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EDITOR

THE OFFICER IN CHARGE IV CIRCLE, CIVIL VETERINARY
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A CASE OF DYSTOKIA IN A SHE-BUFFALO.

BY

*C. Suryanarayanamurthi, G.M.V.C., Veterinary Assistant Surgeon
in charge, Veterinary Hospital, Rajahmundry.*

On the 6th October 1923 I was called in to see a local bred she-buffalo aged 5 years, which had been in labour pains for about 15 hours. It was the first calving, and water-bag had not burst. On examination, I found the uterus almost empty. There was a big rent in the wall of the uterus through which the calf slipped into the pelvic cavity, and owing to incessant straining of the mother, it was pushed back underneath the uterus and vagina. The hind-quarters, the arms and the tail of the foetus could be felt by the hand through the rent made in the wall of uterus, and the head of the foetus was first underneath the posterior part of the vagina and its presence could easily be felt by hand in the vagina.

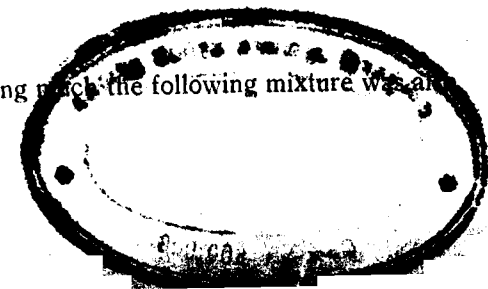
Attempts were made to pull back the foetus into the uterus through the rent, but it was found to be impossible. The only course that suggested itself to me then was to make an incision in the vaginal wall at its lateral aspect and to pull out the foetus through the opening thus made. The calf was accordingly taken out with ease and with it came the water-bag and placenta. The calf was, of course, dead. The incision made by me was sutured. The following mixture was then given to the animal that day :—

Re.

Quinine Sulph.	... 2 drams.
Acid Hydrochl. dil.	... 2 drams.
Liq. Strychnine Hydrochloridi	... 3 drams.
Aqua. ad.	... 2 pints.
M. Ft. Mistura.	

Sig. $\frac{1}{2}$ to be given twice daily, mixed with 4 ounces of country arrack.

As the animal was straining much the following mixture was supplied.



Re.

Chloral Hydras ... 1 oz.
Tr. Opii ... 1 oz.
Aqua. Ad. ... 2 pints.
M. Ft. Mistura.

Sig. Half to be given thrice daily mixed in a pint of rice congi alternately with the above mixture.

2nd Day.—The animal was reported to be dull and to have eaten a little grass. There was slight straining still. The above mixtures were supplied again.

3rd Day.—The animal was off-feed and more dull but stopped straining. The following mixture was supplied.

Re.

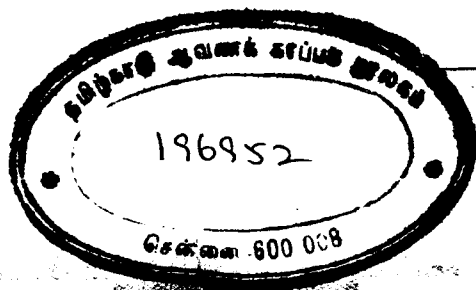
Tr. Asafoetida ... 2 oz.
Ammon Carb. ... 1 oz.
Pul. Nux. Vom. ... $\frac{1}{2}$ oz.
Aqua. Ad. ... 2 pints
M. Ft. Mistura.

Sig. Half to be given twice daily in two pints of rice congi.

4th Day.—The animal was better and took rice congi. The above mixture was repeated with half doses.

Nothing was known about the case for some days till the animal was brought to the hospital on the 23rd October (i.e. 17 days after parturition) for the dressing of the wound in the vagina which was neglected by the owner. The wound was dressed for 3 or 4 days afterwards and the animal was discharged cured.

The interesting points in this case were the peculiar presentation of the foetus and the wonderful recovery of the animal with two large wounds in the vagina and uterus and with possibility of the uterine discharges escaping into the peritoneal cavity. I think that the healthy condition and the young age of the animal have greatly contributed to the recovery of the animal.



SEPTIC OPHTHALMITIS.

BY

P. A. Parthasarathi Naidu, G.M.V.C., Veterinary Assistant Surgeon
I/C Veterinary Hospital, Ongole.

It is a disease affecting cattle of all varieties characterised by rigors, high temperature and severe ophthalmitis attended with total blindness.

Cause. Not known. I have not come across any book describing this disease. Probably it is due to the ingestion of certain poisonous food which after maceration in the rumen gives rise to certain toxins and affects the eye.

Course of the disease. The early symptoms noticed are watering of the eyes, photophobia, slight opacity, temperature rises to 104° or 106° F., rigors, constipation and other febrile symptoms. Next, severe keratitis with hæmorrhage in the anterior chamber, is seen. Conjunctiva is deeply congested and the animal goes slightly off-feed.

2nd stage. Temperature continues to be high varying from 103° to 104° F. ulcers appear on the cornea, followed by the escape of the aqueous humour and sometimes the lens, appetite completely absent.

3rd stage. The animal becomes very weak, temperature remains high, tympanitis sets in and the patient dies either of asphyxia or exhaustion. The temperature comes to 97° or 98° F. one or two days before death.

The following are the cases treated by me.

Case No. 1. A red Ongole heifer, about 3 years of age.

symptoms. The symptoms noticed when it was brought to the hospital were photophobia and running from both eyes. On examining the eyes they were highly inflamed, cornea was completely opaque and the region of the iris was red, conjunctiva inflamed and red with yellow sticky discharge. Temperature was 105.2° F. She was off-feed and constipated. Impaction of the rumen with slight tympanitis was present.

Treatment.—

1st day Re I. Creosote ... 2 drams.
Acid Carbolic ... 1 dram.
Ol. Lini ... 1 pint.
Mft. Haust.

In the evening II. Mag. Sulph. ... 2 ounces
 Liq. Ammon. Acet. ... 2 ounces
 Spt. Aetheris Nit. ... 1 ounce
 Pot. Nitras ... 2 drams
 Aqua ... 1 pint.
 Mft. Haust.

Eyes were washed with boric lotion, dressed with 5 per cent cocaine solution and atropine solution equal parts and bandaged. The eye treatment was continued 3 times a day.

Symptoms.—

2nd day. Prescription No. II. was continued. T. 103.2°F. Had 3 loose motions.

III. *Re* Acid Carbolic ... 1 dram
 Creosote ... 1 dram
 Mft. Mist.

To be given in thick gruel.

Eye treatment was also continued.

3rd day.

T. 103°F. Had 3 or 4 loose motions, drank some gruel and ate some green grass.

Prescriptions No. II. and III were continued.

4th to 8th day. The symptoms and the treatment were the same.

9th day Temperature 101.2°F. feeding as usual. The following prescription was given.

Re
 Ammon. Carb. 2 drams
 Pul. Nucis Vomicae $\frac{3}{4}$ dram
 Pul. Gentian $\frac{1}{2}$ ounce
 Jaggery Q. S.
 Mft. Elect.

The patient stopped attending. After some days the animal was seen working in an oil mill and was sound in condition except the absence of vision as the cornea remained opaque.

Case No. II.

This was a buffalo bullock aged and poor in condition.

Symptoms :—Keratitis, extravasation of blood in the anterior chamber, off-feed, temperature 105.6° F. abdomen tucked up, dung normal.

Treatment.—The animal attended the hospital for two days and the same treatment was adopted. Owing to the patient's inability to walk the distance he was not brought and was reported dead later on.

Case No. III.

