

INTRODUCTION

Two veterinary surgeons have been down before me (Mike Godsall in 1965/6 and Andy Bellars in 1967/8) and have left valuable information which has been passed on to each generation of dog drivers but getting more distorted each time. As I wintered, while Mike and Andy were summer merchants, I felt I was in a position to write notes on some of the common troubles in BAS huskies, as these are often different to the dog problems at home. This is my attempt. It is only an interim measure as I hope to write a longer version when I get back to Cambridge and have a bit more time. Therefore I would appreciate any comments and opinions about the contents, the way it has been set out, etc.

The skin conditions of the huskies are very different from those affecting dogs at home so I would like to hear about these together, if possible, with some colour close up photos. I would appreciate this being sent to me at the School of Veterinary Medicine, Cambridge at the earliest opportunity.

Finally any returning FII who wants to see what a veterinary hospital should look like and how operations should be performed is most welcome to come to Cambridge and I hope I can show him something of interest.

R.W. Bostelmann

January 1974

Temperature (per rectum)		100-100.5oF
Pulce (taken on the inside of the hind leg)		60-80/min
Breathing at rest		8-12/min
Sexual maturity	Dog	8-10 mths.
	Bitch	7-9mths

Heat periods every 6 mths roughly. The bitch will bleed for 5-7 days and will not willingly take a dog but after this she will accept a dog very willingly for about 10 days. That is the average but every bitch is different!

Pregnaency	64 days roughly
Suckling period	5 weeks

TELEGRAMS for VETERINARY ADVICE.

Please do not hesitate to ask for any veterinary or doggy advice. But please try to supply as much information as possible - it is difficult to give a definite diagnosis without a full history. Try to include the following:-

1. Name of dog and team.
2. The first signs of the problem and when did it occur .
3. How the disease has changed with time and treatment.
4. Any other background information i.e. team just gone into field, other dogs affected but responded to treatment, just pupped etc.
4. Description of full clinical examination including temperature, breathing rate, general health of dog etc.

We will try to give you a diagnosis and treatment but do bear in mind that this is difficult from a long distance.

A brief note in the monthly veterinary telegram as to the success, or otherwise, of the treatment would be appreciated to terminate further sleepless nights in England.

DRUGS IN FIRST AID KIT.

TRIPLOPEN 10 vials

Dose 1 vial dissolved in 2 cc. boiled water and repeat in five days if necessary.

Use this for bad fight wounds especially if near the eyes or a joint. Always use after stitching.

ANTHONY'S LIN 75ml bottle

Dose 2-3 ml daily for 3-5 days.

Use for very bad wounds or where the infection has failed to respond to Triplopen. This suspension forms a large lump and needs very vigorous shaking to resuspend it. Do not use it until it is properly resuspended.

This preparation will be replaced by 500 mg tablets at relief 1:75 so in the future a packet of 20 tablets should be taken into the field instead of the bottle; dose will be one tablet per day.

ACRYLIC POLYMER 2 bottles

Puff liberally onto all wounds. It is cheap so if in doubt use it. Keep the containers as they can be filled up again.

CAIOMCANTIN . P. AY 1 spray

An antibiotic spray that contains gentian violet which will usually deter a dog from licking the wound. Spray onto a wound and over stitches to stop the dog licking.

The nozzle gets blocked easily and regular but don't throw it away (they are expensive). They can be unblocked easily by sticking a fine needle up the nozzle.

TERRAMYCIN 2 tubes

Rub into areas of collar and harness rub. Very little is needed but it should be rubbed in well. The purpose of the cream is to stop the skin from cracking. You may have Penicillin or Terramycin ointment in your kit. These are just as good and we want to use them up.

CHLORGYCETIN EYE OINTMENT 2 tubes

Use for eye infections. Apply about 1/4 inch to the eye and then close the eyelids so that the ointment melts. Apply at least three times daily. If the infection has not cleared up in about five days change to the other preparation.

FLUORETS 6

These contain a dye that will stain ulcers in the eye. Wet the yellow tip to the taper and dab on the eye. Close the eyelids and then inspect the eye closely after about 30 seconds. An ulcer will show up as a bright green circle. After the green dye may appear from the nose - this is nothing to worry about but is due to the tear canal opening in the nose.

VERAICAIN 50ml

This is a local anaesthetic that should be injected into both margins of a skin wound before stitching it up.

ACETYL P. OXAZINE 2x15ml

A tranquillizer to be used prior to stitching.

Dose: 0.2mg/kg i.e. 1cc/40lbs of dog

The maximum response occurs about 30 minutes after it has been injected into the back leg and then it lasts about 2-3 hours. The dog will lose control of its body temperature while sedated so all precautions must be taken to try to maintain it. If it blowing build a snow wall around the dog and if it very cold leave him in the tent until he has come round properly, about 6 hours after the injection.

BUTALOLONE 100x100mg tablets

For some reason known as BRZ by FIC

Dose 6 tablets a day for 3 days

then 3 " " " " 6 "

Alleviates the pain in arthritis. Give on a full stomach i.e. just before or after feeding nutty.

Dose 2 daily for 7 days.

Also relieves pain from arthritis. Quicker acting than above but lasts for a shorter time. Give on a full stomach.

GESTRALIGL BLENZATE 10mlx 5mg/ml

Dose 5-10mg within 8 hours of an unwanted mating.

It must not be used more than once in a particular mating heat period. It will prolong the heat period by another week from the time of injection, so now you will have to be even more careful so be careful to begin with and then you won't have to use this drug. IF IS LANGRORUS TO MUST NOT BE BURD AND IF POSSIBLE TO EVERYTHING TO STOP YOUR BEGETTING TUFFED.

There are two concentrations of this drug so make sure you get the right dose. It is 7ml if the concentration is 1mg/ml and only 1 1/2ml if it is 5mg/ml.

GRIBOVIN TABLETS 100x 250mg

Dose 1-25mg/kg or 1 tablet per 20lbs of dog

Give daily for three weeks

for foot lark.

NUALOGA TABLETS about 250

Dose 2-3 tablets daily for 10 days

for dogs that are run down and look thin though are healthy otherwise. Also for dogs that are losing excessive weight.

BUNOLIN 1bottle

This forms a protective layer when painted onto the skin. Use for weeping sores and over cuts. Could be very useful for the sores that develop on the pads when the dogs are running through abrasive snow.

WASHABLE SYRINGES 4

Wash out and use again.

Hylon syringes should be coming down in 1975; these can be boiled and used again.

SPICE
Use size 23 for injecting local anaesthetics and size 21 for intramuscular injections.

wash out and boil between use.

Thermometer in a pink case for dogs. Normal temperature 101.5

Curved scissors for cutting hair away from the wound edge prior to stitching.

Spencer bells for holding needles

Gillies for holding needles. These are a bit complicated to use but once you get the hang of them they are marvellous as they incorporate scissors.

Forceps for holding the skin edge during stitching - never hold it in your hand.

2/0 chromic catgut. The packet has a needle attached so is ready for use. If you only use a little bit of the catgut, throw the rest away. OF K&R IT FOR A L.P. H.S. This is for use in deep wound where the muscle is torn so that the deep tissue is brought together before putting tension on the skin. These stitches dissolve in about 15 days so do not take them out - they should be covered by a layer of nylon stitches anyway!

Polyamide for the skin. Remove these stitches after about 10 days.

1/2 curved triangular needles for use with the polyamide. Use again after it has been boiled up.

PENBRITIN 40 capsules

Dose 2 capsules daily

for treatment of bloody urine

While skin conditions are common in Huskies they are generally of little importance. The main function of hair is to entrap hair so that it forms an insulating layer around the body. Most skin conditions will take a long time to be resolved completely and as hair only grows slowly do not expect the lesion to have disappeared completely at the end of the course of treatment. The main sign to look for during treatment is that the lesion is not getting worse.

MOULTING and BLUBBER.

BASE huskies have not fully adapted to the change in seasons from their natural northern environment so they will moult at any time. Any change in the dog's metabolism (e.g. pupping, prolonged illness, change of diet etc.) will lead to a break in the hair and thus lead to moulting about ~~three~~ six weeks later. During the moult the dead hairs will become matted so reducing the efficiency of the hair to trap hair. While on base, the coats often become severely contaminated with blubber causing the hairs to clog together. Thus if the dog is very blubbery or moulting it is wise to comb or pull out the unwanted hair leaving a clean standing coat.

