

Letters to the Editor

More on ear cropping and neutering

I read with interest the controversy generated comparing ear crops and spays (*JAVMA*, Dec 1, 1999, pp 1581–1583). Since 20 years of practice has made me more of a realist than idealist, I thought I would offer some alternative viewpoints.

The principle behind the Veterinarian's Oath is first and foremost "the benefit of society," through protection of animal health and "relief of animal suffering." Note the wording is not "elimination of animal suffering."

Societal benefit will always take preference over animal benefit. Consequently, the profession supports livestock slaughter so people can eat and helps ranchers raise animals for clothing and pleasure. The AVMA also supports animal research, although here again animals do suffer.

Except for a few radical activists in the profession, most veterinarians recognize our obligation to help society with such activities, while at the same time ensuring as humane a treatment of animals as society will allow. Like it or not, ear cropping has a tremendous economic benefit to society, often helping veterinarians pay employees as well as the rent. At the same time, breeders and the breed-related economy make a profit selling dogs that are more distinctive.

Cropping often makes a clear distinction among breeds, which translates into economic incentive. Society is not only willing to pay for that distinction, it currently insists on it.

Please understand, I hate ear cropping. It is a technically unchallenging chore that if done well will create little if any favorable commentary. But crop one ear a little shorter or thinner, however, and the dog becomes a walking billboard advertising the "guy who butchered that poor dog's ears."

Also, I don't like the fact that surgery is performed right when the dog is developing immunity. The procedure does bring satisfied clients back, however, while refusal has been proven to lose them.

Properly performed, it is a sterile procedure with anesthesia, post-operative monitoring, and analgesia. Certainly this is less painful than what many animals go through when castrated, especially livestock.

In his argument, Dr. Plotnick mentions unnecessary surgery on "sentient" creatures, the current spin word popularized on "Star Trek: The Next Generation." Unfortunately, I'm not sure whether the doctor refers to the medical dictionary definition of sentient as "having feelings," which would include every living thing, or the popular interpretation of "recognition of self."

Before our profession insisted on so much regulation and mandated neutering, the average family could always afford a purebred—and we extolled their virtues. Now, by the time the owner arrives at the practice they have spent so much to purchase a purebred they can't afford proper veterinary care, and animals that arrive from the shelter are already vaccinated, dewormed, and neutered, leaving little for the profession. Truth is, overpopulation isn't the biggest killer of small animals, it is society's preference for purebreds over mixed breeds, and that isn't going to change any time in the foreseeable future.

I suggest we remain a little less politically active and wait for society to change its views. Until then,

we should do the best we can for the client's pet whenever they allow us to do so.

Ronald W. Stone, DVM
Miami, Fla

As I was reading the responses to Dr. Richard H. McCormick's Oct 1, 1999 letter (*JAVMA*, p 926) and his subsequent reply in the Dec 1, 1999 issue (p 1582), I found myself compelled to comment. As veterinarians, we are trained in medical and surgical technique as well as diagnostic and therapeutic strategy. As human beings, we are entitled to our own opinions and interpretations of what we choose to do with those skills, as long as they fall within acceptable ethical guidelines. I respect Dr. McCormick's right to his opinion but felt that I should voice mine as well.

I am one veterinarian in a 7-doctor, mixed-animal practice. Each of us has our opinions, varied styles, and knowledge to contribute for the betterment of the practice. My area of skill is in small animal medicine. We are in a rural county in central Kansas with no access to a humane society; thus, our hospital is the holding facility for the county's stray, unwanted, unclaimed, and abused animals. It is heartbreaking to witness the hundreds of animals that come through our doors annually. In many instances we are able to reunite a lost animal with its owner or find a home for a stray. It is a sad reality, however, that we euthanize hundreds of healthy, adoptable animals each year. This is an

Readers are invited to submit letters to the editor. Letters must be double-space typed and should not exceed 500 words. All letters are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via fax or e-mail (847/925-1329; jaudin@avma.org) is encouraged; authors should give their daytime telephone number, fax number, and e-mail address, if available.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, their committees or agencies, or persons serving on such committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

emotional hardship on all of us, especially my staff who put countless hours in trying to place these animals to save them from a death sentence.

