

the disease, and it is reasonable to suppose in the absence of conclusive proof to the contrary that human beings can be similarly infected by the ingestion of bovine tuberculous matter.

Of this we now have positive evidence. A little daughter of Gosse, a physician of Geneva, was infected by drinking the milk of a cow on the physician's own farm. The child died. Gosse conducted a post mortem and conclusively demonstrated that the cause of infection was the milk upon which the child had been fed and which proved to have come from a cow with tuberculosis of the udder.

Dr. George M. Kober tabulates 86 cases of tuberculosis, showing the transmission of bovine tuberculosis to human beings through milk. Added to these 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 near 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, 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 Martin, of Copenhagen. Dr. Martin 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 households attacked will be found to have a common milk supply, which, however, may not be distributed by the same retailer.