

Food Animal Medicine -Yesterday's Fireman, Today's Practitioner, Tomorrow's Specialist

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Thank you, Dr. Larson, fellow bovine practitioners and guests. The general theme listed for this morning is "Current Topics That May Change Your Practice." I feel Dr. Larsen was an ideal veterinarian to be in charge of this section. I am sure you read the article which was written by him so ably recently in a veterinary magazine, "Yesterday's Fireman, Today's Practitioner, Tomorrow's Specialist." This is a wonderful trend. Topics he covered in his paper can definitely change your practice. But, why this change?

The dairyman is demanding this transition and economics are probably the big push behind this change. Observations and data that I have are from Wisconsin, possibly somewhat different than Dr. Larsen's or some other veterinarian's in the audience. We still are the number one state in dairying with over 1,000,000 cows; although we are losing numbers of cattle and dairymen. But, with those that are left, we are dealing with an intelligent, well-informed, educated, experienced dairyman. He realizes his problems and his capabilities. He has learned that preventative veterinary medicine is the only way for him to go although he still demands speedy, efficient service in an emergency, at least they do in Wisconsin.

This dairyman no longer has 24 cows in his herd (the average DHIA herd in 1942), but 70 (the 1973 DHIA average). His herd has raised in production from 8,000 lbs. of milk and 330 lbs. of fat to 14,000 lbs. of milk and 503 lbs. of fat—DHIA averages. These are good dairymen, the marginal ones have fallen by the wayside.

He is a man that delegates duties. He needs help in heat detection, noticing estrus abnormalities, in knowing whether that cow is ready for breeding and, finally, if she is pregnant or not. He needs help through a planned prearranged program. He needs help in recording these findings in a simple, efficient manner.

He has created a herd under stress. He needs help to prevent a catastrophe. His plan of feeding

this cow is no longer a simple grain ration and hay or pasture, but one of controlled feeding of different foodstuffs with a variety of compositions. He needs help and advice both in compiling the ration and also on cost figures.

Raising that heifer calf to milking age is another of his problems. This must be done fast, with economy in mind, and still creating a healthy individual.

The disease problem is constantly with him. We have always taken care of this factor, and he still needs our guidance, help and advice as to a vaccination program and disease control. Mastitis ranks high in this concern, as do respiratory diseases, the enteritis complex, foot rot, and other infections.

He expects his veterinarian to have some mechanical knowledge of his equipment in this machine age, especially his milking machine, and also his hay dryer, new forage harvester, new silo, new mill and many other devices. Knowing the cost factor of this equipment is also a must.

I said in the beginning of my talk that we as veterinarians have changed to a prearranged type of practice from a fire wagon type. Yes, and still as I look back at the concept of the tuberculosis eradication in the 1940s and the brucellosis program in the 1950s, these were planned. Maybe not always by the practitioner, but he was an integral part. Practitioners planned their attack there and have made great advances.

Our problems of today are really no different: nutrition, infertility, mastitis, worming, vaccination programs, cost figures, record keeping and others. All need a prearranged approach. No one way is right. Each veterinarian has his own. No one way is right for every dairyman. Each place takes certain adjustments.

Am I saying that a fireman was all wrong? No, not by any means. Dr. Fox, I am proud that I was one of this vintage. I would not trade half of what I learned for a million dollars. Nor will I stop today

going on a call when needed. I have not eliminated the rough O.B., the bad everted uterus, I still look at foot problems, I still contend with a bad *E. coli* mastitis or a *Salmonella typhimurium* infection, a group of bloated cows, some heifers with nitrate toxicity, or what may be any emergency. Possibly this is different in other states, but in Wisconsin, even though program practice is well instilled, we still do not sit behind a conference table all day. This is not saying that conferences are wrong. They are a necessary item in today's practice.

The knowledge one gains on these emergency calls often makes your program practice easier and definitely answers questions. I have much more success on the farm where I treat the milk fever or the acute mastitis or the ketosis. I am not saying I do it all, as some of my clients are treating by themselves more and more. But, I like to have knowledge of these disorders, especially in nutritional work, infertility, milk quality control and others. A good modern-day practitioner still has a full scope of all veterinary problems.

As for a specialist, I am sure this phase of veterinary medicine is coming; no doubt it is here. But, that specialist needs a full and complete history of the herd to be successful.

These specialists are often working as a consultant to private practitioners. I feel this cooperation is necessary.

Reminds me of the story of the Tom cat that was castrated. He gave up his house calls to become a consultant.

No, I still feel that being a fireman did not hurt me. As I told a student last week, "I know all the colleges are stressing program-prearranged practice concepts and this is wonderful. But, don't you, as a student and an individual, forget to learn good veterinary medicine, good diagnostic procedures, and good therapeutics while in school. One can learn a lot about economics, program health, nutrition and other problems when on that milk fever, O.B. or other emergency on a client's farm just in conversation with him. This knowledge may also be used on another dairy herd.

I know Dr. Larsen, and possibly others in the audience, may not agree with my last statement, but this is the way I learned and the way I feel. I know I would have been ignorant if I had started the program concept of practice to the degree I do today when I first graduated. Possibly our new graduates are much more informed and more qualified than I was at graduation.

