AUSTRALIAN VETERINARY HISTORY RECORD

November 2005 — NUMBER 44

The Australian Veterinary History Record is published by the Australian Veterinary History Special Interest Group in the months of March, July and November.

Please take the opportunity to visit the AVHS web page <www.vetsci.usyd.edu.au/avhs>

Editor: Dr. I.M. Parsonson, 2/1 Coape Street, Cheltenham, Victoria 3192

…….

Office bearers of the Society:

President: Dr. J.T. Faragher

Secretary/Treasurer: Dr. J.H. Auty
3/400 Latrobe Street,
Melbourne, Vic. 3000
Phone 03 9328 5214

Librarian: Dr. R. Roe

Committee Members:
Dr. Paul Canfield
Dr. John Fisher
Dr. Tom Hart
Dr. Keith Hughes
Dr. Dick Roe
Dr. Andrew Turner

CONTENTS

ISSN 1445-579X

CORRECTION: Ms Beverly Keats has corrected information in the article, "Margaret Keats, MBE, BVSc.," by Robin Giesecke published in the Australian Veterinary History Record 35: 8 N ovember 2002, advising that Margaret Keats 's mother was born in Australia not Scotland as stated in the article.
Ms Beverly Keats also supplied us with the photograph of A VA members attending the June 1931 Annual Veterinary Conference at the Melbourne University Veterinary School shown on page 32.

President's Report

Members, indeed all who are interested in veterinary history, will be glad to know that our project with the Badham Library of the University of Sydney for digitial conversion of all issues of the Aust Vet Hist Record has been completed. You may now see the result of this work at <http://setis.library.usyd.edu.au/avhs> where each of the 43 past issues is available for you to download as a .pdf file. A searchable index, which will enable readers to search all issues for their particular topics of interest, is also available on the same website. The project was carried out with the aid of funds from the AVA Communication Fund. We intend to continue cooperation with the Badham Library so that all subsequent issues of the Record will be added to this electronic archive as each is published.

On the other hand, both the Max Henry Memorial Library and the AVA Veterinary Historical Collection remain in the repository in Fyshwick, ACT. It is not intended that either will stay there.

Arrangements for transfer of the MHML to long-term loan within the University of Melbourne are continuing. Some items that were part of the AVA Historical Collection have been transferred to the MHML, so that movement will occur as one consignment. Arrangements for packing and transport and for clearance with the University solicitors will follow. Cataloguing the books will be a considerable job after transfer, but the outcome of providing access under excellent conditions at the veterinary school at Parkville will make all the work of, particularly, Dick Roe and Helen Newton at the University of Melbourne finally worthwhile.

The AVA CEO, Margaret Conley, has met Kim Morris, a highly respected Canberra conservator, for advice on the AVA Veterinary Historical Collection. He has seen the Collection, which he deemed valuable and a credit to the care that Bob Taylor, the Honorary Curator and founder of the Collection, devoted to it over many years. As a first step before its removal to the AVA National office in Sydney, Kim Morris has provided a quote to assess the Collection for preservation management and for basic remedial treatments [including dust removal, wrapping in acid-free tissue, remedial repairs and plastic bagging, where appropriate]. He can also provide advice and assistance in the subsequent packing and transport. The intention is to move the MHML and the Collection out of the Fyshwick repository concurrently.

The AVA Board, after much huffing and puffing, decided recently to hold the AVA National Conference in Hobart in 2006, as scheduled. It may be somewhat diminished so the outcome is not another financial loss. However, the appointment of Dr Maureen Revington, editor of the clinical section of the Aust Vet J, as scientific convener for the conference, has been a great help to us. The AVHS will hold a meeting with our usual style on the Monday of the conference, 22 May 2006. John Auty is arranging a programme of six speakers, who will be followed by an annual meeting and then a dinner. Note the date and read the information on the meeting that John Auty has provided elsewhere in this issue of the Record. Our annual gathering is always well worthwhile.

Trevor Faragher

President AVHS

Australian Veterinary Association Conference Hobart 22 May 2006

Preliminary Program for the Australian Veterinary History Group:

The convict and the friend Jorgenson and Backhouse and Animal production in Van Diemen's Land.	John Auty
The Tasmanian Contingent in the Boer War.	Ian Parsonson
Island Practice in Tasmania.	Peter McKean
The development of the Veterinary Act in Tasmania.	Michael Heynes
The role of the laboratory in wildlife research.	Mary Barton
The veterinarian and whale rescue.	Tim McManus

Presented to the Australian Veterinary History Group, AVAGM Gold Coast, 16 May 2005.

LESSONS FROM HISTORY: IN VETERINARY PRACTICE.

A.T.Hart P.O.Box 267, Gisborne 3437, Vic

Veterinary practice consists of the legislated exclusive right to provide veterinary knowledge and skills to animal owners, for a fee. All aspects of veterinary practice change continuously. The way the profession has predicted and responded to the process of change has lessons, from which we should learn how to deal with future change. This paper identifies some of the changes and suggests lessons from our responses to them.

REGULATION

The First Lesson: Regulation is the main game – watch the ball!

Veterinary practice is regulated by Acts of parliament, and came into being as a result of this legislation. The knowledge and skills used to treat injuries and disease of animals, were mostly employed by farriers in the treatment of horses before veterinary colleges were established, and laws to protect their graduates were enacted. No doubt medical practitioners, chemists and others applied their skills to the treatment of animals as well, but for veterinary professional practice to be established there had to be a specific qualification that could be used to differentiate veterinary practitioners from other providers of services to diseased and injured animals. This was, and still is provided by veterinary colleges and schools.

In an old book published in 1886 [2], nearly100 years after the establishment of the Royal Veterinary College in London (1791) [1], which has the following statement on its title page:

"Modern Practical Farriery Forming a Complete System of the Veterinary Art As Practised At The Royal Veterinary College London to which is added an essay on The Diseases and Management of Cattle, Sheep and Pigs"

This clearly shows that at the time the first veterinary college was set up in Victoria, "farriery" was still the name given to the treatment of the diseases of animals. "The Veterinary Art" was practiced at the veterinary colleges and the graduates of the colleges practiced the art after graduation, protected by legislation. Notably, there is no mention of the word "science" in this title page. The first veterinary practitioners were really farriers who had been to the right school and had gained entrée to the exclusive registered Veterinary Surgeons "club". Quackery was not necessarily absent from veterinary practice.

The profession held to many of the old traditions well into the 20th century. When I graduated, practitioners were still using secret treatments and treatments which had no scientific basis. Two examples are; my use of unlabelled bottles of calcium borogluconate claiming it to be special and better than the Evans proprietary brand, and Sam Green[3] recalls treatment of "Husk" by intra tracheal injections of antiseptic.

For a veterinary college to be successful, it was considered essential to clear a path for its graduates to establish professional practices unencumbered by competition from unqualified people ("quacks"), particularly farriers who were not registered veterinary surgeons. Governments enacted legislation, which gave the graduates of recognised colleges the exclusive right to call themselves veterinary practitioners or veterinary surgeons and to charge a fee for their service. The laws prohibited non-registered persons from performing veterinary procedures and even controlled the use of the word "veterinary". They also prohibited non-registered persons from benefiting financially from veterinary practice.

It is because the word "veterinary" was controlled by legislation at the time the skill and knowledge body of the veterinary art was organised and presented by veterinary colleges, that I contend that veterinary practice actually began when regulation began and why I claim that regulation is "the main game".

Veterinary schools were established in England in the late 18th Century. However it was not until the end of the 19th Century that Australian Governments promulgated Acts of Parliament to regulate the veterinary profession here. Veterinary practitioners from Britain practicing in Australia before regulation found themselves competing with unqualified people and lamented the lack of protective legislation here. For example in my state of Victoria, William Tyson Kendall, a veterinary surgeon qualified in Britain, found himself unprotected by legislation and competing with farriers. He established the first veterinary college in Australia in conjunction with his Melbourne practice in 1888[4], and succeeded in having legislation enacted to protect its graduates, and in having the college taken over by the University of Melbourne. This exercise was no doubt sold to the government as a public benefit but there was clearly a major benefit to the school and its graduates. It was always inevitable that the bountiful regulation of the early days would change, but the type of change, and the reasons for it have been poorly understood by the profession. Consequently, we now have a Veterinary Practice Act in Victoria, which confers virtually no privilege on the profession but instead imposes quite rigorous obligations. Practitioners can be prosecuted for trivial offences and instead of elected peers, government appointed lay people, a lawyer and some government appointed veterinary practitioners constitute the board.

