Managing dairy cattle is a cinch. Just give the herd acres of vegetation and a clean place to sleep, and use creme-de-la-creme milking equipment, and no problem.

There is a problem, though, by the name of Johne's (pronounced Yo-neeze) disease, caused by Mycobacterium paratuberculosis, a wasting illness that infects numerous cattle herds in Pennsylvania and throughout the USA and the world.

The good news is that promising strides are being taken by Dr. Robert H. Whitlock, Marilyn M. Simpson Professor of Equine Medicine, and Dr. Raymond W. Sweeney, Assistant Professor of Medicine, at New Bolton Center. They have utilized a powerful culture test that is three times more sensitive than that being used by most state agricultural specialists. Even with the more sensitive test, only 25-35% of all infected cattle in a herd will be detected on the first herd fecal culture test. This test is currently considered the "gold standard" test and is clearly superior to all currently available blood or serum tests. The bad news is that fecal culture testing requires a 12- to 16-week incubation period.

Dr. Whitlock considers this incubation time a "major frustration," but, he says, "As we develop a more sensitive culture test, we should be able to detect infected cows earlier than with other tests. When we report the results of our test, we give farmers the culture results as a score indicating how severely infected the cattle are. Cows with the highest score present the greatest risk to other cattle
especially calves and should be eliminated from the herd quickly. Cows with lower scores do present a risk to others but can be held in the herd until the farmer is able to sell the animal and obtain a replacement heifer. So farmers have weeks, or several months because the risk of transmission from adult cow-to-adult cow is slow. He hastens to say that the disease poses virtually no risk to humans because it is not thought to be a human pathogen, and because pasteurization kills the organism.

Since Johne's disease is responsible for annual losses of more than $1.3 billion for diary farmers and several million for beef farmers, an entire industry is intensely following the work at New Bolton Center. The economic losses may come from decreased milk production, premature culling genetic losses and increased susceptibility to other diseases.

Dr. Sweeney recently completed a study that indicates the Johne's organism can be passed from cow to fetus. Probably 10 percent of lightly-infected cows, and perhaps 25 percent of heavily infected ones, pass on the disease through the placenta to the unborn calf. He also looked at samples of milk and found that eight to 10 percent of Johne's-positive cows shed the organism into the milk. Calories, which take in one gallon of milk each day, or several gallons each week, are thus exposed to the disease through both the placenta and the milk.

Relying on these observations, Dr. Sweeney now recommends that farmers cull, or separate, calves from the adult herd and provide them with an uncontaminated source of milk, of which milk replacer is one good source. Colostrum should be obtained from culture negative cows or calves can be fed a commercially available artificial colostrum.

At a recent seminar for producers, veterinarians and agribusiness representatives, Dr. Whitlock explained that, by repeated culture and culling infected cows, farmers can work toward obtaining a Johne's-free herd. He describes the many unusual features of the disease:

- long incubation: two to eight years from infection to onset of clinical signs
- lack of a good diagnostic test to detect early infections
- tendency for infected animals to shed mycobacterial organisms in their manure, and may shed for years before appearing clinically infected. Dr. Sweeney also recommends that farmers promptcly sell animals identified as positive for Johne's.
- lack of treatment for infected animals
- availability of a vaccine of marginal value
- unknown role of deer in the transmission of the disease

Diagnosis. Fecal culture is the most widely accepted diagnostic test, having no false-positive results when conducted properly. The problems are the difficulty of handling specimens, the 12- to 16-week incubation period, the contamination of samples, and the lack of sensitivity: less than half of infected animals may be detected on a single test. By concentrating the sample, the Penn team has tripled the sensitivity rate compared to the earlier suspension techniques.

Despite the improvements in culture sensitivity, though, the major disadvantage remains the prolonged incubation period: in some laboratories, storage capacity is limited for handling large numbers of long-term samples.

So the researchers at New Bolton Center have investigated more rapid tests, especially blood tests. However no blood or serum tests offer the nearly 100% specificity of the fecal culture test which also has reasonable sensitivity. Another promising new test is the DNA probe. Mycobacterial organisms in the test specimen are lysed to release DNA, and the double-stranded DNA is cleaved. Enzyme- or radio-labeled DNA segments known to hybridize with Mazatras bacillius DNA are added, and the labeled, hybridized segments are detected. Using Polymerase Chain Reaction technology, a small number of DNA segments in the test specimen can be reproduced many-fold, increasing the sensitivity of the test. The major advantage of this test is its speed: 36 to 48 hours, compared to 12 to 16 weeks. It also eliminates the need for viable organisms that will grow in culture and for sample decontamination procedures. This test may be commercially available in 3-6 months.

Transmission. Most often, Johne's disease is transmitted when newborn calves consume milk, colostrum or feed that has been contaminated with manure containing the Johne's organism. Sometimes calves suckle teats that are contaminated. (Even if the farmer washes the outside of the udder, the bacteria may be lurking inside the udder.) All young calves are susceptible to manure from any infected adult, too.

Although Johne's can be transmitted to animals six to 12 months old or older, this occurs uncommonly on most farms. Dr. Whitlock advises farmers to beware.

Once a calf is infected, it takes several years before clinical signs, primarily weight loss and diarrhea, develop. The time lapse between infection and the appearance of clinical signs depends primarily on two factors:

1. The age at which the calf was first infected (newborns are most susceptible) and
2. The dose of organism ingested (a larger dose causes an earlier onset of signs).

It is commonly believed that after the first two years of life, infected animals shed Johne's organisms in their manure, and may shed for years before exhibiting any clinical symptoms.

This disappointing situation carries its own unhappy consequences. If a "carrier" is sold, the unsuspecting purchaser may be blindly importing the pernicious disease into a previously healthy, clean herd. Dr. Whitlock, a recognized expert on Johne's, frequently is asked what farmers should do when buying cattle. His answer is straightforward:

"Check for possible Johne's," he says. "Be especially careful when buying pregnant heifers. Remember: At least half of herd owners with Johne's do not realize they have it. Therefore, "Let the buyer beware.

"Inquire about animals with weight loss or diarrhea," he advises. "Ask the seller's veterinarian to provide a certificate that, to the best of his or her knowledge, Johne's is not present on the farm of origin..."

Eradication: A case experience. In 1983 the owners of a Guernsey herd noticed weight loss and chronic diarrhea in one animal. When their veterinarian's testing revealed the cow was infected with Johne's, the owners submitted fecal samples so cultures could be obtained on the entire population.

The initial herd testing reported 16 of 42 adult milking cows had Johne's. In subsequent tests of the 26 initially-negative cattle, 13 more were found to be infected. Dr. Whitlock worked with the owners, who made a long-term commitment to eradicate Johne's from the herd. The owners began a semi-annual fecal culture on all animals over six months of age. They also implemented strict procedures to limit the spread of the organism. Specifically they:

- disinfected the maternity stalls before each calving
- immediately separated the calves from the dams
- constructed calf hutches and a heifer barn well separated from the adults
- promptly sold animals identified as positive for Johne's

These procedures enabled the dairy farmers to nearly eliminate the infection from the herd, although nearly 70 percent of the adult cows were infected. Dr. Sweeney also recommends that farmers with a Johne's situation should dispose of manure on cropland, not pasteurize and feed artificial or pasteurized colostrum to calves particularly in heavily infected herds.

Susan Perloff
The calendar year 1990 has been exciting for the University of Pennsylvania, which is celebrating its founding by Benjamin Franklin some 250 years ago. The academic year that just ended has been equally exciting for the School of Veterinary Medicine.

We have been fortunate in turning the corner on our fiscal constraints by ending the year on budget. What made this especially exciting was our ability to accomplish a balanced budget a full year ahead of schedule.

