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From the editor of JAVS

Hello and welcome to JAVS! For those of you who are new to vet school, JAVS is the Journal of the Association of Veterinary Students (AVS), which provides a means for vet students to communicate their opinions or experiences, as well as offering a channel for the AVS committee to publicise its work and achievements.

The AVS holds two main social events each year – Sports Weekend in November, and AVS Congress in February. By the time this gets to you, hopefully the majority of you will have experienced the delights of Sports Weekend in Liverpool. For those who missed it, you're bound to have missed out! AVS Congress is to be held at Nottingham at the beginning of next year. The article on page 8 will give you an idea of what there is to look forward to.

The other major role of the AVS is as the specialist student division of the BVA (British Veterinary Association), representing the views of vet students across the UK and Ireland. The AVS committee comprises student representatives from each vet school, and is currently working on issues including the possible opening of new vet schools, and funding for extramural studies (EMS).

The BVA works closely with the AVS, providing support and advice to the committee as well as useful resources such as the EMS guide. This is designed to help vet students get the most out of their EMS. Student BVA members also receive free EMS insurance, and there are many other benefits for undergraduates and new graduates alike.

JAVS cannot exist without you. Be it an article, a letter, photographs or a suggestion for something that you would like to see in the next edition, we would love to hear from you.

Max Foreman
JAVS Editor
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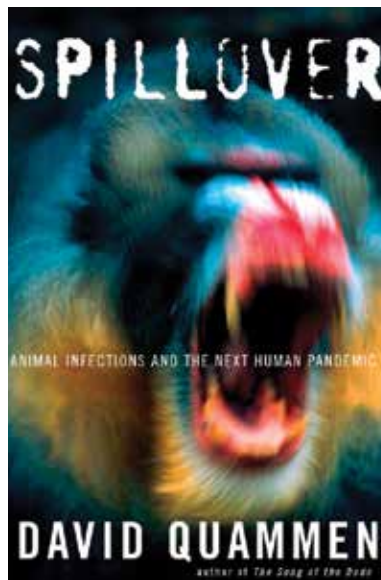
Spillover: animal infections and the next human pandemic

By Josh Strycharczyk (3rd Year, Cambridge)

Forget the subtitle, this book is neither as apocalyptic or anthropocentric as you might think. As the rhetoric about zoonoses and One Health increases, the way Spillover presents its wealth of information is stark without being sensationalist.

David Quammen is not a scientist; however being a Rhodes scholar in English with a number of fiction and non-fiction titles under his belt, as well as working for *National Geographic*, he still has much to tell us about the mechanics of zoonotic transmission and he does so persuasively. Quammen takes us on a scientific and personal journey, with bacterial, viral and protist-borne zoonoses all receiving attention.

Much like the image of the hacked-off mandrill on the book's cover, our knowledge of many infections caught from animals is ill-defined and cryptic. Quammen uses each chapter to explore one zoonotic disease, from the panic-inducing outbreaks of severe acute respiratory syndrome and the haemorrhagic horror of Ebola, to the more mainstream but equally dramatic stories of HIV and influenza. Chapters read like a detective novel, with Quammen gradually drawing together evidence and opinion to clarify pathological mysteries, like Columbo with an Ivy League education. The science is tempered beautifully with personal and historical accounts of characters as diverse as the pool of pathogens reviewed; Quammen is keen to incorporate the human aspect of this struggle against the next pandemic. To collect his data, he covered an enormous number of miles meeting scientists, vets,



Spillover by David Quammen, £20, published by Bodley Head, 2012. ISBN 9781847920102

medics and statisticians, sleuthing meticulously for information. As he flits between locations such as the Congo Basin, suburban USA, Sylheti slums and the metropolis of Hong Kong, we are reminded that not only is Quammen a properly obsessive explorer, but that the threat of zoonoses is global and that spillover may well take place in your own backyard.

Don't be mistaken, 'Spillover' is not information light. Quammen is clearly a detail fiend, but his conversational tone leaves you neither overwhelmed nor bored. He manages to make pathology, epidemiology and public health (three subjects predisposed to bogging readers down in their intricacies) clear and digestible rather than thick and syrupy. The overarching message is tragically simple: that (a) human disease is intrinsically linked to that of non-human animals, and (b) as our own population grows and we further encroach on previously undisturbed

parts of the planet, the next human pandemic is increasingly likely to be of animal origin. Quammen puts it more plainly as: 'Shake a tree, and stuff falls out'.

This message is not totally without hope, as Quammen catalogues the work of various scientists studying these outbreaks. His final tidings are neutral (the last chapter is aptly named 'It depends'), suggesting that the inevitability of an animal-derived pandemic may be ameliorated by our growing knowledge of the pathogens likely to cause it.

You may think that this is a book for medics or scientists. True, preventing human disease at times does seem to be the major focus for the author. He also introduces ecological concepts that you may think unnecessary, including those of metapopulations, amplifier hosts and R0. My foremost defence for the book in that case would be this: this is an excellent piece of popular science that warrants reading by anyone who values the survival of the human race. Plus, as Quammen points out, the line drawn between human and animal disease is largely an artificial one, with the good health of humans and our animal charges going hand in hand.

As a vet student, it broadened my ideas of what a vet could or should do as a career. It also provides perfect ammunition for delivering ripostes to those who dismiss veterinary medicine as frippery, rather than a serious tool for the protection of human and non-human populations from pandemic. The scientific community is becoming increasingly aware of the perils of animal-borne disease and vets are on the frontline of this ancient battleground. Indeed by the time many of our medical colleagues encounter the next human pandemic, it may be too late.

In memory of Becky Harrison

By Nick Britten, Professor Susan Dawson, Steph Diplock, Matt Dolbear, Alex Evans, Emily Fulton, Ffion Lloyd and Geri Long

On January 26, 2013, Becky Harrison, a third year vet student at the University of Liverpool, passed away after suffering an acute pulmonary embolism.

Becky was involved in all aspects of the veterinary community and society, whether it was championing comedy performances for the annual vet revue, supporting the vet rugby boys on Saturday afternoons, playing rugby for the women's university team and hockey for the vet team, or helping to organise the summer ball. Aside from her veterinary interests, she had recently trekked around South America with a dodgy knee and was also a talented musician, playing clarinet and saxophone to a high standard to relax when the stresses of work got too much.

Having grown up on a farm looking after her younger siblings, Becky made a natural mother figure and



was always there with her much loved Yorkshire tea to pick you up or make you revise. Everyone who knew her agrees that her smile was infectious and pretty much ever-present. Becky's honesty, kindness

and generosity were clear to everyone she met and shone through in everything she did. Despite her passing away she will forever be remembered as the feisty, strong, happy and beautiful person she was.

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IVSA exchange. Nottingham invades Budapest

By Sarah Baker (4th Year, Nottingham)

Like intrepid explorers, three Nottingham veterinary musketeers ventured to Budapest for the IVSA exchange. We were lucky enough to have joined with Cambridge vet school, and two of their students accompanied us to Hungary.

We visited Budapest in April, having hosted our partner the previous February. On arrival, we were greeted by a giant pizza (and I mean giant) and then trialled Budapest vet school's student bar 'Equus', which was paradoxically (and rather amusingly) situated under the library. We got to meet and party with more students who revelled in the same passion for veterinary science. Intriguingly for us, Budapest vet school is not like any UK vet school in the sense that it runs the veterinary course parallel in three languages – English, German and Hungarian. The students who took part in the exchange with us were on the English speaking course – two French girls, a Greek girl and a Maltese boy. So, although we had no Hungarians actually on the exchange, we could not have had a more truly European exchange!