Other states and territories have similar legislation but there is still poor understanding of these new laws within the profession.

The current Act[5] differs markedly from the first Veterinary Surgeons Act6 in Victoria, which came into effect on 1st January 1888. The preamble of this first Act is as follows:

"Whereas it is expedient that provision be made to enable persons requiring the aid of a Veterinary Surgeon for the cure or prevention of diseases or injuries to horses or other animals to distinguish between qualified or unqualified practitioners: Be it therefore enacted etc……"[5]

The main purpose of the Act was to get rid of competition from "quacks", mainly unqualified farriers at the time, and to bestow the privilege of an exclusive right to provide and charge for a veterinary service, to graduates of certain recognised Veterinary Schools. Although the preamble stated that the purpose of the Act was to enable the public to distinguish between qualified and unqualified practitioners it is clear that the graduates of Veterinary Schools were the main beneficiaries of the new law. Not only did the possession of a qualification from an approved school guarantee minimum competition and thereby assure a good income, the registered veterinary surgeons elected the members of the veterinary board, which regulated the profession. This wonderful gift from the government was to be gradually taken for granted by veterinary practitioners and its true value forgotten.

Change was certain to occur to these laws and I believe self interest blinded us to this inevitability. The profession thought there was clear public benefit to preventing "unqualified practitioners" from providing a veterinary service. It thought it knew what was good for the uninformed public.

Not long after the time of the enactment of the first Veterinary Surgeons Act in Victoria, George Bernard Shaw is recorded as observing "All professions are conspiracies against the laity". [7] To put it in farmer parlance, the dogs were already barking!

It took about a century for Shaw's sentiments to be expressed in legislation. There was grudging acknowledgment of a public sentiment resenting the way the veterinary profession, and the other professions, looked after their own interests, and enjoyed protection by legislation. However, it was not until the enactment of The Veterinary Practice Act in Victoria in 1997, and similar legislation in other States soon after, that the privileges of our profession were all but stripped away. I do not intend to make detailed comment on all the various Acts and their differences, but will confine my remarks to the Victorian Veterinary Practice Act. I am familiar with this Act, having been a member of the last Veterinary Board to operate under the Act that it replaced.

The first statement of the Victorian Veterinary Practitioners Act is as follows:
1.Purposes:The main purposes of this Act are –
(a) To protect the public by the registration of veterinary practitioners and investigations into the professional conduct and fitness to practice of registered veterinary practitioners;[6]
The Act provides for government appointment of the board and for inclusion of lay people and a lawyer, whereas the Act it replaces provided for the election only of veterinary practitioners to the board by the registered veterinary practitioners.

The only significant privilege conferred by the new Victorian Act is that "A person who is not a registered veterinary practitioner must not carry out any act that is required to be carried out by a registered veterinary practitioner by or under an ACT"6. There is no "act" mentioned in the Veterinary Practice Act that must be carried out only by a registered veterinary practitioner. The Act itself therefore contains no privileges for veterinary practitioners but instead contains fairly rigorous obligations. It protects the public against registered veterinary practitioners rather than against unregistered practitioners. The Act contains no restriction on the ownership of veterinary practices and no restriction on the use of the term "veterinary". There is a provision preventing persons not registered under the Act from claiming that they are registered or qualified to be registered but that is as far as it goes.
This is a radical change and the reason for it can be condensed to one word, "consumerism".
There is material for a lengthy discussion on the development of the legislative consequences of consumerism, but in summary, the Council of Australian Governments (COAG) responded to the Hilmer Review of National Competition Policy by agreeing in 1995 to remove anti competition provisions from legislation unless it could be shown that there was clear public benefit from it. Individual professional practitioners, who had beforehand been exempt from some trade practices legislation, lost their exemption in 1996 [8].
(website http:// www.accc.gov.au "Application of the Trade Practices Act to the Professions" accessed 16/03/05)
The Federal Government provided financial incentives to the states for their adoption of Competition Policy, and replacement of the Veterinary Surgeons Act by the Veterinary Practice Act in Victoria in 1997, was a result of implementation of Competition Policy.
Without suggesting that competition policy was introduced by stealth, I believe that there is poor understanding of it by practitioners in all professions including ours.

This is an example of change that was not properly recognised and to which our response was inadequate. We should learn from this failure.

An example that a warning about consumerism was evident but not heeded, is a statement by DC Blood in his book Veterinary Law, Ethics, Etiquette and Convention (1985)[9] on page 23:

"In the United States, some states have arranged that consumers are represented on professional boards and also on registration examination committees. Also the licensing bodies of several professions have been consolidated into a single agency hence reducing the importance of the licensing body for individual professions. There seems to be no need for such draconian measures in the Australian culture."

Another lesson here is that Australian culture nowadays closely follows that of the United States and not very far behind. We were slow to realise as a profession that the consumers of our service wanted effective redress when they perceived the service to be inadequate. We did not even give recognition to clients' rights in our AVA Code of Ethics until 1984 when the client practitioner relationship was mentioned for the first time in a reviewed code (AVA Code of Ethics 1984)[10]. Before that, ethics was all about looking after the interests of established practitioners, preventing new entrants to the profession from being competitive too quickly and protecting the public image of the profession. For example, the 1969[11] and 1973[12] codes both refer to "Misconduct in a Professional Sense or Respect" but define such conduct as being "regarded as disgraceful or dishonest by his professional colleagues of good repute and competency". This wording suggests to me, more concern for the public image of the profession than for protection of the public. The codes of the 1960's and 1970's and those preceding them dealt with advertising and relationships between veterinarians and had no recognition of consumerism. The "Guide to Professional Conduct" issued by the Royal College of Veterinary Surgeons in Britain in 1984 still had no mention of any rights of clients nor of a veterinarian client relationship but had a whole section, (Part 111), "Relationships Between Veterinarians"[13]. No doubt this code was used as a template for earlier AVA codes.

The first provision in the Victorian legislation for dealing with professional misconduct occurred in 1967 when the minister is recorded in Hansard[14] as saying:

"The rapid expansion of the profession, with the continuing inflow of graduates from other states and from overseas is creating certain problems for the Board in terms of irregularity of professional conduct and it has become apparent that the Veterinary Board of Victoria is not at present adequately empowered to deal with various disciplinary matters which may arise."

The only clause in the new Act dealing with professional misconduct was item 22.(3) (h) "to have been guilty of a breach of this Act or any regulations made under this Act or any other conduct discreditable to a veterinary surgeon or which renders him unfit to be registered as a veterinary surgeon "[15]

The legal interpretation of this was that to be "discreditable", conduct had to bring the profession into disrepute. Of course, some conduct, which brought the profession into disrepute, was harmful to the public as well, but there was still the underlying element of protection of the profession rather than the public.

Because inquiries into discreditable conduct were legislated to be formal and penalties relatively severe, the misconduct had to be of a serious nature for a prosecution to be successful. Prosecutions were rare.

There was a reluctance to move for changes to Veterinary Surgeons Acts by incumbent boards in this period because it was felt that opening the Act might lead to undesired changes rather than those intended, because of close scrutiny by parliamentarians during the legislative process (DC Blood)[9] Also, governments could see no reason to spend resources altering a Veterinary Surgeons Act because it was a low profile profession and not electorally sensitive. I remember asking an incumbent Minister of Agriculture about the Veterinary Surgeons Act and finding he didn't even know his department administered it.

The last board elected under the Victorian Act that was replaced by the current Act in 1997, was well aware of consumer sentiment and did the best it could to respond under the existing law. It stretched the law to the degree that it had informal inquiries into professional misconduct and counseled practitioners for misdemeanors in the absence of any provision in the Act for such activity. It introduced "Guidelines" to professional conduct for veterinary practitioners and was the first Australian Veterinary Board to require Continuing Veterinary Education as evidence of proper professional conduct.

This was too little too late. The Board participated in the drafting of the new Act, but the Department of Agriculture did not communicate the full content and the consequences of the Hilmer Report[8], nor the financial incentive for the state government to implement it. Politicians were approached but in hindsight they were interested only in the COAG money and in votes.

There is ample documentation of the rise of consumerism culminating in the commissioning of the Hilmer report on the need for a national competition policy in 1991, it's adoption by COAG in 1995, and subsequent changes to professional practice acts[8]. We as a profession could have done much more to prepare ourselves for the changes which have occurred and should be doing more to prepare ourselves for those which are to come in the regulation of our profession.

