we are more selective in choosing candidates for this treatment. A good physical examination prior to flotation is of paramount importance. If one eliminates many of the unsuccessful cases listed above, and selects only alert animals without ruptured tendons, fractures, luxated joints or septic polyarthritis, the success rate will improve even further (to 78% in our group). Compared to the expected[7] rate of recovery of 33%, this is a 136% improvement in outcome. We are very encouraged and continue to use flotation for downers in our clinic to stop further pressure myopathy/neuropathy, and reverse some of the effects of poor circulation and pressure neuropathy.

Flotation is most effective if applied early, before a downer cow develops serious myopathy/neuropathy. Our studies have shown that flotation using the Aqualift is practical and effective, even when cattle have been down for 24 hours or more and have a variety of serious problems. Two of our local dairies were so impressed with the Aqualift that they purchased one of their own (one of 50 sold by Kirby to date), convinced that prompt flotation of an injured cow or nonresponsive milk fever case before the onset of severe irreversible nerve damage was beneficial and cost effective. We strongly recommend that the veterinarian perform a physical examination prior to flotation when possible, and also act as the personnel trainer, and that farm workers/owners actually do the flotation. The veterinarian should be called to provide consultation/treatment for difficult cases, cows which are knuckling, and cows which are not responding as expected. We have successfully trained our barn crew to float cows. The economics seem good. At $10/hr., 2 people for 1 hr/day for an average of 4 days, the cost of labor is about $80. Factor in a 22% failure rate, and the cost per success is closer to $100. One hundred dollars for a fresh cow is a good cost benefit ratio.

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Abstract

Oesophageal injury associated with the administration of an anthelmintic bolus to calves

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Six of 18 calves from a suckler herd which were dosed with a sustained-release anthelmintic bolus, using appropriate equipment, developed clinical signs related to oesophageal perforation. Two died as a direct result of the injuries sustained, one required surgical removal of the paraoesophageal bolus and the remaining three were managed medically. The calves were in the approximate weight range advised by the manufacturers as suitable for dosing, but some were younger than the minimum recommended age. These animals were of a fractious nature having been relatively little handed.