Buffalo heifer. The same symptoms as Case No. I were noticed. But one eye was more severely affected than the other. The cornea of the badly affected eye had burst and a portion of the iris and lens were protruding and this had to be treated surgically. The lens affected, in addition to the usual treatment adopted, was dressed with atropine and eserine solutions alternately. At the end of 12 days the sight was partially restored and the animal recovered her normal health. The eye was treated with yellow or golden ointment (1 in 60) for the subsequent days of attendance till the opacity was cleared, and discharged cured.

Case No. IV.

A black bullock of medium size.

Symptoms. The symptoms were the same as seen in case No. 2. This is also a case brought after the owner giving a fair trial for all quacks in the locality.

Treatment. Adopted the same treatment. The case attended the hospital only for 2 days, and then it died and I had an opportunity to make a post-mortem examination of this case. On opening the abdomen 2 to 2½ pints of clear straw coloured fluid was found in the peritoneal cavity and there were also signs of localised chronic peritonitis. Apart from these nothing could be seen to arrive at a definite conclusion as to the cause of the disease.

If any of the readers of this Journal have come across cases of this kind, they will do well to record their experience in this Journal and intimate if better and more successful treatment is adopted.

What can be the cause of this disease? What kind of poison could have such a severe attraction for the eyes? Are the eyes affected directly by the absorption of toxins generated from some other organs or indirectly by nervous irritation by way of the brain and spinal cord? These are certain points that deserve being enlightened by the more experienced of the profession.

BLOODY URINE IN A BULL.

BY

*H. R. Rangasami Ayyangar, G.M.V.C.,
Touring Veterinary Assistant Surgeon, Oolcaamand.*

Subject.

A quarter-bred foreign bull aged 4 years in best of condition the property of a rich European owner.

History.

The animal was said to have been passing urine tinged red and with red clots. He managed to keep himself dull after the commencement of the complaint but of course taking his usual food in a lethargic way.

Examination.

Temperature 102° F. on the day under observation. The animal would not take his feed and was quite listless and dull. Blood smears revealed no micro-organisms. The urine was voided completely red containing lot of thick blood clots from beginning to end of micturition.

Treatment.

Gave a dose of saline purgative and there was very little action till 36 hours. Gave a hypodermic dose of 'Adrenalin' to note its effect on the colour of the urine but in vain. The animal died the next evening.

Post mortem.

Fat was seen accumulated in huge quantities in all internal parts wherever we can expect them to collect.

No abnormality of any description was detected in any of the thoracic organs.

All the abdominal organs excepting the kidneys and the bladder deserve no special mention. The right kidney was completely deprived of its normal colour and consistency. To all appearance the whole organ was a complete mass, devoid of divisions into lobes and resembling clay in colour. It was absolutely soft and yielding to the touch.

This sort of mischief was wrought in the posterior half of the left kidney also and this organ also was completely devoid of all its naturalness.

Last of all the bladder, of course, could not be spared. The inner lining of this organ was completely inflamed to the verge of necrosis and the organ was enormously distended with heaps of clotted blood and bloody urine. The bladder was submitted for microscopical examination with very little aid to diagnosis of the causal organism.

Conclusion.

Probably the death of the animal may be attributed to uraemic poisoning but what could have brought about the transformation of the kidney substance is a mystery!

ENUCLEATION OF THE EYEBALL IN CATTLE.

BY

*V. Duraisami Ayyah, G.M.V.C., Veterinary Assistant Surgeon.
I/C. Veterinary Dispensary, Chittoor.*

Having had to perform this operation in a fairly large number of cases of panophthalmitis and malignant tumours of the eye, I think it worth while to write in this journal, my procedure of the operation which has given me uniformly good results.

As a general anaesthetic, I administer orally according to the general condition of the animal, 1 to 2 ounces of chloral hydras or chloroform in about 2 pints of gruel which generally produce sufficient narcosis for the operation. If left in the operation shed the

animal quietly lies down in about 15 minutes and is then secured. The eye lashes and the hairs of the lids painted with warm boric lotion and the shaved area of the lids painted with tincture iodine. As a local anaesthetic, a sub-conjunctival injection of 1% cocaine hydrochloride solution is given along with a hypodermic injection of the same solution into both the lids at different points from one canthus to the other.

The third eyelid is seized with artery forceps and snipped off close to its base to facilitate the further operation. A continuous suture is applied to unite the upper and lower lids. Two incisions one in each lid are made about a quarter of an inch away from the margin of the lid, meeting at the same distance beyond the inner and outer canthi. The incisions are carried through the entire thickness of the eyelids, skin and tarsus, down on to the conjunctiva, *but not through it*. The conjunctiva is then carefully dissected away, all round from the inside of the lid, back to its attachment to the eyeball. Careful dissection of the membrane in tact, greatly facilitates its removal and for this purpose bleeding is studiously controlled and blunt dissection employed wherever necessary. After the dissection is completed traction is applied with the separated edges of the eyelids and the freed conjunctiva when the eyeball comes forward. The muscular attachments are then easily severed and as the eye comes more forward, the optic nerve is cut off and the whole orbit is thus removed.

The haemorrhage is not usually much and soon ceases. None of the orbital fat is removed for fear of septic meningitis. Further the policy of conservation of as much tissue as possible for the cavity is adopted. Any remnant of the third eyelid is then removed and in cases of cancer in eye the removal of the lachrymal gland also is invariably done to prevent any chance of the recurrence of the tumour.

And now the ordinary surgical principles of wound-treatment come into play. To avoid all chances of infection, all blood clots are removed, the whole cavity thoroughly irrigated with Eusol mopped quite clean, and finely dusted over with Eupad and the cut edges of the lids are sutured with closely placed interrupted silk sutures, leaving only a small opening at the inner canthus to provide drainage. The next day the cavity is irrigated well with Eusol, carefully dried and packed full with BIPP, which is also applied over the line of sutures.

Very little after-treatment is usually necessary except keeping the flies off from the operated area by means of a neem oil dressing. The cavity fills and the sutured lids become permanently adhered together in about 3 weeks.

A combination of adrenalin chloride solution (1—5000) along with the cocaine solution used for local anaesthesia may be of considerable use in minimising the haemorrhage occurring in dissection of the conjunctiva especially in the region of each of the canthi but the want of it has precluded its trial.

HEART FAILURE IN A BULLOCK.

BY

*H. R. Rangasami Ayyangar, G.M.V.C.,
Touring Veterinary Assistant Surgeon, Ootacamund.*

Not long ago I was requested by one of the Superintendents of H.H. the Nizam's properties, Ootacamund to conduct a Post-mortem examination on a bullock which died suddenly.

History—The animal, a Mysore breed, was taken up in ascent (10 in 20) from the foot of a *maidan* to a distance of about a fifty yards upwards when the animal suddenly fell down and expired. The cattle shed was situated at the foot of the slope. The animal was in a fair condition and about 6 years of age. The incident happened in the morning.

External appearance. I was able to repair to the spot within fifteen minutes of the animal's death and I could not witness any of the external symptoms viz., bloating of abdomen, bloody discharge from the mouth and rectum etc., which are characteristic of that deadly disease Anthrax. Yet I took some blood smears and which later on on examination confirmed that the animal did not die of that disease.

