JUNE - AUGUST 1966

The Dew Claw

Published by The Briard Club of America
Minutes BCA Meeting June 11, 1966

Members present: Mr. and Mrs. Cook
Mr. and Mrs. Tingley
Jay Ordan
John Davies
Pat Young
Dr. J. Grodjesk
Harold Marley presiding.

Committees reporting:

Constitution Committee: Mr. Tingley reported that a suggested outline was received from AKC; copies of said outline, along with suggestions from members were duplicated and sent to others on committee for study. The Committee will follow AKC recommendations wherever possible. The Committee will meet again at the Westchester Show in September and should have the Constitution in draft stage by that time. Jane Cook suggested that future members be 18 years of age or over. Dr. Grodjesk suggested that the members be more informed of the specific areas of the Constitution that are to be changed. Mrs. Tingley suggested the draft be printed in the Dew Claw.

Hip Dysplasia: Dr. Grodjesk reported that of 38 Briards X-rayed to date, 16 were negative. He suggested that all Briard owners have their stock X-rayed and submit results to the Committee. He also suggested that a package be made available to all members on request, containing all available information on the subject. Mr. Marley suggested that all information be from authoritative sources, not just laymen's opinions. General discussion followed, tending to favor dissemination of information to membership, but no rules and regulations at this time. Mr. Cook suggested that members be advised to have their dogs X-rayed at a qualified University or Hospital for uniform quality of results, and that a list of these be published and recommended. Mr. Davies suggested that dysplasia free dogs be certified through the club. Mrs. Cook was opposed to the idea, and advised mutual trust and cooperation among members might go farther than hard and fast rules at this time. Dr. Grodjesk suggested the possibility of
Sept. 10 Somerset Hills K.C., Far Hills, N.J.
11 Westchester K.C., Purchase, N.Y.
17 Logansport K.C., Logansport, Ind.
18 Lafayette K.C., Lafayette, Ind.

October 1 Hoosier K.C., Indianapolis, Ind.
2 Terre Haute K.C., Terre Haute, Ind.
2 Westbury K.C., Westbury, N.Y.
16 Evansville K.C., Evansville, Ind.
30 Bronx Co. K.C., Bronx, N.Y.

Nov. 19 Sussex Hills K.C., Morristown, N.J.
Feb. 13/14 Westminster K.C., New York City

The Westminster K.C. has changed its policy, under the new AKC rules, and is limiting entries to dogs with AKC championship points ONLY. As in the past, there will be no puppy classes, but puppies with points will be eligible to compete in the other regular classes. Premium lists will be mailed sometime in November, so for those of you who may be interested... get those all important points NOW!

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ANOTHER STAR AMONG US..... Following are some quotes from some of the papers who covered the premiere of "Tom Jones" as presented by the New London Barn Theatre.

"A female who is a leading contender for queen of New London Hospital Day, turns out to be one of the stars in this week's production of 'Tom Jones' at the New London Barn Theatre. She gets big applause, but her name's not even in the program, and she appears not to be the least bit disturbed. She is Bebe, Lansing Bailey's handsome dog who appears on the stage as bodyguard for Tom."

"Ferocious beast in the foreground is of great concern to Leslie Kurtz and LoRanz Byerley, Barn Playhouse performers who played leads in the recent 'Tom Jones'. She was considered dangerous and harmful to the actors in that she simply stole the scene each time she walked on the stage."

"She didn't get program credit. She didn't take a curtain call. And what's more, she didn't get paid. But she got some of the biggest laughs in last week's 'Tom Jones!' It was her theatrical debut, which for a 9-month old, is a remarkably early start. She had no lines to say, but she had two appearances and the audience immediately fell in love with her. Her name is Bebe and she is a Briard.

Bebe's best moment came on opening night when her stage master, accosted by a cut-throat highwayman, instructs the villain to "drop that
gun, or I’ll have my ferocious dog at you!" No sooner had the line been spoken when Bebe plopped to the floor, dropped her head and uttered a contented grunt, with no interest in the thief whatsoever. There was a distinct wait before the dialogue could be resumed."

AKC Symposium on Canine Hip Dysplasia

The American Kennel Club is planning to hold a symposium on canine hip dysplasia sometime this fall. It will not be open to the public, but will be limited to Veterinarians only, as far as I know. The date will be published in this magazine as soon as it is made known by AKC. A synopsis of the discussions will be published in AKC Gazette, Pure-Bred Dogs. Your Secretary will request permission to reprint any pertinent info. in the Dew Claw.

This is the time of year when dogs itch. Keep your Briard brushed. Make sure that loose undercoat is out, and that the skin is pink and healthy. Keep him out of extreme heat. Watch his diet. Make sure there are no parasites on him or in him. Your dog will thank you by being a neater and more comfortable companion, and you won’t have to worry about him ripping his coat out with his teeth or nails or both.

