

## Veterinary life 50 years ago was not dark ages

Dear editor,

I must take exception to the final paragraph of Sarah Platt's letter (January 25 issue), in which she refers to "the level of care the profession provided 50 years ago, when treatment for pets was based on euthanasia and neutering".

As a 1951 graduate – 59 years ago – I found that when I entered small animal practice, much of the work involved dealing with infectious disease, plus a broad range of surgical interventions beyond neutering (fracture repair, cancer surgery, pyometra, ear and dental operations etc). Clinical expertise was an essential part of combating the then wave of distemper/hardpad that came close to decimating the canine population – apart from the routine care of a caseload much like that of today. In fact, Ms Platt's description would not even apply to the great London practice of Delabere Blaine and William Youatt in the early 1800s; their records show the main concerns were rabies, distemper, mange, "worms", goitre etc.

The founding of the BSAVA – which is now 54 years old – was driven by a thirst for more scientific input to improve on the then-available procedures. And to take Ms Platt specifically to task, she may like to know that 50 years ago (her choice of dates), issue one, volume one of the *Journal of Small Animal Practice* – dating from its launch in 1960, when I was editor – included, among other papers, articles on halothane anaesthesia in canine surgery, diseases of the monkey, and orthopaedic surgery in the cat. These articles describe a standard of work and care that, for the time, was both sophisticated and pushing ahead, including successful routine fracture repair based on palpation (imaging technology was not usually available). This is now a little-practised art – because of a lack of the sophisticated diagnostic tests now available – possibly a more perceptive clinical examination procedure.

It would be silly to try to draw invidious comparisons; without question, the practice of small animal medicine and surgery has made enormous strides, and will continue to do so. However, I would like to assure Ms Platt that 50 years ago was not the dark ages – in fact, to some of us, it seems just like yesterday.

Yours faithfully,

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## Clarifying comments on official veterinary work

Dear editor,

My comment in the article "Vets urge BVA to toughen stance on LVI discussions" (news, February 15 issue) requires a degree of expansion and clarification. I believe the BVA's stance in relation to OV negotiations is wholly appropriate, having received its mandate through both BVA and BCVA council representatives, who, in turn, were backed by members.

The negotiations will continue and, unlike the implication contained in the article, I agree that it is not appropriate for the BVA to advise individual practices on whether to continue undertaking OV work in general. However, professional bodies may have a role in helping practices to understand the mechanics of profitability and fee structures, so that they may use this knowledge to make strategic decisions appropriate to their own practice with respect to individual OV tasks. I believe this could be a useful service for members, and I am aware that it is under consideration by SPVS.

Yours faithfully,

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## Stalled OV negotiations offer chance to learn

Dear editor,

I believe the BVA's recommendation for a practice-by-practice decision on whether to continue official veterinary (OV) work (news and letters, February 15 issue) has three possible outcomes:

- Practices will continue to do OV work for current rates.

- Large numbers of practices will drop OV work quickly. This would send a signal to the BVA that its recommendation matched the mood of most practices, rather than representatives of a few.

- Practices will steadily drop OV work through 2010-2011. If this happens, the BVA cannot know if it is vindicated in its recommendation, or whether this is just a natural decline as practices make business decisions anyway.

It will be instructive to see what follows, but there are some indicators. A number of large animal practitioners have informed me they do not want vets from other practices or businesses on "their" farms doing testing under any circumstances, and they will continue OV work anyway because of the fear of lost drug sales. If this was always the case, the premise of the BVA's negotiating stance would appear to be baseless, and it would beg the question of why the BVA thought it had a remit to negotiate.

Although some BVA presidents have referred to OVs as "stakeholders" and "partners" with DEFRA, Animal Health and the farming industry, my experience is that for OVs this was all hollow rhetoric.

The negotiations for enhanced OV remuneration and terms have failed. The BVA played its part and, although budget constraints have prevailed, something should be learned from this exercise.

The rhetoric of the association's presidents, and not recognising what I consider to be the venal interests of those who successfully influenced the BVA to its point of view – without any checks – should be recognised as some of the BVA's failings. I would have hoped for more realism and less naivety from the BVA during the process, followed by a willingness to discuss the failure, but this has been sadly lacking. The BVA was, no doubt, earnest and willing, but the road to hell was always paved with good intentions.

Yours faithfully,

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## Update on microchips' connection to database

Dear editor,

Virbac has become aware of a potential problem regarding some microchips, prefixed 978, being sold in the UK, which are not logged on the Virbac BackHome database.

