ANIMAL CAVALCADE

JULY/AUGUST 1973

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EDITOR'S NOTEBOOK

THE TECHNIQUE OF VISITING YOUR VETERINARIAN

Guest Editorial
reprinted, Fay Gold
Yorkshire Terrier Quarterly

It seems to me that there are many things that we take for granted, that do merit considerable thought. One of these is a visit to your veterinarian. Did it ever occur to you to place yourself in the veterinarian's shoes?

1. When calling for an appointment, consider the overworked man's calendar. Call in advance, and give him time to fit you in. Of course, if it is an emergency, he will take you regardless. The fact that you are paying for his services does not entitle you to get special treatment, since every patient gets special treatment. A sick dog is as much of a liability to him as to you; after all, his good standing depends on the degree in which he keeps your dog in good health.

2. Most doctors see patients in both morning and late afternoon consultation sessions, and work in surgery in the early afternoon. With such a schedule, and with the need of giving complete attention to each patient, it is necessary for you to cooperate by being explicit in your presentation. Be brief and to the point in telling him what is wrong with your dog. Do not waste his time with chit chat. Prepare yourself before the visit with the questions to be asked and keep them pertinent to the condition of the dog.

3. On the other hand, your veterinarian is your teacher. If you are sincere in wanting to learn how to keep your dog in his best condition, he will help you by answering necessary questions. So, keep a little notebook with you and jot down all important information relating to shots, tendencies to be watched, size, growth, and all other material he has offered which may come in handy in the future.

4. Ask your doctor what your dog's ailment is, and try to understand his explanation. Too often, the dog will be brought to the hospital, and the attitude will be, "Here is a sick dog, heal it. Make a miracle." Ascertain the specific condition, and record the doctor's remarks. In this way, you will be able to understand why he became ill in the first place, and how to guard against further trouble in the future.

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DOCTOR'S ADVICE

Readers with health and other pet problems are invited to send in their questions to ANIMAL CAVALCADE. Those with the greatest reader interest will be handled on this page by Dr. J.F. Smithcors, D.V.M., Ph.D., who is technical editor of American Veterinary Publications, Inc.

EDUCATION OF A VETERINARIAN

So you'd like to be a Doctor of Veterinary Medicine? Well . . . you've got a lot of learning ahead. All veterinary schools require a minimum of two years of pre-veterinary college study for entrance, and four additional years of professional study for graduation and the conferring of the degree of doctor of veterinary medicine (D.V.M. or V.M.D.).

However, the average number of years spent in college prior to entering a veterinary school is three and one-third years. Therefore, the typical student graduating as a doctor of veterinary medicine has spent just over 7 years in college. Before a veterinarian can practice in a state he must obtain that state's license by passing an examination given by its board of veterinary examiners.

The curriculum at a veterinary medical school is in many respects similar to that offered in medical schools. In fact, in some of the basic courses such as bacteriology, immunology, histology, and others the material is virtually identical in all fields of medicine. Only in the advanced courses do medical concepts and applications begin to be more specifically confined to the various species of domestic animals.

Veterinary students devote some 5,000 class hours, including clinical experience, to subjects such as anatomy, physiology, pharmacology, pathology, microbiology, biochemistry, surgery, medicine, public health, preventive medicine, and parasitology.

Consequently, today's graduate veterinarian is a medically trained, scientifically-oriented professional person capable of rendering many services and accepting wide responsibilities in all areas of animal health and in many areas of public health.

Here's a typical curriculum of a veterinary medical college:

FIRST YEAR

Gross Anatomy of Domestic Animals
Neuroanatomy
Histology and Embryology
Animal Husbandry
Physiological Chemistry
Physiology
Animal Genetics
Botany

SECOND YEAR

Radiobiology
Physiology
Experimental Physiology
Bacteriology and Immunology Laboratory
General Pathology
General Pathology Laboratory
Special Pathology
Special Pathology Laboratory
Parasitology
Animal Husbandry
Pharmacology
Public Health

THIRD YEAR

Public Health and Preventive Medicine
General Surgery
Surgical Exercises
Non-Infectious Diseases
Infectious Diseases of Large Animals
Small Animal Medicine
Small Animal Surgery
Applied Anatomy
Obstetrics
Clinical Pathology
Special Surgery
Diseases of Poultry
Roentgenology

FOURTH YEAR

Large Animal Surgery
Small Animal Surgery
Special Pathology
Jurisprudence, Ethics and Business Methods
Clinical Conferences
Clinics
Laboratory Animal Medicine
Toxicology
Nutrition

KITTY CORNER

by Linda Bosson

Can you decipher these familiar lines about cats? The same code will solve them all.

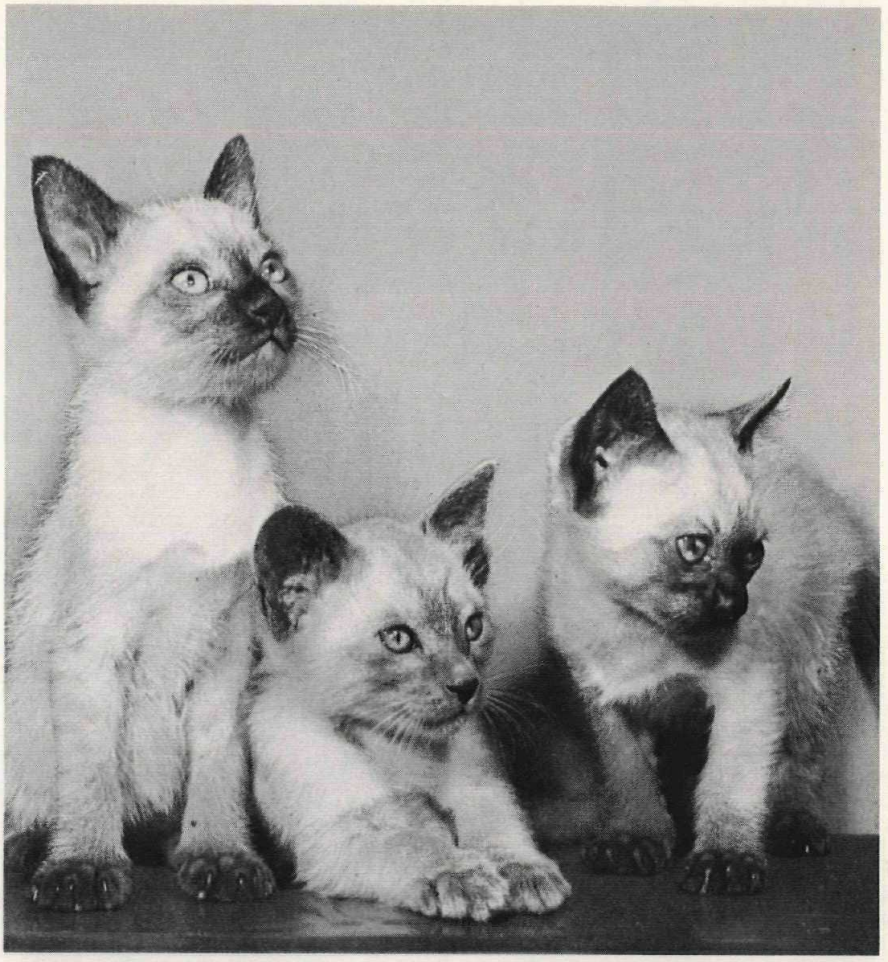
1. NEW HUO IYR NEW MLTTG–PIN UWYN NH TWI AY I CWILNABLO MWI–ZSWWY CHIN.
2. RAYZ RHYZ CWOO, NEW PIN AT AY NEW UWOO.
3. EAZE RARROW RARROW NEW PIN IYR NEW BARROW, NEW PHU XLDMWR HFWS NEW DHHY.
4. WIPE TIPV EIR TWFWY PINT, WIPE PIN EIR TWFWY VANT.
5. A'FW ZHN I OANNOW PIN, IYR A'D FWSG BHYR HB NEIN, CLN A'R SINEWS EIFW I CHU-UHU, UHU.
6. EW CHLZEN I PSHHVWR PIN, UEAPE PILZEN I PSHHVWR DHLTW, IYR NEWG IOO OAFWR NHZWNEWS AY I OANNOW PSHHVWR EHLTW.

Answers on page 16

"NO, WE DON'T HAVE ONE LABELED, 'IT'S NINE BOYS AND SIX GIRLS!"

CROSS-EYED *princess*

A story by Millie J. Ragosta



"Miss Susan Bagshaw was owned by three Siamese cats . . ."

Miss Susan Bagshaw was *owned* by three Siamese cats. Two of them, Willow and Lotus, were aristocrats with graceful, lady-like manners. They spent their days reposed like the princesses they were, on velvet cushions. Not so, Amanda.

Amanda was a lovable hoyden, a lanky, leggy commedienne with crossed eyes and a decided propensity for the lower types of society, both human and feline.

Now Miss Susan was devoted to all her cats, but just as a mother has an infinite capacity for forgiving the black sheep among her progeny, so Miss Susan could forgive Amanda for anything.

And so Amanda rollicked riotously through life and Hennegan's garden. Hennegan hated all things feline and from the day he bought the little house next to Miss Susan's, (two days after his retirement from the police force), he and his dog, Captain, had made their aversion very plain to Susan and her cats. Lotus and Willow promptly disdained all unnecessary traffic with them, but not Amanda. To her, winning their affections became a search for the Holy Grail, a journey to Mecca, an entire reason for being.

Hennegan and Captain had but to appear on their side porch and Amanda, (who'd been keeping a patient vigil from the back of Miss Susan's brocade couch under the side window), would streak to the door, howling so nerve-shatteringly that Miss Susan would be obliged to let her out. Then she would bound through the intervening gardens, invariably breaking the finest blooms, and wrap herself in simpering silliness around Hennegan's burly leg, staring adoringly up into his broad face. Whereupon, Hennegan would shove her off the porch with the side of his foot, muttering black imprecations against cats in general and Amanda in particular; Captain would growl menacingly; and poor Amanda would retreat through the unfortunate flowers, Hennegan's oaths and cigar butts at her heels.

It was after such an excursion that Miss Susan discovered Amanda was pregnant.

"Amanda," she cried, wringing her delicate little hands, "I do hope his breeding will match yours. How could you do a thing like this to me?"

Lotus and Willow lifted their lovely heads and stared down their aristocratic noses at the wayward Amanda.

Amanda dropped her head contritely, but she couldn't hide the gleam in her pixie eyes.

With admirable resignation, Miss Susan sighed and gathered Amanda to her.

"Well, it's too late to scold," she said, "and you can't help your impulsiveness."

Amanda purred self-righteously and burrowed more deeply into Miss Susan's arms.

But Miss Susan put the cat down and went for her hat and purse. She gathered Amanda into her arms again and opened the front door.

"We'll have to see about your confinement, Dear," she said gently. "We'll go right to Doctor Bailey."

In the veterinarian's office, she set Amanda on the examining table. Doctor Bailey soon confirmed that the cat was indeed, very pregnant.

"Miss Bagshaw, she's the healthiest cat I've ever seen," he said. "She'll have a fine litter in about two weeks, and I'm sure she'll get along just fine. Of course, if there's any trouble, I'll come right away." And he began to give Miss Susan detailed instructions about Amanda's confinement.

Miss Susan nodded, a little nervously, and took Amanda home to wait.

Amanda, however, with characteristic light-headedness, slipped into Hennegan's open cellar window at the very first twinge. There, in the unused

coal-bin, she gave birth to five motley-looking kittens. Then, rendered even sillier by the novelty of being a mother, she carried them upstairs, one by one, and deposited them on Hennegan's couch. After the last trip, she stretched out beside them to rest. Her weary eyes searched the strange room.

Hennegan had been insulating his attic and he had left a long ladder reaching up through the open trap-door to the dark upper floor. Amanda could hear him whistling off-key in the drive-way as he unloaded insulation batts from his car. Her heart contracted with love. She looked at the kittens uncertainly. She was perfectly willing to endure Hennegan's kicks, but she doubted that the kittens should be submitted to such treatment. She eyed the trap-door slyly. Springing up, she seized the nearest kitten and began a second marathon up the ladder.