CANINE HIP DYSPLASIA

A short time ago a young Briard puppy was found to be limping on occasion. He was taken to the Vet., X-rayed, and found to have hip dysplasia. The nature of this disease is explained in the excellent article by Dr. Riser on page 10.

The parents of this pup, as well as a few related dogs were then X-rayed, and the results reported to Mr. Morren who set up a committee consisting of Mrs. John Miller and Mr. Charles Cook, and headed by Dr. Jos. Grodjesk, to study the problem. A formal report was to be made at the BCA meeting at Greenwich, Conn.

The committee immediately set about reading and gathering information on the affliction. It was agreed that as many Briards as possible be X-rayed to get a better picture of the extent of the problem. A local Vet. suggested that the dogs all be X-rayed by the same technician, in exactly the same manner, for best results. The University of Pennsylvania was chosen as the best location, and eleven dogs were taken there for X-rays. The results of these X-rays showed about a 50% incidence of hip dysplasia in the Briard. Other members in other areas of the country sent X-rays to the Univ., or sent letters stating that their dogs had been X-rayed and advising the Secretary of the results. To date, and to my knowledge, 39 Briards have been X-rayed, sixteen of which have hip dysplasia. This gives the Briard an incidence rate of slightly over 40% as compared with the national average of more than 50% referred to by Dr. Riser in his article.

As Dr. Riser points out, hip dysplasia is not a new problem. Fossilized skeletons have been found of pre-historic dogs or canines showing hip dysplasia. It is new to us in the Briard fancy, simply because we were unaware of its existence in our breed. Unfortunately, many researchers disagree on the cause of the problem, and reaction varies from "destroy every afflicted animal" to "it causes no physical discomfort or deformity, so forget it".

One research group in Washington, D.C. claims the trouble is caused by diet, and that modern dogs fed on dry dog food and canned meat cannot be getting the proper nutrition, that they normally get from a diet of fresh meat.

Another group has found that puppies raised in cages or small kennel runs, without adequate exercise do not get hip dysplasia, and Dr. Riser refers to this in his article. He also refers to, and supports the theory that the fattest pup is not necessarily the strongest or healthiest pup.

Still other theories say that puppies learning to walk, and in the formative stages of bone deve-
opement are normally raised on first newspaper, and then slippery kitchen floors. This poor footing causes the feet to slide out to the side and erodes the hip structure.

All of these theories are logical and have merit as far as the breeder and dog owner are concerned, and many breeders practice a combination of these theories. However, they are just theories. To quote Dr. Riser, in the answer to question 11, he says, "It can be hypothesised...etc." Noah Webster says, "HYPOTHESIS...a tentative theory or supposition; something assumed or conceded; a guess"

Recently we have been receiving a great deal of correspondence from frantic Briard owners re. hip dysplasia. One letter describes the situation as reaching "hysterical proportions". There is no reason for hysteria. This is a serious problem; no question about it; but it is a problem that others breeds have been facing for many long years, and with patience and cooperation, I'm sure a solution can be reached. It certainly won't be found overnight, but we are fortunate in that we have among our members, people who do not raise dogs for the dollar, but for the love of the breed.

We have received several suggestions from our members. Dr. Murphy suggests that "BCA certification numbers" be given to those dogs and bitches that have been X-rayed and found to be free of dysplasia and that such certification be required for inclusion in the stud dog issue and for all bitches that are to be bred with BCA "Blessings".

Mrs. Sableski suggest that the BCA keep a H D registry and record X-ray results of all stock, and that Briards with H D be eliminated from all breeding programs.

Dr. Riser's suggestions can be found in his letter to Mrs. Yarish

Mrs. Norgaard goes a step further and suggests that neither briards with H D, Nor any of their get be used as breeding stock.

These are all commendable suggestions, and are receiving the full attention of the committee. Your Secretary already has a list of the 59 Briards that have been X-rayed, and the results.

A package is being made up of all articles and information on H D gathered by the committee, and will be available to any member who requests it. Please address your request to Mr. Marley after September 1.

Questionnaires will be sent out to other breed clubs to find out how they are dealing with the problem.

Mrs. Yarish has been in touch with Senator Robt. Kennedy of New York, in the hope of advancing the research grant referred to by Dr. Riser.

For the moment, we advise you to follow the Committee's recommendations to have your dogs X-rayed at a Veterinary College, if possible, and send the results to the Committee. We now have a membership of over 100 people, many of whom have more than one Briard. If we have the results of 200 X-rays, it will give us a much clearer picture of what we're dealing with.

Don't panic and have your dog altered or spayed if it has hip dysplasia! If you feel that the dog should not be bred, that's fine, don't breed him. But don't rush out and have him altered, and maybe spend years regretting it. An animal can always be altered, but once it's done, it can't be undone.

