markets for animals found clear by the Ministry of Agriculture and a special premium may be paid on milk production. This will encourage the farmer to raise the standard of his herd and increase his milk production. Dairy herds will be checked initially by what we call the milk ring test, beef herds by the serum agglutination test.

It is not often appreciated that veterinary surgeons have contact with infected animals in a way that no other person, even a doctor, has contact with disease. When calving a cow the vet's nose, ears and eyes are very close to the posterior of the animal. It is difficult to wear adequate protective clothing. We wear gowns and gum boots, and it has been suggested that we should wear face masks as well, but I find this trying.

The only other measure we can take is to douse the cow with water and disinfectant, not to kill off the infection but just to damp down the dust so that we do not inhale it. Veterinary surgeons often get the natural infection, and infection from the use of strain 19 vaccine. Cows do not stand like a human patient, they object and the vet is liable to be kicked; his hands may be injected with a large dose of strain 19.

Discussion

Dame Annis Gillie: Is there anything that the family doctor can do to help solve this mystery of the life history of toxoplasmosis?

Dr Williams: It is difficult to define the role of the family doctor in toxoplasmosis, but in some areas he could probably help to solve some problems. His main attack should be on acquired lymphadenopathies; if we had blood submitted from this kind of patient, and were able to show a high—or better still a rising—titre we could confirm the diagnosis. I think this may be worthwile in these conditions, which frequently cause a good deal of mental anguish to the parents. Children with enlarged glands become irritable and unwell, the disease process dragging on for a very long time. They are frequently suspected of having serious illness, and yet we know that uncomplicated lymphadenopathy is never fatal. If we could assess the incidence of this condition more accurately perhaps we could find the means by which the disease spreads.

Dr J. W. Ewing Forrester (*Glasgow*): In view of what has been said this afternoon, how should a dog bite be treated?

Dr Elias-Jones: This is a difficult question because so many things could be involved. I suppose you were thinking of pasteurellosis, and I would advise the usual measures, accompanied if necessary by debridement of the wound, because if the tissues are devitalized there is a greater risk of infection. There is also a good case for prophylactic penicillin.

Dame Annis Gillie: Any other views from bacteriologists on this subject? One thinks particularly of small puncture wounds in children—from cat or dog bites. They are the difficult ones to handle.

Dr Elias-Jones: There is a risk of tetanus. If we can persuade everybody to be actively immunized with toxoid this anxiety would pass.