Post-Mortem examination. I conducted the *postmortem* very carefully and examined the colour of blood and the condition and contents of abdominal and thoracic organs. All excepting one simulated the appearances presented in a slaughter house by the carcass of more an animal just slaughtered excepting of course that they evinced palidity to some extent. The organ that was excepted was the heart which was hypertrophied and the muscular wall of the organ was tense. This aroused my scrutiny and in my anxiety to

know the contents I put an incision at the apex, which mutilated to some extent the object of my curiosity and a colourless clear fluid about 5 ounces poured out. I continued the incision gradually and severed the heart into two halves. What I saw was that thick clots of blood of a pretty big size were encircling the two hollow hemispheres of a cystic wall, which was quite possible to imagine to contain 5 ounces of clear fluid, and closely more or less adherent to the inner lining of the heart. The cystic wall had a firm attachment to the apex of the heart inside at its lower part, and to the Cardiae tendinae alone. The wall of the cyst turned towards dull pearly whiteness in colour and pretty thick in consistency. I am quite certain it was not mistaken for the endocardium of the heart in as much as the blood clots separated this from the cystic wall.

Remarks. I am inclined to think from the appearance of the heart wall and the cystic wall and the attendant stiffness thereon that the enhanced action of the heart might have been impeded by the volume of the cyst (as the animal was being taken up-hill) and suddenly brought about a fall of the animal and death. It will be interesting to know further details regarding the cause of death from those who know best, with the above mentioned history and symptoms and pathological specimen detailed. Can the cyst be one of Echinococcus?

WOUND FETLOCK WITH SYNOVITIS IN A HORSE.

By

*N. Ramanadhan, G.M.V.C., Touring Veterinary Assistant Surgeon,
Kamalapuram.*

In April 1923 an urgent message was received from the Assistant Engineer Jammalamadugu requesting me to attend on his badly injured horse.

History.—The horse, was tied one night (in front of the Travellers' Bungalow) to a rusty water pipe when the animal suddenly got shy on seeing a running buffalo and began to gallop headlong with the pipe dangling to the feet and sustained very severe contused and punctured wounds. It was neglected for about one week as my camp was not known to the touring Engineer. When I returned to headquarters the message was handed over to me and I proceeded to Muddanur at once.

Symptoms.—On arriving at the place where the animal was stabled, it was found to be in a most critical condition. The thermometer showed 106°4.F. There was accelerated pulse and hurried respiration evidenced by dilatation and closing up of the alae of the nostrils frequently and at quick intervals. It was unable to move about till a week after treatment when it was able to hop on three legs. The near hind fetlock was very much swollen, hot and extremely painful. Sero sanguinous fluid mixed with pus and synovia was flowing out emitting a repulsive odour. The animal was off-feed and depressed.

Treatment.—Stimulant mixtures and febrifuges reduced the sympathetic fever in a couple of days. Fomentations, washing with warm saline solution, syringing the fistulous wounds with Lugol's solution of Iodine and bandaging it daily after plugging it with Boro-iodoform ointment gauze, completely healed the wound in about 3 weeks. A smart blister after a course of Ung. Iodine for a week reduced the subsequent thickening.

N.B.—Anti-Tetanic serum and Ol. caryophylli were not at hand, else they would have been tried with perhaps better results.

CASTRATION OF A SINGLE CRYPTORCHID PONY—INTERESTING SEQUELAE.

BY

*P. Viswanatha Pillai, G.M.V.C., Touring Veterinary Assistant Surgeon,
Erode.*

In the course of my tour during the months of June 1923, an educated ryot consulted me regarding castration of his valuable country-bred pony, in good condition, aged about 4 years, one testicle of which was visible externally, and the other intra-abdominal.

According to the superstition of the Hindus, the possession of such an animal is supposed to bring misfortune and calamities to the owner and hence my client though educated, was very anxious that the hidden testicle also should be traced and removed. As the facilities for performing a flank operation were inadequate then, I informed him that the testicle visible may be removed first and the other hidden one will afterwards naturally descend in the course of a few months and then the animal may be operated upon, a second time. He readily consented to this proposal.

After the usual precautionary measures, the animal was cast, secured, and the visible testicle removed by the firing method. The animal made an excellent recovery in about a fortnight. I met the owner of this animal again in his village in March 1924, that is after about 10 months from the time of the removal of the one testicle. He informed me that something like a ball could now be seen in the scrotal sac of the animal and wanted to know if it was the other testicle which previously remained hidden in the abdominal cavity. Upon manipulation, I found to my satisfaction, that it was exactly the other testicle and replied him in the affirmative. The owner of the animal was very much pleased with the result of the first operation and requested me to remove this testicle also next time, I visit the village. I was also informed that people offered a very good price for the animal after knowing the result of the first operation.

Remarks.—This is the first time I have operated upon a Cryptorchid pony and the results are very encouraging. Will any of our professional brethren who were fortunate enough to deal with many cases of this kind be pleased to throw some light on the following points through the medium of this Journal? (1) Is there any probability of the intra-abdominal testicle not appearing extra-abdominally even after removal of the visible testicle? If so, what are the reasons? (2) Supposing the non-appearance of the hidden testicle in the scrotal sac even after removal of the visible testicle, to be due to atrophy or degeneration, is there any necessity for undertaking a flank operation since such pathological changes would have already destroyed the functional activities of the gland? (3) Will such animals give any further trouble?

SUB-CONJUNCTIVAL NORMAL SALINE INJECTIONS FOR OPACITY OF CORNEA

BY

*S. Ramasami, G.M.V.C., Veterinary Assistant Surgeon in charge
Veterinary Hospital, Bhadrachalam.*

I tried sub-conjunctival injections of normal saline in five cases of opacity of the Cornea. I am glad to report for the information of Mr. Seshadri Ayyangar and the other readers of this Journal that normal saline sub-conjunctival injections do extremely give relief in all such cases. But in the two out of the five cases I had to give three injections before the opacity was completely removed.

I quite agree with Mr. Seshadri that the 80 minims Syringe is absolutely useless. I had to take a loan of a 20 minims syringe from the local Sub-Assistant Surgeon.

A CASE OF PILES IN A BULLOCK

BY

*N. Ramanadhan, G.M.V.C., Touring Veterinary Assistant Surgeon,
Kamalapuram.*

It surprised me very much to find piles in a bullock. In my recent tours a case was brought to me with the complaint that the animal was passing blood with faeces for the last 6 months. Rectal examination revealed dilatation and rupture of the haemorrhoidal veins and the presence of enlarged glands in the rectum. Back-raking the animal thrice daily and free application of cold drawn castor oil inside the rectum has given the animal considerable relief till now.

MY EXPERIENCE OF ADMINISTRATION OF ACID CARBOLIC IN BOVINE CONTAGIOUS DISEASES.

BY

R. Prasanna Rao, G.M.V.C., Veterinary Assistant Surgeon, Aska.

Acid Carbolic in a pint of warm conjee with castor oil and common salt each four ounces added to it acts well in contagious diseases of cattle provided such a treatment is given when the disease is in its early stage. But what I wish to bring to the notice of my professional brethren is my experience of cattle behaving in a peculiar manner as soon as the above mentioned mixture is administered to them. As soon as the above mixture is given those cattle that are to recover get up instantly and behave as if they have gone mad. They usually gallop round the village till they are worn out and exhausted. Such an action I think is useful to a certain extent. It disturbs the contents of the bowels and soon defaecation results. The mixture becomes well mixed up with the bowel contents and antiseptic effects of the acid Carbolic are better exerted. Those cattle that are to succumb to the disease behave differently. They let their heads drop to the ground, close their eyes and stretch their legs well out.

Such has been my observation and I wish to know if anybody else has observed this particular phenomenon.

AN INTERESTING CASE OF AN ACCIDENT TO A CALF.

BY

*K. Govinda Nair, G.M.V.C., Veterinary Assistant Surgeon,
Tellicherry.*

Some months ago on 26th November 1923, I was called on at 10 P.M. to attend on a calf about a year old which had sustained a severe blow from the fall of a big tender cocoanut right on the head from a height of about 50 feet or more.

