BOOK REVIEWS


Iain Pattison has presented another historic high-quality landmark to match his efforts in the previous work on McFadyean. The author's knowledge and ability result in a very readable, concise and compact discourse on the British Veterinary Profession, 1791-1948.

The beginning of the profession was the formation of the London College in 1791. Graduates were "qualified to practice the Veterinary Art". Years of strife followed for the new profession in a struggle for greater recognition than the farriers and cow leeches. In addition, the profession was dominated by physicians. Foot and mouth disease in Britain in the 1840's helped secure a charter for the profession from the Privy Council in 1844. All members had to be graduates of the London and Edinburgh schools and become members of the Royal College of Veterinary Surgeons (RCVS). This was official recognition of the profession as a profession.

The author describes the conflict between the Edinburgh and London Colleges and the careers of Dick and Gamgee. Problems of authority between the veterinary colleges and the RCVS continued but in 1872, RCVS practical examinations were instituted. "Science began to threaten the Art". A new Bill in 1881 strengthened the profession by limiting the title of veterinary surgeon to graduates holding the RCVS diploma. Prior to that, anyone could call himself a veterinary surgeon. Also, in 1881, the British National Veterinary Association was formed, which became the National Veterinary Medical Association and, eventually, the British Veterinary Association.

Progress of the profession is followed through the "new" journals, the association of the veterinary colleges with universities, several new colleges, development of research at home and the colonies, new vaccines and drugs, the problem of not having a veterinarian as a member of the Agricultural Research Council, the development of the Animal Health Division within government, the role of the RCVS in examination of schools and other important issues.

The last two paragraphs state the progress very concisely.

"The Veterinary Surgeons Act of 1881 legalised the profession, and enabled the public to identify trained men. The Act of 1920 provided an income for the RCVS through an annual registration fee. The Act of 1948 brought education of the profession into the university system, and abolished unqualified practice.

Each was a bridge from an old world to a new, each a milestone on the veterinary journey."

This reviewer recommends this book very highly to anyone with an interest in the veterinary profession and its development. R.G. Thomson.


It is twelve years since the last edition of this book and the new edition has been greatly revised. The seventh edition was organized on the basis of local anesthetic techniques followed by general anesthesia. The new edition is divided into two parts. Part I is Principles and Procedures, Part II Anesthesia of the Species. This makes the text more useful for undergraduates and practitioners alike. The undergraduate student can read the first part to gain an understanding of the subject which is uncluttered with recipes and dosages. The practitioner can refer to the second part and get information on a specific species or the recommended techniques for a specific operation.

The text is quite readable, if a little prosaic at times. The material demonstrates the authors' depth of knowledge of the subject (this is the fourth edition of the text that Dr. Hall has been involved with) and definitely presents a sense of history. Many references are taken from the first few decades of the century and demonstrate that despite many advances, we still have much to learn from our forebears.

The book is published in the U.K. and has a definite British/European bias. Obvious word differences are evident — lignocaine for lidocaine and adrenaline for epinephrine, etc. Although the authors do not exclude North American literature there are several places where useful information has been left out. The section on guaifenesin is brief and states that solutions greater than 5% produce hemolysis. Work carried out by Grandy and McDonell indicated that a 10% solution may produce hemolysis but this is clinically insignificant (i.e. it does not produce hemoglobinuria and venous thrombosis as quoted). The description of the Bain circuit gives no indication of work carried out by Manley and McDonell which included results from spontaneously breathing and ventilated animals. Instead work done in the U.K. is quoted which only used dogs being artificially ventilated.

Part I gives a very good introduction to anesthesia. It deals with patient monitoring very well and the illustrations are concise and clear. The next chapter dealing with an introduction to general anesthesia deals with the action of anesthetics and the signs and stages of anesthesia. At the end of the little section on minimum alveolar concentration (MAC), the authors' state that "the concept of MAC is unlikely to be of much practical value to the clinical veterinary anesthesiologist." This seems inconsistent with the generally accepted usefulness of this value and the fact that the authors continually refer to it in the text. The term "MAC hours", a way of defining inhalation anesthetic dose, is also referred to without an explanation.

