

T H E F E A T U R E

The DOBERMAN

The Doberman case begins suddenly, as emergencies always do. The veterinary ambulance—a van with “ON THE MOVE FOR ANIMALS” on its side—comes racing up with its lights flashing and horn honking to Angell Memorial Hospital’s main entrance. Two attendants jump out, yank open the van’s rear doors, and reach inside for a coffee-colored Doberman who lies on his side in the fetal position, his tongue drooping onto a green canvas stretcher.

by John Sedgwick

CASE

With their pointed ears and fearsome reputations, Dobermans can look devilish, but this one seems almost angelic—all softness and vulnerability. According to the telephone report, he has been clubbed over the head with a hockey stick. Blood oozes out of his nostrils to form a sticky pool under his muzzle, and he is shivering.

“O.K., bud,” one of the attendants says gently. “O.K.”

The men lift the stretcher out of the ambulance and ease it onto a stainless-steel gurney that has been positioned on the sidewalk by two white-coated nurses. Then they briskly wheel the animal up the long cement ramp and through the sliding glass door. They hurry through the packed waiting room—where both animals and humans crane their



Drawings by Robert Andrew Parker

necks to see what's coming through—and down a narrow fluorescent-lit hall and into the Intensive Care Unit, a large open room ringed with sixty cages for the hospital's sickest patients.

There the acrid smell of disinfectant mingles with the animals' musky scents. Most of the patients lie flat on their sides with I.V. tubes running into a shaved leg, their faces limp with the weary, put-upon expression common to the extremely ill of all species. At a veterinary hospital, noise is usually a good sign: the barking dog is the one who is ready to go home. The I.C.U. is pretty quiet, except for the steady blip of the heart monitors and an occasional piercing whine from a husky in the corner. But, with all this suffering, the quietness has a keen edge.

From the outside, the only hint that Boston's Angell Memorial Hospital might be an animal hospital at all, let alone one of the finest animal hospitals in the world, is the small statue of a rearing horse in front, a 1915 monument to Angell's original clientele. Otherwise, the building looks like the Catholic seminary it used to be before Angell and its parent organization, the Massachusetts Society for the Prevention of Cruelty to Animals (M.S.P.C.A.), moved in from their original quarters in Boston's medical district fifteen years ago. It's a giant brick warehouse of a building in a run-down section of Boston's Jamaica Plain that has largely been abandoned to charitable institutions—a former orphanage called the Home for Little Wanderers is just up the street—and the poor. A small chapel still stands by the main building. A security guard patrols the parking lot, and the brick wall that surrounds the property is topped in places by barbed wire.

Inside, Angell might be mistaken for a regular hospital, or, as they say in the veterinary world, a human hospital. But it's a hospital that obviously doesn't want to get wrecked. The furniture is heavy and indestructible; the floors are all covered with washable linoleum instead of wall-to-wall carpeting; and there's a peculiar configuration to the waiting room—high baffles rise up between the seats to keep the animals from seeing each other and having a fit. At least, that's the idea. Actually, the animals usually lie down on the floor and poke their noses around the corners to see who else is there. The owners are the ones who are cut off. They sit in parallel, avoiding eye contact.

Now that the Doberman has passed, a panting Rottweiler is being soothed by his owner, an environmental sculptor, while "As the World Turns" goes unwatched on the television set over their heads. There is a three-inch gash on the side of the dog's face. "But you should see the beagle," the sculptor explains. An elderly woman in white double-knits peers anxiously into a plastic Sky Kennel at her cat, Petey, who hasn't urinated in three days. A man in hiking shoes stands by a large wire cage containing a litter of Newfoundland puppies, who tumble about like clothes in a dryer as they await their first checkup. And a glassy-eyed cocker spaniel stares vacantly out from the plump lap of his suburbanite mistress, who is afraid that the dog has glaucoma.

Forty-three thousand cases came through Angell's waiting room last year. Except for a pregnant goat who appeared for an emergency delivery, all were "small animals," meaning household pets. Of these, sixty percent were dogs and thirty percent cats. It's a puzzling ratio, given that cats have recently come to outnumber dogs nationally fifty-six million

to fifty-three million, and there is no evidence that the ranking runs any differently in Boston. Nor are cat owners known to be indifferent to their pets' welfare. At Angell, the tender devotion of cat people typically overwhelms that of dog people. "They'll bring

in a pillow and crystal dish for Fluffy," says one nurse in Angell's I.C.U. "But for the dog, it's 'O.K., here's Fido.'" Cats, however, are less demonstrative and presumed to be self-reliant. Also, the decision to invest in medical care is ultimately financial—dogs you have to pay

for, cats you usually get for free. Finally, dogs are generally far better liked. According to one prominent poll, dogs are America's favorite animal, followed by the horse and the swan. The cat comes in twelfth, just after the elephant, the owl, and the turtle, but ahead of the ladybug.

It can be a rough world for house pets, and it is Angell's responsibility to repair the damage. Cats and dogs are hit by cars—cats generally taking the blow head on, dogs on the flank or rear. And they fall out of high-rises. With their nearly miraculous ability to spread their paws and stabilize themselves in mid-flight, cats land lightly. The most frequent injury is a broken jaw from smacking their mouths on the pavement. Dogs aren't as likely to fall, but when they do they drop like stones. Dogs are more prone to physical abuse. One mixed breed was hurled against a wall. (After his injuries were treated at Angell, the M.S.P.C.A. persuaded

"We don't automatically get called Doctor. We don't get the M.D. plates. And we don't get our Wednesday afternoons off for golf."



the owners to give him up, and he was adopted by Angell's chief of staff.) Another mongrel was doused with lighter fluid and set on fire. One German shepherd took four bullets in the chest to protect his owner from a burglar. And, of course, both species succumb to a range of diseases that all living creatures are prey to: tumors, cancers, infections, intestinal parasites. Cats even get a version of AIDS, the recently identified feline immuno-deficiency virus, which is transmitted to other cats by bite.

And then there are the remaining ten percent of cases, the ones that are neither dogs nor cats, which are designated "exotics," Angell's term for "other." Currently, a duck with lymphoma is swimming around a plastic bathtub in the exotics ward; a rabbit is in for hair balls;

