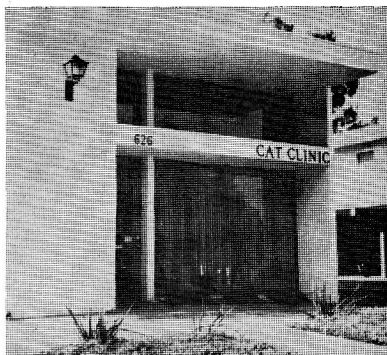


GETTING ALONG WITH YOUR CAT-OWNING CLIENT

(This article is in reply to the paper by Christine Streetman, reprinted from MVP, in 1967 Year Book.)

ANNA P. GILBRIDE, DVM



Entrance to Dr. Gilbride's Clinic

While it is true that cat fanciers are the most demanding and experienced of all cat owners to pass through the practitioner's door, their judgments also accurately reflect the unspoken attitude of most individual cat owners. Present and future good relations between cat owners and the veterinary profession can best be served by frank discussion of points raised by Mrs. Streetman. (See page 27, October MVP) (Page 302, 1967 Year Book)

To begin, I could not agree more on the need for a clean odor-free waiting room in the veterinary hospital. The ideal arrangement, of course, would be to provide separate waiting rooms for dogs and cats, but this is often impractical in an older hospital or a new one built on a limited budget.



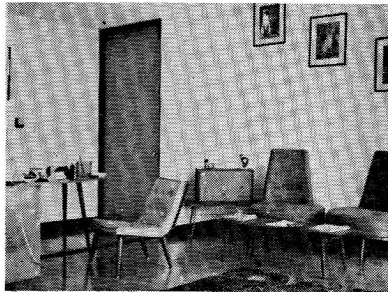
Dr. Gilbride and friend

Some cats will be frightened by the car ride to the hospital and exposure to strange surroundings, and even a separate waiting room may not be sufficient to calm them down. The most effective compromise for the cat owner is to invest in a simple carrying case. This not only gives cats a sense of security in the waiting room but simplifies transporting them. My practice is limited to cats, and the dog problem never arises. In my own waiting room, however, I have a pair of specially constructed cages, one above the other and open only at the front, in which timid or

nervous cats can recover some of their wits while the client waits or talks with the receptionist.

While it would indeed be best—from everybody's point of view—to have an assistant hold the cat on the examining table, this service would add to the cost of treatment since in most cases veterinary employees are already doing double duty.

The receptionist cannot answer the telephone or handle incoming clients while engaged in the examining room, and the kennelman may be busy grooming or doing any of 1001 odd jobs.



An odor-free and pleasant waiting room does much to put client and patient at ease.

Some owners are reluctant to have their cat examined at all, absurd though this may sound. I have had many clients, evidently under emotional stress, place the cat on the farther edge of the examining table and hold it so closely that it was impossible to make observations or give an injection. Almost invariably, once I detach these owners from their cats, I can proceed without further trouble.

A surprising number of cat lovers (regrettably, bred-cat owners most often) have cats which they are afraid to handle except as the cat allows. This can induce tense examining room atmosphere, assistant or no assistant, because the result can be a resentful client, and the veterinarian knows it. To control the cat requires a viselike grip which the client views with displeasure and will describe to neighbors in such a way as to lose you further clients.

Obviously, the owner who cannot bear to discipline a cat will be hurt to the quick at any display of strength to restrain the cat, and the cat which bites "in play" will certainly bite a suspicious stranger in a white coat. Deep bite wounds from a cat usually turn septic, which automatically eliminates surgical work for a week or more.

Many cat owners are surprised to learn that examining room procedures are a minor part of hospital routine, and that work in the surgery, pharmacy, wards, x-ray room, and laboratory may be involved. Few realize that the DVM's responsibilities only begin when he leaves the examining room.

It is frequently impossible to make a diagnosis in front of the client. The trip to the hospital can so change a cat's temperature, respiration and heart rate that these important diagnostic aids are rendered useless. Subtle or longstanding ailments rarely yield their secrets to even the most experienced, on initial examination. Proper tests and observation may be required, even though the condition itself may not appear serious to the owner, who should understand that the modern small animal hospital is equipped with, or has access to, the same type of specific diagnostic services used in human hospitals to pinpoint disease.