After the last kitten had been deposited safely on the attic floor, Amanda allowed herself a moment's respite. She sat in the gloom, searching for a cozy spot for her off-spring. Half the attic floor had been removed for the installation of the insulation. Slowly Amanda walked along the rafters, peering into a series of recesses in the floor beneath her. She was quite sure they'd be entirely safe from Hennegan's big foot in there. Quickly she darted back for the kittens. One at a time, she dropped them into the hiding places. Then, stretching luxuriously and silently congratulating herself on her cleverness, she stretched out for a nap.

Presently Amanda arose, her erstwhile instincts belatedly telling her there was more to be done for her kittens than hiding them. She walked along the rafters, yawning, and poked her nose into the first recess. No results. Anxiously, she extended her paw as far as it would go, encountering only empty space. Far below, tiny mewing noises were beginning. Amanda stared down in horror. She'd dropped her babies into the partition between the living-room and kitchen!

Panic reigned. She tore down the ladder, howling wildly.

Hennegan was dozing in his arm-chair, Captain stretched out at his feet.

"What the...." he roared, rubbing at his eyes.

Captain began barking excitedly.

Amanda ran in circles, skrieking piteously.

"What the devil ails you, you she-beast, and how'd you get in here?" Hennegan roared above the ruckus. He stooped and intercepted the madly running cat. "Why, you've had your litter," he said, softening a little as he felt her slack belly. "Where are they girl?"

Amanda only howled.

Captain quieted suddenly and ran over to the wall. He cocked his ugly-funny head inquisitively and began scratching eagerly at the wall, a puzzled rumbling in his throat.

Hennegan stared at his dog, a terrible comprehension growing upon him.

"Amanda, you didn't!" he thundered.

Amanda blinked her crossed eyes and gulped foolishly.

An hour later, Hennegan stood among the debris that had been his living-room wall. He'd rescued the kittens unharmed and put them in a box along with their empty-headed mother. He shook his head mournfully and then knelt beside the box.

"Just like a blamed cat," he said.

Amanda looked at him and purred gratefully. Hennegan poked gently at a kitten, his craggy face softening, imperceptably to anyone but Amanda. She licked his finger delicately and, very deliberately, winked one of her blue, crossed eyes.

YOUR LOST PET...

AND HOW TO FIND HIM

by
Patricia and Millard E. Carr

If your pet is lost, ask the children in your neighborhood to help find him; most youngsters love animals and can be your biggest help!

"Lost: *Blind* Dog – friendly, small gold and white collie-type dog; used to farm and not city traffic. Answers to *Chad.* Reward...."

Our hastily typed pleas were a dim reflection of our anxiety. We loved Chad as much as his vacationing owners did. Now he was missing. A blind dog accustomed to the sheltered protection of a 50-acre farm was now wandering loose on the outskirts of Washington, D. C.

All the drivers around Chad's home knew him and watched out for him. But in Falls Church, Virginia, no one had ever heard of blind Chad. No one knew that this dog might suddenly wander in front of his car. No one knew Chad . . . until we signaled for help.

Within minutes after finding an empty back yard and a hole in our fence, we were overwhelmed with sympathetic concern. "Yes," our neighbors would say, "I know just how you must feel." And we could tell that they shared our anxiety over a helpless dog they had never seen.

Soon Chad found his way into the hearts of the whole neighborhood– and especially into that of Monty Reynolds. Mr. Reynolds hadn't heard our plea about Chad, but as he was taking his wife to work he had noticed a dog wandering near the highway. When he returned to his apartment a few minutes later, he noticed that the same dog was obviously blind because he was bumping into trees. After a quick trip inside to phone the animal rescue squad, Mr. Reynolds came back outside just in time to see Chad about to wander in front of a speeding trailer truck. Reynolds' quick action in coaxing Chad back from the highway is all that saved him from the fate we were all thinking about. Mr. Reynolds took the time to lock Chad up before he went to work and later that night treated him like a runaway prince while he located us through an animal rescue league we had notified.

Today Chad is safely back home. But he wouldn't be around to wag his tail if it weren't for the helpful cooperation of people concerned about a lost dog they had never seen; people who worked together to save an unknown dog's life.

What happened to us could easily happen to anyone. Each year thousands of pets are lost. Take a look at your local newspaper and you will find a long, heartbreaking list. What can you do if *your* pet goes astray? Here are a few suggestions:

. . . Make a quick search of your house, yard and immediate neighborhood to see if your pet is nearby.

. . . Tell your closest friend, relative, or neighbor about your problem and ask if you can give their telephone number as an alternative for people to call. This is especially important if everyone in your house will be out searching.

. . . Make up a description of your pet. Include name, age, breed, coloring, height and length, identifying marks or characteristics (like whether his ears point up or down) and license number, when he was discovered missing and whether the pet is friendly or not.

. . . Have one person systematically call all neighboring animal shelters, animal welfare leagues, veterinarians, animal hospitals, and police and give them a description of your pet.

. . . Try to get an announcement on the radio about your lost pet. Local radio stations are usually very cooperative when a blind, deaf, old, or otherwise injured pet is involved. Unfortunately, many stations find it necessary to limit their broadcasting to these special cases because there are so many lost pets.

. . . Canvass the neighborhood. Before you start contacting people about your lost pet, type or write up a number of "lost" notices to hand out and make as many carbons as possible. By providing people with a written description of your pet, you will make it easier for them to recognize him. At the very least, you should leave your phone number and an alternate phone number with all people you contact. In addition to neighbors, don't forget to check gas stations, churches, stores, mailmen, deliverymen and newsboys and to put notices on public bulletin boards at local schools, stores, and apartment buildings.

. . . Advertise in your local newspapers, and read the found ads.

. . . Visit all local animal shelters. Sometimes these people may not remember your phone call or they may not match up your description with your pet.

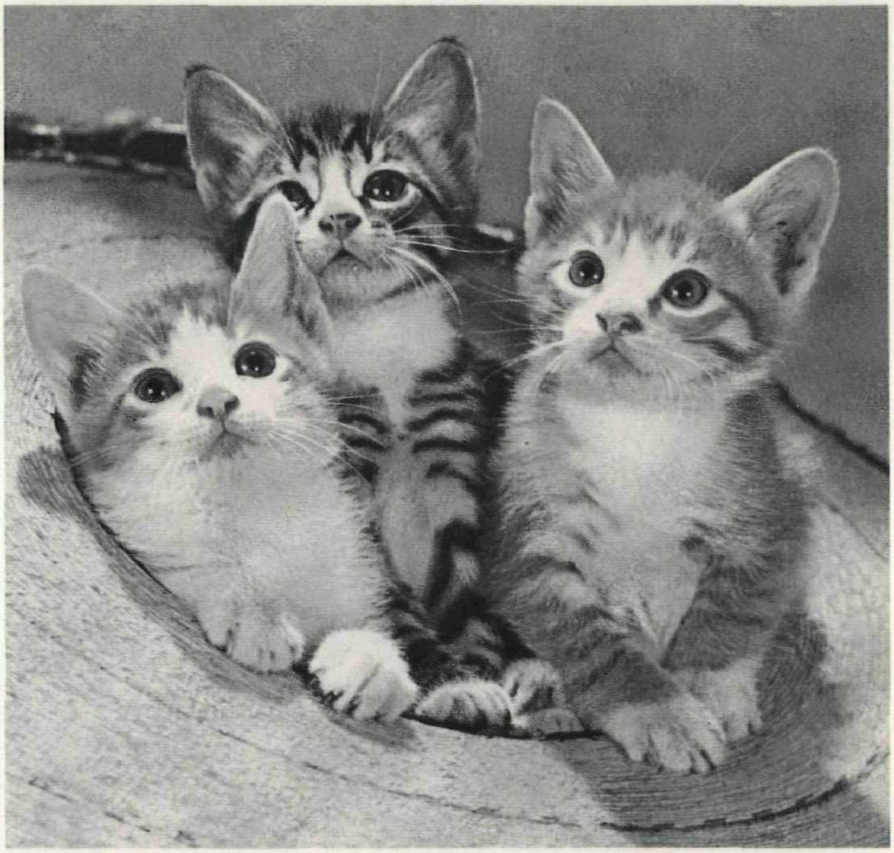
. . . . Get the children in your neighborhood interested in searching for your pet. Children are outdoors more than adults, get around more and generally are more observant than adults. They love animals and really become concerned over a lost pet. They can be your biggest help.

Above all, don't panic or give up hope. Be confident that you are doing all you possibly can. Pets have been found weeks after they have been lost, so don't stop trying.

When your pet is found, let others know the good news. Everyone who was looking for your pet will be relieved to know that he is safely back home, and they will be happy to share your happiness. And clearing the records of busy animal shelters is just a common courtesy.

OPTHOLMOLOGY IN VETERINARY MEDICINE

By Thomas W. Snortum, D.V.M.



Regular inspection of your pet's eyes by your Veterinarian is an important preventive measure--helping to insure a healthier and happier pet.

With the possible exception of the dog's tail, no organ of the animal's body expresses the emotional state and physical well-being of your pet more accurately and easily than the eye. In today's communication media of commercial advertising we often hear the statement, "She has the most beautiful eyes." Surely this is also true, and perhaps even more so in the animal kingdom, where vocal capabilities are quite limited. While the blue to brown and in-between colors of the iris are quite attractive, *the eye is also an indication of physical well-being, and the astute animal owner and veterinarian will use it to an advantage.*

Animals as a group have eyes of varying degrees of efficiency, depending on how vital their eyesight is to sustain life. Our predatory birds such as the owl, hawk and eagle, have highly developed retinas, sometimes described as an "eye brain." (Inasmuch as they stalk in a field while soaring at a great distance.) Many of our domestic animals, as a result of mankind's selected genetics to develop certain breed characteristics, have sacrificed efficient eyes to rely on an increased sense of smell and hearing. Nature has also been selective in its evolutionary processes to sustain life. The rhinoceros relies on most of his vision from the "Tick Bird," which in turn lives off parasites in the Rhino's thick hide. The Rhino's sense of smell and hearing, however, are unsurpassed when it comes to directing his well-known "muscle power."

Generally our domestic pets are myopic or nearsighted, which means the light rays carrying an inverted image focus in front of the retina. They are also color blind as a result of fewer cones and a preponderance of rods, or the light sensitive cells of the retina. Inasmuch as they only distinguish shades of grey, the arena bull is aggravated by the matador's movements rather than the color of his cape. Night vision is superior to that of man, due again to the many rod cells within the retina and a larger pupil opening. This allows a larger visual scan, which results in better peripheral vision. This ability is probably related to the hunting instincts of their wild relatives, whose predatory habits are most active at dawn and dusk.

Contrary to popular belief, a dog does not see better with hair over his eyes. He simply accommodates to this inconvenience by increasing the perception of other senses. Hair contacting the eye is actually detrimental and is a common cause of corneal lesions. Veterinarians have opthalmoscopes and magnifying lenses which may detect small short hairs along the lid margin (Trichiosis) in constant contact with the cornea. These are permanently removed under anesthesia with an electric cautery depilatory needle as used in humans and which destroys one hair follicle at a time.

Veterinarians are continually receiving more training in specialized areas of medicine. Presently there is an American College of Veterinary Opthalmologists within the United States. These men have all received post-graduate, specialized training in the medical and surgical approaches to the diseases of the eye. Some are in private practice. Others are working full time at teaching and research positions in conjunction with human Opthalmologists, in the common cause of disease prevention and treatment for man and animals. Much of the early techniques, procedures and treatments are developed in animals and this knowledge is then transferred to man. (Another example of our ever-loving and serving animal kingdom.)

Probably eighty-five percent of our opthalmic problems arise at the anterior or corneal conjunctival area; the cornea being the clear front window of the eye and the conjunctiva being the outside attaching pink membranes under the eyelids. The lids themselves are provided lubricant from the meibomian oil glands which may become blocked and form a "Chalozion." This appears as an irritating, swollen mass on the inside lid margin and must be lanced and curetted under anesthesia. *Untreated, these act as an abrasive foreign body which irritates and eventually interferes with vision.*

Regular inspection of your pet's eyes is as important, or even more so, than good grooming. This can be done only if they are easily visible with the hair removed. Thick discharges on the inside corners, or inflammation of the conjunctiva are signs of trouble and should be heeded. Bathing the eye in a mild boric acid solution is good preventive therapy. Continued irritation should not be neglected and professional help is needed. Because of the eye's highly developed blood vascular

system, it responds rapidly to change, either favorably or unfavorably. Therefore, frequent observation and early treatment prevent more serious problems from occurring.