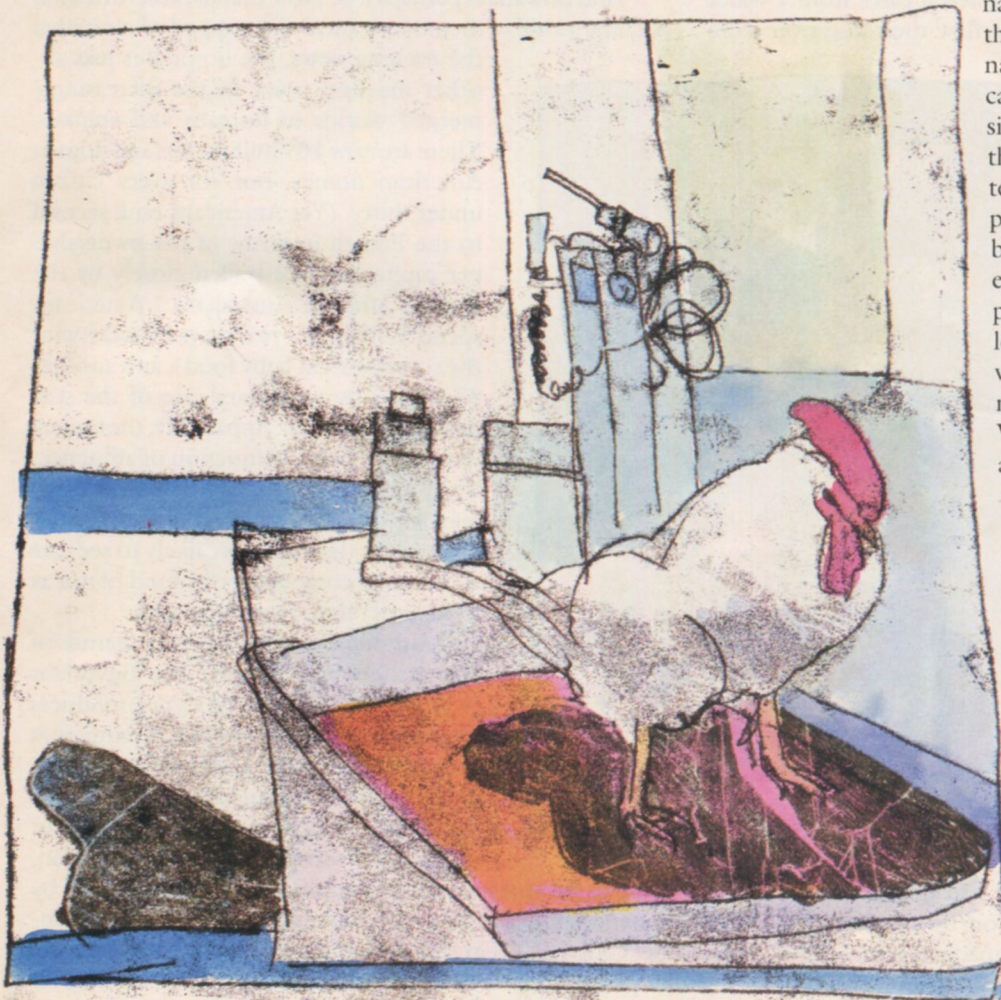


some of which the hospital obtains from undertakers to keep costs down.

There are about forty vets on Angell's staff, and they are an impressive group. Only about two thousand veterinarians graduate each year from the country's twenty-seven veterinary schools. Ten years ago, ten candidates competed for every position. That ratio fell steadily through the eighties, when potential vets were lured away by the promise of far higher incomes in business and law, and by decade's end it bottomed out at three applicants for every spot. Nevertheless, the students who do enter vet school are remarkably committed. When Tufts School of Veterinary Medicine polled its applicants to find out how long they had wanted to be vets, nearly all of them checked off the box that said "For as long as I can remember." Their interest was then usually confirmed by working with animals in a research laboratory, on a farm, or at a zoo.

While veterinarians are sometimes viewed as second-class physicians, the competition for veterinary school is actually stiffer than for medical school, whose ranks of applicants also thinned in the eighties. Because veterinary students have more than a dozen different species to master, their work load is noticeably heavier than medical students'. "We don't automatically get called Doctor, either," one Angell veterinarian grumbles, displaying a rare touch of rancor. "We don't get the M.D. plates, and we don't get our Wednesday afternoons off for golf." So why do they do it? "We're nuts," says another vet.

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a couple of cockatiels are suffering seizures; and a box turtle is having its shell reconstructed after being pounced on by the family's black Labrador. Not too long ago, a cockfighting operation was broken up, and about fifty chickens were remanded to Angell. The nurses had never heard such clucking, but they did appreciate getting eggs from the hens in the

Actually, the individuals most likely to place vets in a separate medical category are "real" doctors, but even they come away from Angell questioning their assumptions. "It's not snobbery," says Dr. Gus Thornton, Angell's former chief of staff, who is now president of the M.S.P.C.A. "It's more like amazement. I remember a physician brought his dog in and I diagnosed the animal as having diabetes. The man was *aghast*. 'That's exactly the symptoms *my* patients have!' he told me. Physicians don't seem to understand that cancer is cancer, heart disease is heart disease, and diabetes is diabetes. The only difference is the package it comes in."

The current chief of staff, Dr. Paul Gambardella, describes Angell Memorial as both the Boston City and the Massachusetts General of the veterinary world. That is, it handles the blood-soaked emergency cases, like the Doberman, that come in at all hours from the surrounding neighborhood, and the more exotic referral cases from a wider geographical range. One couple flew their dog over from

by the chauffeur, who invariably amused the vets with his report on the animals' condition. "Well, the *cook* noticed . . ." he would begin, or "The *gardener* observed . . ." Mrs. Lilly was so impressed with the hospital's care that she helped Angell raise a million dollars to modernize its I.C.U. In return, the hospital allows her pugs to use a corner of the ward as their presidential suite whenever they come to visit.

Despite all this history, it still comes as a shock to push open the heavy door of the I.C.U. and find these shaggy four-legged creatures inside, where one expects humans to be: their little bodies lying on stainless steel, their legs swathed in white bandages, their chests wired to heart monitors. And the peculiarity is only reinforced by the matter-of-fact way the staff treats the animals, as if their presence were the most natural thing in the world.

And nowadays perhaps it is. Now that darkest Africa has become a kind of theme park and every trapped whale makes the evening news, the hospital is just another meeting point in the increasingly merged worlds of humans and animals. There are now 109 million cats and dogs in American homes, one for every citizen under thirty. (Yet Americans rank second to the French in terms of pet ownership per capita, and are trailed closely by the English and the Australians.) Americans spend \$7 billion a year on pet food (twice the sum spent on baby food), and another \$7 billion on veterinary care of the sort provided by Angell. Apparently, the money lavished on pets is a function of affluence. The poorest countries, like China and certain African nations, rank lowest in pet ownership; they are more likely to see cats and dogs as competitors for food (if not as food itself) than as companions.

Although pets have been a feature of elite society at least since the Egyptians (whose pharaohs showed a great fondness for cats) and the Romans (whose emperors preferred caged monkeys), pet ownership didn't infiltrate the middle classes until industrialism spread and agricultural predominance receded. In that transition, animals became bound to humans more by emotion than by function. Indeed, as a recent article on the American Kennel Club (AKC) in *The Atlantic* suggested, many breeds of dogs have now lost their functional capabilities entirely after years of being bred purely for appearance. Most sheepherding dogs, like Border collies and kelpies, can no longer keep track of sheep, and once useful breeds, like Irish setters, "are now so dumb," in the words of AKC critic Michael W. Fox, "they get lost on the end of their leash."

The emotional bond may have been man's essential connection with animals all along, a connection that was ob-



Paris on the Concorde after he had gotten into some rat poison. Other pets have come from Switzerland, the Virgin Islands, and New Brunswick, Canada. General Alfred Gray, Commandant of the Marine Corps, personally escorted his teacup poodle, Cozette, from Maryland to Angell by military plane for orthopedic work. Elvis Presley flew his Chow in from Graceland for treatment of kidney failure. And the late Josephine Lilly, a daughter-in-law of the pharmaceuticals magnate Eli Lilly, used to deliver her pugs, Trig and Sootchi, here from Cape Cod in the backseat of the family Rolls-Royce Silver Cloud. The dogs were accompanied only

scured by the exigencies of life on the farm. One gets a different feeling about animals if one has to milk them, brand them, feed them, and ultimately slaughter them—all for one's livelihood.