In the morning we dragged our sorry, throbbing heads to the level above the scene of the crime of the previous evening – the library. It was a truly lovely building; I think we were all impressed with the atmosphere and the building itself. It was clear that Budapest prides itself on tradition in its 18th century vet school, and for good reason. The fact that the library gave out blankets to keep dedicated studiers warm seemed like an added bonus.

We looked around the entire vet campus, which was interesting and wonderful at the same time. The

buildings all had their own quirks and charms, making it unique. A visit to the faculty museum gave us the opportunity to see some fantastic old-fashioned veterinary tools and traditional Hungarian breeds of animals as well as learning about the famous veterinarian, József Marek.

The afternoon unfortunately greeted us with rain. But while we may have been damp, nothing was going to dampen our spirits as we were going around the Budapest zoo and, of course, as vet students we had to be excited about it. Although the zoo was sadly fully representative of any city zoo competing for physical space for its animal enclosures, we enjoyed it nonetheless. A personal highlight of this particular excursion were the alpacas that pre-

tended to enjoy our petting before not holding back in spitting full in Paul's face. It was a moment we will never forget.

After this, a few of us went to Lukacs baths. On the Buda side of the city, Lukacs is popular mostly with local people rather than tourists, which made it feel extra special. With a lot of the baths being underground and at different temperatures, it was a great way to relax.

For the evening we went back to a host's flat to socialise and eat copious amounts of the sour cream that Budapest appears to be famous for (understandably so, as it is delicious).

In the morning we wandered into town to the beautiful Budapest markets. The markets presented a great

'Even though a Hungarian class of students were having a lesson in horse anaesthesia and surgery, it was somehow our students that were blessed with the hands-on experience'



Nottingham and Cambridge students with their hosts and Szent István vet school's famous bull

opportunity for souvenir purchasing and were filled with lots of lovely handmade crafts. We later explored the city and in the evening we experienced some Hungarian food in a small cultural restaurant. Constantly comparing costs with the expense of the UK, we were blown away by the low prices, making the most of it by sampling everything on the menu (vegetarians and carnivores alike).

The next day we found a free walking tour that led us on an insightful and lengthy walk around the city – after which we felt we had seen Budapest properly.

That evening we had the extreme fortune to chance upon Budapest's opera house and purchase student tickets to a ballet performance of 'A Midsummer's Nights Dream' for roughly 90 pence per person. Feeling quite chuffed and excited for the evening, we trekked to the ballet feeling severely underdressed, still in our daytime exploring-Budapest clothes. It soon became clear why our seats were so cheap, as it was difficult to enjoy the performance without the sensation of neck stiffness and vertigo creeping upon us. However, it was not a full house and we were able to move to better seats during the interval. Anyway, as poor students, who were we to complain at 90p a performance? We had a really fantastic evening and there was something magical about being able to watch a ballet in Budapest and it spoke to us in a universal language.

We followed this up with another evening at Paul's, where the Hungarian students had been slaving away to produce us yet more fabulous food following our tiring



day of sightseeing and fun. After yet more sour cream, we all went back to our hosts' homes feeling sleepy but satisfied.

We were also lucky to go out of town to visit Budapest's large animal clinic. This was a really fantastic morning for many reasons. Not only was the bus ride out there a great opportunity to see the Hungarian countryside, but the clinic itself was really impressive. With the bias being towards equine medicine and surgery, we saw a vast and well-equipped equine hospital in which horses were hospitalised for many different reasons.

Without doubt, the highlight of this particular excursion was the allowance and keen participation of Vicky and Alice (from Nottingham and Cambridge respectively) in castrating a horse. Even though a class of Hungarian students were there having a lesson in horse anaesthesia and surgery, it was somehow our

students that were blessed with the hands-on experience. For most of us, it was our first opportunity to witness equine surgery and it was very exciting – particularly for Alice and Vicky who did a great job in whipping off the gonads to create a gelding.

Our last night was spent in what can only and honestly be described as truly the weirdest bar probably in Europe. With rooms that were 'upside down' and with small, somewhat terrifying naked cherub babies on the ceiling, we had a good but sobering evening spending our last hours with the Hungarian students.

Having been made to feel truly welcome and given the chance to explore the beautiful city and culture of Budapest, we UK IVSA students had a fantastic time. Theodora, Sarah, Louise and Paul could not have been any more hospitable to us and they were definitely what made our trip so amazing.

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UCD's white coat ceremony

By Clara McMahon (4th Year, UCD)



On March 4 Dublin vet school held its second annual white coat ceremony.

For those of you who don't know, a 'white coat ceremony' is an event that marks the entry of vet students into their clinical studies through the 'coating' of said students by their future clinicians and lecturers. Basically we have a bit of a fancy 'do' where we get an even fancier white coat embroidered with our name and university logo.

The Friday before the ceremony I started noticing a certain buzz throughout my class, where everyone seemed giddy and excitable. I wondered what the reason was . . . could it be a new multiple choice format for the veterinary public health exam? Was it a new, good looking intern? Were there free scones in the cafeteria? No! So, what was it?

Annoyed and frustrated I turned to the library for some solace and then turned to Facebook for some answers, which I found plenty of. The excitement was about the ceremony!

It wasn't until I read the numerous posts of reunited overseas family members, elderly grandparents trekking along motorways, live streaming

of the event for those who missed it, etc, that I myself started to get, well, if I'm honest, a little nervous . . . and then a little excited, and then a little blasé and then excited again. Could it be that I was looking at this all wrong; maybe it was an important moment, marking a well-deserved and hard-earned milestone, a day of celebration after all the previous days of special topics pain? I decided to go dress shopping!

Ceremony day arrived and, to alleviate any family members' boredom, they were all treated to a tour of our hospital. Now this was something to behold, heads of department and senior clinicians showing us and our families around the very hospital that we will be living in for the coming year – the butterflies started swarming in my tummy.

We left our families to gossip amongst themselves about the wonder of veterinary medicine today and trudged our way up to Astra Hall.

At this point, the excitement was palpable; it had a slight sweet taste with a hint of mint if that aids the description at all. Watching our lecturers and clinicians suit up and gown up was something akin to watching boys compare their toy trucks – you know, the whole 'mine's shinier than your's' gag. But what was

very unexpected was the excitement on their faces and even more unexpected the seemingly proud looks they were wearing – they had helped us get here and they were going to celebrate too.

A few speeches, including a few particularly amazing ones that garnered a lot of laughs from the students, a few chuckles from the families and a few tears from the waiting mothers and some fathers too, and we were up. This was our time to shine. This was where the excitement reached fever pitch. Smiles were literally spread across our faces and cemented there, seemingly never to be removed. Five at a time we made our way to the stage to take our turn to be coated. The closer you got to the stage, the closer you got to your coat being placed on you and the closer your stomach got to doing a somersault. Then it was my turn.

Through all my scepticism, all my lack of interest, all my blasé attitude, I skipped up on that stage and got myself coated (by one of my all time favourite lecturers no less) like I had been waiting for this moment all my life. For those few seconds when that lecturer, that person in authority, that successful vet, who you want to be in the future, puts that coat on you, that moment, well, it was one

of the proudest moments of my life. The recognition that we have made it this far, that we're nearly there and that everyone is proud of us and our achievements, gives an unimaginable and indescribable feeling. The urge to stand and take a bow afterwards is overwhelming, but – as a word of caution – don't.

Afterwards we gathered and had fancy food and wine with our families. Everyone got to meet each other and compare parents and

grandparents: 'My family came all the way from South America by car just to see this'; 'Mine swam the English channel', etc.

It was then time to say goodbye and start the after party in one of the city's newest and hippest clubs, where everyone danced their feet off.

