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U.S. Bureau of animal industry

Disposition of

Tuberculous



Carcasses.

DECISIONS ON TUBERCULOUS CAR-
CASSES RETAINED FOR DEMONSTRATION
AT MEETING OF VETERINARY INSPEC-
TORS OF THE BUREAU OF ANIMAL IN-
DUSTRY AT CHICAGO, MAY, 1909.

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MAY 23 1910
R. G. B.

UNITED STATES DEPARTMENT OF AGRICULTURE,
BUREAU OF ANIMAL INDUSTRY,
WASHINGTON, D. C.

May 28/1909

June 28, 1909.

DISPOSITION OF TUBERCULOUS CARCASSES.

During the recent meeting in Chicago of the veterinary inspectors in charge of the various meat-inspection stations in the United States the following-mentioned hog and cattle carcasses affected with tuberculosis were retained for the purpose of demonstrating the extent and character of the lesions which would permit of the disposition of these carcasses for food, lard, tallow, or offal, in accordance with the present rules and regulations governing meat inspection. In making these dispositions the chief intention was to give an appropriate interpretation of the present post-mortem regulations in order that greater uniformity would obtain in the various meat-inspection centers upon this most important disease of food-producing animals.

For comparative purposes it was assumed that the live weight of each of the hogs in question was 250 pounds.

HOG NO. 27.

Cervical glands.....Slight and calcified.
Bronchial glands Do.
Gastro-hepatic glandsWell marked and calcified.
Mesenteric glands.....Slight and calcified.

Disposition: Food.

Remarks: This carcass would still be passed for food in case liver foci (not exceeding 12 in number) were present, with either the anterior node of the sublumbar gland or the prescapular gland involved.

HOG NO. 23.

Cervical glands.....Enlarged and calcified.
Bronchial glandsSlightly enlarged and calcified.
Portal glandsNormal size; lesions slight and calcified.
Mesenteric glands.....Slight and calcified.

Disposition: Food.



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TOP SECRET

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key challenges that must be addressed in order to ensure its successful completion.

TOP SECRET

2. The project has made significant progress since its inception, with several key milestones having been achieved. However, there are a number of areas where the project is currently lagging behind schedule, and these must be addressed as a matter of priority.

TOP SECRET

3. The primary challenge facing the project is the limited availability of resources, particularly in the area of personnel. This has resulted in a number of key tasks being delayed, and it is essential that a plan be developed to address this issue as soon as possible.

TOP SECRET

4. In addition to the resource constraints, there are also a number of technical challenges that must be overcome. These include the need to develop new software tools and to integrate these with existing systems, a task that will require significant time and effort.

TOP SECRET

5. It is therefore essential that a clear plan be developed to address these challenges, and that this plan be implemented as a matter of priority. This will involve the allocation of additional resources to the project, and the development of a detailed schedule of tasks to be completed.

TOP SECRET

6. The project team must be kept informed of the progress of the project, and of the challenges that are being faced. This will involve the regular reporting of progress to the project sponsor, and the holding of regular meetings with the project team to discuss the issues that are being encountered.

TOP SECRET

7. It is therefore essential that a clear plan be developed to address these challenges, and that this plan be implemented as a matter of priority. This will involve the allocation of additional resources to the project, and the development of a detailed schedule of tasks to be completed.

TOP SECRET

8. The project team must be kept informed of the progress of the project, and of the challenges that are being faced. This will involve the regular reporting of progress to the project sponsor, and the holding of regular meetings with the project team to discuss the issues that are being encountered.

TOP SECRET



MEMORANDUM

TO : [Illegible]

FROM : [Illegible]

SUBJECT : [Illegible]

1. [Illegible]

[Illegible text block]

2. [Illegible]

[Illegible text block]

3. [Illegible]

[Illegible text block]

4. [Illegible]

[Illegible text block]

5. [Illegible]

[Illegible text block]

HOG NO. 5.

