

Livestock Sanitary Commissioner's Office, correspondence, 1926-1929

Section 60, Pages 1771 - 1800

This collection contains correspondence regarding indemnities for cattle killed by tuberculosis, concerns over the findings of veterinary inspection, discussion of an outbreak of rabies among Kansas dogs that affected cattle, complaints of veterinary treatments killing animals, and general discussion about livestock diseases. The correspondence is mostly between the Livestock Sanitary Commissioner and various livestock owners throughout Kansas.

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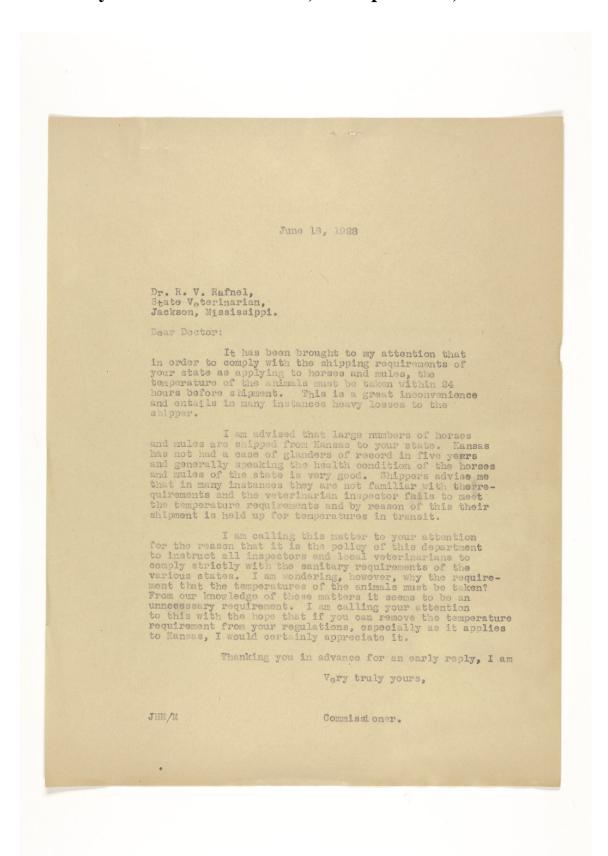
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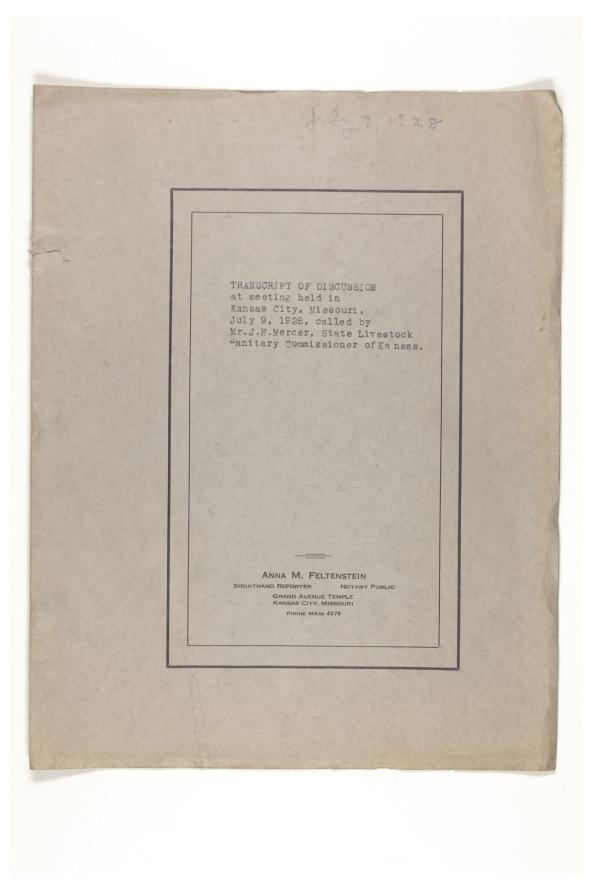
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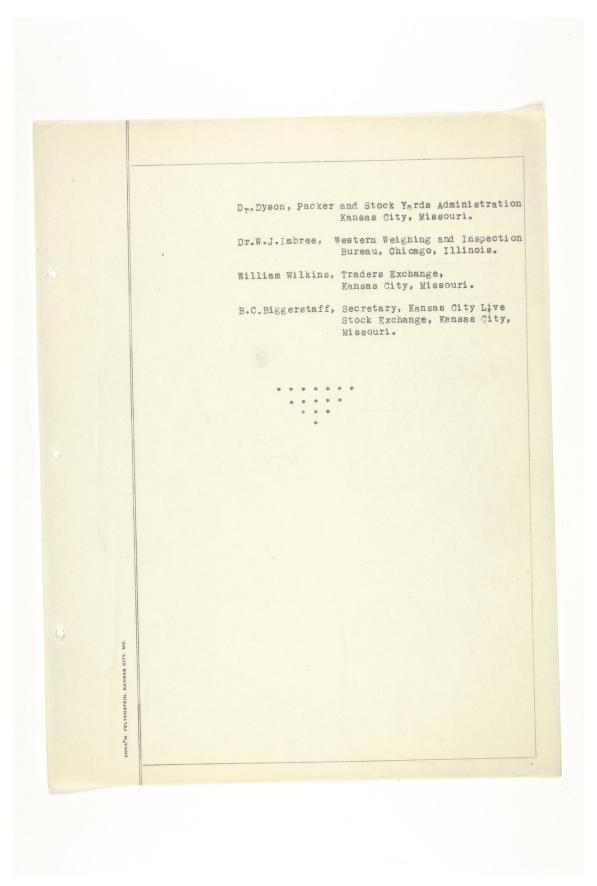






