Running Fits
(Fright Disease)

BY C. D. STEIN

FRIGHT DISEASE is seldom fatal, but it can be very alarming to the dog owner who suddenly encounters it and confuses the condition with rabies. Here is a summary of the little that is known about this mysterious malady.

RUNNING FITS is a nervous affection of dogs commonly known also as fright disease, barking fits, furious fits, or canine hysteria. The condition occurs in dogs of all breeds, of all ages, of both sexes, and at all times of the year. Although more or less prevalent throughout the United States, it seems to be more common in the Southern States than elsewhere.

SYMPTOMS

Running fits is characterized by periodic attacks of running and barking, together with manifestations of excitement and great fear. Between the attacks the animal usually appears normal, though sometimes becoming dull and listless. Usually the first symptoms noticed are restlessness, a staring expression of the eyes, and fright. In most instances the affected animal suddenly starts to run and bark as if pursued. The attacks, lasting from a few minutes to a half hour or longer, may occur at intervals of days, weeks, or months and may continue over a period of years. The mortality rate is usually low.

In mild attacks, after a short period of running, the dog will hide in a dark place, coming out later seemingly normal. Severe attacks may terminate in spasms or convulsions and may be accompanied by champing of the jaws, with a copious flow of saliva or involuntary passage of feces and urine. Less frequently the animal will remain

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1 C. D. Stein is Veterinarian, Pathological Division, Bureau of Animal Industry.

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timid or in a state of fear, will bark or snap at the slightest provocation, and will fail to recognize or obey commands given by its master. Occasionally the animal will suddenly commence to yelp and run until it falls exhausted. This type of attack occurs most frequently in hunting dogs.

The fits or convulsions that sometimes occur in young puppies heavily infested with intestinal parasites or cutting the permanent teeth should not be confused with this condition.

The symptoms of running fits are sometimes thought to be those of rabies because of the common but mistaken belief that a mad dog rushes wildly through the streets. Those who know the symptoms of rabies, however, seldom confound the two diseases. A veterinarian should be consulted when there is doubt as to the true nature of the trouble.

THEORIES AS TO CAUSE

The basic cause of running fits is still unknown. Several theories have been advanced, suggesting as the cause specific infection, hereditary predisposition, inbreeding, circulatory disturbances, faulty or deficient diet, indigestion, alimentary toxemias, foreign bodies in the digestive tract, parasitic infestation, estrum (heat), and sundry irritations and excitements. None of these theories, however, have been substantiated by sound experimental evidence.

Practicing veterinarians and investigators in the Bureau of Animal Industry and elsewhere have frequently observed that improper feeding, especially a long-continued diet composed largely of meal, cereals, breadstuffs, or dog biscuits, may produce a condition much like running fits, particularly in dogs that are kept confined. On the other hand, dogs that have liberty to run about and are on a diet in which meat plays a major part seldom develop the disease.

In recent years considerable attention has been given by investigators to dietary deficiency as a cause of running fits. Walston reported experimental evidence to indicate that the affection may be due to vitamin A deficiency. Dogs affected with this condition and fed largely on cereals recovered when the diet was changed so as to contain more vitamin A. Patton, working with prepared dog foods processed by heat, reported experimental evidence to indicate that running fits may be a vitamin B₁ deficiency and advocated the administration of thiamin in treatment.

Arnold and Elvehjem reported experiments in which symptoms of running fits in dogs were produced by foods that had been subjected to high temperatures. They suggest that the deficiency in heat-processed dog foods is in the protein rather than the vitamin content. Morgan reported that heated proteins show a decrease in biological value, that vitamin B₁ withstands heat poorly and is likely to be low.

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5. For a further brief discussion of nutritional aspects of the disease, see p. 1211.
in all heat-treated dog foods, and that the foodstuffs in all diets on which symptoms of running fits have been produced experimentally were baked or autoclaved (cooked by steam under pressure).

Schlotthauer, on the other hand, reported that he was unable to produce symptoms of running fits in normal dogs by feeding heat-treated dog food or by various diets deficient in vitamin B₁. He suggests that running fits are produced in normal dogs by some toxic substance in the diet, but that they may be produced in dogs with hereditary epileptic tendencies or in dogs infected with neurotropic organisms (those affecting the nerves) by feeding irritating substances or by deficient diets.

**TREATMENT AND PREVENTION**

In the treatment of this affection and in the prevention of further attacks, careful regulation of the diet of affected dogs is of first importance. Fresh meat, milk, and eggs should constitute a large part of the diet. The importance of fresh meat in the diet of a dog is stressed. The bowels must be well regulated at all times. Faulty sanitary conditions should be corrected, and care should be taken to prevent overexertion or undue excitement. At the present time no specific medicinal treatment is known.

Since infestation with parasites, constipation, indigestible material in the digestive tract, occlusion, or stoppage, of the anal pouches, or ear mites may aggravate mild affections of running fits and intensify the symptoms, measures for detecting and correcting any of these difficulties must also be included in the treatment.

In animals that do not have liberty to run about, the occasional use of small amounts of cod-liver oil, calcium lactate, and yeast as supplements in the regular diet is sometimes advisable.

During an attack, if affected animals are placed in a dark room, kept free from annoyance, and not molested, they will often recover in a short time. Following recovery, the animal should be kept as quiet as possible to avoid a recurrence of symptoms. Dogs that remain in a state of nervousness or show signs of increased nervous irritability should be given nerve sedatives. In some cases the removal of irritating, indigestible material from the digestive tract by intestinal irrigation is followed by immediate improvement. It is suggested that actual treatment be undertaken by a qualified veterinarian only.

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