The pharmacology of the agents is described in some detail without seeming like a pharmacology textbook. Old standards such as pentobarbital and chloral hydrate are covered as well as newer agents such as saffan, etomidate and disoprofol. In the pharmacology of the inhalation agents there is a large table of tissue solubilities of the various agents but other physical properties of the agents, such as saturated vapour pressure are not tabulated. Most of these values are in the text but
they are not easy to find. The table of MAC values gives enflurane a MAC of 1.7 whereas it is quoted as 2.12-2.2% in the text.

The coverage of muscle relaxants and artificial ventilation is comprehensive and should give a total novice enough understanding to put the information into practice (if you’re looking for doses of enostigmine you have to look it up under each individual species).

Part II starts off with anesthesia of the horse. As expected, the authors’ treatment of the pulmonary changes in this species is excellent. Dr. Hall has played a central part in the development of knowledge in this area and is able to describe the changes in an understandable fashion. Knowing the authors’ long experience with horses it is hard to believe that in discussing thiopentone anesthesia using either chloral hydrate or xylazine premedication, they could state that, “recovery is always quiet”. The next chapters deal with anesthesia in ruminants and whereas the complications of nitrous oxide accumulation in gas filled spaces are expounded for the horse no mention of this is made for ruminants. Otherwise the coverage is very thorough. In the next chapter on the pig the authors state that “pigs are good subjects for general anaesthesia!” They then go on to chronicle the problems of malignant hyperthermia, erratic drug responses, problems with intravenous injections and airway obstruction, its all a question of whether you are an optimist or a pessimist! The next two chapters cover the dog and the cat and detail many of the accepted methods and problems with these species. It is confusing that the authors suddenly switch to metric needle sizes having been using standard wire gauge and that despite the footnote on page 221 no conversion factors are given in the Appendix. The last species chapter deals with birds, laboratory animals and wild animals. Obviously in the space available this can only provide an overview but it would be helpful for most practitioners.

The chapter on accidents and emergencies is well set out but the content is a little disappointing. There is very little detail provided for a practitioner wishing to set up an emergency kit and there is no mention of complications associated with intracardiac injections. This chapter also contains a serious dosage error. The authors quote a dose of 100 µg/kg for epinephrine (adrenaline) on page 381 which is ten times the recommended dose of 10 µg/kg from the cited reference (Stephens 1981). The quoted dose may be safe in certain circumstances but will almost certainly produce fibrillation in an animal that has received halothane.

Most of the above criticisms are minor in face of the overall standard of this text. It should be an essential part of the undergraduate course and a useful addition to the practitioners library. Peter J. Pascoe.

References


ABSTRACT


A kennel of 46 dogs was fed chicken feed which had been soaked in water during a hot summer weekend. 56% of the dogs developed symptoms of botulism; 3/4 of these showed complete paralysis; 1/4 had only paralysis of the hind legs. 79% of the completely paralyzed animals died; 61% of all the diseased animals died. Two females, which were at the end of gestation, delivered normally in spite of being paralyzed. Laboratory tests in mice revealed a type C toxin.


ABSTRACT


Urinary bladder lesions varying histologically from a focal haemorrhagic cystitis to a diffuse transmural fibrinonecrotic cystitis were encountered in 11 of 14 dogs and cats and focal-to-diffuse haemorrhagic urethritis was histologically encountered in all 14 dogs and cats on day after retrograde urethrography. Lesions in the urinary bladder and urethra were not reversible within 14 days and were evident histologically in 10 of 15 urinary bladders and 11 of 15 urethras of dogs and cats killed 14 days after retrograde urethrography. During urethrography, iatrogenic mural leakage of contrast media into the bladder wall or bladder wall rupture was encountered radiographically in 6 of 15 dogs and 3 of 14 cats. However, macroscopic evidence of bladder rupture was encountered in only one male dog PM. Immediately after retrograde urethrography, macroscopic haematuria occurred in 12 of 15 dogs and 9 of 14 cats. Microscopic haematuria was not encountered in dogs or cats killed 14 days after urethrography. Pyuria was encountered less frequently and was present in only 2 cats killed 14 days after urethrography. One day after urethrography, urinary tract infection characterized by urine cultures with > 10⁵ microbes/ML was encountered in 4 of 29 dogs and cats. All animals with urinary tract infection were female dogs or cats. At day 14, only one female cat had a positive urine culture. Seemingly, the technique of retrograde urethrography was the cause of the encountered lesions.