

RACETRACK MAGAZINE AUGUST/SEPTEMBER 2005 Q & A WITH DR PERCY SYKES

Few people have had as far reaching influence on horse racing in this country as Dr Percy Sykes. The 83 year old veterinarian began practice in Sydney in 1951, establishing P.E. Sykes & Partners (now the Randwick Equine Centre) out of his house near Canterbury Racetrack. Over the past fifty years Sykes has been associated with most of the leading trainers and champion racehorses. His career-spanning association with trainers such as the late T.J. Smith, and his daughter Gai Waterhouse, and Bart Cummings is legendary.

Dr Sykes has been responsible for many of the major advancements in equine veterinary racetrack practice of the modern era; including the feeding of "high octane" feed rations, the introduction of feed supplements, blood counts, standing castrations and even the use of penicillin in the horse.

Dr Sykes was the founder, and is still the principal technical advisor, of Ranvet, the first company to manufacture nutraceuticals and other medications specifically for the performance horse. He maintains his consultancy to the Randwick Equine Centre as is still to be seen at the Centre on most days. In addition, he is a director of the highly successful Arrowfield Stud. Sykes was awarded an Order of Australia in 2003 for his contribution to racing.

This month Racetrack Magazine put a series of questions to Percy Sykes about his veterinary career and his life on Sydney's racetracks.

What do you regard as your greatest contribution to equine veterinary practice?

Helping to change feeding and exercise regimes. In the 1950s, horses' work was more geared to trotting up to the mark and then sprinting the last few furlongs. Most horses had a tendency towards being over-trained. I used to prescribe a course of B-vitamin injections and tell the trainers that whilst they were on these injections, they had to stick to long, slow work and only give the horse one sprint before its next race. It was really a psychological way of getting the trainers to change their training methods without telling them how to train.

Describe the circumstances that lead to the establishment of the first equine blood count laboratory?

Too many horses were presented as "not performing up to expectations". Clinically they all looked normal. I decided to try to understand the cause of the poor performance by looking at variations in their haematology and clinical chemistry (blood counts). I coupled this with attending trackwork every morning so as to compare the influence of the horse's work on its blood count.

How did your interest in equine nutrition first develop? What were most trainers feeding when you first started? Was there much resistance to change initially?

Originally, most trainers fed a 2 chaff to 1 grain ratio. Laboratory results helped to explain the need for greater energy requirements, especially as work programmes changed and there became a greater emphasis on protein requirements for growth and work.

Trainers invariably responded well to constructive discussions. T.J. Smith led the charge and other trainers were quick to follow.

Please describe the circumstances that lead to the first standing gelding operation?

I went to Charlie Cullen's stables at Randwick one day to castrate a horse. I injected the general anaesthetic into the vein, but the horse did not lie down. Did not want to admit defeat and I hated pulling horses down with sidelines, so I thought I would try and use local anaesthetic. This worked well and the horse was kept in training and raced some six weeks later.

This technique became a talking point and more than once, we had coach loads of cockies from the bush come down and see it for themselves. I remember the Professor of Surgery at the University of Sydney disdainfully describing the technique as “surgical acrobatics”.

You were one of the first veterinarian to use penicillin in animals. What were the circumstances surrounding this?

In 1944, I was a Veterinary Officer in the Royal Army Veterinary Corps and was posted to India. One of my postings was to an outbreak of foot and mouth disease on an army pig farm in Cawnpore. I knew nothing about pigs but I did know something about RAF nursing sisters! One Sister told me about this new drug called ‘Penicillin’. With a little encouragement, she would “requisition” supplies for me. We had no deaths amongst the pigs. I reported this in my monthly report to my Colonel. This did not fit with military statistics and resulted in an ominous visit from the Colonel. He was so excited about the results that he seemed to completely ignore the fact that we had been pinching RAF stores!

What do you think the greatest changes in equine practice have been over the past 50 years?

Technology! I originally practised out of a black bag containing a thermometer, stethoscope and hoof testers. Now look at this place [Randwick Equine Centre] – there is millions of dollars worth of equipment. Digital X-rays, ultrasound, colour Doppler ultrasound, video endoscopy, nuclear scintigraphy, mechanised arthroscopy equipment and talk of putting in an MRI (magnetic resonance imaging) machine.

What do you think the greatest changes to how people train horses over the past 50 years?

Original reliance on sprint work. Now there is a greater understanding of the concept of gradual adaptation to increasing stressful stimuli and the value of working up to speed. That combined with greater attention to feed and supplementation.

You have been associated with most of the leading horse trainers over the past 50 years? Which trainers stand out in your mind? What do you think are the attributes that make great trainers? How do you compare the trainers of 50 years ago with today’s trainers?

The trainer that always stands out in my mind is Tommy Smith. I, personally, would put him as one of the world’s greatest trainers. He was a born horseman with an incredible ability to recognise horses and remember them.