ICING UP.

After a blow drift may become embedded in the coat as a sheet or in a big lumps. This is very uncomfortable for the dog as well as decreasing the hairs insulating ability. These lumps should be broken up and combed out. Occasionally it is necessary to break the large lumps of ice with a picket hammer but make sure you do not bang down onto the dog!

ICE ALCPHICIA.

Logs will pull out small lumps of ice that are matted onto their hair. Unfortunately they also pull out a lot of hair

stuck to the snow surface and a large area of hair will be pulled out when the dog stands up.

These lesions are seen as bald, often weeping, areas where normal skin and hair were present the previous day. Usually these lesions have a definite border between the bald skin and the normal hair. The hair has been pulled out not broken. The exposed skin has an almost shiny appearance.

Treatment: It is important to keep this lesion supple as the exposed skin will be very liable to crack. Rub Femadox or something similar in twice daily until the skin is acclimatized and takes on a natural suppleness of its own. The hair will take a very long time to regrow.

HARNESS and COLLAR RUB.

These are by far the most common skin conditions and diagnosis should be obvious.

Treatment: Try to remove the cause of irritation. Take the collar off and leave the dog on the harness and when the collar is put back on enclose it in some tubular lampwick. Check the fit of the harness - rub can be caused by the harness being too large as well as too small. Most huskies have some hair loss under the armpit by the end of the summer trip but it should not look raw.

If it bad rub in Femadox or a similar cream.. Some dogs develop a weeping form very rapidly and this responds well to Bilibano cream (human supply).

BEALY MOUTH.

This type of eczema occurs around the mouth and on the muzzle. There are small areas of hair loss, the underlying skin is moist and there are a number of small scabs associated with the lesion.

Treatment: Cortril or Betnovate cream twice daily.

KINGDOM.

skin is normal.

A condition known as Ringworm has been described in BAS huskies for many years but a fungus has never been found in the lesion so its existence was in some doubt. However in the year 1973/4 I saw two lesions that looked like ringworm clinically although up to this time I have not found a pathological organism. However I hope to have more information on this in the future.

Treatment: 2-3 Tablets 250mg Griseovin daily for three weeks.

FOOT LURK:

This strange condition appeared first on the pads but since has broken out further up the leg. Clinically it looks like a small bald area with weeping skin underneath. The hairs are broken off and the skin may be reddened.

Present work suggests that this is an unusual form of ringworm though it might be a viral disease with the fungus appearing later.

Treatment: Until more is known 2-3 Griseovin daily for three weeks.

GENERALISED HAIR LOSS:

This occurs frequently in the field and is probably due to a vitamin deficiency,

Treatment: 3 nutty tablets daily for 10 days.

I am particularly interested in all skin conditions especially suspected cases of ringworm and footlurk. Therefore please write a full description of the condition including date of first noticing it, size and rate of growth, exact site of lesion, appearance of hair (broken or pulled out etc) and skin (red, weeping etc.) and describe how it progresses with or without treatment. Please also pull hairs from the lesion and store in a paper envelope (do not cut the hairs

as the root is necessary and do not store in an airtight container as this will kill the fungus).. Please do this before and after the course of treatment. I would also appreciate a close up colour photo of before ^{and} after.

Please send me the samples as soon as possible to:-

R.w. Bostelmann, School of Veterinary Medicine, Madingley Road,
Cambridge.

URINARY AND GENITAL DISCHARGES.

huskies being fed seal usually excrete dark urine due to the high myoglobin content of seal muscle. The urine will vary from one to next and is a coffee colour which should not be confused with the brighter red/brown of blood tinged urine. Haematuria is common in huskies at home but unfortunately I do not know the reason for this as though perhaps there is an anatomical or physiological reason for this occurrence in huskies.

HAEMATURIA (bloody urine)

1. Bitches on heat: There should be no problem in diagnosing this as there is usually blood around the lips of the vulva and as the blood trickles out of the vulva there are drops of blood on the ground unassociated with urine. The lips of the vulva are usually swollen and the bitch will be behaving oddly. The bleeding period (pro-oestrus) lasts 5-10 days and during this period the bitch will not usually accept a dog but she should be put in the bitch pens and kept away from dogs. When the bleeding stops the bitch is in true oestrus and will accept the dog very willingly for about 10 days.

2. Cystitis in both sexes: This is an infection of the bladder which is common in dogs generally. The animal will urinate more frequently than usual and the blood will be mixed with the urine.

Treatment: Penbritin for five days.

3. Bites on the penis: Dogs will often attack the penis and testes in an aggressive fight. Blood will be seen dripping from the penis and also at the beginning of urination.

Extrude the penis and examine carefully.

Treatment: Penbritin for at least five days

Extrude the penis from the sheath at least twice daily to stop adhesions forming between the penis

4. Prostatitis in the male: The prostate is a small gland that secretes nutritive juices into semen during the 'lock on' process. This gland sometimes becomes infected so that blood is passed in the urine (with the first bit of urine that is passed) . The dog will have a slightly raised temperature and may have difficulty in passing faeces.

The prostate can be felt per rectum in the pelvis. Lubricate the index finger with soap or Xylotox gel and insert into the rectum as far as possible while with the other hand feel the most posterior part of the abdomen. The normal prostate is about the size of a walnut and is bilobed with an obvious division in the middle. It can be felt on the floor of the pelvis. If it is grossly enlarged it will fall forwards and can be felt in the abdomen.

Treatment.: Penbritin or Chloramphenicol daily for 5 -10 days. If neither of these work after 10 days of each , use 5 mg oestradiol benzoate daily for 7 days.

5. Post-pupping: Many bitches will have a dark red clear discharge from the vulva for a long time after pupping. This is nothing to worry about as long as it remains clear and does not smell.

DISCOLOURED URINE

1. Thumping: If a dog has been thumped very hard or has been involved in a mega fight it will often pass a dark mahogany urine which results from bruised muscles.

2. Many foods will result in discoloured urine so this should be borne in mind if the animals have been given scradge. Beetroot is an obvious example.

BALANITIS:

This mild infection of the prepuce (sheath) is so common in BAS huskies it is almost normal. A pale yellow discharge can

no trouble at all but if it is causing irritation (the dog will be constantly licking it) it should be treated.

Treatment: Make up about 10ml of warm weak Cetrimide and syringe it up the sheath. Then close the end of the sheath and massage for about a minute. Repeat in four days.

EXTRUDING and CATHETERISING THE PENIS:

The dog's penis has a small bone in it. In order to extrude the penis for examination hold the sheath in one hand while the penis is pushed out with the other hand which is holding the base of the penis. It is not as easy as it sounds! It is sometimes necessary to catheterise the penis to empty the bladder or obtain a urine sample. Extrude the penis and then insert the catheter, which has been well lubricated, into the urethra and slowly push further up. The urethra does a 180° bend in the pelvis so never force the catheter as this bend will offer some resistance. At least nine inches will need to be inserted to reach the bladder in an adult dog.

VAGINITIS and PYOMETRA.

Just after pupping the bitch will have a dark discharge from the vulva which should clear up within a week but if it becomes cloudy or smelly it indicates a mild infection of the womb.

Treatment: 2ccs Oxytocin on the first day and chloramphenicol daily for at least five days.

Pyometra means pus in the uterus (womb) and is an extremely serious condition. It is not necessarily associated with pupping but is more commonly seen in bitches which have had a number of injections of oestradiol benzoate or false pregnancies. There are two distinct clinical types.

1. Open in which the cervix is open so the pus is discharging from the vulva. The bitch will be off colour and lethargic, she will have a slightly raised temperature, be off her food

and have an obvious vulval discharge.

Treatment: 2ccs Oxytocin on the first day. 3ccs Multivitamin on the first and tenth days. Chloramphenicol daily for 10 days.