What topics are or will change my practice? There are many and one can not elaborate on each topic. There is nutrition with 1) the protein

problem; 2) the use of non-protein nitrogen-urea; 3) the fiber with resulting digestive upsets, displacement, butterfat test; and 4) the energy source. There is the new therapy in the infertility field 1) prostoglandin, anestrous and heat prediction; and 2) Hypothalamus releasing factor in cystic ovaries. The problem of feet 1) with foot rot; and 2) laminitis, possibly a constant problem in the future with confinement and heavy grain feedings. The topic of dispensing drugs. The topic of prices—how do you charge? The topic of mastitis control. We will also face the topic concerning breeding efficiency. I feel this one alone has kept me busy, made me more money, raised my client's veterinary bill, but made him money also.

In infertility counseling, I stress early breeding, both as a heifer and after calving. Dr. Whiteman of Madison reported his findings on early breeding following calving only last year at our Milwaukee convention. By breeding at 40 to 60 days post calving, the calving interval can be cut to 11 months from a 13 or 14-month average when breeding at 90 to 120 days. Days open can be cut from 120 to 60 days.

I have used this in some of my herds for several years. We all know that in other species, such as the horse, the pig, or the human, breeding back immediately after birth is when fertility is the greatest.

To do this, one must stress in the cow, the checking of individuals early after calving; 15 to 30 days post calving. Check for involution, cysts, infections, or other disorders. Treat them early. Be sure they are normal and ready to breed at 40 to 60 days when heat is shown and recommend this only in herds where the cows are examined. I am sure they settle better and they develop fewer problems.

I have also recommended feeding the heifers well so they develop and can be bred at 13 to 14 months instead of 16-18. Here I find the older the heifers get, the more problems I have with fertility.

Dr. Roger Meads, a colleague in Wisconsin, related an interesting aspect of this same concept of early breeding. Say your heifer is 17 months old when bred; 26 months old at calving; with a 14-month interval (common today). She would be 40 months at second calving; 54 months at third calving; and 68 months at fourth calving. Instead, say you breed her at 13 months (well grown) at 22 months first calf. With 11-month interval (with herd health work) she would be 33 months at second calving; 44 months at third calving; and 55 months at fourth calving.

It has been said that a cow does not make any

money for a dairyman until the third month of the third lactation. When amortizing all the expense of raising the cow from a calf under the old way, she would be 57 months before she showed a dollar return.

Under the early calving concept, 47 months. This could amount to quite a sum over a few year's time.

All this takes concerted effort by the dairyman and you, the veterinarian.

But, raising that calf right, along with early breeding, is a topic to employ.

Another topic of concern is the feeding practice commonly employed today. We as practicing veterinarians have become aware of the abomasal displacement, the stomach ulcers, the fatty cow syndrome, the drop in butterfat test; all are possibly related to feeding practices, feed storage, feed preparation, and feed content by our dairymen. We must alter or correct these ways he has employed. Only yesterday hay, dry hay, long stem hay, was given as the answer to these maladies. In my practice area, we are finding it hard to locate available hay. It is not prepared in the quantity as it once was. Possibly it will take premixes, or a new method of feeding.

May I only mention the topic of laminitis in dairy cattle. This is a major problem today. With the increased grain feeding, the method of housing and confinement, founder in new heifers is a

serious problem. After being on a soft manure pack in pasture, they are locked in a stanchion, put on cement, and are given an increased grain diet. Many develop sore feet; a typical laminitis with extensive hoof growth, deterioration of the protein in the hoof, and a tilting of the third phalanx. Abscesses develop. This is a major problem today.

I must close. I have only brushed the surface of the challenge confronting the modern dairy practitioner in program work. I know I have created more work for myself, not less, and this work is definitely more satisfying. I am really ready for bed each evening.

Reminds me of the story of the two lions at the bar drinking double shots. After a couple of drinks, a beautiful, "curvacious" barmaid came in and sat down at the other end of the bar.

One lion said to the other, "I could go down there and eat her." After one more shot, he did go down there and ate her. Soon he remarked to the other lion that he was getting sleepy.

The other lion immediately replied, "Oh! That was that bar bitch you ate."

I hope I haven't done the same to you. I do hope we of the AABP have stimulated you in some manner the last few days in this continuing education program to make you more valuable to our profession, to your clients, to society, and finally to your family.

Thank you for your attention.

Cow Calf Industry

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The topic of this paper should probably be titled "The Cow Calf Industry, The Most Inefficient Food Animal Production Unit Known to Man."

Who is to blame? Environmental conditions? Ranch managers? Governmental agencies? Lack of research? Our veterinary colleges? Feed and drug salesmen? The ranchers themselves? Loopholes in our income tax structure? Our own veterinary code of ethics? Various cattlemen's associations?

Anyone or all of the above can be looked upon as obstacles, or as challenges to be overcome by the aggressive practitioner who is willing to realize his obligation, not only to his client, but to feeding the ever-increasing population of the world. The

veterinary food animal specialist must learn how to use the above mentioned obstacles to his advantage rather than blame them for his shortcomings. While there is a definite increase in the interest of so-called herd health programming in the beef cattle industry—I have yet to find anything published which deals with a comprehensive study aimed at long-range programming of management, range conditions, nutritional requirements, reproduction, disease control, animal identification and selection, physical layout and last, but definitely not least, marketing.

The beef cattle industry has the tastiest, most nutritious, and most desired food animal product