

tion. Kraus tries to draw a distinct line between these cases and Basedow's disease. Kocher includes in the same class all cases presenting symptoms of thyroid intoxication. Cardiac symptoms are very common in goiter patients. Monnier found 25 per cent. showing distinct heart symptoms. Kocher calls attention to the fact that during or after the administration of iodine in any form for goiter, symptoms of thyroid intoxication may develop, due to hypersecretion of the gland stimulated by the iodine. In goiter heart the ordinary heart remedies are of but little value. Iodine should be used with great care if at all. Toxic cases may be treated with rest, diet, sodium phosphate, etc., but here as in mechanical cases operation should not be too long deferred.

#### Intraspinal Injections of Magnesium Sulphate in Tetanus

DR. CARL J. HOLMAN, Mankato: Two cases of tetanus were treated by magnesium sulphate injection. One came on nine or ten days after a crushing injury to the ring and middle fingers of the left hand, necessitating amputation. The symptoms of tetanus developed about the tenth day and the patient was given two doses of magnesium sulphate into the spinal canal, dying four hours after the last dose. Case 2 was an appendiceal abscess. The patient developed tetanus on the eleventh or twelfth day after the operation and received in all twenty-five doses of magnesium sulphate into the spinal canal. He made a good recovery and is now well, performing farm labor.

(To be continued)

#### IDAHO STATE MEDICAL ASSOCIATION

*Eighteenth Annual Meeting, Held at Boise, Oct. 6-7, 1910*

The President, DR. JOHN M. TAYLOR, Boise, in the Chair

Hon. J. T. Pence, Mayor of Boise, made an address of welcome, which was responded to by Dr. J. L. Stewart of Boise.

#### Officers Elected

The following officers were elected for the ensuing year: president, Dr. John W. Givens, Orofino; vice-president, Dr. George O. A. Kellogg, Nampa; chairman committee on arrangements, Dr. J. W. Gue, Caldwell; chairman committee on legislation, Dr. J. M. Taylor, Boise; chairman committee on nominations, Dr. J. C. Woodward, Fayette; chairman committee on public health, Dr. G. H. Coulthard, Idaho Falls; trustees for *Northwest Medicine*, Dr. R. L. Nourse, Boise (reelected); Dr. J. W. Givens, Orofino (reelected), and Dr. W. T. Drysdale, New Plymouth; delegate to American Medical Association, Dr. A. A. Higgs, Boise; alternate, Dr. C. L. Dutton, Meridian.

Boise was selected as the place of the next meeting.

#### President's Address: Principles in Etiology and Treatment of Disease

DR. JOHN M. TAYLOR, Boise, read his annual address on the above subject.

#### DISCUSSION

DR. W. T. WILLIAMSON, Portland: The profession has done much in developing the study of medical subjects among the laity. Public education along the lines of personal hygiene and unhealthful habits is of great importance. Physicians must reach the young through the teachers in the schools. A competent member of the profession should be in attendance at all gatherings of teachers and lose no opportunity of instilling these thoughts into their minds.

DR. GEORGE E. HYDE, Rexburg: It is evident to all that we are getting away from the era of superstition; medicine, through education, is less a mystery.

#### Spinal Anesthesia

DR. C. C. SNYDER, Salt Lake City: I have confined the use of spinal anesthesia to cases in which a general anesthetic was unsuitable. With the use of strychnin and atropin in connection with the spinal injections, there seemed to be less

headache and nausea following. I prefer tropacocain to other cocain preparations, but it does not act so well above the diaphragm as does the hydrochlorate of cocain. In my experience the chief contra-indication to spinal anesthesia is a possible idiosyncrasy to the drug.

#### DISCUSSION

DR. A. E. ROCKEY, Portland: In a series of 25 or 30 cases in which I used cocain, I had 2 cases of anuria. Subsequently I used tropacocain in about an equal number of cases, and found it to be safer, but it did not seem so active as an anesthetic.

#### Surgery of the Large Intestines

DR. A. E. ROCKEY, Portland, read this paper.

#### DISCUSSION

DR. E. K. SCOTT, Boise: Very few cases of malignant disease of the lower bowel are seen early enough to justify resection. I have seen many such operations, and know of but one case in which satisfactory results followed resection for malignant disease. In spite of the objectionable features of colotomy, I prefer to advise it in advanced cases. In treatment of colitis, irrigations and local treatment through the rectum can be done more easily and with the same good results as Dr. Rockey reports from appendicostomy.

