



Practice Tips

Anyone performing a cesarean section has probably experienced difficulty in getting good skin closure. A mattress type of suture will leave the skin gaping outward, exposing the subcutaneous tissue. A simple interrupted type of suture has a tendency to infold thereby preventing proper healing.

After trying numerous combinations of stitching I have found that a very neat, easily applied closure is to use a subcuticular buried mattress stitch, alternating with a simple interrupted stitch. This closure is so trim and neat that it is almost difficult to see the incision site after completion of suturing. The alternating simple interrupted stitch adds strength to the closure and prevents a slight gapping between the buried subcuticular stitches.

A. J. Kunkel, *D.V.M.*, St. Michael, Minn.

For acute pulmonary emphysema, I save more cases with one treatment of 50 cc's Scorbate (250 mgm/cc - Burns) given intravenously, followed by 40 cc's liquamycin (oxytetracycline - Pfizer) and 10 cc's Flucort i/v for 2-3 days.

Abscessed quarters can be dried up with 50 - 100 cc's 2% silver nitrate solution. Wait 12 hours before stripping the quarter after infusion and then milk out a few times. One treatment is usually sufficient.

Besides amputating the affected teat in a case of gangrenous mastitis, I save more cows by using 10 cc's Flucort and 35-40 cc's liquamycin i/v for several days.

Duane Mickelsen, *D.V.M.*, Emmett, Idaho

For severe footrot cases, especially during wet periods, I thoroughly clean the interdigital area and then I place a large piece of cotton saturated in either sulfapyridine or furacin solution between the digits. The entire hoof and interstitial space is then wrapped in a figure of 8 method with four-inch plaster of paris bandage which is left in position until it falls off or is removed in about a month. I warn the owner to check periodically for any swelling above the bandaged area, but this has never been a problem.

J. T. Pritchard, *D.V.M.*, Las Cruces, New Mexico

For stomach tubing sick baby calves, I got a disposable plastic enema bag and tube from the hospital. I shortened the tube to suit my purposes. After filling the bag, I hang it on the pen, straddle the calf's neck and guide the tube with my left hand and feed it down with my right. When the tube is in place, flip the snap valve and let the contents run in. It is an easy one man job this way.

Robert R. Bell, *D.V.M.*, Culbertson, Montana

When the occasional milk fever case fails to get up and walk after usual treatments bring about usual recovery to this point, administer a substantial dose of qualified B. Complex intravenously. I have seen them get up in one hour. Mineral with brewer's yeast 10% by drench, one pound every three hours, has brought about recovery in about 24 hours. Be sure the animal can swallow.

R. O. Rydell, *D.V.M.*, Turtle Lake, N.D.

To keep O.B. chains from rusting, lather good with liquid soap and put away without drying.

R. E. Latier, *D.V.M.*, Coshocton, Ohio

For drying up necrotic lesions, especially between the udder and inside the thigh in recently calved cows, the following preparation is recommended: 1½ cups copper sulfate powder; 1½ cups formalin; g.s. one gallon H₂O.

Samuel Hutchins III, *D.V.M.*, So. Barre, Vermont

When treating milk fever cows with large, tender udders or with a history of mastitis, I also treat them systematically for mastitis with a drug of choice. I find I get a greater percent of the milk fever cows back in the milking line in full production more rapidly.

Max E. Barth, *D.V.M.*, Mount Horeb, Wisconsin

M.M.A. (mastitis, metritis,agalactia) which occur frequently in sows can be just as serious and prevalent in dairy cows. When one sees this swollen congested udder in a fresh cow with little or no milk "let down," be sure to check the uterus for retained placenta or a metritis. When this is present, mastitis often is an end result — metritis, mastitis,agalactia. Treat accordingly with hormones and antibiotics.

Be sure to consider the closure of eyelids with catgut sutures in severe cases of Infectious Bovine Kerstitsi. This is especially helpful in cattle running at large in a pasture exposed to the sun. Suitable antibiotics and steroid treatment should also be employed.

L. C. Allenstein, *D.V.M.*, Whitewater, Wisconsin