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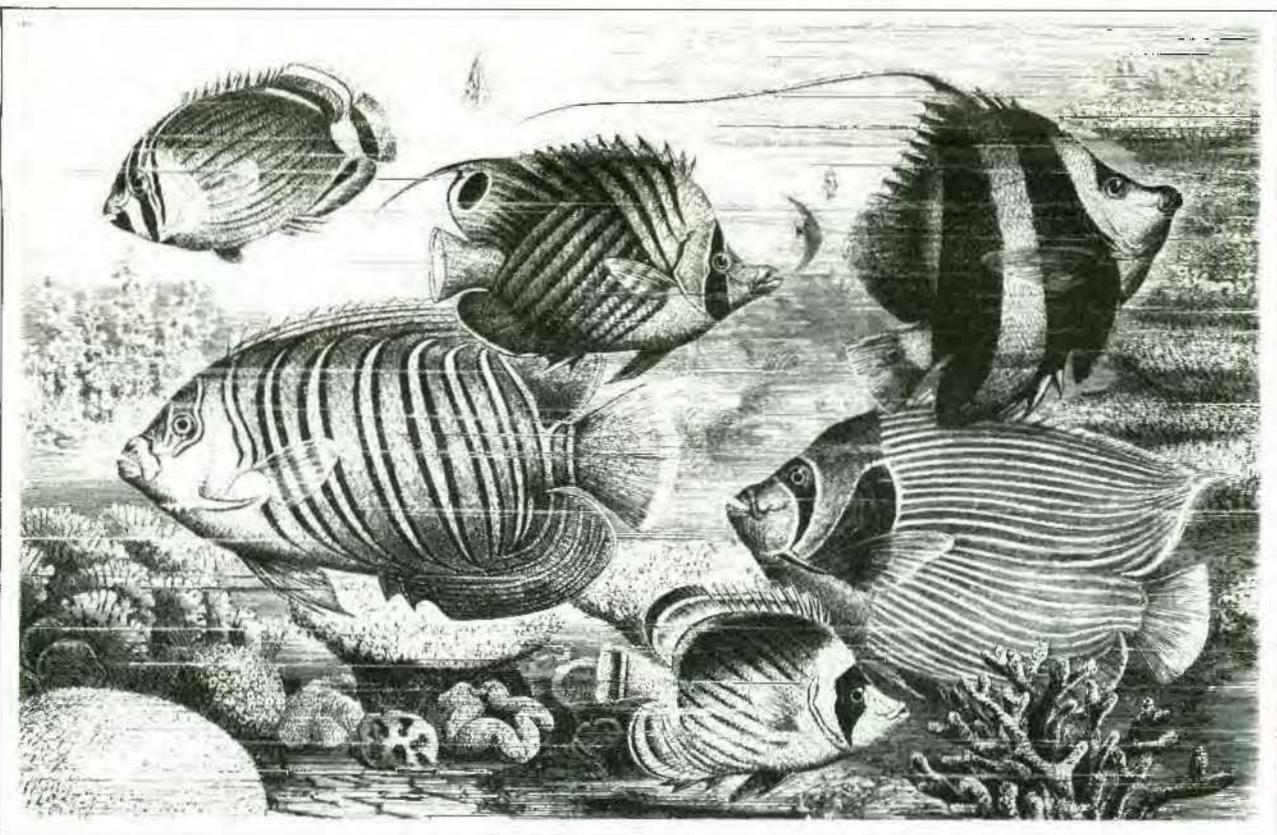
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Sails, Mast, Fins and Camera

Sails, Masts, Fins and C A M E



William D. Hardy, Jr., (V '66) delivered the Brodey lecture at the 83rd Penn Annual Conference. "I felt very honored to be asked," Dr. Hardy said. "Dr. Brodey was a good friend and it was he, who, together with Bob Marshak, encouraged me to go to Memorial Sloan-Kettering Cancer Center where I got in on the ground floor of cancer immunology." Today Dr. Hardy is the head of the Laboratory of Veterinary Oncology at that institution.