These are not BackHome microchips. The prefix number 978 refers to the manufacturer of the microchips, rather than to Virbac as such. As this manufacturer also provides these microchips to a distributor other than Virbac, some microchips that bear the prefix number 978 on the UK market cannot, therefore, necessarily be considered as having been distributed by Virbac. All Virbac BackHome branded microchips are registered under the BackHome database, which is linked to the central database. Therefore, Virbac cannot be liable for these other microchips, even if they start with the prefix 978.

Furthermore, from spring 2010, Virbac will distribute, in the UK, microchips that bear the prefix number 90088. This number refers to the new manufacturer of microchips chosen by Virbac to bring new product innovation in microchip technology to the market.

We would like to reassure our customers that any microchip in the BackHome branding will be guaranteed to be registered on our database. The above problem has not affected, and will not affect, registration of pets microchipped with the BackHome brand.

For queries or enquiries, contact Virbac by email (enquiries@virbac.co.uk), telephone 01359 243243 or fax 01359 243200.

Yours faithfully,

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## Reminder of codes of practice for microchips

Dear editor,

This incident (described in the previous letter from Virbac) illustrates the importance of only purchasing microchips that have the appropriate administrative arrangements to support them. The BSAVA Microchip Advisory Group's codes of practice for both distributors and databases are designed to ensure those arrangements are in place.

The codes are available on the BSAVA website (www.bsava.com), under the "advice" tab. There is also a list of distributors and databases that have agreed to abide by the codes. Most, but not all, UK distributors comply.

Yours faithfully,

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## LETTERS to the EDITOR

WE welcome letters from readers (postal address on page two or email sarahroberts@vbd.uk.com), but regret that space does not allow all of them to be published. In some instances, and at the editor's discretion, letters will be shortened. Readers are asked to state clearly if their letters are not intended for publication; only in exceptional circumstances will anonymity be permitted.

## Departure from SPCs is vet's own responsibility

Dear editor,

We are aware of interest within the veterinary profession and among pet owners concerning the World Small Animal Veterinary Association (WSAVA) guidelines and how these fit with guidance in product literature for UK authorised vaccines intended for use in dogs.

The summary of product characteristics (SPC) is a publicly available document based on the data package generated during development of a product, and agreed by the VMD during the authorisation process. It provides guidance on the correct use of the product and includes information that may help the veterinary surgeon when prescribing the product. The indications for use for individual products are authorised to reflect the unique data package submitted by the company to support the quality, safety and efficacy of the product. Revaccination schedules set out in SPCs are supported by data to demonstrate they are appropriate.

The WSAVA guidelines were developed, by a panel of experts, from American guidelines (which have been in place for a number of years) and were based on clinical experience, opinions and scientific data that may or may not have been published. These guidelines provide useful guidance to clinicians, but must be read in conjunction with the SPC for each individual product. The WSAVA guidelines should be considered supplementary to UK authorised SPCs and, for the most part, are complementary.

In reality, we understand that, in the UK, vaccination schedules are based on the authorised SPCs. Recent trends in data mean that most products now indicate a duration of immunity of three to four years for canine distemper, parvovirus and adenovirus after completing the primary vaccination schedule in minimum-age puppies.

However, some veterinary surgeons may also take into account the WSAVA guidelines by, for example, giving a full first-annual booster before applying the extended duration of immunity claims, or by delaying the second vaccination until the animal is at least 12 weeks of age in some high-risk areas or where levels of maternally derived antibodies are expected to be high.

It is important for veterinary surgeons to understand that, when departing from the SPC, they do so under their own responsibility.

Each authorised product will have a benefit/risk assessment of the product, taking into account the reactions observed in safety trials and weighing these up against the benefits of vaccination.

The veterinary surgeon can also make a clinical benefit/risk judgement based on the individual animal's age, health status, home and travel environment and lifestyle. A number of multi-component and single-component vaccines are available on the market, which should provide flexibility in planning vaccination schedules in accordance with an individual animal's needs.

More detailed comment is available on the VMD's website (www.vmd.gov.uk), which also includes the SPCs and public assessment reports (UKPARs) for authorised products.

Yours faithfully,

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## No poker, tennis, book – am I a high achiever?

Dear editor,

In case colleagues may think the veterinary profession is populated exclusively by high achievers, I wish to make it clear that I am not a tournament-level poker player, I do not have an academic research qualification, I have never written a book, I have not been to Bhutan and I definitely have never saved a friend's life on the tennis court – perhaps because I cannot play tennis. Nor do I play the trumpet.

Yours faithfully,

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