I don't profess to know what these animals are thinking or wanting from their lives—except maybe just the chance to live. The primary problem in our rural area is too many animals that are not spayed or neutered and not enough people with the financial means to save another dog or cat.

I think that, as humans beings, we have strong opinions and emotions about what is right and wrong and project those opinions to everything around us. I will not even touch the issue of ears and tails—because I have my opinion, and sharing it won't make a bit of difference in the life of a dog or cat. My opinion on spaying and neutering, however, can make a tremendous difference in my community. By strongly advising my clients to have their dogs and cats spayed or neutered at an early age, I may prevent the euthanasia of an entire litter (or more) of kittens or puppies that are unwanted.

Any veterinarian who has had to look into the eyes of a struggling, healthy young adult dog that tries to lick your face while you are injecting a lethal dose of barbiturate knows that population control is a real issue. Dr. McCormick indicates that he has heard of instances where humane societies have no puppies for adoption. I challenge him to take a head count of all the healthy adult animals that are available in those same facilities. Puppies are easy to place, because they are cute. Population control is not just about puppies, it is about the adult dogs that these puppies become.

*Roberta K. Lillich, DVM
Abilene, Kansas*

I don't expect *JAVMA* to keep printing responses and counterresponses to the issues raised by Drs. Richard H. McCormick and Frederick Zydeck indefinitely but on the other hand I felt I couldn't keep silent after reading "Dr. McCormick responds" (*JAVMA*, Dec 1, 1999, p 1582).

As a volunteer with various humane groups, I have neutered many homeless kittens and puppies with results I consider consistent with the veterinarian's oath. I have also seen homeless kittens, puppies, dogs, and cats that have been truly mutilated, either intentionally or by neglect. Surgical sterilization is not a "good idea that has gone terribly wrong." In a perfect world, it would not be necessary to be so aggressive about neutering every possible animal, but as even Dr. McCormick must agree, this is not a perfect world.

Dr. McCormick states that surgical neutering "destroys an animal's primary reason for existing." I'm not sure whether he is saying that the animal itself feels worthless in its sterile state, or if he feels the animal has no value if it's neutered. In either case, I would disagree. I currently share my life with 6 adopted dogs and 4 adopted cats. They are all surgically sterilized. They don't act like animals that have had their primary reason for living taken from them. In fact, they seem to be enjoying life a great deal, and they are highly valued by myself and their many other human friends.

Dr. McCormick will probably never change his views, but I can still hope that his views are in the minority. It is in this hope that I write this letter, as evidence that at least some of us in the profession feel differently.

*Barbara Corson, RN, VMD
Fawn Grove, Pa*

Dr. McCormick responds:

I have performed in excess of 10,000 ovariectomies and orchietomies. With the exception of pyometras and testicular tumors, I never deceived myself into believing I was doing the animal a favor.

Veterinarians spay and neuter dogs because they have the power to do so. The animal is helpless to prevent the invasion of its body. This is the philosophy the world adheres to; domination of the weak by the strong. We have convinced ourselves, in our own self-righteousness, that the end justifies the means. If there are no puppies available, we will force the adoption of mature dogs, even when the

prospective owner wants a puppy. After all, we know best don't we?

Surgery for the convenience of the owner, in the case of spays, or to alter the animal's appearance is a very straightforward proposition. To cloud the issue is to deny the realities of the marketplace. If cosmetic surgery was to be outlawed, does anyone really believe that the pet shops and grooming parlors would hesitate to offer this service? By the same token, if responsible dog owners choose not to have their dogs spayed or neutered or, for that matter, choose not to have their dog's ears trimmed, they should be able to do so without being stigmatized or otherwise suffer any penalty for making this choice.