2. Closed in which the cervix is closed and so there is no discharge. In retrospect you will realize that the bitch has been running down for some time but it will probably have the appearance of a rapid onset. The bitch will look very sick and will have a high temperature. She will vomit frequently, will have a dry mouth and will refuse all food. Her abdomen may look enlarged and a large flabby sausage can be felt in her abdomen.

Treatment: 500ml Dextrose/saline warmed up and injected into the vein at a rate of two drops a ~~min~~ second or injected under the skin behind the shoulder as fast as it will go. Fluid daily. Chloramphenicol daily. Multivitamin on day 1 and 10. DO NOT USE OXYTOCIN AS THIS WILL RUPTURE THE UTERUS. Surgery is usually necessary but this must not be undertaken by a non-medical person. Midline incision with a total ovarohysterectomy

In this condition the bitch is physiologically and psychologically preparing to have pups. It occurs about 64 days after the heat period (at the same time as you would expect a normal pupping) so is very difficult to differentiate from a normal pregnancy.

Classically the bitch will have a change in behaviour which is probably the first thing you will notice. She will be very quiet and will start digging holes whenever you stop. She will not be the usual playful animal and will snarl at other dogs. She may appear to be getting fat. Male dogs will take an interest in her as if she is on heat but she will see them off. She will have enlarged breasts and by squeezing the nipples you can draw milk out of them (this is the diagnostic sign).

Pseudopregnancies are caused by a hormonal upset and are more liable to occur if the bitch has had oestradiol benzoate frequently in her life. It is more common in middle aged bitches than young or old ones but once the bitch has one she will probably have them after each heat period.

Treatment: Leave well alone initially but if she ^{is} being a problem or has a lot of milk, treat her with Desoral tablets.

These bitches make excellent foster mums so if you have a large litter which is too much for the original mum to cope with or if the original dam is not looking after the pups use one of these bitches which are having a false pregnancy at the time. I know of 23 pups being successfully reared from one litter in this way! (this could be your year's replacements in one go.)

LAMENESS.

rivers have to tackle the problem of a lame dog very frequently and the most common cause of lameness will be due to a wound from fighting, the whole leg must be examined as it is not always the most obvious lesion that is causing the pain.

Duskie: have a rather rolling gait so it can be quite difficult to decide which leg it is lame on but this can usually be decided by trotting the dog. While trotting the head is normally carried steady but if the dog is lame in the front the head will nod up and down: it will go up when the affected front leg hits the ground. Similarly with the hips if the hind leg is affected.

Having established which leg it is lame on feel the skin all over the leg for any scabs or wounds. After this begin at the toes and work up the leg, always remembering that there are two legs so if you feel a lump that seems odd feel the other leg and if it has not got the same lump the chances are that it should not be on the first. Once pain has been established in a particular area, manipulate the other limb in the same way and also move away from the site on the affected leg and then come back to the site again. Dogs will often object the first time to an examination or manipulation but this is from anxiety and so by changing the manipulation and the leg you can eliminate this error.

Waggle each toe nail looking for broken nails - don't forget the dewclaw. Duskie, unlike some other breeds, only have dewclaws on the front legs.

Now squeeze and examine each pad. Squeeze in all directions and feel for any embedded foreign body and also make sure there are no small cuts especially at the base on the pad. Now look at the web between the toes especially the blind sac between the toes as foreign bodies will often become

lodged there. When squeezing the web remember that you are putting pressure on two sides so if the dog responds check both sides. There is a small gland at the margin of the web which feels like a tiny lump.

Now waggle the toes in all directions feeling for any fractures and then squeeze the foot in both directions. Having examined the foot completely move up the limb feeling the bone for lumps and at each joint flex and extend it while also feeling the size and shape of that joint. While manipulating the joint, hold it ~~++h~~ in the other hand so that you can feel any 'clicks'. It is not possible to move a joint without moving the one distal to it so you must start at the bottom of the limb.

Special examinations:


1. Stifle. This is the true knee joint in the hind leg.

While flexing and extending this joint ensure that the patella (knee cap) is riding up and down smoothly and without being pulled medially.

Then lie the dog down on its good side and grip the leg firmly above and below the knee joint and try to slide the two bones backwards and forwards across the joint. The dog must be fully relaxed to do this so if it tense just flex and extend the leg until the dog has relaxed. It may be necessary to sedate the dog with scetyl promazine.

2. Hip. While flexing and extending this both feel the joint and listen to it. Then with the dog standing on its front legs grip in front of the stifle and extend both legs backwards while lifting the dog off its hind legs. See if the legs are the same length at the stifle and at the toes.

3. Pelvis: The ilium can be felt sticking above the back bone while the ischium is further back above the base of the tail.

 While one hand is pressing the ilium on each side the

There should be very little movement unless the pelvis is fractured.

BALLING UP

While traveling on sticky surfaces, hard balls of snow may form on the feet which cause discomfort and slight lameness. The dogs will chew these off themselves.

BRUISED NAIL

This is a very common cause of mild lameness in huskies. Check each toe carefully so the break is often high up in the nail bed.

Treatment. If the nail is hanging off give it a quick pull to remove it but otherwise leave it to come off by itself.

If you do pull it off coat the end with Bonodin or Chloromycetin purple spray. Normally the dog is mildly lame for about five days.

CUTTING NAILS

This is not normally necessary in working dogs but if the nails become excessively long it must be trimmed. The nail should be at least a $\frac{1}{4}$ circle. Use large sharp scissors and cut from the side, not from on top as this will only squeeze the nail. Beware of the quick which can be seen as a pink core in white nails but cannot be seen in black nails.

WARTS. Warts grow on the webs between the toes causing lameness. These will eventually drop off spontaneously but daily spray of Chloromycetin purple will tend to keep them small and will stop them bleeding too much.

FOREIGN BODIES IN THE PADS

i.e. bits of moraine. These can easily be appreciated by squeezing the pads in all directions. However they can be very difficult to find. If you are having difficulty use a

and feel the material bet or

FOREIGN BODY in WEB

The dog will usually lick the area profusely so that the web is wet and red. Always check the blind sac very carefully, it is necessary to spread the toes for this.

INTERDIGITAL SEBACEOUS GLAND.

This small gland is on the margin of the web and usually cannot be felt but when it becomes blocked it will be appreciated as a small hard lump.

Treatment. Squeeze the gland very hard to force the secretion out

FRACTURED TOE

This can be quite difficult to establish as the dog is not very lame and the bone is aligned correctly. However by squeezing and manipulating each toe while feeling the bones it should be possible to appreciate the fractured ends and notice the odd movement of the bones.

Treatment. Strap the affected toe to its neighbour; this in practice means trapping the whole foot up. No splint is necessary as the normal toes will act as support. Leave trapped up for 4-6 weeks. Always put a small plug of cotton wool between the toes before bandaging up.

CARPUS The wrist

This may swell up from a sprain or from a knock. Check carefully that there is no fight wound. This will be slow in onset as the swelling will take a couple of days to reach its maximum distension.

Treatment: 2 Paracetamol daily *twice daily.*

ELBOW

This is commonly affected with arthritis which is usually appreciated when harnessing the dog.

CIRCULE

only animal that gets arthritis of this joint.

AXILLA arm pit

In mild lameness check this as mac. harness rub will cause lameness.

AXILLARY LYMPH NODE

This small gland can be felt deep in the armpit. It is one of a chain of nodes throughout the body whose function is to mop up any infection and so stop it spreading. Thus it will swell whenever there is an infection distal to it - further down the leg.

TARSAL ankle

Bursitis will occur here showing up as a swelling of the joint. This is most commonly due to the dog becoming tangled in a side trace.

Treatment 2 paracetamol twice daily.

RUPTURED ACHILLES TENDON

This also occurs when the dog becomes tangled in a side trace. The Achilles tendon can be felt as a hard ribbon running down the back of the foot and inserting onto the tarsus. When it is ruptured the dog will suddenly be very lame and will run with the ankle falling right onto the ground.

Treatment: This must be carried out at once so if you are sure of your diagnosis, cast at once. Put the leg in a plaster of Paris splint cast for three months. It is the swelling between the ends of the ruptured tendon that must be kept to a minimum with the cast so hours count in getting the cast on and so reducing the swelling.

