

Herpesvirus in infertile bull's testicle

From Dr E. Thiry and others

SIR,—In 1980, an outbreak of infertility, involving breeding bulls, occurred in Belgium. The affected bulls showed, after a short period of pyrexia, uni- or bilateral oedematous orchitis and azoospermia.

In November 1980, one testicle of a clinically affected bull was surgically removed. Samples were taken for histopathological examination and classical viral isolation procedures and cells were cultured from the organ. The histopathological findings consisted of mononuclear infiltration of connective tissue without polymorphonuclear neutrophils and degeneration of germinal epithelium.

No virus was isolated by classical procedures, whereas a cytopathic effect was observed in testicle cell cultures 15 days after the start of the culture (seven days after the first passage) and in testicle cells cocultured with Georgia bovine kidney cells seven days after the start of the coculture. Foci of rounded cells and small syncytia appeared in the monolayer. The virus reactivated in coculture was passaged 10 times in Georgia bovine kidney cells and grew slowly.

Herpesvirus-like particles were observed by electron microscopy. The reactivated virus differs from bovid herpesvirus. It grows as well at either 35°C, 37°C or 39°C, although testicle temperature is lower than body temperature. The virus is thus not thermosensitive at 39°C unlike the temperature-sensitive infectious bovine rhinotracheitis mutant virus (Pastoret and others 1980).

The isolate was reactivated since classical viral isolation procedures failed and since it was unmasked in organ cell culture (Ludwig and Storz 1973) and in coculture (Homan and Easterday 1980).

Its site latency in the testicle is still unknown. This isolate has not yet been fully characterised and its site of latency as well as its pathogenic role remain to be studied.

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Progressive retinal atrophy in Abyssinian cats

From Mr S. D. Carrington and Mr J. L. Carlile

SIR,—A problem of progressive retinal atrophy has recently arisen in the Abyssinian breed of cat. To date, however, this problem seems substantially restricted to the Scandinavian countries, only one case having been reported in this country (Carlile 1981). The present rate of incidence in Sweden is estimated at around 25 per cent, affected animals being picked up when around one-and-a-half to four years old.

Since the incidence of the disease is so high in Scandinavia it is likely that a source of replacement breeding animals will be sought. For this reason we are anxious to examine Abyssinian

cats, even if apparently normal, in order that a preliminary survey may be made of the incidence of the disease in the United Kingdom.

No charge will be made for the examination and a report on any affected animals, which we anticipate will be extremely few, will be sent to the referring veterinary surgeon.

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CARLILE, J. L. (1981) *Veterinary Record* **108**, 311

Letters may be shortened for publication.

Postscript

Know then thyself

ARE vets more prone to hypochondria than other members of society? There would be just cause for such an occupational hazard, when one considers that their training provides prima facie knowledge of signs and symptoms indicating possible disease, without the training to interpret these correctly when applied to their own bodies. It may be that members of the medical profession are at an even worse disadvantage than ourselves; they know the signs and symptoms and how to interpret them. But can they do so objectively when they are the subjects of self examination?

An interesting insight into self examination is provided by a personal paper published in the *British Medical Journal*, February 14. William Fitzgerald, a post doctoral fellow, describes himself as "a labile, hypertensive, black man" and reviews his own personal history of hypertension, based on intensive self study. He describes how, during a routine medical examination, he learnt that he had a blood pressure of 178/100 mmHg. He found the diagnosis of "essential hypertension" not unexpected in a patient who was black, 44 years old, unemployed and spending 12 to 15 hours a day writing a doctoral dissertation in a tiny, rented room in Harlem. His medical adviser prescribed anti-hypertensive drugs (alpha-methyldopa, 500 mg and trianterene, 100 mg) daily. The treatment was effective but the patient then "noticed incremental rises in my blood pressure to 150/102 mmHg". After consulting his doctor, he abandoned drugs and started a new regimen based on dietary regulation and exercise. He also maintained a record of home blood

pressure readings and changed the diagnosis to "labile hypertension."

In a section on self study, he describes how, between 1976 and 1979, he intensively investigated himself, using a standard sphygmomanometer. He recorded his blood pressure three times daily, once in the morning and twice more after an evening shower. He recorded, carefully, all food consumed, activity patterns and perceived psycho-social stress. He made over 7,000 separate readings during the study period in which he jogged 60 New York City blocks in about 25 minutes, five days a week.

He found that his lability state was strongly influenced by medical authority figures. In his office, his blood pressure, pulse and respiration rates increased dramatically and fell just as dramatically on returning home. During the course of study he found that jogging (defined as aerobic isotonic exercise!) depressed labile pressure values, forcing them down to near basal levels and preventing a rise to previous blood pressure levels for several hours. He asserts that this is a "high priority secret among airline pilots" enabling those with hypertension to pass their annual medicals undetected. Some are said to avoid mandatory suspension by surreptitiously jogging just before the medical appointment.

There is, obviously, enormous scope for self examination in practice and in academic pursuits. We may think we know when our blood pressure rises, but can we be sure unless we test the cardiovascular system objectively during diurnal and nocturnal activities? "TOTALISER"