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Practicing Abroad: A Letter From Lima, Peru

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Gingival (Gum) Disease
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bic bacteria to more harmful anaerobic ones.
Gingivitis is seen as reddening or swelling of the
gums. In some animals, the gingiva respond to
the insult over a long period by becoming
thickened: the area between tooth and gum where bacteria
flourish.
Almost all dogs five years or older have
measurable gum disease, sometimes without the
owner being aware of any abnormality. The
most common sign is bad breath. Dogs rarely
loose their appetite as a result of gum disease,
even when they have a mouthful of loose teeth. Cats are much more likely to be painful.
Gingival disease is made by inspection
of the mouth. The extent of the disease is
assessed by a blunt tipped probe; this is used to
measure the depth of pockets and to scrape the
side of the tooth to test for adherence of plaque
or calculus. A normal tooth has a pocket depth
of no more than 2 to 3 mm.
Gum disease can be exacerbated by many
conditions, including malnutrition or other
general debility (including pregnancy or lacta-
tion), endocrine abnormalities, immuno-
suppression, etc.
Treatment is aimed at eliminating plaque,
restoring the gum-tooth junction to as normal a
condition as possible, and following up with a
preventive program. Most animals presented
with bad breath due to gum disease will require
teeth cleaning under anesthesia as the first step.
Teeth scaling is designed to clean the sur-
face of the tooth, not only the crown but also
the area between tooth and gum. This is the
most important area as here the bacteria flourish.
Cleaning is performed with ultrasonic and
hand instruments. After cleaning the teeth are
polished to create a smooth surface to which
bacteria cannot adhere.

Practicing Abroad

A Letter From Lima, Peru

Lima, Peru, with a population of 6 million,
is the largest city in which I have ever lived.
When we moved there 18 months ago, I was
optimistic about work possibilities. There is a
veterinary school here, and several veterinarians
trained in the United States.
Peruvians, on the whole, are a very formal
but warm people. As we are still with the diplo-
matic service, I spend a fair amount of time at
maids, schools and shopping with Peruvian
women. It is almost impossible for me to break
beyond these topics with even the women, let
alone the men. The men are reluctant to have a
serious conversation should I even be within ear-
shot. Therefore, you might be able to imagine
how difficult it has been for me to establish
myself professionally.
The University of San Marcos has the best
veterinary school in the country but it has no
money and therefore no equipment or supplies.
Its facilities are the poorest I have seen
anywhere.
After spending a great deal of time "observ-
ing" at San Marcos and in several private practi-
ces, I agreed to work with Dr. Jose Brener, who
did his post-doctoral training in Scotland. We
run a small animal clinic out of one room and
make frequent house calls. When I started there
was no microscope, no ophthalmoscope, no gas
anesthesia, no X-ray machine. Now we have a
microscope—mine. We also have a desk, a table,
a large lamp, a basic set of surgery instruments
and ketamine. We work together and the key to
the relationship is that he holds animals for me.
And I hold animals for him. He has devoured
my library; his most current books are from the
Sixties. Mail service to Peru is not the best
either.
Mostly I see English-speaking clients from
the United States and Canada. My office visit
fees run high by Peruvian standards: I charge
the equivalent of $6. My housecalls are outrage-
ous at $10, but North Americans are usually will-
ing to pay. As the annual rate of inflation is well
over 100 percent, many suppliers have started to
charge in dollar equivalents for imported pro-
ducts and medications. As the exchange rate
changes daily, so do the costs of my vaccinations
and medications. In my first year of practice, I
lost enough money that I was beginning to feel
like veterinary medicine had become an expe-
nsive hobby.
I have raised my surgery prices and I'm
finally in the black. But I wonder about the
average Peruvian veterinarian who is trying to
survive. He (there just aren't any "she's" in pri-
icate practice) can't be making more than a few
hundred dollars a month. Recently, someone
came to me for a second opinion concerning the
treatment of a hip dislocation. The first veteri-
narian had given them an all inclusive estimate
of $60 to do a femoral head and neck resection.
I have to wonder about the quality of the work
at that price.
I suppose my problem is that I'm still look-
ing for the life I left in the United States in a
third world country. The basic conditions for life
here are unacceptable to me. I know things can
be better. Why aren't they? But how can I expect
a people who let hundreds of children starve or
die because of no medical treatment to care
properly for their animals? Even the wealthy
don't.
So I create my own "little America" and
practice as best I can. I have realized that I'll
make no changes here, other than to improve
Dr. Brener's library and equipment supply, but
at least I have done something.

Susan D. Morgan (V'78)

(Editor's note: In September, Dr. Morgan left
Peru to return to Portland, OR, and a small
animal practice.)

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