Now our efforts can be turned to the creative process, as the recommendations from our various strategic plan task forces come forward. We are now in a position to devote full attention to the necessary changes and growth that will ensure our foundation of excellence beyond the 1990’s.

Already we have launched efforts to improve student affairs, enhance faculty development, and focus on our unique strengths in equine sports medicine, aquatic animal medicine, basic research, and zoo and wildlife medicine to name a few. Truly exciting opportunities exist in these and many other areas.

Our curriculum task force is ready to present to the faculty its recommendations for an “academic major” curriculum. The ability to allow students to maximally tailor their areas of interest will parallel the School's own focus on its strengths.

By this time next year, I will be able to detail for you our specific development plans to accomplish our programmatic and capital needs.

We continue to appreciate and value the support of our many friends and alumni, and look forward to working with you in this new academic year.

Edwin J. Andrews, V.M.D., Ph.D.
The Clinical Importance of Feline Blood Groups

Dr. Urs Giger, associate professor of medicine and medical genetics, discussed feline blood groups and their clinical importance when treating ill cats. Blood group incompatibility can lead to neonatal isoerythrolysis and transfusion reactions, two life-threatening conditions. But, he pointed out, blood groups are not a disease, rather they are genetically determined differences in antigens on red blood cells.

Until recently it was believed that the great majority of cats had type A blood. Now studies at the University of Pennsylvania have shown that this is not so. Dr. Giger said that 99.7% of the DSH/DLH cats typed across the United States had type A blood. Siamese and related breeds (Oriental shorthairs, Burmese) tested also have predominantly type A blood. However, Dr. Giger and his colleagues discovered that other cat breeds have a significantly higher percentage of animals with type B blood. Breeds with about 10–25% type B cats are Abyssinian, Birman, Himalayan, Persian, Scottish fold, and Somali. In the British shorthair and the Devon Rex breeds approximately 50% of the cats have type B blood. Thus, there is a great variation in the frequency of blood type A and B between breeds.

Dr. Giger said that his studies of numerous purebred cat families have shown that type A and B are simply inherited with type A being dominant over type B. This means that a cat with blood type B is homozygous for B, and type A cats can either be homozygous for A or heterozygous, thereby hiding the B gene. Offspring of two type B parents have type B blood, whereas matings of type A and B cats may produce both type A and B kittens. Also, two type A cats that carry the B gene (heterozygotes) can have type A and rarely type B kittens. There are no type O cats. Recently the researchers identified a cat with type AB blood, but it appears that this is an extremely rare and separately inherited blood type.

Knowing the blood type of a feline patient can be of great clinical importance, particularly if the animal requires a transfusion. Similar to humans, cats have naturally-occurring antibodies against the other blood type; particularly type B cats have strong antibodies against type A blood cells. These antibodies cause two major incompatibility reactions:

- Neonatal isoerythrolysis (NI) and blood transfusion reaction.
- Blood typing is a simple laboratory procedure that involves soaking a small blood sample and incubating it with a reagent that reacts with either the type A or type B antigen. The transfusion procedure involves taking blood from a peripheral blood vessel of the donor cat. The usual amount is roughly 1/2 ounces of blood from a 10-pound cat. This blood is anticoagulated, placed into a bag, and infused into the recipient cat.

Studies have shown that the transfused red blood cells have a half-life of about 35 days in the recipient cat. This is approximately the same as the half-life of the cat's own red blood cells. Transfusion of mismatched blood, however, leads to lysis (red blood cell destruction), followed by heart beat irregularities, transient cessation of breathing, and possibly death. Mismatched transfusions are particularly dangerous in type B cats.
As part of a Transfusion Medicine Academic Award, the University of Pennsylvania, School of Veterinary Medicine, offers a feline blood typing service to all veterinarians and cat breeders. Approximately 1 ml of blood in a labelled EDTA tube along with breed, age, and pertinent history (must be transfusion reaction, blood donor) and address of correspondent should be shipped by overnight mail to: Dr. Urs Giger - Blood typing, Department of Clinical Studies - VHUP, 3850 Spruce Street, Philadelphia, PA 19104-6010. Results will usually be reported within two weeks of sending blood sample(s), but can be phoned immediately, if medically required.

**Congenital Neurologic Diseases in Cats**

Observation and indirect examination, along with clinical judgment, play an important role in the diagnosis of congenital neurologic disease in cats. The veterinarian—Dr. Betsy Dayrell-Hart, lecturer in neurology, explained—must observe the animal's behavior and response to stimuli and then decide if these are appropriate or an indication of some deficit or (in rare cases) excess of nerve stimulation.

Veterinarians have developed lists which help them determine the probable cause of a given symptom, after due consideration of the animal's age, medical history, onset of condition, and response to various treatments. Quite often, an apparently normal nervous system may have other causes.

In addition, neurological conditions can lead to symptoms that may be mistakenly attributed to some other disease. Illnesses can also give rise to neurological symptoms, as in the case of a diabetic cat that suffers from a neurologic disease secondarily.

A number of laboratory tests can be useful in helping to confirm a diagnosis (and in eliminating some conditions from the suspect list). These include blood tests; serum antigen and antibody tests; cultures for bacteria, fungi, and parasites; urinalysis; radiography; electrocardiography; and ultrasonography. At any stage, the veterinarian may decide to confirm (or eliminate) a suspected cause by further tests. These include cerebrospinal fluid analysis; brain or nerve biopsy; myelography (a technique for taking x-ray photographs of the spinal cord by injecting a contrast medium); nerve conduction velocity measurements; and serum tests for various neurotransmitters, heavy metals, and specific pathogens. Many of these specific tests require general anesthesia, not only because they are painful, but because it is important to keep the animal absolutely still.

Few of the congenital neurological diseases are curable, but their diagnosis is still important because some apparently neurological defects are in fact due to viral disease, tumors, or dietary deficiencies that can be treated. In other cases, the owner may want to use the cat for breeding and genetic defects have to be ruled out.

Some neurological diseases are due to defects in the closure of the neural tube during fetal neurological development. One of these conditions is spina bifida in domestic short hairs; another is sacrococcygeal dysgenesis in the Manx cat. These conditions, which are difficult to treat, are present at birth and may progress in the first weeks of life. Both are marked by signs of weakness in the hind legs, and sometimes incontinence or loss of sensation. Some of these kittens may also have meningocoele, a condition in which part of the nervous system protrudes through the skull or spinal column, resulting in constant drainage of cerebrospinal fluid. The outward signs of this condition are a "soft mushy backbone" or a wet spot at the base of the spinal column, just above the tail.

Spongiform degeneration of spinal cord cells, which has been reported in the Egyptian Mau, is characterized by weakness of the hind legs. The symptoms appear around the age of seven weeks and sometimes improve.

Both mixed breed and purebred kittens are sometimes born with hydrocephalus, lissencephaly (undeveloped cerebral cortex), or anencephaly (lack of cerebral cortex). Hydrocephalus, which can be either congenital or acquired, literally "fluid on the brain," has as one of the outward signs a domed skull. Hydrocephalus can lead to very abnormal behavior in kittens, some of whom may gradually improve or respond to drug therapy. The condition can sometimes be treated by a fairly complicated surgical procedure.

Himalayans are known to suffer from megacystis, a condition marked by a dilated, weak vesical muscle sheath. The condition becomes manifest at the age of a few months and can have a variety of causes, including faulty innervation and myasthenia gravis (which can be treated). These animals have trouble swallowing their food and keeping it down. They sometimes recover spontaneously.

