

Dr Sharma wrote:

Here are a few words regarding the progress of our captive elephant healthcare program in Assam.

We ceremonially kicked off our program on the premises of the Assam State Zoo on 19.5.2002. One week prior, a one-year-old orphan elephant calf named 'Pakhiraj', who was being kept at the zoo suffered a massive heat stroke. I successfully treated her.

During my several visits to the zoo in connection with the treatment of the calf, I noticed that the other elephants also needed veterinary care. Eight vets in total participated in the first camp. We examined and treated nine elephants belonging to the zoo and two private elephants being kept on the zoo premises that day. These two elephants were involved in the on going eviction drives.

On 26.5.2002, we attended the second camp in Kulsi, which is about 60 km from Guwahati. Kulsi, an area once very famous for its wealth of unending Sal and Teak forests. These forests are now vanished. The local vet, Dr Prasanta Rava, informed us that there were fourteen captive elephants in the Kulsi Area. Dr Rava is a local lad with a good rapport with the areas elephant owners. I utilized his services to organize the camp. Five vets attended the camp, unfortunately, only eight elephants were brought in for health check ups and treatment. We were informed that the owners were apprehensive about the forest authority. They suspected that we were laying a trap to confiscate their elephants. It is a fact that many of the captive elephants of Assam are unregistered and therefore, the owners are very apprehensive of the authorities. Co-incidentally, during that period the eviction drives were underway and two elephants hired for this purpose were being kept in the forest range office. This frightened the elephant owners who mistook the elephants for confiscated ones.

Almost all the elephants that we saw in the Kulsi camp had heavy and mixed parasitic infestations. They were weak and anemic. The owners told us that the elephants had not been dewormed for two to three years. We operated on two elephants with " Farra gall" conditions. One of the elephants reportedly has had the condition for fourteen years.

On 9.6.2002, the next camp was held near the Panbari Rf in the Golaghat district. In addition to the camp elephants of the Kaziranga NP numbering 45, there are reportedly 156 other domestic elephants in the district. This camp was organized by Dr Bhaskar Choudhary Of WTI. He visited several villages to encourage the elephant owners to bring their elephants to the camp. Dr Parag, myself and three other vets attended the camp. But here again only 12 elephants were brought in for treatment. Almost all the elephants had heavy parasitic load and poor health conditions. None of the elephants were receiving periodic antihelmintics or important mineral mixtures in their rations. In their main ration they were receiving only plantain tree. A few

lucky ones were getting some paddy. One elephant was operated on under general anesthesia, for a septic carpalis condition. Another elephant was shot at by some anti socials while she was working at Nagaland. Three bullet holes were present on the dorsal side of her knee joint. On cleaning and exploration, the tracts could be traced leading into the complicated carpal joints. I had to leave the poor creature to her fate after a course of antibiotics and painkillers. The sight of her agonizing pain during walking still haunts me. I could not go ahead with the operations since we had no radiographic back up or even a metal detector. These things are very useful for bullet removal operations.

*** The Elephant Sanctuary has offered to pay for the cost of surgery to remove the bullets from this elephant's leg if in fact she can be located again.*

The same day, 9.6.2002, we had to attend to Gadapani, the famous tusker of Kohora range of Kziranga. On the night 7.6.2002, while tethered near the Mihimukh area, he was attacked by a wild makhna (tusk less male). The makhna head butted him from behind causing heavy myositis. The great tusker turned to retaliate and the makhna made good his escape. Unfortunately, in one of the frontal attacks, his own trunk came between the enemy and his sharp tip of the tusk. This caused a huge gaping cut in the lower third of the trunk and the elephant bled profusely. Dr Bhaskar cauterized the wound with Silver nitrate to arrest the hemorrhage. I put him under general anesthesia and sutured the wound in two layers after freshening the wound. The deep muscle layer was apposed using number two chromic cat gut (absorbable). The skin was sutured using a big sized parachute thread. The primary suture line was supported by a second line of relaxation sutures. Though I was skeptical about the life of the sutures, I was happy to learn from the range officer that after four days the sutures were still in place.

On 22.6.2002, I attended a female elephant that was very much in distress due to a colonic obstruction. She was an older elephant owned by a farmer from Udali, near Lanka. The place is about 250 km away from Guwahati and is in the Nagoan district. The local vet, Dr Hussain, was treating her according to my advice but failed to remove the obstruction. I along with one my student, attended the cow and removed the obstructing fecal bolus mechanically. The elephant was suffering from severe mineral deficiency, which led to geophagia and resultant obstruction.

Dr. K K Sarma