Don't stop showing your dog if he has hip dysplasia. If your child had it, you wouldn't keep him home from school and hide him in a closet. Why do it with your dog? It's no disgrace to have an affliction...and certainly no one wished it on him.

Briard popularity is on the rise. Now we can go to a show and hear, "Oh, there's a Briard," instead of "What's that?" We must face this problem squarely, but we must maintain as our chief goal, the betterment of the BREED...not just the betterment of his hips. Our breeders and stud-owners will have to step back and take a careful, objective view of their own stock as well as what they are breeding to. In a research report summarized by Dr. Whitney, he says, "...subluxation may be due to weakened cartilage and tendons that hold the joint together, to misshapen bone endings, or in the case of bowed legs or COW HOCKS, these characteristics place greater strain on the stifles.

How many of our Briards are cow-hocked? Maybe it would be easier to ask how many are not? One
of my Briards is so cow-hocked her feet point outward at right angles to her body. If her hips were an osteologist's delight, this bitch should not be bred! We must have the courage to say "No, my stud will not service your bitch, she's not worthy to be bred!" and much more difficult we must have the guts to say, "No, my dog is not worthy to be put to stud."

In 1965 the American Kennel Club registered 78,241 German Shepherds. If half of them had hip dysplasia, there would still be over 39,000 perfect hips for breeding purposes. In 1965 the American Kennel Club registered 35 Briards. If only 18 or 20 are free of HD how many will this leave us for breeding. Some of these dogs will be pet stock; others, the show quality will go to homes where there is no interest in breeding, or showing.

Our breeders face a far greater problem than just eliminating HD in the Briard, we must do it with stock that will keep the quality of the entire animal up to par...and improve it, if possible. If we put our heads in the sand, we may be eliminating the BRIARD.

M. Tingley

Mrs. Yarish has maintained an extensive correspondence with Dr. Rhodes and Riser of the University of Pennsylvania, as well as with Senator Kennedy, in her personal effort in behalf of the Briard. She sends the following letter from Dr. Riser for your perusal.

Dear Mrs. Yarish;

My colleague, Dr. Rhodes, has referred your letter to me concerning your interest in hip dysplasia. You will be pleased to know that since December a group of us (largely breeders) has given considerable thought to setting up a permanent centralized program to help with controlling hip dysplasia. Before I tell you our proposal, I would like to give you a little background on our hip dysplasia work and describe a control program which is now in operation.

In 1960, with National Institutes of Health funds, we began developing a laboratory for canine orthopedic pathology, with canine hip dysplasia as the main concern. Support was given by NIH because of the possible relationship between hip dysplasia in children and canine hip dysplasia. They have supported and equipped our laboratory for the past six years, and will continue to do so until April, 1967. Several people have thought enough of our work to recommend that our laboratory and research be continued, and that a nationwide hip dysplasia control program be added. It has been suggested that, since orthopedic diseases in one form or another are a major concern in all breeds of dogs, the various breed clubs be asked to assist in the work through contributions and public relations in the dog magazines.

About three years ago the hip dysplasia committee of the Golden Retriever Club set up a control program and appointed a council of three veterinary radiologists to read pelvic radiographs. The radiographs are taken locally and then sent to the council for review. Dogs with normal hip joints are given council approval. The program is handled on a voluntary basis, and the outcome of the examinations remains confidential between the council and the owner of the dog; it is the owner's privilege whether the results of the examination be made known. The volume has been slow enough to allow the Committee to iron out problems in handling radiographs and other details as they went along. The Chairman of the Committee, Mrs. Sarah A. Bower of Constantine, Michigan has been exceptionally cooperative and helpful. This good work has done much to raise the quality of hip joints and lower the incidence of hip dysplasia in the Golden Retriever, and has greatly affected the concern for hip dysplasia in Golden Retriever owners.

It has been suggested that the Golden Retriever Club's program be extended now to include all breeds. This will require a central office to keep records and register the dogs with normal hips. A non-profit corporation is now being formed which will be responsible for the operation of the central office. Mrs. Bower has been working with our group, and the School of Veterinary Medicine at the University of Pennsylvania has agreed to house the central office if the project is self-supporting. The pelvic radiographs will be taken
by by local veterinarians and the forwarded to the central office for review by the veterinary scrutinizers. One screener and three scrutinizers trained in canine radiology, and approved by the American Board of Veterinary radiologists, will see each radiograph. A fee will be charged for each radiograph examined; this money will be used for maintaining the central office and the budget for research, and for collating and disseminating information on hip dysplasia and other orthopedic diseases. We hope that donations from the breed clubs and from interested individuals will also help with the budget.