The ethnologist Konrad Lorenz described humans' love for animals as a spillover of our instinctual love for babies. As a result, we generally prefer those animals that look most like babies. Specifically, according to Lorenz, we like a creature with "a relatively large head, predominance of the brain capsule, large and low-lying eyes, bulging cheek region, short and thick extremities, a springy, elastic consistency, and clumsy move-

ment." This explains why we are more drawn to puppies and kittens than to full-grown dogs and cats, but it gives a pretty good account of why we like dogs and cats, too.

It also helps explain why pet owners lavish such expensive and high-technology care on their pets when they are sick. They see their pets as members of the family. At Angell, the staff shares this view. They routinely speak of ailing pets with words usually reserved for family. They call the animals "honey" or "sweet-heart," and they refer to the owner as the pet's "mom" or "dad." They discuss their own pets' behavioral problems as though they were talking about Junior's troubles in kindergarten, and they put framed photographs of their animals on their desks where pictures of their children would normally go. They do this in a jokey, offhand manner, but they mean a lot by it.

Right now in the I.C.U., Dr. Deborah Cogan, a thirty-four-year-old internist on emergency duty, gives the stricken Doberman a tired, sorrowful look. It's 4:30 P.M. She has

been at work since seven this morning, attending to so many sick and injured dogs and cats that she relies on a thick pack of index cards to keep them all straight. And she will be here

until nine tonight, before the hour's drive to Salem, where she lives with her two cats, her shepherd-husky crossbreed, and her boyfriend, an aircraft engineer. When she arrives home, he'll probably tell her she's burning out, and she will numbly agree. But what can she do? "We're talking major love here," she says. When she was two years old, she refused to kiss a friend of the family, preferring to kiss the friend's



dachshund instead. At six, she was already being asked by neighbors for veterinary advice. She started assembling a library of veterinary texts at seven, and at eleven she was subscribing to Cornell's catalog, because she knew she wanted to go to its veterinary school. Her course was set.

The Doberman's head is drooping over the edge of the stretcher, and blood from his nose is dribbling onto the floor. Cogan presses her stethoscope lightly against the dog's chest, then feels inside his rear thigh for a pulse. A Dalmatian on an I.V. comes over to sniff the new patient, until he's escorted into his cage by a technician. Nearby, a blind spaniel whimpers quietly.

It is never easy to determine what is wrong with an animal

who can't say where he hurts, but it is even harder when the animal is barely conscious. Lying in front of Cogan, the Doberman is darkness itself. She shines a penlight into the dog's eyes, as if to illuminate his mind. She is checking for brain damage: pupils that are jammed wide open or shut down to

By the standards of human medicine, Angell's prices read like misprints—
\$1,200 for a total hip replacement,
\$800 for heart surgery.

Time Out for Cats

As a woman, Dr. Deborah Cogan is no longer an anomaly in veterinary practice. Sixty-five percent of the students now enrolled in American veterinary schools are female, up from ten percent just ten years ago, and women form a majority of the doctors at Angell Memorial Hospital. The conventional explanation for the change is that women are the more compassionate of the sexes—"the softies," as one female veterinarian put it.

It's certainly a job for caring people. In human medicine, vets are most like pediatricians, many of whom are women, too. Both occupations involve helping the helpless, and both are emotionally complicated. Just as the pediatrician has to deal with both parent and child, the vet has to dispense comfort to owner and pet alike. Veterinary medicine requires tenderness and a subtlety of feeling that at times borders on extrasensory perception. And at Angell the sickest pets and the most desperate owners regularly come to call.

Consider Dr. Marilyn Mikiciuk as she handles Angell's walk-ins one morning. By her own account, she is the "crazy one" on the staff. She's a tall, wiry thirty-seven-year-old with bottle-blond hair, who plays the piano, once sang "Brown Sugar" at an Osaka discotheque, and dreams of marrying Richard Gere. Her twin sister is also a veterinarian, but she is in private practice in Chicago. A gastroenterology specialist, Dr. Mikiciuk came to Angell

last summer from Missouri, driving East with two cats and a dog.

This is an ordinary morning. Atten-thirty, a man comes in with a fourteen-year-old domestic shorthair named Tina—from the first time Tina Turner was a hit, he explains. The man is clean-cut, in his late thirties. He sets Tina down on the examining table, then nervously clasps his hands. Tina lies dead still on the table. For a year now, the cat has been on a medication called Tapazole for a hyperthyroid condition, but now she's got more problems. She vomited blood last night, and she is badly emaciated. Dr. Mikiciuk slides a thermometer up the cat's rectum: its temperature is ninety-eight, three degrees below normal. "I'd rather treat fever than this," she says quietly.

Dr. Mikiciuk believes that the secret to her success as a practitioner is that she can put herself in her clients' shoes. She has little trouble in this case. One of her own cats, the sixteen-year-old Mozart, has been showing signs of hyperthyroidism. He is also deaf. He likes to sit on the piano while his mistress plays, so he can feel the vibrations. She can't bring herself to test him, afraid to know the result. Now, looking at Tina, she might be seeing Mozart.

Dr. Mikiciuk hasn't said anything directly, but, in the only terms she needs to use, she has conveyed to the owner that the situation is dire. So far, he has discussed Tina's condition with the precision of an engineer. But when Dr. Mikiciuk carries Tina off to the laboratory for tests that will almost



certainly confirm the worst, he reaches for a Kleenex from his breast pocket to blot the tears.

Then the Cookie Lady—so called because she usually arrives at Angell with cookies, cake, or brownies—comes in with her sleek Siamese, Bridgette, to mark the progress of Bridgette's chemotherapy. (Bridgette was originally Bridget, be-

fore he was discovered to be male.) The Cookie Lady is on the heavy side, wears a lot of rouge, and puts her hair up in a bun. She has no treats today; when Dr. Mikiciuk registers her disappointment, she promises an eggnog cake this afternoon. "Some man is going to come along and scoop you right up," the Cookie Lady tells her.

"Not if he knows my schedule," Dr. Mikiciuk replies.

Then the Cookie Lady gets down to business. Bridgette hasn't been defecating, and last night he threw up all over the television set. "Is this a sign that it is toward the end?" the Cookie Lady asks. Dr. Mikiciuk shakes her head no. The Cookie Lady lets out a sigh of relief. "Oh, thank God," she says. "I was so worried." She is not in the best shape herself, and it is hard for her to separate her own life from her cat's. Three years ago, she tripped over a box of books in the law firm where she worked as a secretary and snapped both wrists; she hasn't worked since. Her Blue Cross coverage has finally run out, and she is going into the hospital next week for more surgery. "Everybody says, 'Why don't you just put him to sleep?'" she says, holding back tears. "Well, I just can't, that's all. He was there for me. I want to be there for him."

Dr. Mikiciuk takes Bridgette down the hall for a blood test. The cat hisses, bares his teeth, and swipes at her before he finally yields the blood. Dr. Mikiciuk returns, smiling as though Bridgette couldn't have been sweeter. "There's my precious," the Cookie Lady says. Then she turns to the veterinarian. "That's how I think of him, you know, as precious."

"I know," Dr. Mikiciuk reassures her client. "He'll be all right."

And the Cookie Lady believes her.

pinpoints are not encouraging sights. The penlight is weak and the room is bright, but Cogan is pleased to detect a flickering response to the light. Then she pries open the animal's jaws with a tongue depressor, wipes away the bloody slobber with a paper towel, and considers the dog's gums, which act as litmus paper for an animal's general condition. A rich pink is best, dull blue the worst. The dog's gums are pale pink. O.K. She can live with that. Dr. Cogan feels the animal's skull with her fingertips, trying to detect the extent of the damage. "He feels mushed over here," she tells the nurses. Under the skin, the dog's forehead is spongy with blood. "He's got some bleeding under his skull." She can feel the break with her fingertips, but the displacement—the gap between the broken bones—doesn't seem too severe. Surgical wiring probably won't be necessary. She'll need X-rays to decide the issue, however. "He's so out of it, we probably could do it without anesthesia," she says. Then she tells the nurses to put in an I.V. catheter.

