

VANDERBILT UNIVERSITY MEDICAL CENTER

HOSPITAL ORGAN


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March 2009

cliffhanger!

A. Scott Pearson's novel "Rupture"
brings the medical thriller to VMC

A. Scott Pearson, M.D.

A full-page photograph of a man, A. Scott Pearson, M.D., wearing a white lab coat over a blue shirt. He is standing in front of a brick wall, with his hands in his pockets. The lab coat has his name embroidered on the left chest. The background is slightly out of focus, showing a hallway or entrance area.

The *House Organ* Pet Poll: The Inside Story

BY WAYNE WOOD

The first *House Organ* Pet Poll is now over, and I can honestly say that of all the pet polls I have ever been involved with, this was definitely one of them.

We at *House Organ* World Headquarters announced the poll in conjunction with our February "Pets of the Medical Center" issue. For many years we've asked VMC staff, faculty, students and volunteers to send in pictures of their dogs, cats and other household beasts. We then pick some of the pictures (there are usually between 400 and 500 submitted) and print some of the best in the magazine.

This is probably the most popular issue of the year, and I am not at all bitter to know that I could write the greatest article in the history of journalism and it would not be nearly as big a hit with readers as a series of photos of slobbering hounds.

Anyway, this year we decided to jazz things up with an online poll. The poll consisted of two online ballots, one of dogs and one of cats, and we asked readers to vote for their favorite of each—as many times as they'd like, *American Idol*-style.

I thought it would be fun thing, with groups of friends rallying to vote for their favorite dog and cat. The numbers were posted instantly online, so it was possible to follow the results as the votes came in.

The poll went live at the same time the February issue was posted online, Friday, Feb. 6.

I checked in after a while, and beagle puppy Jethro Van Gogh was leading the pack (har!), while on the feline side, Spot, an impossibly cute fuzzy kitten, surged out to an early lead.

The lead changed a couple of

continued on page 12

HOUSE ORGAN

www.mc.vanderbilt.edu/houseorgan

March 2009

COVER PHOTOGRAPH BY ANNE RAYNER



4

Cliffhanger!

A. Scott Pearson is a Tennessee surgeon who has created a young Tennessee surgeon for his medical thriller "Rupture." But, remember—this is FICTION.

8

Hand surgery allows boy to play violin again

After a severe hand injury, 9-year-old William Ross faced an uncertain musical future. Now, thanks to innovative hand surgery at VMC, he is free to play his violin, and his electric guitar.



II

Blessings from Gran

In the last of our Honorable Mentions from last year's *House Organ* Writing Contest, Barbara Brown of Phototherapy remembers her beloved grandmother and the blessings she brought to her family.



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Call for Entries: *House Organ* Writing Contest

25th Annual *House Organ* Writing Contest Deadline May 11

■ For the 25th year, the July *House Organ* will be the Summer Reading Issue, filled with the winners of the *House Organ* Writing Contest—poems, short stories and nonfiction pieces contributed by staff, faculty and students of Vanderbilt Medical Center.

Every year demonstrates that the Medical Center has a lot of people with literary talent walking around disguised as regular people, and the *House Organ* Writing Contest is a chance to show everybody what you can do.

The rules are pretty simple.

There are three categories: poetry, fiction and nonfiction.

There are no length restrictions in the poetry category.

The fiction category is limited to 4,000 words.

The nonfiction category, which encompasses journalistic writing, memoirs, feature stories, historical pieces, profiles of interesting people, or anything else that's true, also has a 4,000-word limit.

Please indicate the category of your entry; sometimes it's a little hard for the judges to figure out what is fiction and what is nonfiction.

All staff and faculty of VMC, except those who work in News and Public Affairs, are eligible. Medical, nursing



and graduate students are also eligible.

Submissions are limited to three per category. Each entry must be submitted online as an attachment in Microsoft Word (or other compatible format), and have the author's name, place of employment or school, and a phone number at the top of the first page. Entries may be sent to wayne.wood@vanderbilt.edu. Please

put "writing contest entry" in the subject line.

Entries may be edited for space, clarity or style before publication.

Deadline for entry is Monday, May 11. Please push the send button before midnight on that day.