Having this ceremony was incredible, and being able to share it with friends and family was even more wonderful and really and truly I

would urge any and every vet college to do something similar.

We work extremely hard, maybe even harder than students on most other courses, and we should be recognised and applauded for that, as should our families. After all, they are the ones who have to put up with the endless exam time 'I can't do this anymore' calls.

I was the ultimate sceptic and look what happened to me during the ceremony; I nearly took a bow.



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AVS Congress 2014

By Will Bayton (Nottingham Senior Rep)

AVS Congress continues to increase in popularity, with hundreds of students from all eight vet schools attending the wide range of lectures, seminars and practicals that congress has to offer.

On top of all of that, the weekend culminates with the legendary congress black-tie ball, which never fails to deliver an evening stuffed to the brim with wine, delicious food, more wine, dancing and perhaps a little more wine to finish! Needless to say, anyone who has attended AVS Congress in recent years will know that this is a fantastic opportunity to meet other vet students, learn more about a range of veterinary organisations and to hear about aspects of the profession that you may not necessarily be taught in the course.

Where is it?

The next AVS Congress will be hosted by Nottingham vet school on the weekend of January 24 to 26, 2014, and it hopes to build upon Edinburgh's excellent congress in January this year. Feedback demonstrated that spreading the event over two days gave students more time to appreciate the variety of lectures and practicals on offer, which is why Nottingham is repeat-



ing this format. The congress is also being organised into small, large and exotic animal streams, meaning that students attending the event can focus on the areas of veterinary medicine that they find most interesting.

What will be happening?

After arriving in Nottingham on Friday, students will be taken on a bar-crawl to some of the city's best venues.

Saturday will see a range of practicals and lectures followed by a black-tie dinner at Colwick Hall, a historic manor house situated just outside the city centre. On Sunday students will again get the opportunity to attend lectures and attend practicals on ultrasound of the pregnant ewe

and how to work-up equine lameness cases, as well as working with reptiles and birds.

Don't forget the AGM!

During the event all students have the chance to attend the AVS annual general meeting. This is an excellent way for the committee to inform its members (that's you!) of what it has been doing over the past 12 months, and what it hopes to do in the future.

This is also time for the presidential hand-over, and AVS members can elect a new members to the executive committee. Anyone can apply to be on the central AVS committee; so, if you would like to get involved, please don't hesitate to put your application forward. The current AVS committee is here to answer your questions, so if you want to know more about applying for a position, do get in touch.

Keep an eye out this term!

More details about AVS Congress 2014 will be available soon from your AVS vet school reps (whose contact details are on p 1), so start getting excited. Tickets will go on sale before Christmas; be sure to keep £50 of your student loan to avoid disappointment. See you all at Nottingham!!



An anatomical illustration of a turtle skeleton, showing the skull, spine, ribs, and the four limbs with their scutes. The drawing is detailed and scientific in style.

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An outsider's view of the vet student world

By Zoe Winterton (BVA marketing officer)

I'm not a vet, not even close. I'm far too squeamish and, after starting work at the BVA, I quickly learnt to avoid flicking through Veterinary Record over lunch. Apart from studying for five years (three years at uni and another two getting extra qualifications) that's where any similarity ends.

My course had nowhere near the demands of the veterinary degree. Spending five years studying plus having to fulfil EMS and rotation commitments instead of whiling away a three-month summer commands huge respect.

Not only that, but I have to say that vet students are the most hardcore party people I have ever met. You are the very definition of 'work hard, play hard' and I include my uni rugby team in that comparison.

You're also lucky enough to have some of the strongest and longest lasting friendships that I've ever heard of within a profession. One of my first tasks at the BVA was to go to BSAVA congress and I was surprised at vets coming to the stand to catch up with the BVA's officers who they were at vet school with many moons ago. I also saw whole families going round the show with second, third or even more gen-

erations of the same family all being part of the profession.

I'm not sure what it is – maybe it's the intensity of the course, maybe your shared vocation or because you're part an exclusive group, or perhaps it's because you spend so long segregated from the rest of the university's population! Whatever causes the close bonds to form, I've seen among graduated vets how important having that network is in order to support one another; especially in those early years after graduation. The BVA recognises this need and runs Young Vet Network (YVN) meetings across the country to provide face-to-face support for all young vets, so I'd definitely recommend you get involved after vet school.

As a non-vet I definitely didn't realise the intensity of a vet's workload and the pressures of the job. My only previous contact with a vet had been taking my pet mouse Ronan (named after Ronan Keating, embarrassingly...) to the vet, a trip which didn't end well, but I never doubted the fact that the vet had done his very best to save him.

Starting work at the BVA also opened my eyes to animal welfare issues that I never knew were a concern before, or those which I probably felt uneasy about but chose not to explore further. Issues such as slaughter without stunning and the

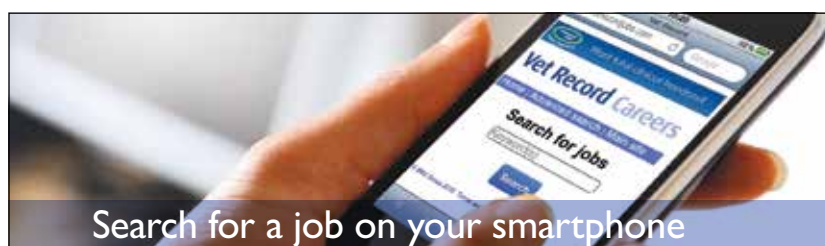
difficulties faced by UK sheep farmers have altered my shopping behaviour, and I've been preaching to any friends who will listen, the majority of whom also had no idea of the facts.

Students seem especially keen to get involved in animal welfare issues and a lot of the requests I get for clinical club talks are about these types of subjects (e-mail: zoew@bva.co.uk with any clinical-club talk requests). The AWF also works with vet schools to raise awareness of issues, so keep your eyes peeled for BVA AWF clinical club talks at your vet school.

The AVS is great at organising various welfare events and I'd encourage you to get involved with these.

I'm lucky that I get to work with AVS reps and recent graduate reps who are genuinely so passionate about representing you and ensuring that you get the best start to your careers. Even though I've only been at the BVA a relatively short time, I'm already seeing students moving through the years and I'm now looking forward to welcoming the next generation of vets to the BVA's groups and committees.

Remember – the BVA is always there to support you – as are a number of other organisations, which all have your best interests at heart. To find out more about the range of student member benefits offered by the BVA visit www.bva.co.uk



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The veterinary profession: no hope or more scope?

By Matthew Erskine (Edinburgh Senior Rep)

Can the profession continue on its current trajectory and hope to maintain its standards, or is it destined to compete itself into extinction and irrelevance?

Recently the veterinary media (and specifically the veterinary student outlets) have been buzzing with talk of new vet schools and their potentially disastrous effect on the veterinary profession. This is expected to come as a result of the possible oversaturation of the job market, along with effects on student training.

As it stands, the veterinary profession no longer holds a place on the Home Office's 'Shortage Occupation List,' indicating that there are sufficient numbers of vets within the UK. These changes have already been foreshadowed by those seen in the USA and recently documented by the *New York Times* in its bleak picture of the veterinary profession in America (Segal, 2013). If we are not careful, we risk the same changes occurring in the UK. Thankfully though, an increasing number of veterinary graduates is not necessarily a bad thing; it could be used to our advantage, to help strengthen the profession. How? By increasing our scope as vets!

Some of the starkest headlines and issues facing the world are problems that we vets can tackle. Food traceability, brought to the forefront of public attention by the 'horsemeat scandal', food security for the increasing world population, emerging pandemics such as swine flu, environmental changes, endemic health problems such as diabetes and other diseases that affect our animal species as well – all of these matters fall within our scope, and it's time we made it known!

