folks think a lot of, as you can see by this license plate. Beef and Dairy Farming are big portions of Tennessee Agriculture, as evidenced by several signs.

You'll notice that I have 2 topics on the program tonight.

The 1st one is entitled "Mineral Oil in Wide-Mouthed Gallon Jugs." Little ideas like this sure are convenient in practice. We started using these when I got tired of pouring Mineral Oil out of small-mouthed gallon jugs into my stainless steel bucket, and then trying to get it clean over the next few days. I had a brainstorm and started using wide-mouthed gallon jugs. We filled them up to where the sides start tapering in at the top. This leaves room for Magmilax Powder, DSS, Terkaps, or anything else you might want to add.

We bought Mineral Oil in 55 gallon oil drums, which is much cheaper, and of course it's easy to dispense. A readily available pump was used to fill the jugs. The type with a curved spout is made just right to set a gallon jug underneath for filling. There are 2 kinds of gallon jugs. One has a screw top, and the other has a snap top. The screw top is far superior since the lid stays on better.

For treatment, we used to use a metal stomach pump, but we had trouble keeping them working, so we started using a bilge pump, which only cost about $15.00. They're available at most boat and marine supply stores. A trip to the hardware store to get a PVC pipe fitting, and some metal pipe fittings brought the taper from the size of the bilge pump discharge down to the inside diameter of the flared end of a stomach tube. It works real well.

Well that's the end of my 1st talk. It didn't take quite 5 minutes I don't think. While I'm waiting for my 2nd talk to begin, I thought I'd add some information that I'm sure will be invaluable to some of you in your practices. While I was in practice, I learned that there are several things important as basic concepts to apply.

One was that it was important to hire good help. Ones that were ready to go at any hour of the night. Also ones that were dressed appropriately for the job, and that got along real well with each other. It was also handy if they didn't have weak stomachs.

Another thing is client education. You never know what level of education your clients have, so they must be talked to so that they can understand recommendations.

Milking Procedure is also an area where recommendations have to be made sometimes, hopefully for the better. Crossbreeding is also an area where veterinarians can lend valuable expertise.

After not too long in practice, I found that if your clinic wasn't too fancy, that didn't matter too much, just so you had a big parking lot, so that people didn't get into a tight place parking or turning around.

Signs are also a great service to the public, indicating what they can find there, and what sort of service they can expect.

If a clinic needs to diversify, there are several ways that can be done.

Plaster of Paris Cast as a Block Under the Good Claw in Footrot Treatment

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Well, it looks like it's about time for my 2nd talk to start, so I'd better address the subject "Plaster of Paris Cast as a Block under the Good Claw in Footrot Treatment."

I practiced out of a ¾ ton Supercab Ford with a ½ bed unit in it, and found that I really liked that arrangement. I had a half a bed left back there where I could haul a calf, hog, Boy Scouts, or a load of feed. The extra area behind the seat was used for dispensing items and also other equipment. I tried to carry equipment and supplies that could be used for more than one procedure, to save space. Plaster of Paris was one of these. Since I got along real well using this footrot treatment, I never started using these wooden blocks that are glued under the good claw. However, it is supposed to work real well also.

Our procedure on a mature Holstein cow was to give 0.2 cc of Rompun in the tail vein, and lay her down with 2 half hitches. After securing all 4 feet, a good sharp hoof knife was used to remove all the necrotic tissue, and open up any subsolar abscesses. I like to use exam gloves for this. They keep everything clean; keep a veterinarian conscious of his hands, and it looks better to the client. It's just another little thing that contributes to practicing quality veterinary medicine.

I always approached footrot the same way a dentist does a tooth cavity—getting down to healthy tissue before proceeding with the treatment. Whittling away everything but healthy hoof, and exploring possible puncture tracts gets the hoof ready. When we're down to healthy hoof, we put strong iodine and a good portion of nitrofurazone salve in the affected areas, and cover them with gauze sponges. This is held in place with wraps of cast padding that cover both claws, and on up on to the pastern.

The 1st roll of plaster of paris is applied in such a manner as to hold the gauze sponges in place and cover all the cast padding on both claws and up around the pastern. ½ of the second roll is rolled off until there are 2 rolls of equal size, and they are torn apart. One ½ is soaked in water and mashed to form a block to place under the good claw. It's

held in place by wetting the other ½ roll to wrap with, to accomplish this. A 3rd roll is often used to make sure that the cast is good and sturdy. It's wrapped all over the previous casting to reinforce it everywhere.

