

THE VETERINARIAN

AND

THE RACE TRACK

Dr. L. W. Fox

This article deals with methods in use at Rillito track in Tucson, Arizona; however, all are run in a similar manner with some modifications necessary due to purely local conditions.

Here in Arizona and other states where race meets are held and betting legalized, it is necessary to have one or more veterinarians at each race meet. Our track is comparatively small, but we do have two veterinarians officiating, one hired by the Racing Association, the other by the Racing Commission. The Racing Commission is composed of a body of men appointed by the Governor, which in turn appoints all officials to represent the state including stewards, identifiers, and a veterinarian. The Racing Association (Rillito Track in our case) appoints their officials which include the steward, starter, handicapper, veterinarian, and other officials. All these men must be licensed with the Commission and work with those representing the state. However, at small county meets some officials double up, thus cutting down expenses.

Now for a general run down of the duties of both the Association veterinar-

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ian and the Commission veterinarian. First you may ask why it is necessary to have all these officials. As this concerns only veterinarians, I will attempt to explain things as they exist on our track and the routine for each racing day.

All horses are called into the receiving area one hour before post time where they are in plain sight of the Commission veterinarian. This is to prevent last minute medication and especially freezing (many owners keep a sore horse standing in a tub of ice water until the last minute.) They are then summoned to the paddock where the Association veterinarian meets them. If any show lameness or other injury at this time they are either scratched before going to the paddock by the Commission veterinarian or sent to the paddock for further examination and final disposition by the Association veterinarian. The Association veterinarian then follows them to the starting gate as a horse sometimes injures himself in the gate, and if in the veterinarian's opinion it is serious enough, the horse in question is then scratched and the bettors' money refunded. The veterinarian then goes to the finish and again checks the field. If he finds anything, he reports it to the

Commission veterinarian who checks the field as they come from the race. The horse is quickly examined, the cause and extent of his injuries noted, and final disposition made of the case after the days meting. If the injury is such that it will prevent an early start, the horse in question is put on the veterinarian's list and is not allowed to start again until he has been examined and approved by them at a later date. At this same time, all horses so designated by the stewards to be tested are escorted to the Commission veterinarian's test ring where they are cooled out and tests made according to commission rules.

In Arizona all samples are run by a chemist appointed by the Commission. Urine samples are sent in after each race day. Although some states take both urine and saliva samples, we send saliva only when we are unable to get urine. No artificial methods, i.e., massaging the bladder in geldings and stallions or manipulating the vulva in mares, are allowed. It is simply a question of watchful waiting. However, this isn't nearly as difficult as it would appear, as in most cases we secure the desired samples in from twenty minutes to one hour. We do have occasional cases where the waiting period becomes rather extended as well as tiresome. Basically all owners and trainers are honest and most of our subjects are trained and it is surprising how soon we get samples. This training saves us and the owner-trainer many hours. Since this is the established method, all have become accustomed to the routine. In this connection it is important to know the animal as well as the trainer in charge; many little tricks to get proper samples are used, i.e., use of blinkers, holding a blanket properly, a small piece of sterile gauze in the container to stop any unnecessary noise, but never interfering in any way with the natural process. After samples are collected and duly signed they are put under lock and key. This is very important and we dare not make an error, so each sample is numbered and sealed properly. The horse is then discharged. I might mention in this connection that

we have instructions to always get the first place horse and any others so designated by the stewards.

You may ask the reason for this close supervision of all horses and what we test for. I will attempt to give a few reasons with a short description of each; however, this definitely does not cover everything.

It is the rule of our track to start no horse that has received any medication either internally or externally within forty-eight hours of race time. Due to slow and irregular absorption, those drugs given intra-muscularly within seventy-two hours are also barred. You will also finally note that all horses are under direct veterinary supervision from one hour before post time until the race is over.

Tests are made on the samples submitted for stimulating drugs and narcotics. These are done by a chemist who runs all samples received from both the horse and dog tracks. The most common stimulant used is amphetamine and derivatives thereof, and the favorite narcotic seems to be procaine used as a nerve block anesthetic. In cases where samples are positive, the owner or trainer or both are severely dealt with by the Commission and are given a penalty which properly fits the violation.

As you no doubt are aware, many race horses have bad legs. Most common are bowed tendons, popped knees, sesamoid injuries, suspensory trouble, so-called shin buck and others not quite as common. We also have some mechanical lamenesses due to past injuries that have healed with the resulting ossification and exostosis. Other things observed rather frequently are the bleeders, as well as the common acute conditions such as colic, burns, and truck injuries, all of which require examination. As these conditions usually appear between entry day and race time, the late scratches naturally make a short field as the programs have been printed on entry day.

These and many other things are carefully checked to protect all concerned. You can readily see how important it is

* **Race track**

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to keep stimulated horses off the track, as well as sorelegged ones that have been blocked. This is dangerous and always taboo. Acute eye injuries are always very dangerous as it is imperative that a horse have good vision.

In conclusion, let me say that the veterinarian is an important cog in racing circles. My experience has been limited to the two tracks here in Arizona, both comparatively small. However, we do have approximately fifty racing days each winter, and I have been with the Commission the past seven seasons. Let me impress upon you that we still make an occasional error, and the opinions I have given you are my own and do not apply to other tracks, as each track has regulations to fit its own particular need. Our races are confined to thoroughbred and quarter horses, there being no harness races in Arizona at present, and the veterinarian is doing his best to keep both horse and dog racing honest and above board. Any violations from his standpoint are few and far between; as an example, in the season just closed we had one violation, which was caught, out of approximately four hundred and seventy races covering about 3,800 horses. A small percentage as you will note, but if the veterinarians were not on the job this percentage would soon soar and in a short time racing would surely deteriorate. No one wants to bet their money on a hop head, besides an element of danger to the jockey is always present with this type of horse.

[Dr. Fox invites any student or alumnus who might visit Tuscon, Arizona, to contact him; he will make the necessary arrangements for you to spend some time with him at the race track. ED.]

*** Disc**

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of a rib and the employment of artificial respiration. The disc in question is then fenestrated dorso-laterally (ventrally in the case of cervical discs) with a small

knife or lancet. As much as possible of the loose content of the disc is removed with a scoup. The adjacent discs can easily be fenestrated through the same opening; this may be an advisable prophylactic measure.

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*** Clinical Medicine**

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of Penicillin G procaine and 2½ grams of Dihydrostreptomycin sulfate were administered.

November 1, 1956, the horse was eating, moved around much better, had a temperature of 100.2°, and a pulse rate of 52. The abdominal edema was still increasing in area and a small amount of edema was noted about the area of incision.

On November 5, 1956, the horse was eating and drinking well, moved about freely, and showed no signs of depression. The edema, which had increased to extend from between the hind legs to the points of the olecranons and had a width of one foot and a thickness of two inches, had started to be absorbed. The temperature was 99.0° and the pulse rate was 60. The clinician in charge stated that now the prognosis was very good.

—Rodney E. Hall '58

A few minutes' grooming of your dog's coat every day will not only make him a canine Beau Brummel but will definitely contribute to his good health.