

but conformation showing is not encouraged — the parent club wants to focus on working qualities.

The breed takes its name from Parson John (Jack) Russell, born in England in 1795. He was one of the founders of England's Kennel Club in 1873 and judged Fox Terriers in 1874 at the first Kennel Club show in London. He did not exhibit his own dogs. It is said that he believed the true measure of any terrier was his degree of gameness and it annoyed him that many owners who showed their dogs considered them too valuable to engage in the task for which they were originally bred.

Microchips

The American Kennel Club has established the AKC Companion Animal Recovery Program with a 24-hour phone and fax line to unite lost pets with their owners. An essential part of this program is a central database that will record, for a fee of \$12.50, the permanent identification of a pet. Tattoos or microchips from any manufacturer are considered permanent identification; collars and tags are not. The registry is open to any pet, cat, dog, bird, as long as it has permanent identification.

Enrollment forms may be requested from AKC Companion Animal Recovery, 5580 Centerview Drive, Suite 250, Raleigh, NC 27606-3394.

A microchip is a tiny transponder with a unique number that is implanted by injection under the skin in the shoulder area of the animal. The chip is read with a scanner. Unfortunately, there is no scanner that reads all microchip brands, though scanners will indicate the presence of a chip, so a different scanner can be tried. The AKC and others are working toward a universal scanner.

Microchips are implanted by veterinarians. Your veterinarian may use the AKC-recommended chip or another one. No matter which one is used, to recover a lost pet, the permanent identification must be registered. At this point, it appears that the AKC Companion Animal Recovery Program is the only national registry for all types of permanent identification. The phone number to report a lost or found pet is 800-252-7894 and the fax number is 919-233-1290.

HUP and VHUP surgeons use new technique to help dog



● Oliver's lungs had a slow leak. A tiny hole in one of the lobes let air escape into his chest cavity, normally a vacuum, causing a spontaneous pneumothorax, a serious medical problem. Oliver couldn't breathe properly because the air in his chest prevented his lungs from expanding fully.

The 12-year-old Siberian husky was admitted to VHUP for treatment. Here he made veterinary surgical history by becoming the first clinical canine patient treated by thoracoscopy and thoracoscopic surgery. His owner offered VHUP surgeons the use of special instruments and Dr. Larry R. Kaiser, a thoracic surgeon at HUP who developed the instruments and the procedure, agreed to come to VHUP to help ● Oliver.

"Normally we would have opened his chest sternally," explained Dr. Joan Hendricks. "This is very painful and the recovery is lengthy. We also could have attempted to inject some irritants, hoping that scarring on the exterior of the lung lobe would close the leak. Both are pretty drastic steps. So a thoracoscopy looked very promising. We accepted the offer by Dr. Kaiser and the owner worked out the details for the joint effort

by VHUP and HUP surgeons to help the dog and spare him a painful, lengthy recovery."

Oliver's owner works for a medical instrument company where the Kaiser-Pitling™ No Cannula Thoracoscopy Instruments are manufactured. Invented by and named after Dr. Kaiser, these instruments permit a surgeon to perform procedures within the closed chest cavity. They are used in conjunction with a thoracoscope equipped with a light source and camera chip. The instruments are inserted into the chest through a relatively small incision.

"These instruments have a special configuration to allow their usage in the chest," said Dr. Hendricks. "They are longer and curved in a special way and include forceps, hemostats, spatulas, knives, suction tubes, and a stapling device as well as other items. It was incredible: we saw the interior of Oliver's chest, projected onto the TV screen and then watched as the lung lobe was gently manipulated by Dr. Kaiser. The hole was found and closed."

● Oliver was up and around shortly after he woke up from anesthesia and went home a few days later. "This procedure changed a major operation into a relatively minor procedure," said Dr. Hendricks. "This is so promising, particularly for older patients. It could replace the thoracotomy when we need to perform a chest exploratory. We are quite excited and are trying to figure out a way to acquire the thoracoscope and the instruments so we can use the technique here. We are lucky in that Dr. Kaiser and his colleagues are just down the street, so training our surgeons will not be a big problem as there is a great cooperation between the two hospitals and schools."

The technique has been used successfully in human patients in Europe for a number of years and Dr. Kaiser is a leading proponent of the procedure. It is less invasive and the recovery time is much shorter than for the traditional methods of open chest surgery.