Eyelids may be too tight (entropion) or too loose (ectropion) as a result of inherited facial characteristics of certain breeds. Ectropion lids form a collective sack between the cornea and lid margin, which is not only unattractive but serves as a basin to catch air-borne irritants. Entropion lids roll into the eye, allowing dermal hair to contact and irritate the cornea. *Both conditions can be permanently corrected by surgical means and, if done early in life, prevent permanent damage.* Animals usually have a third eyelid or membrane (Nictitans) on the inside ocular corner. It is an added protection and contains glandular material underneath, adjacent to the eyeball. Sometimes, as a result of injury or infection, this tissue becomes inflammed and swollen, protrudes to the outside as a red mass, and must be surgically removed.

Abnormalities of the eyelids and connecting conjunctiva may affect the adjacent cornea adversely. It is a tough, many-layered, circular and, of necessity, clear structure without blood vessels, which maintain the anterior integrity of the eyeball. It is nurtured through a filtration process called dialysis from adjacent blood vessels, and to a lesser degree from fluid within the eye and tearing. Injury or infection–causing inflammation will first appear as an area of opacity. Progression of this will become red, as blood vessels actually grow over the cornea to reach the lesion. *Obviously the animal should be seen by a veterinarian at the first signs of opacity.*

Progressing into the eye beyond the cornea, we find the iris, which gives us the hues of blue to brown and acts as a diaphragm of a camera to control the amount of incoming light. Pupilary reflex, as demonstrated by constriction to an incoming light source in a darkened room, is a cardinal sign of a normal eye. The iris has a rich blood supply and responds rapidly to any adverse changes in its environment. Examination of the iris and deeper structures of the eye require a penetrating light and magnifying lenses, as found in an opthalmoscope.

Situated behind and in the center of the iris, suspended by a special ligament, lies the lens. It is responsible to focus light rays to the rear of the eye onto the light sensitive rods and cone cells of the retina. Photochemical reaction converts this light into nervous impulses which travel to the optic nerve, to the occipital cerebral lobe, or rear areas of the brain. Impulses are here recorded, and interpretive action occurs. The lens, of necessity, is a perfectly clear structure, made up of many elastic fibers without blood vessels. They must contract or expand as controlled by the suspensory ligament to properly focus on the retina. As the lens contracts, it becomes thicker and its retractive power increases. As an individual approaches middle age, the lens tissue becomes less elastic and accomodation more difficult. If opacity occurs in later life, one has the beginning of a cataract. Mature cataracts (as opposed to juvenile) may prevent all light from entering the eye and blindness results. Surgical removal, with varying degrees of success, is the only answer. *Cataracts are much rarer in cats than dogs.* Because canine eye tissues are tougher, bleed more profusely, and the lens itself is more firmly attached, success in surgery is less than in humans. Post surgical care is also important, and some animal patients are very uncooperative. For this reason surgery may not be recommended unless both eyes are similarly involved or total blindness exists. The decision as to when and where to operate obviously rests with the veterinarian after a complete examination.

No article on eyes would be complete without the mention of glaucoma. This is the dreaded disease of man and animals–usually occurring in the middle and later years. It can cause permanent damage, with resultant blindness, in a matter of several hours to a few days. Inside the eyeball there is a nourishing fluid called aqueous humor, which is constantly circulating from a rear to a forward position. Any interference with this movement to restrict drainage results in a detrimental change to intra-ocular pressure. Surgical procedures are available to relieve excess pressure by making drainage incisions, sometimes permanently, by inserting and suturing part of the iris as a wick. Medicines known as diuretics are useful to draw fluid from the eye as well as pupil constrictors to open the natural drainage angle.

Contrary to popular belief, a dog does not see better with hair over his eyes. He simply accommodates to this inconvenience by increasing the perception of other senses.

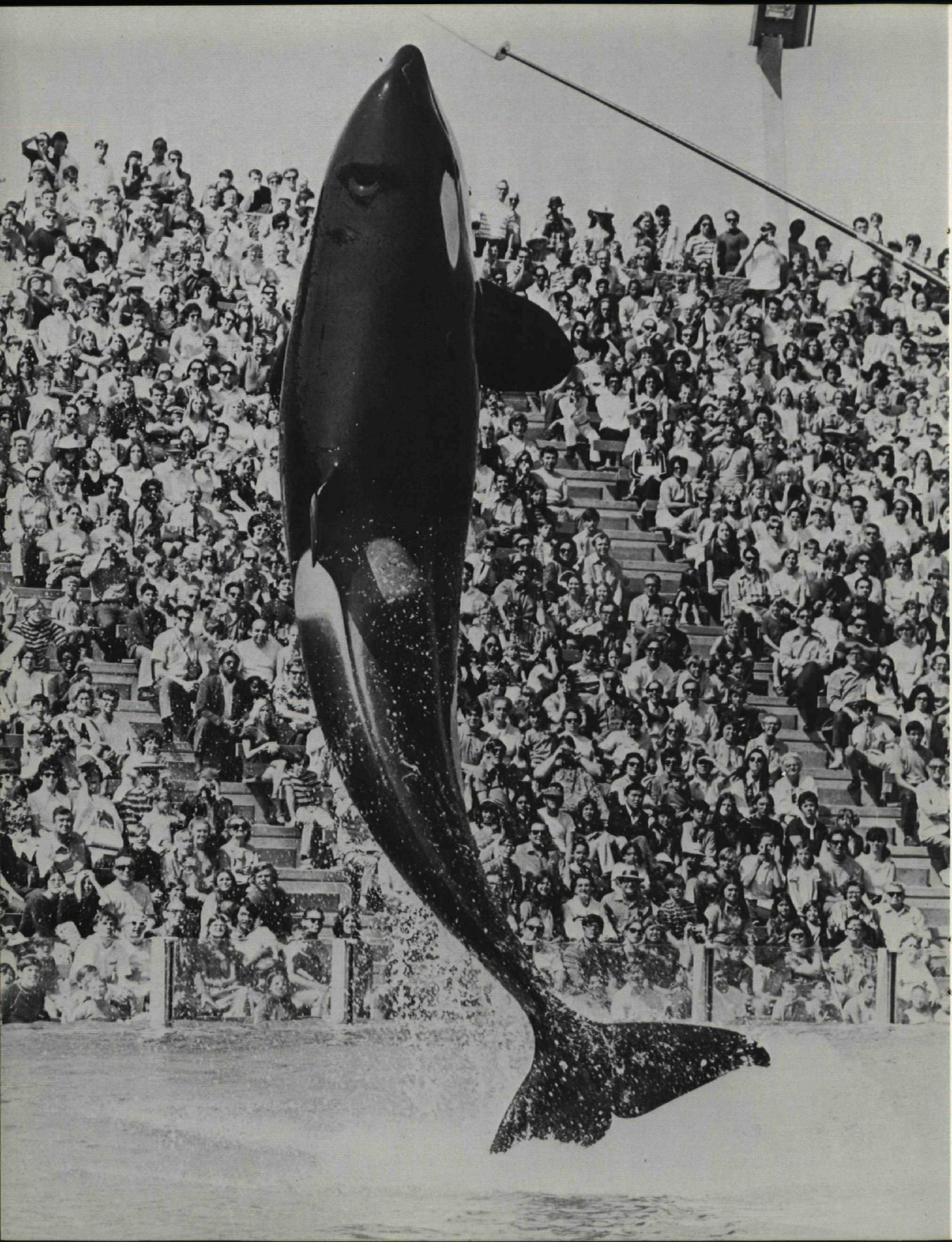
Common sense rules should be your guide in preventing and controlling eye problems. **Abnormal observations should be reported to your veterinarian.**

...1) Watch the eyes frequently for abnormal inflammation and discharges. Keeping the hair out and away from the eyes prevents problems and allows for observation.

...2) *Don't allow your pet to have his head out the car window too long.* During times when there are periods of exercise on hot, smoggy days, weed contact with the possibility of "fox tails," and animal contact require more frequent exams.

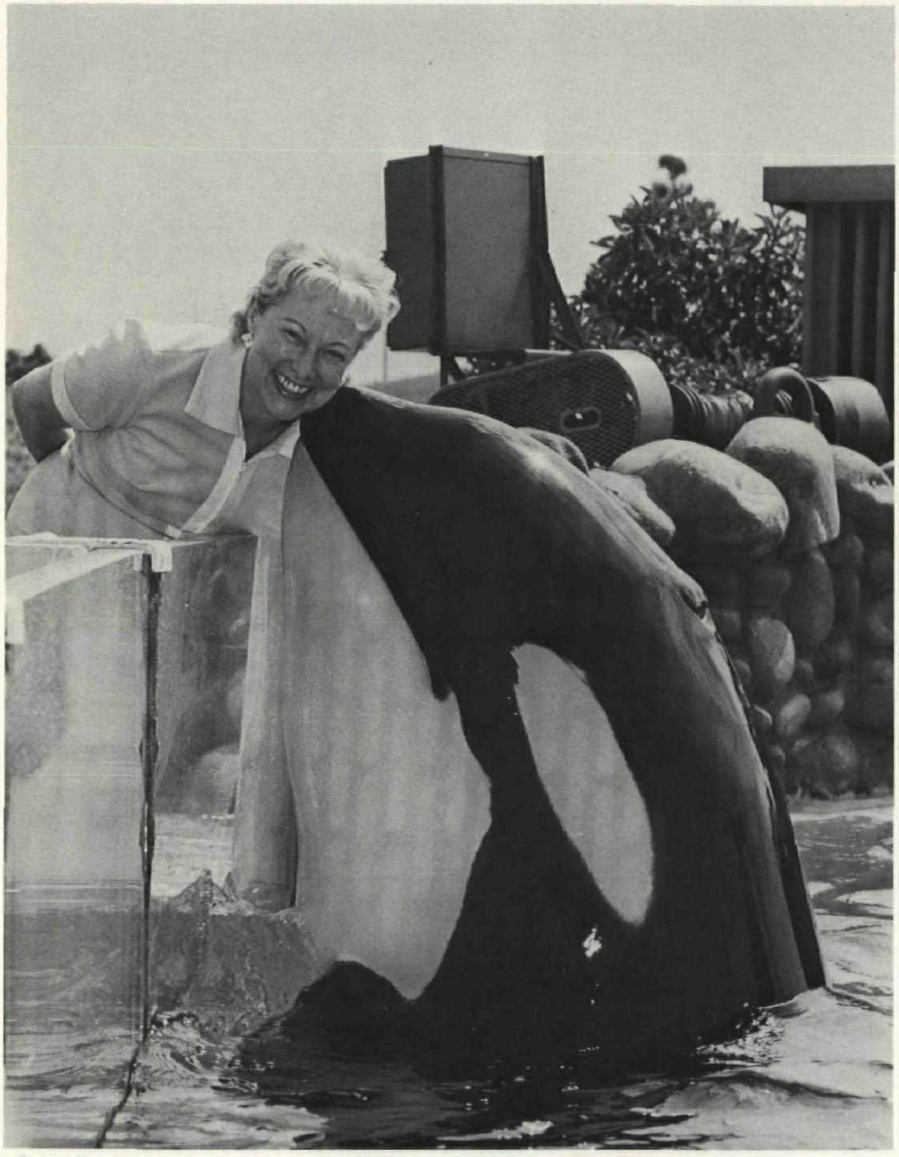
...3) *Owners of short-faced breeds with prominent eyes should be particularly alert.* Because of their vulnerable positioning, their eyes are more easily irritated and injured.

Preventive medicine, as suggested in the three steps above, will repay you many times in healthier, happier pets who will continue for many years to *"Only have eyes for you."*



she's a KILLER... *with kisses*

by Lois Stevenson



Lois Stevenson enjoys the biggest kiss of her life, from Shamu, the killer whale.