If there is no repair after three months, assume it will not heal up but if there is some improvement then the dog should be rested for another two months. A dog can run with a ruptured tendon without it causing pain once the swelling has settled down.

DISLOCATED PATELLA

be dislocated so be pulling medially across the joint. The dog will run with the limb if permanent flexion.

Treatment: Extend the limb and then carefully push the patella back into the groove. It is easier if the dog is under sedation.

RUPTURED ANTERIOR CRUCIATE LIGAMENT.

This small ligament, connecting the femur and the tibia across the back of the knee joint, may be ruptured when the dog turns rapidly or slips. The lameness is therefore acute in onset. Pain can be appreciated in the tibia but the dog must be relaxed for a full examination. Lie the dog on its good side and then grip the limb firmly above and below the joint and try to slide the bones backwards and forwards on them each other. There is always one movement in this joint so check with the other limb.

Treatment. Absolute rest. Under good conditions surgery would be performed to implant an artificial ligament but this is not possible on base.

DISLOCATED HIP

This is fairly common in huskies and is caused by a severe knock or by the dog becoming tangled. It is acute in onset. With the dog standing on its front legs extend the back legs backwards so lifting them off the ground. The affected leg will be ~~longer~~ shorter. The hip is obviously higher than the other one.

Treatment. Under sedation, the hip can be manipulated back. While one person is holding the dog lying down, extend the leg and twist it out slightly. You can feel a distinct click as the hip goes back into place. Then flex and extend the limb while pressing down on the hip.

If possible rest the dog for about two weeks after this.

TOPLITEAL LYMPH NODE

This small gland is deep in the calf muscles but cannot

be palpated unless it is swollen due to infection distal

Arthritis is the cause of most dogs being retired. Andy Hallors in 1967/68 did a lot of work on this problem X-rayin dogs on all bases. He came to the conclusion that the high incidence was due to the type of work in these low temperatures. Arthritis is an inflammation of the joint surfaces. The end of the bones are covered with a smooth cartilage layer and so with the joint oil there is little friction between the ends of the bone. In arthritis cartilage erodes so exposing bone which may then proliferate forming spicules which protrude into the joint space. Normally the arthritis does not get beyond the erosion stage before the dog is put down. Clinically you will notice the dog objects to be harnessed and will tense up and possibly moan. He will be slow in the mornings but will tend to loosen up after some travelling. He will pull well on steady slow work but will be incapable of trotting fast. Eventually he will be lame the whole time. The most common joints affected are the elbow, shoulder and hips.

Treatment: THERE IS NO CURE FOR ARTHRITIS though the pain can be reduced. It is important to bear this in mind as, in my opinion, it is a waste of time treating the dog on base because if he is showing clinical signs on base he will be no use for a field trip. However in the field he should be given drugs to alleviate the condition.

Aspirin is a human preparation which is fast acting but the affect is short lived while Phenylbutazone is slower to give relief but its affect is longer lasting.

FRACTURES.

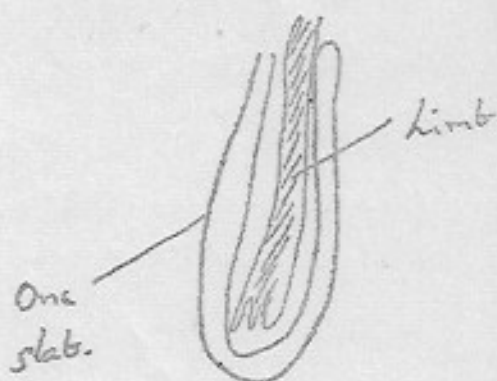
Fortunately these are not common. There should be very little problem in diagnosis as there will be a history of a traumatic accident, there will be an extraordinary range of movement in the bone and the two ends of the fracture can be felt moving.

2. Humerus: it is impossible to put a plaster cast on this and surgery is necessary to insert a pin or plate.

3. Pelvis: This will heal up satisfactory in about two months without treatment though the dog must have rest. Make sure the dog can defecate normally and if not give it liquid paraffin. If it occurs in a bitch do NOT breed from her in the future as the birth canal will have been altered so she will not have a normal pupping.

4. Femur: it is impossible to plaster this satisfactorily but if it is the head of the femur that has fractured, this will form a false joint in about 2½ months if left alone.

All the other bones can be plastered satisfactorily. First put on a layer of tubeguz or a light bandage so that the plaster does not stick to the hair. Always include the foot in the cast. Put small plugs of cotton wool between the toes. The cast must go at least as far as the joint proximal to the fracture. The slab method of making the cast is the best. Unroll the plaster of Paris bandage and then measure



from the top of the intended cast down round the toes and back up to the top again. Cut about three lengths (see diagram opposite.) Apply these and then put on a couple of layers of circular bandages. Do not apply it tightly.

The plaster of Paris bandage should be immersed in a bowl of warm water until the bubbles no longer rise and then it should be taken out and the excess water squeezed out gently. The bandage is then applied.

The next day make sure the limb has not swollen and that the dog is comfortable with it; especially check for sores around the top of the cast.

After a month remove the cast and check the limb. A callus (a large hard bump) should be felt at the point of the fracture. If everything is all right, re-apply the cast. If there are any sores coat liberally with Acramide powder. Leave this cast on for another month and after this give the dog a rest for at least a month before working him.

If the skin is broken around the point of fracture immediately after the accident, it is hopeless to even try plastering the limb as air and therefore infection will get into the fracture and so stop any healing process.

SLIPPED DISC.

It is usually of traumatic origin and fortunately is not common in huskies. The disc between the vertebrae dislocates so putting pressure on the spinal nerves and causing pain or complete paralysis. Fortunately in huskies it is usually the disc in the neck that dislocates in huskies so causes lameness only. The lameness is rather non-descript and is slow in onset.

Manipulating the limbs will show no focus of pain but the dog will object to the neck being moved and this will give considerable pain.

Treatment: Rest for at least 6 weeks. Aspirin and paracetamol will decrease the pain.

There are many other conditions that cause the dog to have an odd gait (i.e. abdominal pain) so it may be necessary to give the dog a full examination.

ABSCESS.

The presence of an abscess can be surprisingly difficult to diagnose. White blood cells come out of the bloodstream and storage sites, like the bone marrow, to the focus of infection. This invasion of cells causes the swelling associated with infection. These white cells ingest the foreign body whether it is a bacterium cell or a splinter while the body attempts to wall off this region to stop further spread, so forming an abscess. Should some of the infection spread into the bloodstream it is mopped up by the cells in the lymph glands and these swell as well.

Therefore clinically the dog will be lame and will have a vague swelling which will be difficult to define, if it is deep. A superficial abscess is fairly obvious with definite borders. There is usually the signs of a scar or a scab from the initial bite. The dog will have a raised temperature and the hair over the abscess will fall out.

Treatment: If the abscess is 'pointing' it should be lanced but never do this unless you are certain of the diagnosis. First an abscess matures to be a round sac and later it points so there is a definite weak spot between it and the skin; it will rupture here on its own accord if left alone. When lancing an abscess (this will speed up the process of draining the pus) first clean the area with a medswab and then make a quick thrust with a new scalpel blade to making a hole about $\frac{1}{2}$ - $\frac{1}{4}$ inch long through which the pus should pour. If you are not certain of your diagnosis, first puncture with a hypodermic needle and see what comes out before lancing it. Having lanced an abscess make sure the hole is kept open for at least three days to allow for full drainage.

The dog must have an antibiotic cover for at least three days following lancing.

If it is just a generalised swelling without any pointing

Sooner or later every driver will be faced with a dog which has a cut probably from fighting. Theoretically every cut should be stitched as it will speed up the healing process but in practice only large tears and those in particular sites should be dealt with.

The wound must be stitched as soon as possible after it occurred as the healing process begins at once so the two edges will not unite if left. 8-10 hours is the maximum time between the wound being inflicted and stitched up. If for some reason it is not possible to stitch the wound in this time and you consider it should be stitched, then the wound must be abraided - use the back of the scalpel and run it up and down the wound edges until they bleed slightly.