Cervical glands.....Calcified.
 Bronchial glands Do.
 Lungs.....Localized in ventral lobes, slight in adjoining portion of main lobe.
 Diaphragmatic pleura.....Area corresponding to lung area.
 Portal glandsSlight and calcified.
 Mesenteric glands Do.

Disposition: Lard.

HOG NO. 3.

Cervical glands.....Slight.
 Bronchial glandsCaseous.
 Lungs.....A few shot-like nodules on right ventral lobe, also on periphery of main lobe.
 Liver.....Nodules, fairly well distributed.
 Gastro-hepatic glandsCaseous.
 Spleen.....Several well defined nodules.
 Pluræ.....Several small areas scattered over right side.

Disposition: Lard.

HOG NO. 21.

Cervical glands.....Arbor vitæ appearance.
 Bronchial glandsA few foci.
 Lungs.....A few shot-like nodules.
 Liver.....Fairly well marked with pinhead foci.
 Portal glandsEnlarged, caseo-fibroid condition.
 Mesenteric glandsSlight arbor vitæ formation.

Disposition: Lard.

HOG NO. 1.

Cervical glands.....Slight and calcified.
 Bronchial glandsEnlarged and caseo-calcareous.
 Lungs.....Few shot-like nodules in each main lobe.
 Gastro-hepatic glandsEnlarged and caseo-calcareous.
 Liver.....Nodules fairly well distributed.
 SpleenSeveral nodules.
 Prescapular glands Slight and caseo-calcareous.

Disposition: Lard.

HOG NO. 12.

Cervical glands.....Slight, calcified.
 Bronchial glandsWell marked and caseous.
 Mediastinal glandsCaseous.
 Lungs.....A few scattered shot-like nodules.
 Pleura.....Similar nodules on each side of pleura.
 Portal glandsEnlarged and caseous.
 Liver.....Well marked with pinhead foci.
 Spleen.....Two small foci.
 Anterior sublumbar gland.....Caseous,
 Mesenteric glandsSlight and caseous.
 Prescapular glandsSlight, caseous; both glands.

Disposition: Lard.



HOG NO. 4.

Cervical glands.....Caseo-calcareous.
 Bronchial glands Do.
 Lungs.....A few shot-like nodules.
 Pleura Do,
 Inf. thoracic gland Calcified.
 Portal glands Caseo-calcareous.
 Liver.....Fairly well marked with pinhead foci.
 Spleen Several nodules.
 Splenic gland Calcified.
 Ant. sublumbar gland..... Do.
 Mesenteric glands Many enlarged, caseo-calcareous.
 Sup. inguinal gland..... Slight and calcified.

Disposition: Lard.

COW NO. 33.

Bronchial glands Slight, caseous.
 Mediastinal glands Do.
 Lungs.....Two nodules size of walnut in main lobe
 of right lung.
 Prescapular glands Enlarged, broken down and partially liquefied.

Disposition: Tallow.

Remarks: The character of the lesions and the large amount of tuberculous pus present prevent the passing of this carcass for food.

STEER NO. 28.

Bronchial glands A few caseous lesions.
 Ant. mediastinal glands Normal size, small caseous lesions.
 Lungs.....Hazelnut-sized nodule in main lobe of left
 lung.
 Portal glands Several small caseous lesions.
 Liver.....Four walnut-sized caseous nodules.
 Mesenteric glands Several well marked and caseous lesions.

Disposition: Tallow.

Remarks: The caseous character of the lesions in this carcass causes it be used for tallow according to the regulations.

COW NO. 29.

Bronchial glands Slightly enlarged and caseous.
 Ant. and post. mediastinal glands Slightly enlarged and caseous.
 Lungs.....Hazelnut-sized nodule in main lobe of right
 lung; small nodule in main lobe of left
 lung; small nodule in cephalic lobe.
 Portal glands Much enlarged and caseous.
 Liver.....25-30 scattered through substance of liver.
 Mesenteric glands Two caseous lesions.