A number of storage diseases have neurological symptoms. These diseases are usually due to a deficiency of some enzyme, one of the chemicals that facilitates chemical reactions in the body's cells. Enzymatic deficiencies can lead to the accumulation of wastes and other metabolic byproducts in cells. Some storage diseases can be diagnosed from their symptoms, while others require analysis of blood, urine, or cerebrospinal fluid, or other tissues. Some breeds are particularly susceptible to certain storage diseases. Siameses can have cerebral sphingolipidoses, beta galactose deficiency, and mucopolysaccharidoses. Gangliosidoses affects Korats, while Persians suffer from mananosidosis. Among the conditions that can affect domestic shorthairs are ceroid lipofuscinosis, hyperlymohirconemia, globoid cell leukemia, and GM-1 and GM-2 gangliosidoses. Even though each of these diseases has a different origin, they have many common features. Kittens usually look normal at birth, but grow slower than their litter-mates. Signs of disease begin to appear after a few weeks or months, and may include peripheral or central nervous system symptoms—such as tremors, spasms, and difficulty in moving. These signs tend to be progressive.

Panleukopenia virus infection can lead to the birth of kittens without a part of the brain (the cerebellum). This condition is not always fatal, and may even be asymptomatic. The kittens usually have normal strength, but they are very clumsy, likely to reach toward their food and miss it. Even so, many of these cats will adjust and live, making good pets.

Since this condition is not inherited, they can be bred—although they will make clumsy mothers.

**Feline Clinical Nutrition as Related to Cardiomyopathy, Feline Urological Syndrome, and Obesity**

Obesity in humans and felines is defined the same way: cats whose weight is more than 15% above the ideal are classified as "overweight," while those whose weight is more than 25% above the ideal are classified as "obese". "Nutrition and obesity play an important role in such clinical conditions as feline central retinal degeneration, feline dilated cardiomyopathy, and feline urinary syndrome," explained Dr. John Burr, Animal Care Center Veterinarian, Technical Services, The IAMS Company.

The feline urinary syndrome (FUS) is the term for a rather vaguely defined group of clinical signs and symptoms associated with obstructions of the lower urinary tract, more specifically the bladder and urethra. FUS can occur at any age and male cats are particularly susceptible because of the anatomy of their urinary system. The clinical signs include polyuria (unusually frequent urination), obvious pain during urination, straining, and blood in the urine (hematuria). When these signs are not due to infection, injury, or outside pressure on the urethra (for example from a tumor), they are often a result of ureterolithiasis: the presence of calculi (or stones) in the urethra.

Most of these stones consist of struvite, a mineral that is also known as ammoniummagnesium phosphate. A study at the University of Minnesota showed that 82% of urethral stones in cats consist of struvite.

The main predisposing factor for struvite crystal formation is a high degree of urinary alkalinity, meaning a pH well above 7.0. Other predisposing factors are the presence of microbes that produce an enzyme called urease, and an area in the urethra that is relatively poor for the accretion of crystals. Suggestions that viral infections, particularly herpesvirus infections, may play a role in crystal formation have not been proven.

What does seem to have been proven is that the stones are not caused primarily by diet, or more specifically the magnesium content of diet. Some earlier investigators suggested the stones were due to high dietary levels of magnesium oxide and magnesium chloride. More recent studies have shown that the amount of magnesium oxide is less important than urinary pH because crystal formation does not begin unless the urine is very alkaline. The metabolism of magnesium chloride, meanwhile, causes urine to become more acidic.

The simplest way to measure the alkalinity of urine is by means of the litmus paper test. It is important to keep a cat’s urinary pH under 7.0. A pH of 6.7 or less is even better.

Trying to reduce urinary alkalinity by giving the cat vitamin C (ascorbic acid) is not advisable, because the metabolism of this compound actually causes urine to become more alkaline. Some temporary increase in urinary alkalinity is a natural result of the digestive process. One way to reduce this is by allowing cats to eat ad lib instead of providing them with a few substantial meals a day.

Protein from animal sources causes urine to become acidic and FUS is rarely a problem in cats who get most of their protein from meat and animal
by-products. Animal proteins are rich in sulfur-containing amino acids, which are lacking in plant-derived proteins. Animal protein also contains taurine, an aminosulfonic acid necessary for the pathy (FDC) and feline central retinal degeneration. Containing amino acids, which digestion of fats and plant oils may provide, can manufacture all or most of the taurine they need but this is not true of cats. Cats are true carnivores which must depend on their diet for the taurine they require. In cats taurine deficiency causes feline dilated cardiomyopathy (FDC) and feline central retinal degeneration. Since the relationship between taurine deficiency and FDC was established about three years ago, taurine supplementation has become the rule in the cat food industry; all commercial cat foods now contain adequate amounts of this compound.

FDC is a condition marked by enlargement of the heart and consequent decrease in blood pressure. Its incidence is not yet known; its symptoms include overall weakness and obstruction of blood flow to the back legs. Fortunately this condition in cats can be treated successfully with taurine dietary supplements, as has been demonstrated by dramatic series of chest radiographs showing how a previously enlarged heart returns to normal size. A laboratory test for blood levels of taurine is available. Taurine deficiency has also been implicated in feline central retinal degeneration, which leads to irreversible blindness. This condition develops gradually, owing to the variable taurine content of different foods and the long serum half-life of taurine (from 30 to 88 days). Retinal degeneration is seldom diagnosed until the cat has lost its eyesight. Fortunately its progression can be halted—although not reversed—by a change in diet.

The National Research Council has recommended a daily allowance of at least 400 units of taurine a day to prevent feline retinal degeneration, with a minimum of 500 units for pregnant queens. The amount needed for prevention of FDC is substantially larger, in the neighborhood of 2,500 units a day.

Medical Approaches to Feline Respiratory and Hepatic Problems

Medical approaches to hepatic and respiratory problems in cats formed the subject discussed by Dr. Joan C. Hendricks, assistant professor of medicine. She noted that taking a good medical history from the owners is a key element in the accurate diagnosis of both conditions.

Cats can suffer from a number of liver conditions. At present, there is no cure for liver cancer. The situation is more hopeful in regard to nonmalignant liver diseases whose symptoms include jaundice (also known as icterus). This is usually manifested by "yellowness," or discoloration of the cat's gums, eyes, and mucous membranes.

The liver can be characterized as a metabolic factory that processes many different substances, making some of them and breaking down others. It is the major organ for degrading poisons and drugs, as well as many of the waste products resulting from normal metabolism.

Jaundice is a major sign of liver disease. It is caused by the tissue build-up of bile, one of the liver products that plays an important role in digestion. The build-up of waste products that are normally processed by the liver can lead to other symptoms, such as dementia and seizures. The neurological changes associated with liver disease are usually global in nature. The cat may stand and stare into a corner—or refuse to play or respond. Lack of appetite, nausea, and vomiting are other possible symptoms of liver disease. Finally, liver disease can lead to abnormal bleeding because the liver is not producing sufficient amounts of a variety of clotting factors. Another consequence may be leakage of serum through the walls of blood vessels, causing edema because the liver is not making albumin, a protein that makes blood thicker. Edema and abnormal bleeding are usually signs of advanced disease.

There are a number of laboratory tests that can establish the presence of metabolic liver disease before it has reached this stage. Many of these are similar to the tests used in human patients. Nonetheless, liver biopsy—removal of a bit of tissue—is the most definitive means to establish the diagnosis of many conditions. This is usually done by means of a needle, under general anesthesia, and often under ultrasonographic guidance.

In some cases it may be necessary to give the cat a blood transfusion, as well as nutritional support, before subjecting it to such a procedure. Nutritional support is most effectively provided by means of a nasogastric tube. This method has many advantages: it does not require an incision and can be used at home if the cat learns to tolerate it (as many cats do). The respiratory system can be characterized as a mechanism that provides the body cells with oxygen and removes carbon dioxide, the major waste product of normal metabolism. The same system is also used for other purposes, such as vocalization and regulation of body temperature.

