

## A Message From The President



There are a couple of characteristics that are frequently attributed to veterinarians; that we tend to be excellent problem solvers, and we are quite versatile. Some have suggested that the selection process for veterinary school, as well as the nature of the profession itself, tends to naturally select for those personal attributes. But maybe, instead, it is the prolific amount of advice, constructive criticism, insightful questions, and great respect we receive from our clients beginning very early in our careers.

You probably know what I mean—every veterinarian I have ever met has examples. As you are trying desperately to hit a vein on a comatosed and dehydrated calf, your client says, “Maybe this one didn’t come with any blood, doc,” or maybe, “Did you ever do this before?” Or as you are straining to determine if the 30-foot uterus in that elephant sized cow contains anything worthwhile, the owner suggests, “That’s OK, doc, I’ll have my neighbor Sam come over—he can tell.” If you try to defend yourself with something like, “Hey, my mama didn’t raise no fool!” the reply is likely to be, “Well then who did raise you?” Of course we frequently get the uplifting comments regarding career achievement. An example is, “I would have gone to vet school, but I didn’t have the money.” Or, “I’d do this myself, but I don’t have all them fancy tools.” At least the young people make you feel good with, “Like, um, did you like have to go to school and stuff to be a vet?” During times of travail, we often receive the most help. An example is one instance in

which I was approaching in a crouched position the south end of a north-facing cow bucking in the squeeze chute. An eruption of volcanic proportion occurred from which there was no escape. This caused my world to go dark—actually greenish-brown. The advice and comments then flowed almost as profusely as the recycled meadow grass that was the source of my discomfort. One cowboy, in a stereotypical comment allowed, “Can’t be that bad, doc, it never hit the ground.” One, trying to be sympathetic, asked, “Does that hurt anything, going into your ear like that?” Another, doubled over in uproarious laughter, managed to offer his attempt to look at the bright side, “If you hadn’t had your mouth open, you’d have it all over your face!”

Comments like the above were generally well intended, and all in good fun. And, as time goes by they become more humorous than they seemed at the time. But unlike the above examples, I have received a great deal of valuable advice and helpful assistance over the past three years as I have gone through the AABP officer trail. I would like to again thank the many individuals that have provided this assistance. As I have mentioned before, the amount of work done by many of you on behalf of AABP and for the good of the profession is truly remarkable. I am confident that we can continue that “culture” within AABP.

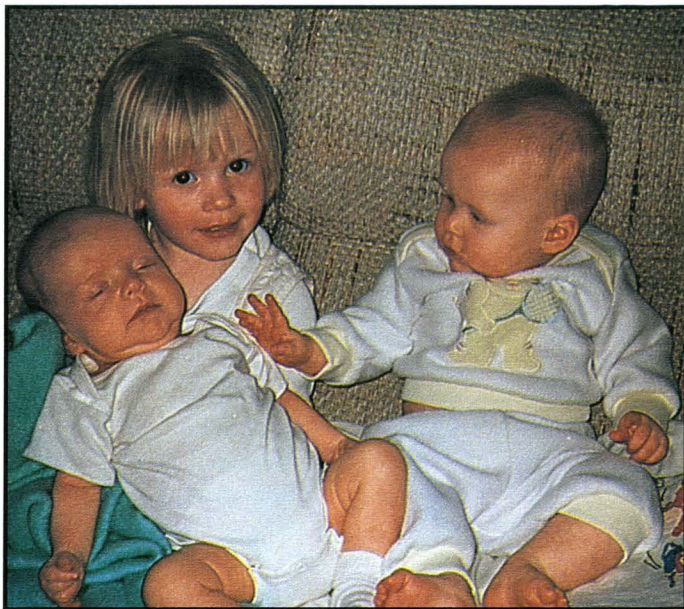
It has often been said, those that show up for the meetings run the world. The same is mostly true with AABP, or any organization. If you have not been participating actively within the organization, I would encourage you to find a way to do so. It is a wonderful way to get to know, and learn from, a wide variety of very talented colleagues. Other than lifelong friendships developed in veterinary school, organized veterinary medicine is responsible for a large number of the friends I have within the veterinary profession. In addition to the personal rewards, participation is also a way to help



positively affect the profession and the cattle industry that we serve.