I trust that this information is encouraging to you and I would like to invite you to communicate further with us. As promised by Dr. Rhodes, we return your letter from Dr. Hartung.

Sincerely, W. H. Riser, D.V.M., M.S.

BRIARDS. Puppy, dogs.

BRIARDS. Puppy, bitches.

BRIARDS. American-bred, dogs.

WINNERS, DOGS. First/3 Reserve/10

Points

BRIARDS. American-bred, bitches.

WINNERS, BITCHES. First/1 Reserve/6 Best of Winners, No.13

Points

BRIARDS. Specials Only.

Best Briard, No. 12

Best of Opposite Sex, No. 16

Longshore-Southport KC June 12, 1966

BRIARDS

Judge: Mr. Virgil D. Johnson

BRIARDS. American-bred, dogs.

BRIARDS. Open, dogs.

WINNERS, DOGS. First/3 Reserve/10

Points

BRIARDS. Open, bitches.

WINNERS, BITCHES. First/1 Reserve/6 Best of Winners, No.13

Points

BRIARDS. Specials Only.
A DOG IS THE ONLY TRUE LOVE THAT MONEY CAN BUY. —WILL JUDY

CHAMPION MATADOR CHEZ PHYDEAU, BEST OF BREED
BRIARD CLUB OF AMERICA EASTERN SPECIALTY

NEW MEMBERS

We would like to extend a hearty welcome to the following new members of the Briard Club of America and wish to each of them a long and happy association with their Briards and with the club.

Lawrence Glurb - 7125 Scarborough Park Dr., Canoga Park, Calif.
OLE DE LA HAUTE TOUR, BEST IN SWEEPSTAKES AND WINNERS BITCH, BRIARD CLUB OF AMERICA EASTERN SPECIALTY

Mrs. J. Perlmutter - 105-73 Flatlands 4th Brooklyn, N. Y.

Florise M. Hogan - 9617 S. Main Street Rockford, Ill.

Laura E. Smith - 502 W. Western Rd., New Castle, Ind.

Robert Osborne - 14 Hasbrouck Pl. Rutherford, N. J.


Mrs. J. Perlmutter - 105-73 Flatlands 4th Brooklyn, N. Y.

Florise M. Hosan - 9617 S. Main Street Rockford, Ill.

Robert Osborne - 14 Hasbrouck Pl. Rutherford, N. J.


Chas. O. Glaub 718 Pearl St. Plymouth, Ind.

Jas. A. Jacobs - 2515 Briarcliff Dr. Cincinnati, Ohio

Dr. J. T. Loskey - 1837 N. Holmes Indianapolis, Ind.

Mrs. R. Englehart - 1301 N. Rangeline Rd., Carmel, Ind.

Mrs. F. G. Spencer - 150 Guernsey Swarthmore, Pa.

Gilbert Sorensen - 29129 Rock Creek Southfield, Mich.


Mrs. W. Ellsworth - 39-17 46th St. Long Island City, N. Y.

Mrs. A. M. Benbow - 4039 Grand Blvd. Montreal, Canada

Martin Rudnick - 30 Woodland Dr. Lincroft, N. J.

James Zaccaro - 315 E. 68th St. New York, N. Y.

Mrs. J. MacKay - 238 Park Ave. Swarthmore, Pa.
John McLeroth - 3030 Rockwood Dr.,
Fort Wayne, Ind.

Estel W. Hanger - 4313 E. 46th St.
Indianapolis, Ind.

Martin Rubin - 201 E. 83rd St.
New York, N. Y.

B. C. Turner - 3142 Brookdale Rd.,
Studio City, Cal.

Jack Herr - 906 Northbriar Dr.,
York, Pa.

Mrs. Loyal Weitz - 1413 Clausen Dr.,
El Paso, Texas

Mrs. Wm. D. Fletcher - 502 N. 6th St.
Yakima, Wash.

Arlyne Dichter - 2 Brewster Terrace
New Rochelle, N. Y.

Mrs. S. M. Lourimore - 3915 Adelheid Way
Sacramento, Calif.

Mrs. Helen Schell - 132 W. Foothill
Claremont, Calif.

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WHAT CAN A BREEDER GUARANTEE?

Everything and/or nothing!

I have been amazed lately at some of the questions I have been asked and some of the stories I have heard.

At International KC show, a lady came up to me and asked (rather belligerently, I thought) if we guaranteed against HD. She claimed other breeds did............. In a local KC to which we belong, a member black-balled a prospective member because the prospect had sold a toy poodle that turned out to be a miniature, and had guaranteed a perfect bite at six weeks, and it turned out to be less than perfect........Now owners of a Golden Retriever assured me that the breeders guaranteed their pup would get his Championship..........A delivery man came in here recently, and on seeing the many dogs around, asked my husband if he had ever heard of distemper, and if so, what was it? Seems the man owned a bitch of a very popular breed who had had a litter of ten -- then eight weeks old. The man planned to sell them for $50 apiece and counted on $500 clear profit. The first customer asked about shots. Never having heard of them, the man called the vet, who said it would cost $50 for the ten. The bitter complaint was that this would eat up' the profits.