Disposition: Tallow.

STEER NO. 30.

Bronchial glands Slightly enlarged and caseous.
 Mediastinal glands Do.
 Lungs..... A nodule the size of a hen's egg in main
 lobe of left lung; in left cephalic
 lobe a nodule the size of a walnut.
 Portal glands Well marked and caseous.
 Liver.....Two extensive areas, caseous.
 Mesenteric glands Two glands show slight caseous lesions.

Disposition: Tallow.



HOG NO. 13.

Cervical glands.....Extensive, caseous, and liquefying.
 Bronchial glandsSlight and calcified.
 Mediastinal glands Do.
 Lungs.....Uniformly distributed shot-like nodules.
 Pleura.....Small nodules scattered over each side.
 Liver.....Miliary foci.
 Spleen.....Well marked nodules.
 Mesenteric glandsSlight and caseo-calcareous.
 Super. inguinal glandsGlands of both sides fairly well marked
 and caseo-calcareous.

Disposition: Offal.

Remarks: Generalization of the disease is here evidenced by the uniformly distributed tubercles in both lungs.

HOG NO. 20.

Cervical glands.....Arbor vitæ appearance.
 Bronchial glandsEnlarged, hemorrhagic but no visible tuberculous lesions.
 Lungs.....Filled throughout with shot-like nodules.
 Liver.....Miliary.
 Pleura.....Well marked acute lesions.
 Portal glandsHemorrhagic but no visible lesions of tubercle bacilli. A few nodules on portion of serous membrane attached to liver.

Disposition: Offal.

HOG NO. 25.

Cervical glands.....Extensive, caseous.
 Bronchial glandsEnlarged and caseous.
 Lungs.....Well marked caseous lesions in both lungs.
 Portal glandsMuch enlarged and caseo-calcareous.
 Liver.....Miliary.
 Spleen Do.
 Mesenteric glandsSlight but affects entire chain.
 KidneysAbout a dozen miliary tubercles.
 Renal glandMuch enlarged and caseous.
 Prepectoral glandsHemorrhagic and caseous.
 Precrural glands.....Well marked and caseous.

Disposition: Offal.

HOG NO. 14.

Cervical glands.....Slight and calcified.
 Bronchial glands Do.
 Mediastinal glands Do.
 Lungs.....A few scattered shot-like nodules surrounded by hyperemic zones in both lungs.
 PleuraWell marked acute lesions on both sides.
 Prescapular glands.....Both slight and calcified.
 Liver.....Fairly well marked with miliary foci.
 Splenic gland.....Slight and calcified.
 Mesenteric glands Do.
 Iliac glands Do.
 Renal gland Do.
 Sublumbar glands Do.

Disposition: Offal.

Remarks: The thoracic lesions are actively progressive, as indicated by the presence of young tubercles and acute inflammatory zones surrounding them.



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HOG NO. 8.

Cervical glands.....Slight and caseous.
 Bronchial glandsExtensive and caseo-calcareous.
 Lungs..... Do.
 PleuraGeneral over pleura.
 Inf, thoracic glands.....Caseo-calcareous.
 Portal glands Do.
 Liver.....Fairly well distributed.
 Spleen.....Three well defined nodules.
 Mesenteric glandsSlight and caseo-calcareous.

Disposition: Offal.

HOG NO. 26.

Cervical glands.....Much enlarged and caseo-calcareous.
 Bronchial glands Do.
 Lungs.....Ventral and cephalic lobes of each lung
 solidified; several well marked, acute
 lesions in main lobes; other lesions
 caseous and quite well distributed.
 Gastro-hepatic glands.....Very much enlarged and caseo-calcareous.
 Liver.....Numerous pinhead nodules.
 Mesenteric glandsSlight and caseous.

Disposition: Offal.

HOG NO. 10.