As stated earlier, there are "acts" which are mentioned in Acts other than the Veterinary Practitioners Act which are permitted to be carried out only by registered veterinary practitioners. The most important right conferred on registered veterinary surgeons by an Act is the right to use and supply restricted drugs conferred on registered veterinary practitioners in Victoria by the Drugs Poisons and Restricted Substances Act[16] (DP&RSA) and by similar legislation in other States and Territories. These Acts have remained intact, in spite of competition policy, because governments believe the public benefit from the restrictions contained in them out weigh their anti-competitive elements.

Effectively, the DP&RSA and similar legislation, contains the main privilege remaining for registered veterinary practitioners. There is no other significant impediment to acting as a veterinary practitioner except that it is illegal to claim that you are registered, or qualified to be registered, if you are not.

So now our privilege of the exclusive right to practice depends on the DP & RS Acts and their successors, and we have no direct representation on our regulating board. We are judged for our professional conduct by government appointed board members and trivial offenses can be prosecuted. Remember the lesson - "Regulation is the main game" It is on center court - keep your eye on the ball!

This lesson suggests to me that now the profession should be watching very carefully what is happening to the DP & RS Act and similar legislation.

The DP&RS Act upon which we rely for our exclusivity may not persist in its present form indefinitely. One should question whom this Act really benefits. Are the restrictions really all for only public benefit (consumers and voters) as it must be to survive Competition Policy long term? What would happen if there was no such legislation? Would there be more or less drug addicts? Would drug related crime reduce markedly? Are drug residues in animal products more of a non-tariff trade barrier issue than a human health issue, and what happens if the trade barriers are not needed? Are those with the privilege of using and supplying the restricted drugs really carrying out their responsibilities or are they just profiteering? Does restricting antibiotic use prevent development of antibiotic resistance? Could veterinary practitioners be removed from the Act without harming a public interest? Which restricted substances will become unrestricted in the future?

The main question of course is what can the veterinary profession do, if anything, to protect its privileges contained in these Acts?

Whether or not there are other legislative opportunities open to the profession is another question needing exploration. The Prevention of Cruelty to Animals Acts (POCTA) are one possible area of interest. These Acts confer certain limited privileges on veterinary practitioners and it may be possible to expand on these.

However, the tendency of the Australian Veterinary Association to take a stance supporting conservative livestock industries in preference to promoting animal welfare will not help in this regard. It is ironic that Dr Hugh Wirth, the current president of the World Society for the Protection of Animals as well as the National and Victorian RSPCA's, was voted from office on the AVA executive in 1982. He was serving as secretary then and was already a Fellow of the AVA, but those influential at the time didn't like his politics.

Notably, the same minister who was my client and knew nothing of the Veterinary Surgeons Act, was well aware of Dr Wirth, the RSPCA and the POCTA.

Optometrists and dentists in Victoria succeeded in having the exclusive right to practice retained in their revised Acts after implementation of Competition Policy. They were able to convince the government that there would be significant public danger in allowing persons with unregulated training to deal with sight and dental problems.

In Queensland, the profession had some success in retaining some privileges in the revised Act but generally we have been spectacularly unsuccessful in promoting our political interests. Today, plumbers have more legislative protection of their right to exclusivity than veterinarians I believe this is because they have a strong union, and public health protection by licensed plumbers has been well sold.

If we do not learn that regulation is the main game and learn to play effectively, there may not be a veterinary profession in the future.

As a footnote it is interesting to observe that farriers had a club, "The Worshipful Company of Farriers of London", in England dating back to 1356. Associateship by examination began in 1907 and fellowship by examination in 1923. Farriers were registered in Britain in 1975, creating an exclusive club for those left behind 200 years earlier when the Royal Veterinary College opened in London. Many Veterinary Surgeons have become Registered Farriers[1]. What goes around comes around, history repeats itself.

ECONOMIC IMPORTANCE OF ANIMALS WE TREAT

The relative economic importance of the animals for which we provide a veterinary service has changed since the beginning of the profession and is still changing. The lesson here is that we depend for our income on owners of animals believing that their animals are sufficiently valuable, to warrant treatment by us at a cost which is remunerative to us.

At the time of the first veterinary practice Acts the horse was the primary object of attention of veterinary practitioners.

The preamble to the first Victorian Act quoted above refers to "horses or other animals".

From history we can see that the response of the profession to the decline in the economic importance of the horse, brought about by the advent of motor transport in the first few years of the 20th century, was inadequate. A prime indication of this is that the Melbourne Veterinary School was closed in 1928 due to a lack of students and did not reopen until 1962[4]. Again there was ample warning that a major change was taking place but there was poor recognition by the profession and its educational institutions. Even as late as 1964, Queensland University Veterinary School used "Anatomy of the Domestic Animals by Sisson and Grossman" as the anatomy text. In the introduction to the text there is the statement: "As a matter of convenience, the horse is generally selected as the type to be studied in detail and to form the basis of comparison of the more essential different characters in other animals" [17]. This book was first published in 1914 and its author, Septimus Sisson, died in 1924. Grossman reviewed the edition of 1953, which was our textbook. The tone of words in the introduction is similar to that in "Modern Practical Farriery" 1886 (see above).

In my own case as a Victorian recent graduate of Queensland University in 1964, there was a strongly held desire of to provide a veterinary service to the livestock industries – especially the dairy industry. Many of us including myself entered dairy practice upon graduation.

Although it had enjoyed a period of prosperity, the economic importance of the dairy industry was clearly in decline at this time. Cardiovascular disease was already starting to be associated with consumption of dairy products, and the Colac Dairy Company that produced butter sold the casein from milk to Japan for the manufacture of buttons. Instead of helping to produce a valuable food, I might have been contributing to a major health problem and at the same time helping make buttons cheaper for the Japanese. Farms were being forced to amalgamate because small units could not afford the newly compulsory chilled bulk vats, which replaced the old milk cans. Veterinarians in dairy practice worked long hours and traveled great mileages for poor reward. Dairy practice was likely to contract rather than expand.

Disappointed that our ambitions to serve a primary production industry were likely to result in a poor lifestyle and poor financial reward, I, and many of my peers, retreated to the city fringes or to large regional towns and established "mixed" practices. Many of these practices, including the one I established, are now exclusively small companion animal practices treating mainly cats and dogs.

From discussions with veterinary students of today, it is clear that interest in a career in dairy practice, or practice in other livestock industries is now minimal.

A result of this has been the establishment of a new veterinary school at Charles Sturt University in Wagga Wagga NSW, which selects students on the basis of interest in livestock industries[18]. It is yet to be seen whether this initiative will be successful. There will no doubt be a political battle about accreditation of the school and recognition of its graduates by Veterinary Boards, and there will remain the question of whether the graduates will enter and stay in rural practice after graduation. This is possibly another example of too little too late.

The lesson from observation of what the graduates of the 1960's did after graduation, is that it can not be expected that individuals will make lifestyle and financial sacrifices, for some perceived national good like that of providing a service to a declining primary industry. Even if they are initially attracted to a rural lifestyle, people will often opt for a better financial outcome if they have the opportunity to do so. It might turn out to be better to have less trained animal health service providers servicing the rural industries, rather than increasing the course length and fiddling with selection of students in a traditional veterinary course, as Charles Sturt University has done. Of course this would complicate regulation again because of use of restricted drugs so watch the ball!

The current situation is that cat ownership is in decline (Baldock et al.)[19], due to the success of neutering policies of welfare societies and governments, and to new laws requiring confinement of cats to their owner's premises.

The ownership of dogs is declining too but not as quickly (Baldock)[20]. Baldock does not offer reasons for the decline in dog ownership but this might be partly explained by the widespread tendency to concentrated housing density in the form of home units with almost no land outside the building, or by Mc.Mansions which also cover most of their building blocks. Neutering of immature dogs by welfare societies before adoption and the opposition to puppy farms by radical welfare groups probably also contribute to lower dog ownership numbers.

Recreational and racehorse numbers are probably stable but this is an area requiring research.

The profession should take a keen interest in the animal populations it serves and in the affluence of the owners of these animals. Historically we have not been good at monitoring and responding to trends in these factors and we should learn from our failure. Others (e.g. pet food) manufacturers, with a financial interest in these matters commission surveys. We should take careful note of them and perhaps do some surveys ourselves.

