sure. The peritoneum and muscle were closed separately using 00 chromic catgut in a continuous stitch and an interrupted stitch, respectively. The skin incision was closed with nylon using an interrupted suture. Sterile saline was continuously poured on the operative field throughout the procedure to keep the viscera moist. The oxygen was discontinued to stimulate normal breathing. Fifteen minutes later artificial respiration was stopped and the dog continued breathing without help. The wound was bandaged and 2 cc. of combiotic® were administered intramuscularly and was continued for three days at 1 cc. two times a day.

Milk was fed for 3 days following surgery and then slowly changed to canned dog food. Vomition occurred once following the first feeding of milk, but not thereafter. The patient convalesced normally with no apparent complications and was discharged Feb. 20, 1956.

—Donald G. Lyon '56

**Ventral Hernia In A Bull.** A 3-year-old Jersey bull was admitted to Stange Memorial Clinic on Feb. 8, 1956. The bull was suffering from a hernia in the right anterior portion of the abdominal floor. The swelling extended from the midline outward and from the costal arch backward for 16-18 inches. History revealed that there had been an abscess in that area earlier and that it had been opened for drainage.

Upon palpation a hernial ring 6 inches in diameter was noted. Considerable fluctuation indicated the presence of fluid and possibly exudate. Three days later an exudate was found draining from the previous incision. The area was cleaned with alcohol and sulfa-urea powder was applied. Exudation stopped several days later.

On Feb. 18, the patient was prepared for surgery. The patient was placed on the operating table. The area of the hernia was clipped, shaved, scrubbed with soap, and followed by the liberal application of alcohol. Forty cc. of 3 percent procaine was infiltrated around and across the point of the hernia. A longitudinal skin incision 12 inches long was made over the center of the hernia. An 8 inch incision midway and perpendicular to the longitudinal incision was also made. The subcutaneous tissue and fascia was then freed from the dorsal portion and reflected to disclose the hernial sac. A fistulous tract was present from the skin thru the hernial sac. The sac was opened longitudinally for 6 inches, thru the tract and the tract was excised. The hernial sac was overlapped for 1½ inches using five mattress sutures of vetafil.® Next a 10 by 10 inch plastic mesh screen was placed over the area and sutured around the edge with interrupted mattress sutures using vetafil. The subcutaneous flap was then laid over the plastic mesh and sutured in place using interrupted vetafil and continuous number three catgut sutures. Continuous interlocking sutures using umbilical tape was used to close the skin incision.

Considerable swelling appeared in the operative site when the patient was removed from the table. However, it was believed that the sutures and plastic mesh were holding. A many-tailed bandage and canvas belt was then placed over the repaired site.

Three million units of combiotic® were administered intramuscularly and was continued for several days. The appetite and bowel movements were good following surgery. The incision was dry and in good apposition at the time this article was written.

—Roger Siegert '57

**Skin Laceration on a Shetland Pony.** On Dec. 24 1955, a 4-year-old Shetland pony was admitted to Stange Memorial Clinic. A rough incision had been made completely around the fore-arm just below the humero-radial articulation. The skin had been separated from the leg for 5 inches toward the carpus and this cuff of skin was turned down and inside out. This loose necrotic tissue was cut off. No anesthesia

Iowa State College Veterinarian