What can -- and should -- a conscientious breeder guarantee and stand behind?

It would seem unnecessary to mention shots of the temporary variety but after you've read the above, maybe it isn't. Stress the importance of follow-up shots. Puppies should be free of worms, and of course, have no physical deformities -- deafness, blindness, etc. The buyer should definitely be encouraged to take the pup to his own vet within a few days to have him checked for general physical condition. If anything is wrong, the breeder takes the pup back and refunds the money -- unless the condition is correctable, in which case it is only fair for the breeder to bear the cost. If any incubitating deformity develops within six months or so and the dog is handicapped, the same is true. (Assuming the animal has not been mistreated.) If the dog has been represented as show or breeding stock, this is doubly important.

No one can guarantee against hip dysplasia, since it often develops late and seems to get worse under certain raising conditions. A dog with it in extreme degree will not make even a satisfactory pet. You can guarantee that the parents were free if they were, but almost all lines have incidence, so it can appear.

You cannot guarantee the bite -- you can show the parents' bites, you can point to a long line of champions in the pedigree who must have had pretty good bites. You can select a pup that apparently has a good bite and hope for the best.

You cannot guarantee a championship. You can point to the ancestry, but you do not know what competition this new pup will have when he is ready to be shown. 

18.
And you can give a lot of advice! That is something we're all good at. It's nice to give novices a little booklet about dog care in general. These are easily available from dog food companies. You can give the new owners a bag of the dog food the pup is used to -- to tide them over until they can get to a store, or to use in gradually converting to another brand they prefer. Sudden changes in diet are taboo. The pup will have enough trouble in adjusting. You can impress on the folk the importance of making themselves and the dog known to a vet of their choice. You can explain grooming in general -- and impress on them the necessity for it in this breed -- and show them the proper tools. You might even keep a little stock on hand to sell -- in some areas the pet shops are woefully lacking in correct grooming aids. Tell them what vitamins and calcium to use. Explain about matches and shows -- and if they seem interested, tell them how champions are made. Encourage them to visit the next local dog show to see how it's done. Brief them a little in Briard history. Ask them to take the dog away from home often, especially in crowds, but not to take the dog every time they go out lest he become a problem to leave alone. Reveal your favorite theories on house-breaking, and locate a near-by obedience or behavior training school for the dog. Nothing is more of a problem than a large uncontrollable beast!

Ask the new Briarders to join the Briard Club of America -- some breeders include the first year's membership with the pup. Keep in touch with your pups and their owners and encourage them to exhibit if the dog develops nicely.

Most of all, remember that your good name as a person as well as a breeder is worth more than the price of a puppy. Lean over backward to be fair -- or more than fair.

Jane Cook

HAS YOUR ADDRESS CHANGED ???????

If it has or if it does PLEASE Notify the Secretary, Mary Lou Tingley and also notify Harold A. Marley, who mails the Dew Claw.
JOUEUR DE LA GAILLARDE, BEST OF BREED
BRIARD CLUB OF AMERICA WESTERN SPECIALTY
also BEST IN SWEEPSSTAKES

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BRIARD CLUB OF AMERICA
Membership List as of July 28, 1966

Capt. James H. & Helene Acton
Richard L. Adamsen
Lensing Bailey
Mrs. John Barker
Mrs. Merritt Barker
Mrs. A. M. Benbow
Mrs. B. Bronstein
Mrs. William Brunet
Mrs. Garlan Bryan
Mrs. Margaret Carman
Dr. Anthony S. Catalano
Mrs. F. B. Child
Mrs. Ernest Clark
Marilee Clark
Miss Margaret Conroy
Charles E. Jane Cook
Mrs. Hugh D. Dangler
James W. Davies, Jr.
Mrs. Laura K. Davis
Mme. Marie de Beaucour
Arlene Dichter
Stephen W. Donnell
David Eckel
Mrs. Leo Edelman

Mrs. W. Ellsworth
Mrs. Richard H. Englehart
Mrs. Laura D. Fegan
Mrs. William D. Fletcher
Geoffrey & Julie Gilbert
Lt. Raymond Giraud
Charles O. Glabe
Lawrence Glurb
Dr. Joseph E. Grodjesk
Mrs. Eugene Haines
Evel K. Harper
Cameron Hayward
Mrs. William J. Henry
Milton W. Herchenrider
Florise M. Hogan
Mrs. Duncan G. Hudson, Jr.
James A. Jacobs
Mrs. A. O. L. Kelly
Mrs. William P. Kent
Lyell C. Kinney
Mrs. Henry J. Koch
Jack Herr
Mrs. Virginia Koenig
Dr. J. T. Lackey
Mrs. T. H. Lafferty
Dennis Lavelle
Eugene Lesserson
Eugene Levitt
Mrs. Stanley M. Lourimore
Mrs. J. MacKay