DR. J. L. STEWART, Boise: I have done several resections for malignant disease of large bowel; I agree with Dr. Scott in believing that resection in these cases, unless the growth is low down, is not usually satisfactory.

DR. J. M. TAYLOR, Boise: Which incision does Dr. Rockey consider most advantageous, and would ptosis of the abdominal organs complicate the operation?

DR. A. E. ROCKEY, Portland: The remarks of Dr. Scott refer more to the older methods of operating. By the newer methods, posterior incision, removal of coecum, etc., I have found it easy to get room for removal of the tumor and to bring the bowel down. Prolapse of the sigmoid does not complicate the technic; if anything, it makes it easier. I have been using the transverse incision for some time in all appendectomies, and only through accident discovered its advantages in exposing the large bowel.

#### Important Facts Concerning Myopia in Children

DR. EDWARD E. MAXEY, Boise, read this paper.

#### DISCUSSION

DR. R. L. NOURSE, Boise: Myopia is one of the penalties of civilization. Aborigines are not myopic. Students and those who apply their eyes closely for near work are apt to become myopic. Unless astigmatic, low degrees of myopia do not need glasses for comfort, as is often the case in low degrees of hyperopia; hence they are often undetected until fairly well advanced.

DR. W. T. WILLIAMSON, Portland: There are a considerable number of nervous conditions caused by errors of refraction, especially in school children. For various reasons, school inspection is of vital importance to the child, especially inspection into the condition of the eyes, and, it is needless to say, these examinations should be made by competent men and repeated at frequent intervals.

DR. E. VAN NOTE, Boise: In the examination of children's eyes we should emphasize the tendency myopia has of progressing, as very few parents understand its seriousness.

DR. J. W. GIVENS, Orofino: In almost all forms of insanity very little help is to be had by correcting defects of vision. However, the relation of errors of refraction to headaches should be constantly kept in mind in treating mental conditions.

DR. E. E. MAXEY, Boise: Children of myopic parents are predisposed to myopia. Such children, after they reach the school age, should be examined once or twice a year. Low degrees of myopia, especially if astigmatic, should be fully corrected and glasses changed as often as necessary. All examinations and reexaminations should be made under a reliable mydriatic, preferably atropin. If the myopia is progressing in spite of proper glasses, the child should be

taken out of school and near-work materially curtailed or prohibited entirely.

#### Application of Modern Methods in the Early Diagnosis of Pulmonary Tuberculosis

DR. RAY W. MATSON, Portland: A continuous afternoon fever is always suspicious of tuberculosis, and I have invariably found a material rise in temperature after exercise, which was a little higher and remained longer than in the absence of tuberculosis. The tuberculin test in the human being is exactly the same and just as reliable as it is in cattle. Both von Pirquet's and the subcutaneous methods of using tuberculin give a positive reaction in the presence of an active or a healed lesion, while the eye test, being less sensitive, gives a positive reaction only when an active lesion is present. Therefore, if the physical examination, the x-ray and laboratory findings lead us to believe that an active lesion is present, the tuberculin test should be applied by either von Pirquet's method (preferably) or subcutaneously. In all my examinations, the physical and laboratory findings are invariably controlled by x-ray examination.

#### DISCUSSION

DR. R. C. FAUST, Deary: Recently I heard of a new sign of incipient tuberculosis, *viz.*, that if the temperature be taken before and after examining the patient we would find a rise of from 1 to 1.5 degrees F. at the conclusion of the examination, but I am not prepared to express an opinion as to the value of this sign.

DR. J. M. TAYLOR, Boise: The early diagnosis of this condition depends in a great measure on the experience and delicate technic of the examiner.

#### The Recent Epidemic of Infantile Paralysis

DR. W. T. WILLIAMSON, Portland, delivered an extemporaneous talk, more particularly to the laity, many of whom were present to hear him.

While the disease has been known to exist for the last forty years, it is only within three years, or even one year, that much has been learned about it. That the cause is a living organism is positive, but it is so small that it has not yet been discovered by the microscope. Experiments have been made on various animals, the only two responding to injections of blood containing the poisons of this disease being sheep and monkeys, the former in a very mild degree, while the latter proved so susceptible that many experiments have been made on them, but nothing definite by way of a solution has yet resulted, the inoculation in some instances, but not all, making the animal immune. The early symptoms presented marked differences from other infectious diseases; three symptoms which usually accompanied the disease are increased perspiration in children, great sensitiveness to touch, and change in the number of white blood cells. As remedies for the disease may be suggested calomel followed by hot water enemas, and hot external applications for the pain. I would advise against allowing a child suffering from this disease to lie on the back, as this position is apt to aid in producing congestion of the spinal cord and thus may increase the severity of the resulting paralysis. While we can not yet cure the disease, we can do much in preventing deformity. Treatments should be kept up for years, if necessary, and by so doing much of the deformity, if not all, can be eliminated. Rest both during and after the disease must be insisted on in order to prevent paralysis.

