Mastitis: Personal observations

L.Y.Y.M. Tarimo

SUMMARY

The case of mastitis resistant to ampicillin but treated successfully with intra- venous injections of chloramphenicol and Mastijet Fort (R.) is reported and the attitude of the farmers in Kilimanjaro area to the treatment of mastitis described. They treat the hardening of the quarters due to mastitis as the "usual" boil or "usual" swelling of the udder and apply cold fomentation when the udder is hot or hot poultice when the udder is cold. In some cases this treatment leads to the temporary recovery but ultimately the udders become fibrotic. This reduces the yield of milk. However, fibrosis develops after some time only and typically the farmers are more interested in the immediate recovery of the cow than in future gains.

An educational campaign is advised to instruct farmers about the health problems and the economic hazards of mastitis. He also suggests the introduction of the standard preventive treatment consisting of washing the udder before milking and dipping of teats in a cup containing about 5% iodine solution after milking.

Mastitis: Comment on Dr. Tarimo's observations

D.S. Broderick

The problem of clean milk production and reduction in mastitis is not confined to developing countries. Neither is the question of organizing a successful educational programme. The Irish experience might be worth noting here as that country has both large and efficient dairy units and small peasants farmers with five cows or less.

In recent years there has been a big increase in dairying and away from other forms of farming for economic reasons. Problems therefore arise particularly in areas that do not have a piped water supply. Some farmers find it easier to purchase and use antibiotics ·rather than practice proper hygiene. Ireland shares the system of free availability of antibiotics and disregard for manufacturers' instructions on withdrawal times. This in turn leads to public health problems combined with manufacturing difficulties in areas of cheese production. It is most serious for countries that export dairy products due to strict standards applied by importing countries.

A successful educational campaign in Ireland was combined with heavy deductions of payment for milk with an excessive bacterial count or milk found to contain antibiotic residues. The success was probably more dependent on the economic sanctions!

With a rapid expansion of Tanzanian Veterinary Investigation Laboratories and extension services this problem can be tackled. An anti-mastitis penicillin ointment with coloured traces has led to a remarkable reduction in milk residues of antibiotic in Australia. It is claimed to be the best antibiotic against mastitis, especially that due to streptococci.

However, as Dr. Tarimo points out, the present Tanzanian practice leads very often to fibrosis and reduces future milk yields. Possible additional counter measures that could be considered are:

1. Direct injection into the mammary tissue of antibiotics using a very fine needle.
2. The use of enzymes with intramammary infusion of antibiotics liquifies pus and aids antibiotic penetration. Hungerford (1970) recommends Streptokiase 20,000 units or Streptodormase 5,000 units.
3. Routine dry-period treatment.
4. Treatment of all teat sores.
5. Where Staphylococci are a problem, vaccination with the toxoid should be considered (Slanetz, 1959).

REFERENCES:

Hungerford, T.G. (1970); Diseases of Livestock, Seventh Edition, Angus & Robetson, Sydney, Australia.

Slanet.,z L.W. (1959); Cyanamid Inter. Vet. Bul., 1:3:16 Aug. 1959.