He produced the first antiserum to feline leukemia virus in 1968 and identified the interspecies (gs-3) antigen that is found in most mammalian oncoviruses in 1969. Dr. Hardy de-

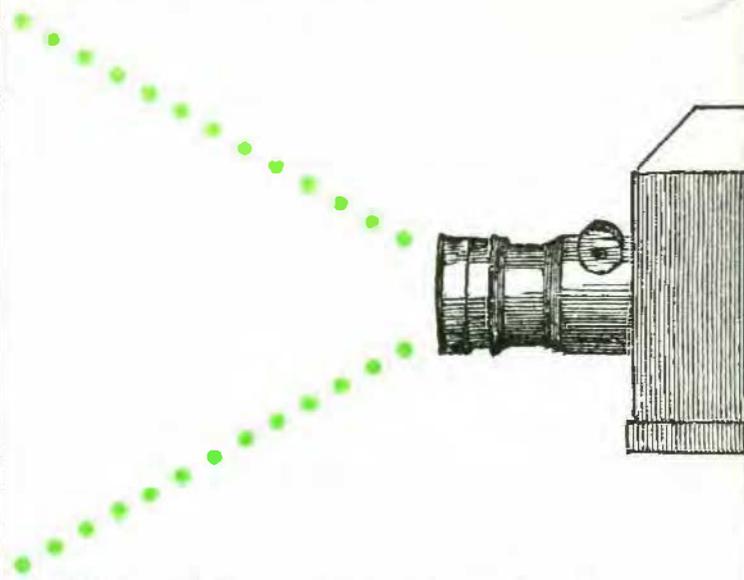
veloped a rapid and sensitive indirect immunofluorescent antibody test for feline leukemia virus. In addition to his work at Sloan-Kettering he heads the National Veterinary Laboratory in Franklin Lakes, N.J., a private laboratory which tests for the feline leukemia virus. "We get blood slides from all over the world," he explained. "Cats can be carriers without showing signs of the infection and, because the virus is spread through the saliva, it is important to identify carriers."

Dr. Hardy loves his work but to get away from the demanding schedule he skin-dives and sails. It is his love for sailing which caused him to buy the Lindø, a three-masted top-sail schooner. He co-owns the ship with two others, Dr. Tony Palminteri, a veterinarian, and an advertising executive from New York. "She is a

Baltic trader and was in service for forty years between Greenland and Scandinavia," he explained. "In 1970 she was bought by a Canadian who had her refitted into a yacht. The work was done in Denmark and the craftsmanship is superb." Dr. Hardy and his friends bought the Lindø five years ago. Her deck is ninety-two feet long and twenty-two feet across and she sleeps ten guests and a crew of eight. "She is in the Caribbean where she is chartered to individuals or corporations for cruises," he said. "The Lindø has a permanent captain and a crew of five. The crew are mostly young people, many are college students who take off for six months to work abroad. The captain loves the ship and keeps her in tiptop shape. It's expensive owning her. She was bought as an investment, but she is no money maker."

Dr. Hardy spends about two weeks a year on the Lindø and he was aboard when she came to Philadelphia last year to participate in Philadelphia's 300th birthday celebration. She was part of the flotilla of Tall Ships sailing up the Delaware. The faculty of the veterinary school had a first-hand opportunity to inspect the ship during a party given by Dr. Hardy.

"It is hard work sailing her, everything is done by hand. The sails have to be hoisted by hand and this can be dangerous. During one



hurricane off Bermuda several years ago the captain and one member of the crew were pinned on the yards when they tried to reduce the square. They were caught up there for a long time. Fortunately they were not hurt and we did not lose the sails or the mast," Dr. Hardy said.

On a trip this summer the Lindø was not quite so fortunate. "She had been chartered for the filming of *All The Sad Young Men* and had to be brought to Chicago through the Great Lakes. It took five weeks to get her home from Chicago and we lost three sails." This was not the first film for which the Lindø provided a set. She also starred in *The Island* and was the "main character" in a NBC documentary of the 1980 transatlantic race from Boston to Norway. "She came in second overall in that race," Dr. Hardy said proudly. He

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New Referral Procedures— Opening Channels of Communication

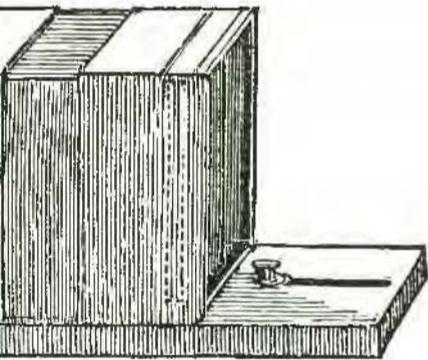
hopes that a sponsor can be found for next year's transatlantic race. "Last year there was no American ship in the race, even though it originated in Newport, Rhode Island."

When sailing on the *Lindø* or other ships, Dr. Hardy is not content resting on deck. He pursues his other hobbies, skin diving and underwater photography. "I love skin diving and I dive to photograph." He usually carries a developing kit and processes his slides right on board. "That's easy and then you can see whether you have the correct light. If things didn't turn out, you can go back and take more pictures."

