1957

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Impressions of Veterinary Medicine in Europe

B. W. Kingrey, D.V.M., M.S.

In attempting to comment on a six-weeks tour of European veterinary schools it must first be acknowledged that impressions gained are not necessarily factual. This is particularly true since the visits were made during the vacation period while classes were not in session and many of the faculty members were vacationing. Also in certain of the countries the language problem prevented a complete exchange of thoughts. Nevertheless, the cordiality and warmth with which I was received and the effort made to fully acquaint me with each school was gratifying.

It was interesting to find that in nearly every institution there was at least one faculty member who had visited the United States. In most schools there was someone who was personally acquainted with one or another of the staff at Iowa State College. It seemed that the warm welcome and hospitality extended were a result of some member of the staff having visited our country. Each man who had been to the United States was outspoken in his description of the hospitality he had been shown. Because of the dollar exchange it is usually necessary for these visits to the United States to be financed by the various exchange funds, Fulbright Fellowships or an educational grant from the country of origin.

Twelve veterinary institutions were visited. They were located in Lisbon, Portugal; Madrid, Spain; Milan, Italy; Bern, Switzerland; Copenhagen, Denmark; Ghent, Belgium; Utrecht, Netherlands; Alfort, France; Liverpool, England; London, England; Dublin, Ireland; and Edinburgh, Scotland.

I was impressed by the similarity of the basic curriculae, facilities, faculties and student bodies to those of American schools. More attention however is directed to the differences.

It was noted that the schools located in particular regions are similar.

Southern Europe

In general the institutions in Southern Europe seemed to have common problems. Here the veterinary colleges appeared quite concentrated. In Portugal, Spain, Italy and Switzerland there are 13 colleges in an area of 359,000 square miles. This is equivalent to the combined area of Montana, North Dakota, Minnesota and Iowa. In much of this area there is sparse animal concentration. I was told that many of these schools are not operating at capacity because of the crowded field.
While the mechanization of agriculture is slow there were, nevertheless, indications that the equine practice was nearly gone. The remnants of the equine era were still evident in the facilities of the schools where those accommodations were either in disuse or had been converted to other purposes. In those countries where the wine industry is large there is little milk consumption and the number of dairy animals is small. These facts together with the economic situation that does not permit much medical attention to small animals and the lack of organized disease eradication programs affect the amount of veterinary services required.

The buildings of this area were entirely of masonry construction. Ceramic tile is inexpensive and readily available, often being used for house siding. Many of the laboratories, kennels and box stalls were lined with gleaming white tile. The low hourly wage of lay attendants permitted abundant help to keep the quarters spotless.

**Belgium, Holland and Denmark**

These schools, especially at Utrech and Copenhagen, were very similar to American colleges. The Royal Veterinary College of Denmark was built in 1858. About 60 students are accepted each year. The course has a minimum of 11 semesters plus six months of internship. The number of Danish veterinarians seems about ideal and their standards of education are high. A bust of Dr. Schmidt is situated so that each student passes it every morning on his way to class. This monument was given to the school by the American Veterinary Medical Association in commemoration of his epochal work on milk fever.

The Dutch school appeared to have a well developed clinic. The number and type of small animal patients and their handling indicated that the student training should be good. The immense concentration of dairy cattle, nearly all Freisians, was reflected in the number and type of large animal patients. Between the various clinical buildings was a well-kept botanical garden with each plant identified by a sign. Here were most of the plants from which drugs are prepared and the plants that commonly cause livestock poisoning. Students were required to be able to identify each plant by graduation time.

**British Isles**

In England, Scotland and Ireland it is common to have "poor people's clinics" where free care is given to the animals belonging to people unable to pay a fee. It appeared that this practice provided an abundance of clinical patients but created problems with the practitioners. The service of the clinic is frequently abused by owners able but unwilling to pay the fee of the practitioner and practices of duplicity arise.

Graduates of these schools are invested with the degree Member of the Royal College of Veterinary Surgeons (MRCVS). The Royal College is a licensing agency chartered by the government to which members are admitted only after having graduated from approved veterinary colleges and after having passed veterinary professional examinations. The term "doctor" is avoided by English veterinarians. Apparently the title carries the same stigma as "horse doctor" does in the United States. Consequently, veterinarians use the title "mister" and are referred to as veterinary surgeons.

