

AN INDIAN SUMMER....

by Vicki Black

In June 2009 I graduated from Cambridge Veterinary School. I decided to delay the inevitable job for a just a little bit longer (to my parents despair- as if 6 years wasn't enough!), and with kind help from a couple of contacts and both the Commonwealth Foundation¹ and the Commonwealth Veterinary Association²

I was able to organise three weeks at Bangalore Veterinary College, India. Before arriving at Bangalore I spent two weeks touring the North of the country, this gave me a real taste (and smell!) for the Indian way of life. The vibrancy of the colours and the intensity of living amongst hoards of people (and cattle) cannot be compared to anything I had previously experienced.

I absolutely loved it, particularly in the bustling cities such as Jaipur and Delhi where you could immerse yourself amongst the locals busily going about their daily chores.

As I stepped off my domestic flight into Bangalore airport, I was warmly greeted by my programme adviser Dr Abdul Rahman, who has been Honorary Secretary of the Commonwealth Veterinary Association since 1996, and Dr Nadeem Fairoze. I immediately sensed Bangalore was a completely different kettle of fish to my experience in the North.

There is a reason that it is called 'silicon city', there were neon signs, great wide roads and large office blocks, things that were completely alien to my India experience. After introductions, I was delivered to my host, Nirmala, the lady with whom I would stay for the next three weeks.

A woman I grew to admire during my stay: she had three grown up daughters, who, along with their own children were regular visitors, but Nirmala still found time to lecture in accounting and business, complete peoples' tax return forms, tutor students, and cook me breakfast, lunch and dinner every day!

Thankfully Nirmala was sympathetic towards my Western palate and would frequently provide me with reminders of home, such as a much-welcomed bowl of cornflakes!

I was privileged to arrive at the Bangalore Veterinary College on the first of two counselling days. This is where students, who have applied for the course, are advised on their options according to the results they achieved for examinations over the previous two years.

Each candidate had one guardian with them, which meant that 2,800 people were in attendance. What began as an orderly queue for students to find out their ranking

¹ www.commonwealthfoundation.com

² <http://commonwealthvetassoc.org/index.htm>

rapidly became a clamouring stampede- the anticipation had become too much for some of the students (and their parents!) Unfortunately I was the only person on the wrong side of the large security gate without a ticket.

Thankfully I was quickly rescued by my hosts from a crush that eventually required police presence- quite a first day! One thing that struck me (once I found safety) was the number of boys in the crowd- nothing like the ratio in my year at Cambridge! A quota system means that girls must make up a minimum of 30% of the entrants in every year, and there certainly aren't many more than this.

Perhaps more interesting, there is a quota that dictates 25% of the intake must come from agricultural backgrounds.

Perceptions regarding veterinary medicine as a profession in India are gradually changing. Years ago it was thought to be a lesser profession than medicine (I am sure my UK compatriots will wholeheartedly agree that this is not the case in our country) however, this years' counselling service saw a number of students with extremely high grades considering veterinary medicine as a career.

The structure of the veterinary degree is not dissimilar to that found in the UK- the course itself is four and a half years long, with a gradual increase in exposure to clinics, culminating in final examinations; these are followed by a six month internship which involves rotating through the different departments.

My first week was spent on clinics with the medics. The first point of note was that the medicine clinicians dealt with all of the cases, be it a puppy with leptospirosis, a cow with foot and mouth disease, or an inappetent camel.

The clinics themselves, as expected, were a little raw compared to my previous experiences in the UK. The first thing that struck me was the lack of nursing staff.

This meant owners had a much more important role in the treatment of their animal, they were frequently required to hold a butterfly catheter into their animal's vein as it received fluids, or perhaps more surprisingly, doxorubicin.



An inappetent camel caused excitement amongst the staff, students, and with me!

The cost of treatment was noticeably low even by Indian standards, owners were only required to pay cost price for the treatment itself as staff salaries are funded by the government. If the owner was unable to afford even this nominal fee then treatment was still provided.

Examples of the charges include 12 pence to have the animal registered and examined, 60 pence for a radiograph, and £2.40 for a cow caesarean.

Similarities and differences with the UK were very easy to see- mastitis in cattle was a common complaint, as was traumatic reticuloperitonitis, however, foot and mouth was also seen with high frequency (my excitement at seeing this was met by great consternation by the interns) and metabolic conditions are considered rare.

Amongst the small animals rabies, distemper, and leptosporosis presented regularly; but dietary indiscretion resulting in vomiting or diarrhoea was by far the most common. The breeds were similar to the UK- plenty of Jersey and Holstein x Friesian cattle (with the notable exception of buffalo being common in India), as well as German Shepherds, Pomeranians, and Pugs (following a popular Vodafone advertising campaign...) proving a hit on the small animal side.