The winners will be published in *House Organ*. If we have room, we'll also publish some honorable mentions. Last year there were so many good nonfiction entries that they were published in several other issues.

Address any questions to the editor, Wayne Wood, at 322-4747, or at the e-mail address above.

Checklist for entries:

Author information: Name, department or school, address and phone number on first page.

Entry information: Category—fiction, nonfiction or poetry. Check to be sure your work is within the length requirement.

Entries must be sent as an attachment in Microsoft Word (or other compatible format).

Deadline is May 11.

House Organ online is your passport to employee information


Go to www.mc.vanderbilt.edu/houseorgan/ to find links to:

- The Faculty / Staff Discount Program (Perqs)
- The latest in Health and Wellness information, including what's going on at Health Plus
- The VMC Event Calendar, which has daily information about events across the Medical Center
- The main news page for the Medical Center, to keep up with happenings at VMC
- The VUMC *House Organ* Facebook page
- The Vanderbilt Employees' Credit Union

In addition, the *House Organ* site also has extras you don't get in the magazine, such as: The Watching the Wheels podcast and one-click e-mail to the editor.







MEDICINE MAYHEM MURDER

*With debut novel "Rupture,"
A. Scott Pearson creates
a world of sinister surgeons*

BY WAYNE WOOD

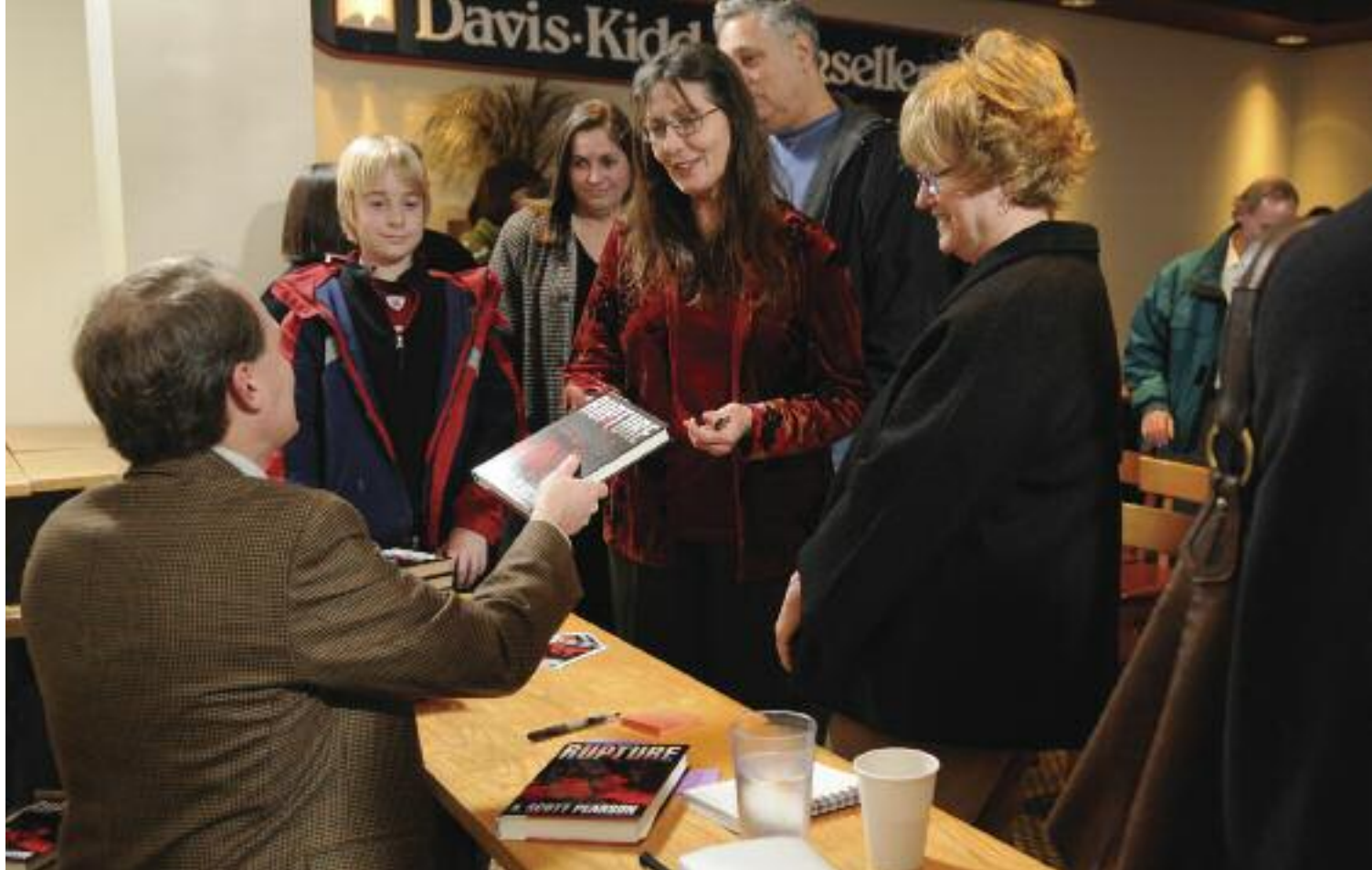
There are cliffhangers aplenty. It's as if A. Scott Pearson, M.D., is *daring* you not to start the next chapter:

- ...Meg peeled out, the Civic fishtailing away from the rapid fire of three more shots.
- "Better take your waders. Hear the water moccasins are nasty this time of year."
- "There's something very strange about [this] autopsy."
- His hand shook as he opened the door.
- The cart descended into darkness.
- [H]e heard gunfire through the receiver followed by a metallic thud, and the line went dead.

Pearson, associate professor of Surgery, has just published his first novel, "Rupture," a thriller set at a teaching hospital in Memphis. He is a graduate of the University of Tennessee School of Medicine at Memphis, and has been a faculty member at Vanderbilt for 10 years, and his fictitious Mid-South Medical Center and Gates Memorial Hospital blend elements of each.

Pearson's clinical practice in general surgery and surgical oncology is at the Nashville V.A. Hospital and he has does research in a lab in Medical Center North.

Dr. Eli Branch, a young, ambitious surgeon, becomes involved (in a good way) with an attractive pathologist named Meg, and involved (in a very bad way) with a conspiracy of corrupt business executives and evil physicians, as well as evil business executives and corrupt physicians.



Pearson drew an appreciative crowd at a reading at Davis-Kidd.

An old building that will seem suspiciously familiar to those with offices in Medical Center North is the site of a murder in “Rupture.”

“Rupture” (on its literal level, the title refers to the unfortunate—and criminal—simultaneous failures of implanted medical devices) is a plot-driven page turner that creates a sympathetic main character and then rapidly gets him in deep, deep trouble.

That character is Dr. Eli Branch, a young, ambitious surgeon who becomes involved (in a good way) with an attractive pathologist named Meg, and involved (in a very bad way) with a conspiracy of corrupt business executives and evil physicians, as well as evil business executives and corrupt physicians.

The plot involves the worlds of surgery and academic medicine, and while the details show that its writer is versed in the nuances of each, Pearson is quick to note that the book is, capital letters please, FICTION.

He says that one spark of the plot was when he was asked to be involved in a surgery involving an implanted medical device that had failed. “What if all of these type of devices failed?” he mused. “It’s unlikely, but sometimes there is device failure—what if it were sabotage?”

Sounds like one of his cliffhangers.

This writing life

Pearson, a native of the Forked Deer community of West Tennessee, says he began writing “as a hobby,” his imagination perhaps sparked by reading J. R. R. Tolkien’s *Lord of the Rings* in middle school.

While the process of training to be a surgeon leaves scandalously little time for novel-writing, Pearson says he never lost interest and never completely stopped writing. He even found a way to combine his interests.

“About 10 years ago, I started writing narratives, patient stories. It was a way to understand challenges in medicine,” he says. He has a clinical interest in the power of storytelling and patient narratives—asking patients to tell stories to help caregivers understand what is important to the patient and to, therefore, deliver better and more personalized care.

And something else happened about the same time: his career had advanced to the point where he was no longer a fellow or a resident, and he had a little extra time.