VETERINARY PRACTITIONERS

The gender mix, as well as the aspirations of practitioners, and the time they spend working in practice continue to change. These changes are obvious but what are we doing about them? The lesson is that the profession is made up of practitioners and what the practitioners want and do will shape what happens to the profession as it has in the past.

Gender Mix:. In 1964, I was one of 60 graduates of the University of Queensland Veterinary School. Three of the 60 were female. Graduating classes in Australia lately have consisted of up to 80% women[21]. The profession should take an interest in this radical change in the gender mix of the profession, if for no other reason than the obvious fact that only women bear children, and that this takes up time. No matter how far feminism advances the cause of equal opportunity, nothing can alter this fact. Also, from my own experience with women employees, I assert that before the birth, what a woman says she will do after the birth of her first child can differ markedly from what she actually does. I assume that the hormones associated with parturition and lactation play a part in decisions regarding time spent with a newborn child.

Aspirations: A majority of graduates of the past, male and female, tended to aspire to practice ownership and to working full time all their working lives. This was certainly the case for my graduating class from the University of Queensland Veterinary School in 1964. Of the 60 graduates, 40 became practice proprietors including 2 of the 3 women[22]. With few exceptions, these graduates worked full time for the past 40 years and many are still working. This snippet of history would have been accurately predicted by a survey of aspirations of the graduating class in 1964.

I can find no published surveys of graduate intentions, but from my discussions with veterinary students who have visited my practice in recent years, most have no aspirations to practice proprietorship and many intend to work part time for some of their careers. This trend has led to the establishment of an employed veterinary practitioner's award, an AVA SIG for employed veterinarians and union membership of employed veterinarians. Notably, the union representing veterinarian employees, APESMA, is an engineers union rather than one originating in our profession.

Recently introduced legislation has dropped the requirement for veterinary practices to be owned by registered veterinary practitioners. As a result, non-veterinary corporations are already experimenting with practice ownership.

Consideration should be given to encouraging these non-veterinary proprietors to join our professional organisation, the AVA, as full participants. Availability of Associate membership may not be sufficient.

It is practice proprietors who shape the public interface with our profession. Practice owners decide what service the public gets, how the service is delivered and what the fee for service will be. A part time veterinarian who is a member of an engineers union will have little influence in such matters. Allowing non- veterinary proprietors to partly participate if they're interested, as is the case now, is not as good as saying "we need you!".

History tells us that the aspirations of graduates predict what the practitioners of the future will do. We should accurately survey the aspirations of present graduates and use the information gathered to help these graduates prepare for their professional future. The outcome suggested by anecdotal evidence is that in the future, the profession will be composed mainly of women, many of them work part time and are employees rather than proprietors. If this is indeed where the profession is heading some questions must be asked and answered:

1. Can part time employees of a non-veterinary corporation and members of a non-veterinary union maintain a claim to being the "veterinary profession"?
Will the profession look more like a union in the future?
2. What will the role of the AVA be in the future? Will it become a defacto union for employed veterinarians
3. How will the evolving profession cope with maintaining the competence of its members? I believe that for full competence in veterinary clinical practice, and in veterinary surgical practice, fine motor skills and intuitive thinking must be developed over a long period and then maintained by constant practice.
Interruption of a career after a few years experience, and then returning to work part time will make the acquiring and maintenance of these skills extremely difficult.
4. Will fees for veterinary services be relatively higher because of the tendency for women to work part time? It can be expected that when the majority of the profession comprises part time workers represented by a union there will be pressure for increased remuneration as well as increased incidental costs of employment.

THE LESSONS

• Regulation will continue to change to suit the consumers of veterinary services rather than the providers. We must learn to play the political game and take a keen interest in what our clients want.
• We can only earn as much as the owners of the animals we treat are prepared to pay. We should learn to monitor changes in the economic value of our patients if we want to have a good income and lifestyle.
• The aspirations and gender mix of graduates provide a window to the future profession. We should learn to look through that window.

REFERENCES

1. Royal Veterinary College website www.rvc.ac.uk accessed April 2005.
2. Miles, WJ. MRCVSL, Herring, Benjamin Esq., & Lupton, J.L., MRCVS, 1886, Modern Practical Farriery, Glasgow and Edinburgh, William MacKenzie.
3. Dr. Sam Green, retired veterinary practitioner, 31 The Greenway, Heathmont, Vic. 3135, pers. Comms.
4. Clarkson, G.T., 1993, The life and Veterinary Contribution of Dr. Harold E Albiston, Melbourne University Institute of Education Masters Thesis p.19.
5."An Act to establish a Veterinary Board and to regulate Veterinary Practice in Victoria",
17th December, 1887.
6. Veterinary Practice Act, Victoria, 28th October, 1997.
7. Shaw, George Bernard, 1907, Dramatic Opinions and Essays, vol. l2 p. 52.
8. ACCC website http://www.accc.gov.au "Application of the Trade Practices Act to the Professions" accessed 16/03/2005.
9. Blood, D.C. 1985, Veterinary Law, Ethics, Etiquette and Convention, The Law Book Company Limited, Sydney, p.23,169.
10. AVA1984 Code of Ethics p.21
11. AVA 1969 Code of Ethics p.3
12. AVA 1973 Code of Ethics p.3
13. Royal College of Veterinary Surgeons 1984 Guide to Professional Conduct p.18.
14.Victorian Legislative Assembly Hansard, 22 November 1967, Veterinary Surgeons (Amendment) Bill, p.2263.
15. Veterinary Surgeons Act 1958, Victoria, amended 1982, Sec. 22 (3) (h).
16. Drugs Poisons and Controlled Substances Act 1981, Victoria
17. Sisson, Septimus, and Grossman, James Daniel. 1953, Anatomy of the Domestic Animals , London, W.B.Saunders and Company, p.17.
18. Charles Sturt University website http://www.csu.edu.au, accessed 26/4/2005.
19. Baldock FC.,Alexander L., Moore S.J., Estimated and Predicted Changes in the Cat Population of Australian Households from 1979 to 2005. Aust Vet J 2003; 81: pp. 289-292.
20. Baldock, F.C. Australia's Declining Pet Populations – a Shared Challenge, MMPB Presentation,
Jan. 2004
21. Professor Ivan Caple, Dean of Veterinary Science, Melbourne University, pers. comms.
22. Survey of all contactable 1964 Queensland University Veterinary Science Graduates, conducted during organisation of the 40 year re-union, by the author.

BRUCELLA abortus– A pastoral veterinary practitioner 's view of the B rucellosis control campaign.

John K and Barbara J Wellington Ararat, Victoria

Barbara and John Wellington were in veterinary practice in Ararat, Victoria from 1970, and participated in the eradication of bovine brucellosis in the region using the recommended blood sampling of cattle associated with vaccination using live Brucella abortus Strain 19.

Before control measures for Brucellosis were established, we had considerable experience of the disease and were keen to be involved. I had delivered infected calves, for clients with limited cattle experience who had no idea that an abortion storm was imminent. I had persuaded a squatter with a small Angus stud herd that his bull's stepped knees were not caused by a too active love life.

We diagnosed fistulous withers occasionally, and treated them successfully with drainage and antibiotic. I had been horrified to find that another client, on learning that an abortion storm was imminent, had driven his herd to market leaving a trail of foetuses from his front gate to the town. We had been exposed to infection several times, as most veterinary practitioners in cattle practice were at that period.

The Victorian Department of Agriculture offered principal practitioners a contract to work on behalf of the VDA. I understand the Chief Veterinary Officer (the late Dr DM Flynn) had discussed the scheme with members of the Australian Veterinary Association, Victorian Division who had given their approval. The climate of the times precluded any real negotiation of a fee scale, and the contracts were offered on a "take it or leave it" basis. There was a suggestion that it was our duty to be included, and if we declined then we would be recognised as not having the best interests of our clients at heart.

The graziers were emerging from the drought of 1969 and a collapse in the value of sheep. To diversify, many had bought cows and calves from dairying districts that were infected with Brucella. Often no facilities were available and we worked in dimly lit woolsheds or in sheep yards. In Western Victoria a minority of beef cattle owners had voluntarily vaccinated their cows and heifers with Strain 19, usually after an abortion storm. Practitioners sent off diagnostic samples, but the VDA was not able to use these to identify infected herds. Instead we were asked to provide suspect herds; and immediately supplied a short list.