The system begins with the windpipe, which is a really a conducting tube. The windpipe leads to the lungs, where the major tubes branch off into bronchi, small diameter tubes that lead to lung cells where gas exchange takes place. The entire system is controlled by a muscular pump, the diaphragm, which is under very close neurological control and cannot function automatically like the heart.

When the lungs or the pumping mechanism begins to fail, the consequences are likely to be sudden, acute, and life-threatening. In many cases, it may be possible to provide mechanical compensation, but usually there is little that can be done about the underlying condition. Many of these animals die before anyone can help them.

Veterinarians are more likely to be able to help in the case of diseases that affect the airway. These conditions are rather common and tend to be marked by all sorts of "funny noises" that are really coughs and sneezes. Coughs make coughing sounds that are distinguishable from gagging, retching, and vomiting.

Coughing is usually due to local irritation or inflammation of the airway—in a way, not unlike the bronchitis seen in chronic smokers. The onset is often gradual and the condition may be long-term, ranging in severity from a minor irritation to an affliction that is virtually disabling, although generally not life-threatening. (Incidentally, it remains unclear if animals suffer as a result of their owners' smoking.)

Diagnosis of a respiratory condition starts with a very thorough physical examination and history. The important questions are: Is he fibbing or turning blue? Is he making whistling noises, or coughing, or gagging? Measuring the levels of oxygen and carbon dioxide in the animal's blood can provide useful information. There are methods of doing this without drawing any blood, by means of a clip attached to the cat's ear that analyzes blood gas concentrations from the color of the blood.

After that, radiography can be very useful, because it actually provides a look at the cat's airways and lungs; it may also be useful to take a sample of fluid from the airway to culture and examine the cells.

Endoscopy is another useful diagnostic method. This involves passing a thin tube, with a camera and light source on its tip, down the airway for an actual look.

Jan Kanglinski

Feline Symposium

The Fourteenth Annual Feline Fanciers' Symposium will be held April 13, 1991 at the Veterinary Hospital of the University of Pennsylvania in Philadelphia.

The day-long program begins at 9:30 A.M. with Kathleen Dunn, the retail worker at VHUP, who will discuss "Attachment and Bonding—Breathing the Air of Life: Fat Loss." Dr. Karen Kuhl, a dermatologist, will speak on "Feline Reaction Patterns." The final presentation of the morning will be a "Parade of Breeds" and Mr. Richard Gebbard will illustrate breed characteristics with the help of cats from different breeds.

In the afternoon Dr. Mark Saunders will speak on "Ultrasonography of Abdominal Disorders." This will be followed by a tour of VHUP and a wine and cheese reception hosted by Mrs. R.V. Clark, Jr. and Mrs. Edith Young.

The cost of the program is $45. This includes lunch and parking. Reservations are required and can be made by contacting Dr. M. Josephine Dubois, VHUP, 3650 Spruce Street, Phila., PA 19104, Tel: (215) 896-5967.
Furosemide Improves Racing Performance of Horses

The diuretic furosemide, commonly administered to race horses who suffer from “bleeding,” a disorder known as exercise-induced pulmonary hemorrhage (EIPH), improves the racing performance of horses who do not suffer from the disorder, a new study has shown.

The study, the first to test the effect of furosemide on the performance of non-bleeders, was published in the May 1990 issue of the American Journal of Veterinary Research. It was conducted by University of Pennsylvania veterinarians Corinne Rapidel Sweeney, Lawrence R. Soma and Abby D. Masson. Other members of the Penn research team were Joseph E. Thompson, Susan J. Holcombe and Pamela A. Spencer. The project was conducted at the Philadelphia Park Racetrack during the 1988-89 racing season, was funded by The Jockey Club.

The researchers administered furosemide, widely known by the trade name Lasix, to 79 Thoroughbred race horses for a single race after first determining that they had not suffered from EIPH. Performance in that race was compared to the horses’ performance in two other races run without the drug.

The study found that the horses without EIPH raced an average of 0.48 seconds, or 2.4 lengths faster for a one-mile race when given furosemide. Geldings showed the greatest improvement in racing time while on the drug, averaging 1.08 seconds, or 5.4 lengths faster.

The average improvement in racing times while on furosemide for female Thoroughbreds was 0.42 seconds, or 2.1 lengths for a one mile race; the group of colts studied showed minimal improvement in performance — less than one-half length — while on the medication. The researchers felt that the difference in improvement among the sex groups was related not to gender but more likely to age because the geldings were, on the average, older.

The group also examined the effects of the drug on the racing performance of 52 bleeders. The study found that the drug improved the racing time of the horses with EIPH, although the improvement was 0.26 seconds, or 1.3 lengths. Geldings improved by 0.56 seconds, or 2.8 lengths; females by 0.23 seconds, or 1.2 lengths; and colts showed no improvement in race time.

In the course of the study, the Penn researchers found that the drug failed to stop bleeding in 32 (62 percent) of 52 bleeders treated with the drug. Furosemide also failed to prevent the development of bleeding after racing.

In the course of the study, the Penn researchers found that the drug failed to stop bleeding in 32 (62 percent) of 52 bleeders treated with the drug. Furosemide also failed to prevent the development of bleeding after racing.

Racing times for the population of horses at Philadelphia Park indicated one-fifth of a second equalled 1.4 lengths at one mile. The equation of one-fifth of a second equals one length, while not accurate for all populations, is used traditionally. For that reason all the aforementioned lengths are reported using this traditional equation.

Because of the prevalence of EIPH in Thoroughbreds, nearly 700 horses had been screened for the study to identify 79 horses that were free of the disorder after three races.

Phyllis Holzman

The Pet Memorial Program

The Pet Memorial Program at the Veterinary Hospital of the University of Pennsylvania is supported by veterinarians who thoughtfully donate monetary gifts to the Veterinary School “in memory of” pets which had to be euthanized. Although euthanasia is a sad and difficult situation, the pain may be lessened by the knowledge that the veterinarian understands and shares some of the owner’s grief and that pet memorial donations are used by VHUP to further teaching and service programs.

The Pet Memorial Program has been gaining momentum since its inception in 1982. Compared to last year, for example, the number of veterinarians participating in the Program has increased from 90 to 106 and gifts have been received from veterinarians practicing in 18 different states (up three from last year). The dollar total donated in fiscal year 1989-1990 was $12,876, an 18% increase over the previous year.

We would like to take this opportunity to welcome any new participants to the program and to extend our gratitude to the following veterinarians for their support of the Pet Memorial Program:

Fred R. Adams, D.V.M.
Janice M. Andrews, D.V.M.
Loi A. Ackerman, V.M.D.
Fredric K. Baff, V.M.D.
Curt Barnett, D.V.M.
Richard J. Baron, V.M.D.
Frank A. Bartus, V.M.D.
Michelle C. Bartus, V.M.D.
Michele B. Beisie, V.M.D.
Robert L. Bergman, V.M.D.
William E. Beil, V.M.D.
Claire E. Blanchard, V.M.D.
Frank A. Borazio, V.M.D.
Harvey A. Braaf, V.M.D.
C. Coppock Brockett, V.M.D.
Charles E. Brown, V.M.D.
John S. Bush, V.M.D.
Caroline Cantona, D.V.M.
Thomas Carreras, D.V.M.
Andrew W. Cleland, V.M.D.
Kevin P. Coogan, V.M.D.
Michelle R. Cordes, D.V.M.
Evelyn M. Crish, V.M.D.
Clifford G. Cummings, D.V.M.
Robert F. Cavaudo, V.M.D.
Alan H. Douglas, V.M.D.
Diane R. Dzieworski, V.M.D.
Sue Elkins, V.M.D.
Dorita S. Enderle, V.M.D.
S. R. Epstein, V.M.D.
Lisa S. Evans, V.M.D.
Paul Fenster, V.M.D.
Fred Fenn, V.M.D.
Juan L. Ferrer Perez, V.M.D.
Herbert S. Freiman, V.M.D.
George Glanzberg, V.M.D.
Gregory W. Godon, V.M.D.
Carol A. Grant, V.M.D.
Mark B. Guise, V.M.D.
Donald W. Gulick, V.M.D.
M. B. Gulick, V.M.D.
E. J. Hathaway, V.M.D.
Peter H. Herman, V.M.D.
James F. Higgins, V.M.D.
Richard A. Jaffe, V.M.D.
Stephen R. Jarman, D.V.M.
J. Jeffrey Johnson, V.M.D.
Michael H. Kenfield, V.M.D.
Betsy K. Kennon, V.M.D.
Mark C. Klingensmith, V.M.D.
Lloyd B. Kornblatt, V.M.D.
Theodore J. Leif, V.M.D.
Andrea Leof, V.M.D.
Andrea H. Lerner, V.M.D.
Lloyd B. Kornblatt, V.M.D.
Theodore J. Leif, V.M.D.
Andrea Leof, V.M.D.
Lloyd B. Kornblatt, V.M.D.
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Andrea Leof, V.M.D.
Lloyd B. Kornblatt, V.M.D.
Theodore J. Leif, V.M.D.
Andrea Leof, V.M.D.
School & Teaching Awards