“I didn’t have to make patient rounds at 5:30 a.m.—and [I realized] if I write for that hour, I could have this other ‘writing life.’”

Not that a successful novel just tumbled out in the early morning light. “This

is not the first book I’ve written—it’s the first to be published,” he says. He would write stories, even a novel, send them to publishers, and, in a statement to which most writers can relate, “I’ve got a box full of rejection letters.”

There was a lot of trial and error over several years, he says. While thinking about how to get his work into print, Pearson was reaching out to others who could provide guidance along the way. One of these was his undergraduate English teacher from the University of Tennessee, Penny Tschantz, Ph.D.

“I thought of her because she knew I was interested in applying to medical school. I remember she gave me a copy of “The Youngest Science” by Lewis Thomas as a graduation present. On a whim, I called her.”

“He had tracked me down in my office at UT and seemed amazed that I remembered him,” Tschantz says. “He began by asking me whether I knew anything about getting a novel published, and gradually revealed that he had written one.”

Tschantz says it might be a bit of an exaggeration to say she was shocked to learn that her former student, whom she knew to already be a successful academic surgeon, had written a novel, but she does allow, “I was pretty astonished.”

She read that novel, Pearson's first, which has yet to be published, offered suggestions and, most of all, that most sweet of balms to the creative soul, encouragement.

With an eye toward turning the hobby of someone who just likes to write into a successful second career (following such other physician writers as Robin Cook, Michael Palmer and even Anton Chekhov), Pearson began attending meetings of the Mystery Writers of America. It was at such a meeting that he scheduled a 10-minute pitch to a publisher in an attempt to get "Rupture" published.

The pitch worked, although not right away. The publisher considered the manuscript for two or three months, but after that long wait, the news was good: Pearson was to be a published novelist. Somebody other than his friends were going to read of the travails of Eli Branch and experience those cascading cliffhanger endings.

Now, after more than a year of editing, cover design and planning, A. Scott Pearson, published novelist, can hold his book in his hands.

That's just the beginning, of course. "Writing it is only half the game," Pearson says, noting that the writing of a book and the marketing of a book are two entirely different enterprises, but successful authors need to do both.

Pearson, who seems to have a soft-spoken, rural West Tennessee resistance to tooting his own horn, was reluctant to even tell those he works with about his success as a novelist.

"My wife [Robin Pearson, M.D., clinical instructor in Pediatrics] eventually said, 'When are you going to tell your partners and colleagues about the book?'"



"After the initial surprise wears off, they've been very, very supportive," Pearson says with a slight smile.

His first reading and signing event, held last month at Davis-Kidd Booksellers in Nashville, was a great success, with an appreciative crowd and the author-friendly sound of cash registers. He has signing another events scheduled in Chattanooga and at a Memphis book store in March with, he hopes other national venues to come.

And what about the future adventures of Dr. Eli Branch?

"I was writing the sequel even before

this was published," Pearson says.

His former teacher and friend Penny Tschantz is looking forward to it.

"As I told Scott, I will probably never be an avid reader of medical thrillers in general, but I look forward to the sequel that I know he's working on. I'm extremely proud of my former student and confident of his future as a novelist."

"Rupture" is available at local bookstores, including Davis-Kidd and Borders on West End, and at online booksellers, including www.Amazon.com and www.rupturenovel.com/

From "Rupture" by A. Scott Pearson

"We're starting to receive calls from medical examiners in the region. Jackson, Tennessee and Tupelo. Each reported a death from aortic rupture."

Meg waited for Eli to respond.

He said nothing.

"And a local hospital out in Cordova had two similar deaths, just last night."

The voice of Ms. Conch gurgled over the intercom. "Dr. Dai-ly? A Detective Lipsky from the police department called."

Meg looked at Eli and pressed the button on the intercom. "What did he want?"

"He wanted to know if a Dr. Eli Branch had been here."

Eli pointed at Vera's body. "Lipsky's the one conducting the investigation."

Ms. Conch crackled back in. "When I didn't answer him, he said he was coming over and hung up."

"Look, Meg, I need to talk to you some more." Eli quickly headed to the door. "I think we're onto something big, whether we want to be or not."

