left corner of each square so that much space is allowed for making notations. I hang these calendars where they can be easily seen by the dairyman and myself. On these calendars I jot down animals that are to be rechecked, etc., and what was found or done with the animal previously. Sometimes the dairymen make notations on these about cows they see with abnormal uterine discharges, etc. These calendars aren't meant to take the place of individual health sheets but are just to serve as a helpful reminder to the dairyman and to the veterinarian of things to be done.

Practice Tip

George Washington, *D.V.M.*
Purcellville, Virginia

I live in Purcellville, Virginia, which is just up the Potomac from Mt. Vernon. Ever since the Arab boycott a few years ago, we've had a lot of talk about shortages and how wasteful the American people are, so my first practice tip deals with something we can recycle from a cocktail party! There is a half-gallon ginger ale or cola bottle from Safeway that makes a real good fluid bottle. With an aluminum rod and some metal chains and clips, you can make a nice rack for them. You can hang them up in the barn any place you want to. If you can, you can hook them up in series with a willowby outfit. They work real nice.

Now, my next tip, someone got the jump on me, because the *Bovine Practitioner* came out about a week ago and I read part of it in there, but I'll still go ahead and cover it because there are some things I do a little bit different. These are four items I like for acute or coliform mastitis. One thing I like to do when I treat an acute mastitis is to do a lot of culture work because I like to see what the organism is. This one happened to be a coliform organism; I got a triplate that has selected media on it. I use a lot of tetracyclines on acute mastitis; I use pretty high levels, 6-8 mg/lb. of body weight. I use gentamicin in the quarter, depending on what kind of cow it is. I've gone as high as 200 mg initially, but my usual dose is about 75 mg every 12 hours. I used qs dose with 50 cc of furacin. I have one case of a real good show heifer and the owner was really worried about it. He called and said the back of the quarter was turning blue; it was. The quarter was really in bad shape. It looked bad, the mastitis was bad, but I thought it was gangrene, which it was, but we saved the quarter. We ended up putting about 25 cc of gentamicin in it, but the cow is milking right now and the quarter is not light. This is a real good treatment for acute or coliform mastitis. Being a little ways west of Washington, we are getting a lot of big farms in our area! They are 5-10 acres and we have a lot of calls on these. There is the big fancy house and big barn. They have a four-acre field in the back and have a big herd of about three heifers. We have a lot of calving cases here. They will call for help; you ask them if it's up and they say, no, she's in the field but she's lying down in the corner, nice and gentle. They usually jump up and take off when you get there. I figured there was some easier way of chasing them or trying to lasso them because I'm not much of a cowboy. About a year and a half ago I came across something that works real nice. I'm not talking about the drug, but I have had a lot of experience with Rompun. I did some field trials for Chemagro for about two years. It is a very good drug in cattle. The recommended I.M. dose is 0.1 mg/lb., I.V. dose is .05 mg/lb. I don't think you have to go much higher than this I.V. to get them on the ground, but we have used real high doses on some animals and it didn't affect them much. It puts them down a little deeper, but this drug works very well. For these animals you need to deal with, and they don't have any chutes or anything, it is an eight-foot long pole syringe. There is a three cc on the end of it, you use a 16-gauge, 1½" needle. You have about an inch of it out. You usually get close enough to these wild animals to hit them in the rump with it, and you can sedate them enough to be able to do something with them. I coundn't get my pole through airport security so I didn't bring it with me. My associate, who does mostly equine practice, borrowed it from me to use on a two-year-old stud horse, who had never had a halter on, that needed to be castrated. He used Rompun to sedate it; he wouldn't give it back so I had to get another one for myself!

Practice Tip

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Damascus, Maryland 20750

My topic concerns the oral use of Acepromazine Maleate on show and sale cattle. I myself am a purebred beef breeder and I have a son and daughter who show steers and heifers at the county, state and national levels. I started using Acepromazine orally approximately three years ago and have been very satisfied with the results from this drug via oral administration. Some of the advantages of using Acepromazine orally are:

First, in steers that are going to be shown and possibly slaughtered in a few days, when given this drug intramuscularly, there is always the possibility of an abscess or a muscle stain due to the color of Acepromazine. You have completely eliminated these possibilities by administering the drug via the oral route.

Second is the ease of administration. I am sure everyone at sometime in their practice has been called upon to tranquilize an animal that has been tied to a post or a fence on about six foot of rope and with both hind feet in high gear. I find by oral use of this drug there is much less chance of injury to myself or the owner or whoever might be helping. The majority of the cattle that I am tranquilizing are cattle that are

already at a show or sale and are tied to a fence or partition and it is very simple to administer this drug via the oral route. I use a 3 cc disposable plastic syringe, pull the Acepromazine into the syringe, remove the needle, grasp the steer or heifer by the nose or the upper lip, place the syringe in the corner of the mouth and eject the Acepromazine. The animal will not spit the tranquilizer out because of the small quantity of fluid even though it has a bitter taste.