Another major issue facing the profession in the coming decades will be the reduced reliance and importance the public places on the profession. There has been an increasing percentage of small animal veterinary practitioners throughout the years and as we are all reminded regularly as students, around 80 per cent of us will end up in small animal practice. This is fine in a country of pet lovers, such as the UK. However, does

'Some of the starkest headlines and issues facing the world are problems that we vets can tackle . . . food traceability . . . food security . . . emerging pandemics . . . endemic health problems.'

it place us on the trapdoor above the chasm of becoming an entirely luxury-based service, without any significant leverage?

Pets are luxuries! As much as we may like to envisage them as necessities, they are subject to the economic climate and thus expenditure on them can be reduced. This worrying thought was exemplified in a 2004 paper in which the veterinary profession was put to the lifeboat test (Leighton, 2004). This test is based on a hypothesis that humanity, like Titanic, has hit an 'iceberg' that could include any number of apocalyptic scenarios and there are only enough lifeboats to save a few professions, while the rest must be thrown overboard. Would the veterinary profession make the cut? In its current state and recognition possibly not (with the exception of a few official veterinarians to care for livestock . . .)

So, what can we do to rescue ourselves from this precarious position? The answer is simple – increase our scope. We should be producing vets who are prepared to strive to fill all sorts of different posts and not just treating people's pets. We should have vets in government, vets in the civil service and vets on influential committees, making sure the decisions taken are the best decisions for animal welfare and based on evidence. We should have vets in laboratories, vets in food companies and vets in drug companies making sure the production of foods and medicines benefits from the extensive cross-species knowledge we have.

We should still have vets in practice treating pets but perhaps we need more vets in farm animal practice and more vets in state veterinary services ensuring that the services and needs of the farming community of Britain are sustained at a time when food production demands are ever increasing.

Admittedly many vets already fill these roles but these should now be seen as equally aspirational as the vet in practice to incoming students. More needs to be done to make these examples of vets influencing the lives of everyone – including pets – known. The profession lies in our hands. Let us not allow it to slip into disrepair.

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Helping hedgehogs

By Victoria Cole (4th Year, Cambridge)

When asked to consider conservation, what do you think of? Bengal tigers? Coral reefs? Tropical tree frogs? But what about the wildlife right here, on our doorstep? Britain is home to a complex and biodiverse ecosystem of which the hedgehog is an emblematic species.

Recent surveys indicate that hedgehog numbers are in severe decline. Alarming, the estimated 30 million-strong population of the 1950s is believed to have been diminished to less than one million. The species is threatened by habitat loss and fragmentation as a result of agricultural intensification, infrastructure and smaller, fenced gardens. Reduced prey availability, attributed largely to the use of pesticides, is also responsible for their decline. Moreover, in certain areas, road traffic accidents are a major cause of death. It has been suggested that the hedgehog may consequently be extinct from Britain by 2025.

Conservation of British wildlife is thus a topical issue and one worthy of consideration. Recent work at the Hedgehog Hospital of Shepreth Wildlife Park has re-affirmed my opinion, which was founded while writing my third year conservation and ecology dissertation, that we, in Britain, have a moral imperative to conserve our habitats and their associated species. We also have an obligation to lead by example if we are going to successfully encourage developing nations to do likewise.

Shepreth's Hedgehog Hospital is an inspiring example of local wildlife conservation. The park has run a hedgehog rehabilitation unit for the past 25 years and fortunately further funding through Shepreth Wildlife Conservation Charity (SWCC) enabled the opening of a new hospital with larger and improved facilities

in 2012. The project is currently operated by SWCC trustees, animal keepers and volunteers, united under a shared mission: to rehabilitate orphaned, sick or underweight hedgehogs (usually brought in by the public) and release them back into the wild. In April 2013, SWCC released more than 70 rehabilitated hedgehogs into various 'hog-friendly' sites across Suffolk, Cambridgeshire and Hertfordshire.

The objective of rehabilitation is to improve body condition and attain a certain weight before release. Our first duty of care upon the arrival of a hedgehog was to check for and treat dehydration and injury. The next concerns are flystrike and other ectoparasites. Faecal samples are taken on days 2, 12, and 22 to screen for endoparasites. Triage nurses are available at the park. A local vet is called to treat more serious conditions (for example, a wound that needs suturing), and to euthanase those that cannot be saved or whose quality of life is severely compromised (perhaps, a forelimb amputee that is unable to forage and nest-build). The daily routine at the hospital includes cleaning and relining the boxes with newspaper (as bedding and for nest-building) and feeding, weighing and examining each hog. If we observe abnormal faeces or record significant weight loss, faecal samples are taken to determine parasite burden.

Assuming the hedgehogs are otherwise healthy, they can be released into the wild once they have attained the target weight of 650 g. This is considered to be the minimum weight for autumn release, to ensure successful hibernation and survival through the winter. The time I have spent at Shepreth has high-



lighted the crucial role that we, as future vets, have to play in wildlife conservation. It is our responsibility to treat any animal in distress and we should therefore broaden our understanding of local conservation issues so that we can have a positive impact on this often-neglected area.

Knowledge of hedgehog husbandry and medicine is limited in the veterinary community: currently, there is no national database that identifies drugs that are safe to use and effective in hedgehogs. It is thus essential that vets assist in collating an archive of health information and drug treatments with the aim to produce a scientific basis for wildlife medicine. Moreover, our role as vets requires us to collaborate with the British Hedgehog Preservation Society in its mission to encourage public interest in British wildlife. This includes informing the public of the state of our hedgehog population as well as educating them as to the requirements and care of individual animals. Veterinary work may also involve assisting in research projects; for example, SWCC is currently operating a post-release monitoring programme. Recording survival and breeding success may help determine suitable release sites and compare the relative success of hard release (directly into the wild) versus soft release (via release cage or enclosure). Most importantly,

post-release monitoring may verify that rehabilitation is indeed an effective and worthwhile use of limited conservation resources.

My experience has strengthened

my opinion that these methods and attitudes must not be limited to hedgehog rehabilitation. I believe it to be of vital importance that, as the future generation of vets, we sup-

port an evidence-based approach to the care and rehabilitation of wildlife. This will enable us to raise the standards and success of rehabilitation and release in years to come.

The consultation

By Jamie McColl (5th Year, Glasgow)

Different aspects of veterinary medicine attract different people to the profession. Some love the idea of working outside, meandering down country roads and calling in to see dairy cows that 'aren't doing' or beef heifers that need a hand (or whole arm) calving. Others love the thrill of being on call at a racecourse, the sterility of the operating theatre or the slow and steady pace of a dermatology clinic. For me, it's the small animal consult.

Many of my friends react with disbelief when I tell them my favourite part of seeing practice is 'seeing rooms' with the vet. They protest that a person can only do so many booster vaccinations before going loopy, they rant that if they see one more cat in for a nail clip they'll quit vet school and typically tell me that I'm mad. But, for me, consulting is the best part of being a vet; in your room you diagnose, treat, advise and genuinely practise your craft – often all in a matter of minutes. In that room you aren't just a vet, you're the vet. The vet that people come to for advice, the vet that people trust and the vet who helps the owner decide on a course of action.

This aspect of veterinary medicine, being someone that the public can trust and confide their worries in, is one of the things that drew me most strongly to becoming a vet. And it's definitely the part of seeing practice during EMS that

I've enjoyed most. I'll not deny that there's something to be said for the feeling of doing your first solo surgery, but it's easily equalled in my mind by the first time someone turns round to you in a consult (granted that it's usually when the vet has left the room) and asks your advice about their pet. Of course not all consultation experiences are enjoyable – we've all stood in awkward silence at one point or another, waiting for the inevitable 'So you're at vet school are you?', 'Seven years isn't it?' or, 'My niece wanted to be a vet...' – but they are often interesting.