7405 Bpt. St., Box 2842, APO 332, N.Y., N.Y. 093
2901 Wingate, St. Louis, Mo. 63119
Oak Road, Concord, Mass.
Edgewood Inn, New London, N. H.
R. R. 2 Box 21, Evansville, Ind.
5035 Louise Ave., Encino, Calif.
4039 Grand Boulevard, Montreal, Canada
305 Old Gulph Rd., Wynnewood, Pa.
Roxbury Road, Washington, Conn.
1414 Florida N. E., Albuquerque, New Mexico
81 Iron Mine Dr., Staten Island, New York
5363 Balboa Blvd., Encino, Calif.
Box 86, Molalla, Oregon
2407 Welch Rd., Walled Lake, Mich.
30 Hickory Rd., Fairfax, Calif.
R. R. 1 Box 171A, Medford, New Jersey
Little Sky, Greenwich, Conn.
10912 Winslow Rd., R. R. 1 Box 35C, Whitehouse, Ohio
926 Carney Dr., Garland, Texas
9 Rue Hoche, B.P. 110, Deauville, Calvados, France
2 Brewster Terrace, New Rochelle, New York 10801
12401 Ted Avenue, Saratoga, Calif.
914 Valley Forge Rd., Devon, Pa.
Quiet Meadows Farm, Hopewell Junction, New York (winter) Adams Hotel, 2 E. 86th, New York, N. Y.
39 - 46th St., Long Island City, New York
1301 N. Faneleln Rd., Carmel, Ind.
12 Weir St. Ext., Hingham, Mass.
502 N. 6th St., Yakima, Wash.
Av. Gen. San Martin 240 - Apt. 102
Leblon, Rio de Janeiro, Brazil
227 Perimeter Rd., S.E., Albuquerque, New Mexico
718 Pearl St., Plymouth, Ind.
7125 Scarborough Pk. Dr., Canoga Park, Calif. 91306
169 Elm Street, Tenafly, New Jersey
305 S. Main St., Albion, New York
4313 E. 46th St., Indianapolis, Ind.
529 N. El Molino St., Alhambra, Calif. 91801
2637 Sutton Pl., Yorktown Hts., New York
163 Hughes Rd., King of Prussia, Pa.
9617 S. Main St., Rockford, Ill.
2515 Briarcliff Dr., Cincinnati, Ohio
2406 E. 40th St., Savannah, Ga.
2 Court Pl., Madison, New Jersey
P.O. Box 1112, Rancho Santa Fe, Calif.
4218 Amboy Rd., Staten Island, New York
906 Northbriar Dr., York, Pa.
37 W. 12th St., New York, New York
1837 W. Holmes St., Indianapolis, Ind.
217 S. 8th Ave., Yakima, Wash.
23 Chestnut Ave., Floral Park, New York
7 Fernwood Rd., Wethersfield, Conn.
1900 N. Beverly Glen, Los Angeles, Calif 90024
3915 Adelheid Way, Sacramento, Calif. 95821
238 Park Ave., Swathmore, Pa.
The song, "Once in Love with Amy" keeps going through my mind, but it is "Once in Love with Boris". Boris is gone. Where? To Dog Heaven I know. How I loved my Aboris de la Gaillarde. Never have I seen a dog so full of vim and vigor, and how he loved me. Strong as he could be, but Boris was gentle with me. He has such personality I could write a book about Boris.

Wed. night (I am on call at the hospital) my husband, John, went to the basement where Boris was in his pen. He gave him water, spoke to him, and petted him as he did all the dogs. Since we are redoing the kennel, the dogs are in the house in cages and pens in the basement, where it is air-conditioned and cool. But what happened next, we can only guess. The next morning when John went down to feed and exercise the dogs, Boris was dead! John said he was terribly swollen, especially his hind legs, as if someone had blown him up with air. I couldn't get the Vet, to do an autopsy, he seemed to think the swelling was due to heat and post-mortem results. But, I do not. His neck rolled like it might be broken, blood was in his mouth. It must have been bloat with a ruptured stomach. Although he gave no indication of distress that night, he had one for a romp about 5 pm, he ate well, and was fine at 11 pm when John checked him.

He is at rest in his yard. He must not have suffered or struggled as no noise was made, and if anything happens there is an uproar among the forty dogs. It must have been swift and immediate. Sunday was my day with the Briards. God watch over my Boris and keep him. My heart is heavy.