Research is given great importance in Europe and faculties are large enough to permit work in other than strictly academic fields. The opportunity to pursue investigational work appears to have attracted highly qualified men that would not be interested in solely teaching activity.

The experimental use of animals is very restricted and before an experimental project involving live animals is initiated the project must be authorized by the Home Office.

Examinations in the British Isles are not given by the faculty of that school. Instead the tests are given by external examiners. These are taken in the spring at the end of the school year over all of
the material covered during that period. Those failing an examination are permi-
ted another examination in the fall before
the new year begins. If the examination
is again failed the year must be repeated.
Before graduation each student is re-
quired to spend three weeks on a farm
and six months with an approved veteri-
narian. In most British schools the pre-vet-
inary work is taken within the division.
Ireland has a long waiting list of students
that will largely take care of the first year
classes for the next two or three years.

I was told that it is very unusual for a
new graduate to develop his own practice.
Established practices have had the same
location for so many years that although
generations of veterinarians have operat-
ed the practice it is considered a rather
permanent firm. The new graduate serves
as an assistant in these established prac-
tices until he eventually is permitted to
acquire an active interest.

A number of graduates have never
conducted their own practices but in-
stead take care of other practices while
the owner is on vacation or may be incap-
acitated.

General Observations

It seems that the education of students
is particularly strong in detailed theory.
The practical aspects are possibly empha-
sized less than in America. Student ac-
tivity in clinics is usually limited to obser-
vation and assistance with very limited
actual manipulation of the patients. Amb-
bulatory clinics did not seem well devel-
oped.

In general the disease problems are
very similar to ours. There are certain ex-
ceptions such as the absence of rabies in
the British Isles and the many areas of
foot and mouth disease. The extensive
grazing practices and wet, foggy weather
make parasite control a great problem in
the British Isles. It also appeared that in
the ruminant we have certain metabolic
and digestive conditions resulting from
our intensive feeding programs that are
not a problem in Europe. Specialized in-
dustries of certain areas caused courses
to be included in the curriculum to ac-
commodate specialized problems. “Diseas-
es of Bees” and “Silkworm Culture” are
examples.

The members of the faculties impressed
me as being brilliant men and a credit to
the profession. The high standards of
these schools behoove us to keep the vet-
erinary horizon in our education large
ever enough to include these institutions.

HOW IS IRON ABSORBED? A NEW
CONCEPT AND A NEW CHEL-
ATE. Iron absorption is not a matter of
simple diffusion as the textbooks have
taught in the past. Reasons in support of
the previous statement are:
1. The double electronic charge of the
ionic form would present diffusion
through the cell membranes.
2. Transport is against a concentration
gradient.
3. The absorption process is strongly in-
fluenced by temperature changes.

In laboratories, cats fed radioactively iron
showed no absorption after three hours,
but when an amino acid was added to the
iron an immediate increase in absorption
was shown. The addition of pyrophos-
phates to the iron-amino acid combina-
tion stopped absorption abruptly. In ad-
dition, studies with isolated sections of
guinea pig intestine showed that only in
the presence of an amino acid did iron
pass through the intestinal wall from the
mucosal side to the serum side.

An amino acid improves the diffusive
capacity of the iron by neutralizing its
electronic charges, increasing its lipid
solubility and decreasing its molecular
size.

Recently a new chelate of iron and an
amino acid, alpha amino-acetic acid, has
been introduced (Trade name—Ferron-
ord, by Nordmark Pharmaceutical Labora-
tories, Inc.). It has shown a high rate of
absorption both quantitatively and in
terms of rapidity. Also, peak hemoglobin
response was in five days as compared to
10-15 days for the usual ferrous salt, as
well as excellent tolerance.

[Rummel, Walter, M.D., and Candon, Basil,
M. S. How is iron absorbed? A new concept
and a new chelate. International Record of
Medicine and General Practice Clinics. 169:
783-704. (Dec.) 1956.]