Personally I've had many interesting consultation experiences – both good and bad – and I like to think I've gained something from every one of them. I've had to maintain a straight face while a client dropped her pet rats into her cleavage (because they love to be close to her). Nothing teaches you to school your expression and maintain eye contact quite like trying not to stare at squirming bumps in a woman's bra.

I've fought to hold my tongue when a client appeared with a horribly mistreated bulldog and insisted it had only been ill for a day or two. Pity for the animal and anger at the owner were only natural reactions but I had to keep myself in check then too. I've held back tears at seeing a much-loved pet being euthanased. It is all too easy to get caught up in a client's grief and, while it's good to react to that grief with sympathy, even empathy, it's not appropriate at all to start to wail and grab the tissues.

The ability to maintain a profes-

sional façade is essential for the practitioner; we need to be able to remain, at the very least, outwardly calm and serious. We need to be able to keep our emotions in check and we most definitely need to be able to take control of ourselves in any situation.

The challenge to remain professional, to be able to interact with a wide variety of people in a vast range of situations, is what makes small animal consults appeal to me. You simply never know who or what will come in the door of your room next and even the simplest puppy vaccination can have a condition attached that will challenge your communication skills or professionalism.

Here are a few helpful hints for those awkward silences in the consulting room...

- Make the first move! Don't rely on clients speaking to you first; sometimes they just need a push in the right direction.
- Ask questions, such as asking if they have other pets at home; how the weather is outside (after all you've been indoors all day); and asking if they've had far to travel (this is a good conversation opener in referral or hospital practices where clients have often travelled a long way).
- Compliment the owner on their pet as they clearly care enough to bring their pet to the vet, so they'll love hearing that you think their animal has character; is awfully well behaved or looks like he or she must be well groomed at home.

Dear mum, please castrate the dog . . .

By Gemma Longson (Cambridge Senior Rep)

My old dog was a gentleman. My new one humps anything that moves. The only difference between them? Balls. But whether castration will solve this problem is uncertain, and convincing my family that the pros outweigh the cons has proved more difficult than I thought. So, in a desperate final attempt, here goes . . .

What does castration entail? I'm not going to go into the surgical aspects – you've all seen it. But it's important to remember that castration removes a source of testosterone and its derivatives; it doesn't just mean that a dog can't reproduce.

Testosterone and its derivatives have a multitude of effects on the body, including on haematopoiesis, metabolism and, of course, reproduction; many of these, through castration, are reversed.

With regard to reproduction, the testosterone derivative dihydrotestosterone (DHT) is thought to be the main mediator of benign prostatic hypertrophy/hyperplasia. This disease often isn't diagnosed until the later stages, when it can cause constipation, dysuria and caudal abdominal pain. I've seen it in practice and it really is nasty. What is the prevention? Castration.

Oestrogens play a role in the pathogenesis of squamous metaplasia of the prostate gland. Again, castration is a method for both prevention and treatment of this disease.

Sex steroid levels also underly a number of sexually dimorphic behaviours, which are influenced by castration. In particular, roaming (which, in turn, can lead to road traffic accidents and unwanted litters) was eliminated by castration in 80 to 90 per cent of dogs in one study, and urine marking, mount-

ing and inter-male aggression were eliminated to a lesser extent.

Of course, some sex-steroid-mediated behaviour may actually be beneficial, and in these cases, castration's benefits become more dubious. Indeed, gonadectomy decreased cognitive performance and increased anxiety behaviour in several studies in rats. Castration has a variable effect on sexual behaviour and little effect on certain behaviours, such as territorial and fear-induced aggression. Overall, behavioural problems accounted for 20 per cent of the reasons why a dog was surrendered to an animal shelter, so castration may be good for animal welfare in this respect.

Regarding the effect of castration on behaviour, though, there are really two problems. First, not all behaviours are affected by castration and, even when they are, it is to a variable degree. Second, these behaviours are all part of a dog's natural repertoire. And freedom to express normal behaviour is one of the Five Freedoms. So, we have to ask ourselves, is castration appropriate if its only aim is to control a natural behaviour?

Hormones aside, removing the testicles themselves has its own benefits. First, it prevents testicular cancer in male dogs. Testicular tumours are the second most common in dogs, and the treatment for it is, guess what? Castration. But it's not only the tumour that's the problem; there are also associated paraneoplastic syndromes. For example, Leydig cell tumours trigger a clinical picture dominated by hyperoestrogenisation (alopecia, bone marrow hypoplasia) or the excessive influence of testosterone (prostatic disease, perianal adenoma, perianal gland hyperplasia). Second, it can also reduce the incidence of orchitis or epididymitis.

I'm not denying that castration



has its problems. Obesity and a slow, lethargic character are potential complications. Yet, even if this is the case, surely it is manageable with a suitable diet and exercise regime? Indeed, most of the dogs I know are castrated, and not one of them is overweight.

What about the use of castration for population control? This is a pretty contentious issue, and there's hardly scope to go into it here. But the fact that, in 1991, approximately one-third of all dog and cat deaths were due to healthy animals being killed in shelters speaks for itself. There are too many unwanted dogs.

Finally, of course, whether castration is the right way forward or not depends on the dog; it obviously involves an anaesthetic, surgery and all the issues that go with it, and alternatives may have to be considered.

Castration forms a huge part of veterinary practice and so many of us just take it for granted. But I think it's obvious that there are issues, which it's important to consider for individual dogs. That said, my personal opinion is that, in the typical situation (that is a healthy, young dog) castration is the right way forward to prevent future complications, and any problems that arise (anxiety, obesity, lethargy) can, with the appropriate environment, be controlled. So there you go, Mum, if that doesn't do it, I don't know what will!

Coming to a diagnosis

By Tegan McGilvray BVSc MRCVS, The Equine Clinic, Newnham Court, Maidstone, Kent

Patient

A 15-year-old Irish sports horse, gelding.

Presenting problem

Recurrent colic and poor performance.

Historical and signalment factors

The horse was of a highly-strung nature and used for eventing at novice level. He had been in the owner's possession for two years, kept at the same yard, and had demonstrated an increasing number of mild to moderate colic episodes over the past six months (five episodes in total with two requiring veterinary treatment), as well as becoming bad tempered. Management had remained unchanged over this period, and consisted of turnout at grass for four hours during the day and stabling for the rest of the day and evening. The horse was fed two concentrate feeds per day, one in the morning and one in the evening. Ad lib hay was provided overnight and the horse had constant access to fresh water. The horse was exercised for one-and-a-half hours, five days a week, with both hacking and schooling.

Diagnostic approach

Clinical examination was performed with temperature, pulse rate and respiration within normal limits. Mucous membranes were pink and moist and capillary refill time less than two seconds (CRT <2s). Gut sounds were normal in all four quadrants. Appetite and faecal output were reported by the owner to be normal. Faecal worm egg counts (FWECs) had been performed every three months since the owner acquired the horse, along with annual tapeworm ELISA tests. The horse had been treated with moxidectin and praziquantel (Equest Pramox, Pfizer) eight weeks prior to examination due to an

increased FWEC result and moderate tapeworm ELISA infection result.

Haematology and blood biochemistry were performed with results within normal limits.