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Dr. M. J. Deubler Interviews Dr. Wayne H. Riser On Canine Hip Dysplasia

Question: What is congenital hip dysplasia?

Answer: At the start, we should define our terms,
to bring about a better understanding of this
disease. The term congenital should be dropped;
congenital means present at birth.

In this disease, hip joints are normal at birth. The lack of pelvic muscle, which is thought to be a factor in this disease, may be evident at birth, but the bone and cartilage changes of the hip joints are not present and usually not seen until 8 to 20 weeks of age. To explain the term further dys means bad, and plasia means shape or form; so the condition is one in which the joint has a bad shape or form. The preferred term for this disease then, is canine hip dysplasia.

Q. How long has hip dysplasia been recognized, and is the condition on the increase?

A. Although the condition, in both man and animal has been known since the days of Hippocrates, it was not regularly recognized until the use of the radiograph was established. There is no evidence that the disease is on the increase. It is believed that better skills in radiology and diagnosis have made possible the discovery of many cases that would have otherwise gone unnoticed.

Q. Does canine hip dysplasia affect all breeds?

A. It is a disease primarily of the large and giant breeds. Dogs maturing under 50 lbs. show a low incidence of hip dysplasia. The larger breeds, which mature most rapidly, and the individual animals, which grow excessively quickly between birth and the first three or four months of life are the ones which have the higher incidence of hip dysplasia.

Q. Are all large and giant breeds affected?

A. Not all breeds have been investigated; every breed that we have examined, of the large and giant sized dogs, has shown some incidence of HD, with the notable exception of the Greyhound. We have examined a representative number of both "track-conditioned" and "pen-confined" Greyhounds and, so far, we have not found HD in this breed.

Q. What is the incidence of hip dysplasia in large and giant breeds?

A. Accurate surveys are not available, but spot checks of working dogs indicate that more than half of the dogs working today have unsound hip joints. The best documented figures come from Sweden. Since 1959, the Swedish Kennel Club has had a campaign to eliminate hip dysplasia and, in one breed, at the beginning, over 50% of the breeding stock was found to be affected. Now, after six years of effort, the incidence has been reduced to 38%. Even though the incidence is still extremely high, the degree of abnormality of the affected dogs has lessened. The result of the effort toward improvement is remarkable and, of course, gives proof that the disease can be eliminated if breeders have patience and they take the necessary steps.

Q. If the Greyhound has no HD and all other large breeds do, what does the greyhound have that the others lack?

A. All the reasons for this are not known yet, but two consistent factors stand out in all our studies where the greyhound has been compared with dysplastic dogs:

1. The Greyhound consistently has greater pelvic muscle mass than any of the other breeds.

2. The young Greyhound matures and takes on weight at a rather slow rate for the first few months of life.

Q. What is the significance of these two factors?

A. Most affected puppies have too little muscle mass to do the job of holding hip bones tightly together. There is also a great tendency among breeders to stuff young puppies which results in overweight. The heavy body of the "butterball" puppy aggravates the HD problem because excessive body weight injures the soft skeletal tissue of the hip joints.

Q. Does the Greyhound REALLY have so much more muscle; and grow at a much slower rate, than other breeds?
A. Yes, our dissections show that the pelvic muscle mass of the Greyhound averages over 50% more than affected breeds.

Q. Why does the Greyhound have more pelvic muscle than other breeds?

A. The purpose for which this breed is maintained has influenced selection of the Greyhound. The value of the breed is determined by the ability to run fast. Speed is dependent upon muscle power and drive, generated by the hind legs; consequently, the fastest running dogs have been selected, and these are the ones with the greatest muscle mass. Breeders have also found that the slowest maturing Greyhounds have the stronger supporting tissue and the better shaped hip joints.

Q. Much has been said about the inheritance of HD. What ratios, according to Mendelian Law, can be expected in the offspring?

A. This is not an easy question to answer. In breeds with a high incidence of the disease, individuals from all families are known to be affected. Geneticists who have studied the transmissibility of HD speak of it as a multigenetic or polygenic disease. This means that puppies are born with weaknesses that allow the disease to occur. The incidence can be increased or decreased by changing the environment; e.g., puppies which grow the fastest and weigh the most between birth and the first few months of life have a higher incidence than dogs which grow more slowly and are lighter in weight. Also, dogs, when confined to cages and not permitted to exercise, have less HD than litter mates which are heavy and allowed to exercise extensively. Confining of dogs, is not recommended as prevention, however, as confinement seriously retards the development of intelligence and personality.

Q. If all affected dogs were eliminated, would all offspring have sound hip joints?

A. No. It has been reported in the literature from Sweden that mating a normal male with a normal female will produce 62% offspring with sound hip joints, and 38% with some degree of HD. However, if normal-to-normal mating is continued, the degree of involvement in each generation will become less, and gradually the percentage of affected dogs will be lowered.