The servant of the owner who came to me gave me alarming news that the calf fell flat on the ground instantaneously with the fall of the cocoanut and is quite senseless and that the poor thing might pass away before I reached the place and that he was sent by the master simply because the owner was too impatient to wait for a few minutes.

Any way to do credit to the letter of my friend, a member of the local bar I repaired to the spot instantly and found the calf hopelessly bad, breathing heard at a distance, eye balls rolling, shivering throughout, the animal was over sensitive to the touch and not knowing what was going on around, the stomach was fearfully bloated, and the animal was foaming at the mouth and had involuntary defaecation and urination etc.

On observation I was as perplexed as the owner himself for I thought that the calf would die soon. Any how to do justice to the profession I ordered a big vessel of cold water to be brought in and went on irrigating the head for about an hour and finally put on a piece of gunny bag well soaked in a solution of water and salt and advised the owner to moisten the same with the solution often and covered the limbs with rolls of straw and body with a gunny-jule, and returned home for the night.

Next morning to my surprise, I found the calf living. The first stage had passed away and the animal though still unconscious had not all the symptoms of nervous disorders. The animal was shivering yet now and then, but lying quiet to a certain extent.

I thought that the best that can be done that day was a brisk purgative but how far successfully we could administer the same orally without the same getting into the trachea and giving rise to other pneumonic disorders and whether the purgative if at all it is

safely administered would act when all the nerve endings of the internal organs are in a more or less paralysed condition is a question we shall see later on.

A dose of purgative 6 ounces of Mag. Sulph. well dissolved in hot water was safely administered though with much anxiety. The cold water to the head and straw bandages to the limbs etc were continued as before and giving directions not to disturb the animal I left with the view to watch the progress of the purgative in the evening after giving an enema with castor oil and soap water.

Visited the calf the same evening of 27th November 1923. Found her still more distressed, Mag. Sulph not having done anything. No motion. Stomach slightly bloated.

The owner was all the more anxious when he found the purgative did not act. There was no urination. Gave an enema but pressure on the bladder could not be effected being a small calf for the hand to be pushed into the rectum. Every organ, intestines, bladder etc., all seemed to be paralysed.

Internally prescribed nervine stimulants. Ammon Carb and Nux Vomica were administered in Kanji, three times a day and this restored the intestines to its normal condition.

On the 4th day 29th November 1923 the calf purged watery motions continuing for the two days; bladder too was acting quite all right but the calf was still in the recumbent posture. No rumination and though it could recognise the mother it was unable to respond to the mother's call. Could not raise the head and was still lying on its side only.

Nervine stimulants were continued and a smart blister was applied to the poll and to the loins to relieve congestion of the brain by way of directing the blood further away from the head to the back and loins. Stimulants were also applied to the spine with mustard plaster.

In two days more, the calf began ruminating, could raise its head and make some attempts at standing and a few days afterwards it was on its legs again and could walk with the mother to the grazing ground. This is the second of the 2 similar cases I have seen. The first being a bandy bullock which received a severe blow on the head from a fall when driven too quick on the road. This

animal was treated by another member of the profession very well but did not survive. The paralysis of the nervous system was thorough and could not be restored by any treatment.

SUB-CUTANEOUS URINARY INFILTRATIONS IN BOVINES

By

*P. K. Devanayagam Pillai, G.M.V.C., Veterinary Assistant Surgeon
in Charge Veterinary Hospital, Cuddalore.*

I record below a few cases of infiltration of urine in the sub-cutaneous tissues of the sheath and abdomen, I have observed during my practice.

The history of one case differed far from the other.

Case No. I.

In one bull when it attempted to cover a cow the penis suddenly went under the inner fold of the prepuce and could not be brought to normal position and hence the urine passed was accumulating in the surrounding sub-cutaneous tissues.

Case No. II.

The owner cut a portion of the prepuce as it was hanging too far out and as a result the inner fold of the prepuce retracted and the preputial opening became small due to inflammation which did not allow a free flow of urine and hence there was accumulation and infiltration in the surrounding tissues.

Case No. III.

In this case the accumulation resulted after Paraphymosis. The paraphymosis was reduced by a quack and no subsequent treatment was given and hence there was inflammation and gangrene of the inner side of the prepuce which prevented the free flow of urine and allowed infiltration in the sub-cutaneous tissues.

Symptoms. The symptoms were not severe in cases that were brought to the hospital very soon after the incidents and in neglected cases they were very bad. The animal after the incident went off-feed. The lower abdomen was a little big due to accumulation of urine. There was dribbling of urine through the natural opening. The animal was lying down on the side with limbs extended in a

semi-comatose condition and the skin was emitting the smell of urine temperature 102° F., respiration laboured. The symptoms described above were seen in a case 10 days old.

Treatment. Two incisions about 2 inches long were made one on either side of the penis at the prominent part in the sheath. The urine very soon escaped through the incisions and the subcutaneous sloughs at the part due to the infiltration of urine were also removed. The part was washed with 2½ percent carbolic lotion and protected by a triangular bandage. In some cases the urine after a few days treatment was passed through the natural opening and in a few though the animal took to normal feed and work, the urine was passed only through the artificial opening made by me in the sheath. Even after 6 months after the operation and when the operated wound closed accumulation started again which had to be relieved by an incision. Since the urine was passed at regular intervals, I think there was no injury to the bladder.

A CASE OF GINGELLY OIL POISONING IN A COW.

BY

*P. Subramaniam, G.M.V.C., Touring Veterinary Assistant Surgeon,
Tindivanam, South Arcot District.*

One day in February 24 while working as a reserve at the Veterinary Hospital, Cuddalore, a cow was brought to the hospital with the history that she had drunk a potful of Gingelly oil on the previous evening and she was awfully purging.

The animal was off-feed, rumination suspended, the muzzle was dry and the mouth foul smelling. She was very weak and had an anxious expression. She was passing broad, watery and frequent motions which was oily and clay coloured. The temperature was 99°F.

She was given the usual astringents as prepared chalk, catechu and soda bicarb for 2 days and was kept on Conjee diet. But she showed no improvement. The motions were as watery and frequent as before and the animal was becoming weaker and weaker. On the 3rd day at the suggestion of Mr. P. K. Devanayagam Pillai, the Veterinary Assistant Surgeon in charge of the hospital, Mag. Sulph, 6 ounces was given as a drench both morning and evening and the conjee diet was continued. On the 4th day the animal showed a

slight improvement the motions becoming less watery and frequent. Mag. Sulph. was continued. The next day the animal showed a marked improvement, the faeces becoming harder. She began to eat a little. Mag. Sulph. was continued for 3 days more but the dose was lessened to 4 ounces and then to 2 ounces. The animal became quite all right. She was given tonic powders for a few days more and then discharged completely cured.

Even though the case is a simple one, the action of Mag. Sulph. in this case seems to be worth bringing to the notice of the profession. I request our professional brethren to communicate through this Journal the special action of Mag. Sulph. in this case and also, if they have come across such cases, the treatment adopted by them.

FOREIGN BODY IN THE RIGHT THORAX IN A COW.

BY

*T. Sitaraman, G.M.V.C., Touring Veterinary Assistant Surgeon,
Cuddalore Division.*

One country cow, about 10 years old, was brought to the Veterinary Hospital, Cuddalore on 13th August 1924 with a swelling on the middle and inferior third of the right thoracic region. On percussing the swelling, the sound was drum-like, indicating the presence of gas.