A crowd of 437 came to Longwood Gardens for the Annual Student Government Dinner Dance on May 5. Centerpiece of the evening was the presentation of the 1990 Student Government Awards for Teaching Excellence to members of the faculty and staff.

Designed to enable each of the four classes of the School to honor an individual who exemplifies the highest degree of proficiency in teaching, the award is given to "anyone involved in the educational process who has made a major contribution to our veterinary education through dedicated, creative, and informative teaching." Dr. Bernard H. Shapiro, professor of biochemistry, was the recipient of the Class of 1993 Teaching Award. Dr. James B. Lok, associate professor of parasitology, won the Class of 1992 Teaching Award. Dr. Raymond Sweeney, assistant professor of medicine, received the Class of 1991 Teaching Award. Dr. Lesley King, lecturer in medicine, was presented with the Class of 1990 Teaching Award.

Dr. Bernard Shapiro, an anesthesia technician at VHUP; Dr. David Sweet, an intern at VHUP; and Dr. Michael Rosenzweig, a resident at VHUP also received Student Government Teaching Awards. Dr. Rosenzweig was also the recipient of the IAMS Small Animal Clinician Award. Dr. Sweet also won the Dr. Jules Silver Beside Manner Award. Dr. Robert Washabau, assistant professor of medicine, was the recipient of the Norden Faculty Teaching Award. This is the 27th year that this award has been given to recognize outstanding teaching.

Dr. Joan Hendricks, assistant professor of medicine, received the Beecham Research Award. Dr. Elizabeth Laws, received The William B. Boucher Award for Outstanding Teaching at New Bolton Center by a House Officer.

The evening was supported by the following benefactors: Hills Pet Products, The Upjohn Company, Veterinary Medical Student Government, SCAVMA-Faculty Fund, and by the following sponsors: Pennsylvania Veterinary Medical Association, Peterson Imaging, Inc., Schering Animal Health, and Dr. and Mrs. Jay Simmons.

Ground Breaking for the Mark W. Allam Center for Dairy Cattle Research and Teaching

Ground breaking for the Mark W. Allam Center for Dairy Cattle Research and Teaching took place on May 24 at the New Bolton Center campus of the University of Pennsylvania School of Veterinary Medicine.

The Allam Center will serve as a modern and sophisticated environment for veterinary and graduate students interested in the medical and managerial aspects of dairying; a regional resource for the dairy industry; and a laboratory for veterinary medical researchers in fields such as epidemiology and preventive medicine, nutrition, reproduction, infectious and chronic diseases, and dairy cattle economics.

The building will house a 130-head herd; 50 dairy cattle will be accommodated in a tie stall barn and 80 will be housed in a free-stall barn. The facility will be equipped with a double six herringbone milking parlor and a feed storage and mixing center. There will be an exercise lot, connected to the free-stall barn, and a manure storage system.

Funds for the building were provided through appropriations from the Commonwealth of Pennsylvania, and gifts from individuals and corporations. The designers of the facility are Argue and Associates, Dairy Consultants, and Francis, Cauffman, Hoffmann, Architects LTD. Occupancy is expected by the summer of 1991.
The Commencement Exercises for the 105th graduating class took place on May 14, 1990 at the Zellerbach Theatre. The commencement address was given by Dr. Jane Goodall, the world-renowned naturalist and author. Earlier in the day the University had awarded Dr. Goodall the degree of Doctor of Humane Letters, honoris causa.

Dean Edwin J. Andrews (V'57), assisted by Assistant Dean Jeffrey A. Wortman (V'69), Associate Dean Charles D. Newton, and Mr. Charles S. Wolf, chairman, Veterinary School Board of Overseers, presented the diplomas to the members of the Class of 1990.

Instead of the customary remarks, Class President James J. Camilli gave an unusual address, a reading of Dr. Seuss' new book All The Places You'll Go. The president of the Veterinary Medical Alumni Society, Dr. Michael P. Ratner (V'59), then presented the Class Flag to Dr. Camilli.

Dean Andrews, assisted by Dr. Robert J. Wasabau (V'82), presented awards and prizes to a number of graduates and recognized those graduating with honor.

The administration of the Veterinary's Oath by Dr. Charles Koenig (V'57), president of the 1956 Class, the American Animal Hospital Association Award, the American Veterinary Medical Association Prize, were presented to the members of the Class of 1990.

The administration of the veterinarian's oath by Dr. Charles Koenig (V'57), president of the veterinary's medical association, concluded the ceremony. Everyone then gathered for a reception for the graduates and their families.

### Award Recipients

**Leonard Pearson Prize**
- Susan J. Holcombe
- J.B. Lippincott Prize
- Maria H. Werkiser
- 1930 Class Prize in Surgery
- Julia M. Heiznerrater

**Auxiliary to the American Veterinary Medical Association Prize**
- Nico Pierkey

**Auxiliary to the Pennsylvania Veterinary Medical Association Prize**
- Maria H. Werkiser

**1936 Class Medal for Achievement in Pathology**
- Angela E. Fitzpatrick

**James Halbit Jones Prize in Biochemistry**
- Amy J. Wanger

**Milkmark Prize**
- Craig H. Markazi

**American Animal Hospital Association Award**
- Leanne M. Ksiazek

**Merck Awards**
- Kerry E. Danielien
- Alison Baldock Rockar
- George M. Palmer Prize
- Bruce N. Barnes

**Everingham Prize for Cardiology**
- Douglas A. Hambright

**E. L. Stubb Award in Avian Medicine**
- Mark S. Bridge

**Large Animal Surgery Prize**
- Camilliere

**Large Animal Medicine Prize**
- Stacey Romano

**Morris L. Zakind Prize in Swine Medicine**
- Joseph E. Thompson

**Morris L. Zakind Prize in Public Health**
- Karen F. Martin

**Hill Award for Nutrition**
- Donna M. Dambach

**Porus Mills Award in Swine Medicine**
- Douglas J. Ayers

**Upjohn Awards**
- Susan J. Holcombe

**Auxiliary to the Student Chapter of the American Veterinary Medical Association Prize**
- Anne L. Crump

### Class of 1990

**Douglas John Ayers**
- Eric Timothy Banks
- Nancy Ann Baun
- Bruce Norman Barnes
- Anita Susan Beaschoter-Holt
- Allen Wilson Bower
- Elsa Braza
- Mark Stephen Bridge
- Laura Redding Brister
- Tracy Ann Bischwalter
- Martha Emma Bugbee
- Kayann Elizabeth Buschhaus
- James Joseph Camilliere
- Lauren Jane Cardulo
- Carol Ann Connor
- Anne Louise Crump
- Joyce Ann Daily
- Magda Lynn D'Alessandro
- Donna Mara Dambach
- Kerry Elizabeth Danielien
- Kathleen DeGraw
- Lillian Elizabeth Duda
- Mary Jane Fassinger
- Christopher John Fazio
- Pamela Joan Sarton Flesher
- Amy Lynn Fuehner
- Darryl Vincent Franzonacaro
- Angela Erica Frimberger
- Margaret Mary Garvey
- Susan Lee Gault
- Rita Maria Geigel
- Judith Ann Goglia
- John Trioth Griss
- Amy Lynn Grice
- Gwyn Michele Groman
- Douglas Andrew Hambright