#### DISCUSSION

DR. RALPH FALK, Boise, secretary of the State Board of Health: The Board of Health has thought it advisable to consider this disease of sufficient virulence to require reporting and quarantine, and the length of quarantine has been fixed at three weeks. By the end of this month there will probably be at least 100 cases of this mysterious disease reported in Idaho, 57 cases having already been reported. Most of these cases are in Idaho County, and they have been investigated personally by Dr. Hyde, president of the board.

DR. GEORGE E. HYDE, Rexburg, president of the State Board of Health: In investigating the cases in Idaho County, I found most among the Germans. In from 60 to 70 per cent. of the cases, obstinate constipation was present, and the acute symptoms almost invariably subsided on removing the constipation. Fourteen of the cases were abortive, 5 patients died, and 30 per cent. developed paralysis in the left leg, these usually recovering. The disease occurs during the hot, dry season, the dust apparently irritating the nasopharyngeal mucous membranes and thus enabling the virus to enter the system. The period of incubation is from four to sixteen days. I have been able to determine that 14 of the patients contracted the disease by direct infection, while in 12 cases the infectious material had been carried by a third person. As prophylactic measures, the board has recommended quarantine for 3 weeks and the frequent use of antiseptic washes for the nose and mouth.

DR. C. F. EIKENBARY, Spokane, Wash.: There could hardly be any doubt as to the contagious nature of this disease, yet we find occasional sporadic cases. In this recent epidemic, it seemed that the child was sick longer than usual before paralysis developed, and this would seem to suggest the possible prevention of paralysis. It is important to prevent deformity of paralyzed limbs by the use of splints.

[The splint or brace mentioned by Dr. Eikenbary is made of stockinette or some such woven material, saturated with celluloid. The celluloid is prepared by dissolving small pieces of celluloid in commercial acetone until a solution the consistency of mucilage is obtained. A plaster cast is made of the limb or part of the body where the splint or brace is to be worn. When this is prepared, the stockinette is stretched over the cast and plastered with the celluloid paste; then another layer of stockinette is added, plastered with celluloid paste, and so on until the desired thickness is obtained. To prevent curling and wrinkling, the splint is left on the cast for one week, or until thoroughly dry. The splint is then cut from the cast, trimmed to desired shape and size, and the edges bound to make them smooth.]

DR. J. W. GIVENS, Orofino: Climatic and atmospheric conditions have much to do in lowering the vitality of children. Children should not be exposed unnecessarily. They should be kept off the damp ground or grass in the evenings. As an intestinal cleansing agent, the old fashioned Epsom salts are excellent, given in small doses three times a day.

DR. J. A. PITTIT, Portland: Our greatest work should be along the line of investigating and determining the cause. The nasal theory appears to me to be rather overdrawn. The brain is not affected in infantile paralysis at all, yet if the infection gains entrance through the nasal mucous membrane one would naturally expect extension by continuity of tissues to the brain or its membranes. The spinal cord is affected and the paralysis shows that the diseased condition never extends higher than the motor cells of the fourth ventricle.

DR. L. P. MCCALLA, Boise: The profession should use greater moderation in discussing this disease, and consider the evil effects of unnecessarily alarming the public. The fear and dread of this disease is worse on the mothers of children than the disease itself. Many of these so-called abortive cases are not infantile paralysis at all, but cases of auto-intoxication due to gastro-intestinal disturbances. But granting that all of the cases reported are infantile paralysis, the disease is no more severe than whooping-cough, and we do not think that serious enough either to report or to quarantine. The disease may be infectious, but it is not proved to be contagious, and I think that the profession should frown down the newspaper notoriety recently given to this disease.

DR. RAY W. MATSON, Portland: Predisposition to disease in general is a probable important factor in the causation of this disease. The germs of various diseases are constantly present in the mouths and noses of most of us, but being more or less immune to these organisms, we are not affected by them. We have not yet been able to determine the specific organism of infantile paralysis, because the organism of this disease is what we term ultramicroscopic, like that of scarlet fever, and, therefore, invisible to present methods of examination.

