

Further thoughts on the use of bovine somatotropin

Dear Sir:

Upon reading of "tabloid status" for the *Canadian Veterinary Journal* by Dr. John F. Burlet (Can Vet J 1995; 36: 264) due to a letter by Mirza Teunissen (Can Vet J 1995; 36: 6), regarding bovine somatotropin (BST), I detect 2 huge oversights that we "professionals" are all subject to.

1. We tend to encompass in our thoughts only the experience and evidence in hand on a subject. Some may refer to it as the "knee jerk." We do not, in the beginning, consider the unknown side of the question. That sometimes comes later.

All motivation to action carries a balance between do and don't, each with a weighting of known effect and unknown effect. Filling in those unknowns is what we spend our waking hours on. Call it risk assessment. In this case, Dr. Burlet cites his extensive contacts with users who are "unanimously supportive" of the use of rBST; one is even a manager of an early trial herd. The implied conclusion is therefore that all users are supportive. The oversight is failing to assess any space at all for the unsupportive, who have simply not been counted. All the users cited by Dr. Burlet could have been circumstantially selected by their positive bias to the product, because that is the way the cookie crumbles in day-to-day encounters with a sample. Testimonial from oppositely biased users is traditionally late in coming, and from nonusers, virtually never does come (it has to be sought after).

Since the balancing voices are not being heard, a reasonable space must be provided in the equation for them right now. Failure to employ this predictive technique leads to greater error.

2. Mrs. Teunissen's letter is as legitimate as any other sent to the page, and it would do veterinarians credit to read her material with insight. She is as studied on the matter of rBST as most veterinarians in this corner of the country and more so than some. For me, the fact that Mrs. Teunissen, from a dairy farm perspective, has made her concerns known to us is enough to cause me to take her concerns seriously. We must not belittle them or set them aside. The issue of rBST is broader than veterinary medicine. Farm organizations and milk control boards should not remain aloof but take on advisory roles in the BST debate. And veterinarians too, instead of nodding their heads to the evidence as served up by the promoter, could do better by adopting a slogan like "Milk from contented cows, not needed ones."

Recommended reading

Dillard A. Annie Dillard Reader. Toronto: Harper Collins Canada, 1994.

Mason JM, McCarthy S. Why Elephants Weep. New York: Delacort Pr, 1995.

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Treatment of canine sarcoptic mange using milbemycin oxime: A correction

Dear Sir:

I am writing in reference to our paper entitled "Treatment of canine sarcoptic mange using milbemycin oxime" (Can Vet J 1995; 36: 42-43). In the discussion, we state, "Adverse reactions were not observed in collies known to be sensitive to ivermectin (macrocytic lactone sensitive) that were treated with milbemycin, 10 mg or less/kg BW." This sentence should read, "Adverse reactions were not observed in collies known to be sensitive to ivermectin (macrocytic lactone sensitive) that were treated with milbemycin oxime less than 10 mg/kg BW."

The reference given for our statement is the study of Blagburn BL, *et al* (12); this is an error. The correct reference should be: Tranquili WJ, Paul AJ, Todd KS.

Assessment of toxicosis induced by high-dose administration of milbemycin oxime in collies (Am J Vet Res 1991; 52: 1170-1172). This study showed similar adverse reactions, when collies were administered ivermectin or milbemycin at 20 times the recommended monthly dose. Trials reported in the incorrectly quoted study only involved the administration of no more than 2.5 mg/kg BW of milbemycin oxime to collies.

I regret this error and apologize to the above-mentioned authors of both studies, as well as to the readers of the *Canadian Veterinary Journal*.

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