Tybalt Weir

MAD DOG

We gave Fern the first sedatives the night before the appointment: three trazodone, two gabapentin, given before bed; two hours before the appointment, she'd need the same thing again. She's fifty-five percent German Shepherd. The rest is mutt, mostly Chow Chow and Rottweiler, according to the DNA test we did on her, expecting collie or coonhound. She weighs almost ninety pounds, and the fifteen percent of her that's Chow Chow presents strong in her personality: stubborn, protective, and temperamental. She's all muscle, high prey drive, shockingly fast, and never stopped pulling on her leash (which is split by a coupler to hook to both her collar and her harness, for extra control). We switch to the Martingale collar every time we have to take her for a walk. She'll nearly strangle herself on it to pull ahead a little farther. We tried cut her nails before her appointment. It took all afternoon, with long breaks and countless treats and a scrape on my hand when she panicked and tried to nip me. Her big head peered around the office chair my husband sat in as she tried to avoid the clippers. She was going in for a simple checkup at the vet, second attempt, and her rabies vaccine booster.

I kept hearing about rabies on the Eastern Shore of Maryland. Small blips among more sensational news, but here and there was a confirmed case, three counties now - Worcester, Wicomico, Somerset. We live in Wicomico, and the vector was a bat. No dogs have been any of the recent confirmed cases. My husband once saw a raccoon walking stiff-legged and open-mouthed across Riverside Drive in broad daylight, casting its glassy little eyes towards our Volvo's bumper. We never found out what became of that raccoon. I can hazard a guess.

My fascination with rabies started young. I was a precocious reader, a weird and morbid little kid, and prone to fantasizing. I was very fond of stories about wolves, about adventurers with loyal dogs, and about wilderness survival. Rabies was part and parcel, the kind of thing people think about when they think about the woods. There's something wild about it, antithetical to the civilized world of over-the-counter cough medicine and leash laws. It hasn't yet been de-fanged by modern medicine, and that makes a chill travel up your spine when there's a case in your area.

I learned that I liked learning about things that frightened me. Most of the time, when I learn more about something, it becomes less frightening. Spiders, tornadoes, things like that. Spiders are just another animal, and their bites are usually rarely fatal. Tornadoes can be predicted, warned of, and hidden from. There's avenues of treatment, methods of survival. If you know enough, if you're quick enough in your response, you might

make it through. That's what was different about rabies, I learned. In one of those books I devoured as a child, a character would contract it. Maybe a bat falls on a dog's snout, a fox bites a leg, or a wolf licks another wolf's rabid mouth and there's one unlucky open cut somewhere. One fluid transmission, and the virus slips in unnoticed. It's always the same haunting detail that got my attention, no matter the character - they were dead the second the virus got in. And yet, they didn't die, not for maybe months at a time. A sort of lingering false life, the lull in which they go on believing that very little of importance has happened, or that their crisis is over. But unless they're a human who's gotten an impressive round of injections before they can become symptomatic (and that is generally not the case in wilderness adventure books), they were dead the entire time. It's just that they didn't know it.

Lyssavirus rabies - that's its scientific name - attacks the central nervous system. It's zoonotic, which means it can jump between species. It can jump from a bat to a raccoon to a dog and to you, and you may not even know it. It's uncommon in the United States, but it's sneaky. The thing is the incubation period. A bite untended or unnoticed (bats' teeth are notoriously tiny), a period of a month or two or three where nothing happens. The virus seems to bide its time. It multiplies and transmits through fluids, primarily saliva, as it makes its way up the spinal cord to the brain. The grab-bag of symptoms includes fever, hallucinations, paranoia, confusion, paralysis, and terror. The brain swells. Of course, that doesn't start abruptly. This instead begins with headaches, fever, and other vague nonspecific symptoms. It happens possibly months after the virus traveled to the unfortunate host. It's easy to see how by the time the victim is symptomatic, the memory of the transmitting incident might be long passed, and the prodromal stage might feel like a cold. In its effort to reproduce and further itself, it may trigger an intense, painful response to water – the infected person or animal is agonizingly thirsty, but any attempts to drink are met with spasms and the closing of the throat. Even the sight of water can cause this. They're left unable to quench their thirst. Saliva gathers in the throat but cannot be swallowed normally, and there you've got that classic mouth-foaming from the movies – the virus effectively forcing its host to run a perpetual drip of its most effective transmission method.

There's a couple different types of rabies. We don't really know why, as it seems to be the same virus species every time, it's just some variation in the response. The version you probably know is "furious rabies". That's that Cujo type. The host becomes anxious, hyperactive, and agitated. Animals with this form may roam around, even outside their normal waking hours. They're aggressive and bite anything they're able to grab in their neurologically impaired state. In the book Rabid, an early anecdote recounts a young couple's encounter with a gray fox suffering from rabies in the Adirondacks. The fox lingered outside their door, effectively keeping them captive inside their home. "When an animal control officer arrived, the fox attacked his SUV, repeatedly sinking its teeth into the vehicle's tires. He shot at it multiple times from out his driver's side window but failed to hit his mark. Later, after the officer had finally run the fox over, he told a reporter that it was the single most aggressive foe he had encountered in nine years on the job. 'This was a four- or five-pound animal

attacking a 3,000-pound vehicle,' he said." (Wasik and Murphy, p. 2) This is the rabies you probably know.

The other form is "dumb rabies". The host isn't attacking, it mostly stumbles around in a delirious zombie-like state, dripping the excess saliva and deteriorating towards paralysis, coma, and death. It comes as no surprise that it's other name is "paralytic rabies". It's less dramatic, but still terrible to witness. The host still sheds fluids relentlessly, developing a filthy, haggard, and perpetually damp look.

