were mature neutrophils. The dog was given 300,000 O.U. of procaine hydrochloride penicillin in oil and wax and returned to the kennel.

On the following day the dog was alert enough to resent handling and had eaten some food for the first time. The pulse rate had dropped to 144 and the temperature to 102.6°F. A fistula had opened opposite the third upper premolar and was draining profusely. The surgical incision and the alveolus were also draining. Soon afterwards the alveolus stopped draining, but another fistula broke through the skin at the medial canthus of the right eye.

On Oct. 19, 1950, the dog was discharged. At this time the cornea of the right eye was cloudy, probably due to damage received in the period when the eye could not be closed. The surgical wound and the fistula opposite the third upper premolar were still draining. However, the dog had regained his appetite, was in excellent spirits and had a normal temperature and pulse.