DR. W. T. DRYSDALE, New Plymouth: In view of the extensive publicity given this disease and the doubtful prognosis in the cases reported, the State Board of Health should be commended for the position it has taken in the matter of quarantine.

DR. E. VAN NOTE, Boise: Some diseases increase in virulence, while others decrease, as in the case of small-pox. Have we the same old active poliomyelitis, or is it less active; and, if less active, will it remain so? Flexner's experiments seem to show that the virulence of this disease is increased by transmission in the monkey, so we may have the disease worse than now, and it is our duty to watch for this increase in virulence.

DR. G. E. HYDE, Rexburg: I do not believe in scaring people over trivial matters, but the condition existing in Idaho County, where in one district 10 per cent. of the children are ill with this disease, is no longer a trivial matter.

MR. EDGAR WILSON, Boise: From a layman's point of view, and from my experience as a member of school boards, I would like to endorse the remarks made by Dr. McCalla. I regret the tendency of newspapers to "scare-head" these health conditions. It can do no good, and often does a real harm. Public health matters are and have been very well handled.

DR. C. L. DUTTON, Meridian: It is not impossible for this condition to be due to more than a single specific infection. The state board is right in trying to prevent extension of this disease.

DR. W. T. WILLIAMSON, Portland: It is easy to believe that we have been having sporadic cases of this disease, caused by some different form of infection, but these are probably not due to the same cause as the epidemic cases. Flies, mosquitoes, and other insects, are possible carriers of the disease. The treatment must be begun early, for if the disease is allowed to progress we soon have what might be called "an organized disorganization," producing permanent lesions. The tendency of epidemics is to regress or diminish in severity, and we are not justified in expecting an increase in virulence of this disease simply because inoculation of monkeys produced a disease of increased virulence. It is hard to collect evidence of the contagiousness of a disease when we do not know the cause. Therefore, we should uphold the health boards in the matter of quarantine, until such time as we can determine the true specific cause.

#### Surgical Treatment of Cancer of the Prostate

DR. GEORGE S. WHITESIDE, Portland, read this article.

#### DISCUSSION

DR. A. A. HIGGS, Gooding: Early diagnosis is of importance in these cases if operation is to be of any value. If a case is at all suspicious of cancer, the patient should be referred early to a competent specialist for diagnosis and treatment.

DR. A. E. ROCKEY, Portland: I have done Young's operation for cancer and think it a splendid method, but I prefer to combine it with suprapubic incision. In most simple enucleations of prostate I prefer the suprapubic route.

DR. G. WHITESIDE, Portland: Suprapubic incision is not necessary, as the bladder is very easily brought forward. Hemorrhage is not a prominent symptom in early cancer. If present it is frequently due to irritation from catheterization. Success of operation depends on attention to thorough asepsis, both before and after operation, and the use of continuous irrigation for several days after.

DR. L. P. MCCALLA, Boise: Metastasis to the bones frequently occurs in cancer of prostate, and metastasis of cancer of the thyroid to the prostate is not uncommon. In regard to method of operating, each operator develops a technic of his own which for him is best. For five years I have used continuous irrigation with excellent results except in one case.

DR. H. GOODFRIEND, Albion: On the pathologic examination of several hundred cases of diseased prostate, about 2 per cent. of the specimens in one series were found to be malignant, while in a second series from another operator about 6 per cent. were malignant.

DR. G. WHITESIDE, Portland: I am familiar with the figures just given and the claims made by certain operators,

but I think that 10 per cent. is nearer the right figure of percentage for malignant cases.

#### Tubal Pregnancy

DR. J. A. PETTIT, Portland, read this paper.

#### DISCUSSION

DR. W. T. DRYSDALE: Is it advisable to postpone operation until after recovery from shock? In my opinion there is a considerable percentage of patients who do not die from the initial hemorrhage and shock, and most of them have a better chance for ultimate recovery if we wait until after recovery from shock before operating.

DR. L. P. MCCALLA, Boise: It is important to diagnose these cases early and to be prepared for the impending trouble. Most of these patients give a history of former pelvic inflammation and irregularity of menstruation, usually being from 2 to 10 days over-time rather than under-time. If gestation is located near the uterus we can usually find decidua membrane if the microscope is used. The pain is different in character from any the patient has before experienced. The best time to operate depends on the case, but not all patients should be operated on without preparation or recovery from shock. When it is possible to do so, these patients should be referred to an experienced surgeon. It is unusual for them to die if not operated on during profound prostration of shock. The points of especial assistance in making an early diagnosis are: (1) a history of past pelvic inflammation; (2) irregular menstruation, usually going overtime; (3) difference in type of pain, and (4) mucous type of discharge, often containing decidua cells.