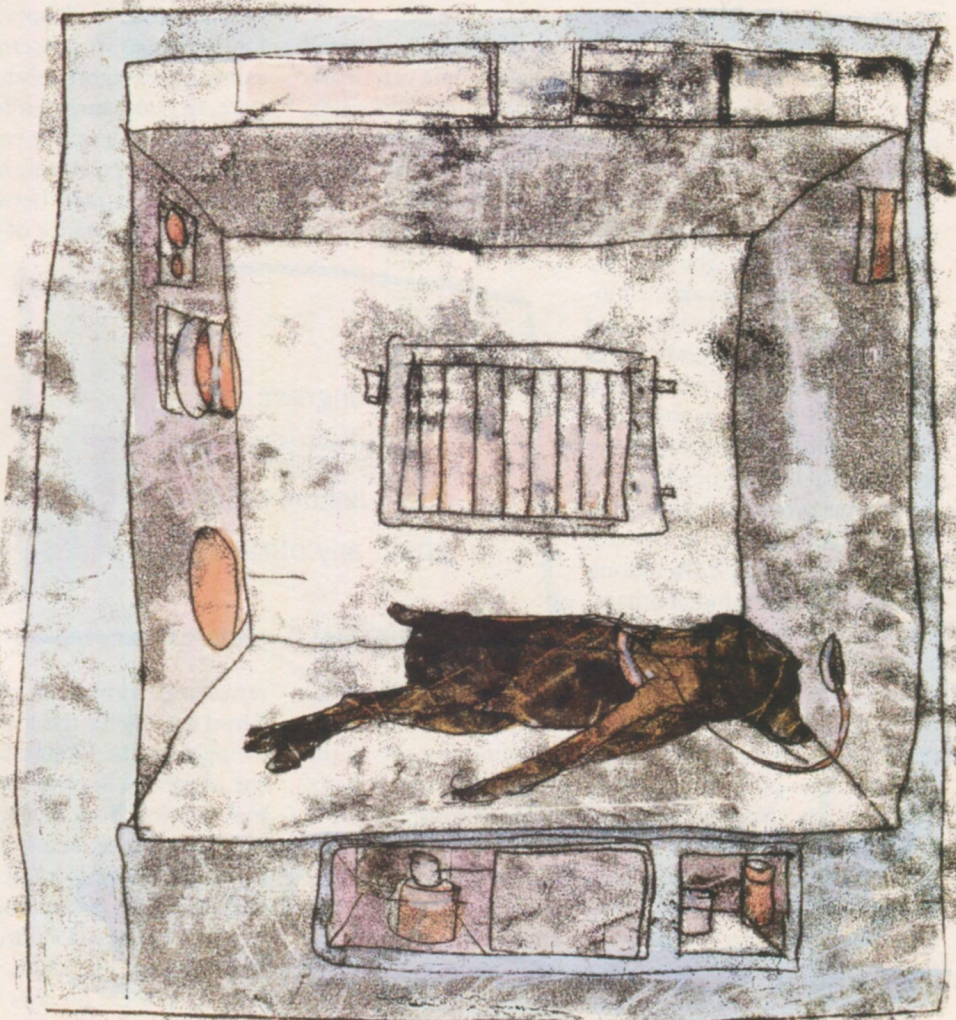
"He's an attack dog, you know," Dr. Cogan reminds the nurses. "So watch your faces." At a veterinary hospital, one cannot be too careful, and nearly everyone at Angell has a scar to mark an occasion of misplaced trust. One vet has a scar between her eyes where she was greeted by a pit bull. "I thought he just banged my head," she says. "Then I reached up and felt the blood."

The nurses shave one of the Doberman's forelegs and scrub it down with an antiseptic solution, then warily insert the I.V. But the dog doesn't flinch. When a nurse draws back her hand, it is dark with blood and hair. "Oh, yum," she says, reaching for a towel.

The I.V. should help the blood circulation and limit the brain damage. Now Dr. Cogan is worried about something else. The dog's pulse hasn't matched up with his heartbeat, and through her stethoscope the beat itself sounds feeble and irregular. She hooks him up to a heart monitor, and the video screen confirms her anxieties. The graph should be as regular as the teeth on a handsaw, but these waves are spaced unevenly, and the curve of one beat doesn't always duplicate that of the next. Definite arrhythmia. Dobermans, like many large dogs, are prone to cardiomyopathy, or heart disease.

Does this dog have heart disease on top of all his other problems? Or could the blow to the head have damaged the dog's heart, too?

Angell came into being in large part to protect victimized animals like the Doberman. It is run by the M.S.P.C.A. as part of the society's mission to ease the suffering of animals, but its work has recently been overshadowed by the astonishing surge of the animal rights movement. Once



boldly modern, the M.S.P.C.A. has started to appear rather old-fashioned in these days when animal rights activists are raiding laboratories to release captive research animals, splattering paint on those who wear furs, demanding an end to meat eating (and even an end to pet owning), and crusading so broadly—and so effectively—that Congress now receives more mail on animal rights than on any other subject. Where once the M.S.P.C.A. had the animal welfare cause virtually to itself, a hundred advocacy groups have now taken it up—most prominently the Animal Liberation Front and People for the Ethical Treatment of Animals (PETA)—with a combined membership estimated at ten million

(although the hard-core activists probably number two million at most). The M.S.P.C.A. is grateful for the publicity that the movement has brought the cause, but it is careful to distance itself from the urban-guerrilla-style violence that has drawn much of that publicity. "We absolutely do not believe in any way in violent acts—the breaking and entering, the splattering of paint, the threat, all done in the name of animals," says Dr. Thornton, the M.S.P.C.A. president. "One of the biggest parts of my job is to keep telling people we don't rob and steal. We're here to protect animals." The society, he explains categorically, is "neither antivivisectionist nor vegetarian."

Angell pointedly conducts none of the animal-based research done by most teaching hospitals. While veterinarians as a group are rarely staunch animal rights advocates, since so many of them make their living performing the research the activists seek to ban, Angell veterinarians, working outside the lab, tend to be more liberal on the topic than most. Deborah Cogan is one of the few true radicals on the topic at Angell. She gave up eating meat ten years ago, eliminated fish a few months back, and is now considering an end to eggs and dairy products as well. "I just don't want that on my conscience," she says. She obtains her few makeup items from a special catalog that provides products that have not been tested on animals. She contributes to PETA, among several other like-minded organizations, and would like to see animal-based research drastically reduced if not done away with entirely. "Most research involves some really horrible experiments," she says. She cites one ballistics experiment that involved shooting cats in the head to determine the utility of giving different types of treatment after head injuries, and a sleep-deprivation test in which cats were forced to balance for hours on a tiny perch over a pool of water. "There are a million ridiculous experiments," she says. "I'd have to take each one on a case-by-case basis." She rarely proselytizes among her peers, however. "There are too many other things to do."

As part of its mission to provide care for animals, the M.S.P.C.A. maintains three hospitals in the state, of which Angell is by far the largest. The society also runs eight animal shelters, publishes a bimonthly magazine called *Animals*, operates a pet cemetery, runs a law-enforcement division, and lobbies the government for the animal protection cause. Even though Angell's interests run counter in some ways to the society's formal goal of *prevention* of cruelty (since the animals are treated after the injury or illness has occurred), the hospital is by far the most illustrious of the M.S.P.C.A.'s operations, and the most expensive.

