
In response to the letter from Cohn Capner regarding the level of postoperative analgesia provided by the use of perioperative α₂-adrenoceptor agonists and local anaesthesia in equine castrations (see *VR*, August 25, p 252), I thought readers might be interested to hear of the castration techniques used on mules by many veterinarians in Morocco.

I recently witnessed the castration of four young mules (between two and four years old) and recorded heart rate and respiratory rate precastration and at one, five, 15 and 30 minutes after castration, after which the mules were all saddled and ridden off by their owners. The mules were cast with ropes, an open castration was performed through a single incision with emasculators, the animal was given an antitetanus injection and then released. There was no sedation, local anaesthetic or anti-inflammatory used. The whole procedure took less than four minutes. In life, events fall into three categories: those you can control, those you can influence and those you can simply observe. I would stress at this point that I do not condone or practice this form of castration and was there in the category of simply observing.

Judging by demeanour, all four mules seemed to recover remarkably fast, looking bright, alert and responsive by five minutes postcastration. One started eating immediately. Only one showed any recognisable sign of pain by lifting a hind-leg on one occasion. The heart rate and respiratory rate had returned to resting rate in one animal by the five-minute point, in two other animals by the 30-minute point, and one still had a slightly elevated heart rate when it was returned to the owner. Despite this relatively rapid return to a ‘normal’ state and their apparently bright demeanour, three of the animals had elevated heart rates for over 20 minutes suggesting a state of stress at least in the immediate postoperative period. I can believe that they were feeling a significant degree of pain which their stoic nature camouflaged effectively.

These castrations are performed at a cost of £10 per head, which represents three-days salary to the owner. Additional costs to cover sedation and analgesia would make this a non-viable option for these owners, and they would no doubt turn to the local untrained farriers who perform castrations in village markets with dirty, rusty knives, branding irons, no attempt at asepsis and no tetanus cover. The majority of mule castrations in Morocco are performed by such farriers.

The veterinarian performing these castrations was embarrassed by the financial limitations compromising the level of care he would wish to give and reiterated how lucky we are in the UK not to have to castrate with these limitations. I agree with Cohn Capner that while there exists an element of doubt, and we can so easily afford it, why not provide the best we can in terms of analgesia for these elective procedures.