Shamu the killer whale, in a dazzling 18-foot high jump, lifts her entire body out of the water during a segment of "Shamu Goes Hollywood." The new Sea World killer whale production highlights the high intelligence of Shamu, as demonstrated with her spectacular feats. Though killer whales have long been feared as predators by men and sea creatures alike, Shamu has gained the reputation of being a rather loveable creature who grants kisses to lucky misses in her audiences. (That is the whale's blow-hole, not an eye.)

If you ever have the opportunity to be kissed by a killer whale, don't hesitate. It's really quite pleasant. Their kisses are firm but gentle, *and only slightly damp.*

I was favored with this aquatic salute during a recent private training session with Shamu, biggest star in size as well as popularity, at Sea World in San Diego, California. Seventeen feet long, this svelte teenager weighs a mere 4,000 pounds, but when she reaches adulthood in a few years, she will tip the scales at more than 10,000 pounds and stretch to nearly 28 feet.

Shamu is kept kissing-sweet by her trainer, Jim Richards, who brushes her teeth with a special powder as a regular part of the entertainment during every performance. This is no small task, since her enormous smile discloses 44 conical, saw-like teeth, each nearly 3½ inches long. Think about that while she nuzzles your cheek!

The day I was there, Richards was training Shamu to swim at high speed while he rides on her back. A simple slap on the side of the arena brought her to him, and he slid aboard just in front of the tall dorsal fin, which serves him as a backrest. With his knees pressed tightly to her sides to keep him secure, he rocked back and forth to indicate to Shamu that he wanted her to swim faster.

The very moment she got the idea and speeded up, he blew his training whistle, and simultaneously I pressed the buzzer which communicates to her through the water.

Usually either the whistle or the

buzzer is used alone, but Richards was utilizing both because the sound of the whistle would be muffled by her swift progress through the water.

Immediately upon receiving this welcome indication that she was being a good girl, Shamu headed for the dock, where she opened her gigantic mouth for a reward. I dropped several (dead) mackerel across her huge pale-pink tongue; they disappeared quickly down her throat without a sound.

Shamu and Richards then headed out for another try. After three successes, Richards discontinued the training for that day, rather than overdo it.

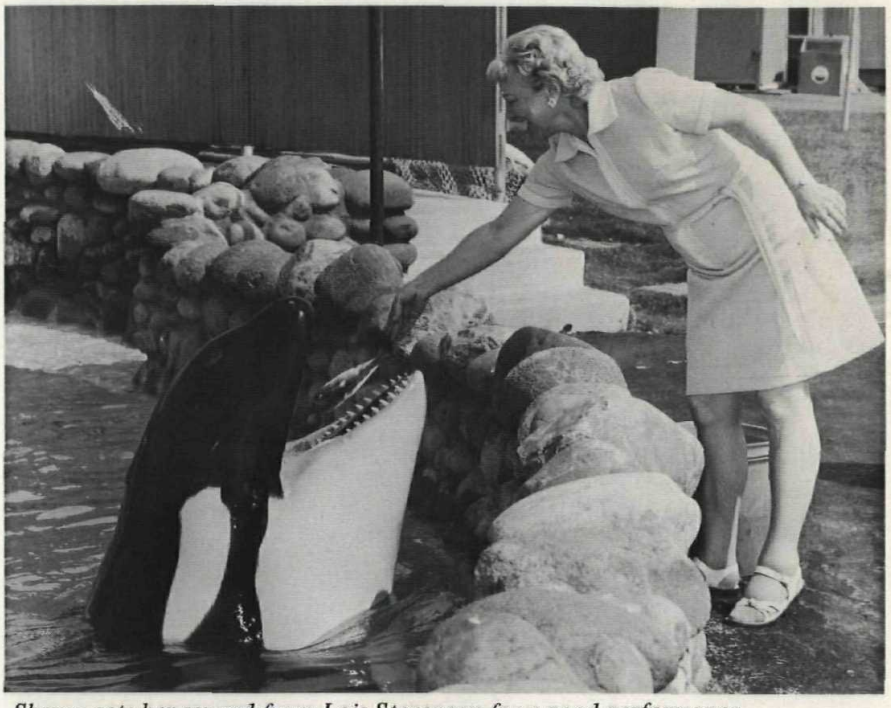
The tractable black and white mammal had been through most of her tricks for me by that time, and was ready for a rest. She had leaped 18 feet into the air to touch a padded pole, emerged sleek and smooth from the water in a tremendous back-flip, traversed the circumference of the million-gallon tank waving enthusiastically with one flipper to the 3,000 empty seats, retrieved a large rubber ball, permitted Richards to put his head in her mouth and given me the aforementioned killer-whale kiss.

She had also expressed her frustration in what was clearly a temper tantrum, after missing a cue and not receiving her usual finny tidbit. She circled the pool in a series of small leaps, pounding the water into high fountains with her tail. "She's not angry at me for refusing the food, but at herself for missing the cue," Richards told me, and sure enough, her anger spent, she came swimming back to him, ready for a kind word and a quick pat on her shiny back.

Shamu and four other whales take turns entertaining their portion of the two million visitors annually who come to watch the 5,500 water performers at the 80-acre park. Among them the five whales consume 310 pounds of fish daily, supplemented by 175 vitamin and mineral capsules apiece. *Once a month, blood samples are drawn by Sea World's veterinarian to keep a close check for any possible illnesses.*

Like Shamu, all of the park's performers are trained with kindness, using the method developed by famed Harvard psychologist, B. F. Skinner. *Incorrect or unproductive behavior is ignored; correct behavior is reinforced with a reward of food or praise to make sure it will be repeated.*

A "bridging signal," such as a whistle or buzzer, is used to build the behavior directly into the animal's nervous system as a conditioned reflex; they know when they hear this signal they have performed satisfactorily, and are entitled to their reward.



Shamu gets her reward from Lois Stevenson for a good performance.

KITTY CORNER SOLUTION

from page 4

1. The Owl and the Pussy-Cat went to sea in a beautiful pea-green boar. (Edward Lear)
2. Ding dong bell, the cat is in the well. (Anonymous)
3. High diddle diddle, the cat and the fiddle, the cow jumped over the moon. (Anonymous)
4. Each sack had seven cats, each cat had seven kits. (Anonymous)
5. I've got a little cat, and I'm very fond of that, but I'd rather have a bow-wow, wow. (Joseph Tabrar)
6. He bought a crooked cat, which caught a crooked mouse, and they all lived together in a little crooked house. (Anonymous)

References: For No. 1, see *the Penguin Dictionary of Quotations,* Penguin Books, Baltimore, 1961.

For all others, see John Bartlett, *Familiar Quotations,* Little, Brown and Company, Boston, 1968

A five-year old Western horse may have teeth that would be normal in a six- to eight-year old horse raised elsewhere (Photo: John Wayne in scene from "The Cowboys," Warner Bros., Incorporated).

by
Charles Raymond

how to buy a HORSE

Relatively few horses are inspected and evaluated by experienced judges. Most of them are evaluated by persons who lack experience in judging but who have a practical need for the animal and take pride in selecting and owning a good sound horse.

Methods of Selection

There are four basic methods you can use in buying a horse. Use more than one method where possible.

Pedigree

Selecting animals by pedigree, or on the basis of their ancestors, is of

special importance where animals are either too thin or so young that their individual merit cannot be determined accurately. Pedigree may be the determining factor when selection is made between animals of comparable individual merit.

Show-Ring Winnings

Because training plays such an important part in the performance and show-ring winnings of light horses, this method of selection is of less value from a breeding standpoint than with other classes of farm animals. However, performance of a horse in the show ring can be a valuable criterion in indicating his utility value.

Performance and Progeny Testing

Performance testing refers to testing or evaluating animals by measuring their actual performance—for example, by timing their speed over a certain distance. Progeny testing refers to the practice of selecting animals on the basis of the merit of their progeny.

Type of Individual

Selecting by individual excellence of body conformation and performance of the animal is the best single method of obtaining suitable horses. When animals are selected for breeding purposes, however, certain additional facts should be taken into consideration.

To select a sound horse by type of individual—the method of selection used by the majority of people—you should:

Know the names of the various anatomical parts.—Master the language that locates and describes the parts of a horse. Know which of these parts are of major importance and what comparative evaluation to give the different parts.

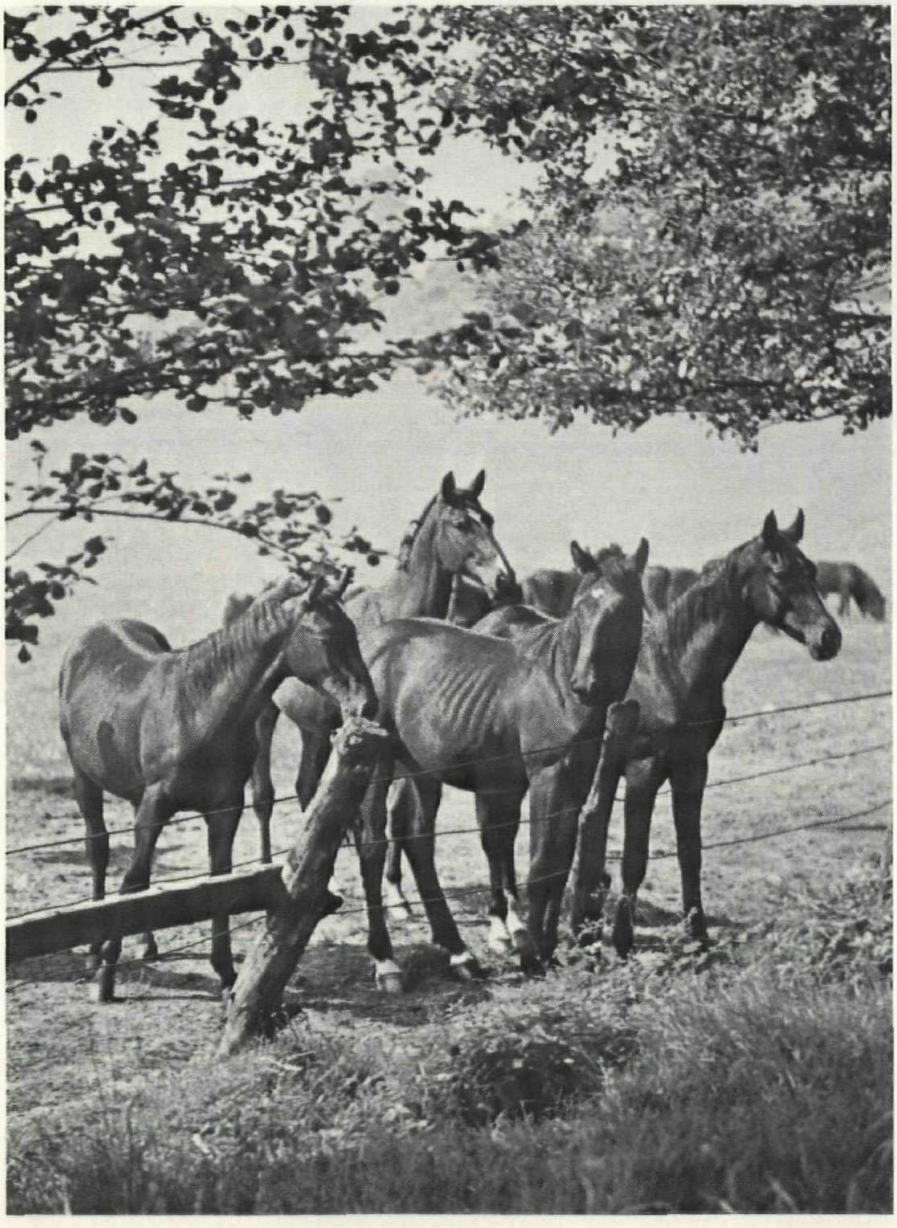
Know what you want.—Have an ideal in mind. Be able to recognize desirable characteristics—and common faults.

Follow a definite procedure in examining.—Size up a horse by following a logical procedure, such as indicated in the table; look the horse over in front view, in rear view, in side view, and in action. Check for soundness. In this way you will not overlook anything and you will find it easier to retain observations as you make them.

When you are looking over several animals at the same time, keep them at a distance—secure a panoramic view.