He set many of the standards for training that other trainers followed. He trained them to take pressure. In the early days, when I was suggesting he change his feed, one of his sayings was, “you can feed them bloody gold dust, if you think it will do them any good”.

One of T.J.’s best attributes was that he did not chop and change his training if things were not going well. He kept his work consistent and made the horses adapt to his pressure.

I feel that today’s trainers have benefited from the T.J. experience and, on the whole, would now compare them more favourably with trainers of 50 years ago.

You have known Gai Waterhouse since she was born? When did you first realise that she had what it takes to make a great trainer? What do you think are the attributes that make her such a great trainer?

Gai has a lot of her father’s genes and is an almost pathologically dedicated horse trainer. She had the good fortune to study under her father for years and when she took over the reins, she

still had T.J. in the background advising her. She has an enquiring mind and likes to think things out.

You have been associated with many champion racehorses over the years, which ones stand one?

Two in particular - Tulloch and Kingston Town.

What attributes make champion horses? Can they be defined?

I don't think they can be defined – apart from ability, the most important attribute, is the will to win.

What do you look for in selecting a yearling?

Everybody has their own criteria – a horse just catches your eye. Maybe you could call it balances. Anybody can talk about the length of rein, the great, sloping shoulder, the short, strong back, the big second thighs etc. But Tulloch could not be sold as a yearling initially, even for 750 guineas. He was a small, swampy-backed, unprepossessing individual. I was asked to geld him as a yearling whilst he was being broken in at Terry Brosnan's stables. On seeing him, I rang T.J. and suggested that we let him mature, as he had a lot more developing to do. By the time he developed, he was too good to geld!

As a veterinarian and a director of Arrowfield Stud, what do you think about repository radiographs? Are they here to stay?

They are obviously here to stay. It is still too early to make any dogmatic comments but I think that it is safe to say that the purchaser has prior knowledge of potential defects and he is in a position to make his own judgement regarding purchase.

You have had considerable success as an owner. What are some of the better horses that you have owned?

The first horse I ever owned was Zeewall, trained by Jack Denham. Won its first race at Wyong, in a five horse field. When I managed to get to the enclosure, jockey Jack Thompson walked by and said, "drop it in to the boiling on your way home".

I have owned dozens of winning horses including: Sticks And Stones, Princess Talaria, (Gimcrack Stakes, Widden Stakes), Mimosa, Guineas, Fleet Endeavour, Our Shout, Forward Charge (St Leger), Together Again, Raise Your Glass, Around the Traps, A Little Kiss (Flight Stakes, Queensland Oaks), Mixed Grill (2nd Metropolitan) etc.

What do you think of the current Rules of Racing regarding drug control?

Drug control is an essential part of healthy racing. However, as a veterinarian, I find it difficult to comprehend the logic of increasing the sensitivity of testing procedures that allow the detection of certain metabolites that have no influence on performance and are purely a matter of academic interest. This can become particularly frustrating prior to carnival meetings when, say, procaine penicillin, the cheapest and most effective antibiotic, is indicated but can not be used because of its three week detection period. Its actual local anaesthetic effect is well under an hour.

What do you think about the current Rule of Racing regarding pinfiring?

Unfortunately, the word "firing" conjures up barbaric visions. Experienced veterinarians all over the world still consider that pin firing is the procedure of choice for certain conditions and I, personally, agree with its beneficial effect for a limited number of conditions.

It is completely painless, which is quite the opposite to "blistering" which is permitted and, in my opinion, both ineffective and extremely painful.

What do you think about the current Rule of Racing regarding bleeders?

We conducted a survey many years ago in three large Sydney stables. Over 60% of horses were found to have traces of blood after galloping at some time or other when scoped immediately after work. From a scientific point of view the Rule would seem unnecessary. However, in these litigious days one has to cover oneself in case of an accident where a horse may have bled, even though the latter had no bearing on the accident.

Prior to the introduction of this rule, many old trainers used to say “if they bled on Thursday, back them on Saturday”.

What do you think about the current Rule of Racing regarding roarers and the non use of tracheotomy tubes?

Personally I favour the use of tracheotomy tubes. They are the most effective and logical way around this major respiratory problem. This procedure used to be carried out many years ago, even though the tracheotomy tubes were cumbersome and tedious to keep clean. Modern equipment would obviate any of these older problems.

What has been your greatest thrill in racing?

The greatest thrill was to see Tulloch win the Queen’s Plate at Flemington, first up, after his extended absence from the racetrack due to illness.

Any advice for any trainers or veterinarians just starting out in the industry?

The old saying “as ye sow, so shall ye reap” is probably the best advice. Both professions require complete dedication, long hours and attention to detail. One never knows enough. There is always something new to learn.

If you could change one thing in racing, what would it be?

I would go back to having racing run by one body – the AJC Committee.