The history as given by the owner is as follows.—He observed the animal very often going off-feed with colicky pains which he took no notice of until a fortnight back when the swelling was noticed by him to be of a small size, which gradually enlarged. As the cow was dry the owner did not pay particular attention to the cow as he used to do with milch cows and was not able to give a clear history.

Treatment.—The Hospital Veterinary Assistant Surgeon, Cuddalore then passed an antiseptic trocar and canula into the swelling to examine the contents. When the trocar was removed, a foul smelling gas escaped which very much decreased the size of the swelling. After a careful manipulation he felt the presence of a wire-like object, and pointed it out to me, which I too felt. He then made an incision and with the aid of forceps he removed the object which was a nail sharp at both the ends. After the removal of the nail, the cavity which contained pus and ingesta mixed was carefully washed with carbolic lotion (2½ per cent). Tincture Iodine was

painted and a tight bandage was put on with a thick pad of tow at the seat. The antiseptic dressing was continued for a fortnight and I am glad to state that the case has completely cured without any complication whatsoever. I record the case as the swelling was seen on the right thoracic region, inferiorly on the middle third, and as the contents of the swelling was mostly of gas, I should like to know whether the needle has directly escaped from the stomach or travelled into the intestines and made its escape from the colon.

A CASE OF PUS IN THE ANTRUM IN A DOG.

BY

*G. Avoodanayagam Pillai, G.M.V.C., Veterinary Assistant Surgeon
I/C., Veterinary Hospital, Tinnevely.*

Subject.—A five year old terrier dog.

History.—The dog in question had a wound with a purulent discharge just ½" below the inner canthus of the right eye. The wound was existent for about a year and the dog was admitted twice for treatment in this hospital. With treatment the wound closed but only to open again in a short time. For the third time it was brought to the hospital and the animal showed the following symptoms.

Symptoms.—There was the wound with the discharge as usual. Besides, the dog had gone down much in health and was very thin and weak. Also one of the stifles—the right—was seen to be inflamed, hot and tender and the dog was walking lame carrying the leg.

Diagnosis.—It was suspected that the trouble might be due to the molar and on examination the fourth molar was found to be a little shaky. It was decided to have the molar extracted.

Instruments used.—A dental instruments case was got as a loan from the local human hospital and from which a pair of upper Molar forceps Right, was taken. Besides, a probe and syringe were all that were used. The instruments were sterilised and kept ready for operation.

Operation and treatment.—

The wound was at first cleaned antiseptically and the patient was secured in a recumbent position on the left side. The upper and lower jaws were held asunder with two tape muzzles by an Assistant

and the mouth was thus kept open. Another Assistant held aside the upper lip exposing the molar. The molar was then cleaned and the forceps was applied and pushed well under the gums to afford a good grip. Having secured a grip the molar was loosened by a firm and steady twist of the wrist and extracted whole. There was very little bleeding and what little there was, was stopped by pressure applied with sterile cotton balls. The probe was then passed right through the gums from the wound above to afford good drainage. The wound was syringed antiseptically and packed with Tr. Iodine gauze. For about a week the wound had to be dressed and the only dressing that was used was a weak solution of Iodine and Iodine gauze. The wound healed soon, and with the healing of the wound the dog improved much in health and also the lameness of the right hind leg disappeared.

A SUSPICIOUS CASE OF MILK-FEVER.

BY

*K. A. Ramasami Ayyar, G.M.V.C., Office Veterinary Assistant Surgeon,
Office of the Chief Superintendent, Madras.*

On September 21, 1924. I was called to attend on a black, crossbred, deep milking cow, 6 year old, which could not get up after a natural and easy calving.

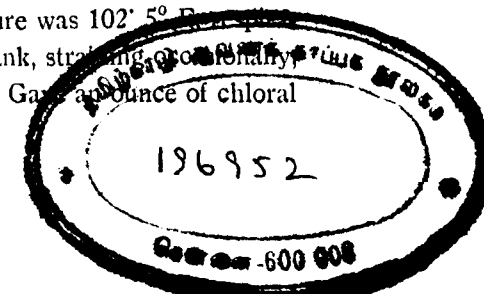
The brief history of the case is as follows :—About a month previous to parturition the owner had left the case in charge of his servant residing in a neighbouring village five miles off. She had gone on her full time and calved all right for the second time on the 19th evening. The next morning the servant gave her a cold water bath and removed her with the calf to the owner's residence travelling a distance of about 5 miles. Seeing that the after-birth had not come off yet, the servant attached a stone weight to the mass and caused expulsion of the foetal membranes in a few minutes. At about sunset the owner found her making uneasy movements of the hind limbs and ultimately lying down on her side. He had not noticed her passing either dung or urine. She had a little rice gruel for the day but did not take grass or straw. Next morning he observed a rounded mass protruding from the womb.

On my arrival I found the cow exhausted and lying down with her head poked forward with partial prolapse of the uterus beyond

the vulva. Her temperature was 98.8°F. pulse weak and frequent, respiration slow, eyes red and fixed, slight tympany, occasional grinding of the teeth and her udder looked shrunken. Tried to get the cow on her feet with proper assistance but she was unable to bear any weight on the hind limbs. The calf was brought near her but she did not evince any interest in it. Put the cow on her brisket and plenty of straw was shoved under the shoulder and the side. On rectal examination I removed two hard balls of dung enveloped in thick mucus. Gave a warm water enema and this brought away some more mucus. Cleaned up the perineal region and the prolapsed mass with 1 per cent., solution of Chloramine—T. The mucous membrane of the cervix was inflamed and there were lacerated wounds in and around the Os uteri. These were carefully washed and touched with Tr. Iodine. Next I examined the uterine cavity with due precautions. There was a certain amount of straining during the passage of the hand and a small quantity of brownish liquid possessing little smell was discharged. Removed carefully a few fragments of after-birth without injuring the cotyledons. Flushed out the cavity with 1 per cent., solution of chloramine—T by introducing a rubber tube connected to a douching can and emptied the uterus by syphoning off the solution imprisoned in the uterus. Returned the uterus into the abdominal cavity and retained my hand in the uterus for a few minutes until straining ceased. The cow now passed urine. Possibly the bladder might have been compressed by the prolapsed uterus. Raised the hind quarters of the animal a little by means of straw padding. Washed the quarters thoroughly with the same antiseptic solution used for douching, stripped a portion of the milk, passed a sterilised milk tube into each quarter, connected it with an ordinary cycle pump and injected air till each quarter became tense, tied the teats, massaged the udder and instructed the owner to undo the knots after 3 or 4 hours. Rubbed her back and hind quarters with stimulating liniment. Gave internally an electuary made up of half an oz. each of Ammon, carb. and Pulvis Nucis Vomica and eight ounces of Epsom salt in plenty of Jaggery. By way of diet I asked the owner to give clean cooked bran mashies and rice gruel.

When I visited her the next morning the owner informed me that she got up for a few minutes late in the night but soon occupied the recumbent position; took a small quantity of gruel and passed flatus every now and then. Her temperature was 102.5°F. Respiration partly oral, head turned towards the flank, straining occasionally and trying to bring out the reduced uterus. Gave 1 ounce of chloral

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Hydras well diluted with rice gruel, emptied the bladder and rectum, repeated the douche and injection of air and placed her in her natural position with the hind quarters slightly elevated. There was complete cessation of milk and the udder had retracted very much. Late in the evening on the same day the owner reported to me that she was moaning in pain I hurried up and saw her breathing in distress with marked tympany, pulse frequent and wiry, eyes blood-shot, and the extremities cold. Had her propped up, removed the accumulation of faeces in the rectum, emptied the bladder gave an electuary of 3IV each of Ammon carb and Nucis Vomica and a similar dose of medicine was left to be given after a couple of hours. Instructed the owner to turn her every two hours if she were to lie down on one side. Pumped-in air into the teats once again. On the 23rd morning her temperature was 103.0 F. had a wretched look with retracted eyes but tympany had gone down to a certain extent. Tried to give her some gruel but she would not swallow. Repeated the injection of air. The bladder and rectum were empty. Put her again in her natural position. The owner reported to me that she had another attack of tympanitis in the evening and she succumbed to it. I have never seen a case of Milk Fever in a Cow with prolapsus of the uterus and a rather high temperature towards the end. I shall be glad to hear if any other member of the profession has met with a similar case.