Third is that by using this drug orally I don't seem to get the drooped ears and eyelids that I get when I use the same dose intramuscularly and this is a tremendous advantage on show cattle. The thumb rule I base my dosage on is 10 mg or 1 cc Acepromazine per 500 lb. of body weight. Now, this dosage will vary with the animal and the state of excitability of the animal, but I have never had to use over 30 mg when using the oral route. I have had a couple of 1200 to 1300 lb. steers that I have used 3 cc or 30 mg on and this is the maximum. These steers were of the exotic breeds. I have had some very excitable heifers at sales that I have used 20 mg on and it seems to work well enough to quiet the animal so that the person can get it through the sale ring without any injury or without the animal becoming too excitable. I administer the drug one hour prior to the time when the animal is going to be shown or sold.

Another way this can be used, which I find very easy, is for working a bunch of cattle or weaning calves that are going to be moved to another farm. We administer the drug when we have them in the head gate, castrating, vaccinating or whatever we might be doing to the animal. By using a dosage of 10 mg, I find that it cuts down the possibility of shipping fever, becasue we are cutting down on the stress factor.

I have taken steers of my own that were going to slaughter, given them 30 mg 48 hours prior to slaughter, taken them to the slaughterhouse, told the inspector what I've done and that this meat is for my use, and we have never come up with a trace of the tranquilizer in the carcass. So I feel we are very safe along this route.

In summary: my basic dose is 10 mg or 1 cc per 500 lb. body weight one hour prior to the time desired. No possibility of staining a carcass, easy to administer, and less chance of injury to you.

Diagnosis and Correction of Some Intestinal Obstructions

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There are three types of obstructions that I most often encounter. These are intussusception, torsion, and strangulation. These obstructions have several similar clinical signs. If the owner observes the animal early, he notes signs of colic. The animal will kick at its abdomen, stamp its feet, switch its tail and be restless. These signs will progress to stasis of the digestive tract and beginning toxemia. After two or three days the abdomen becomes somewhat distended and there will be little or no feces passed. The animal stops eating and drinking.

Rectal examination is a must when you see the animal. Many times you will be able to palpate an intussusception just anterior to the brim of the pelvis. Almost always you can palpate loops of intestine distended with gas, whether you have intussusception, torsion or strangulation. With an intussusception, the small amount of fecal material present will be blackish, fetid smelling, and of a tar-like consistency. With torsion or strangulation there will also be a small amount of fecal material present, but it may be of normal consistency or have mucus present. The odor will be somewhat sour as is characteristic of a static intestine in the cow. Many times you cannot find enough clinical evidence of obstruction to be sure of your diagnosis. I like to treat these cases with mineral oil and a mild laxative, wait twenty-four hours, and if no improvement is noted, do a laparotomy. If the cow is extremely toxic, you cannot afford to wait. Do surgery immediately.

Surgery in these obstruction cases is usually successful if there is no peritonitis. I prefer to have the animal standing and do a right flank laparotomy using only local anesthesia. In cases where the animal will not stand quietly, I use tranquilization, cast the animal and use local anesthesia. In most of these cases resection and anastomosis is necessary to correct the condition.

Most intussusceptions and torsions can be exteriorized through the right flank laparotomy. I like to use intestinal forceps to clamp healthy intestine on either side of the affected portion. Then the diseased portion is removed along with enough mesentery to allow the healthy ends to be brought together for end-to-end anastomosis. The suture pattern is a continuous mattress that everts the ends of the intestine. Then the everted ends are brought together with a simple continuous pattern. The mesentery is then sutured and routine closure of the laparotomy made. I like to leave some type of antibiotic or antibacterial agent in the peritoneal cavity.

In some early torsion and strangulation cases, before devitalization of tissue occurs, it is possible to reduce the torsion or strangulation and not have to do resection and anastomosis.

Postoperative therapy includes antibiotics for four or five days, corticosteroids, if needed, and supportive treatment as indicated. Diet consists of moderate amounts of good roughage and small amounts of grain concentrates. Most successful cases are passing feces in six to eight hours.

This is not what would be considered everyday surgery, but it is not rare. I average about two cases per year. To me it is rewarding surgery, not in the monetary sense, but in my feeling of accomplishment. Clients are favorably impressed by this type of surgery and it always benefits your practice.