

Dr. George M. Kober tabulates eighty-six cases of tuberculosis showing the transmission of bovine tuberculosis to human beings through milk. Added to those specific cases, it is now a well-known fact that the bovine tubercle bacillus has been found in an active state in the intestines of young infants. So that the chain of evidence is almost as nearly complete as anything in scientific medicine can be.

Even Koch now admits the presence of bovine tubercle bacilli affecting the mesenteric glands of children, and, I believe, the recent International Congress on Tuberculosis at Washington sustains a 95 per cent. testimony and belief that the bovine tubercle not only attacks intestinal glands, peritoneum, the meninges, and bone, but, in addition, this bovine bacillus finds its way to the lungs to produce phthisis pulmonalis, all of which infection may be definitely traced to the ingestion of milk bearing the germs of bovine tubercle.

Dr. John Ferguson, of Toronto, has recently quoted the report of Martens, of Copenhagen. Dr. Martens found some 123 cases of tubercular disease among 511 children of an institution which received its milk supply from a herd of tubercular cows.

To return from this digression let me quote Power of London who sums up the points of note in milk epidemics, and shows the outbreaks to have the following characteristics.

(1) Outbreak, sudden and cessation also abrupt, if allowance is made for the late cases which have probably become infected from the earlier cases and not by the milk.

(2) A large proportion of the attacks are simultaneous. The outbreak also reaches its maximum too rapidly to admit the possibility of infection from a first case.

(3) Two or more persons in the same house are taken ill at the same time. This may occur apart from milk infection, but it is very exceptional as regards the first invasion of the household.

(4) A very large proportion of the household attacked will be found to have a common milk supply which, however, may not be distributed by the same retailer.

(5) If the households are classified according to the amount of milk consumed daily, it will be found that the attacks are more numerous among those consuming a larger supply. The wealthier consumers generally suffer more than the poorer.

(6) Attacks are rare among persons who drink little milk or only take it in tea or coffee, or always have it boiled.

(7) In scarlet fever milk epidemics the type of disease is usually mild and attended with low mortality.

(8) Infected cream or milk kept over night has been found to cause more virulent cases of the disease than milk consumed in the fresh state