First examine the wound carefully to work out what has been torn (tendons etc.) Having decided that the wound needs stitching, give the dog acetylpromazine (1ml/40lbs) and leave the dog somewhere quiet for 30 - 40 minutes while the sedative takes effect. The dog will appear to be more awake when it is disturbed but will settle down again when any disturbance has stopped. Inject the local anaesthetic starting with the upper border. Inject this into the layer of skin that is exposed, it will swell up if it is going correctly. Use a 23 gauge needle as it is fine; start in a corner of the wound and inject a little L.A. before pushing the needle in further, inject again ect. Thus the needle should be used up the hill and not stabbed in for short distances the whole time. Having finished the proximal border, insert the needle through the corner of the wound that has already been injected and repeat the performance along the other side. Therefore during this process you should only go through the skin in one place that has not had L.A. injected before. If deep sutures are necessary, insert the needle into the deep tissue and ^{move} it through a circle injecting the whole time.

Having injected the area leave it for a few minutes before stitching up but this is a suitable time to inject the antibiotic and clean up the wound. Examine it very carefully making sure there is no dirt left inside; wash the wound and the surrounding area with cetrimide. Wet the scissors and cut the surrounding hair away from the wound; if the hair and the scissors are wet the hair will stick to the scissors and not fall into the wound. Clean the wound again making sure there is no hair in it and then puff in Acramide powder.

If it is a large or deep wound first insert catgut stitches in this deep tissue so that the edges of the skin are brought together; never rely on the skin suture: to hold the skin together so if necessary put in deep stitches to take the tension off the skin sutures. Use 2/0 catgut and make a continuous running suture (like stitching up windproofs). Make the knots at either end are well below the skin surface. For deep sutures use a curved round bodied (non-cutting) needle if there is not already attached to the catgut. The skin sutures should be of any non-absorbed material (Ethicon, polyamide or silk) and use a triangular (cutting) needle. Always use interrupted sutures. Either use a simple



interrupted suture or if it is in a place where there is likely to be tension on the suture from movement etc. use a mattress suture. For a mattress suture begin about an inch away from the wound edge then go deep into the tissue to come out about an inch from the edge on the other side, go back through the skin on that side near the



to reappear in a similar position on the other side, thus the knot is on one side of the wound and not over the top of it.



Having finished either stitch the skin edges must be slightly everted so that the underlying parts are in contact.

The surgeons knot is an adaptation of a reef knot but on the first layer it has two throws and it has three layers not two. Do not pull the knot too tight as it will only irritate the dog who will pull them out!

Deep catgut stitches dissolve out in 14 days so leave them but the skin stitches should be taken out in about 10 days. If the wound is over three inches long take out every other suture on day eight and take out the rest on day 12. When removing stitches hold one of the free ends (always leave at least $\frac{1}{2}$ inch at the ends) so lifting the knot and then cut under the knot so removing the thing intact.

Antibiotic cover must always be given following stitching. Although surgically not recommended it is a good idea practically to spray the wound with chloromycetin purple to deter the dog from licking the stitches out.

If the wound does not warrant stitching just treat with Acramide powder. Do not underestimate puncture wounds just because they look small as they penetrate very deeply and often cause trouble. Any puncture near a joint should be treated with antibiotic.

SPECIAL SITES.

1. Eyes Wounds near the eye should always be stitched as the scar which will form through natural repair will contact on healing and may misshape the eyelids.

2. Ears The ear lobe is supported by cartilage which will not be affected by local anaesthetic so do not try injecting this and do not stitch through it.

3. Penis do not stitch the penis but extrude it twice daily stop adhesions forming onto the sheath.

4. Scrotum should always be stitched to protect the testes. If the testis is involved in the wound the dog should be castrated on that side.

5. Anus Deep sutures are necessary to draw the skin together as there is a lot of loose underlying tissue.

6. Pads An attempt must be made to stitch these but be prepared for the stitches to come out. Always use mattress sutures. If possible protect the foot with canvass boots or a plaster of Paris cast.

CHEWING OUT SITES

A favorite pastime of all patients and a veterinary surgeon's nightmare. To deter them coat the stitches with chloromycetin or Bonocin.

If necessary put the dog in an Elizabethan collar. This is made out of a length of linoleum or a plastic bucket with the bottom cut out. It should fit neatly over the head to be

attached to the dog's collar and when fitted the dog's nose should be level with the end of it so that the dog can still eat and drink.



WOUND BREAKDOWNS

Frequently the stitches will tear out and the wound will gape open but do not be too depressed as the underlying tissue will have gained some benefit in protection.

If you decide to leave it, spray with Acramide or Chloromycetin or coat with Bonocin.

line again! Having injected the local anaesthetic, freshen up the edges of the wound by scraping with the back of a scalpel blade until the wound bleeds slightly.

HEAT STROKES

This condition occurs on hot summer days when the dogs are working hard. Unlike man, dogs have no sweat glands so lose heat by panting hard and letting the saliva evaporate so taking heat. Saliva is made up of two types; one is watery and so evaporates easily while the other is very viscid. Thus when the dog is panting a lot the viscid saliva is more obvious as the watery secretion has evaporated and so the dog looks as if it is slobbering a lot while streaks of tacky saliva falling from his mouth. The dog will smack his lips a lot and the tongue will be a deep maroon colour from the distended blood vessels. This situation is quite common in temperatures above -50C but if the dog still works hard he may begin to stagger, stop working and eventually collapse. He if he does collapse he must be unclipped and carried on the sledge. The dogs temperature may be up to 106oF at this stage.

Treatment: If he collapses carry him on the sledge and try to reduce his body temperature by inserting small snow blocks in his rectum and rubbing his lips with snow. Do not force snow down his mouth as he may choke on it.

NOSE BLEEDS

Nose bleeds are not uncommon in working huskies. The inside of the nose is made up of very fine bones which have a fine network of blood vessels in them. Therefore anything that raises the blood pressure (excitement, heat etc) may cause a nose bleed.

Treatment: Usually these stop spontaneously.

ROUTH.

In future more tablets will be supplied instead of the injectable forms as these are more convenient in the field where the liquids freeze, so first a note on administering tablets. Many tablets have a protective coat so that they can pass through the stomach unharmed by the high acidity so these should not be crushed up. Most drugs are absorbed from the intestine so there is a time lag between administering the drug and the it beginning to take effect. The tablet can be put in a lump of butter and then hopefully the dog will swallow the whole lot without noticing. However the new chloramphenicol tablets will be large, although these can be broken in half, so it will be difficult to force a dog to swallow this with some butter. Stand over the sitting dog, open his mouth with your left hand as you tilt its head up. There are two ways of stopping a dog closing his mouth; either press his gums in so they are between his teeth or press hard on the hard palate (roof of the mouth) with your thumb. Then with the mouth open insert the tablet into the V made at the back of the tongue. Remove all fingers and close the mouth keeping the dog's head tilted up until it has swallowed.

To give liquids, stand over the dog again and pour the liquid through the gum at the corner of the jaw without opening the mouth at all. Only give very small amounts at a time and make sure the first has been swallowed before giving more.

TEETH

Many dogs have broken teeth and these normally cause no trouble but occasionally the roots become infected and then must be removed. The dog will be slow to eat its food. The gum margin will be inflamed and the base of the tooth will be swollen. If it is a molar abscess, it will often burst just below the eye before the dog shows any other signs.

TREATMENT. Use a general anaesthetic of Introl Sodium. If

very wary as we only have human extractors which are not shaped correctly for dogs and tend to snap the tooth at the bottom. If the tooth does break, cut the gum with a scalpel and then remove the roots.

TONGUE.

1. Taste buds. These are quite normal sensory nerve endings on top of and towards the base of the tongue. They look like small ulcers but should not be confused with any pathological condition.

2. Heat Stroke. The tongue will be very dark from the distended blood vessels near the surface. There will be a lot of saliva drooling from the mouth.

3. "cancer of the tongue" This has been diagnosed in a number of huskies in the last couple of years but is uncommon at home so either it is a misdiagnosis or something interesting is happening so either way if you reckon your dog has got this please send me a telegram and if the dog is put down preserve what you think is the tumour (in formalin).

4. Salivary cyst: This, I think, has been mistaken for the above. The salivary glands empty into the mouth through two small ducts which open at the base of the tongue. Occasionally the end of the duct becomes blocked by salts so the saliva builds up forming a large soft fluctuating swelling under and to one side of the tongue.