Make a sound evaluation.—Evaluate the animal on each point listed under "what to look for," and keep common faults and your ideal type in mind.

If several animals are involved, rank them in your mind by their rating on important points.



When you're looking over several horses at the same time, keep them at a distance--secure a panoramic view.

Gaits

A gait is a particular natural or acquired way of going, characterized by a distinctive rhythmic movement of feet and legs.

In proper show-ring procedure, horses are brought back to a walk each time before they are called upon to execute a different gait.

Common Defects in Way of Going

The feet of a horse should move straight ahead parallel to an imaginary center line drawn in the direction of travel. Any deviation from this way of going constitutes a defect. Some defects are:

Cross-firing—A "scuffing" on the inside of the diagonal forefeet and hindfeet; generally confined to pacers.

Dwelling—A noticeable pause in the flight of the foot, as though the stride were completed before the foot reaches the ground; most noticeable in trick-trained horses.

Forging—Striking forefoot with toe of hindfoot.

Interfering—Striking fetlock or cannon with the opposite foot; most often done by base-narrow, toe-wide, or splay-footed horses.

Lameness—A defect detected when the animal favors the affected foot when standing. The load on the ailing foot in action is eased and a characteristic bobbing of the head occurs as the affected foot strikes the ground.

Paddling—Throwing the front feet outward as they are picked up; most common in toe-narrow or pigeon-toed horses.

Pointing—Perceptible extension of the stride with little flexion; likely to occur in the long-strided Thoroughbred and Standardbred breeds—animals bred and trained for great speed.

Pounding–Heavy contact with the ground instead of desired light, springy movement.

Rolling–Excessive lateral shoulder motion; characteristic of horses with protruding shoulders.

Scalping–The hairline at the top of hindfoot hits toe of forefoot as it breaks over.

Speedy Cutting–The inside of diagonal fore and hind pastern make contact; sometimes seen in fast-trotting horses.

Stringhalt–Excessive flexing of hind legs; most easily detected when a horse is backed.

Trappy–A short, quick, choppy stride; a tendency of horses with short, straight pasterns and straight shoulders.

Winding or Rope-walking–A twisting of the striding leg around in front of supporting leg, which results in contact like that of a rope-walking artist; often occurs in horses with very wide fronts.

Winging–An exaggerated paddling, particularly noticeable in high-going horses.

How to Measure

Normal pertinent measurements are height, weight, girth, and bone.

Height

The height of a horse is the vertical distance from the highest point of its withers to the ground when the animal is standing squarely on a level area. The unit of measurement used in expressing height is the "hand," which is 4 inches. A horse measuring 62 inches is said to be 15-2 hands high (15 hands and 2 inches).

You can estimate a horse's height if you know the exact number of inches from the level of your eyes to the ground. Knowing this, all you need do is stand beside the animal's front limbs and look at the highest point of the withers; you can estimate the horse's height rather closely.

Weight

Although there are ways of estimating weight, it is best to use scales.

Girth

Girth is a measure of the circumference of the chest behind the withers and in front of the back.

Bone

Size of bone usually is determined by placing a tape measure around the cannon bone halfway between the knee and fetlock joints. This measurement is in inches.

How to Determine Age

The lifespan of horses averages 20 to 25 years–about one-third that of man. Horses generally are at their best between 3 and 12 years of age. This may vary because of individual differences in animals or because of differences in the kind of work they do.

The age of horses is, therefore, important to breeder, seller, and buyer.

The approximate age of a horse can be determined by noting time of appearance, shape, and degree of wear of temporary and permanent teeth. Temporary, or milk teeth, are easily distinguishable from permanent ones because they are smaller and whiter.

The best way to learn to determine age in horses is by examining teeth of individual horses of known ages.

A mature male horse has 40* teeth. A mature female has 36.* A foal of either sex has 24. The mare does not have tushes as a rule. (See table)

Even experienced horsemen cannot determine the age of an animal accurately after it is 12 years old. After this age, the teeth change from oval to triangular and they project or slant forward more and more as the horse becomes older.

Side views of the mouths of 5-, 7-, and 20-year-old horses are shown in Figure .

An animal's environment can affect wear on teeth materially. Teeth of horses raised in dry sandy areas, for example, will show more than normal wear; a 5-year-old western horse may have teeth that would be normal in a 6-to-8-year-old horse raised elsewhere. The teeth of cribbers also show more than normal wear. It is hard to determine the age of such animals. The age of a horse with a parrot mouth, or under-shot jaw, also is difficult to estimate.

Blemishes and Unsoundnesses

An integral part of selecting a horse lies in your ability to recognize common blemishes and unsoundnesses and your ability to rate the importance of each.

A thorough knowledge of normal, sound structure makes it easy to recognize imperfections.

Any abnormal deviation in the structure or function of a horse constitutes an unsoundness. From a practical standpoint, however, a differentiation is made between abnormalities that do and those that do not affect serviceability.

Blemishes include more serious abnormalities that do not affect serviceability–such as wire cuts, rope burns, nail punctures, shoe boils, or capped hocks.

Unsoundnesses include more serious abnormalities that affect serviceability.

Figure shows the location of common blemishes and unsoundnesses.

Consider the use to which you intend to put the animal before you buy a blemished or unsound horse.

Stable Vices

Stable vices are bad habits of the horse in confinement. They may detract from the value of the animal.

Cribbing–A horse that bites or sets his teeth against the manger or some other object while sucking air is said to be cribbing. This causes hard keeping and a bloated appearance. Horses with this vice are subject to colic.

A common remedy for cribbing is a strap buckled snugly around the horse's neck in a way that will compress the larynx when the head is flexed, but that will not cause any discomfort when the horse is not indulging in the vice.

Halter Pulling–The term is applied to a tied horse that pulls back on its halter rope.

Kicking–A true stable kicker apparently kicks just for the satisfaction it gets out of striking something with its hind feet. Unusual excitement or injury occasionally causes a gentle horse to kick.

Tail Rubbing–Persistent rubbing of the tail against the side of the stall or some other object is objectionable. Parasites, such as lice or rectal worms, may cause this. A "tail board" or parasite control helps break animals of this habit. A tail board is a board projecting from the wall of the stall high enough to strike just below the point of the buttock, instead of the tail, of the rubbing horse.

Weaving–A horse's rhythmic swaying back and forth while standing in the stall is known as weaving.

Bolting–Horses that eat too rapidly are said to be "bolting." This can be controlled by adding chopped hay to the animal's grain ration, or by putting stones at least as big as baseballs in its feed box.

Other Vices–Other vices often difficult to cope with, especially in older animals are: balking, backing, rearing, shying, striking with the front feet, a tendency to run away, and objecting to harnessing, saddling, or grooming.

Most of these bad habits are caused by incompetent handling.

**Quite commonly, a small, pointed tooth, known as a "wolf tooth," may appear in front of each first molar tooth in the upper jaw, thus increasing the total number of teeth to 42 in the male and 38 in the female. Less frequently, 2 more "wolf teeth" in the lower jaw increase the total number of teeth in the male and female to 44 and 40, respectively.*

RADIOLOGY

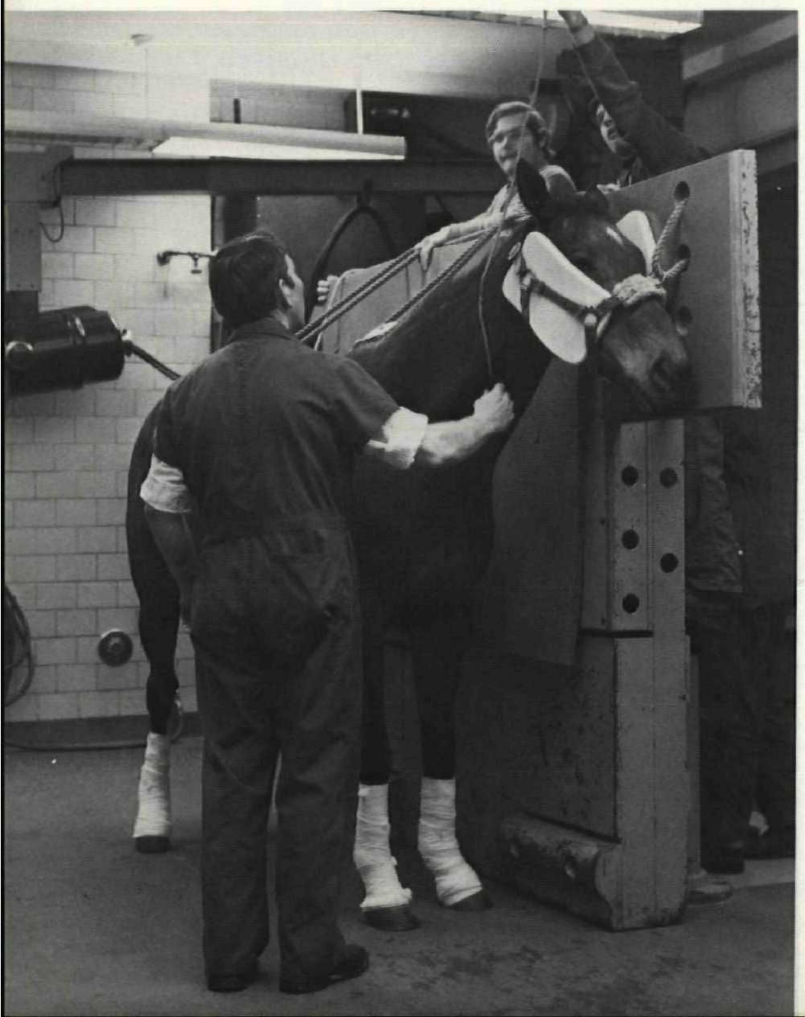
THE VETERINARIAN'S INDISPENSABLE TOOL

Photos courtesy Eastman Kodak Company

Ask any one of this nation's 18,458 practicing veterinarians what he thinks of x-ray diagnosis and he will usually tell you he is as dependent upon radiology as his fellow practitioner in human medicine. To meet this need, the country's 19 schools of veterinary medicine all have courses in animal radiology. Take Cornell University's New York State Veterinary College at Ithaca, New York, as an example.

The college's radiology section is headed by Jack C. Geary, D.V.M., an Ohio State University graduate and the current president of the American

SECURING--tranquilization of a horse who has a spinal condition has already begun as the animal is secured to the X-ray examining table, which pivots to a vertical position where restraints can be fixed while the horse is standing.