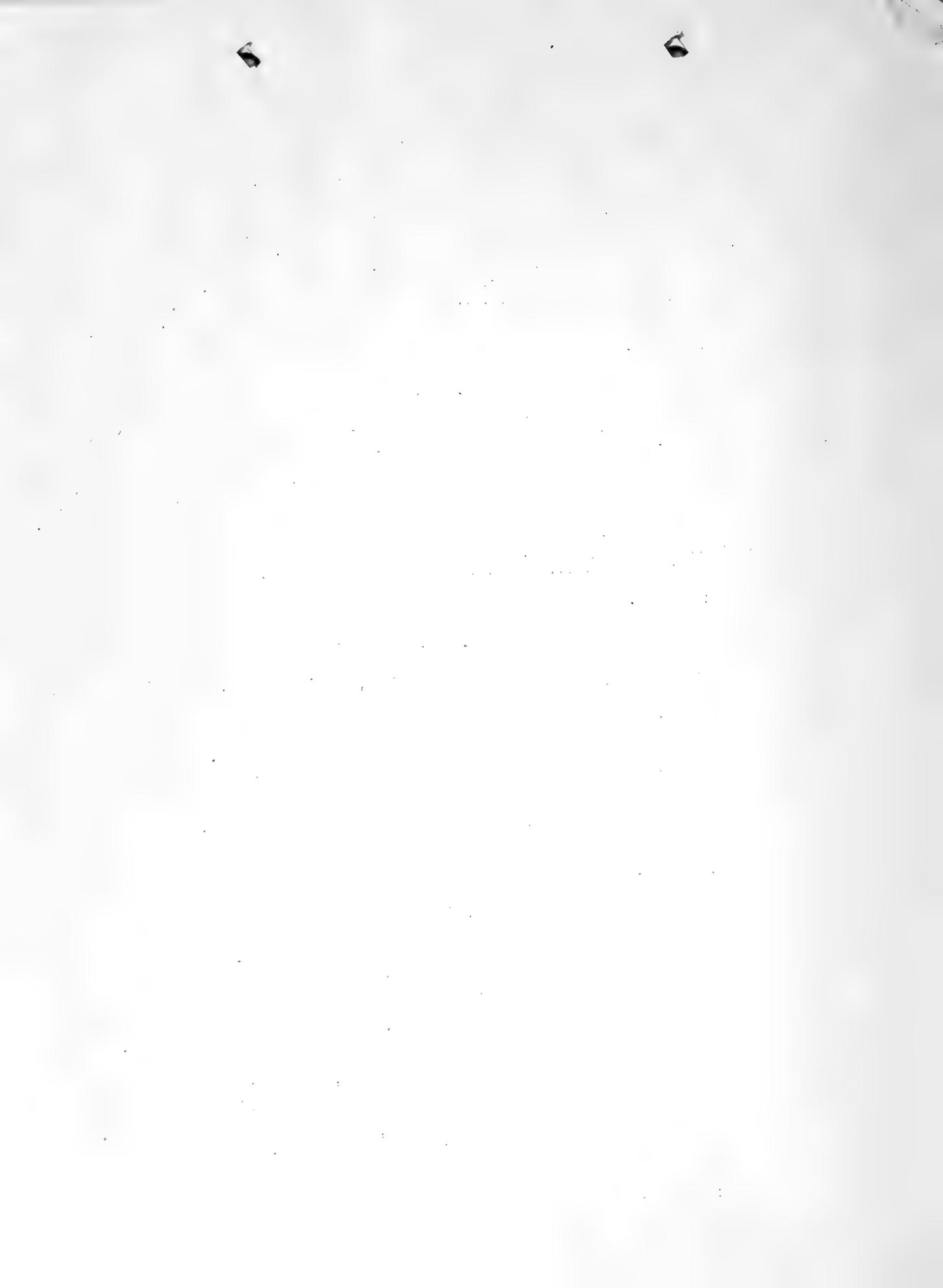
Cervical glands.....Extensive, broken down, one liquefying.
 Bronchial glandsExtensive and calcareo-caseous.
 Lungs.....Fairly well distributed throughout lungs
 with numerous patches on surfaces
 which appear acute.
 Pleura.....Well marked lesions.
 Portal glandsExtensive and calcareo-caseous.
 Liver.....About a dozen foci.
 Spleen.....Six well defined nodules.
 Mesenteric glandsOne slight caseous lesion.