Differential diagnoses at this point:

Equine stomach ulcers (EGUS)

Sand colic

Gastrointestinal parasitism

Dental disorders

Proliferative enteropathy

Inflammatory bowel disease

Further Investigations

A faecal sand test was negative. The pastures where the horse was turned out were not considered sandy and the horse was not fed or turned out in a sand school, making a diagnosis of sand colic less likely. A FWEC was repeated with a result of 0 epg. It was decided not to submit a further serum sample tapeworm ELISA as it has been shown that antibody levels take at least 16 weeks post-treatment to return to baseline levels (University of Liverpool).

A gagged oral exam was performed revealing no abnormalities. The horse had not exhibited any diarrhoea and he was in a body condition of 2.5/5 (Henneke 1983) with no recent history of weight loss. Proliferative or inflammatory bowel disease were deemed unlikely as these horses often exhibit weight loss, diarrhoea, oedema, decreased appetite and depression (Reed 2010), none of which had been exhibited. It was decided to perform a gastroscopic examination the following day in order to assess for gastric ulceration. The horse was starved for 24 hours. A rectal examination would be performed under the same sedation as the gastroscopy.

Gastroscopy and a rectal exam were performed under sedation. Rectal examination revealed no palpable abnormalities. Gastroscopy

revealed approximately six small hyperaemic and superficial lesions on the greater curvature in the squamous portion of the stomach, adjacent to the margo plicatus. There was no evidence of ulceration in the glandular portion of the stomach or the proximal duodenum. Grade 2 squamous gastric ulcers were thus diagnosed (Andrews 1999).

Treatment and outcome

The horse was started on oral omeprazole (GastroGard, Merial) at 4 mg/kg postoperatively (30 min prior to feeding) once every 24 hours for 28 days. The client was advised of environmental changes that could be made: increase turnout where possible; provision of numerous hay nets around the stable to encourage 'foraging'; consider installing a mirror in the stable to reduce stress (Hepburn 2011); and to ensure feeding occurred at regular times of the day.

The horse was discharged in the afternoon, once fully recovered from sedation. At approximately 7 pm the on-call vet was contacted as the horse was showing signs of colic. The horse had been turned out on a lush pasture for three hours on arrival at the yard.

On arrival the horse was found quiet and recumbent. Heart rate was 48 beats per minute and temperature and respiration were within normal limits. Mucous membranes were pink and moist with CRT <2s. Gut sounds were moderately increased in all four quadrants. A rectal examination was performed after treatment with 5 ml/100 kg of butylscopolamine bromide and metamizole (Buscopan Compositum, Boehringer Ingelheim). No abnormalities were palpated. Due to the mild nature of the colic and the diagnosis of gastric ulcers earlier in the day the decision was made not to pass a nasogastric tube at this stage. A tentative diagnosis of spasmodic colic was made at the time.

The horse was treated with 4.4 mg/kg phenylbutazone (Equipalazone, Dechra) intravenously and the owner advised to monitor its comfort over the next few hours. The horse showed no further signs of colic overnight.

Four weeks later the horse was seen for a repeat gastroscopy. The client reported that the horse had had one further mild colic episode three days after the gastroscopy was performed, with no episode since. The horse was now being turned out for 10 hours a day and the suggested management strategies had been implemented.

Discussion and reflection

EGUS is common in all types of horses, with clinical signs being variable and often vague. EGUS can be diagnosed through thorough history taking physical examination and gastroscopy. EGUS can be effectively treated with a combination of management changes and instituting drug therapy (Hepburn 2011, Videla and Andrews 2009).

Clinical signs of EGUS may include:

- Acute and recurrent colic
- Poor body condition
- Partial anorexia
- Poor performance
- Poor appetite
- Attitude changes (Robinson and Sprayberry 2009).

Risk factors include:

- Low forage diet
- Intense/increased exercise

- Regular/prolonged transport
- Intermittent starvation
- Management/housing changes
- Water deprivation
- Weaning/moving to a new home
- Prolonged stabling
- Stress (Hepburn 2011).

In this case, the risk factors present were stress (due to the disposition of the horse) and regular transport (for competitions). Another risk factor could be prolonged stabling, although this horse was turned out for four hours a day and exercised regularly, and therefore the stabling was not really prolonged. Clinical signs displayed by the horse included recurrent colic, poor performance and possibly attitude changes. Management changes were instituted where reasonably possible in order to facilitate healing as well as prevent recurrence.

On reflection of this case, abdominal ultrasound was not performed at any stage. In a recurrent colic case it would have been useful to perform this examination in order to assess large and small intestinal thickness and motility. Although gastric ulcers were evident on gastroscopy it is possible that the horse could have had more than one disease process at one time, although proliferative and inflammatory bowel disease were considered unlikely given the lack of weight loss, diarrhoea and condition. Had the horse not responded completely to treatment for EGUS abdominal ultrasound could have been performed.

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Camels and toast

By Sarah Bird

When most people consider the camel, their thoughts may drift to sun-baked holidays in North Africa, dromedaries with nose pegs and tight ropes around their heads, rope bound wooden saddles and the ghastly smell of the cud and the spit of the camel when beaten to the ground by a handler's stick. Such is their reputation as unfriendly bad tempered creatures that few would even consider keeping camels, let alone in their front garden.

The truth, however, is that these majestic creatures, who over generations have helped to fight wars, build railways and carry goods along the Silk Route have an unfounded reputation for being bad tempered,

brought about by man's brutal handling.

Their reputation is reflected only by their interactions with humans, and it was with this in mind that we set out seven years ago to prove to the world that the camel is a soulful creature with a great mind and capacity to learn without force. Our research took us around the world, to camel whisperers, enthusiasts and breeders, all of whom came back with a standard answer to my question 'Can you train a camel without using force?'. In a quest to create the perfect camel we had only one option – and that was to buy some.

And so it was that in January 2007, four unhandled and essentially wild camels moved into our front garden of our home in France. The first weeks proved to be challenging, as they hid at the back of their barn, barking and kicking out, knocking down electric fencing and anything

else in their path. We spent hours a day sat in silence studying their behaviour while hiding behind a crush, questioning our sanity and desperate for some human/camel interaction. After three long cold weeks, our 'eureka' moment came one morning over breakfast when I was out with my coffee and jam on toast. I'd assumed my normal position, and Ceefa the camel made her first approach. I was motionless as she walked towards me and sniffed the strawberry jam and proceeded to take it from my hand.

No matter what animal you're training, it's important to understand the behaviour of the beast in the first instance. While camels certainly have a height advantage, they have no flight instinct, and their instinctive reaction to an aggressive interaction is to lie down to protect their legs. They'll tolerate predators, but if the herd feels endangered they

will chase them. While there have been occasional reports of humans being killed by camels, these tend to involve inexperienced handlers and male camels in rut. However, in my years of working with them, I have found them to be intelligent pacifists, who would rather have a scratch behind the ears and an apple rather than a rap on the legs and a peg through their nose. They respond better to a whispered command and thrive on kind attention. They'll knowingly offer wanted behaviour and shy from aggression.

So, why the reputation? I do wonder why, with years' of experience passed down by generations, did no one think to challenge peoples' interaction with these amazing creatures. Perhaps it was the pressure of time, commercially led decisions, fear or ignorance. Or perhaps . . . just no-one could be bothered!

One of our first training considerations was de-sensitising. Training our camels for interaction with the vet, for medication, application of treatment and drawing blood. Most advice from the camel world suggests that when you draw blood, you get two strong men to tie the legs and pull the camel to the ground, attach a rope to a head collar and pull the head back towards the hump using a third strong handler, and then get the vet to go in. After a recent loss in condition of one of our camels, we experienced our first blood draw.