Although Angell charges market rates for its services, it runs a significant annual deficit that in 1988 came to \$2 million out of a \$15 million operating budget. The


M.S.P.C.A. contributed a million from its \$40 million endowment; the hospital made up the rest with its own fundraising.

Angell Memorial is named for George Thorndike Angell, the founder of the M.S.P.C.A., and although he never lived to see it, the hospital is an embodiment of his vision. A prominent Boston lawyer with a stern Yankee countenance, Angell was a legal partner of the noted abolitionist and Massachusetts politician Samuel Sewall. Born in 1823, Angell had a strong, if somewhat peculiar, sense of Victorian obligation to society. He warned people about the dangers of poisonous wallpaper, leaded pottery, and adulterated food. He was so concerned about premature burial that he campaigned vigorously for what might be called death insurance, to make sure that interment did not occur until decay had actually set in. He ventured into the field of animal welfare rather impetuously in the winter of 1868, when he read a report of a race between two horses from Boston to Worcester, a distance of some forty miles, after which both

horses collapsed and died of exhaustion. He fired off an indignant letter to the *Boston Daily Advertiser* calling for fellow citizens to band together to prevent the repetition of this sort of outrage. Within hours of its publication he was the head of a new organization called the Massachusetts Society for the Prevention of Cruelty to Animals.

While drawing on the distinctively Boston style of philanthropy, the organization followed an international movement that had been started in 1824 by the Royal Society for the Prevention of Cruelty to Animals, and brought to the United States when Henry Bergh founded the American Society for the Prevention of Cruelty to Animals in New York in 1866. (All these groups predated any organizations concerned with the welfare of *children*. In fact, it was Bergh's A.S.P.C.A. that went on to found the first child advocacy group, the New York Society for the Prevention of Cruelty to Children, as an adjunct to its animal work. That occurred in 1874, when an A.S.P.C.A. agent discovered there were no laws to prevent the appalling abuse of a child known as Little Mary Ellen and argued before the court that children should at least be entitled to the same rights as animals. A Massachusetts society followed a year later.)

George Angell began by installing public drinking fountains for horses, then called for laws against blood sports—particularly dogfighting and cockfighting. But he soon realized that simple ignorance underlay most of the cruelty, and he designed an educational campaign to deepen the public's appreciation of animals. He took it upon himself to speak for the animals, largely because they couldn't speak for themselves. For this reason, he named the society's magazine *Our Dumb Animals*, and he filled it with inspiring



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about animal rights than
about any other subject.

animal stories. He got the Boston police to distribute the magazine throughout the city. Angell also brought out the first American edition of *Black Beauty*, which he termed "the *Uncle Tom's Cabin* of the horse," and, selling it at a steep discount, he made it a national best-seller. He also formed a children's humane association, something on the order of today's Cub Scouts and Brownies, called the Bands of Mercy, in which children gathered to sing the Band of Mercy hymn, recite the Band of Mercy pledge ("I will try to be kind to all living creatures and try to protect them from cruel usage"), and dedicate themselves to the animal welfare cause.

Through these acts, Angell hoped to reap a double harvest, not only improving the lot of animals but also increasing mankind's sensitivity to its own species. He once noted that none of the inmates of a Boston prison had ever owned a dog or a cat as a child.

Quaint as his attitudes seem today, he left his mark on the animal world. When he died in 1909, thirty-eight cart horses, their bridles adorned with black rosettes, followed his casket to Mount Auburn Cemetery in Cambridge.

Angell Memorial Hospital was founded by George Angell's successor, Dr. Francis H. Rowley. It originally occupied a handsome brick building on Longwood Avenue, in the heart of Boston's medical district. The structure had majestic granite pillars that attested to the inherent high-mindedness of the veterinary enterprise. "The degree of civilization can be measured by the width of human sympathy," Harvard's president A. Lawrence Lowell declared at the dedication, using terms that foreshadow the animal rights movement. "In the primitive stages of civilization, as we know them, human sympathy does not extend beyond the tribe or little family. . . . Gradually, sympathy was enlarged from the tribe to the nation, from the nation to other nations, from other nations to all mankind, and from all mankind to animals. . . . This hospital is built to commemorate [the principle] that every creature capable of suffering is entitled to the sympathy of man."

Since this was still the horse-and-buggy age, the interior was designed with the needs of the city's workhorses in mind. It featured a "horse operating room," which contained a gigantic operating table, a recovery ward for horses, two stables, a covered courtyard for tying up horses outdoors, and a drinking trough out front. Some staff members feared that the popularity of the automobile in those early years might put Angell out of business. Indeed, Harvard University's School of Veterinary Medicine had closed in

1902 for precisely this reason. But the hospital was equipped with facilities for small animals as well, including a charming cat ward with wicker baskets atop each cage for the easy transportation of feline patients. And, as industrialism proceeded, companion animals replaced horses as Angell's main line of business.

In those early days, veterinary procedures had an improvised quality that seems unimaginable by the high-tech standards of today. Surgical dressings were sterilized in the oven of the gas stove in the upstairs kitchen. And the surgeons' clothes were so fragrant with ether and Lysol fumes that they sometimes caused pet owners to fall into a dead faint while their animals were being examined.

Still, Angell was quick to make use of the advances in human medicine developed at the hospitals around it, establishing its own firsts as well. In 1935, Angell's Dr. C. Lawrence Blakely pioneered open-chest surgery for diaphragmatic hernia in dogs by using a bicycle pump to keep their injured lungs expanded during operations. In 1943 came the first use of aseptic surgery on small animals. In 1958, Angell researchers were the first to trace the spread of pansteatitis in cats to red-meat tuna. In 1965, they identified dangerous side effects of using medroxyprogesterone, a drug hormone, in canine birth control. And so on through 1975, when Dr. Susan Cotter, drawing on Angell's extensive pathology records, became the

first person to identify the ways in which feline leukemia is transmitted.

In that year, Angell's work load had increased to the point where larger quarters were required, and the hospital moved out of its princely quarters and across the tracks, to the more forbidding part of town that one nurse calls Gotham City.

In mysteries like the Doberman case, the veterinarian often takes on the role of the detective, eagerly interviewing witnesses who might shed some light on the case. When Dr. Cogan hears that a couple of men are waiting to see her patient, she makes a point of seeing them. "I want to get everything I can," she says.

She meets them in a spare examination room painted a pleasant rose color. Standing by the stainless-steel examining table, the two men seem like rough characters. One is white and unshaven; he has on jeans with a belt buckle in the shape of a fire truck. The other is black and athletic-looking, and wears a Mets T-shirt. They work at the Always Open



towing company in Dorchester, they tell her, and hand her a business card. "Wheel lift your troubles away," it says.

The Mets fan does most of the talking. He says the dog's name is Thor, he is about four years old, and he has been a guard dog at the towing company for the last few months. The dog belongs to the company's owner, Bobby Scandone. "You should see him," the Mets fan says with a laugh. "He's as big as four of us." Cogan makes a note on her clipboard. She would like to see him very much; there is a limit to how far she can go in treatment without a deposit from the owner. But she doesn't dwell on the financial considerations now.

"The dog's been in good health?" she asks, looking up. She doesn't want to lead the men, but she needs to find out if there's any evidence of long-standing heart disease.