In a few rare cases, one doesn't even need to be bitten by a wild animal: In December of 2024, a patient in Michigan received a kidney transplant from an Idaho donor at a hospital in Ohio. Weeks later, the patient begins to show signs of illness - tremors, weakness, incontinence. He was later hospitalized with a high fever. Perhaps to hospital staff it looked like rejection of the organ, following the most logical train of thought. Organs reject sometimes, an unfortunate part risk with transplants. However, one symptom the patient developed was rather unique - hydrophobia.

Realizing the patient's symptoms were consistent with rabies, the hospital contacted the CDC and the Ohio health department, where the donor's history was reviewed, and it was found that the donor questionnaire reported a skunk scratch. Why a donor with an untreated injury from a wild animal was accepted is unclear. The donor's symptoms included dysphagia, ataxia, stiff neck, and hallucinations - also consistent with rabies.

The Michigan patient died in January of 2025, after 7 days of hospitalization, and a battery of samples were sent to the CDC, who confirmed the presence of the virus' RNA in the patient's saliva and brain tissue.

Other patients had received corneal transplants from the same donor, and after the confirmation of the infection, the grafts were promptly removed and the patients given PEP (post-exposure prophylaxis) treatment. None showed any symptoms of rabies.

Between 1978 and 2025, this makes a total of four incidences of human-to-human transmission of rabies. (Earnest et al.)

The CDC's guide to post-exposure prophylaxis states: "Rabies post-exposure prophylaxis (PEP) includes wound care, human rabies immune globulin (HRIG), and a four-dose vaccine series." HRIG is, more simply, rabies antibodies, and administered at the beginning of treatment. After this, the infamous rounds of injections. They're all 1.0 mL and intramuscular. IM injections use a needle between 1 and 1.5 inches in length, and 22-25 gauge, which is fairly thick if you're not familiar with needle gauges. The needle, as the name implies, pierces directly into the muscle. CDC's schedule for rabies vaccine doses specifies, "One injection each on days 0, 3, 7, and 14." Rabies is a disease of sharp contrast. PEP has never failed. But once symptomatic, rabies is nigh-untreatable. The switch flips, and you're marked for death.

We did not get Fern's rabies booster that day. She got her drugs and as they kicked in she tripped over her paws and lay down on the floor staring hazily into the middle distance, but the second she was loaded into the car and thus made aware there was something occuring, the adrenaline kicked in and seemingly wiped that sedative from her system. Her big

brown eyes with white half-moons showing, darting around her surroundings. A constant panting and wide grimace. The black fur around her mouth and eyes made the expression look cartoonish, almost. It was kind of funny. That time, anyway.

One day, I looked outside the kitchen window and saw her lead lying in the dirt with no dog attached. After that, I didn't see her for a while. She was missing a long time, about a month and a half. We scoured the neighborhood, in yards and down side streets and behind houses. We put up posters. I made a Facebook post and my mother-in-law wrote into Nextdoor. Sporadically, somebody would have seen her, a glimpse of a long-legged dog with a curly tail disappearing into the brush. We checked a spit of overgrown, scrubby woods surrounding the little megachurch satellite across the street, but it was so thick and unkempt that it took hours to navigate even part of it. We tried, though, for days. Eventually, covered in ticks and scratches from thorned bushes, aching and sweating, we gave up. We went back to waiting at the house, checking our phones, refreshing the poster as it faded in the rain.

There were sightings. It had to be her, I knew it, we didn't have stray dogs around our neighborhood. They got stranger, though. One said she looked injured, another said she looked sick. One said she stood in the far end of their yard and stopped to stare at them hazily before she slowly ambled back into the woods.

Then came the call. A man on the other end, telling us she was in the field behind the church. Just across the street. I walked out, into the night. The church stood out in the dark with floodlights pointed at its face. A flat slab of white with an open gabled roof and one austere wooden cross. It looked like a museum piece, the way it was illuminated. There was a thick precipitous fog filling the air and the pavement was black and slick. The parking lot disappeared into the fog, like it could go on forever. Into the parking lot I stepped, and there she was - my missing dog, standing beneath the cone of diffuse light from one of the church's LED light poles. I should have been relieved, even overjoyed. My dog, my friend, my missing companion, the lost member of our little family. But something in the way she stood made me stop. I couldn't place it. It was…the way she was carrying herself. The set of her tail. Her labored breathing. My flashlight felt heavy as I raised it to her. I watched the light bounce off her eyes and make them into little marbles of light. It settled onto her face, and I saw it. Thick saliva, whipped into a foam around her black mouth. That wide, wide grimace. Her eyes, glassy and thoughtless.

She'd never bitten me, she wouldn't hurt me. But in that moment, it wasn't really her. Not when she suddenly lunged at me and closed the distance with horrific speed, and as I put my arm up in instinctive defense, her white teeth wrapped around, and this time they didn't stop-

Of course, none of that really happened. I shook off my imagined nightmare scenario. My dog did not go missing, nor did she contract rabies from some unknown creature in the woods. Right now, she's asleep in my room, lying out on the carpet enjoying the air conditioning and her favorite toys. I'm sorry for the deception. My brain gets ahead of itself, sometimes.

We still didn't get her booster shots at that appointment, though. We still paid over two hundred dollars in time, a fecal sample analysis, and a six-month supply of heavy duty flea and tick preventative, and she's still overdue for vaccine boosters. Her next appointment is in June.

I think I'll take her for a walk.

Works Cited

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