HEALTH & DISEASES



This column is taken care of by the "Studygroup for Diseases and the Optimum Keeping and Breeding of Terrarium Animals" of the Belgian Society "Terra". If there is a question concerning health or diseases, feel free to contact the president of the Studygroup: Mr. Hugo Claessen, Arthur Sterckstraat 18, B-2600 Berchem, Belgium. He will try to answer your question in this column to the benefit of all members.

EGG RETENTION AND MECHANICAL REMOVAL OF THE EGG FROM *PSAMMOPHIS SUBTAENIATUS SUDANENSIS*.

By: Ton Steehouder, Theresiaplein 24, 5041 BJ Tilburg, The Netherlands.

After copulation had taken place in December 1983, my female *Psammophis subtaeniatus sudanensis* (red-striped sandsnake) was pregnant for the third time in May 1984. She exhibited the normal egg laying behaviour (searching for a good location, nervous behaviour), but I had the impression it was lasting longer than before.
On 1 June at about 20.45 hours egg laying started. The protective behaviour of the male was striking. He was lying in a wide circle around the female, apparently protecting the female and the laying location against intruders.
The eggs came with shorter intervals and more regular than previously (about twenty minutes between the eggs). Laying seemed to be easier,

but at the same time the animal seemed to exert more energy. There was a regular and loud panting to hear. Three eggs were more yellow than the other ones and somewhat smaller. (These turned bad within a couple of days in the incubator).
After about 24.00 hours the watchfulness of the male decreased, so that I could carefully remove the eggs to put them in the incubator.
On 7 June, a week after the laying, I discovered another swelling due to an egg. It had occurred to me that the female had eaten, less readily and less often than after previous layings. Also she was not as lively as before.
On 8 June the new egg came close to the cloaca and squeezing began, very laboriously. After about ten hours there was still no egg. I gave the animal a calcium injection and vitamin A. The next day there was nothing. I then gave her an injection of the antibiotic Oxytetracycline to prevent inflammation of the oviduct, and an injection Oxytocine (0.3 ml/300g bodyweight, a rather large quantity).
On 11 June there was still no egg. The veterinary surgeon had advised (if the Oxytocine did not work) trying to remove the egg by gentle pressing, or possibly to pinch it and squeeze out the material, though this would be very risky and almost impossible in my view. If nothing would work, a ceasarian section could be performed (executed successfully on snakes on other occasions).
I opened the cloaca with the mouth of an ointment injector tube, applied some antibiotic ointment, and pressed the tail up. Meanwhile my wife searched for the proper place to press. You can not simply shove the egg like emptying a tube: you have to try to find the point at which the egg gives way. First, there came liquid, and some urinic material, then pink cloaca. I searched for a new opening, and at last the egg appeared. Pushing it out was very simple: it slipped smoothly

out. It was clear that the egg was not good: it was brownish at the point and the colour was wrong. What I have learned from all this, is when there is a rapid continuation of egg laying, like in this case three times a year, it is best to separate the sexes for a period of time.
Moreover, it has become clear that Oxytocine does not work well on reptiles. You can always try, but do not expect results. Further eggs that are stuck in front of the cloaca, can be easily removed, carefully, so that a ceasarian section is not needed.