We were then directed to collect confirmatory bloods, then were supplied with Strain 45 / 20 vaccine to give to all female cattle over 9 months old, marking them with my shiny new 3 hole ear-punch.

Abortions ceased, as they would have anyway; and strain 19 was used in the calves thereafter. Strain 45 / 20, an oil adjuvant vaccine, was creamy and hard to use in automatic syringes. Strain 19, especially the liquid product, was much easier. We recognised but tried not to dwell on the dangers involved.

As the campaign got going we found that the VDA publicity had made the cattle owners well aware of their responsibilities; and they were happy to have the heifers vaccinated. They were usually ready to fit in with our arrangements, but perceived the practitioners to be "on to a good thing" and some just did not believe me when I told them that I received 50c per head plus $2.00 per visit. No mileage, no travel allowance, no administration allowance, no insurance, no free vaccine. The median number of heifers was only 8 to 20 so we had to sort clients into groups as 30 km was the average distance between them. It was hard to combine Strain 19 with say geldings or vasectomies, but we did our best. Practices in areas with more and larger herds did do well out of the campaign. A neighbouring practitioner told us that he paid an assistant's salary from it, and that the further he travelled from the surgery, the larger the herds were, and his median number was above 50 head.

We were issued with system cards to record the number of calves and the stockman's name and signature, which became our claims for payment. Monthly returns for each shire were submitted and we worked in about 6 shires and towns and that expanded the administration so we often waited for payment. Payment was very slow; if a client had been so dilatory they would have received a hurry-up letter. After a few months putting up with this I hit upon the solution, and wrote to the DA explaining there would be difficulty paying my tax instalments unless they coughed up, a cheque appeared promptly. However I was careful not to overuse this key to Aladdin's cave, but it certainly helped.

We were never happy with the fees, and following discussion with other regional practices that indicated we were travelling furthest and vaccinating fewer animals. I decided to ask for an increase and found myself in the role of Oliver Twist, with Mr Bumble played by Dan Flynn who told me that my request was not to be entertained and was plainly avaricious. Also having a special scale of fees for us would significantly increase the Department's administration costs. We received scant support from the AVA Vic Div, who were not well aware of the situation and were sometimes "mushroomed" by the VDA.

I lined up calves by sending out a postcard twice yearly, asking farmers how many calves they had to vaccinate and when it would be convenient to do them. Those were the days of the private mail contractors and we addressed the cards to "Householder" and they went to every address on the mail run. Big Mistake! A neighbouring practitioner complained to the Board and I was tried in absentia and convicted of touting for business. I was advised that an abject and humble apology

to the Board and to the veterinary surgeon would purge my guilt, so I complied. I had previously drawn his attention to a self-promoting interview, which had appeared in our local paper, and this was tit for tat. Years later he apologised for his actions.

The next case of a fistulous wither discharging Brucella all over the paddock I reported to the VDA. I received a phone call advising me to treat it as there was no relevant protocol, and no compensation for horses.

Inevitably accidents with Strain 19 occurred, both needle punctures and splashes when handling vaccine or instruments. At the Adelaide AVA Conference members were invited to be bled and their brucellosis and toxoplasmosis titres surveyed. Barbara topped and I came equal third in the Brucella stakes, and I scored the top CF titre for toxoplasmosis. So this was why we were always tired and often irritable! We thought it was just working hard! The AVA at Division and Branch levels tried to interest the medicos in the practitioners' plight. This met with mixed success; we both later encountered medical disbelief that we had used a live vaccine, and a specialist physician insisted one of us had Malta Fever as that was the only Brucella infecting humans! I doubt that antibiotic therapy was an effective treatment for us anyway as we were probably chronic carriers. Mysteclin V was popular with the medicos, and larger doses of streptomycin were also used and damaged our hearing.

A Stock Inspector was stationed in Ararat and the campaign moved on to blood sampling. We were asked to collect from nominated herds in the district, using vacutainers for the first time. By 1975 nearly all herds had cattle yards available which made the task possible. The beef herds were mostly free from infection, and the removal of reactors and retesting effectively cleared infection from the minority. The VDA also employed lay bleeders. The TB eradication campaign began, and found one beef herd was infected. We had seen lameness and coughing in cattle on the farm and carcasses had been partially condemned at the local abattoir. Trace Back then would have been effective no doubt, and a clinical ID tuberculin test might have helped too. Hindsight is 20 / 20 vision.

In summary, the Strain 19 campaign and brucellosis control was a significant part of rural mixed practice in the 1970's. It was hard, dirty, difficult and dangerous work by any standards. I personally believe we should not have used Strain 19, rather relied on blood testing alone, in the non-dairying districts of Victoria.

Is it residual brucella paranoia, or is there a grain of truth in this myth? 'The VDA decided to tackle brucellosis, but their bean counters baulked at the costs. The solution was to sell the task to the practitioners, as this would avoid liabilities, and the wholesale early retirement of staff invalided out with high titres, arguably from one of the cheapest but most dangerous vaccines available. Practices would employ assistants who were fairly expendable. Increased interaction between cattlemen and

practitioners would boost mutual admiration and goodwill. The VDA would be seen to be helping private practice from altruistic motives.'
I'd like to have been a fly on the wall at some of those meetings. I don't think such a scheme would be implemented today.

EPIDEMIOLOGY OF ROSS RIVER VIRUS IN TASMANIA
(AN HISTORICAL TREATISE)

Tim McManus B.V.Sc., M.R.C.V.S.

ABSTRACT

Ross River virus (RRV) is a mosquito-borne alphavirus causing a disease in humans called Epidemic Polyarthritis (EPA). Reservoir hosts for the virus are marsupials, especially macropods. The disease was first reported in New South Wales in 1928. Subsequently, in 1963, virus extracted from mosquitoes trapped at Ross River in Queensland was identified as the infective agent. The first evidence of RRV in Tasmania occurred in the summer of 1974/75 when 3 out of 25 sentinel cattle developed significant serum titres to the virus. Subsequent serological screening of 14 species of Tasmanian wildlife revealed the presence of RRV antibodies in every species.

The first Tasmanian cases of human RRV infection (EPA) were recorded in 1981 in two males. Since then the disease has waxed and waned according to strategic rainfall favouring the multiplication of mosquito vectors. One peak occurred in 1996 with 67 reported human cases. In 1996 a group of 35 racing horses was affected causing great inconvenience.

The search for virus and vectors in Tasmania began in 1983 with the establishment of a sentinel herd of 15 seronegative ponies. The horses were routinely tested during subsequent summer and autumn months. Local mosquitoes were trapped. In the wet summer of 1984/85 a pregnant mare ("Amber") seroconverted and later aborted a foetus at 16 weeks . Two pools of freshwater *Ochlerotatus flavifrons* mosquitoes, trapped in "Amber's" paddock 3 days before she became ill, yielded the first isolate of RRV from Tasmanian material. Later field studies and further virus isolations, established that the principal RRV vector in Tasmania is the prolific salt marsh mosquito *Ochlerotatus camptorhynchus*. The sequential, geographical distribution of human EPA cases, and the role of wildlife and domestic animals in the epidemiology of Ross River virus is detailed.

INTRODUCTION

Rarely does it happen that a research worker is able to elucidate the epidemiology of a complicated disease with zoonotic implications, from its initial introduction to its permanent establishment in the population some 30 years later. This has been the author's privilege, advised and encouraged by this friend and colleague, the late Dr. Barry Laing Munday, to whose memory this paper is dedicated.

SOME EARLY HISTORY OF ROSS RIVER VIRUS

Ross River virus (RRV) is a mosquito-borne alphavirus causing a disease Epidemic Polyarthritis (EPA) in humans. Reservoir hosts, which also act as virus multipliers, are exclusively marsupial mammals, notably kangaroos and wallabies. Consequently except for a brief outbreak of person/vector/person EPA in south-west Pacific islands in 1979, probably initiated by a viraemic traveler from Brisbane, the disease is confined to Australia and New Guinea. Reservoir marsupials are not clinically affected by the virus. As well as humans, target hosts for RRV infection can be any species of domestic mammals, horses in particular.
Ross River virus disease was first recorded in the New South Wales Riverina district in 1928. Similar epidemics followed at irregular intervals, especially in wartime military camps. But it was not until 1963 that the causative agent was isolated from mosquitoes that had been collected in 1959 from the vicinity of Ross River at Townsville, Queensland. The disease EPA is now endemic in every Australian State.