**Tai Harpaz**
- Kirk Andrew Hagering
- Julia Marie Heiznerrater
- Karen Barbara Hofman
- Susan Jane Holcombe
- Frieda Madora Hottentine
- India Helen Imperatore
- Timothy James Ireland
- Katrina Sherrye Jackson
- Michele Annette Kallush
- George Bruce Keech, Jr.
- Deborah Anne Kelly
- Lester Hoe-Ann Kho
- Kenneth Robert Kimmel
- Carol Beth Kleinman
- Leanne Marie Ksiazek
- Celeste Clare Kunz
- John Earl Ledoux
- Cheryl Wallace Levin
- Kimberly Ann Lojudice
- Craig Henry Maretzki
- Karen Faye Martin
- Margaret Jane McVeigh
- Amy Lynne Mendelson
- Jacqueline Harrison Mettinger
- Steven Daniel Milden
- Janet Bottomley Mitchell
- Karen Marie Mockler
- Michael Robert Moyer
- Maribeth Schantzy Murphy
- Patricia Owen Nutz
- Cecille Anne O'Brien
- Judith Edna Palm
- Charles Reed Perkins
- Thomas Michael Pickard
- Carole Lynn Pieretti-Castro
- Nicole Pierkey

**Kathryn Lynn Potetz**
- Alice Lanier Raed
- Lawrence Anthony Rebecchi, Jr.
- Alison Baldock Rockar
- Stacey Romano
- Kristin Rothermel
- James Patrick Rowan III
- Michelle Kathryn Sabol
- Thomas Schermerhorn
- Michelle Gall Schenker
- Caroline Ruth Selberita
- Marian Siegel
- Nicholas Emmanuel Sitinas
- Alan Currie Sluder
- Mark Andrew Steckraat
- Lauren Elizabeth Strine
- Eileen Veronica Taylor
- Joseph Earl Thompson
- Rose Marie Threatte
- Jeffrey Toll
- Josephine Anne Vecchione
- Peter Lewis Vogel
- Patricia Carol Walters
- Beth Uldrid Werner
- Nancy Dale Wintrob
- Cheryl Ann Welch
- Amy Jane Weaver
- Maria Haxlink Werkisher
- Joseph Gerard Williamson
- Nancy Ann Wimping
- Janet Ziebur
- Kim Marie Zorbaugh

**Summer/Fall 1990**
Alumni Day 1990

Alumni Day on May 12 drew almost 200 people to the Philadelphia campus. In the morning the official business of the Veterinary Medical Alumni Society was conducted and the Alumni Awards of Merit were presented. Dr. Max J. Herman, V'59, passed the gavel of the office of president to Dr. Michael P. Ratner, V'59, and introduced the officers and members of the board. They are:

Officers
Dr. Michael P. Ratner, V'59, President
Dr. Jack Bregman, V'66, President-Elect & Vice Chair, Liaison Committee
Dr. Max J. Herman, V'59, Past President; Chair, Awards & Nominating Committees

Members-at-Large
Dr. Daniel D. Bleicher, V'53, Benjamin Franklin Society Chair & Phonathon Co-Chair
Dr. Malcolm Borthwick, Jr., V'69
Dr. Pierre A. Conti, V'60
Dr. Richard D. Derstine, V'57
Dr. Harriet A. Doolittle, V'61, Farm Show Chair
Dr. George L. Hartenstein IV, V'68, Liaison - NBC
Dr. Sidney L. Mellman, V'49
Dr. Donald R. Shields, V'63, Annual Giving Co-Chair & Phonathon Co-Chair
Dr. Joseph D. Slick, V'53, Long Range Planning Chair
Dr. Robert J. Tashjian, V'56, Annual Giving Co-Chair & Phonathon Co-Chair
Dr. Alexandra Wetherill, V'80, Class Agent Chair

Other Board Members
Dr. M. Josephine Deubler, V'38, Historian
Dr. Darryl N. Biery, Faculty Representative
Dr. Charles Benson, Faculty Representative
Dr. Robert F. Moffatt, V'87, Pacesetters Representative

Student Representatives
Howard Krum, V'92, Student Government President
Janice DeRiso, V'91, Class of 1991 President
Roy Yanonng, V'92, Class of 1992 President
Nancy Katz, V'93, Class of 1993 President

Ex-Officio Members
Dr. Edwin J. Andrews, V'67, Dean
Nancy Martino, Director of Alumni Affairs
Dr. Charles W. Koenig, V'57, P.V.M.A. President 1990
Dr. Earl H. Rippie, Jr., New Jersey V.M.A. President 1990
Dr. Caroline C. Hughes, V'80, Delaware V.M.A. President 1990

After the meeting, everyone adjourned to lunch under the huge tent in the courtyard and some “catching up” with classmates and faculty members. Later in the afternoon many alumni and their families took advantage of the tours to the Zoo, Philadelphia harbour and VHUP.

In the evening the festivities continued with a reception and a dinner dance at the Sheraton Society Hill Hotel in the heart of old Philadelphia. Mark your calendars now for Alumni Day 1991. It will be on Saturday, May 18 at New Bolton Center.
Pot-Bellied Pigs

Miniature potbellied pigs have become a popular (and expensive) household pet, frequently seen on television and in the news media. There are three registries, a newsletter and even a book, "The Pamped Pig."

These miniature pigs are about 15" to 19" tall and usually weigh from 40 to 70 pounds. They require the same veterinary care as all swine and the same diseases affect all pigs, small and large. If you are considering a pig as a pet, it's important that you "piggyspeak" its living area. It is said that these pigs make good house pets and can be trained to use a litter box or to ask when they want to go out. They do best if the temperature is above 60°F. Heat lamps or pads may be needed if the temperature is any lower. In hot weather, shade and plenty of water are essential. A small wading pool is a suggested - pigs can swim.

Contact a veterinarian near you before you bring a pig home as a pet. Find and meet your veterinarian before you need help. Also, check local regulations about keeping livestock.

For many years, pigs have been household pets. A miniature pig with its harness and leash is sure to attract attention. They can be kept in a city apartment. With proper care, their life expectancy is about fifteen years. Be sure you understand all that is necessary to keep the pig well and happy. Give careful consideration as to whether or not it will fit into your lifestyle.

Registration Statistics

In 1989, there were 1,257,700 dogs registered with the American Kennel Club. There were over a million dogs registered every year in the 1980's. The top five breeds were the same in 1988 and 1989: cocker spaniels first, followed by Labrador retrievers, poodles, golden retrievers and German shepherd dogs. Rottweilers and chow chows continue to be popular. The AKC lists 130 breeds registered by the AKC. The list ends with Irish hounds, Pharoah hounds, German hounds and otterhounds. Anything edible, particularly common.<br>

Most breeders cull litters. This may mean euthanizing puppies with deformities or to reduce the size of the litter. There will be puppies that are considered not quite good enough to be show and breeding quality. These are the candidates for limited registration. This gives the new owners assurance that they are getting purebred animals that are not the product of haphazard commercial operation. Except to an expert, these dogs are good examples of their breed.