Last summer Hardy traveled to Australia to join a diving trip to a remote atoll in the Coral Sea which lies beyond the Great Barrier Reef. "There was a reporter from *The New York Times* aboard to do a story about the voyage. One of my pictures was used when the article was published," he said.

His love for diving and underwater photography take him to many parts of the world.

"In 1977 I helped start the Society for Aquatic Veterinary Medicine," he said. "We have about 300 members from the USA and Europe. We travel all over to dive, to get together and to discuss marine biology. We meet about three to four times a year to dive all day and lecture all night. Usually there are about twenty veterinarians on these trips; most are avid photographers."



It is not surprising that Dr. Hardy has such great interest in marine life. "I have always been interested in marine biology and had applied to graduate school to pursue it," he said. "I was also accepted at Penn and I chose then to become a veterinarian. But my interest in marine biology remains." Dr. Hardy has a busy schedule. He lectures at the Cornell Graduate School in New York and he is adjunct associate professor of oncology here at the Veterinary School. He also travels extensively to lecture to veterinary groups all over this continent. "I like it. I enjoy meeting and speaking to practitioners. Recently I gave an all-day lecture in Manitoba, Canada." During the ski season he tries to combine lecture trips with a ski vacation for his family. "We try to get out West each winter," he said.

He lives with his wife Susan and their children, Billy and Suzanne, in Northern New Jersey. His children enjoy the sailing and his wife prefers the skiing. The family has four pets, three cats and a Labrador retriever puppy.

A new referral system at the Veterinary Hospital of the University of Pennsylvania (VHUP) went into effect in December 1982. The new procedures, according to Dr. Kenneth C. Bovee, Chairman of the Department of Clinical Studies, were designed by a joint committee of hospital clinicians and local veterinary practitioners to facilitate communication between hospital and practitioner.

Cases are regarded as referrals only if the practitioner sends along with the client either a letter or a referral form stating particulars about the animal, its treatment, a provisional diagnosis, or the reason for referral. Practitioners are asked to send along records of laboratory tests and radiographs. "This give us an idea of what the practitioner is thinking about and it makes it easier for the clinician," said Dr. Bovee. "In addition, it saves time and money as tests do not have to be repeated."

Once the referral case has been seen, the animal may be sent home on the same day with intermediate treatment measures. A referral post card, mailed by the hospital within twenty-four hours, will inform the practitioner about which clinician saw the animal, the tentative diagnosis, if the animal was hospitalized, and what therapeutic measures were prescribed if the animal was sent home after the consultation.

In cases where an animal is seen through the Emergency Service, practitioners are asked to call the service to provide the pertinent information and to alert the staff that the owner is bringing the animal. If the animal is admitted through the Emergency Service, the post card with a diagnosis follows after the animal has been assigned to a medical service.

In order to provide a complete diagnosis, it may be necessary to wait until the results of all tests and studies are complete. This may take several days to more than one week. The hospital clinicians will call or write the referring veterinarian with a complete diagnosis

within two weeks of the client's visit. A monitoring system has been instituted to ensure that the practitioners receive this final report. Dr. Bovee encourages practitioners who find that this policy is not being followed to contact the hospital administration, either Barry Stupine, Hospital Director, or Dr. Bovee.

Practitioners, rather than owners, are advised to contact the hospital if questions about a case arise. "We are always available for such consultation and we encourage this contact with the School; however, because we are a teaching institution, we are not able to function like a regular medical office," said Dr. Bovee. "Our clinicians are not on hospital duty full time. They have teaching, administrative, and research duties and most are in the clinic only two or three days a week." Clinicians will make every effort to return practitioners' calls as soon as possible.

Referrals provided by practitioners enable students and staff to gain access to difficult and challenging cases. In addition, the sophisticated diagnostic facilities at VHUP provide practitioners with assistance for patients with rare or complex diseases. More than half of the 19,000 cases seen at VHUP during the last year were referrals. Keeping open lines of communication between hospital and practitioner is essential. In addition to the new system for referrals, VHUP encourages practitioners to visit the hospital—to look around and observe procedures. "This helps practitioners to make contact with the staff and to get to know them. It creates a better atmosphere and makes for a better relationship between us and the outside world," Dr. Bovee added. Such contact is also encouraged through the continuing education program, the annual conference, and meetings with area practitioners.

Dr. Bovee hopes that the new system of handling referrals, the information booklet about the services at VHUP, the referral form, and the feedback post card will provide additional channels of communication and enhance the cooperation between the teaching hospital and practitioners.

*Dr. Kenneth C. Bovee,
Chairman of the Department
of Clinical Studies*