VALUE OF CAMPHOR IN THE TREATMENT OF ANTHRAX AND HAEMORRHAGIC SEPTICAEMIA.

BY

*M. V. Subbarayadu G.M.V.C.,
Touring Veterinary Assistant Surgeon Cocanada.*

An article under the above caption was contributed by S. Ghose Esq., G.B.V.C., in the Veterinary Journal for January 1924. On perusal I was much impressed and I decided to give a trial to that treatment in out-breaks of Anthrax and Haemorrhagic Septicaemia. I am surprised at the marvellous results secured. A list of cases treated is given in a tabular form below.

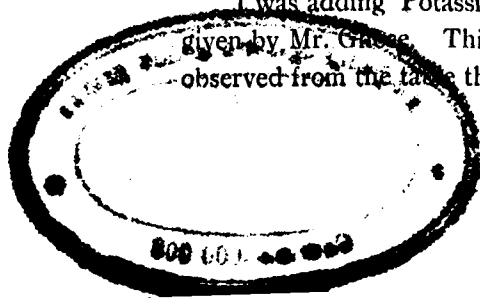
I was adding Potassium Permanganate also to the prescription given by Mr. Ghose. This treatment secured best results. It will be observed from the table that out of 13 cases treated 8 recovered and

5 died. In 3 cases the medicine did not get down the throat, the animals being in *extremes*.

M.R.Ry. M. Ananthanarayana Row Avl. G.M.V.C., ag. Officer in charge, Civil Veterinary Department I Circle, verified most of the cases treated by me successfully and was much pleased to note the results.

This treatment is well worth trial and may be adopted by all.

The Table is given over-leaf.



A Table Showing the Number of Cases Treated.

DATE.	VILLAGE.	ANIMAL.	DISEASE.	RESULT.	TREATMENT.	REMARKS.
10-5-24	Kovvada (Cocanada Tq)	Cow	Anthrax	Cured	Pot. Permang. Camphor Jaggery Mft. Elect. Sig. at once.	Medicine was administered too late.
28-5-24	Kapavaram (Cocanada Tq)	Buffalo	H.S.	Died	Do.	
23-7-24	Gudapalli (Rajole Tq)	Cow	Anthrax	Cured	Do.	
24-7-24	Do.	Buffalo	Do.	Do.	Do.	Do.
29-7-24	Vakaljarum (Amalapuram Tq)	Cow	Do.	Died	Do.	
1-8-24	Sahapuram (Cocanada Tq)	Buffalo	Do.	Cured	Do.	
10-8-24	Achampeta (Cocanada Tq)	8 Bovines...	Do.	6 Cured	Do.	Two died.
30-8-24	Papakayalapalam (Cocanada Tq)	3 Bovines...	H.S.	2 Cured	Do.	One died-Medicine did not get down the throat.
5-9-24	Kandregula (Cocanada Tq)	Buffalo	Do.	Cured	Do.	

EXTRACTS.

A CASE OF HABRONEMIASIS IN ENGLAND.

BY

Frank Ware, F.R.C.V.S.

Since Ransom (1913) described the life-history of *Habronema muscae* a considerable amount of literature has appeared on habronemiasis of horses in other parts of the world, including America, Australia and India; but as far as the writer is aware, the only reference to its occurrence in Great Britain is the recent collection of *Habronema microstoma* from an old horse in Edinburgh by le Roux (1924). It may be of interest, therefore, to record the details of another case, in which the habronemiasis was undoubtedly contracted in this country, since the animal in question spent its life entirely between Liverpool and Newmarket.

On 19th May 1924 Mr. A. L. Sheather, Assistant Director of the Research Institute in Animal Pathology, London, went to Newmarket at the request of Messrs. Livock and Reynolds, veterinary surgeons, to see a thoroughbred two-year-old stallion suffering from debility. The animal was destroyed and the post-mortem examination was made immediately by Mr. Sheather, who supplied the writer with the following notes: "The history of the case was that the animal began to lose condition suddenly three weeks previously; chewed its food in small quantities without swallowing it; passed faeces of normal consistence but in small quantities at a time, and sometimes showed patchy sweating. The urine was usually cloudy. The animal was in very poor condition, dull with a subnormal temperature and a slow pulse.

"On opening the abdomen the abdominal viscera, except the spleen, appeared to be extraordinarily small for the size of the animal. The spleen was greatly enlarged, weighed 18lbs., was very dark in colour, and resilient to the touch. The stomach with its contents was about the size of a bowler hat. The anterior mesenteric artery had a verminous aneurism. The small intestine was empty but appeared normal, except for the last 6 feet where the mucous membrane was oedematous and the muscular coats thickened. The large intestine contained a considerable number of strongyles, but very little food material. In the first part of the double colon a rather extraordinary condition was observed. The sacculations of the bowel contained small collections of dried ingesta, which were moulded to the convolutions of the bowel wall and gave one the impression of having had their fluid matter squeezed out of them much in the same way as ingesta are treated in the omasum of ruminants. The heart was flabby, but the other organs were normal.

The stomach with its contents was completely removed, and brought to the Institute for further examination. On being opened it was found to contain about a pint of yellow, slightly turbid liquid and a pulaceous mass of green food-stuff; and in the liquid were a large number of small nematodes, which on examination proved to be *Habronema microstoma* (Schneider, 1866). The wall of the stomach was everywhere covered with a greenish yellow layer of exudate, which could be scraped off with a knife. In addition, about twenty *Gastrophilus* larvae were found attached around the oesophageal opening.

It is difficult to connect the presence of habronema with all the lesions found in this case, but that the worms were one of the causes, if not the chief cause, of the debility there seems to be little doubt. Moreover, some of the findings in this case correspond very closely with those of observers in countries where gastric habronemiasis is more common than in England. For instance, the small size of the stomach has been noted in India by Allen (1923), who, when speaking of the debility of habronemiasis, says: "A point which has often struck me on post-mortem examination is the comparatively small size of the stomach in situ, giving one the idea of it being contracted." The writer's experience of habronema in India is that in large numbers they are always associated with a considerable amount of gastric catarrh and unthriftiness of the host, and that this is the case in Australia also is evidenced by the statement of Clunies Ross (1924) who in an excellent paper which he read before the Pan Pacific Science Congress at Sydney in 1923 on this subject says: "The thick mucous layer often covering the whole of the glandular epithelium must necessarily lead to a diminution of its secretion, and hence interference with normal digestion is brought about. For these reasons, then, we are unable to overlook habronema as a predisposing cause of serious pathological processes."

It therefore appears that, since the occurrence of gastric habronemiasis of horses in England has been established, practitioners cannot disregard the possibility of meeting with cases due to this condition: and, unfortunately, little help can be obtained from the laboratory in its diagnosis owing to the difficulty of detecting the ova of these worms in the faeces of the host.