Disposition: Offal.

HOG NO. 16.

Cervical glands.....Arbor vita appearance.
 Bronchial glands Do.
 Lungs.....Several pronounced acute lesions but not
 uniformly distributed.
 Inf.thoracic gland.....Caseous.
 Pluera.....A few slight areas on both sides.
 Renal glandArbor vita appearance.
 Prescapular glands.....One affected, slight.
 Portal glandsArbor vita appearance.
 Liver.....Well marked with miliary foci.
 SpleenEnlarged, with well marked nodules.
 Mesenteric glandsSlight and caseous.
 Super. inguinal glandsOne gland, slight and caseous.

Disposition: Offal.



HOG NO. 19.

Cervical glands.....Arbor vitæ appearance.
 Bronchial glandsSlight and caseous.
 Lungs.....Numerous shot-like nodules, but not uniformly distributed throughout both lungs.
 PleuraStringy, tuberculous pleurisy.
 Portal glandsSlight and caseous.
 Liver.....Well marked lesions.
 SpleenDo.
 StomachSlight lesions on external surface.
 Left sup. inguinal glands.....Fibroid appearance.

Disposition: Offal.

HOG NO. 6.

Cervical glands.....Both greatly enlarged, one broken down and liquefying.
 Bronchial glandsCalcified.
 Mediastinal glandsDo.
 Lungs.....A few shot-like nodules in each lung.
 Diaphragmatic and costal pleura Slight lesions.
 Inf. thoracic gland.....Caseous.
 Prepectoral gland.....Hemorrhagic and contains a few acute foci.
 Liver.....Miliary foci.
 Portal glandsCaseo-calcareous.
 spleenSeveral acute foci.
 Splenic gland.....Calcified.
 Mesenteric glandsExtensive calcareo-caseous lesions in all these glands.

Disposition: Offal.

BULL NO. 31.

Bronchial glandsNumerous small hazelnut sized caseous lesions.
 Ant. and post. mediastinal glands Do.
 Lungs.....Uniformly distributed nodules in both lungs.
 Portal glandsA few caseous lesions.
 Liver.....Well marked nodules throughout.
 Mesenteric glandsQuite extensive, several glands caseo-calcareous lesions.
 Prescapular and iliac glands..Hemorrhagic but show no visible foci.

Disposition: Offal.

BULL NO. 32.

Bronchial, mediastinal, portal,
 and mesenteric glandsShow small pea-sized nodules throughout the chain; caseated.
 Lungs.....Extensive in main lobe of right lung, several small nodules in left.
 Liver.....Extensive area near center with numerous small nodules throughout the other parts of the organ.

Disposition: Offal.



GENERAL REMARKS.

It will be observed from the foregoing notes that there is a greater variation of lesions between the two extremes representing lard and tallow carcasses than between the extremes in the food and offal classifications. In other words, in the execution of the present regulations it will be found that the broad range permitted in the lard and tallow classification allows a strong contrast between the mildly infected carcasses on the one hand and those which are more markedly infected on the other extreme of this class of carcasses. The extremes in the food classification as well as those in the offal classification are not nearly so pronounced.

It is desired that inspectors in charge shall fully understand the fundamental principles underlying the above disposition of carcasses; and in case there is a difference of opinion or lack of understanding of the basis upon which any of these dispositions are made, the inspectors are requested to correspond with this office on the points which are not clear.

A. W. Melvin

Chief of Bureau.

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