Treatment. This should be operated upon but if you stick a scalpel blade into the swelling it will probably cure this. No anaesthetic or sedative is necessary as long as you make a quick jab through the cyst wall rather than poke about.

Most hokies are sick occasionally especially when travelling in hot weather or after a long lie-up or when they are unfit just after leaving base. The occasional vomit is nothing to worry about and is caused by many unfitness, mild gastritis, mild stomach irritation by a foreign body (hair during moulting, nutty wrapper etc) but persistent vomiting is usually the sign of a very serious condition.

FOREIGN BODY OBSTRUCTION.

i.e. seal bone.

1. Oesophagus: this is the tube leading from the back of the mouth to the stomach. A F.B. may become stuck in this and unfortunately surgery is impossible on base as it requires opening the chest. The dog will be keen to eat but will vomit immediately he has eaten his food. He will still look bright and cheerful.

Treatment: Liquid paraffin

2. Stomach: If a F.B. is stuck in the stomach the dog will vomit intermittently as the F.B. becomes lodged in the valves. The dog will bring up the causal material. The vomiting will occur soon after feeding but may persist so that the dog brings up mucus and bile. Initially the dog will defaecate normally.

Treatment: Liquid paraffin and kaolin.

3. Intestine: This is where the F.B. is most likely to become lodged. The dog will look dull and be off its food for a couple of days and then it will begin vomiting and look really sick. The vomiting is completely unassociated with food, it is mucoid and probably has an evil smell. The dog will not pass any faeces and the rectum will be tight and dry (stick a thermometer into its rectum) Initially the temperature will be elevated but later it will fall below normal. The mouth will feel very dry. On palpating the abdomen the F.B.

front of the onstruction so you can possibly feel a large soft sausage shaped mass in the abdomen.

TREATMENT.

Unfortunately surgery is the most effective treatment but this must ^{not} be undertaken by a lay person.

However medical treatment should be attempted.

- a) For an adult, a tablespoon of liquid paraffin three times a day. This might be vomited straight back but persist.
- b) Multivitamin every third day
- c) Penicillin daily. If on base use SOGUPEN
- d) 500ml saline/dextrose daily. This fluid is prepared ready for use. The whole bag must be warmed to blood temperature before use. The fluid flows out without air going into the bag and the doctor will explain how it works. If possible inject into the vein but do not allow it to drip in faster than 120 drops a minute so make sure the needle is strapped in and the dog comfortable so it will not move. If you cannot find the vein put it under the skin behind the shoulder where it can go in as fast as you like. It will form a huge lump there but this can be dispersed by massaging it. It is essential to give this fluid as the dog will die from fluid loss through vomiting.

This condition is very serious and unfortunately one dog is lost nearly every year with this so it is essential to strip nutty, remove bones from young pups, and try to keep likely foreign bodies away from eggs and pups.

INTUSSUSCEPTION

The signs are very similar to the above but this only occurs in weaned pups under 6 months of age. For further explanation see pup notes.

GASTRITIS.

This the inflammation of the stomach and is uncommon in BAS huskies. LBZ abd/aspirin can cause this by irritating the stomach. So always give these drugs at feeding time.

The dog will vomit soon after feeding and will probably have blood in the vomit. He will have a slight temperature.

Treatment: A tablespoon of Anolin stomach mixture twice daily (human preparation) plus Buvenide tablet. Or just Neo-sulphentrin.

PYOMETRA.

This is a very serious infection of the womb and the bitch will vomit persistently. See notes on genital discharges.

N.B. Remember that dogs which have been vomiting for more than 24 hours will probably not have any faeces to pass. The rectum will normally be relaxed but empty except in cases of intussusception and small intestine obstruction.

PERITONITIS.

BAS huskies are usually affected by chemical (rather than infective) peritonitis caused by a penetration of the intestine by a piece of bone and then digestion of the body fats by the dog's own enzymes. It is very sudden and extremely painful. The animal will have an arched back and will be loathe to move. The abdomen will have a bloated appearance.

- Treatment.
1. A vial of SOLUPEN twice daily
 2. Pethidine (2mg/lb) OR Morphine (100mg) should be injected every twelve hours.
 3. Saline/dextrose. 500 ml daily.

Post mortem: most cases will die unfortunately. The abdomen will be filled with fluid and the intestines may be connected by loose strands.

This is rare in BAB huskies but apparent constipation is not.

1. Bone in rectum. A small piece of bone in the rectum will cause the bone great discomfort so that it will howl every time it defaecates and possibly will not pass anything.

Treatment: Lubricate your finger with Klytox or soap and remove the bone manually. Do NOT use Spencer balls as you are likely to penetrate the rectal wall.

2. Impacted anal glands. These small scent glands are just below and to either side of the anus. Occasionally they do not empty so cause pain every time the dog defaecates.

Treatment: Hold the tail upright and then squeeze very hard with the thumb and first finger just below the anus. Don't stand in the line of fire as the evil smelling black secretion will fly out if you are doing it correctly!

3. Prostatitis. Occasionally the prostate will be so large that it forms a valve and every time the dog strains this comes out of the abdomen and pushes on the rectum so the dog only passes a very small quantity of faeces. Blood should have been noticed in the urine already.

Treatment. Liquid paraffin as well as Fenbritin.

ENTROPION and ECTROPION

Both these conditions can be hereditary and the BAS huskies have been troubled with the former in the past though we hope with the tight breeding policy that these families will not be used in future and so the condition will not reappear.

Entropion is inturning eyelids while ectropion is outturning eyelids. The eyelashes rub on the cornea and so a corneal ulcer is formed.

Hereditary entropion is noticeable at birth. If you suspect this examine the eyes very carefully but do not distort the eyelids by pulling the skin around the face.

Acquired entropion is also common from wounds around the eyes so please note on the dog cards any wound on the face as it may be some time later that the entropion shows up.

This condition can be treated by plastic surgery.

NICITATING MEMBRANE.

All mammals besides man have a third eyelid which is tucked in the central corner of the eye and is easily exposed by putting light pressure on the upper eyelid while opening both eyelids.

This third eyelid will come across the eye whenever the pad of fat behind the eye shrinks i.e. with weight loss, after a serious illness. Normally it will occur in both eyes at the same time.

Treatment: Correct the main illness or weight loss.

HARDERIAN GLAND.

This small gland is situated at the back of the nictitating membrane. Occasionally it swells up so the third eyelid is exposed but rather than being across the eye it is obviously swollen. This usually occurs in one eye only.

Treatment. Chloromycetin/hydrocortisone ointment.

with some samples from here. However some dogs will have a slight white discharge from their eyes in very bright light.

Treatment: None,

CONJUNCTIVITIS.

The conjunctiva is the membrane on the underside of the third eyelid and around the periphery of the eye. This may become infected and the dog will have a milky discharge and the eye will appear to be blood shot.

Treatment: Use an antibiotic eye ointment at least three times daily.

If it is bilateral, the dog is probably suffering from a systemic disease rather than a local eye infection so give the dog a full examination and if still nothing is found treat with injectable antibiotics as well as the eye ointment.

KERATITIS:

This is an inflammation of the cornea which the glassy membrane over the front of the eye. In this condition the cornea becomes milky or pigmented.

Treatment: Antibiotic ointment.

CORNEAL ULCER:

These are formed by anything that will damage the eye i.e. inturning eyelashes, rubbing with paw, fight etc. The dog will keep the eye half closed and there will be a watery discharge.

Treatment: Stain the eye with fluorescein and the ulcer will show up as a bright green ring.

Then insert antibiotic ointment. After a week's course of ointment, restain and check that it is getting smaller.

Blindness
Why have a strict breeding programme?

Unfortunately from the breeding point of view, the BAS husky population is very small so provides a very limited genetic pool. In the past breeding has been indiscriminate and as a result two hereditary conditions have appeared - haemophilia and entropion. Haemophilia is a condition in which one of the blood clotting factors is missing so the dogs bleed easily. Entropion is discussed under the 'eye' section as turning in of the eyelids.