As is now well known, of the three species of habronema affecting horses, *H. Megastoma* and *H. Muscae* are transmitted by the common house-fly, *Musca domestica*, while *H. Microstoma* requires the biting fly, *Stomoxys calcitrans*, for the completion of its life cycle. A point of interest therefore arises in the fact that so far of the three species

only *H. microstoma* has been recorded in Great Britain for one might reasonably have expected that the species which are carried by the more common house-fly would have been of more frequent occurrence.

In confirmation as it were of this finding it is to be noted that Graham-Smith (1914) says that he found the larvae of *Habronema muscae* (sic) in stomoxys flies on one farm near Cambridge for several years running, and that in 1910 as many as 13 per cent of the stomoxys flies examined were affected. In the light of our present knowledge habronema larvae found in a stomoxys fly would no doubt now be referred to the species *microstoma*.

I am indebted to Professor Leiper, Director of the Helminthological Dept. London School of Tropical Medicine, for calling my attention to the last reference and also for the use of his valuable library.

[From the Journal of Comparative pathology and therapeutics for September 1924.]

SOME VETERINARY REMINISCENCES

I. Testing the Tick Theory.

BY N. S. MAYO, CHICAGO, II.

It has been said that when one grows reminiscent it is a sign of advancing years or failing mentality, yet in the face of this I am going to tell some of my experiences as a Veterinarian in the Central West some thirty-odd years ago. They are not unusual experiences, every one has had them, but few have written them down. May be these experiences will prove interesting and suggestively helpful to some young practitioners now, or they may stimulate others to write of more important episodes of days that seem "far away and long ago."

Having completed a course in the Michigan Agricultural College, armed with a bachelor's degree, Prince Albert Coat, plug hat and black-and-white checked "pants," I blew into the Chicago Veterinary College. I have marvelled ever since that the gang that was supposed to study Veterinary Medicine there did not string me to the nearest telegraph pole on State Street. I have reformed and have never been arrayed in such raiment since.

At the time I graduated in Veterinary Medicine the profession was thoroughly stirred by a bitter controversy between Dr. D. E. Salmon, Chief of the Bureau of Animal Industry, and Dr. F. S. Billings, over the causative agent of hog cholera. Dr. Billings, a brilliant but erratic student, had been educated in Germany. He had been on the staff of the Nebraska Experiment station, but had been compelled to resign because of his eccentricities.

There was a striking change taking place in Veterinary lines. The great live stock industry of the West was beginning to recognise the importance of protecting their flocks and herds against transmissible diseases. The Bureau of Animal Industry had been recently established and with the assistance of state authorities had stamped out contagious pleuro-pneumonia. Smith and Kilbourne were doing their classic work on Texas fever and Tuberculosis was beginning to be considered as a serious problem to the cattle industry.

Experiment stations were being organised under the recently enacted Hatch law and there was a demand by the colleges and experiment stations in the West for veterinarians to do research work on animal diseases. As a result of this I was in 1890 appointed professor of Veterinary Science in the Kansas Agricultural College and Veterinarian to the Experiment station there. Dr. Francis had recently gone to the Texas College, Dinwiddie to the Arkansas station, Paul Paquin to the University of Missouri, and the live stock men soon compelled the University of Nebraska to reinstate Dr. Billings. As I recall, Dr. A. A. Holcomb was state Veterinarian of Wyoming and I presume Dr. Lamb held the same position in Colorado. I've never found an old inhabitant who could recall any other state Veterinarian in Colorado. A Dr. Going, M.R.C.V.S., was state Veterinarian of Kansas.

About 1890 the "tick theory" had been announced, but there were a good many "doubting Thomases" in Missouri and adjoining states. Dr. Francis of Texas, suggested that we try the theory out. He was in a thick infested region and Kansas was free, so he sent me some tick eggs in a bottle by mail. I hatched them out and placed some of the young ticks on a couple of calves without any serious results. I expressed my disbelief in ticks to Dr. Francis and he suggested that I put the young ticks on an older animal. He sent me another batch of eggs. I was so skeptical that I allowed about forty young ticks to crawl on to my own family Jersey cow. When I hauled her out and performed the last sad autopsical rites I felt that there must be something in the tick theory.

II. The Hog cholera cure that failed.

It must be remembered that in the early nineties relatively little research work had been done on transmissible animal diseases and what we did *not* know was much greater than at present. It is only by comparing our knowledge then and now that the splendid progress in solving the problems relating to animal diseases can be appreciated. Hog cholera, Texas fever, "mad staggers," "mad itch," loco disease,

cornstalk disease and forage poisoning were among the diseases that caused great livestock losses. An experiment station Veterinarian was expected to take a "look see" and solve the mystery at once. The experiment stations were anxious to make good and demonstrate a reason for their existence and one simply *had* to make discoveries.

It was the custom among some of the western colleges at that time to saddle on to a new member of the teaching staff subjects that none of the older faculty members wanted. Consequently, in addition to Veterinary science, I taught human anatomy and physiology, geology, zoology, was curator of the college museum and director of athletics. I hesitate to express an opinion as to the thoroughness of the work or what the students got out of it, but it was splendid training for me. I still recall with pleasure a joke that a very attractive young lady in a physiology class sprung on me. I was quizzing her on "taking cold" and said "suppose Miss K., you were at a party in evening dress and danced until you were perspiring freely and then strolled out on the veranda, what might happen?" There was a twinkle in her eye when she said, "Excuse me, professor, I'd rather not tell what *might* happen."

Dr. Billings had been re-employed at the University of Nebraska and was publishing a large number of bulletins on animal diseases. I knew Dr. Billings well, as he was supposed to give a course of lectures to the students of the Chicago Veterinary College. There were mostly tirades against Dr. Salmon, Dr. Billings had a private laboratory in Chicago, while I was a student there, and I did some work under him that was really valuable. He was one of the finest microscopic manipulators I ever saw.

Before going back to Nebraska about 1890, Dr. Billings thought, or claimed, he had a vaccine to prevent hog cholera. Some Chicago capitalists furnished the money and they established a hog sanitarium, purchased hogs and vaccinated them, but the hogs died and so did the partnership.

When Dr. Billings got back to Nebraska he published a bulletin on "Cornstalk Disease," in which he claimed that the Burrill bacterial corn disease was the cause of Cornstalk disease. I also worked on the Burrill corn disease and demonstrated that this organism did not cause "cornstalk disease" of cattle. Many years later I learned that this bulletin of mine played a not unimportant part in overcoming objections raised by a foreign government against the importation of American cattle.

Another duty that fell to the lot of a college Veterinarian was to assist at farmers' institutes in various parts of the state. The first

institute that I ever attended in Kansas stands out vividly in my memory. Hog cholera had been prevalent that year and it so happened that I had sent to a farmer a remedy to be tested out. This remedy had been recommended to me by Dr. Paquin of Missouri. I do not recall what the remedy was, except that it was an intestinal antiseptic dissolved in benzol. I evidently did not give the farmer detailed directions as to how it should be administered.

After I had delivered my "lecture" on hog cholera my farmer friend got up to give his experience. He was an Irishman, with a brogue that would bring tears anyway, and when he described in detail how he had held the sick pigs up by the ears and given a dose of the "distinguished professors wonderful cholera cure," and how every pig gave "three hiccoughs and two kicks" and had no more cholera "because he died immediately." I am sure it is not necessary to give more painful details, but after some time the president was able to restore order and continue the meeting. I always have been thankful that the good Lord gave me full measure of the sense of humour. It has smoothed many rough places in life's pathway. I love a joke, even on myself.

(From the Journal of the American Veterinary Medical Association for June and July '24).

ASSOCIATION REPORTS.