When it's dry, the final step is to cover the cast with Elastikon or duct tape to help it shed water and last longer. When Elastikon is used, a couple of wraps with adhesive tape or duct tape should be used when finished to keep the end of the Elastikon from contracting and peeling off. When duct tape alone is used, applying it in strips 8-10 inches long makes good coverage without having to wrinkle it up so much when smoothing it out to the shape of the cast.

We don't give any antibiotics unless complications arise later. Many cows walk much better just 2-3 days after treatment, even though it looks like there would be equal pressure on both claws with each step. It doesn't seem to work that way, as long as the block is the weight-bearing surface. If they continue to improve, we just let the cast wear until it is no longer serving any useful purpose, and then it's cut off, hopefully a week or 2 later.

If she's still lame 4-5 days later, or she's obviously getting worse before that time, we lay her down again. The cast is removed and we look to see if there is something we missed. If there is, we redo it, put iodine and nitrofurazone salve up in there, and recast it.

If the coffin bone is affected so that it's gritty and crunchy when the abscess area is explored with your finger, or if the hoof is separated from the sensitive laminae, there is hardly anything that can be done except claw amputation or slaughter. Since she was given no antibiotics when the 1st cast was put on, she can be shipped anytime. If a 2nd cast is indicated, a shot of 25cc of Tylan 200 plus 10 cc of Predef 2x is given, and proves to be a handy adjunct in these cases that are stubborn. Most, however, respond well if the coffin bone is not involved, and if a good thorough job was done the 1st time.

By not giving antibiotics, the farmer can continue to sell the milk, and have a quicker option if the foot is totally unresponsive. This makes this veterinary call cost him that much less.

I'd like to leave you with one thought. When you get to the forks in the road, often you'll know which fork to choose if you'll follow this little bit of advice: "Ox in the Ditch Every Sunday? Sell the Ox or Fill Up the Ditch!"

Radiographic Evaluation of AI Technique

Dr. Charles Gardner
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Radiographic Evaluation of AI Technique

I'm going to be telling you about a little project we do in our practice which has been interesting for us and I think quite helpful to our dairymen who breed their own cows or who inseminate their own cows. It basically involves using our radiographic equipment to evaluate where we place the insemination rod and where they deposit the semen. I got the idea for this project at a meeting when some people at Penn State told us about doing a research project where they developed this technique and evaluated a lot of professional inseminators and a lot of herdsman breeders. They found that somewhere in the vicinity of 50 percent of these peple placed the rod incorrectly at least some of the time. So they thought it was a significant problem.

The Penn State personnel devised and constructed a little platform where they place the radiographic effect. There's a piece of plexiglass about 3/4 of an inch above that. Then they layed out a reproductive tract on top of the plexiglass. It is anchored on this end and on the other end is a rubber band and some clips to loosely attach it to the other end. It is quite loosely attached so the person who is working with it can move it about and hopefully to a certain extent imitate what is going on inside a cow. Now it is not perfect by any means, but we hope maybe it is reasonable. Above the reproductive tract is simply a nylon stocking or something like that stretched out and that is designed to imitate the rectum. When we are ready to evaluate the individual we have him step up to this, put his arm into the nylon stocking, and place the breeding rod into where he thinks is the proper location. When he has done that he steps back away from this, totally away from the field so that he is not exposed to any radiation. Then the cassette is exposed. We then change the cassette or move it to the other half of the cassette and the individual comes back, checks where he's placed the breeding rod, and then he infuses a radio opaque dye. Then we expose the film again and then of course we develop it. Now this was Penn State's setup. I worked in cooperation with our local county agent. He did an awful lot of the leg work, and so on, for this. He built the actual device that we use. It doesn't look nearly as fancy as Penn State's and we did modify it a little bit. What we had imitating the rectum was too high. We had to lower it down some. But it essentially does the same thing. We had a Bowie portable x-ray unit and we found that with that we simply couldn't set it low enough to get the exposure right. We ended up moving into our main hospital and using our small animal machine and that did a better job for us. We place a piece of plastic so that the individual who's doing it can't look down and see where the cervix is and where his hand is located. Again, the