
This book would not have been possible without the support and advice of many, including my colleagues at Bytown and Merivale Cat Hospitals (Ottawa, Ontario, Canada), most especially Dr. Douglas Boeckh who made it possible for me to become a feline specialist. My long-suffering family was integral in many ways (advice on the book cover from my son Benjamin, photographs from my daughter Tori-Rose, and expert writing from my husband Dr. Edward Javinsky) and they put up with the endless and exacerbating process of editing a textbook. And, finally, it would not have been possible without over two decades of feline patients—I hope I can continue to learn from them every day.

AN OUTLINE OF FELINE MEDICINE*

J. E. B. Graham†

This paper is an attempt to give a broad outline of feline medicine rather than to concentrate on any particular aspect of this field. No attempt will be made to cover the virus infections since they are familiar to most veterinarians.

Preliminary Examination

The following examination is the type done on any sick cat when the diagnosis is not obvious. It should require no more than ten minutes. An examination table with a slippery surface, such as stainless steel or arborite, facilitates handling. Since most cats are nervous after traveling, a few moments spent stroking their head and back to allay their suspicions is time well spent.

The anus and surrounding hair are checked for tapeworm segments and a well lubricated thermometer is inserted in the rectum. Cats resist a dry thermometer more than dogs do. While waiting for the thermometer to register, an accurate history is obtained from the owner. The next step is the examination of the skin paying particular attention to external parasites, dermatitis, excessive dryness of the skin or hair, quality of the coat and excessive hair shedding. The external lymph nodes are examined and any abnormality of the subcutaneous tissue or muscular system is noted.

The ears are then checked for mites, infection of the canal or excess wax production. The lips are examined for evidence of rodent ulcer, the gums and tongue are checked for evidence of ulceration, anemia, jaundice or cyanosis, the teeth are checked for tartar accumulation and loose roots, and the odor of the mouth is noted. After forward withdrawal of the tongue to see any infected spots, tumor formation, foreign body or tonsil infection, the back of the throat is checked.

The character of the respirations are observed and any abnormalities noted. All quadrants of the chest are examined with a stethoscope. Abnormal heart or lung sounds are determined. (A moment with a stethoscope will also give you some privacy to collect your thoughts.)

Palpation of the abdomen is easier in cats than in dogs. By palpation a pregnant uterus can be noted after the fourth week, and pyometra is readily discernable. Intestines are checked for foreign bodies, constipation, thick walls, gas pockets, tumors and enlarged lymph nodes.

Kidneys are palpated for size: they are small and hard in chronic interstitial nephritis, large and painful in acute nephritis, enlarged and knobby in kidney lymphosarcoma. The wall of the bladder is thick in cystitis. The spleen is often enlarged in anemia. If the border of the liver is palpable it is pathological.

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FIGURE FM-1 In 1961, J.E.B. Graham presented an outline of all that was currently known about feline medicine in the Canadian Veterinary Journal in 10 pages. Today, 50 years later, we have advanced in knowledge to the point that we need one hundred times that many pages devoted to feline medicine. Undoubtedly, the cat has benefited from this expansion of knowledge but the clinician has the daunting task of learning and putting it into practice. (From Graham JEB: *An Outline of Feline Medicine*, Can Vet J 2:8, 1961.)