"Oh *yeah*," says the Mets fan, plainly amazed that anyone should even wonder.

Cogan asks how Thor got hurt, and they tell her that he had been tied up by the fence and "some guy" started pestering him. They warned him to leave the dog alone for his own good. "If you mess with Thor," the Mets fan told him, "you're history." They didn't know the man had a hockey stick. The dog started to growl, and the man hit him. "He gave Thor one real good whack," the Mets fan says, "and Thor went down and that was it." The company secretary then called Angell.

The two men want to see Thor, but Dr. Cogan says it isn't possible right now. "Will he be in overnight?" the Mets fan asks.

"Definitely overnight," Dr. Cogan replies. Right now, she's figuring that he'll be lucky to be out in two weeks—if he ever recovers at all.

"You watch yourself around Thor, Doctor," says the Mets fan. "Don't put your face too close." Dr. Cogan smiles weakly and says goodbye.

Back in the I.C.U., Thor has returned from radiology and is lying down in one of the five larger cages, or "runs," along the far wall. Once again, he is curled up in the fetal position, trembling. The X-rays confirm what Cogan had thought: the skull fracture isn't too bad. They place the break over the dog's left sinus, which explains the blood running out his snout.

Out of hope as much as anything, Dr. Cogan tells a nurse to add a label to his cage: "Caution—Attack Dog, Will Bite."

Thor is only one of about forty animals in peril this afternoon in Angell's I.C.U.

Down that row of runs, the husky has started to croon again. A handsome, bushy-coated dog with the mismatched irises—one brown, one pale blue—that are characteristic of his breed, he lies unhappily on the floor, his head sheathed in an Elizabethan collar, a plastic cone that keeps him from gnawing at the bandages swathed tightly around his middle. Three nights back he came in barely able to breathe.

Dr. Virginia Rentko, a cheerful second-year resident

with a thick mane of dark hair, was on duty when the husky arrived. She couldn't get a stethoscope on him, the dog was in such a state of anxiety. (His coat was so thick that it would have been difficult to hear anything anyway.) X-rays, however, showed a clear case of pneumothorax: air was leaking out of his lungs, through balloonlike pockets called blebs and bullae, and getting trapped inside his chest cavity, keeping his lungs from fully expanding.

Dr. Rentko plunged a syringe into the husky's chest to drain off the trapped air. But she filled up one syringe, then another and another; air was seeping into the animal's chest faster than the syringes could tap it off.

The next step was second only to yanking molars as Dr. Rentko's least favorite veterinary activity: she drove a sharp spike between the dog's ribs to implant a valve that would release all the trapped air. The dog was now so exhausted that Dr. Rentko needed to give him only a local anesthetic. While nurses held the husky down, she thrust the spike in

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through his leathery skin in what she terms a "controlled push"—careful not to push too hard and puncture the dog's lungs or, more disastrously, his heart. The spike went in like a knife. ("It's a weird sensation," she says.) She wrapped a bandage around the dog's chest to hold the valve in place, and attached the Elizabethan collar so he'd leave the bandage alone.

Dr. Rentko labeled the ailment "spontaneous pneumothorax," which is a way of saying she didn't have a clue

how it came about. Generally, pneumothorax is due to long-term lung disease, such as bronchitis or asthma, but the husky showed no evidence of that. It can also result from being hit by a car, but that didn't seem likely either, because the husky's toenails were all intact. In a car accident, they usually get scraped up or ripped off in the dog's sudden skid across the pavement. Abuse couldn't be ruled out, but that usually shows up as extreme skinniness. A dog who cowers in fear when a human reaches out a hand might also have been abused.

Just the opposite with this husky. Far from retreating before Dr. Rentko, the dog was coming on too strong with her. He would try to bite her every time she came in. "He was trying to dominate me," she says. So she had to bully

him right back. She put him on a short leash, took him outside the hospital, and told him to sit. To her surprise, he sat. And he heeled on the way back. There have been no further problems. Now she is concerned that perhaps she went a little far. "I think I'll go in there and love him up a little bit," Dr. Rentko says. The husky perks up—his mismatched eyes brighten—as the doctor comes near. She drives her hands into his thick fur. The husky croons.

The cage diagonally across from the husky is empty. It was occupied just yesterday by a black Labrador named Puppy, something of a misnomer since the dog was actually eight years old. The owner, James Yuille, is a real estate developer from the fishing town of Gloucester, about an hour north of Boston. He and his wife, Nohora, had found the dog in Puerto Rico when he was eight months old. He had been about the only constant in their lives. "Of course," Yuille adds, "we have no children." Yuille had been sitting in the living room on Sunday night when Puppy suddenly yelped. Yuille looked up and saw that the dog's front leg had buckled under him as he ran across the floor. Yuille figured that Puppy had sprained a paw. He rushed to the dog and was reaching down to examine him when Puppy's other front leg buckled. Yuille grabbed the dog's chest to hold him up, and then his back legs gave way, too. "I thought, Jesus Christ," Yuille says, "the dog is having a heart attack." He rushed Puppy to his local veterinarian, who, completely mystified, referred him to Angell. Yuille sped to Boston with Puppy in his wife's lap. Ten minutes from the hospital, the dog started having seizures. Then he lost control of his muscles altogether and lay paralyzed in Nohora Yuille's lap. By the time they reached the hospital, Puppy was no longer breathing and his heart had stopped. "For all intents and purposes, the dog was dead," Yuille said. "There was no heartbeat, nothing."

Dr. Sheri Siegel, a quiet-spoken young intern with a

Southern accent, was on emergency duty that time. She slapped a defibrillator paddle on the dog's chest to administer a mild electric shock and get his heart going again. Then she put him on a respirator to restore his breathing. She ran a myelogram to see if there were any lesions on his spine that would account for the paralysis. There was one lesion, but not the kind that would explain anything. Tick paralysis was



another possibility, but there were no signs of tick infestation in Puppy's blood. "Basically," Dr. Siegel said, "what we've got is this huge mystery."

Yuille returned the next morning. Puppy was flat on his side in his cage, the respirator in his mouth, nearly motionless. The dog tried to perk up for his owner, though. He flapped his tail feebly, and strained to lift his head. Yuille opened the cage, ran a hand down Puppy's neck, and looked

quizzically at the dog. "What? What?" he asked. "Speak to me, Puppy. Speak." Puppy opened his mouth, as if trying to answer, but no sounds came out. "That's a good dog," Yuille said sadly, and patted him some more.

When visiting hours in the I.C.U. were over, Yuille sat by himself in the waiting room, his head cradled in his hands.

That afternoon, Dr. Siegel saw that the dog was doing no better and brought the owner in to see Puppy one last time. The case was hopeless, she told him. Together, they decided to put the dog to sleep.

Into Puppy's I.V. catheter Dr. Siegel injected Fatal Plus, a lethal dose of the anesthetic sodium pentobarbital, which works by anesthetizing the brain, then stopping the heart. In seconds, Puppy went limp. Neither Yuille nor the doctor said anything.

Since Yuille wanted to take the body with him back to Gloucester for burial, Dr. Siegel wrapped it up in brown plastic and wheeled it out on a gurney to the sidewalk. There Yuille took Puppy in his arms and placed him carefully in the back of his pickup truck. "Thanks," he said to Dr. Siegel as he turned back to her.

"Sorry," she replied. Then he drove off.