Our new adorable lady vet is just

5 ft tall, and she came along for the experience. Being the only person on the farm first thing in the morning, I was a little concerned, as while we had taught Ceefa the camel to lie down and de-sensitised her for every conceivable occasion, this was the first time we were taking blood. While I was confident in the fact that she would stay down, I wasn't sure of her reaction. Our years of work paid off; however, when I called her to me, whispered for her to lie down and held her head collar. The vet came in to draw five vials of blood. With all animals, you should always prepare for the worst, but expect the best, and as the last vial was taken, Ceefa remained in exactly the same position as when we had started – she didn't even flinch. Our work and trust had paid off immeasurably, and, such was the ease of the transaction, that the vet hung around to find out more about our de-sensitising, as she's now keen to pass it on to others in the industry.

When we embarked on our relationship with the camels our key concerns, other than behavioural issues and training, were the management of their diet and basic husbandry needs. How could we replicate natural environments and dietary requirements? Camels are browsers, but they will also graze. As ruminants, they obtain exceptional nutritional value from hay and, compared with horses, they need a plentiful supply of roughage, which

is more important than a constant supply of grass. Salt is important to their diet, so loose salt (30 – 60 g per day) should be available at all times. Selenium supplementation is vital for reproduction and muscle metabolism, and is often suggested as an additive to food for camels on selenium poor land.

Scoring camels during the winter will always prove a problem as their incredibly thick hair makes the task all the more difficult; therefore, we find it necessary to fall back on a regular worming routine and hump evaluation, combined with normal physiological signs, which will usually give the game away if something is wrong.

On wet winter days, the camels will barely move other than to chew the cud, or getting up for their morning bucket of feed. In the desert their long periods of rest are attributed to heat stress, but in the South of France (it seems) their lack of movement during the wet period is (like ours) simply due to lack of motivation on cold winter days. Who can blame them? They have, after all, adapted to life in harsh desert climate, so there's no reason why they can't adapt to life in France!

Sarah works with zoos and parks worldwide on behavioural and enrichment issues. At her farm in France, she runs courses and workshops on animal behaviour and offers EMS placements to UK students. For more information mail camelsinfrance@gmail.com.



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An interesting bed partner

By Lucy Giles (2nd Year, Glasgow)

I never thought I would sleep with a piglet. However, in the alternative universe based in the south of France that is 'La Maison des Chameaux' (The House of Camels) this is exactly what happened – twice.

The rural zoo run by Sarah Bird contained more species than students on their first year EMS could wish for – over 100 animals including llamas, camels, poultry, goats and an alpaca named Bruceter who was very fond of kissing. Sarah was the first person ever to clicker train camels, an accolade that only goes part way to describing her knowledge and understanding of animal behaviour and training. The course she offers at La Maison, therefore, is naturally based on increasing students' awareness of animal behaviour and the clicker training technique.

Having chosen to train a piglet, a llama and a duck during my two-week stay, I was very keen to get going. Problem number 1: getting said piglet away from its gorgeous, though frankly terrifyingly protective and huge mother, Carla. So, the age-old question was answered; how many students does it take to catch a piglet? The answer, apparently, is six (plus a load of boards, a stable and the lightning-fast reactions of Sarah's husband Paul).

The second task was calming the piglet (named Lola) down and starting the process of bonding with her. Slow breathing, steady speech and, more oddly, humming, all helped the process along. In true La Maison fashion, one moment of Lola's panic was resolved through a hearty chorus where myself, two volunteers and Sarah sang, 'On the first day of Christmas . . .' all the way to 'Ten Lords-a-leaping' at full volume, to prevent her hearing Carla rooting

around outside (Christmas carols being the default setting when it comes to any impromptu singalong, even in a 32-degree heat).

Within a day Lola was much more content, but our relationship still needed cementing if I was to have a hope of training her to 'pirouette', which was my main goal.

It was at this point that Sarah suggested I take her to bed with me. My first thought was that this was a grand scale prank, due in part to the vehement reassurances of La Maison's long-term volunteers and the face value hilarity of what was being suggested. However, the more I thought about it, the more sense it made. The natural behaviour of piglets is to sleep huddled with their mother; it is an important bonding activity, and, as they are surprisingly clean animals, wetting the bed was simply not an issue.

Over the course of the first three days I fully admit that I fell in love with Lola – I challenge anyone to adopt a piglet and do otherwise. So, knowing you should never sleep with anyone unless you love them, on the third day I carried her in the cage that acted as her litter tray to my bedroom. Needless to say, the first time is always the hardest, but the next day our connection was entirely altered. Lola would come to me, loved to sit on my lap, and would now run towards me if she perceived a threat.

Training became a doddle

From this point on, training could not have been simpler.

The basic concept of clicker training is to make the animal connect the sound of the clicker, the signal given when they show the correct



behaviour, when they are given a reward. You can then 'extend' that behaviour through the timing of the click. Teaching Lola to turn in a circle meant initially encouraging her to follow a target, linking in the voice command 'pirouette' and finally removing the target and getting her to respond to a hand signal.

My experience at La Maison des Chameaux was invaluable and it will, I think, come in handy when convincing a client that yes, they can teach their dog how to sit! Interpreting the body language of patients, helping modify their behaviour and understanding the dynamics within a group are all lessons I learnt in my two weeks, but the most important one is this: you cannot sleep with a piglet once, and not be tempted to do so again.

'You cannot sleep with a piglet once, and not be tempted to do so again.'

The city vet and the country vet

By Aoife J O'Sullivan (4th Year, Dublin)

Imagine rolling green hills, sprinkled with flecks of black and white animals, all stitched together like a quilt, and going on for miles and miles. That is what I see when I go for a walk near my home in County Limerick, Ireland. When I was offered a place on the veterinary medicine course, I thought to myself, 'Wow! Dublin! The capital! The Big Smoke! How will I cope with the hustle and bustle?' Turns out I'm doing just fine, but it definitely took some getting used to.

Living in Dublin got me thinking what life would be like to work in an even bigger city as a vet – New York, Hong Kong, Chicago, Johannesburg Luckily, I didn't have to fly so far, and this summer I got a taste of living and working in London in a small animal clinic, without a cow in sight!

Personally, I am a huge lover of small animals, and am excited by the prospect of working in a cosmopolitan city where I will be surrounded by cats and dogs and small furries. I jumped at the chance when Goddard's Veterinary Hospital in Wanstead allowed me to spend two weeks EMS with them.

My older sister lives in Clapham, south London, and she let me stay with her for the duration of my experience (thanks sis!). I was physically and mentally prepping myself before my first day – studying the Underground route that I'd need to take every day at 07.30, revising general anatomy and, of course, packing a ham sandwich and a few chocolate biscuits for sustenance. I was ready.

Day 1 started with a bang as I soon realised how getting on a Tube during the morning rush was like

the stampede scene from *The Lion King*. It's every man for themselves! Two trains came and went from my platform, which was packed to the roof. Sweat was trickling down my face as I was beginning to panic that I wouldn't make it to the hospital on time. Eventually I threw away all my doubts, mustered up some gusto and bulldozed my way onto the Tube. I was squashed against the door in a space roughly 6" x 6", praying that I wouldn't fall on the tracks as soon as they opened. This ritual continued for the next 10 days and I got better and more confident at finding gaps that I could squeeze into. I was a professional commuter! It was part of the daily commute. At one with the working body of London.

Large practice

Goddard's of Wanstead was the first proper small animal hospital that I had ever really managed to spend time in. It was huge! Over 10 vet nurses were working at a time, with roughly five vets. There was a cat ward, a dog ward and an overflow ward for the many patients they cared for, along with four or five operating theatres. Seeing all this I knew I was in the right place to truly discover the life of a city vet.