"I've got an hour before my next autopsy. Want me to come to your office?"

My office? If only she knew.

"No, I need to lie low away from the medical center for a while. Let's meet later tonight," Eli said, trying to think of a place off campus, somewhere no one would expect.

"Do you know Automatic Slim's?"

"Automatic whose?" Meg asked.

"It's called Automatic Slim's Tonga Club. Downtown on Second. Got an Asian-Caribbean thing going on."

"Sounds like a sexy place for a mother and her young child. We don't get out much."

Eli had forgotten about Margaret. His silence indicated this to Meg.

"Don't worry, I'll get a sitter," she said. "There's a nursing student who lives on my street who can stay with Margaret. What time?"

"I need to visit an old friend first. Is nine o'clock too late?"

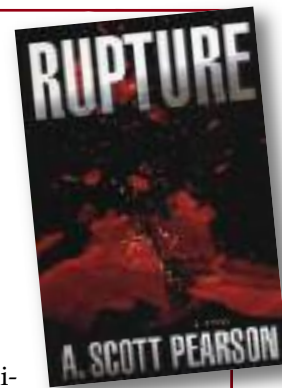
"That's okay. See you then."

Eli turned to leave, but Meg stopped him.

"I don't know why, but I feel compelled to tell you."

"What?"

"Be careful."



Doctor, will I ever play the violin AGAIN?

*Severe cut put
musical future in peril*

BY LESLIE HAST

Although 9-year-old William Ross has been playing violin for six years, he has recently discovered the “cool factor” of electric guitar. And in his studded leather belt, aviator sunglasses and black Converse sneakers, anyone can tell that this third grader was born to rock.

But on a Sunday afternoon last August, William’s ability to play guitar or even the violin was put in jeopardy.

William’s parents were grilling pork chops on the deck just off the kitchen of their Hendersonville, Tenn., home, while he was inside making a sandwich for his school lunch the next day. The serrated metal knife he was using to spread mayonnaise and cut off the crusts seemed unthreatening enough, especially because, as William explains, “I’m a Boy Scout. I have knife skills.”

But as he drew the knife across a paper towel in his left palm to clean off the mayonnaise, his fingers curled around the blade, and it sliced into his middle, ring and pinkie fingers.

William’s father, Charles Ross, M.D.,

former director of Endovascular Surgery at Vanderbilt Medical Center, and his older sisters Julia and Margaret rushed to his side.

“I was finishing up the pork chops, and I hear screaming from the girls and William,” recalled Kim Ross, William’s mother. “Blood was spurting everywhere. It was like a little geyser. We couldn’t contain it.”

Once Charles saw the extent of the injury, he decided to bypass the local emergency room and head straight for the Monroe Carell Jr. Children’s Hospital at Vanderbilt.

No man’s land

Kim said she knew something was wrong because William could open his hand but not close it.

“He has been playing violin since he was very young and is nearly into Suzuki Book Four, and I saw that totally go out the window,” she said.

William cut his hand in an area surgeons call “no man’s land.”

“Before World War II, doctors didn’t

advise even attempting surgery in the area. They just didn’t succeed,” explained William’s surgeon, Wesley Thayer, M.D., Ph.D., assistant professor of Plastic Surgery. “William lacerated one of the main tendons in the ring finger, and if it went unrepaired or was inadequately repaired, it would result in the inability to move the digit.”

For William, the inability to move the digit would mean no violin or guitar. Thayer, however, had a radical plan involving a new suture and special therapy that allowed William to regain full function of his hand.

Called Fiberwire, the new suture Thayer used is made of braided polyester but is actually stronger than stainless steel wire. He had performed lab studies with this thinner but stronger thread and knew that it would hold.

In addition to trusting his suture, Thayer also trusted that William was the kind of boy who would do his exercises and avoid activities that could rip the repair.

“Children ride bikes, wrestle with



ANNE RAYNER

William Ross can still rosin up the bow, even after a severe hand injury.

dogs, swing on monkey bars, and any of these could pull apart a repaired tendon, but I felt very confident that the repair was strong and William was a very disciplined child," Thayer said.

