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PARTURIENT PARESIS

Disease More Commonly Known as Milk Fever.

Symptoms Described and Treatment Suggested — Nothing Should Be Administered by the Mouth— How to Treat the Udder and Teats.

(Contributed by Ontario Department of Agriculture, Toronto.)

PARTURIENT PARESIS, commonly, but improperly, called "milk fever" is a disease peculiar to breeding cows, and, as the name implies, appears at or near the time of parturition. In rare cases the symptoms have been noticed shortly before the appearances of labor pains, in some cases during the act of parturition, but in most cases not for a few hours or days after the young has been born. The exact cause and nature of the trouble, and the manner in which treatment acts, are still in comparative obscurity.

We know that it appears only in milch cows, and at or about the period of parturition, that it has never been noticed at or following the birth of the first calf, and very rarely the second; that cows that are heavy milkers or in gross condition, or both, are particularly susceptible, but it is occasionally met with in a poor milker or an animal in low condtion.

Symptoms.—Shortly before, at, or in a variable time (say a few hours to three days) after parturition, the cows becomes uneasy, neglects her calf, stamps her feet, whisks her tail, and the eyes have a glassy appearance. She sways, has not proper control of her limbs, lies or falls down, may or may not be able to rise, goes down again. This may occur a few times, until she becomes unable to rise. She usually assumes one of two positions: lies either on her side with limbs and head outstretched, or on her sternum, with the head thrown backwards and the muzzle resting on the flank. There are few cases in which either one or the other of these positions are not observed. The temperature is subnormal in all uncomplicated cases, hence the term "milk fever" is not correct. More or less well marked coma is noted. In many cases she is apparently dead, except that breathing can be noticed, in many cases a sonorous breathing. She is insensible to curroundings and insensitive to pain. In some cases the development of the symptoms is very quick, while in others slow, and in some cases the extreme symptoms are not noticed. She may retain a degree of power of action and sensation.

Treatment.—It has been demonstrated that a full udder tends to prevent the disease. Hence it is good practice to allow the calf to remain with the dam for at least three days, as it will nurse frequently and a little at a time, never leaving the udder without considerable milk. When, for any reason this cannot be done, the milker should simulate nature as near as possible, by milking frequently, but very little at a time for three days. It is also good practice to reduce the animal's milk producing food for a few days before parturition is expected.

Curative Treatment.—We wish to particularly emphasize the fact that on no account, and under no circumstances, should any attempt be made to administer anything whatever by the mouth. Even in the very early stages of the disease, the patient loses the power to swallow; hence, if fluids be introduced into the mouth some of it will almost surely pass down the windpipe and cause death by suffocation in a few minutes, or set up mechanical bronchitis, which will probably cause death in a few days.

We have stated that "a full udder tends to prevent," now we say that "a distended udder tends to cure." Inflation with oxygen gas or sterilized air is easier and less liable to cause complications than distension with fluids. The use of gas demands the possession of a tank of compressed pure oxygen gas, and special apparatus. Outfits for inflating with sterilized air can be purchased from dealers in veterinary instruments for from $2 to $3, and where neither can be obtained an ordinary bicycle pump with a teat syphon attached may be used, but complications from the introduction of septic material are more liable than when gas or sterilized air is used.

The udder and teats must be thoroughly washed with an antiseptic such as a 5 per cent. solution of one of the coal tar antiseptics, the hands of the operator and the instruments also sterilized. All milk is drawn off, as its presence interferes more or less with inflation. The syphon is introduced into a teat, and all the gas or air that the quarter will hold is forced in, and the teat then tied tightly with tape to prevent escape of it. Each quarter is inflated and the teat tied. The udder is then well massaged every hour until the cow rises to her feet, which is usually in from one half to two hours. The tapes should be removed in at most two hours. If not on her feet in at most six hours the udder should be re-inflated. She should be given some easily digested food, or a reasonable amount of her usual food, and all the water she will take. If the weather be cold, the chill should be removed from the water and the cow kept as comfortable as possible. She should not be milked at all for 24 hours after inflation, and for the second twenty-four hours she should be milked frequently, but very little drawn at a time. Forty-eight hours after inflation she should be milked and attended to in the ordinary manner.—Dr. J. H. Reed, O. H. A. College, Guelph.

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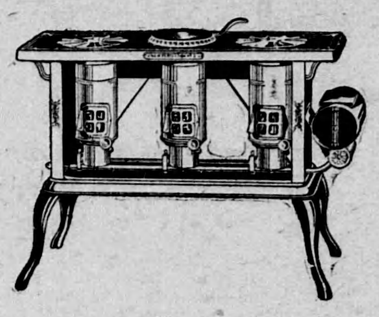

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AUGUST 11, and AUGUST 18.	From Stations South and West of Toronto to and including Hamilton and Windsor, Ont. From Owen Sound, Walkerton, Teeswater, Wingham, Elora, Listowel, Goderich, St. Mary's, Port Burwell, and St. Thomas Branches. From Stations Toronto and North to Bolton, inclusive.

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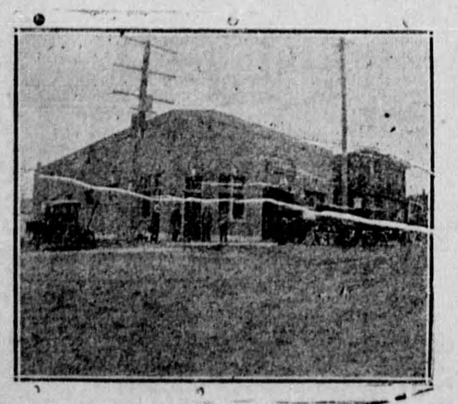

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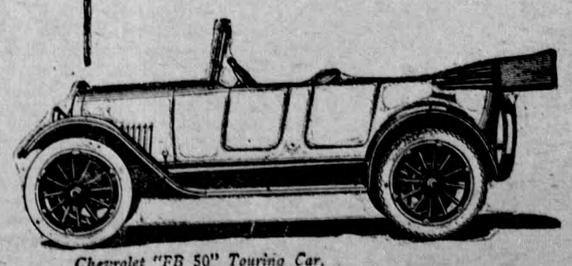

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