It is not known exactly how these two conditions are passed on genetically but are both basically recessive characters which will therefore become apparent by inbreeding. Thus these genes are probably still present in the husky population but by outbreeding they will not become apparent and by not breeding from families that we know to be carriers (i.e. they or their offspring have shown clinical signs of these conditions) we hope to breed these genes out of the population.

WHEN AND HOW OFTEN TO USE DOGS.

It does not matter when a dog is used for breeding as long as he is sexually mature but a bitch should be used between two years and six years old; this will allow her to be trained fully before breeding. A half trained bitch should not be used as she will be difficult to train after pupping when she is an adult. Generally try to use a bitch before she is 6 as after this she will not produce many pups and might be sterile.

To try to minimise the amount of similar genetic material and prevent inbreeding do not use a particular family more than three times. This includes the dogs and bitches.

HEREDITARY CHARACTERISTICS.

Very little work has been done on the hereditary characteristics of dogs because it is not economically justified except where

a specific disease situation is involved i.e. entropion.
Thus the following comments are mainly drawn from other domestic animals. It is well known that conformation (shape and size) is hereditary and this is the principle behind most livestock breeding where animals that 'look right' are used. The size of the animal at birth is strongly related to the size of the dam; in a famous experiment a Shire horse was crossed with a Shetland mare and vice versa, the resulting offspring were very near the size expected from a pure bred of the dam's species. Therefore when picking bitches go for the large ones and use dogs that look the right shape (if you can decide that).

Intelligence is said to be hereditary and this is the reason for breeding from a champion gun dog or sheep trial dog but there is no scientific evidence for this and what evidence there is would suggest that intelligence is not hereditary but is dependant on the animal's early environment. Where human twins have been put in different foster homes, the final child's intelligence has depended on the type of education and upbringing it had in the first five years of its life.

Lurkiness, I believe, is not hereditary but is a character that is dependant on the dog's early life like intelligence in humans so bring any pups into the House and make sure they have plenty of human contact early on so that they can become intelligent. However in a case of a lurky family, it is probably better to use the dog rather than the bitch to obtain the genetic material as the dog will pass no lurky character to the pup but the bitch might 'teach' the pups to become lurky.

NUMBERS REQUIRED

The following figures might be of some use in calculating the number of matings required to produce the requisite

Assume that every time a bitch and dog are put together you will get pups otherwise you will lose pups that are born just because no-one saw them locked on. However only 85% of all mating will produce pups.

Litter size is about 5

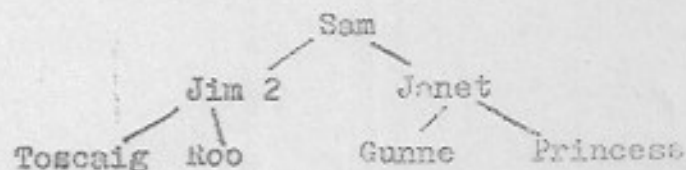
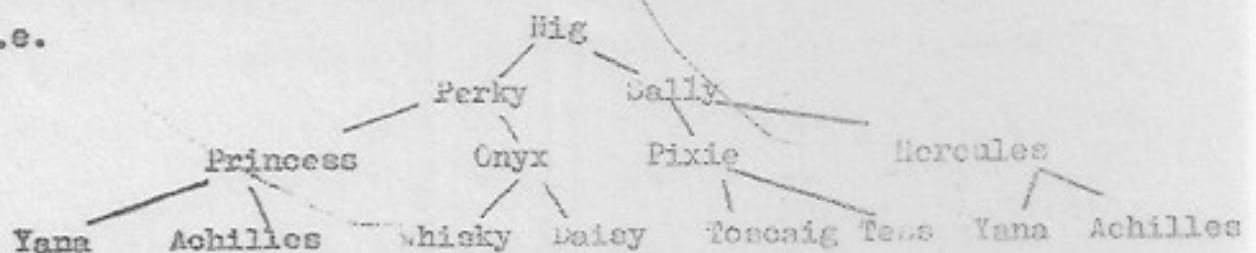
Infant mortality is 45%

Therefore for every 10 bitches that are with dogs, you will get 3½ litters born producing 42½ pups of which 19 will survive to a few days old and half will be bitches!

FINDING SUITABLE LOGS AND BITCHES.

First decide which bitches you want to use for your season and also which dogs. Then work out the family tree for these animals back for three generations and then compare the lines of the dogs and proposed bitches. In order to outbreed make sure there is not more than one pair of siblings (i.e. brothers or sisters) in the pup's third generation (i.e. the pup's great grandparents) and not more than two common ancestors in the fourth generation.

i.e.



This would not be suitable as:-

Princess is common in the pup's 3rd generation

Toscaig is also common

	Pancho		Rita			
Snap		Perla		Fairie		Arch
Ernst Gert	Joe	Teddy	Toucaig	Tess	Wart	Roo

A Slioch/Wig mating would be suitable as Fairie and Pixie are the only siblings in the pup's third generation.

Try not to completely outbreed (no common ancestors at all) as this will draw all the lines together and makes the job of the next man even harder.

UNDESIRE MATINGS

There are many occasions in which a bitch is mated by accident. These matings should be reported to the doggyman as it might be possible to use the offspring but if the mating is not wanted it must be terminated or the offspring put down. Do not keep pups from unsuitable matings as it is not practical to sterilise them and it gives a feeling of false security in that there are ^{not} as many breedable animals available as it would appear on first sight.

TURNOVER of BITCHES.

All successful breeding programmes rely on a rapid turnover of the female and, at present, there are few suitable bitches available so it quite a problem selecting bitches for breeding. Thus the bitches should be culled at an earlier time than the dogs to make way for young bitches and therefore more genetic material. The best way to achieve this is for bitch pups to go into field teams as soon as they reach a year old. If they are not going to make leaders they should be bred from when they are about 2½ years old and after this they should become the spare bitches making way for new bitches in the team. In this way the non-leader bitches would be put down at about 4-5 years old.

DRUGS on BASE.

INTRAMYCETIN

15% Chloramphenicol Parke Davis

This is a wide spectrum ('strong') antibiotic which should be used when Propen has failed and in all cases of metritis. It is a suspension which forms a large lump very easily especially in the cold so must be warmed up and shaken properly before use.

Dose: 2ccs for 3-5 days for an adult.

CHLORAMPHENICOL 500 TABLETS

500 mg chloramphenicol tablet Willow Francis

These tablets will replace the above at relief 1975 as they will be more convenient for field use. However the Intramycecin must be used up on base.

Dose: 1 tablet/day for 3-5 days

AMICYCETIN CAPSULES

100 or 250 mg chloramphenicol capsules

This is a small form of the above for use in pups if necessary. Stocks should be made up at the end of the year from the outgoing medical CHLORAMYCETIN tablets 250mg.

Dose: 25mg/lb of dog

PROPEN

A mixture of Penicillins Glaxo

This is the first antibiotic to use in all infections and wounds. This will be replaced by TRIPLOPEN and SOLUPEN, but use up the huge stocks on base.

Dose: 3ccs per day for adult

ETHACILIN

EXACTLY the same as above

SOLUPEN

A very rapid acting penicillin should be used in cases of peritonitis and acute infections.

TRIPLOPEN

A mixture of penicillins which should be used in the field for all infections and wounds.

Dose: 1 vial in 2 ml water to be repeated after five days if necessary.

PENBRITIN

Ampicillin

Beechams

250 mg capsules and 500mg vials for injection

This antibiotic is very similar to the penicillins but is more affective in urinary infections.

Dose: 2-5mg/lb daily

i.e. 1capsule/50lbs or 1 vial/ 150lbs

The small quantity of injection should not be replaced but was brought in by me however the capsules should be replaced by the old medical stocks each year.

OCCRYCETIN

Oxytetracycline

Willow Francis

This antibiotic should only be used to treat the abscesses that form without a fight wound i.e. from a contagious source. This was supplied by me and should not be replaced.

Dose Adult 2ml daily Pup 0.2 - 1ml

OXYTETRACYCLINE

These tablets should be supplied from the outgoing medical stocks and can be used for the above. It should not be necessary to use them for anything else except after veterinary consultation.

