lively debate ensued about the finer points of the definition of OCD, which apparently varies between the Anglo-German and Francophone worlds.

Dr Sue Dyson (Animal Health Trust, Newmarket, UK) discussed clinical injuries of the genual articulation, their diagnosis and treatment and arthroscopy of the stifle joint.

Professor Ueltschi discussed findings of 50 cases in which radiographic and scintigraphic examinations of stifle joints have been found. Bone scintigraphy, he stated, allows dramatically induced injuries to be localised prior to the lesions becoming radiographically demonstrable.

Dr Lasso (Hungary) described the Burdsall method of measuring unequally shaped hooves.

The relationship between farriers and veterinary surgeons was elucidated by the Geneva farrier, Bernard Duvernay.

In two papers dealing with muscular problems, Dr Frappier provided a practitioner’s view of myositis in the dorsolumbar region and Professor Straub (University of Bern, Switzerland) expanded on myopathies of equine athletes, their pathogenesis and therapy.

Day 3: pathology and physiology of lameness; diagnostic tools

Papers on the pathology of lameness correlated with the uro-genital system were presented by Dr Langlois (Chantilly, France) on the final day of the Congress.

Professor Denoix described the physiological and pathological factors found in the lumbar, sacral and sacro-iliac regions and Professor Straub elucidated the skin conditions of the trunk.

Dr Meier (University of Bern, Equine Hospital) presented a paper on the statistical evaluation of horses referred for proximal limb lameness. For this institute, scintigraphy and radiology constitute the most effective diagnostic procedures for the examination of proximally seated lameness.

Professor Verschooten (Gent, Belgium) attempted to evaluate critically the value of osteopathy in locomotive problems of the horse. Lively discussion ensued. It was concluded that collaboration and critical scientific work could only lead to the distinction between myth and reality.

The Congress was concluded with short papers and a panel discussion on medical control in International Equestrian Federation (FEI) governed disciplines. The need for clear and comprehensive rules and regulations was highlighted and the moral and ethical positions condemning doping appeared to be unanimous. However, attitudes differed in the practical approaches to control of medication abuse. This was said to be hampered by the lack of guidelines on the clearance times for drugs from the equine athlete.

Proceedings of this meeting are available from Swiss Vet, Verlag, Dr Felix Wuest A G, Postfach, CH-8700 Kuesmacht, ZH Switzerland (70 Swiss francs). They have been published as a supplement to the Swiss Review for Veterinary Medicine, which is Swiss Vet Number 8 (1991), No 11a. The articles are published in the language in which they were presented.

**CLINICAL QUIZ**

**ANSWER**

The clinical and clinico-pathological features indicate multi-organ infections, including enteritis/colitis (involving cryptosporidial infection), pneumonia, dermatitis (involving dermatophilosis) and possible renal failure. There is an absolute lymphopaenia, and this, coupled with the clinical findings and breed of the foal, indicates a possible diagnosis of combined immunodeficiency syndrome (CID). There are three criteria that must be satisfied to confirm a diagnosis of CID: an absence of serum IgM, an absolute lymphopaenia (less than 1.0 x 10^9/litre), and evidence of diffuse hypoplasia of lymphoid tissues examined post mortem.

CID is a primary immune deficiency disease characterised by an absence of both B- and T-lymphocytes, Affected foals are highly susceptible to viral (such as Adenovirus and Coronavirus), bacterial (pneumonia, enteritis/colitis, dermatitis, meningitis, etc) and protozoal (such as Cryptosporidia and Pneumocystis carinii) infectons. The disorder is inherited as an autosomal recessive trait in the Arabian breed. Affected foals usually show clinical signs of infectious disease a few weeks after birth, when the colostral antibodies have been catabolised.