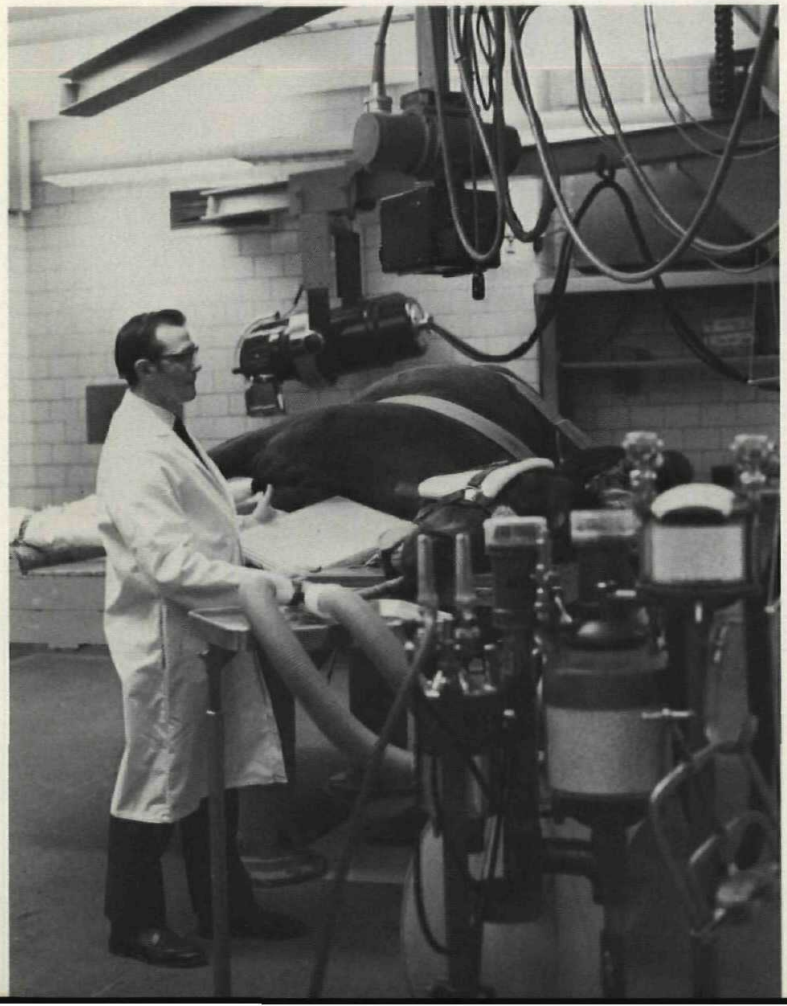


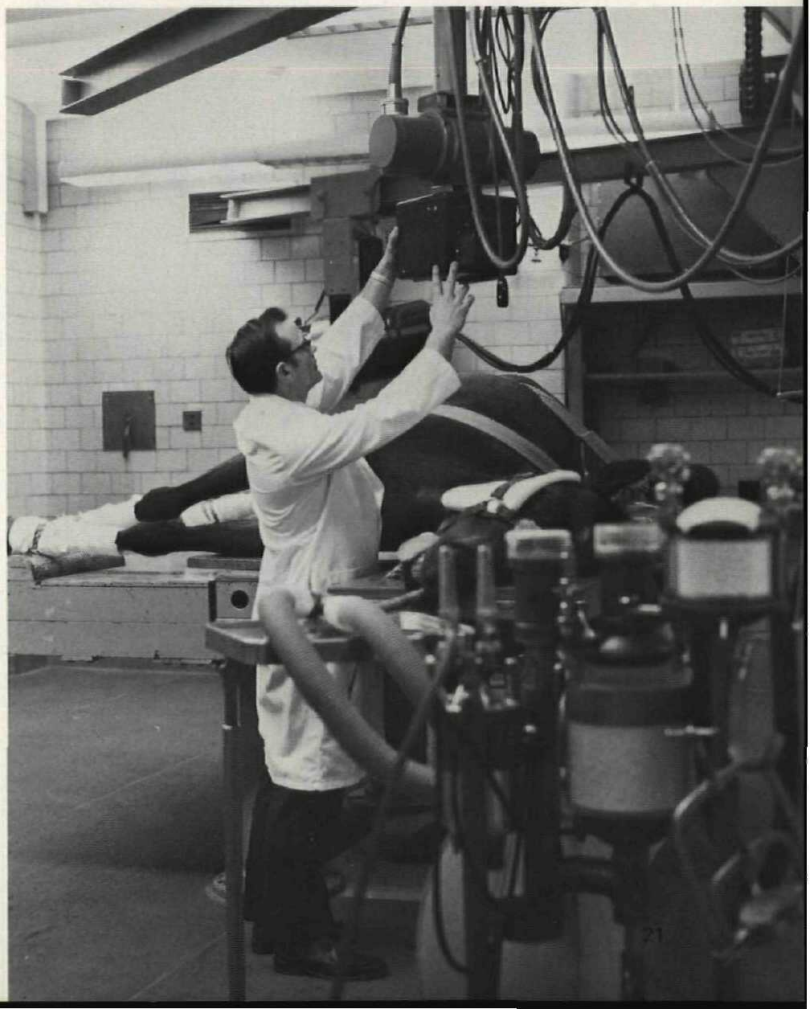
TURNING--safely strapped, the horse is held on the table top as the power lift turns it to a horizontal position.

CHECKING--veterinary students examine the horse's position on the table top to insure that all prescribed security measures have been taken prior to the radiological examination.

READYING--Ryan is shown here with a Cassette containing Kodak RP X-Omat medical X-ray film, which he will insert under the table prior to making the exposure.

MEASURING--after the X-ray tube has been moved over the area to be examined, Ryan makes sure he has a focal film distance of 40 inches.





College of Veterinary Radiology. He became Cornell's first full-time veterinary radiologist in 1954. The school, which graduates some 60 students each year, offers a two-semester course in radiology. But even more radiological training, both undergraduate and post graduate, may be indicated.

"Although time is short," Dr. Geary says, "it is not difficult to teach students who are as eager to learn as ours. They know the information is something they will need. Many return for additional study after they have been in practice for a few years."

A visit to the campus reveals the emphasis that Cornell's school puts upon x-ray diagnosis. Amid a collegiate setting of oak-shaded hills and venerable buildings on the Ithaca campus, the Veterinary College presents a sharp contrast. Rows of stables house horses, dairy cows and sheep. An adjoining building contains glass and stainless steel compartments for dogs and cats – comparable to a "160-bed hospital" – comprising about a fourth of patient accomodations. The complex is equipped with surgical suites, laboratories and all those departments, except pediatrics, which serve human hospitals.

"Here, what is taught is practiced and what is practiced is taught."

For instance, a dog with a limp is examined for a swelling visible at a joint of its left hind leg.

"Without the x-ray examination, any veterinarian could be excused for suspecting the enlargement in this dog to be a tumorous growth," Dr. Geary says. *"The point is that radiology can be a useful diagnostic tool, perhaps sparing the animal unnecessary surgery.* The swelling in this case is caused by arthritis, a condition clearly discernible when the radiographs are interpreted.

"Arthritis brings up another point," he continues. "Dogs and other animals are subject to most of the maladies that human beings are, and we believe they are entitled to similar medical care."

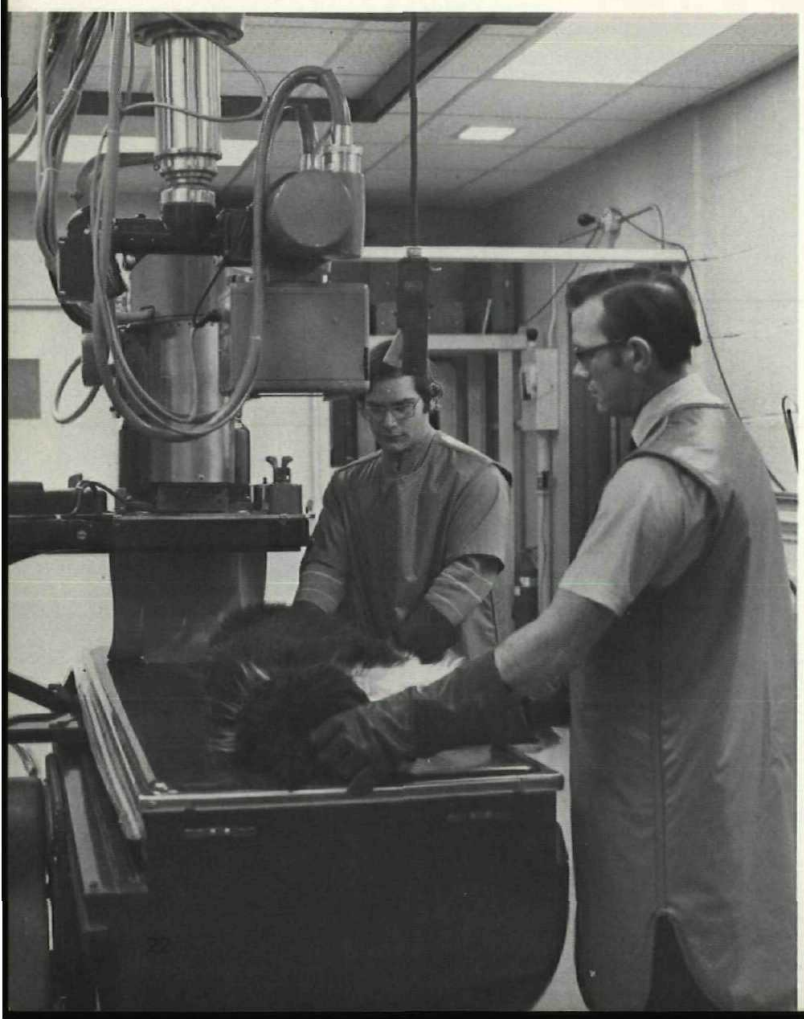
Even such a human ailment as enteritis occurs in animals and a case was diagnosed radiologically recently by Dr. Geary's staff in a Collie type dog. In the diagnostic procedure, much like that for a human patient, a barium meal was administered to the dog to make the intestinal tract visible on the radiograph.

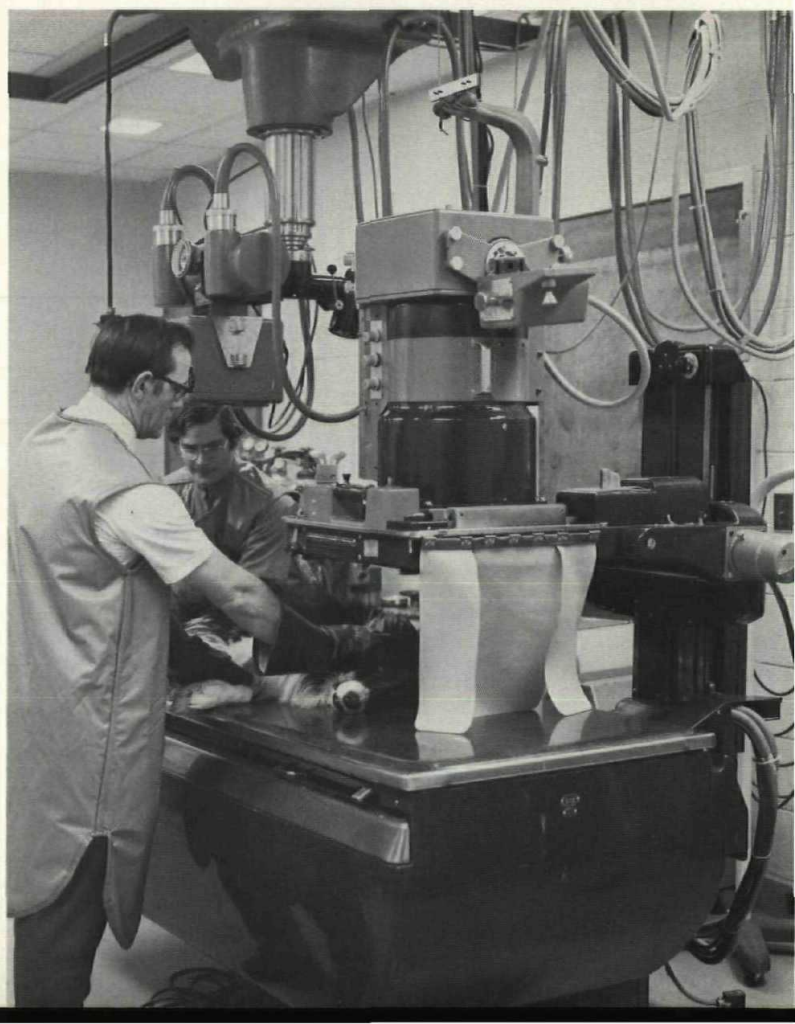
Differences from human examinations arise in matters of patient restraint and control, points out Gerald Ryan, the school's chief radiologist and his technologists, shielded from radiation by gloves and aprons, hold the animal in the position needed to make the exposure of the area under examination.

