LETTERS TO THE EDITOR

DEAR SIR:

I would like to express, through the Journal, my thanks to those hospitals who volunteered for inspection this past year. I would especially like to thank those hospital owners who operate an office type or "limited service" type of facility.

Our inspection form at the present time has a number of requirements for surgical, laboratory and exercise facilities which, if absent, may preclude accreditation by the CVMA. We will be spending part of the next year establishing criteria for these changes in our practice methods.

Sincerely,
J. A. HUTCHISON, D.V.M.
Chairman, CVMA Hospital and Clinics Committee
1814 Bank Street
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DEAR SIR:

Blood transfusion in large animals is simple, highly effective, and should be more widely used. Green (Can. vet. J. 15: 178. 1974) has described an effective means of transfusion. Under emergency conditions, however, when the equipment used by Green may not be immediately available, considerable volumes of blood can be easily and simply transfused using materials which would be immediately available in most practices. The only requirement which might be difficult to obtain would be sodium citrate. The technique I used for many years has been described (Swarbrick, Vet. Rec. 74: 206. 1972). Sodium citrate may be obtained in tablet form for inclusion in infant milk bottles and I have found this extremely satisfactory.

During transfusion some care must be taken not to administer the blood too fast and to watch carefully for early signs of anaphylactic reaction which can occasionally occur. I have never been able to understand the rapid improvement which can follow the transfusion of even small volumes of blood (one to three litres) to anaemic cattle, as it appears that the volume administered is out of all proportion to the size of the animal.

Yours faithfully,
OLAF SWARBRICK, M.R.C.V.S.
The Cricket Field
Fontwell, Arundel
Sussex, England

DEAR SIR:

I am replying to the letter "Mycoplasma genital tract infections in cattle" by Dr. N. G. Anderson on page 95 of volume 15, No. 3, 1974 to indicate that work is being conducted in the areas suggested by Dr. Anderson and also that infection does not imply disease. The prevalence of mycoplasma in the apparently normal external reproductive tract of both the cow and the bull, and of these organisms in semen and in aborted bovine feti is presently under study at this laboratory.

In one season 21% of cervico-vaginal mucus samples collected from 633 first and second calf healthy cows with normal breeding histories yielded mycoplasmatales. The species isolated and the incidence of recovery were T strain – 13%; *M. bovigenitalium* – 12%; Leach Group VII – 1.2%; *A. laidlawii* – 0.4%; *M. bovirhinis* –0.3%; and untypable – 0.15%. The samples were collected from 110 herds and recoveries of one or more of the above organisms were made from 45 herds. In a second season tests of 450 animals gave comparable results although the data have not been analyzed in detail as yet.

Preputial secretions and semen from 60 and 110 bulls respectively have been cultured for mycoplasma. The species isolated from the bulls, with one exception, were the same as those isolated from the cows; the overall recovery rate from each sex is apparently similar; the rate of recovery from the prepuce is much higher than from semen; there does not appear to be a correlation between either the presence of, or the species recovered from the prepuce and the recovery of these organisms from semen.

We have not been able, up to this time, to obtain data which would indicate that these organisms are directly related to reproductive

failure. Since the first isolation of *M. bovigenitalium* by Dr. G. G. Edward in 1947 many studies of this question have been conducted and even though this species of mycoplasma has been isolated from infertile cows and the genitalia of bulls both normal and abnormal, its relationship to genital disease is still uncertain. A pustular vulvo-vaginitis has been produced experimentally only by abrasion of the tissue and application of the organism. *M. agalactiae* var. *bovis* can, experimentally at least, produce upper reproductive abnormalities in the cow and infertility. *Acholeplasma laidlawii* has been associated with infertility in the dairy cow. There are no data available to us on infertility due to T strain in either natural or experimentally infected cattle. In the human infertility is probably one result of T strain infection. We have observed a high incidence of symptomless T strain infection in some herds.

Our preliminary studies, on the presence of mycoplasma in aborted bovine feti, suggest that the prevalence of fetal infection is low; in only one herd do we suspect a mycoplasma as a possible cause of abortion. In this instance the same species of mycoplasma was recovered from the stomach contents, liver, spleen and lung of three aborted feti (placental tissues were not available); histopathological changes were observed in the fetal liver and a serological response was demonstrated in the only dam tested.

The following species of mycoplasma infect western cattle and, based on recovery in pure culture and serological studies, probably cause the disease syndromes noted: *M. agalactiae* var. *bovis* – pneumonia, arthritis, synovitis, pleuritis and mastitis; *M. bovigenitalium* – mastitis; Leach Type VII – abortion.

In conclusion, I join with the others who agree with Dr. Anderson that more knowledge of the prevalence, the place of mycoplasmatales in the normal flora and their pathogenicity is important. There are Canadian workers at all levels of the veterinary profession and microbiologists working in veterinary microbiology who are interested in this unique group of organisms. Two major scientific groups devote sectional meetings to reports on research related to these organisms.

Yours respectfully,
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DEAR SIR:

Since the Department of Clinical Studies, O.V.C., has announced an "open door policy" in order for its students to gain the necessary clinical exposure, I would like to make some suggestions.

Firstly, if the Department does in fact realize an increase in case load, can they not employ more students in more routine surgery, thereby eliminating the very distasteful need for surgical exercise animals?

Secondly, every practitioner meets people every day who cannot afford surgery or medical expenses for their pets. Why don't senior students organize themselves to provide low cost services – much as the mobile veterinary-humane society vehicle does? Most practitioners would be glad to refer these patients.

Thirdly, that the students (senior) work in association with the local humane societies to provide a low cost spaying and neutering program.

I hope that the O.V.A. Council, the Department Heads and the students consider my suggestions.

Yours sincerely,
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