Young children are normally put in a cast after a tendon repair, but the immobility minimizes the success of occupational therapy. A sheath surrounds the tendon, and if the tendon is not flexed regularly and forced to move through the sheath, it can actually heal itself to the sheath, which prevents the finger from moving properly.

"We typically cast children for four to six weeks, then start therapy," Thayer said. "Immobilizing the hand for that

long would be a far cry from what William achieved."

Instead, William was fitted with a splint and instructed in early motion exercises by certified hand therapist Lisa Perrone.

"I was initially nervous because they usually cast children," Perrone said. "I called Dr. Thayer to confirm that this is what he wanted. I was very nervous that William might take the splint off. He has a lot of energy, like any 9-year-old."

Perrone taught William passive exercises that move the joint without putting stress on the repaired tendon, such as using his right hand to bend his left fingers down to the palm. He also regularly

massaged the scar to prevent adhesions which would limit flexibility and wore a splint at night that put the tendon in its shortened position to allow healing.

"He was initially tender and swollen, so it was hard for him to bend his fingers, but he gradually got more motion," she said. "He was a lot of fun to work with. I had to be creative to get him to do what I wanted, but I have a 7-year-old boy and just treated him like my own. He is very outgoing, confident and intelligent."

William met Perrone for hand therapy two to three times a week for three months, and Perrone said she did everything she could to restore his function.

"With somebody that young, we hate

**"Children ride bikes, wrestle with dogs, swing on monkey bars,
and any of these could pull apart a repaired tendon,
but I felt very confident that the repair was strong and
William was a very disciplined child."**

to give them a deficit because we don't really know what he will want to do later in life with his hands, and we want to give him every opportunity," she said.

Remarkable healing

And William does have big plans for the future of his hand: "Play guitar, use it for support when I jump, hang on stuff, climb, be a boy."

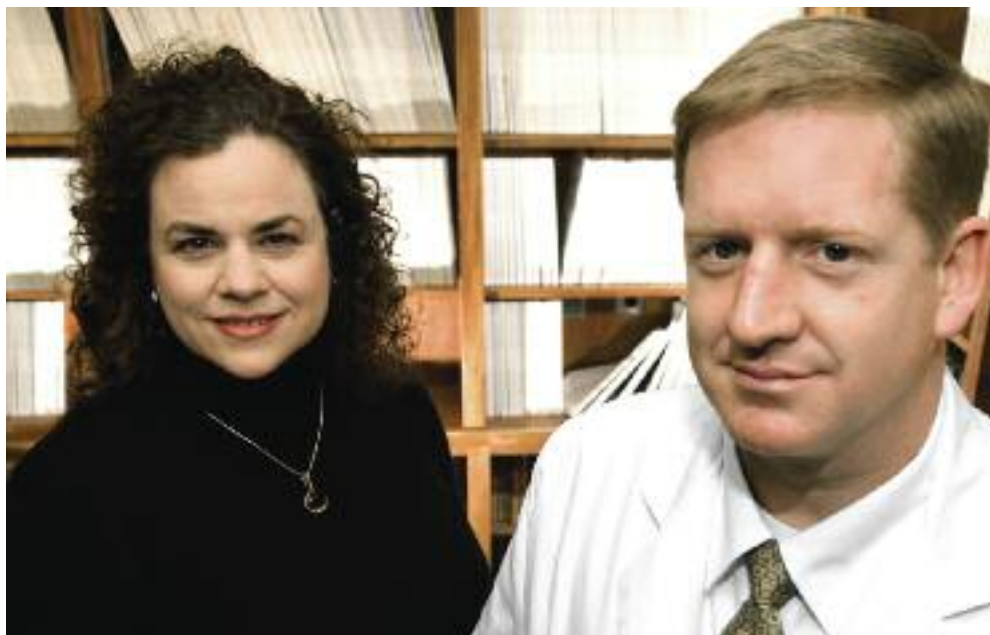
Thayer said the fact that William can do these typical boy activities is outstanding.

"People are used to getting a three-centimeter cut and it healing with no problem, but the hand is a very complicated structure," he said. "We usually counsel patients with this injury that they won't be 100 percent. Children do heal better than adults, but William is still remarkable."