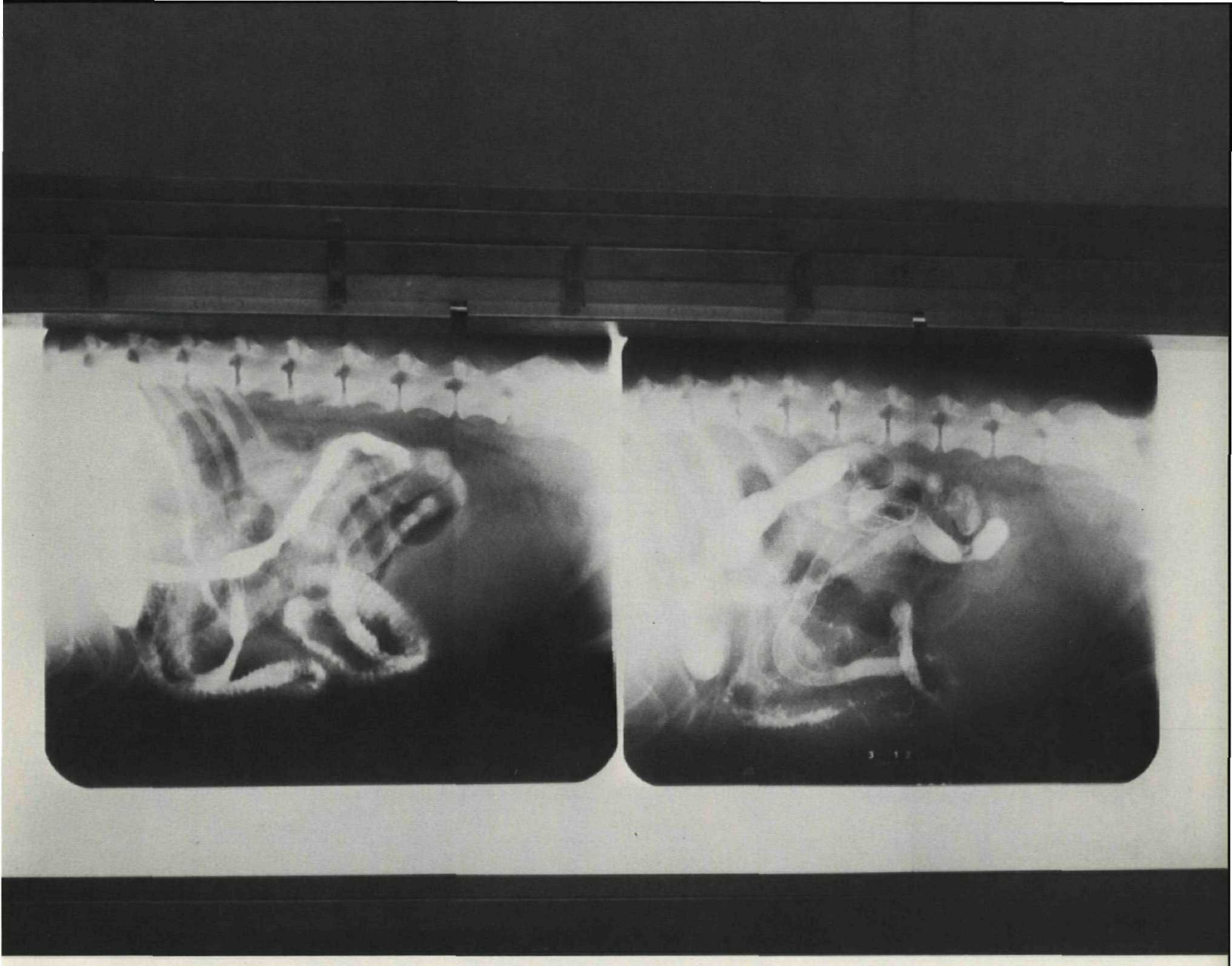
In the case of the Collie, she was tranquilized with an injection. Assisted by Ned Dykes, a sophomore veterinary student, Mr. Ryan then made the radiograph of the dog's abdomen. When developed, the radiograph showed the telltale characteristics of an inflamed small intestine and the patient's condition was diagnosed as

POSITIONING--sedated Collie is positioned on the X-ray examining table beneath the tube head by Gerald Ryan (right), Chief Radiologic Technologist at Cornell University's New York State Veterinary College, and Ned Dykes, a sophmore enrolled in the school.

HOLDING--both Ryan and Dykes wear protective lead aprons and golves to safeguard them from radiation exposure as they hold the Collie in position on the X-ray examining table.







COMPARING--differences in the progression and distribution of barium within the bowel is clearly discernible on the two radiographs, which were exposed at slightly different times during the Collie's X-ray examination.

enteritis.

"We teach that especially for small animal practice, it is essential to have x-ray facilities," Dr. Geary explains. "Obviously, if you can 'see' evidence of the condition, it will be easier to take the proper corrective measures."

There are probably very few veterinarians in small animal practice today who do not have an x-ray machine, he indicated.

"Unlike human medicine, which tends toward specialization," Dr. Geary says, "*veterinary medicine requires the practitioner to be his own diagnostician, surgeon, obstetrician, orthopedist, dermatologist, nutritionist and radiologist all in one.*"

Animals are treated at the Cornell veterinary complex for ailments ranging from fractures and bone displacement to heart disease and complications of pregnancy, such as the occasional case in which "a female's pelvic formation prevents her from delivering her puppies." Such cases aid tremendously in teaching students the importance of radiology.

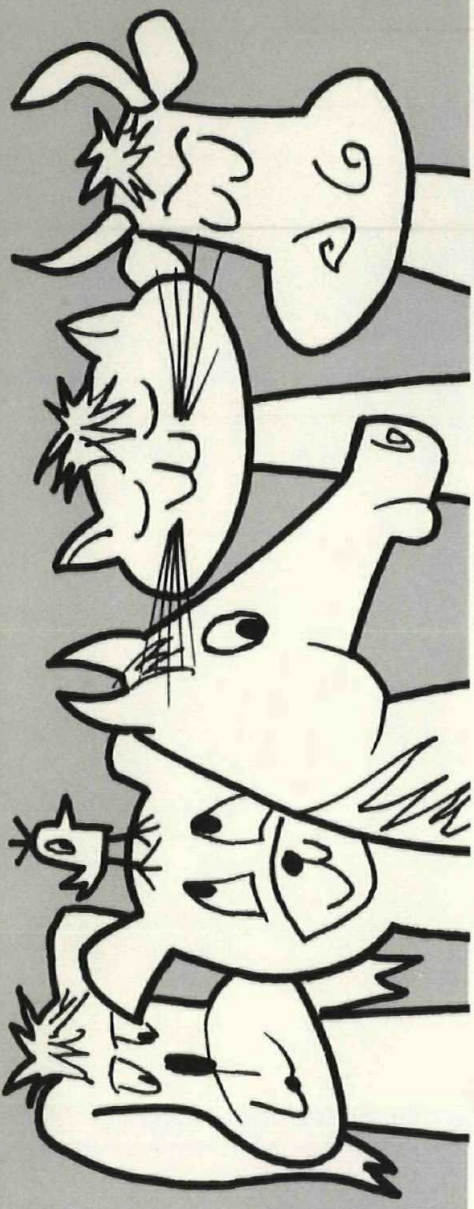
Commenting on techniques, Mr. Ryan says, "Obviously, student veterinarians would become discouraged by poor radiographs. Therefore, it is necessary to instruct them in various aspects of radiographic techniques. Improperly exposed x-ray film is responsible for many unreadable radiographs. Another cause of trouble is that oftentimes the processing chemicals may be too old. It is rarely the fault of the film."

He adds, "The emphasis here is on producing radiographs of the best possible quality." If that is accomplished, he indicated, a big hurdle toward achieving a diagnosis has been overcome.

Beyond conducting self-initiated research and experiments, the Cornell staff is always alert to new developments in radiography and making tests to determine their applicability to veterinary radiology.

"Since 1960, radiography in veterinary medicine in the United States has increased each year by 15 to 20 percent," Dr. Geary estimates. "In my opinion, the biggest advance in veterinary radiology in recent years has been the trend toward purchase of x-ray equipment with increased capacity. This resulted in the production of radiographs of better image quality and thus more accurate diagnosis.

"The pet owners' concern for their dog, cat or pleasure horse is such that they are truly members of the family. As such, these patients should receive the same expert medical attention as the other members do. Just as radiology is an indispensable tool in human medicine, so it is in veterinary medicine."



CHILDRENS page...

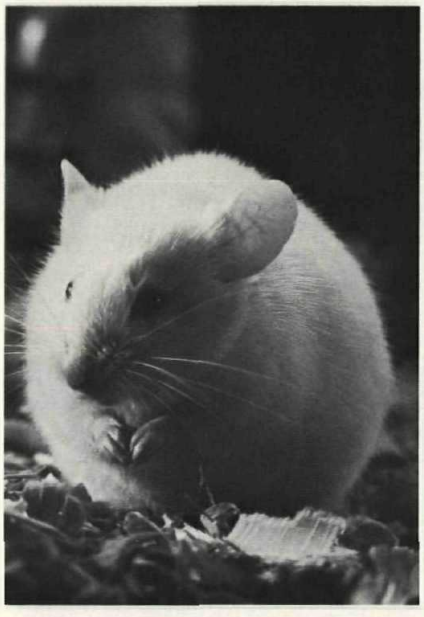
DOG SENSE

by Nina Bakker

Our German Shepherd was given a small rubber doll when she was a pup. Throughout the months that she played with it, there wasn't a tooth mark on it. She wouldn't go outdoors or down to her basement bed without her doll. She slept with it tucked under her chin. If she had misplaced it, she would search the house or yard until she found it.

One evening, while the family was in the living room, the elastic bands which hold the doll together broke. This made the doll's head, legs and arms come off. The pup regarded it sorrowfully but didn't touch any of the separate parts. I managed a temporary job of putting the doll together again—planning a more permanent job later on.

That night, the dog carried her doll to the basement, as usual. In the morning I found it in bits; our Shepherd had nibbled it until there was no recognizable part left! *She had realized that it wasn't human, after all.*



A short history of Mr. Mouse

by Pepe Lobo

He was born of unknown parentage in an antiseptic room of USC's research facility. Rescued at a tender age by a rebellious laboratory assistant, he grew to manhood and maturity within the glass walls of his own world.

Now one year old, he spends his time eating, sleeping, and working. Being a mouse is serious business. He spends a good part of every night running on his wheel, only stopping to drink or eat, or perhaps run up to the top of his ladder to inspect the roof. By day, he sleeps.

As a pet, Mr. Mouse, or any of his brothers or sisters, is quite nice. But don't forget, his cage must be cleaned every two weeks!

The Twins Turn The Trick

by P.G. Cox

It was a glorious Saturday morning. Young Josh McClure and his twin sister, Erma, almost believed it was made to order for them. They were preparing for an exciting trip. Next Tuesday they'd be going with their mother–and their big dog, Chub–for a visit at Grandpa McClure's country place. And they thought that everything was fixed just perfect–until their plans were upset by a special delivery letter that morning.

The twins' main job this Saturday was giving Chub a final bath. This was done in the backyard at the home there in Oakdale. Josh rubbed soap into the St. Bernard's thick coat of black hair. Erma then sprayed him with the water hose. Chub didn't like it, but managed to stay put.

"It wouldn't be so much fun," Josh told Erma, "going to grandpa's without Chub. He does the funniest things out there in the country. Like when he tried to be friendly with that big turkey gobbler, and got chased all over the barn lot."

"Another time," Erma could hardly go on for giggling, "he went up to smell a bumble bee in the flower bed. Boy, did he have to tear out! With the bee buzzing after him–trying to sting him on the nose."

"Chub wants to be friends with every living thing he sees," Josh said, "except cats. You know how he despises cats. Can't stand for one to be near him. Runs them clear out of sight."

"Maybe one clawed him some time or other," Erma suggested.

Josh nodded, and changed the subject. "Good thing Mom will be taking us in the station wagon. With plenty of room for Chub–and everything else. Wish Pop could go along. But he's got things at the law office he can't leave right now. And Big Sis–"

That's what the twins called their teen-age sister, Lola.

"She has to be here," Erma broke in, "to have a part in that–that big doings at the church."

It was at this point when the mother called the twins into the house. She had the special delivery letter. It was from their Aunt Minnie, who lived over in the next county. She'd decided to go with them on this trip. A nephew would bring her to Oakdale the next Monday. *Then came the shock.* She'd be bringing her prize-winning Maltese cat, Flossie. She thought grandpa and grandma would like to see it.

The mother stopped reading and looked straight at Josh and Erma.

"You know what that means," she told them. "We can't take Chub with us. Not the way he hates cats, and thinks the only place for them is up in a tree. It would never do to put him and Flossie in the station wagon together. Makes me shudder to think of it."

Josh and Erma stared blankly at each other.

"Another thing," the mother went on. "You'll have to put Chub in his pen back there before Aunt Minnie gets here. And leave him fastened in until after we're gone the next morning. He must never see the cat. Your sister, Lola, will be glad to take care of him while we're away."