The Flea Tapeworm

Fleas serve as intermediate host of the common parasite of dogs and cats, Dipylidium caninum. This tapeworm also is found in many other carnivores (foxes, hyenas, jungle cats, etc.) and its distribution is worldwide. The parasite can be transmitted to humans - most reported cases are in young children. The infection is diagnosed by finding proglottids (tapeworm segments) in the stool. Motile segments may be seen on the hair coat or bedding or dried segments which resemble rice grains may be noticed. A fresh stool sample may be covered with motile proglottids which crawl away - they may not be seen in the sample presented to the veterinarian.

In dogs, the most commonly noted sign is irritation caused by passage of the segments, including constant rubbing of the perineum and scooting. Usually the adult tapeworms in the intestinal tract produce no signs unless they are present in large numbers.

An adult tapeworm may be up to 70 cm in length. The coxal or holdfast is attached to the mucosa of the small intestine with 100 or more segments. The segments may be passed while the blades remain attached. Gravid segments containing eggs are shed. Eggs are eaten by flea larvae and complete their development in the adult flea. When the flea is eaten by the dog or other host, the adult tapeworm develops.

One drug of choice for treatment is praziquantel which causes the tapeworm to detach and disintegrate in the intestine. This drug requires a prescription. However, the control of fleas is important to prevent reinfection which results in what the owner may consider treatment failure.

Flea control requires treating both the animal and its environment. Consult your veterinarian about this. Thorough cleaning of living quarters is essential. Vacuum cleaning helps disrupt the life cycle of the flea, but changing the bag frequently - an adult flea may live more than a year. Complete eradication may be impossible but regular treatment of the animal, house and yard will help.

Hypothyroidism

Hypothyroidism (reduced activity of the thyroid gland) is difficult to diagnose accurately. The use and interpretation of thyroid function tests is somewhat controversial. Clinical signs include abnormalities of the skin and haircoat. Hair loss without itching usually occurs. Desiccated thyroid and synthetic preparations are used for treatment. Most affected dogs show improvement after about a month or six weeks. It is reported that the use of thyroid hormone results in hair regrowth in some nonthyroidal diseases.

The disease is reported more frequently in certain breeds of dogs and most cases occur in adults. Reproductive problems are another sign of hypothyroidism. These include absent or abnormal heat periods along with reduced conception rates. Weight gain and changes in behavior may be noted.

The canine press recently has had numerous articles about the possibility of inherited thyroid deficiency and its relationship to a depressed immune system. This raises the question of whether or not an animal with a confirmed diagnosis of hypothyroidism should be used for breeding.

Many of the signs associated with thyroid deficiency may occur in other diseases. If the condition has been diagnosed incorrectly, treatment may be required for a lifetime.

Book Review


This book covers all you need to know if you are interested in showing your cat. There is information about the major cat federations which register cats and sanction cat shows. These are the American Cat Fanciers' Association (ACFA), Cat Fanciers Association (CFA), Cat Fanciers' Federation (CFF) and The International Cat Association (TICA). Each federation has a Standard of Perfectio for the breeds it recognizes and makes its own rules governing activities. Cats may have titles from each federation. Complete information is given about registering cats and entering shows.

Preparation and grooming for a show is clearly explained. Bathing and drying the cat, cleaning the ears, removing tear stains from the eyes, tooth cleaning, clipping, combing and brushing are discussed. Important reminders include never using any product that has not been made specifically for cats and never using bleach or hair dye; this is not condoned by any cat federation.

Show awards are explained and there is an excellent glossary. A Kitten is under eight months old and at least four months old the day of the show. A Household Pet is a non-pedigreed cat usually required to be altered by a certain age. Premier refers to altered cats.

At a show, cats in competition are caged in the judging ring. The owner stays at ringside and the judge handles and places the cats, rating them against the Standard of Perfection for the breed.

This is a good reference book for any cat fancier, spectator or exhibitor.
The first Dr. Morris L. Ziskind Prize was awarded to students from the U.S. and Canada to receive a 1990 Cynthya DiBuono Award by The Animal Medical Center, New York.

The award is given annually to a practicing veterinarian in recognition of outstanding accomplishments in veterinary medical research.

The award was given to Dr. Darryl N. Berry, a professor of radiology and chief, Department of Clinical Studies (Philadelphia), who was awarded the Distinguished Alumnus Award by The Animal Medical Center, New York.

The prize is given to the student with the highest combined grade in Poultry Medicine, Epidemiology, and Veterinary Public Health.

Denise M. Atkinson (V'92) was one of 27 veterinary students from the U.S. and Canada to receive a 1990 IAMS Veterinary Scholarship. The scholarships are awarded to promote excellence in the veterinary field. Participants were required to write an essay on "Canine Colitis: Etiology, Diagnosis and Clinical Management."

Dr. Nancy O. Brown (V'73) was presented the Practitioner Research Award by the AVMA at the Association's annual meeting in San Antonio, TX. The award is given annually to a practicing veterinarian in recognition of outstanding accomplishments in veterinary medical research.

Dr. James G. Fox, adjunct professor of comparative medicine, received the 13th Charles River Prize, which is presented by the Charles River Foundation to a veterinarian selected by the AVMA in recognition of distinguished contributions to the field of laboratory animal science.

Dr. Richard A. McFeely (V'61), professor of animal reproduction, has been appointed general campaign manager and vice president of the campaign for the 1990-91 Kennett Area United Fund Drive.

Dr. Suzanne J. Jenkins (V'66) was elected to the AVMA Council of Public Health and Regulatory Affairs.

Dr. Edwin J. Andrews (V'67) has been elected to the AVMA Council on Research. He was also elected president-elect of the Association of American Veterinary Colleges. Dean Andrews participated in the Eleventh Symposium on Veterinary Medical Education at Auburn University in June. He was convener for the workshop "Faculty Research." The College of Physicians of Philadelphia elected Dr. Andrews a Fellow of the College.

Dr. Sherbyn Ostrich (V'63) has been appointed president of the AVMA Foundation.

Dr. Gerhard Schad, professor of parasitology, has been invited to participate in a SEAMEOTROPMED Seminar, held in November in Chiang Mai, Thailand. The topic of the three-day seminar will be "Emerging Problems in Food-Borne Parasite Zoonosis: Impact on Agriculture and Public Health."

Dr. Janet H. Remeta (V'85) has been elected to serve a second term as chairperson-elect of the New Jersey Health Products Council. The Council is a statewide nonprofit information and public affairs agency composed of New Jersey's major research-oriented health products companies.

Dr. Robert A. Cook (V'80) was appointed chief veterinarian of the New York Zoological Society.

Dr. Darryl N. Berry, professor of radiology and chief, Department of Clinical Studies (Philadelphia), was awarded the Distinguished Alumnus Award by The Animal Medical Center, New York.

Dr. Urs Giger was promoted to associate professor of medicine and medical genetics in Clinical Studies (Philadelphia). The Devon Rex Congress recently honored Dr. Giger for his research work on neonatal incoyotbolosisis and splaptity. The organization presented him the "1990 Randy Award," which is given annually to an individual or organization contributing to the betterment of the Devon Rex breed.

Dr. Edwin A. Churchill (V'41) received a Distinguished Life Member award from the American Association of Equine Practitioners, the highest honors granted by the Association. Dr. Churchill served as president of the AAEPP in 1958 and was a member of the organization's executive board. He has been an active member of the AAEPP for 34 years and was recognized for his outstanding service to the Association and dedication to the veterinary profession.

At the recent AVCA/M meeting in Washington, DC, Dr. Jorge Buchele received the Smith-Kline-Beacham resident award for this presentation entitled "Transfusion of A and B blood in cats." Dr. Buchele has been the Transfusion Medicine Fellow for the past year.