Humans haven't *always* provided care for the animals around them, but they have tried to do so for a surprisingly long time. More than 20,000 years ago, stone-age man appreciated the rudiments of animal physiognomy, even if it was only to know where to insert a spear into a tiger for the best effect. While the ancient Greeks are usually credited with the first significant advances in the treatment of animals, the Hindus of India, in keeping with their veneration of animals, were actually the first to describe the basic principles of veterinary medicine. They did so in their earliest scriptures, the Vedas of 1800 to 1200 B.C. In 250 B.C., the Indian king Asoka established hospitals for treating horses, elephants, cattle, game birds, and fish. The wardens there maintained basic hygiene and practiced fairly sophisticated surgical techniques, including the cauterization of wounds and the use of long tubes to direct medicines through the nose directly into the animal's stomach. Veterinary practice did not advance much further until the fourth century A.D., when the Byzantines described specific veterinary ailments, including fever, digestive disorders, and tetanus. Another millennium passed before the first true veterinary school was established. That occurred in Lyons, France, in 1762, after a plague wiped out half the country's cattle population. The veterinary movement swept across Europe, and in 1793 led to the foundation in London of the first modern veterinary hospital, or, as it was called, "hippiatric infirmary," after its primary patient, the horse. A decade later, a prominent London veterinarian named Delabere Blaine opened the first of Angell's historical antecedents, an Infirmary for Dogs, which offered, as he put it in an advertisement, "the most active and judicious treatment with every attention toward [the dogs'] health and comfort, on terms always moderate, but proportionate to the expense and trouble

they occasion."

The Animal Medical Center in New York City was the first veterinary hospital in the United States. It was opened as the New York Women's League for Animals in 1914, a year ahead of Angell. Today it is the only other hospital in the United States that handles anything like the range of Angell's cases. The two institutions are holdovers from a time when animal hospitals provided every service necessary to healing the sick. Since then, veterinary medicine has followed the path of human medicine and split into two separate levels of care: local clinics for regular checkups and routine treatments, and teaching hospitals for major surgery. The result is that in most cities outside of Boston and New York, animals need to be driven a considerable distance—in Chicago, it's two hours—to the nearest teaching hospital for emergency care. Some animals, presumably, don't make it.

Why aren't there more Angells? One reason is cost. Paul Gambardella, Angell's chief of staff, says, "It would take one helluva pile of dough to do what we are doing." Estimates hover around the \$40 million mark to found an animal hospital today. Angell is crammed with much of the same expensive equipment as human hospitals: defibrillators (\$10,000 apiece), heart monitors (\$4,000), oxygen chambers (\$98,000). Indeed, the equipment may have come secondhand from those human hospitals, trickling down from human medicine the way much of the new clinical information does. About the only important piece of current technology that Angell does not yet possess is the CAT scan, and it has access to one at a local hospital on Saturday mornings. Angell also has to attract the personnel to cover all the major specialties: cardiology, ophthalmology, neurology, gastroenterology, anesthesiology, oncology, radiology, surgery, pathology, even psychology, in the form of a pet psychoanalyst who comes to the hospital once a week to deal with destructive behaviors. Though veterinarians routinely work for a fraction of a physician's salary, the personnel costs for so many people are substantial. Finally, any Angell must have a sufficient endowment to cover inevitable shortfalls.

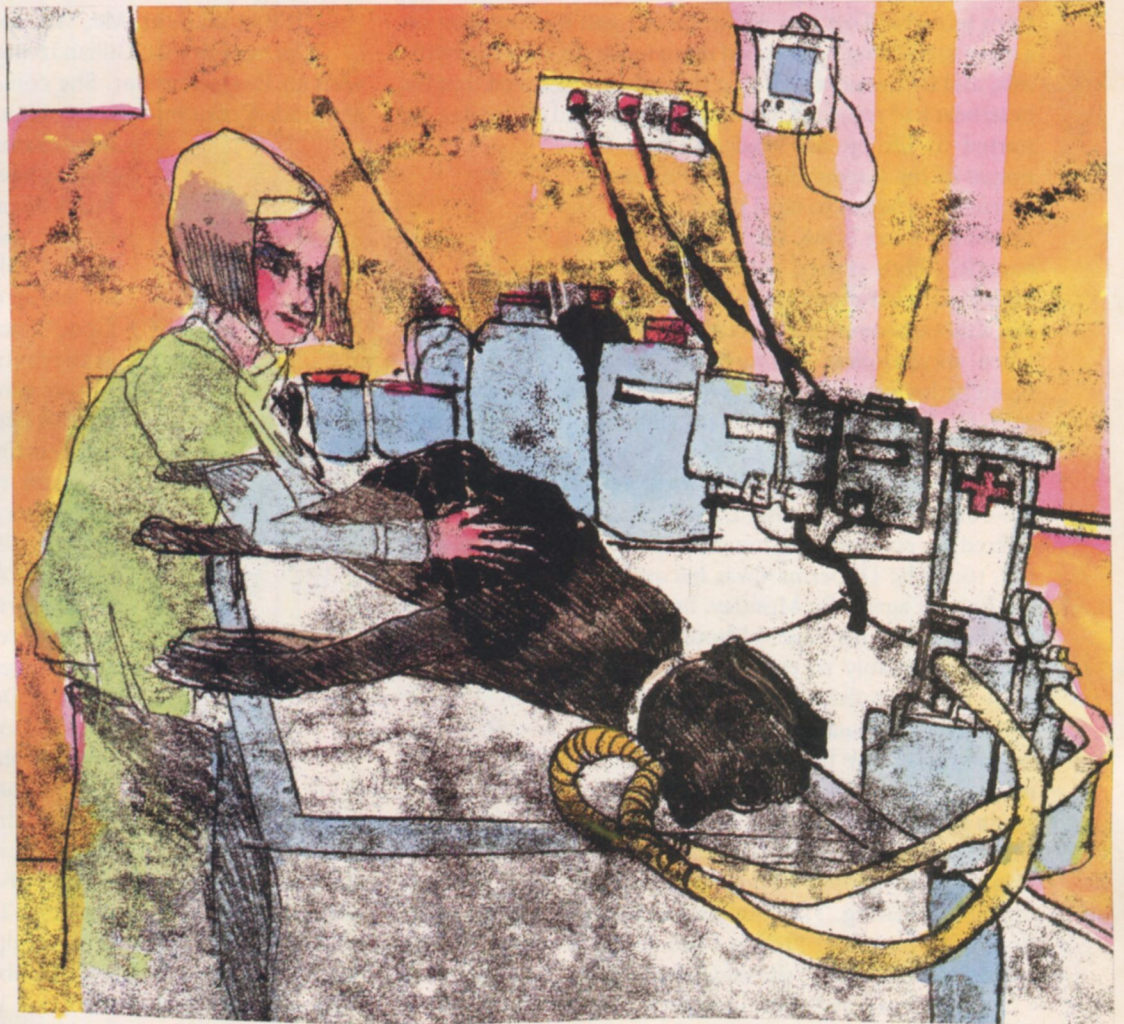
But a darker factor is also at work in limiting the number of general hospitals for animals, namely the economic rivalry between the basic providers of veterinary care. Local veterinarians are understandably anxious about passing their clients along to a large hospital that can provide all the local veterinarians' services. To avoid potential conflicts, teaching hospitals have deliberately steered clear of the routine work—spayings, immunizations—that is any vet's bread and butter. How, then, is it possible for a general hospital like Angell to do everything and still get referrals? In large part because Angell has always been careful never to keep a referral case once the initial course of treatment is complete. History has its benefits.