The suggestion that catteries should receive a routine medical visit several times a year is, I feel, an excellent one. However, this should be done by the veterinarian, not an assistant, because few clients realize that the deceptively simple motions of a good examination elicit a tremendous range of medical information. Because these motions are done swiftly and in the course of conversation, the cat fancier may be unaware that his cat has just been checked

out for general skin condition, structural deformities, palpable internal disorders, ear and skin parasites, anemia, evidence of poor nutrition, poor kidney function, lung diseases, heart abnormalities, conditions of the eyes, teeth and upper respiratory tract. This general check-up can be performed at the cattery, vaccinations can be given, and suggestions made where necessary regarding diet and housing conditions. However, treatment for illness usually demands hospital facilities for best results. Even the simplest medical procedure becomes a major undertaking when carried out under inadequate lighting, on an improvised table, and surrounded by members of the family in someone's home.

I think most veterinarians are happy to cooperate with bona fide cat fanciers, and many hospitals (including my own) do give a discount. Veterinarians appreciate the value of word-of-mouth advertising and of the fee income from conscientious cattery owners. There are, unfortunately, two gray areas in this otherwise roseate picture: (1) many cat breeders are not conscientious cattery owners; and (2) many cat breeders are not good clients.

The average cat breeder—one seen repeatedly in veterinary experience—is the person who has started off with one or two purebred cats, and who decided to make a little money by breeding. The

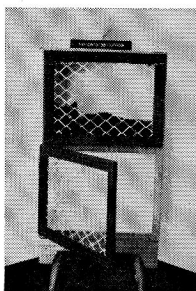
initial experiment proving fairly successful, this operation gradually builds up into a cattery. A year or so later, the breeder runs into a large-scale medical problem and—for the first time, perhaps—comes to a veterinary hospital for help. Because this is a corrective project under semi-emergency conditions, it is going to cost much more than a simple program of preventive medicine and animal husbandry sustained from the beginning.

From the breeder's point of view, this is all a stroke of bad

luck. The veterinarian must understand that all he is being requested to do is save the most cats at the least cost. No more and no less; and the discount comes up in the conversation.

From this point onward, the relationship between the veterinarian and the "typical" breeder often deteriorates to the point where the breeder may go to another hospital in search of more "cooperation" when another crisis comes up. I have seen this pattern repeated more times than I care to remember, and so have veterinarians everywhere.

Bona fide cat fanciers who breed only the best stock under the best conditions—and who themselves may disparage the "typical" breeder—can understand why their relationship with a strange veterinarian may be somewhat strained at first, until he sees that they are conscientious cat fanciers.



For cats who are frightened by the car ride to the hospital, a carrying case or separate waiting room cages help re-establish a sense of security in the waiting room.

Bad clients are those who do their own diagnoses and treatments and who come to the veterinary hospital only when a cat does not respond. This means that the veterinarian sees the patient when the illness is far advanced and chances of success are least. If the patient cannot be pulled through, the client may actually generate ill-will toward the veterinarian in an effort to palliate his own conscience by transferring the blame.

This must not be taken to mean that cat fanciers should not treat their own cats. What it does mean is that such treatments should be done only on the veterinarian's specific instructions, using only medications he has prescribed or supplied. This makes good sense economically and medically, since the client is spared the expense of many office calls, and cats respond best to close attention from someone they know, in familiar surroundings.

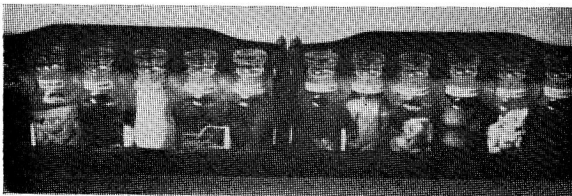
Cat owners should know that antibiotics can have dangerous side effects, and that MDs and DVMs use them with forethought and caution. Yet, unprescribed antibiotics are used liberally in catteries on cats which either should be on some other medication, or on a specific antibiotic to suit the condition. Later, when a resistant strain of bacteria develops in these catteries, and the owners belatedly seek professional help, it may be impossible to find a specific antibiotic to control these bacteria, or valuable time may be lost because the owners are reluctant to disclose their actions.

Any veterinarian can recall endless harrowing instances of lay medication. The most common examples stem from the layman's assumption that unwell cats are constipated and should be given a laxative. Countless cats have been killed slowly because their owners were unaware that mineral oil is so bland it hardly stimulates the swallowing reflex. As a result, it frequently trickles down into the trachea and lungs and induces a fatal foreign body pneumonia. Laxatives given to an already dehydrated cat will further dehydrate it. A laxative given to a male cat who cannot urinate because of a urethral blockage may result in the distended bladder bursting if strong intestinal movements are started. A strong laxative given to a cat with an acute intestinal blockage from some foreign object will almost invariably cause a rupture of the intestine.

Christine Streetman's point that veterinarians should tell owners and fanciers more about the hazards of parasites is



Seemingly "rough" restraint methods frequently relate to the unruly nature of the patient — or the client's reluctance to have the animal examined.