*Richard H. McCormick, DVM
Miami, Fla*

Setting the standards for internship programs

The American Association of Veterinary Clinicians (AAVC) appreciates the opportunity to respond to the concerns raised by Dr. Etienne Coté in his recent letter (*JAVMA*, Dec 1, 1999, p 1584). The delay in responding was the result of my efforts to consult with our executive committee for their input regarding my response.

Dr. Coté raises serious concerns that are important to the AAVC and all clinical educators. The issue of internship standards has been discussed informally amongst AAVC members for some time. In 1998, the AAVC established an ad hoc committee to survey academic clinical programs regarding the essential elements of their internship programs. To further expand the discussion and to gather input from a broader audience of interested clinicians and practitioners, the AAVC held an educational forum on clinical internships at the 1999 annual meetings of the American College of Veterinary Internal Medicine (Chicago) and the American College of Veterinary Surgeons (San Francisco). Although there is a broad range of opinions on the specific standards for internship programs, there is general agreement on a subset of core rudiments that we believe may form the basis of guidelines for internships that we

would publish in the AAVC Intern-Resident Matching Program Directory. We believe it will be important that any forthcoming guidelines be clear, sensible, and appropriate for general clinical internships. We hope that all participating programs would consider those guidelines and strive to meet or exceed them in the development and delivery of their training programs.

It is important to appreciate that the matching program was created to serve solely as a source of announcements for available training positions and to provide a centralized matching system that is equitable for candidates and clinical programs. This source of listings, application, and acceptance has undergone refinements and improvement throughout its existence and evolved into a highly successful and efficient program.

Participation in the matching program by clinics and institutions has always been voluntary, and it would follow that adherence to the advertised guidelines would be voluntary as well. As an association dedicated to promoting postgraduate clinical education, the AAVC does not regulate or certify those institutions or clinics that participate in the matching program. This important fact is stated clearly in the matching program directory to underscore the need for personal assessment of programs and their track records by perspective candidates. The AAVC has neither the resources nor the authority to inspect or certify clinical internship programs.

The AAVC encourages every applicant to thoroughly review the programs they are considering. Applicants should consider contacting the program director for clarification or assurances regarding the training program. Applicants may wish to contact previous program interns when evaluating the merits of various positions. The AAVC believes that programs and candidates are well served when both parties have a clear understanding of what is provided and what is expected.

The AAVC believes that intern-

ships in clinical and academic practice environments are valuable learning experiences, and we encourage every candidate to approach their selection with an awareness of the program's strengths and record of success. The AAVC is dedicated to continuing its efforts to improve the matching program by developing general internship guidelines.

*Richard M. DeBowes, DVM, MS, DACVS
President, AAVC
Manhattan, Kan*

Research collaborations on rinderpest

Dr. Walter Plowright very rightly deserves the prestigious honor as 1999 World Food Prize Laureate for his early 1950s research and development of a tissue culture vaccine (*JAVMA*, Dec 1, 1999, pp 1567, 1576). However, it might be noted that the actual work on tissue culture and other widely used vaccines began in the United States and Canada during the early 1940s as well as in Japan.¹ Some of these early vaccines were successfully and economically used in Asia in the late 1940s as a result of J. Nakamura and R. Reisinger's research.

It might be well to note that many of the vaccines, including those used prior to the development of tissue culture technology, induced a lifetime immunity in cattle. Research by R. Daubney in Egypt and R. A. Alexander in South Africa corroborate this.

In the case of rinderpest in cattle, as in the cases of smallpox and poliomyelitis in humans, an endless chain of research has resulted in the almost complete elimination of these highly pathogenic diseases.

Thus, the research of Edward Jenner, Theobald Smith, Jonas Salk, and others reinforces the concept that perpetual explorations lead to concrete solutions to serious problems.

*Nels Konnerup, DVM
Camano Island, Wash*

1. *Am J Vet Res* 1946;7(suppl):133-237.