NEG-SULPHENTRIN

This tablet comes in two sizes (for large and for small animals); it is made up of a mixture of sulphur dregs with koalin. They should be used to treat cases of diarrhoea.

Do not re-order any of these as there are huge stocks on base and in future on of the human preparations will do (at a

NUVA-LIDE

Very similar to Neo-sulpentrin containing three sulphur drugs and coming in two sizes. Use in cases of diarrhoea but as there is no kaolin in them give this as well

Dose: Large animal tablet 4/ 70lbs
 Small Animal tablet 1/71bs

CRISOVIN

Griseofulvin Glaxo

250 or 500 mg tablets

This antibiotic should be used in cases of ringworm and footlurk. Do not expect the hair to have regrown by the end of the treatment but the lesion should be no larger.

Dose 12-20mg/kg per day for 3 weeks

i.e. 2-3 tablets (250 mg) per husky per day.

These stocks should be made up from medical supplies.

ACRAMIDE POWDER

Thiazamide and Sulphanilamide are almost the same and can be used in the place of it. Please refill the Acramide containers with these two to use up the stocks. These are all sulphur drugs for topical use. Puff onto wounds.

TEMADEX

An excellent skin cream which contains drugs that kill parasites but is used by us for the zinc cream base which is excellent for collar and harness rub.

Also on base there is a lot of Penicillin, Propomidine and Terramycin creams which should be used up in place of Temadex.

CHLOROMPHENICOL SPRAY

Pedamphenicol is the same thing. This is a spray which contains the antibiotic chloramphenicol with gentian violet.

A very good skin dressing and good as a deterrent to dogs who are inclined to lick wounds. The nozzle often becomes

blocked but this can be rectified by ticking a fine needle

Against fleas and lice. Goodness knows when you will use this but while there is some in the cupboard it might as well stay there as there is always a remote possibility of importing these parasites with a new dog or in straw from packing.

CORTIL

An anti-inflammatory cream to be used in cases of eczema. In future make up stocks from BETNOVATE in the medical supplies.

CHLOROMYCETIN OPHTHALMIC

An excellent eye ointment which should be used as the first choice in all eye infection. Put about $\frac{1}{2}$ inch into the eye as many times a day as possible but at least three times. Unless there is good improvement after five days change to another eye ointment.

To be supplied from medical stocks.

TERRALYCIN EYE OINTMENT

Aureomycin is the same. Same comments as above except that it will have to be purchased as a veterinary item

PENICILLIN EYE OINTMENT

As above

AMBT.OZOL EYE OINTMENT

Thiazamide eye ointment is the same. Use in rotation with the other eye ointments. Do not re-order.

CHLOROMYCETIN/HYDROCORTISONE OPHTHALMIC.

This should never be used without prior veterinary or medical consultation as in the wrong circumstances it can be exceedingly dangerous and lead to blindness. Before use always check there is no corneal ulcer (stain with a Fluoret) and do NOT use if you even suspect one.

FLUORETS

Will stain ulcers on the cornea. Wet the yellow end of the strip and dab on the eye. A corneal ulcer will show up

BONOCIN

This forms a protective layer on the skin and should be painted over wounds, stitches and over areas abraded by ice. Paint on about five layers allowing each layer to dry before coating on the next (about 30 seconds)

OTORYL

An excellent preparation for ear infection but as these have never been known to occur in BAS huskies do not re-order!

SESCRAL

These tablets should be used to stop false pregnancies and to stop the excess milk production after weaning a bitch. It is better to wait to see if the bitch will settle down naturally but if not give her a course of these tablets
Dose; 8 tabs the first day then 4 tabs twice daily for 4 days.

OXYTOCIN B

This injectable hormone causes contraction of the womb and forces milk out of the breast. It should be used in bitches who have lost some pups within a couple of days of pupping and also in bitches who are having a prolonged pupping. If the bitch has been producing pups for over 18 hours and still looks as if she has got some more inject her every 8 hours until you think she has finished.

Dose; 2 ccs.

GESTRADIOL BENZOATE

Dimenformin is the same thing.

This is the female hormone and should be used to stop an unwanted mating. It must be used within 2 days of the mating and must only be used once in a particular heat period. It will prolong the heat for at least after the time of the injection.

It is an extremely dangerous drug so should not be used

always grab the oestradiol bottle. PREVENTION IS MUCH BETTER.

Dose 5-7 mg once only.

N.B. There are two concentrations around 1mg/ml and 5mg/ml so make sure you have read the bottle properly.

OVARID

This is an oral contraceptive which must be given on THE FIRST DAY OF BLEEDING. I do not think this drug is very practical for our management of hulkies.

Dose: 1 tablet/20lbs for eight days

PERLUTEX

This is an injectable contraceptive which should be given at least a month before the bitch is due. In the case of a bitch who is not wanted for breeding inject her every five months and she will never come on until you stop.

THIS DRUG IS A SUSPENSION WHICH MUST NOT FREEZE SO MAKE SURE IT IS KEPT IN THE FREEZER OR SOMEWHERE SIMILAR AS THE SURGERY WILL FREEZE.

Dose: 2ml/25lbs. This must be injected UNDER THE SKIN, IN THE SCRUFF OF THE NECK

CROCKIES MULTIVITAMIN

An excellent mixture of vitamin which should be used on any animal that looks run down from pupping, from illness or after a long field trip.

Dose; Adult 3cc. N.B. It hurts so make sure you have the dog secure!

NUTRICON TABLET.

A good mixture of the essential vitamins. Use for pup feeds and in the field. In the field they should be used in dogs that are losing a lot of hair or look run down.

Dose: 3 tablets daily for 10 days for adults.

SA 37

Another good supplement which contains minerals as well as

VERSICAIN

A local anaesthetic. Same as Xylocaine, Procaine and Lidocaine.
In future to be supplied from the old medical stocks.

ACETYL PROMAZINE

A really excellent sedative. Use up the glass bottles on base and keep the plastic vials for field use.

This drug should be injected at least 30 minutes before it is required. Leave the dog quiet during this time. Its action will last about three hours although the dog will be sleepy for about eight hours. It is important to protect the dog from cold while it is still sedated.

Dose: 0.1mg/ml i.e. 1ml/40lbs.

INTRAVENOUS SODIUM

This is a short acting anaesthetic. Always give acetyl promazine first. The dose is about 0.25 gm/20lbs but if the dog is well sedated much less is needed. It must be given intravenously. Work out the expected dose and prepare it in the syringe. Then inject half the expected dose fairly rapidly, in about 20 secs, and pause for about a minute watching the dog's reaction. As you inject the dog will yawn and lick its lips. It will then slip down and yawn again as its eyes close. Test the corneal reflex: tap the eyelid and see if they move. If they do not the dog is sufficiently deep for surgery though he may move when you do something painful. If he is not sufficiently deep inject small doses until he is. Another reflex test is to pinch the web between the pads, if the leg contracts he is not deep enough. Now strap the syringe to the leg so that further doses can be given if necessary. You will have 20-30 minutes operating time.

When the dog comes round he will run on his side and may howl but if left somewhere quiet he will recover peacefully.

SAGATAL

Nembutal is the same.

This is a longer acting anaesthetic. As with the above always give acctyl promazine before and use in the same way watching the reflexes but this must be injected much more slowly except for the initial dose. The dose is about 0.5ml/5lbs. As this is slower acting all the reflexes take longer to be reduced after an injection so wait at least 15 seconds between each further dose. Gives about .0 minutes of anaesthesia but is not as safe as IntraVal sodium.

MUTHIATAL

This is the same as the above but is much more concentrated and is not sterile so must only be used to put dogs down which is what it is designed for. Give at least 20ml into the vein

Lethobarb and Expiral are the same!

Arlef

This is a quick acting pain reliever for arthritis but it is also short acting.

Dose: 2 daily for 7 days

DBZ

Supplied as Butvetzone, Phenylbutazone, Butazolidon.

In future make up supplies from the medical stocks.

An excellent pain reliever for arthritis; it is slower acting than Arlef but has a longer action.

Dose: 6 tablets daily for 3 days and then

3 " " " 6 "

PARACETAMOL

This is excellent for minor joint swellings and pain.

Dose: 2 tablets twice daily adult

1/2 tablet daily for pup.