DR. G. WHITESIDE, Portland: It is very interesting to me, as a genito-urinary specialist, to learn that human spermatozoa might remain active in the tube for as long as 3 weeks, and that the bat's spermatozoa might remain active for 6 months. It is interesting, also, to think of the possible medicolegal complications that might arise from these facts.

DR. VAN NOTE, Boise: It is usually taught that operation should be done in these cases of extra-uterine pregnancy as early as possible, but we often lose sight of the fact that the shock stops the hemorrhage. However, the hemorrhage is apt to recur on revival of the patient, and beginning of the recurrence would appear to be the ideal time for operation.

DR. G. H. COULTHARD, Idaho Falls: All these patients should be operated on as soon and as quickly as possible, clamps being used if necessary, and left on until it is safe to remove them.

DR. L. P. MCCALLA, Boise: I do not wish to be misunderstood as to my position in the matter of time to operate. A reason for postponing operation is the frequent unpreparedness in these cases, with lack of proper hospital facilities and skill in operating. Personally, I operate in all cases, but I probably have better advantages than the physician who sees his case in the country. It is safer to wait for proper preparation than to undertake an operation like this under improper surroundings and without proper preparation.

DR. J. A. PETTIT, Portland: I always operate as soon as a patient can be removed to hospital, as I have found that the operation itself causes no shock. It is the hemorrhage that causes death. Tubes that bleed freely are easy to remove or tie off, as they are not bound down by adhesions, and we must remember too that shock does not always stop the hemorrhage. I know of no way of estimating the percentage of these patients who would recover without operation, and it is also so difficult to diagnose the presence of a decidua vera that it is hard to say what size it might become.

#### Diagnosis and Treatment of Certain Hip-Joint Diseases

DR. C. F. EIKENBARY, Spokane, read this paper.

#### DISCUSSION

DR. L. P. MCCALLA, Boise: I am surprised to learn that many of these fractures occurred in younger people, as I have been of the impression that most of them were in old women.

Breaking up the adhesions under anesthesia is of great importance in securing a useful limb. I use the x-ray in these and all other fracture cases as a routine practice.

DR. E. VAN NOTE: I have obtained considerable assistance in determining the amount of tilting of the pelvis by placing a yardstick or rule across the pelvis on the anterior superior spinous processes.

DR. W. R. DRYSDALE: We frequently are in doubt for some time as to whether or not a fracture is really present, and, in my opinion, such cases should be treated as fractures until we are sure of diagnosis.

DR. EIKENBARY: We should not depend too much on the x-ray findings, as they may lead to error. The length of time that hip-joint disease should be treated must necessarily differ in different cases, but it should usually cover a period of from 2 to 3 or more years.

#### Hygienic Laboratory for State Board of Health

DR. RALPH FALK, secretary of Idaho State Board of Health, read a report on the needs the state had for such a laboratory, and asked the association to endorse the board's petition to the legislature, asking for a sufficient appropriation to equip and maintain such a laboratory.

After considerable favorable comment on the advantages to be derived from such a laboratory, the association, on motion of Dr. E. W. Kleinman, endorsed the plan for a state hygienic laboratory and unanimously joined with the State Board of Health in asking the legislature to appropriate sufficient money for its maintenance in an efficient and practical manner.

#### INDIANA STATE MEDICAL ASSOCIATION

*Annual Meeting, held at Fort Wayne, Sept. 18-30, 1910*

*(Continued from page 1759)*

#### Rabies—History and Treatment

DRS. H. S. THURSTON and H. R. MCKINSTRY, Indianapolis: Rabies was known as far back as the time of Aristotle, and was described by Galen and Celsus. In Berlin, rabies was common prior to 1875. Since then a law has been enforced requiring the killing of dogs suspected of rabies, and the muzzling and leading of dogs when in public places. There have been no cases of rabies there since 1883. Previous to Pasteur's work, treatment was ineffective. The method I follow is Pasteur's with the Calmette modification. In my opinion, the muzzling of all dogs will prevent 90 per cent. of human rabies. As a result of the Pasteur treatment, in 26,000 patients treated in Paris from 1886 to 1901, less than 1 per cent. died from hydrophobia. A similar ratio is shown in New York and other places.