The first evidence of the presence of RRV in Australia's southern-most state, Tasmania, was identified in the summer of 1974/75 when 3 out of 25 previously sero-negative sentinel cattle, located at Cressy Research Station, developed significant titres to the Haemagglutination Inhibition (HI) test for Ross River virus. These cattle were part of the National (Australian) Arbovirus Monitoring Program. During the next five years, HI testing of blood sera collected from 14 species of Tasmanian native fauna, revealed the presence of RRV antibodies in every species examined, but not every animal. Domestic livestock tested sheep, cattle, goats and horses were also positive; however retrospective tests on banked sera collected prior to 1974 were all negative.

The first confirmed cases of RRV diseases (EPA) in humans in Tasmanian occurred in the autumn of 1981 in two unrelated males, aged 27 and 54, from the north of the State. One was a keen water skier, the other a duck shooter. As with the majority of subsequently diagnosed cases, both patients recalled being severely bitten by mosquitoes about two weeks beforehand.

The autumn of the following year saw an escalation in the number of confirmed cases to 21. From then until the present time, the disease has waxed and waned throughout the coastal regions of the State according to weather conditions and summer rainfall. It is quite likely, because the incubation period of RRV disease can be 10-14 days and the symptoms of EPA so confusing, that human infection occurred before 1981 (and after 1974) but went undiagnosed. Clinical symptoms of EPA rarely occur in children under the age of 15 years.

INVESTIGATING EPIDEMIOLOGY

The hunt for Ross River virus and its vectors in Tasmania began in 1983 with the establishment of an equine sentinel herd of 15 sero-negative miniature Shetland ponies, just north of Bicheno on the central east coast. This location was chosen because there had been a cluster of human EPA cases in the vicinity. The animals ranged over several paddocks, and there was bushland nearby which harboured native fauna. During the summer and autumn of 1983/84 and 1984/95, the horses were routinely bled and tested for RRV antibodies. Concurrently, mosquitoes in the area were caught in dry-ice light traps or aspirated from human volunteers whenever opportunity or conditions permitted. The insects were stored in liquid nitrogen prior to being forwarded to a mainland laboratory for processing.
During the first period of the investigation the weather was very dry, with almost no mosquito activity. None of the ponies sero-converted, nor were there any cases of EPA in humans reported. The 1984/85 summer was much wetter, with plenty of mosquito activity. One of the sentinel horses, a mare named Amber seroconverted in February and simultaneously developed symptoms of RRV infection. She later aborted a 16 week old foetus. Two pools of *Ochlerotatus flavifrons* mosquitoes collected from Amber's paddock three days before she became ill each yielded an isolate of Ross River virus. It was the first identification of the virus in Tasmanian samples and the first time this species of mosquito had been identified as an RRV carrier. One month later six local residents were diagnosed with EA.

On the eastern Australian mainland the principal RRV vectors are O. vigilax in coastal regions and Culex annulirostris in fresh water areas. Neither of these mosquito species occurs in Tasmania. *Ochlerotatus flavifrons*, a freshwater mosquito has only limited distribution and it was felt that its role as a vector would be similarly restricted. Accordingly, and since by then most of the sentinel herd had become sero-positive, the collection net was cast wider, with mosquito trapping along extended coastal areas. Although there are about 30 individual mosquito species in Tasmania, comparatively few (4 or 5?) are potential arbovirus vectors, capable of obtaining blood meals from both animals and humans.

The pattern of notified human EPA cases in Tasmania clearly indicated that RRV activity was confined to the State's coastal plain, with most infections occurring in late summer or autumn. The years immediately following the initial isolation of RRV at Bicheno in 1985 were excessively dry due to the influence of an El-Nino weather pattern over south eastern Australia. Mosquito trapping resumed in the summer of 1989, with no positive virus isolates for the first two years, but with the isolation of two new species of mosquitoes in Tasmania. The most abundant mosquito attacking humans on Tasmania/s coastal plain is the vicious *Ochlerotatus camptohynchus.*

The summer of 1991 was characterized by a combination of unseasonal rain storms and coastal inundation from big swells and high tides, following cyclones off the Queensland coast. The concomitant dilution of freshwater lagoons created an ideal habitat for salt-marsh breeding mosquitoes. A cluster of human cases of EPA in the Beaumaris locality focused attention, where the residents were being driven to distraction by swarms of *O.camptorhynchus* mosquitoes. Sure enough, collected pools almost exclusively of this species, forwarded to Westmead Medical Entomology Unit, were positive for Ross River virus. It had long been thought, but not proven in Tasmania, that O. camptorhyncus. was a major arbovirus vector, as it was in coastal south-eastern Australia. A major EPA epidemic in Western Australia in 1988/89 had also incriminated that species.

The self-limiting nature of RRV disease, it is normally only contracted once, has resulted in a progressive pattern of human infection spreading around the coast from original foci in the Tamar Valley and Bicheno area, towards more susceptible populations. Excessive summer rainfall and tidal inundation are also critical factors creating conditions for an outbreak of EPA. Circumstances which are entirely unpredictable. When they do occur the result can be dramatic. For instance in the summer/autumn of 2002, Tasmania had 117 recorded cases of human RRV disease, the highest ever for the State. The Sorell district had 37 of these and *4 isolates of* RRV were obtained from local mosquitoes (*O. camptorhynchus*). This unpleasant, day and dusk-biting, salt-marsh mosquito has now been established as the principal RRV vector in Tasmania. Other species have the potential to carry the virus, but, apart from O. flavifrons, indications are that their maximum population densities are too low to be relevant.

CLINICAL EFFECTS

Ross River virus disease has several unique features, some of which have already been mentioned, reservoir hosts, lengthy incubation, and no clinical effect on children. While not a 'killing' disease it can be extremely debilitating. As the name for the condition suggests, the worst effect is a severe, painful, non-supparative arthritis of

the joints, especially the knees, knuckles, wrists and ankles. This "polyarthritis" can last for weeks or months and, apart from pain palliatives, there is no effective treatment. Other symptoms include fever, myalgia, lethargy, stiff neck and, in the early stages, a maculopapular rash. Even more troublesome is a subsequent "Chronic Fatigue Syndrome"(CFS) during convalescence, which can persist for months or years. The disease EPA has been described as the greatest single cause of lost productivity in Australia. Typically, it affects previously active people in the prime of their lives, and, because the duration can be so prolonged, the effects are compounding. Australia records, on average, approximately 2000 new RRV cases every year.
The disease may not kill you, but it sure knocks you for six!
On the credit side, the number of clinical cases is only a small percentage of actual RRV infections. Children, as mentioned, do not suffer although they do become immune. Similarly, serological screening of population groups in various Australian RRV hotbeds has indicated a high percentage up to 70% of RRV antibody positive individuals who never experienced clinical symptoms. Why this is so is a mystery, but it could be related to individual stress, or otherwise, pertaining at the time of incubation.

HORSES

A clue to the relevance of stress in the clinical expression of RRV infection came in the form of an outbreak of the disease in 35 racehorses in the Hobart area during the autumn of 1996. Affected animals were over two years of age and in training, and exhibited the same founder-like symptoms. One horse developed a severe chronic fatigue syndrome (CFS) and had to be withdrawn from work. Others, not seriously affected, incurred the wrath of racing stewards for allegedly "not being permitted to perform to the best of their ability". Positive RRV serology saved the reputation of their owners. Similar clinical effects of RRV infection have been observed in other domestic livestock, the most spectacular being a whole herd of 80 dairy cows, simultaneously afflicted with EPA, falling about all over a slippery yard.

WHERE DID IT COME FROM

There is no doubt, from available evidence, that Ross River virus did not exist in Tasmania before 1974. What happened about that time to introduce the virus and to distribute it State-wide, as was shown in serological surveys of fauna prior to the first diagnosed, human infections in 1981. The answer lies in Australia's fickle weather patterns. The period 1973/74 saw exceptionally high rainfall throughout the eastern half of the continent. Lake Eyre had one of the largest inundations in history, and there was extensive flooding in the Murray Darling Basin.

The almost immediate biological effect of so much water was a population explosion of vertebrate and invertebrate animals relevant to the localities. Most notable were enormous escalations in the number of water-fowl species – ducks, spoonbills, ibis, cormorants, pelicans, egrets, herons.