The Ross family has proof of William's recovery every time he picks up a musical instrument.

"After eight weeks he was able to start playing again. I was totally amazed that his playing was exactly at the same level," Kim said. "Every time William plays, I think about the injury and how lucky we are."

A tiny scar is all that is left of the injury, and William is back to being



(above) Certified hand therapist Lisa Perrone and surgeon Wesley Thayer, M.D., Ph.D.
(below) William rocks out with his mother, Kim Ross.

"jumpy," as he puts it. He is a constant ball of energy, flitting from playing guitar riffs to petting the dog to dressing up in costume. He hopes to be an actor one day, and is also trying to find a place for his violin outside classical music.

"I don't really care for classical music. I love country and rock 'n' roll, so I could just go country with a fiddle, and I could

even play fiddle in a rock 'n' roll band," he said.

William said he has learned an important lesson from this injury and has advice for others: "Don't clean a knife close to the blade. I have had experience with injuries like this, and they happen when you least expect it."

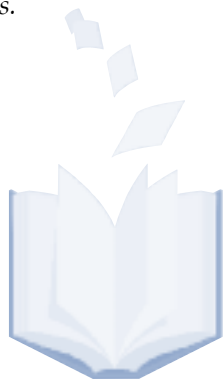


Blessings from Gran

BY BARBARA BROWN

Phototherapy

Editor's note: This past year saw so many strong entries into the Nonfiction category of the House Organ writing contest that we are publishing several Honorable Mentions from that category outside of the traditional July Summer Reading Issue. This story by Barbara Brown is one of those Honorable Mentions.



At some point during my young adulthood, my grandmother was diagnosed with Alzheimer's disease. There had been many subtle changes in her behavior leading up to this diagnosis that was new and unfamiliar to me. More than ever before, I wanted to savor and treasure the "Gran" I knew and loved. The wisdom she shared was an accumulation of survival during the Depression, fifty years of marriage, and self-taught skills in a career as an editor's assistant. She had been uniquely helpful in the development of my writing skills and seemed to delight in proofreading my drafts. Over the next years, as the difficulties and challenges of Alzheimer's

took its toll on my grandmother, an unexpected blessing found its way to me.

Throughout her life, Gran was extremely humble about her musical talent, but equally willing to share it with others. With few formal lessons, she had always considered her ability to play the piano a natural gift from God, and she shared her faith in God through the hymns that she loved to play and sing so much. Many memories of family gatherings involve singing around the piano as our "Gran" played. In fact, there is a part of me that chuckles whenever I think of her skillfully playing the old pump organ and singing until she was out of breath as she also got her exercise for the day.

In my childhood, I spent numerous hours building memories by Gran's side at the piano. Now, I was married and a mother myself. My children loved to sit with her at the piano as I had in my younger years. Even though her communication skills were disappearing, her patience with their young hands was predictable and it thrilled me to watch her making memories with this next generation of her family.

Over the years following the diagnosis, her independence disappeared in most areas of her life and her capabilities eventually paralleled a preschooler in many ways. Gran was moved to a nursing home a few miles from our home. She could no longer speak in sentences, dress herself, or make decisions. Whenever I went to visit, she and I would take a walk, and eventually end up at the piano in the activity room. As her other life

skills deteriorated, I watched painfully, anticipating that one day, she would become unable to enjoy our visits to the piano. However, to my amazement and to the astonishment of the staff, God's gift graciously remained with her until the very last of her life. Her ability to sing and play the piano lingered as a treasured remnant of the capable person that she was in the past and the relationship shared between us over the years. Although there was barely a trace of her personality distinguishable at any other time; when she placed her fingers on the keys, it was as if she was transformed from a vacant shell into my beloved Gran.

As I brought my children to visit their great-grandmother in the nursing home, the time at the piano was always the highlight of our visits. Week after week, we sat snuggled closely together on that piano bench in the activity room, allowing the words of the hymns that we sang in unison to be the communication that existed between us. Long after she was unable to call me by name, she was able to sing emphatically, with tears in her eyes and a passion in the words, "Make me a blessing to someone today."