#### DISCUSSION

DR. J. P. SIMONDS, Indianapolis: Rabies or hydrophobia is, in many ways, one of the most peculiar diseases known. It is classed among the infectious diseases, but there is probably no other infection in which the incubation period is so variable, in which so few persons (probably not more than 10 per cent.) inoculated with the virus actually develop the disease, and which is so uniformly fatal when once the symptoms have appeared. Of recent work on this perplexing disease, that of Paltauf is the most enlightening. He had the rare opportunity to perform autopsies on seven persons who had been bitten by rabid dogs, but died of some other cause. Four of these had not taken Pasteur treatment. Although they had shown no symptom of hydrophobia up to the time of their sudden deaths, their brains were proved to contain the rabie virus by the production of the disease in rabbits inoculated with them. The other three had taken Pasteur treatment and their brains were not virulent for rabbits. Paltauf's conclusions were that in infected persons the virus usually reached the brain and cord only to be destroyed there, in nine cases out of ten, by the natural protective mechanism of the body. The institution of Pasteur treatment merely rendered this natural defensive mechanism more effective. It is now less

than ten years since Negri discovered certain granular "bodies" in the brain cells of infected animals, and thus made possible a quick and accurate diagnosis of this disease. There has been much dispute as to the real nature of these "Negri bodies," and at least four theories have been advanced to explain them. Negri and others believe that they are protozoa, belonging to the microsporidia, and that they are the immediate cause of the disease. They base this conclusion on the internal structure and staining properties of the bodies. The specificity of these bodies for rabies is now generally accepted. Pool collected the statistics from six European laboratories in which the microscopic examination of 550 dogs' brains had been controlled by animal inoculation. In 334, Negri bodies were found, and all the guinea-pigs inoculated with these brains developed rabies. In the remaining 206 cases, no Negri bodies were found, but eleven guinea-pigs injected with these brains developed the disease. Hence this general principle has come to be accepted as expressing the truth: The finding of Negri bodies in a brain may be accepted as positive proof that the animal had rabies, but failure to find them does not prove absolutely that the animal was free from the disease. During the last 4 years an extensive epidemic of rabies has existed in Indiana. At the Indiana State Laboratory during this time the brains of 376 animals have been examined, and of these, 213, or 56.6 per cent., showed positive evidence of rabies. This by no means represents the actual number of cases of the disease, for many animals known to have been infected die of the disease and their heads are not sent to the laboratory at all. Our method of diagnosis is as follows: Stained smears from Ammon's horn and the cerebellar cortex are examined for Negri bodies. If these are found the case is pronounced positive at once. If Negri bodies are not found and the dog has bitten some human being, a guinea-pig is injected subdurally with an emulsion of the brain. It has been only a very rare occurrence that the guinea-pig test has proved positive when no Negri bodies were found with the microscope.

It is impossible to measure accurately the amount of damage done in this state by rabid animals. Our records show that 165 persons have been bitten, but this probably does not represent half the actual number. The loss of live stock has been very great. A dairyman at Richmond lost fourteen fine milk cows as the result of the ravages of one dog. Similar stories of large individual loss have come from other parts of the state. Early this year there were indications that the epidemic was abating. But since May a large number of cases have developed in territory hitherto free from the disease. In the north central part of the state there is a newly infected district, including Howard, Carroll, Tippecanoe and Benton counties, the chief foci being about Kokomo and Lafayette. In the south central portion is another strip of recently infected territory, extending from Wayne county southwest through Fayette, Rush, Shelby and Decatur counties. At present the outlook for subsidence of the infection is not very promising.

DR. HELEN KNAKE, Indianapolis: Those who have followed the work of the Indiana State Laboratory through the last five years, especially since 1906, will know that everything has been tried to eradicate this epidemic of rabies. In 1906, especially, the epidemic was widespread. Few portions of the state did not suffer damage on account of it.

Those who have stood, as I have, at the death-bed of a person dying from hydrophobia, will never forget it. Usually the greatest trouble is with the people who believe that every one's dog is liable to harbor the infection except their own. Occasionally a community will pass a muzzling order. Muzzling is the only way to stop the spread of this infection; but my experience has been that such laws are very imperfectly enforced, and that enforcement is not persisted in long enough to do any good. These sporadic efforts, however, are of no value. Any measure to be effective must be state wide. There must be no place where the dogs are not muzzled. Half our measures are worse than none at all, and only tend to bring into discredit the only method which brings any results if persisted in. If we would only muzzle every dog that is worth the cost of a muzzle, and destroy all the rest, we