Dr. Leslie Dierau (V'74) has been awarded the third AVMA Congressional Fellowship. Dr. Dierau will begin her fellowship with an orientation at the American Association for the Advancement of Science in September. Then, she will interview for positions in Congressional offices.

Dr. Edward Baker (V'48) is the author of Small Animal Allergy: A Practical Guide. The book was published by Lea and Febiger.

Dr. Robert R. Marshall, professor of medicine, was inducted into the National Academy of Sciences' Institute of Medicine.

Dr. Joan Hendricks (V'79) has been promoted to associate professor of medicine. Dr. Michael Goldschmidt has been promoted to professor of pathology in pathobiology. Dr. William A. Moyer has been promoted to professor of sports medicine in Clinical Studies (NBC).

Dr. Charles Curtis has been appointed assistant professor of epidemiology in Clinical Studies (NBC), and Dr. Phillip Scott has been appointed assistant professor of parasitology in the department of pathology.

The following faculty members were reappointed: Dr. David T. Galligan (V'81) as assistant professor of animal health economics in Clinical Studies (NBC); Dr. Raymond W. Spooner (V'81) as assistant professor of medicine in Clinical Studies (NBC); and Dr. Elaine M. Johnson as assistant professor of reproduction in Clinical Studies (NBC).

Dr. Michael S. Miller (V'90) has co-authored the Cardiology Pocket Reference published by the American Animal Hospital Association. He gave a series of cardiology lectures at the 1990 AAHA annual meeting and Academy of Veterinary Cardiology meeting in San Francisco. Dr. Miller is co-authoring the chapter on Cardiac Electrocardiography in the upcoming edition of 'Duke's Physiology with Drs. David Detweiler (V'42) and Dr. Larry Tilley. Dr. Miller is vice president and board member of Cardiopet, Inc.

Welcome

The new interns and residents at VHUP and New Bolton Center hail not only from the U.S. and Canada but also from other countries.

The interns at VHUP are: Dr. Beth Ann Brockman, University of Illinois, '90; Dr. Ann Crump (V'90), Dr. Karen Marie Fidell, Michigan State University, '90; Dr. Julie M. Heuzenrater (V'90); Dr. Derek Hughes, University of Liverpool, '90; Dr. Jonathan Peres, Koret School of Veterinary Medicine, '89; Dr. Jill L. Robson, University of Liverpool, '89; Dr. Carl D. Sammarco, University of Liverpool, '90; Dr. Lauren E. Stuiwe (V'90); Dr. Patricia C. Watters (V'90); and Dr. Caroline J. Zeiss, University of Pretoria, '90.

The new residents at VHUP are: in laboratory animal medicine, Dr. Joan Cole, Purdue University, '77; Dr. Larry Handi, Michigan State University, '89; Dr. Norman C. Peterson, University of Illinois, '89; in surgery, Dr. Daniel M. Brehm (V'89); Dr. Catherine A. Popovitch, University of Guelph, '89; in veterinary dentistry, Dr. Paul G. Orsini, N.Y. State Veterinary Services, Cornell, '82; in emergency medicine, Dr. Nishi Dupa, University of Nairobi, '86; Dr. Robert Moreau, University of California-Davis, '85; in radiology, Dr. Pamela A. Green, Ohio State University, '86; Dr. Rosa Mendes-Anguolar, University of Mexico, '81; in small animal medicine, Dr. Christian Johannes Gekos, University of Utrecht, '85; Dr. Alan R. Klug, University of Montreal, '87; in cardiology, Dr. Maribeth Bostdyke (V'88).

At New Bolton Dr. Alison Baldock (V'90) is an intern in field service. Dr. Abby Maxson (V'87) and Dr. Laura Reilly (V'89) are residents in medicine. Dr. Elizabeth Laws, Tufts University, '89 and Dr. Eric Parente, New York State University/Cornell, '89 are residents in surgery. Dr. Paul Karns (V'79) is the new resident in avian medicine and pathology. Dr. Celeste Boatwright and Dr. Forrest Ross Rich are junior surgery clinicians.

Dr. Wolfgang Kaehn is a visiting professor in large animal reproduction from the University of Munich. His primary interest is neonatal medicine and he is here to work in the new neonatal unit at NBC.

Dr. Monika Griti-Went from the University of Berne is the new fellow in Dr. Giger's NIH-funded Transfusion Medicine Academic Award Program.

Scholarships

Mrs. Jack L. Billhardt has established two term dean's scholarships which will be funded for five years. The Mrs. Jack L. Billhardt Term Dean's Scholars increase the number of Dean's Scholars at the School to twelve.

Margaret Lackey is the recipient of a scholarship from the Ty Cobb Educational Foundation. The Dog Writers' Educational Trust awarded a scholarship to Susan M. Spiker. The New Jersey Veterinary Education Foundation awarded five individual scholarships grants to students here. The recipients are: Mary Lou Ciccone, Robin Pullen, Kenneth Turner, Pamela Benoist, and Tiffany Beggart. Christopher Smith is the recipient of a scholarship awarded by the South Windsor College Scholarship Organization, a chapter of The Citacms Scholarship Foundation, South Windsor, CT. The Clark Foundation awarded a scholarship to Nancy Lee Pugh. Natalie N. Daniels is the recipient of a scholarship awarded by the Pocono Mountain Kennel Club. Somerset Newspapers, Inc. has awarded a scholarship to Lori Bason.
How to Build an 800 Year-Old Egg; With Apologies to the Chinese

The events in the Persian Gulf in August were a dramatic reminder that we inhabit an unpredictable and, sometimes politically unstable, world. These events, coming on the heels of the changes in Eastern Europe and the Soviet Union, the savings and loan debacle, and the environmental crisis, force us to pause, reflect, and wonder whether anything will remain constant.

In this time of change, we remind ourselves that although our world is often a difficult, tumultuous place, many strong anchors exist that provide sustenance, solace, and hope. For example, in the Western world, forty-four institutions exist that are more than 800 years old. Three of them — the British Parliament, the Catholic Church, and the monarchy of Denmark — are obviously significant entities both historically and in the contemporary world.

The other forty-one institutions are colleges and universities. Places of scholarship, learning, exploration, debate, and sharing of ideas; places of permanence.

The University of Pennsylvania School of Veterinary Medicine is the second oldest existing veterinary institution in the United States. During its 106-year history, it has been a distinguished center of teaching, research, and service. Although the School does not yet approach an 800-year history, it strives to be a long-term active and participant on the constantly changing stage of veterinary medicine.

To achieve a reputation for permanence, substantial professional accomplishment, and recognition as the best requires investment in people. The School is committed to attracting and retaining the best people to work, teach, investigate, learn, and serve. To constantly fulfill this goal requires partnerships between people. Whether these partnerships are with corporations, foundations, or private persons, they ultimately depend on individuals who identify with the vision for the School and give of themselves for its future.

This relationship takes many forms: those who provide their time and energy as volunteer ambassadors, advisors, and spokesmen; those who introduce and educate their friends and clients to the School's mission; and those who contribute financial resources to fuel new achievements.

A number of individuals have helped advance the School through financial investments in permanent, living arrangements that support people. These legacies provide scholarships, fellowships, program funds, and professorships; they are created through such vehicles as direct cash or stock donations, bequests, charitable trusts, gifts of real estate or life insurance, and other assets. The key element that distinguishes these gifts is the donor's commitment to a permanent endowment and desire to be associated forever with the School.

The desires to build, to make a difference, to leave an indelible mark of distinction, to give life to a vision are the motives for these extraordinary commitments.

And these opportunities are available to everyone, individuals of any means, not just those fortunate to possess great wealth. The School welcomes your interest to help build an 800-year-old nest egg, an institution of permanence and achievement within veterinary medicine.

For more information about how you can help, please call the Development Office at (215) 898-1480.