

of great difficulty. The frequency of tubercle amongst children would appear to be a strong argument in favor of believing that the milk of cows affords the most likely source of infection. He quoted Stillé in the *British Medical Journal*: out of 269 necropsies on children, one-third showed tubercular lesions. Forty-three per cent. occurred at the milk-drinking period of life, and 56.2 per cent. occurred in the first three years of life. The mortality from tubercle in early childhood is not decreasing; and the opinion that the prevalence is due to infection from milk from tuberculous cows seems to be well founded. Examining Dr. Stillé's statistics, there is difficulty to make out which are the older and which are the recent lesions. Large cheesy masses in the mesenteric glands indicate that the intestinal lesion is the older; and if in the bronchial glands the lesion is older, this was the source of the infection. Thus, of the 269 cases above referred to, the channels of infection were found as follows: respiratory, 57.3 per cent.; intestinal, 33.4 per cent., probably directly, and so from milk; bones, joints, etc., the balance, altogether about 50 cases out of the 269. In 1890, the testing of cattle was encouraged to the utmost possible extent by the Government. In 90,000 inspected cattle at Montreal, in 1894, only 80 were rejected, and only two of these were recognized as suffering from tuberculosis, and even in them the disease was only limited. Pleuro-pneumonia is absolutely non-existent in Canada. Out of 2,000 post-mortems at Montreal, there were only fourteen cases in which tubercle were detected in the lungs, *i. e.*, 0.06 per cent. He advocated the appointment of inspectors, to kill off, or buy and place on Government reserves, all infected cattle; and then, in a very few years, Canada will become practically free from the disease, and become a great centre for the breeding of high-class cattle, and other countries will have to come to us for their stock.

Prof. OLDRIGHT (University of Toronto) asked whether the statistics quoted by Dr. Adami were slaughter-house statistics or otherwise.

Dr. J. J. MCKENZIE (Bacteriologist to Ontario Board of Health) spoke of the effect of climate in reducing the amount of tuberculosis amongst our cattle and stated that our climate is favorable for this. The difficulty is that the cattle that ought to have the benefits of the climate, in winter time as well as in summer, are shut up and housed in small stables in which every breath of fresh air is kept out, as their owners think more of keeping them warm. Here we have a very favorable condition for the spread of tuberculosis. As to the presence of tubercle bacilli in the milk some six years ago he investigated some twenty-five cattle that reacted to the tuberculin test. He examined the milk of all these cows, using the specimen after passing through the sepa-