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"PINK-EYE" IN CATTLE

By C. R. TOOP, B.V.Sc., Chief Veterinary Surgeon

A FEW outbreaks of infectious keratitis or "pink-eye" have already been reported among cattle, and it may be expected that many others will come under notice as the summer advances.

The earliest symptoms consist of a copious watery discharge from the eyes which may later become purulent. There is swelling of the eye-lids and photophobia with evidence of pain and discomfort upon exposure to bright sunlight, so that affected animals seek the shade and stand dejectedly with heads lowered and eyelids almost closed. Later the cornea becomes cloudy and opaque, and is sometimes deeply ulcerated. Rupture of the cornea accompanied by a discharge of pus and fluid from the anterior chamber of the eye is not uncommon. One or both eyes may become affected, and depending on the degree of opacity and ulceration there is partial or complete blindness which is sometimes permanent.

LOSS OF PRODUCTION

In beef cattle, there is considerable loss of condition, while in dairy cows, the milk yield is greatly depressed. Without appropriate treatment, several weeks may elapse before recovery occurs, and when a large proportion of the herd becomes affected as is usually the case, a very serious loss of production may result. Recovered animals develop an immunity to the disease and are resistant to reinfection for at least several months. They may however, continue to harbour the infection in their eyes and thus become carriers of the disease. It should be noted that the disease known as contagious ophthalmia or "pink-eye" in sheep, is quite distinct from the eye disease of cattle. These diseases are caused by two different types of infection which are not transmissible from sheep to cattle or from cattle to sheep.

HIGHLY INFECTIOUS

Pink-eye is highly infectious and spreads most rapidly when cattle are herded in close, and direct contact with one another. The bacteria which cause the disease are present in great abundance in the discharges, both from the eyes and nostrils of affected animals, and it is thus possible that the droplets of moisture expelled during sneezing or snorting may infect other cattle. Flies are believed to play a very important part in the transmission of the disease, and the fact that outbreaks are frequent during summer and autumn, and that they seldom occur in winter, would lend support to this idea.

PREVENTION

For the prevention of the disease, the removal of affected animals from the herd immediately the symptoms appear and their isolation in a separate paddock, may be recommended. This should be possible in small herds that can be kept under daily observation, but it would not be practicable under extensive or range conditions, and since apparently healthy cattle which are carrying the infection may be present in the herd, it might not achieve the desired effect. However, where it is applicable, it would seem to be a worthwhile precaution which could reduce the spread of infection.

TREATMENT

For the treatment of the disease, 1% chloromycetin eye ointment is advised. This preparation is now available as a veterinary pack in 1 oz. collapsible tubes and provides an effective treatment at reasonable cost. A ribbon of the ointment
about an inch in length is squeezed onto the tip of the forefinger and smeared inside the lower lid. In early cases two treatments at an interval of 12 hours will effect a cure, but in the more advanced cases repeated application night and morning will be necessary.

Terramycin eye pellets may also be used and are reported to be equally effective. They are supplied as small soluble discs which are inserted into the eye at intervals of 24 hours until recovery occurs. The treatment of dairy cattle which can be bailed and securely held should not present a problem, but with beef cattle which have to be mustered and are often difficult to handle even in a substantial crush, the position is quite different.

Dusting powders blown into the eyes with an insufflator or puff could help to overcome this problem and a veterinary pack containing the antibiotic aureomycin has recently become available, and should be well worth a trial.

Where no treatment is possible the herd should be held in a paddock where there is abundant shade and easy access to feed and water.

In conclusion, I would like to emphasise that early treatment means early recovery and that if it is carried out effectively, this could retard or even prevent the further spread of infection.

(From an A.B.C. Country Hour broadcast.)

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