Gran, without a doubt, you may be sure that you achieved that goal! Your blessing on my life and the faith heritage you shared with all your family continues to impact each one of us today.

Barbara dedicates this story to Margaret Brock, her maternal grandmother, who died in 1994 after a 14-year battle with Alzheimer's.

Although there was barely a trace of her personality distinguishable at any other time; when she placed her fingers on the keys, it was as if she was transformed from a vacant shell into my beloved Gran.

times as the day went on, but here's how I knew things were getting weird: there were more than 20,000 votes in the first four hours of the poll, by Friday night the total vote had topped 100,000, and it continued to climb over the weekend.

Monday morning: the total had grown to more than 800,000 votes. There were people taking this *seriously*. Sweetie the bulldog, who must have been holding campaign rallies over the weekend, was in particular pulling in big numbers.

**Dog of the Year •
Unlimited Vote Division**



Chance, Marcia Tapia, Vanderbilt Heart Institute at Franklin

It was around then that I first heard from Information Technology Services, in the form of a very polite e-mail with the laconic subject line "A very popular poll."

Kevin McDonald of ITS was writing to let me know that the volume of voting in the dog and cat poll had threatened to overwhelm University servers over the weekend, and that as the votes for the hounds and terriers and tabbies continued to pour in, it was continuing to be a real problem. The IT folks were also able to tell that some of that volume was due to computers being set up to do automated voting.

While setting up a computer to automatically vote again and again in the contest was not against the rules, I think it's fair to say it was against the spirit of

the contest as I intended it. I had thought if people wanted to vote again and again for a favorite cat or dog, they would at least have to sit and do it themselves.

Since the poll was putting the University's computing ability at risk, I naturally gave the OK to block the computers that were sending in automated voting.

This did not solve the problem, but instead led to several days of automated-voting-whack-a-mole, in which votes would start to pour in from an automated voting program, ITS would block the site, followed by votes beginning to pour in again from another computer, followed by ITS blocking THAT site.

Zoie, the wide-eyed little terrier who appears to be wearing Easter-bunny ears was by this point giving Sweetie the bulldog a run for her money, but they were both trailing Chance the black Lab, who had pulled into the lead by retrieving more than half a million votes.

In the cat division, the early lead by little fuzzy Spot had been removed due to an onslaught by Mufassa, the yawning, or perhaps yowling, tabby.

It was a real barn-burner of an election, but I didn't want the flames to spread to the University's computing capacity. So, after continuing to follow the situation with help from our

ITS colleagues, I stopped the unlimited voting on Friday, Feb. 13. It was too risky to let it go on, especially for the sake of a fun poll about dogs and cats.

Almost 2 million votes had been cast in about eight days.

Some perspective: this is more votes than either presidential candidate received in Tennessee in last year's election.

So, we saw which dog and cat were ahead at the point at which voting was

**Cat of the Year •
Unlimited Vote Division**



Mufassa aka Willie, Tracy Tinsley, Operating Room

stopped, and decided that we would declare those pets the Dog of the Year and Cat of the Year in the Unlimited Voting Division of the poll.

Then we wiped the slate clean, and set up voting on the basis of one-computer-one-vote, which we decided to call the Limited Voting Division. We put up a notice on the *House Organ* Web site and informed the

nominees—the people, not the pets—that the new contest would go until the original polling deadline, Tuesday, Feb. 24, at 10 a.m.

That was also a spirited contest, with Oliver leaving the other dogs on the porch, and Rocky scratching litter in the face of his feline competition.

**Cat of the Year •
Limited Vote Division**



Rocky, Suryakala Sarilla, Pathology

On behalf of Sweetie, Mufassa, Chance, Oliver, Spot, Rocky, Skylr, the adorable Ahchi, and all the other nominee pets, thanks to those who voted, thanks to those who enjoyed the issue, thanks to those who sent in entries, and a big thanks to ITS for keeping the University servers operating.

Two cat winners, two dog winners, 2 million votes.

It's a good thing we weren't giving away any prizes or anything. Otherwise this might have gotten out of hand.

**Dog of the Year •
Limited Vote Division**



Oliver, Alyce Wherry, Biomedical Informatics