While Angell's expenses are certainly high, they are nothing like those of human hospitals. By the standards of human medicine, its prices read like misprints: a day in its I.C.U., \$150; a total hip replacement, \$1,200; heart surgery, \$800. Human hospitals run on the assumption that

human life is of infinite value, and charge accordingly. Veterinary hospitals are forced to make a more conservative appraisal. Unlike human hospitals, animal hospitals rarely receive what are termed "third-party payments," the whatever-it-costs insurance-company payouts that have contributed to the wild escalation in the price of human medical care. (Currently, only one national insurance company, the Animal Health Insurance Agency, offers any sort of pet medical insurance. A catastrophic coverage plan costs \$40 a year, has a \$250 deductible, and pays up to \$2,500 an incident. A comprehensive plan, for \$97.50 a year, has a \$50 deductible and pays a maximum of \$1,000 per injury or illness. Among Angell's clients, there are few takers; pet owners would rather take their chances.) At Angell, nearly all payments are made directly out of the owner's pocket, by cash, check, MasterCard, Visa, or American Express. So the owner actually puts a price on his pet, and it's usually not that high. Paul Gambardella explains the situation this way: "As soon as John Q. Public says, 'The price is too much, I can't pay it,' that's when we go out of business." Additionally, euthanasia for animals is a legal and morally respectable option, so owners have a recourse when the costs of vital treatment start to soar, disturbing as it can be to a vet to see how quickly some owners choose to put their pets to sleep. And finally, Angell bills have not been inflated by malpractice insurance, for the simple reason that pets are legally considered personal property and therefore valued only at their cost—virtually eradicating any incentive for owners to sue.

To keep care affordable, Angell goes much shorter on staff than a human hospital. White-coated doctors do not clog its halls. During a routine operation, the surgeon will often go about his work alone, without so much as a single nurse to attend him. The vets also work cheap. Even though

all Angell's veterinarians have completed college, four years of veterinary school, a year's internship, and two or three years of residency, they receive an annual salary of \$50,000 tops, even while working between twelve and fourteen hours a day, six days a week. The secondhand equipment offers some savings, too. And, time being money, the course of veterinary treatment runs remarkably fast. The pets get better or they don't, but either way, they do it quickly. It is rare for a patient to remain at Angell for more than a week, and almost unheard of for one to stay a month. At Angell the



current titleholder is believed to be Blanca, a spaniel hit by a bus; she resided at Angell for thirty-five days. She became so well known to the entire hospital staff that whenever she returns for treatment she makes a "grand tour" of the hospital to say hello to everyone.

But another thing speeds up the action at Angell: the hardy nature of the animals themselves. Many house pets might have been bred for the purpose of undergoing major surgery, and Angell's veterinarians continue to be impressed by the speed of their convalescence. Humans who have abdominal surgery are usually bedridden for a week or more.

Pets who get spayed are typically up and about the next morning, and so frisky the chief danger is they'll pop their stitches. Animals simply don't dwell on their condition the way humans do, and, at least according to Gambardella, thinking about it appears only to prolong the ordeal.

Certainly Thor is responding promptly to treatment. He came in on a Wednesday afternoon. On Thursday morning, he was still pretty much dead out in an oxygen chamber, where he had been placed to make sure his brain received sufficient oxygen and because he had been suffering from seizures. That first night, Dr. Cogan had put him on a heart-stabilizing drug called digoxin for the heart arrhythmia, and by the next morning the monitor showed that his heartbeat had returned to normal. By the end of the day, he started to lift up his head and take notice of his surroundings. By Friday morning he began to lap a bit of water out of his water bowl. Dr. Cogan was ecstatic. "He's started to drink!" she exclaimed. That afternoon he was standing, although somewhat unsteadily. And when another dog sauntered by, he brought his nose close to give him a sniff. Dr. Cogan saw that, and the sight filled her with hope.

On Saturday night, Thor took a nip out of the night nurse. Dr. Cogan offered her condolences, but it cheered her, too. The Doberman was becoming himself again. By Monday, he was stalking about his cage, although he leaned noticeably to the left. Apparently, the vestibular region of his brain, which controls balance, had been hurt by the blow. The heartbeat remained normal, which Dr. Cogan couldn't begin to explain without running a lot more tests for which there was no money. On Tuesday, Dr. Cogan pronounced herself "really happy." Thor was eating, drinking, defecating, and urinating. There might be diminished brain function, but who knew? "It's not like he has to memorize the multiplication tables," she said. Thor was ready to go home.

Thor's "parents" came in to get him that night. Both are extremely large. Bobby Scandone has a scraggly beard and dark, curly hair, and his shoes lack shoelaces. Bobby's mother, Lucille Scandone, is nearly as large, but neater. The Scandones live together in blue-collar Winthrop, just north of Boston. Cogan had been apprehensive about them: "I wasn't sure they really cared about Thor. He was a biter, you know. I figured they thought he was just a junkyard dog." Now they sit together on a heavy wooden bench outside the waiting room. They have brought in yet another Doberman, named Venus, who is slumped on the floor beside Lucille. Venus is here to see the neurologist for a few medical problems of her own. All her hair has fallen out, giving her

skin an oddly porcine appearance, and she has lost control of her back legs.

Venus suddenly lets loose a flood of urine on the floor. "Now, *why* is she wetting like this?" Lucille asks.

"She's nervous, Ma," the son says. He seems nervous, too. He says it's the coffee he drank on the way over. More likely it's Thor. He hasn't seen the dog since Friday night, and he's worried about him.

"Oh, it's been awful the last few months with her," the mother goes on, referring to Venus. "God, I hope they don't put her to sleep," she says. "I'm not ready for that." She wrings her hands. "I'm very, very upset."

"It'll be all right, Ma," the son says, his eyes downcast.

The neurologist, Gillian Irving, wears lipstick and speaks with an English accent. She comes up, introduces herself, and leads Venus into the examining room. After a few minutes' examination, she diagnoses the dog as having a classic case of wobbler's disease, a degenerative disease of the spinal column. Cortisone should help, plus a harness to help lift her up onto her feet. "Oh, thank God," Lucille Scandone tells her son as they retreat to the waiting room. "I was sure she was going to make me put her to sleep." She smiles for the first time.

And then Dr. Cogan appears with Thor, who is straining powerfully on his leash. His toenails clack on the linoleum, and he draws strong huffing breaths. His ears are up, and his eyes are keen. He looks sleek and athletic, ready once again to terrorize all of Dorchester. "Hey, he looks good!" Bobby shouts. He takes the dog's leash, feels the dog pulling on it. In seconds, Thor is galloping for

the door, hauling his three-hundred-pound master behind him. Bouncing lightly along behind him, Bobby might be filled with helium. "My *God!*" Bobby says. "He's got his strength back. I can't hold him!" Thor drags Bobby outside, down the ramp, and past the sculpture of the rearing horse out front. "Thaw! Thaw!" Bobby yells delightedly in his Boston accent. His mother and Venus follow. Dr. Cogan trails after all of them, worried as ever, yelling after Lucille to go easy on Venus's leash, not to put more pressure on the dog's spinal cord.

Bobby bends down to Thor and rubs him all over. "That's my boy," he says. "That's my boy." Then he looks up at Dr. Cogan, who is watching proudly from the ramp, her hands stuffed in her coat pockets against the cool evening breeze. "Thanks, Doctor," he says.

"Sure thing," she says, smiling.

It is eight-fifteen. Another long day at Angell. Dr. Cogan thinks for a moment that maybe it *is* worth it after all. Then she heads back in to check on her other cases. 🐾