I saw more camels during my time on clinics than horses; the reason for this became clear on my visit to the local Bangalore Turf Club. The Veterinary Director here accurately described the situation as 'like a boarding school for racehorses'- the horses were kept on the racecourse site where all necessities were provided for them, including their own vets, jockeys, and trainers.

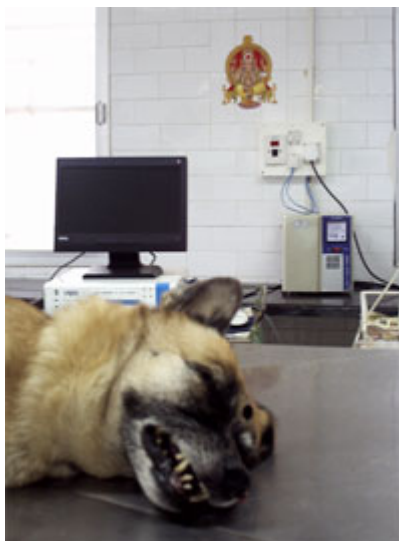
During my second week I joined a surgery course for government veterinarians, government vets represent around 90% of the working veterinarian population. In rural areas a government clinic with 3 members of staff can be found every 2km.

Vets from across the state of Karnataka had enrolled to learn techniques in small animal surgery. The course was opened on the first day by a song performed by one of the resident surgeons and flowers were presented to the course organiser (who was male-flowers are by no means restricted to gifts for women in India) - perhaps something we could initiate in the UK too?

The surgery department was a mix of high tech equipment (the surgical suites were kitted out with video laproscopy and fluoroscopy) contrasting with other areas such as basic anaesthesia. An example of this was seen when on a steeplechase exercise, which involved identifying the pieces of equipment, all of the course members suspected that a simple 8.0 endotracheal tube was in fact an IV catheter for large animals.

One observation I made was that in India Veterinary Medicine and religion are very closely bound. Animals would often present with large red bindis in the middle of their foreheads (something at first glance I mistook for a strange skin condition) and a mural of Ganesh can be found overlooking the surgeons in the soft tissue facility.

Religion can also throw up difficulties for veterinary surgeons' role in India, an example was described by the Director of the Dairy Department- here an outbreak of foot and mouth disease presented a dilemma- the law in India states cattle slaughter is illegal, however, the director understandably wished to limit the spread of the disease.



Dogs recovering from surgery - note its Bindi and Ganesh looking on

My third week began with a visit to the obstetrics and gynaecology department. This was a very well organised department, with a much reduced caseload. Artificial insemination in cattle was a common procedure, as was pregnancy diagnosis in bitches. I then went on to visit the Veterinary College's own dairy, pig, and poultry units.

These were extremely impressive, with welfare standards far and away the best I have seen. Perhaps most notable was the space allowed for the chickens and the farrowing sows. Next was a visit to the two sister charity clinics, Karuna and CUPA. Both facilities were extremely well run, and were primarily involved in neutering and rehabilitation of stray dogs and the re-homing of abandoned pets.

Here a girl of my age performed numerous bitch spays in 9 minutes. She modestly explained that this speed was essential in order to complete the required 60 or so neuterings per day. Sadly, despite this the clinics are only maintaining the current population size, and are yet to see a reduction in stray dog numbers in the targeted areas.

My other two visits were to Bannerghatta National Park and Mysore Zoo. At Bannerghatta I was given a privileged tour by the Veterinary Director. This involved seeing care given behind the scenes to 72 tigers seized from circuses after it became illegal for them to be involved in shows, injecting a lion, and an introduction to some baby leopards including an interlude for multiple photos cuddling them.

We were then taken to visit an elephant and her 6 day old baby. There were a large number of people outside the enclosure peering in, but as a privileged person I was invited inside. As 2 friends who had joined me and I inched closer, warning bells were ringing (my experience of cows with newborn calves has taught me enough about this) but when I noticed the big chain around the mother's legs my fears were allayed.

The baby approached us, and while we were busy taking even more baby animal cuddling pictures, the mother panicked. She gave an almighty screech then charged towards us, managing to break through her chain. My friends and I ran for the exit just in time, much to the hilarity of the onlookers safely positioned outside the enclosure!



Mother and young calf at Bannerghatta National Park

My time in India was a truly amazing experience, with a level of exposure to infectious diseases that would not have been possible in the same time in the UK. Perhaps this is why the University of Minnesota are currently planning to send their students out to Bangalore.

The hospitality I received was outstanding, and I would strongly recommend a similar experience to anybody else considering a career break.

I would like to take this opportunity to thank the Commonwealth Veterinary Association and the Commonwealth Foundation; and individually Dr Rahman, Dr Yathiraj, Dr Deepti, Dr Nadeem, Nirmala, and Dr Collins, without whom I could not have had such a wonderful stay.