However, just as the waters rose, the lakes and flood plains began to dry out, leaving the huge population of young birds no alternative but to migrate south to Victoria and Tasmania. Thousands of birds flew across Bass Strait. The author recalls vividly, early in 1974, seeing flocks of most unlikely waterfowl ibis, royal spoonbills, and unusual species of duck, flying past his residence on the east coast. Members of the Bird Observers Association of Tasmania (BOAT) recorded many similar sightings, especially on the lagoons and marshes around Sorell. The significant escalation in water bird populations in 1974 is borne out by big subsequent increases in Victorian duck-shooters' bags (up to 10x for some species), 50% of which were juvenile birds. Unfortunately, no such figures are available for Tasmania.

Waterfowl, juveniles of lesser immunity in particular, are proven carriers of a range of arboviruses which are distributed far and wide on dispersal from drought affected wetlands. High levels of antibodies to the alphavirus Sindbis have been detected in the sera of many bird species. The situation regarding RRV is uncertain, but its arrival and dispersal in Tasmania, simultaneously with the influx of thousands of young waterbirds, can hardly be coincidental. We will never know for certain as search made for any locally banked, waterfowl sera from that era was conducted in vain.

FINAL COMMENT

Since its introduction into Tasmania 30 years ago, Ross River virus has become firmly entrenched in the coastal ecosystems where reservoir marsupials and mosquito vectors come within range of susceptible target hosts be these human or domestic animals. Gradually, static human populations are becoming less vulnerable as younger immune members attain adulthood. The risk for visitors remains very real though, and will always be a publicity consideration in such a tourist-oriented State. It simply becomes a matter of observing the prophylactic cliché 'Prevention is the only cure!'.

ACKNOWLEDGMENTS

Such a saga would be incomplete without at least passing mention of the many people who made significant contributions: the Late Dr. Barry Munday, formerly of Launceston, for initiating and encouraging the research; Dr. Brian Kay and Staff at the Queensland Institute of Medical Research, Brisbane, for technical assistance and

fauna serology; Dr. Ian Marshall and staff at the John Curtin School of Medical Research, Canberra, for equine serology and virology; Mrs May Farrow and Miss Sarah Vine, pony stud operators, Bicheno; Professor Richard Russell land staff at the Medical Entomology Unit, Westmead Hospital, Sydney, for considerable technical input; staff at the Department of Primary Industry, Water and Environment's Mt. Pleasant Laboratories, Launceston, for technical assistance; Mr. Greg Robertson, Health Inspector, Sorell Council, Sorell; and last, but certainly not least, my long-suffering wife Eileen, who provided considerable volunteer field assistance, and who, like the author, contracted the disease in the process

REFERENCES

(1) Clarke JA, Marshall ID, Gard G. Annually Recurrent Epidemic Polyarthritis and Ross River Virus Activity in a Coastal Area of New South Wales. Am J Trop Med & Hyg, July 1973:22:543-550.

(2) Miles JAR, Mataika JU. On the Spread of Ross River virus Through the Islands of the Pacific. Fourth International Conference of Wildlife Diseases, Sydney, Australia, 1981:33-36.

(3) Mudge PR, McColl D, Sutton D. Ross River Virus In Tasmania, Med J Aust, Sept 1981:256.

(4) Munday BL, McManus TJ. Investigations into the Introduction and Distribution of Ross River Virus in Tasmania. Absts Wildlife Disease Association, Australasian Section, Conf, May 1983.

(5) Mudge PR, Aaskov JG. Epidemic Polyarthritis in Australia, 1980-1981. Med J Aust 1983:2:269-273.

(6) McManus TJ, Marshall ID. The Epidemiology of Ross River Virus In Tasmania. Arbo.Res.Aust.4:127-131.

(7) Dobrotworsky NV. Mosquitoes of Tasmania and Bass Strait Islands. Proc.Linn.Soc.NSW. 1966:91:121-146.

(8) Lindsay MD, Latchford JA, Wright AE, McKenzie JS. Studies on the Ecology of Ross River Virus in the South-west of Western Australia. Arbo.Res.Aust 5:28-34.

(9) McManus TJ, Russell RC, Wells PJ, Clancy JG, Fennell M, Cloonan MJ. Further Studies on the Epidemiology and effects of Ross River Virus in Tasmania. Arbo.Res.Aust.6:6,-72.

(10) Robertson GJ, Doggett S, Seeman O, Russell RC, Clancy J, Haniotis J. Ross River virus and its vectors in Sorell Municipal Area, south-eastern Tasmania, January to March 2002. Australian Government Department of Health and Ageing, Commun.Dis.Intell.2004:28:26+-266.

(11) Russell RC. Ross River Virus: Disease Trends and Vector Ecology in Australia. Proc.lst Int.Congress on Vector Ecology, San Diego, California, USA 4 Oct. 1993.
(12) Buckerfield M, McConnell A, Church S, McManus TJ. An Outbreak of Ross River Virus Disease in Tasmanian Horses. Bain Fallon Lecture, Adelaide. July 1996.
(13) Azuolas JK. Ross River Virus Disease of Horses. Aus.Equine Veterinarian 1998;16:56-58.
(14) Briggs SV. Possible Medical Impacts of Waterbirds on Humans. Fourth International Conference of Wildlife Diseases, Sydney,Australia. 1981:25-32.
(15) Norman FI, Nicholls N. The Southern Oscillation and variations in waterfowl abundance in south-eastern Australia. Aust.J.Ecol.1991;16:485-490.