I quickly got to know the vets and vet nurses, not forgetting the other students they took on as well as me. I was allowed scrub in for an arthrodesis surgery on my first day. Mind-blowing! It was amazing to watch such a skill take place over the course of five hours (my feet still haven't forgiven me). The surgeon, John, had already taught me a valuable lesson earlier that day when he spotted that I had broken sterility right before I entered the operating room and made me scrub up all over again. I cringe to this day thinking of how silly I was but he was right: it was a serious

matter for a serious surgery and I'll never forget his words, 'If you aren't properly sterilised this dog could lose his leg'. The weight of his words reminded me why I was there. John ended up being one of my favourite people to work with. He was always asking me questions and if I didn't know I would be sure to know for him the next day – impressing him with my Googling skills. He was partial to playing a mixture of Dolly Parton and Justin Timberlake's new album while he sliced and diced at mega colons and repaired fractures. 'Jolene' was a favourite. He was a decent singer too.

The days were long and I wondered if I would be capable of doing such long hours with such a heavy commute? Could I deal with city dwellers every day? It was overwhelming to think about it. But when I was able to go to the West End for one night to see *Wicked* everything was forgiven. Being able to live in such an amazing city for two weeks was unbelievable. There were a million things to do at the weekends and such a massive animal population that one is never short of unusual and interesting cases . . . or cats with broken legs!

I wouldn't call myself a country bumpkin in Ireland, but I felt like one in London. There, no one says hello to a stranger if they're walking the same path together, and few people looked up from their morning paper or game of *Candy Crush* to see what was going on around them. The difference in culture, location and people was tangible – not disappointing, but, well, different. I will definitely return to the city when I am qualified and will welcome more shows with open arms, but I think this country mouse will happily spend the next two years going on more walks by the river and mooing back to cows before I leave it all behind me.

Ever walked your own puma?

By Jordan Sinclair (2nd Year, Glasgow)

Over the summer, I spent six weeks volunteering for Inti Wara Yassi in Bolivia. The charity was set up in 1992 and now runs three animal sanctuaries throughout the country. The park where I spent most of my time was Ambue Ari, which is home to over 20 large cats, two species of monkey and a few other exotic species.

During my trip to Ambue Ari, I was allocated a puma to walk every day, as well as being given other responsibilities involving looking after the 'house animals'. This included preparing food and cleaning enclosures for the birds, chonchos, tapirs and tejons. It was also important to provide different forms of enrichment for each of these species, tailored to their specific needs. On top of this, I participated in some essential construction work – building a new puma management cage and contributing to a set of monkey enclosures.

The UK organisation 'Quest Overseas' (www.questoverseas.com) is closely linked with Inti Wara Yassi and runs a summer project working with the animals every year. I used my time with Quest as preclinical EMS. It was an incredible experience and I loved every minute of it. I'd definitely urge other vet students to get involved, either through Quest or by going directly to Inti Wara Yassi.

A day in the life of a cat volunteer

Wading through a waist high swamp, being attacked by a swarm of mosquitos, I think to myself, 'What on earth am I doing here?' But after 15 minutes and a short trek through the jungle, Carlos's cage comes into view and I remember exactly why I'm there. I shout 'Hola, Carlos'



and we meow back and forth to each other until I reach the cage. He brushes up against the metal wire, wanting attention. I stroke him through the cage for a couple of minutes before calling 'Vamos!' and making my way to the doors – working with Carlos gives me a chance to practice my (limited) Spanish!

While I'm making my way around, he races through his cage with excitement, before stopping to wait patiently at the door. I unlock the cage and attach a rope to my waistband before entering the second door to get to him. He paces, rubbing up against my legs before sitting and licking my hands. I clip him onto the other end of the rope and open the doors. He tugs at the rope to begin with, leading me along the trail that he wants to take today.

I watch his every move, prepared to burst into a sprint when he leaps over a log or to unclip his rope when he ducks under a branch too low for me to follow him. He tries to stalk something in the bushes. I can't see what it is, so I stop him pouncing, trying to strike a balance between letting him be a puma and

keeping him from unseen dangers such as snakes.

As the day heats up, he stops to lie down and sleep a while. This is when my war against the mozzies really starts. Sitting still, I have little choice but to watch their ceaseless assaults on my skin, despite my sweating under numerous layers of clothing. After a time, Carlos appears to have rested enough and we continue on his trail. The rough ground and natural obstacles result in the rope getting caught between his back legs. I call 'Step over your rope' (hoping pumas are bilingual) and after a couple of attempts, he's free to walk normally again. I congratulate him: 'Muy bien'.

After a few hours of walking, we return to the cage and he utters a deep purr, craving more attention before I say goodbye. I give him a few minutes of fuss before looping his rope around a nearby tree and entering his cage to clean his feeding platform and sleeping area. Leaving his meat on the platform, I return to him, careful to watch for signs that he might pounce while I unclip his rope from the tree. When I do, he tugs towards the cage and we both

go through the first of the double doors. I unclip him from the rope and open the second door. He runs towards the platform, leaps onto it, grabs the meat in his jaws and darts into the bushes to eat in peace. Turning away, I lock the cage behind me and start the return journey through the swamp, not forgetting to call out 'Adios' as I leave.

■ For more information:
www.intiwarayassi.org

Volunteers at Ambue Ari.
 The charity says that volunteering with Inti Wara Yassi means being prepared for some hard but extremely rewarding work



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Malawian adventure

By Rachel Bragg (4th Year, Edinburgh)

Small animal EMS hasn't been at the top of my list when it came to booking placements, so what better way than to get some essential clinical experience than to do it while seeing a new country?

Malawi isn't the obvious choice when people talk about travelling to Africa and I did get a lot of puzzled looks from locals and expats alike when I told them I'd chosen to visit their country. Setting off on my own to spend five weeks at an RSPCA funded charity, the LSPCA, I felt a little daunted to say the least.

True to form, I was thrown in at the deep end on my first day. After stepping off the plane, we were presented with a baboon that had a large gash in its back; it had been confiscated by the police after being kept chained as a pet. It was sutured up and sent on to the Lilongwe Wildlife Centre, where it would be given time to recover and hopefully be rehabilitated. I found out later it had been nicknamed Mike after one of the volunteers at the wildlife centre. From then on, our patients were mainly dogs and cats, with the occasional rabbit, goat, chicken or pig to worm.

The LSPCA runs as a charitable organisation providing a private veterinary clinic and also a community

outreach programme. Each week we would spend two days in one of the more remote areas of Lilongwe, spaying and neutering as many dogs as were brought to us, or we could manage. I have never had such a big audience of intrigued children peering over my shoulder – not ideal when it's your first surgical experience. Each dog that we treated was also given a rabies vaccination and treated for fleas before being carted off, usually in a wheelbarrow.

The centre ran an educational programme for local schools, and the international school also sent a group of children each week to learn more about the responsibilities of pet ownership and basic dog training. Dog training took place each Saturday morning with people either bringing their own dogs or taking out one of the many stray dogs waiting at the clinic for rehoming.

Part of the volunteer's work is the advertising of the dogs that are up

for adoption. Many people come to the centre looking for either puppies or guard dogs, but there were also plenty of local dogs looking for loving homes.

Within the clinic it was interesting to see diseases like parvovirus so frequently, as we rarely see it in the UK. I was sad to see so many cases knowing how preventable it is, but it made me all the more motivated to help. Some of the more rewarding cases I saw came from having to be inventive with the limited supplies available and seeing the pride that children took in the good condition of their animals when they brought them along to the farm clinic we held.

The LSPCA is carrying on its good work, holding a dog show in September; and, in preparation for World Rabies Day on September 28, it had ordered 160,000 rabies vaccines (I should know, because I counted the vials out of the boxes, twice just to make sure).



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