The twins went out silently to sit under a shade tree. "That just about spoils the trip for us," Josh finally said. "If only there was a way to make Chub like Aunt Minnie's cat–so we could take him along."

Josh shook his head sadly, but he wasn't giving up. The twins kept talking it over during the afternoon. Then next morning, coming home from Sunday school, Josh suddenly gave a sharp snap of his fingers.

"It–it might work!" he exclaimed to Erma.

He explained the idea. Fast plans were made. Josh would meed Aunt Minnie at the street when she arrived. He'd carry the cat into the house ahead of the others. Erma would be out at Chub's pen. She'd give Josh a couple of minutes, then bring Chub in on a leash. Josh would be ready to grab him if he made a lunge at the cat.

The result of all this was a stunning surprise for the twins' mother. When she came into the house that Monday afternoon with Aunt Minnie, there was the glossy-haired cat purring in a chair. Hunkered down in front of the chair was Chub, gazing at the cat in an adoring way. And all afternoon he came in frequently for another admiring look at Flossie.

Late in the day the mother got Josh and Erma to one side. "I'm simply amazed," she said, "by the way Chub's being so friendly with this cat. If he's still the same in the morning–I guess we'll take him with us."

They did take him. And he sat up close to Flossie all the

Continued on page 30

ANIMAL ANIGRAMS

By Linda Bosson

Can you unscramble these animal names?

1. ART
2. THE PANEL
3. DROP ALE
4. FLOW
5. SOME GO ON
6. HER MATS
7. GUN
8. THE ACHE
9. NO RICH ROSE
10. SHORE

Answers on page 30

the recovery of RUFUS

A True Story
by Gretchen Ewing

My husband, Richard, and I were leisurely reading the paper when the most terrifying noise broke the quiet of a lazy Sunday morning. We could not precisely identify the sound, but knew it came from a person or animal suffering a sudden and agonizing pain. As we ran out the back door to investigate, we met our daughter, Ann, carrying Rufus, her Yorkshire Terrier puppy. Ann's ashen face and Rufus' mangled, bloody leg which hung limply from his body, told the story at once. Rufus had somehow broken loose from his leash and been hit by a car.

We rushed in to call a veterinarian. Richard just opened up the yellow pages and called the first clinic that seemed near us. Luckily he caught the veterinarian in; and while he made the arrangements, Ann and I gently wrapped Rufus in towels. By then our pup lay silent and passive, obviously in a state of shock. Richard instructed us to take Rufus on to the clinic while he changed from his robe to street clothing. He would meet us there as soon as possible.

On the way out the back gate, we met the man who had hit Rufus. He seemed as upset as we were and offered to drive us to the veterinarian. Since his motor was running, we jumped in and drove off. The two mile trip stretched into a seemingly endless journey while the man apologized profusely and Ann sat quietly choking back her tears.

Finally she asked the question I had been dreading, "Momma, will he be all right? Rufus isn't going to die, is he?"

As much as I wanted to ease her fears, I could not say "everything will be all right." I didn't know, and in my opinion it's a mistake to ever lie to children, especially to my shrewd daughter. "Sweetheart," I finally answered, "I don't know. He does stand a better chance because we're getting help for him so quickly."

When we arrived at the clinic and met the doctor, I don't know who was the most shocked. He looked so young that I mistook him for a teenage assistant. "Where is Dr. O'Brien?" I asked.

"I *am* Dr. O'Brien," he said and quickly took Rufus to the examining room. He calmly punched and probed and poked on Rufus who eyed us pitifully from the table. Only Ann had the nerve to ask what we silently wondered, "Will he lose his leg?"

At that point Richard entered and the man who had hit Rufus left. Dr. O'Brien avoided delivering a verdict, but explained the situation succinctly and professionally. "Even though the skin is torn all the way up the leg, the major bone does not appear to be broken. The skin is all there, and we can sew the wound up. But the end of the paw is badly crushed. He's lost some claws and the pads are torn loose from the paw. We'll know more when we X-ray. I've already called my associate, and he will be here soon to help."

He gave Rufus a shot to deter pain and infection and told us to go home and wait for his call. As we drove home, Ann burst into tears and began blaming herself for the accident. "It's all my fault. Rufus had slipped out of the leash once before. I should have brought him in then. It's all my fault Rufus is hurt."

I patted her and attempted to comfort her. "No, sweetheart, it's nobody's fault. Accidents just happen sometimes; that's all. Please try not to worry. The veterinarian will take good care of Rufus."

At that point I began to cry. Richard tried his best to reassure both of us, but then broke off when he began to get teary and choked up. And that was going some for him. Up until now he had viewed Rufus as a fuzzy black and tan liability who messed on the floor and chewed up his favorite magazines.

Once home, Ann crawled into her bed and watched T.V. with tears streaming down her face. We talked until she felt better and then stoically assumed our business-as-usual poses. But we all waited tensely for the phone to ring. After one of the longest hours ever, the doctor called and informed us that the prognosis was good. "Rufus is tranquilized and sleeping now, but fine. No bones are broken. We've sewn him up, bandaged the leg; and we're hoping the pads will reattach to the paw. He'll be good as new, minus a couple of claws. We'll keep him here five days to make sure infection doesn't set in."

A great sense of relief buoyed our spirits and we began to smile and talk of all the attention we would lavish upon him when he returned home.

And that we did. Certainly no human invalid ever enjoyed such loving care. We petted him; we rocked him; and I cooked chicken livers until I thought I would gag. We even fed him chicken soup. Ann took him to sleep in her bedroom, a formerly forbidden practice. Because of Rufus' casual response to housebreaking, we had kept him in the vinyl-floored den and kitchen. Now we just bought a large can of Glory rug cleaner.

During his first week home our pup hobbled around feebly on three legs and slept a lot. We were beginning to wonder if the loveable ole clown who leaped and wiggled and slobbered all over us would ever return. After about ten days Rufus regained his former vitality and raced around the house as fast on three legs as he had on four. Only now he was more clownish than ever. Ever see a dog do a bunny hop? Ruf did a good imitation. We took him for periodic check-ups, always to learn of his improvement. With Rufus apparently out of the woods, we decided to take our delayed vacation. We left Rufus with the young Dr. O'Brien whom we now worshipped as our messiah.

Upon our return he greeted us with some rather grim news. "Rufus' pads have begun to drop off," he informed us, "and the situation doesn't look too good."

Richard raised the subject of amputation, and Ann and I teared up again. We simply could not accept this as an alternative and pleaded with the doctor to save his paw. We didn't understand all the mysteries of veterinary medicine, but believed that if anyone could pull off a miracle, it was Dr. O'Brien. By now he had seen so much

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of Ruf we began to suspect that he might be personally involved. He affectionately referred to Ruf as "ole garbage gut" because he ate everything in sight, and he looked worried when he discussed the pup's condition. Unwilling to accept defeat, he put in a long distance call to one of his former professors at the Texas A & M School of Veterinary Medicine. We eavesdropped openly.

"Yeah, the pads are completely gone. No, there's no dermis left; it's just raw flesh. Okay. Okay. Well, I think one thing he's got going for him is that he's a small animal and a house dog. Okay, we'll try that and I'll keep in touch."

Dr. O'Brien then carefully explained the situation to us. "Horses', cows', and dogs' skin has the ability to granulate or grow in from the sides. The professor suggests that we apply iodine to the raw area every day to toughen the tissue and bring this process about. He said that if this works, we might later bring Rufus to A & M for a pad graft."

Richard groaned and looked skeptical about the whole business, but Ann and I were determined to go to any lengths to save the paw. When the doctor showed us how to apply the iodine, I demurred, "Dr. O'Brien, I can scarcely stand to look at it let alone fool with it. I'm a chicken when it comes to stuff like this."

Ann spoke up bravely, "I'll do it if you hold him Momma. You can just close your eyes and grit your teeth like you always do when you see blood."

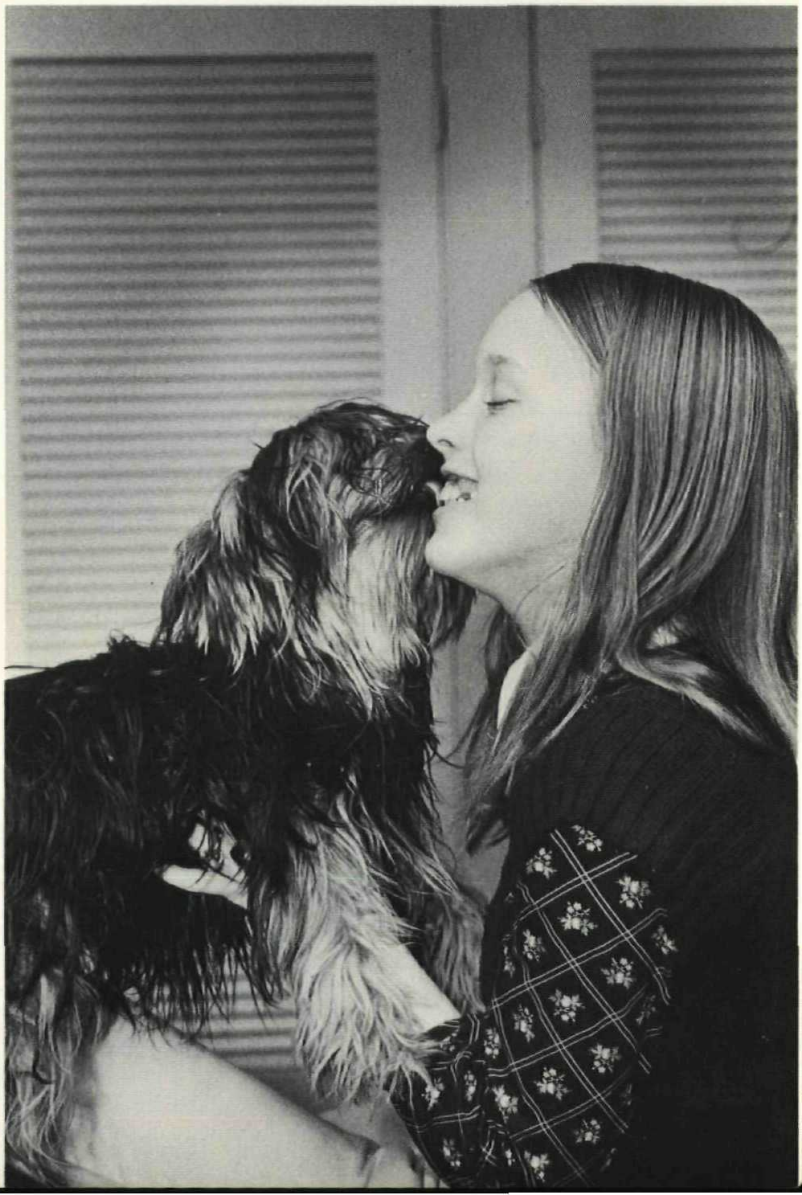
If my eleven year old daughter could display such pluckiness, I figured the least I could do was go along. For two months or so Ann faithfully applied the iodine and soaked Ruf's paw in warm salt water. Gradually the paw changed from a gruesome open wound to a healed stub. Eventually the last raw spot disappeared, and the hair began to grow down over his leg. We knew he had made real progress when our guests could look at him without wincing. He then began to put weight on the injured foot, although he favored it most of the time. The doctor said we could skip the pad graft. We were relieved because we had dreaded the double trauma of surgery and more bills.

Today we have an eleven month old happy, versatile Yorkie. Sometimes he runs on four feet and sometimes he hops on three. He doesn't even realize that he is impaired in any way. In fact, he thinks he is wonderful and that everyone is delighted to see him, wet, muddy or whatever.

It was a painful experience for us, yet there have been certain gains. Rufus feels loved and secure. And he returns the love, even to our cat Bella Abzug, who could care less. As for Ann, she exhibited a maturity and tenacity far beyond her years and learned how to love a less than perfect being. Richard—well—he learned how to gripe about Rufus' "inconveniences" in gentle un-four letter words. As for me, *I cherish the memory of how a young girl, a young veterinarian, and old father time patiently worked together to save our dog's paw.*

Rufus, out for a stroll after he recovered.

Rufus, an 11-month-old Yorkshire Terrier, smooches with Ann Dudensing, Age 12, during his recovery.



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