"THE MADRAS VETERINARY ASSISTANT SURGEONS' SERVICE ASSOCIATION," MADRAS.

(Recognised by Government in G. O. No. Miscellaneous 988 Development dated 21st May 1924.)

Abstract of business transacted during the year 1924.

This Association was started by a general body meeting of the Veterinary Assistant Surgeons of the Civil Veterinary Department, Madras held on the 29th December 1923 and the general body elected the following as members of an Executive Committee for conducting the affairs of the Association and fixed the quorum for the committee meeting as five:—

Office bearers.

1. M.R.Ry. V. Krishnamurti Ayyar Avargal, I.V.S.-President.
2. A. Castelino Esq., G.M.V.C. - Vice President.
3. M.R.Ry. L. S. Parameswara Ayyar Avargal, G.M.V.C.
Secretary and Treasurer.

Other members.

1. M.R.Ry. M. Anant Narayan Rao Avargal, G.M.V.C.
2. M.R.Ry. M. Sundaranathan Avargal, G.M.V.C.
3. M.R.Ry. H. N. Chelva Ayyangar Avargal, G.M.V.C.
4. M.R.Ry. N. Muniyappah Avargal, G.M.V.C.
5. M.R.Ry. V. Janakirama Ayyar Avargal, G.M.V.C.
6. M.R.Ry. K. A. Ramaswami Ayyar Avargal, G.M.V.C.

2. One hundred and twenty seven Veterinary Assistant Surgeons have so far become members of this Association and it is hoped that the others would soon follow.

3. Four meetings of the Executive Committee were held during the year under report and the following business was transacted:—

(a) Framed the memorandum of the Association and addressed the Chief Superintendent, Civil Veterinary Department to approach Government for recognising this Association. Government were pleased to recognise the same in G.O. No. Mis. 988 Development dated 21-5-24.

(b) Discussed the proposed changes in the Leave Rules sent for remarks by the Chief Superintendent, Civil Veterinary Department and replied that the present system should continue both for the present as well as the future incumbents.

(c) Discussed the question of house rent allowance to the Veterinary Assistant Surgeons in charge of Institutions and also of touring work, and the question of having an examination or not at the end of the Post Graduate Course.

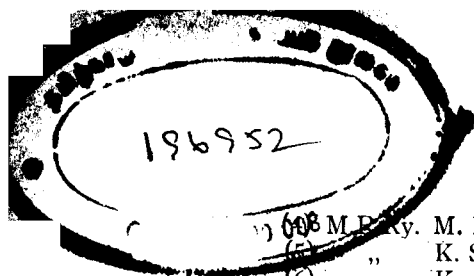
(d) Framed byelaws, making provision for calling for an extraordinary general body meeting and fixing the quorum for the general body meeting as 15, and arranged for an extraordinary general body meeting for discussing the question of a deputation to the Chief Superintendent, Civil Veterinary Department to represent the grievances of the service in general.

4. One extraordinary general body meeting was held on 11-10-24 and the following points were discussed:—

- (1) Pay of the selection grade.
- (2) Pay of the ordinary grade.
- (3) House rent allowances to Touring Veterinary Assistant Surgeons.
- (4) House rent allowances to Veterinary Assistant surgeon in charge of Institutions.
- (5) Examination at the end of the Post Graduate Course.
- (6) Pay of Lecturers of the Veterinary College.
- (7) Pay of the Laboratory Assistants.
- (8) Peons to Touring Veterinary Assistant Surgeons.
- (9) Casual leave for the Veterinary Assistant Surgeons in charge of Institutions without a substitute.
- (10) Closing the Institutions in the afternoons of all public holidays.
- (11) Ten days' extra tour to the Touring Veterinary Assistant Surgeons in the 1st Circle.
- (12) Option of returning to Head-quarters in the middle of the tour.
- (13) The question of unemployment.

Further the following gentlemen were elected as members of a Committee with powers to add to its members for a deputation for the Chief Superintendent in respect of the afore-mentioned matters:—

- (1) M.R.Ry. V. Krishnamurti Ayyar Avargal, I.V.S.
President, to lead the deputation.
- (2) M.R.Ry. L. S. Parameswaran.
- (3) " M. Sundaranathan.



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- (5) M. R. Ry. M. Muniyappah.
(5) " K. Samhirasimharao.
(6) " K. A. Ramaswamy Ayyar.
(7) Mr. G. Theophilus.

5. The Committee headed by M.R.Ry. V. Krishnamurti Ayyar Avargal waited in deputation on the Chief Superintendent on 28-10-24 and discussed the points raised in the general body meeting. The Chief Superintendent was very sympathetic and assured the deputation that he would do his best to redress the grievances that had been brought to his notice and a letter embodying the above has been submitted to the Chief Superintendent, Civil Veterinary Department:—

6. Receipts and expenditure for the year 1924 :—

PARTICULARS.	RECEIPTS.		EXPENDITURE.	
	Rs.	A. P.	Rs.	A. P.
Subscriptions for the year ...	63	8 0		
Advance subscriptions for the next year ...	14	0 0		
Amount given on behalf of Messrs Kannaia Nayudu and R. Swaminatha Ayyar by Mr. V. Krishnamurti Ayyar. ...	0	8 0		
Mr. P. V. Ramaswamy Ayyar (Part subscription for the year 1924) ...	0	4 0		
Printing charges ...			8	7 0
Postage ...			18	2 6
Stationery ...			2	10 0
Closing balance ...			49	0 6
Total ...	78	4 0	78	4 0

L. S. PARAMESWARAN,

Dated, 30-12-24.

Secretary.

DEPARTMENTAL NOTES.

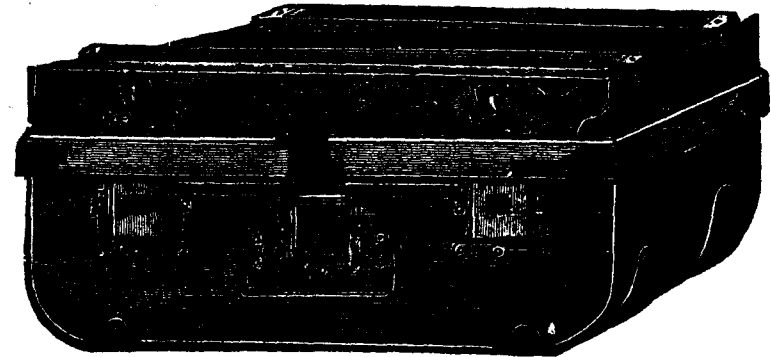
1. Veterinary Dispensaries were opened at Guruzala and Anantapur on 1st August 1924 and 15th September 1924 respectively.
2. We regret to record the death of Veterinary Assistant Surgeon A. Rajappa on 4th August 1924 after a prolonged illness.
3. Mr. M. Anantanarayana Rao has been appointed to act as Officer in charge, I Circle, Civil Veterinary Department, Vizagapatam in relief of Mr. T. J. Hurley transferred to the Madras Veterinary College.
4. Mr. M. R. Vasudeva Panikkar, M.R.C.V.S., B. Sc. (Edin.), F.R.P.S., has been appointed as a temporary Deputy Superintendent in this department with effect from 20th August 1924.
5. Mr. P. D. Ethiraja Mudaliyar, a Veterinary Assistant Surgeon of this department was dismissed from service on account of falsification of his diary, Travelling allowance and Contingent bills.

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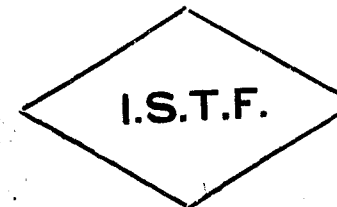
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