**One of the primary issues occupying our attention over the past year is food safety, specifically the concern over bacterial resistance taking center stage recently. I believe we have made progress in this area, by helping to bring science and reason to the debate. However, I also believe that the general issue of food safety will continue to be the dominant issue for the foreseeable future. As an organization and as individual veterinarians, we need to continue to search for ways to provide leadership in this area for the food producing industries we serve. We should all try to be sure that we are part of the solution, and not part of the problem.**

One of the highlights of 1998 for me was the opportunity to represent AABP at the World Association for Buiatrics Congress in Sydney, Australia. AABP had a strong showing of members in attendance, including sev-



eral other members of the Board of Directors. We were shown wonderful hospitality, and we had a chance to visit with many friends and colleagues from around the world that were in attendance. Dr. Jarrett arranged for an AABP booth in the exhibit area, which was frequented by a large number of those in attendance. Several AABP members assisted with staffing the booth—my thanks to everyone for those efforts. At the time of this writing, the Spokane Annual Conference is still in the future, but I'm sure it will be a 1998 highlight as well.

**I would like to thank the entire membership for your hard work, assistance and patience over the past year. It has truly been an honor to serve. Thank you.**

Best Regards,

Jim Sears, DVM



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**Baytril® 100**  
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**100 mg/mL Antimicrobial  
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For Subcutaneous Use In Cattle Only  
Not For Use In Cattle Intended For  
Dairy Production Or In Calves To Be  
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**BRIEF SUMMARY:** Before using Baytril® 100 (enrofloxacin) injectable solution, please consult the product insert, a summary of which follows.

**CAUTION:** Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. Federal (U.S.A.) law prohibits the extra-label use of this drug in food producing animals.

**INDICATIONS:** Baytril® 100 (enrofloxacin) injectable solution is indicated for the treatment of bovine respiratory disease (BRD) associated with *Pasteurella haemolytica*, *Pasteurella multocida* and *Haemophilus somnus*.

**DOSAGE ADMINISTRATION:**

**Single-Dose Therapy:** Administer once, a subcutaneous dose of 7.5 - 12.5 mg/kg of body weight (3.4 - 5.7 mL/100 lb).

**Multiple-Day Therapy:** Administer daily, a subcutaneous dose of 2.5 - 5.0 mg/kg of body weight (1.1 - 2.3 mL/100 lb). Treatment should be repeated at 24-hour intervals for three days. Additional treatments may be given on days 4 and 5 to animals which have shown clinical improvement but not total recovery.

**Baytril® 100**  
(enrofloxacin) *Injectable*

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**HUMAN WARNINGS:** For use in animals only. Keep out of the reach of children. Avoid contact with eyes. In case of contact, immediately flush eyes with copious amounts of water for 15 minutes. In case of dermal contact, wash skin with soap and water. Consult a physician if irritation persists following ocular or dermal exposures. Individuals with a history of hypersensitivity to quinolones should avoid this product. In humans, there is a risk of user photosensitization within a few hours after excessive exposure to quinolones. If excessive accidental exposure occurs, avoid direct sunlight. To report adverse reactions or to obtain a copy of the Material Safety Data Sheet, call 1-800-633-8405.

**WARNING:** Animals intended for human consumption must not be slaughtered within 28 days from the last treatment.

Do not use in cattle intended for dairy production.

A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

**PRECAUTIONS:** The effects of enrofloxacin on bovine reproductive performance, pregnancy, and lactation have not been adequately determined.

Subcutaneous injection can cause a transient local tissue reaction that may result in trim loss of edible tissue at slaughter.

Baytril® 100 contains different excipients than other Baytril® products. The safety and efficacy of this formulation in species other than cattle have not been determined.

Quinolone-class drugs should be used with caution in animals with known or suspected Central Nervous System (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to convulsive seizures.

Quinolone-class drugs have been shown to produce erosions of cartilage of weight-bearing joints and other signs of arthropathy in immature animals of various species. No articular cartilage lesions were observed in the stifle joints of 23-day-old calves at 2 days and 9 days following treatment with enrofloxacin at doses up to 25 mg/kg for 15 consecutive days.

**STORAGE CONDITIONS:** Protect from direct sunlight. Do not freeze or store at or above 40° C (104° F).

**HOW SUPPLIED:** Baytril® 100 (enrofloxacin) Antimicrobial Injectable Solution:

Code: 0236                      100 mg/mL                      100 mL Bottle

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*AABP Board of Directors at Headquarters in Rome, March, 1998.*