An ordinary spice shelf holds pathology specimens Dr. Gilbride uses in explaining a pet's ailment to clients.

taken, but the fact is that veterinarians often find themselves involved more in defending their statements than in giving instructions. Full answers to a client's questions and objections can readily result in a jam-packed waiting room and a disrupted surgical schedule. The most conscientious cat fancier in town may walk in confident of receiving minute instructions—and resolved to follow them—but the veterinarian at that moment may not be in a communicative mood, much though he might wish to be. This may be why the relaxed atmosphere of a cat club's question and answer period often elicits much more information from the veterinarian.

Expressions of interest notwithstanding, cat fanciers generally are difficult to convince of the latest advances in medical science. I have been gratified by the results in several catteries where properly balanced diets were used under my direction, but I have many times been bluntly told by cat fanciers that—having been in the business for years—they know all there is to know about feeding cats.

Apart from professional and personal contacts with cat fanciers, I have often been appalled at the general condition of many show cats. Granted that these are all champion stock, near-perfect examples of their breeds and groomed to perfection, their general health is still substandard compared with that of the average household pet. This suggests very strongly that too many cat fanciers still believe in a traditional mystique of strange diets, homespun medications, and complex inbreeding.

If catteries are seriously intended as businesses, then it is time that cat fanciers studied the principles and methods of an analogous business: the livestock industry. Cattle breeders want stock which is robust, vigorous and disease-resistant. They breed for uniformity of appearance, physical build and temperament. This large and vital industry depends upon the activities of veterinary colleges and the research findings of geneticists, parasitologists and nutritionists. No livestock breeder today would shrug off the recommendations of these experts as do cat fanciers those of their veterinarians. He literally could not afford to; yet, most catteries ignore the most fundamental rules of animal husbandry.

Taking the field of genetics in general, I feel that many of the problems encountered by cat fanciers are due to excessive inbreeding. While inbreeding is essential to fix characteristics, it is equally essential to plan for judicious outcrossing to forestall deterioration of a line as a whole. Inbreeding increases individual susceptibility to disease and produces an increase in observable physical and mental disorders. The present trend toward inbreeding certain Siamese to produce long thin faces, for example, appears to be producing a cat with a restricted upper respiratory tract and a pre-disposition to sinusitis.

Any discussion of scientific advances in the field of veterinary medicine should—in all fairness to veterinarians—include a gentle reminder to the public that it expects increasingly high standards of performance in return for substandard fees. Too few people know that Doctors of Veterinary Medicine are the educational equivalents

of Doctors of Medicine in terms of university training, surgical skills, and up-to-date medical knowledge. Ethical drugs cost the same to the veterinarian as they do to human hospitals, unit for unit and quality for quality. Yet, for some reason, the public (including some cat fanciers) feels that veterinary fees should fit the size of the patient. The client who says "Oh—I just couldn't spend that kind of money. After all, it's only a cat (or a dog), etc." often refers to a fee for a surgical procedure that would cost from 10 to 20 times as much if performed on a person.

The emphasis in veterinary schools today is on large animals, since the schools are heavily subsidized to assure the continued supply of high quality, hygienic meats for the nation's table. Feline medicine forms only a small proportion of the veterinary curriculum because pets are not considered as having an economic value—only a fraction of research funds is devoted to cats. However, there is always the hope that as public demand influences the taxpayer's investment in veterinary schools, feline specialization may become a possibility right from the undergraduate level.

Biographical Note

Dr. Anna P. Gilbride, author of a number of currently popular articles on the care and health of cats, practices in Santa Barbara, California. Before opening the Cat Clinic in 1965, Dr. Gilbride practiced in Pasadena, California. Her graduation in 1964 from the University of Toronto's College of Veterinary Medicine was the realization of a longstanding ambition that had been postponed for a number of years while she worked in industry as a coatings specialist following a chemistry major from the National University of Ireland in 1953. Coincidentally with her graduation as a D.V.M., her paper describing an unusual complication in feline leukemia won the 1964 Schering Award.

Dr. Gilbride has two "personal" cats — as distinct from occasional visitors on their way to new homes — and admits that despite her own good advice in *Nutrition & The Cat*, they are both inexplicably overweight. (Her husband, John, owns the third permanent feline in the family; a flamboyant 10-year old black cat who has happily accompanied the Gilbrides on literally thousands of miles of travel throughout Canada and the United States.)

Despite the energy-consuming demands of a busy hospital, Dr. Gilbride is drafting a book on cats in sickness and in health, at the present time.