Melbourne Evening Standard, June 9th, 1890

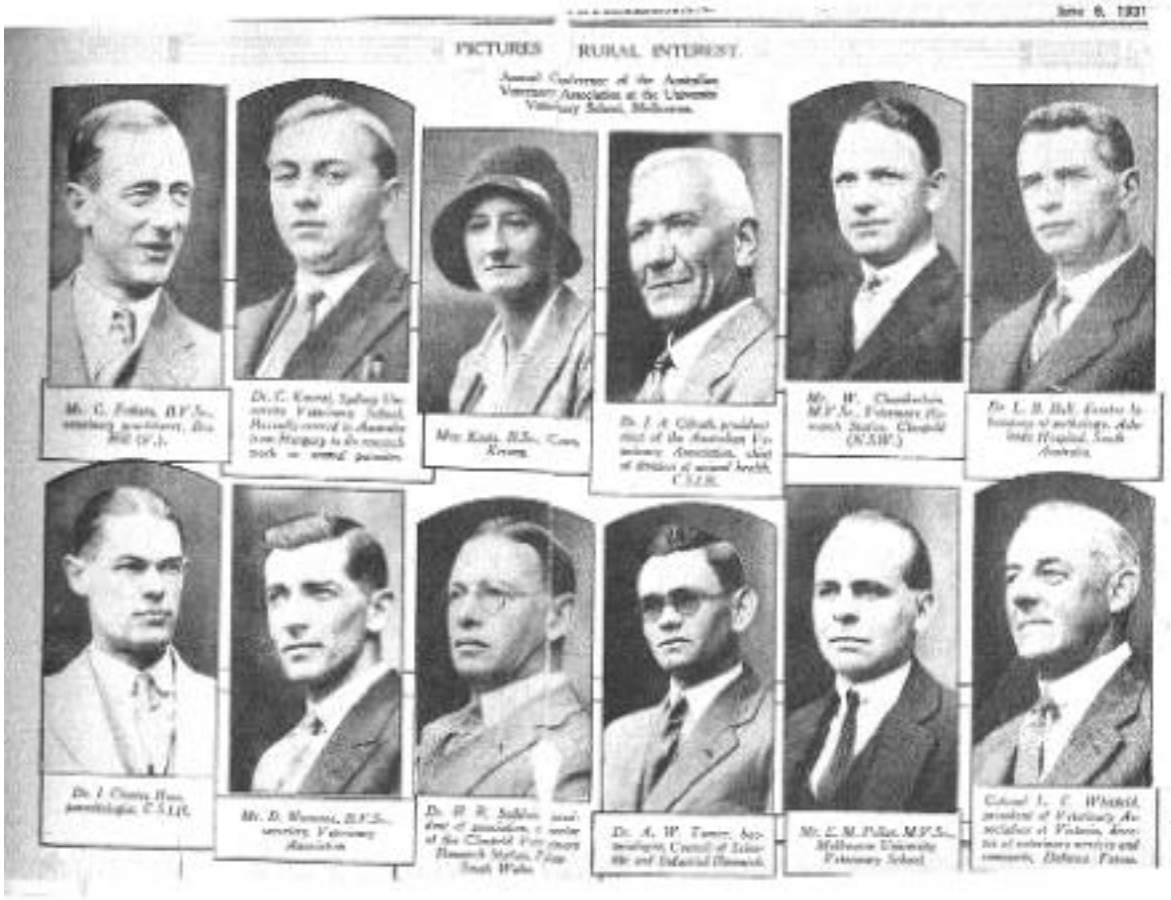
LEGAL
ACTION FOR LIBEL

In the Supreme Court today, before His Honour Mr. Justice Webb, the hearing of an action of Christophers v Harcourt was commenced. The plaintiff, Mr. Henry Albert Marguis Christophers, hon. Secretary of the Veterinary Medical Association of Australia and late registrar of the Veterinary Board of Victoria, sued the defendant, Mr. J.M.Harcourt, the proprietor of the Bendigo Evening News, a newspaper published at Sandhurst, to recover £500 damages for two alleged libels published in the defendant's paper on January 13th and 18th, 1890.
Mr. Leon, instructed by Messrs.Briggs and Snowball, appeared for the plaintiff: and Mr. F.G. Duffy, instructed by Messrs. McEvoy and Jones, for the defendant.
The first libel was as follows: - Notice – "Get a bogus veterinary diploma. Send one guinea to the secretary of the Veterinary Medical Association. No questions asked."
The plaintiff alleged that what was meant thereby was that he, upon receipt of a guinea, in disregard of his duty as secretary of the association, and without due inquiry, and improperly, would issue a worthless veterinary diploma.
The second libel ran thus: - Notice – "Anyone sending seven guineas to the Veterinary Board will receive their veterinary diploma and certificate of membership of the Veterinary Medical Association of Victoria. No veterinary skill required. No questions asked." The plaintiff alleged that by this was meant that he, in disregard of his duty as registrar and secretary respectively of the bodies named,
without due enquiry, and improperly, would issue to wholly unqualified persons the diploma of the Board and the certificate of the Association.

The defence was that the libellous matters complained of were advertisements, inserted without malice on the part of the defendant, and without gross negligence, and that after their publication the defendant published a full apology in his paper. The defendant paid £10 into court as sufficient to cover the plaintiff's claim. The advertisements complained of were signed "L.R. Lay."

The defendant on February 26th, 1890, published in the Bendigo Evening News the following apology to the plaintiff: - "In explanation – Our attention has been drawn to an advertisement which appeared in our issue of 13th January ult., under the heading of 'Notices', signed by L.R. Lay. This advertisement Mr. H.A.M. Christophers, the Secretary of the Veterinary Medical Association, considers as reflecting prejudicially upon him. We regret very much that the notice complained of appeared in our columns. We did not intend that any unfavourable reflections should be cast on Mr. Christophers, and if he has been in any way injured or inconvenienced by the notice, we trust that this explanation may have the effect of clearing up matters to his satisfaction."

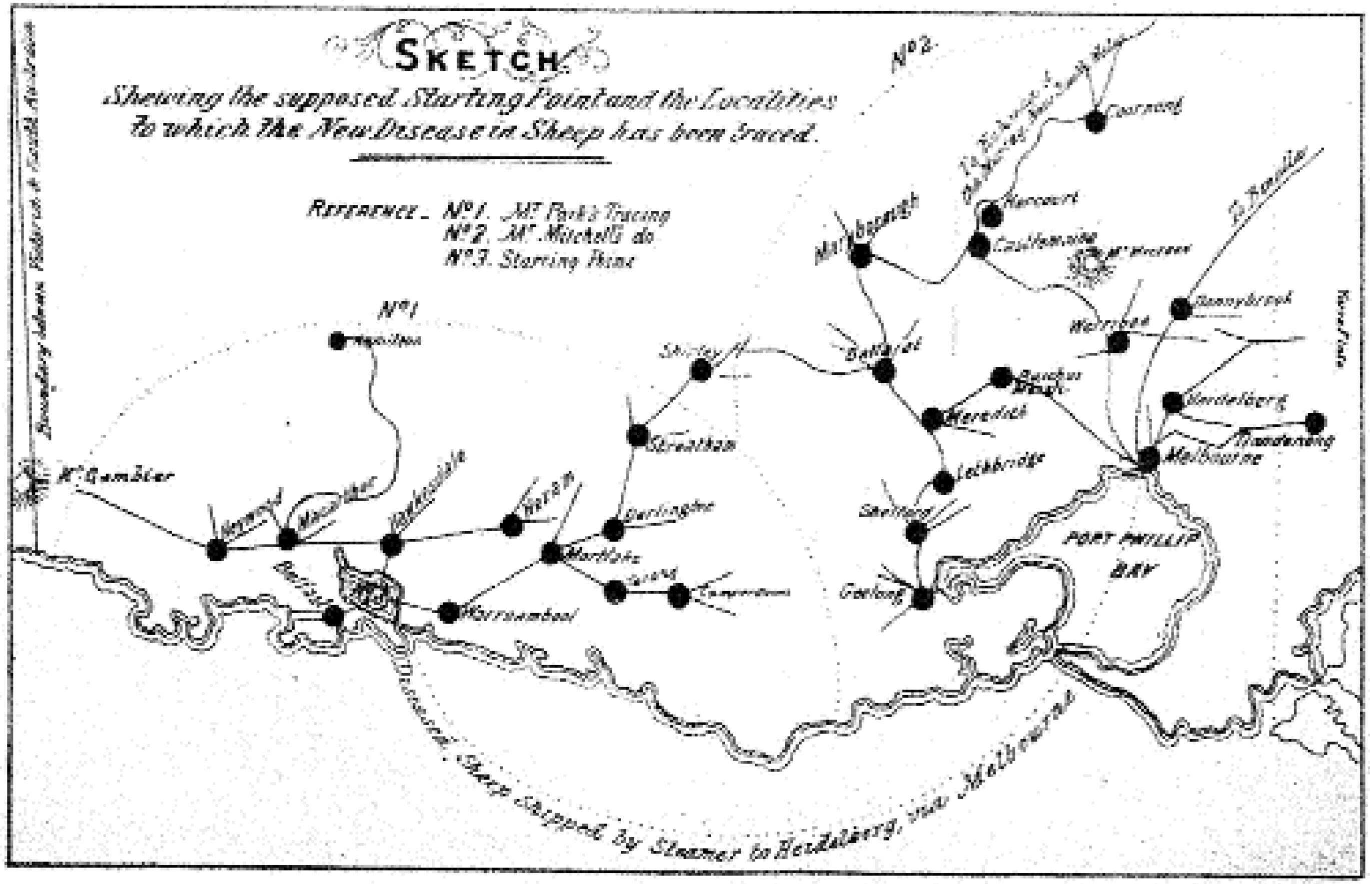
Evidence having been given on both sides, His Honour held that the defendant was guilty of gross negligence in allowing the first libel to appear, as it passed through his own hands. It was no doubt handed to him by Mr. Lay, who was a veterinary surgeon, and whom he said he thought was a member of the Veterinary Association, but anyone looking at the terms of the manuscript would see that the document was not an advertisement, but a libel. The defendant also neglected to publish an apology till six days after he had seen the writ, which had been served in the action, although his paper was a daily one. The sum paid into Court was not sufficient to compensate the plaintiff under the circumstances, and judgement would be entered for £50 in addition. With respect to the second libel, judgement would be entered for the plaintiff, with £10 damages.


PICTURES RURAL INTEREST

Annual Conference of the Australian Veterinary Association at the University Veterinary School, Melbourne.

AVA Members attending the June 1931 Annual Veterinary Conference at the Melbourne University Veterinary School

CONTENTS.



SKETCH
Shewing the supposed Starting Point and the Localities to which the New Disease in Sheep has been traced.
REFERENCE _ No 1. Mr Park's Tracing
No 2. Mr Mitchell's do
No 3. Starting Point
No 1
No 2
Mt Gambier
Hamilton
Shirley
Streatham
Darlington
Mortlake
Warrnambool
Maryborough
Harcourt
Castlemaine
Ballarat
Meredith
Lethbridge
Geelong
Warribee
Bonnybrook
Heidelberg
Dandenong
Melbourne
PORT PHILLIP BAY
Diseased Sheep shipped by Steamer to Heidelberg via Melbourne