From present information, it can be hypothesized that normal-to-normal mating will continue to produce some affected offspring until, by selection, dogs have as much pelvic muscle mass as is seen in the Greyhound. Secondly, dogs should be selected which grow and mature at a slower pace, so that the muscular and bone development stays at all times within the normal limits of biomechanical balance.

Q. If hip dysplasia is prevented during the developmental or growth period by restricting exercise and weight gain, will the offspring of these dogs have hip dysplasia?

A. Yes, the same incidence and percentage of HD will appear in the offspring as would be expected from dogs with HD, because the factors affecting the incidence have not changed the genetic pattern. HD will continue to appear until the dogs have sufficient pelvic muscle mass to hold the head of the femur snugly in the acetabulum. The control of weight and exercise are helpful, but the fundamental genetic fault must be corrected by proper selection before the incidence of hip dysplasia will be lowered. The control of environmental factors during growth masks the underlying deficiency that is still present.

Q. What is the best way to diagnose HD?

A. With few exceptions, the radiograph is the only method by which HD can be recognized.

Q. Can HD be diagnosed at any age?

A. No. All puppies are born with normal hip joints, and a positive diagnosis, of course, cannot be made until subluxation or bone changes in the hip joint have occurred. These changes are rarely
should be taken into consideration.
If the dog is less than a year old, additional films in 6 to 8 mos, should be recommended, because if the hip joint is unstable, distinguishable bone changes will be present at this time. If the dog is over 2 years old, and there is no evidence of bone changes, it is likely that hip joints are not affected and will remain stable.

Q. There is a grading system used in the diagnosis of HD. Is it of value?

A. A system of values from I to IV has been set up for the grading of the degree of hip deformity. The system has little value as far as the disease is concerned; the dog either has or does not have hip dysplasia. It is just as bad to use for breeding a dog with a mild degree of HD as one with complete subluxation. The grading system is of value among veterinarians as an aid in communicating when cases are discussed; the grading signifies the amount of subluxation present.

Q. What are the early signs of HD?

A. Weakness and awkwardness of the hindquarters may be signs of HD, but the only reliable method of detecting the abnormality is with the radiograph.

Q. Is there any relationship between the degree of HD and sound movement, as observed in the show ring or in the field?

A. In dysplastic dogs, sound movement is dependent upon the degree of subluxation and how well the dog compensates for instability of the hip joints. Dogs with mild cases of HD move soundly; only in those instances where femoral heads ride out of the acetabulum can the condition be diagnosed by watching the dog move. Many dogs that are now performing in championship classes, both in the field and on the bench, have some degree of hip dysplasia.

Q. Can radiographs be in error in diagnosing HD?
A. No, since the degree of hip dysplasia never changes. The only possible errors are caused by poor technical quality of the film or allowing the radiograph to be taken when the dog is in poor position.

Q. Can a dog outgrow HD?

A. No. Once a dog has HD, the lesions will always be present. Also, once the disease is established and stabilized, however, the degree of HD never changes; secondary changes such as osteoarthritis may develop and gradually grow worse.

Q. Can HD be successfully treated?

A. No, there is no satisfactory treatment. The best chance of eliminating the disease is long-range planning to breed the defect out of the dog. This type of thinking calls for a consideration of a better pelvic conformation. For a simple illustration, let me present two contractors, both of whom build houses. One builder consistently has trouble with sagging roofs in his houses; the other never has trouble. If I were the first builder, I would find out how the second braced his roofs, and change my methods of construction accordingly. To extrapolate from his example, if one breed has no trouble and other breeds had a high incidence of HD, it would be foolish not to consider the pelvic construction of the non-affected breed.

Q. If a dog develops HD, should it be destroyed?

A. No. Most dogs lead happy, pain-free lives as pets. Osteoarthritis may develop in older dogs that are required to do extensive work, but the non-working pet usually can continue to live a comfortable existence.

Q. Should the activity of the dysplastic dog be curtailed?

A. If the HD is MILD, light work, obedience, and hunting may be allowed, provided that the dog tolerated such activity well. The subluxation stabilizes early in life, and exercise will not further injure the dog if he shows no sign of pain. Strenuous and fatiguing exercise should however, be avoided.

Q. Do you think the importance of HD has been over-emphasised?

A. Emphatically—no! This opinion extends to all other defects as well. Last March, 1965, the World Small Animal Veterinary Association unanimously passes a resolution condemning the breeding and sale of all dogs with congenital and acquired defects.

Plans for a meeting in 1967 to discuss this subject further are now underway. This is evidence that interest in raising sound dogs is increasing and that buyers of dogs are becoming more discriminating. The time is approaching when only dogs without defects will be considered desirable.
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