	TRANSCRIPT	OF DISCUSSION at meeting held in Kansas City,
		1928, called by Mr.J.H.Mercer, State Live-
		ommissioner of Kansas.
	PRESENT:	J.H.Mercer, State Live Stock Sanitary Commissioner, Topeka, Kansas.
		J.F.Daniels, Traffic Manager, Kansas City Stock Yards Company,
		F.H.Betton, General Superintendent, Kansas City Stock Yards Company,
		Dan Smith, General Manager Wichita Union Stock Yards Company, (the market that satisfies.)
		Dr.A.W.Miller, Chief, Packers and Stock Yards Administration, Washington, D.C.
		Dr.J.Fleming, Bureau of Animal Industry, Kansas City, Kansas.
		Dr.B.J.Stockler, Bureau of Animal Industry, St. Joseph; Missouri.
		Dr.J.L.Felix, Bureau of Animal Industry, St.Joseph, Missouri.
		J.V.Akins, Traders Exchange, St. Joseph, Mo.
		G.R.Collett, President, Kansas City Stock Yards Company,
		Bryant Poole, President Kansas City Live Stock Exchange,
ANNA ^F E, FELTERSTEIN, KANSAS CITY, NO.		Dr.R.R.Dykstra, Dean Veterinary Department, Kansas State Agricultural College
		F.A.Imler, Bureau of Animal Industry, Kansas City, Missouri.
		Dr.J.Dixon, Bureau of Animal Industry, Kansas City, Missouri.
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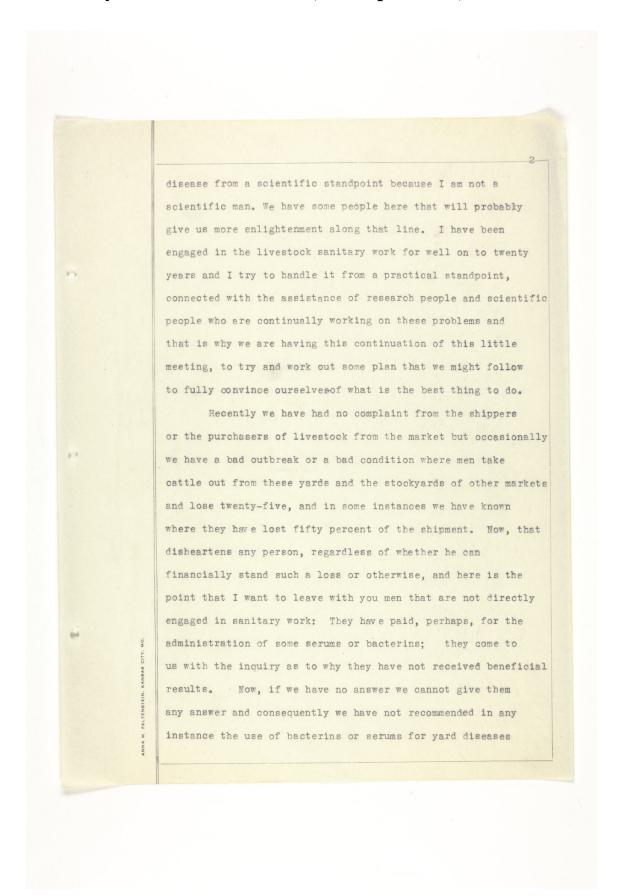




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MR. MERCER: Gentlemen, we are ready to start with this conference. For the benefit of some that are here, that did not attend the conference in Topeka on the 5th of June I might relate briefly just what took place. Going back of the June conference we have had this matter of livestock diseases, which in a measure goes back to the public markets as the origin, up for three or four years. There has been considerable investigation made on the part of some. Dr. Miller is here from the Washington office and he will give us some records in connection with it but it seems to me, as a sanitary officer, that there are a lot ofthings connected with this trouble that we do not understand or know about. and while these bacterins or serums that are being used are claimed to be of merit and consequence yet we know of so many bad results where they have been used that we are not sold entirely to their use. There are several things connected with this problem that are of consequence to the livestock industry and all branches of it, especially as to There is a sort of evolution going on now in connection with the marketing system that we have been under for the last sixty years, and in order to maintain our markets as they now exist I am of the opinion that we have got to remove everything we can that is objectionable to the people interested in livestock production and this is one of them. I am not here to discuss any of the things connected with this







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other than what we know is all right. We know, gentlemen, and you do too, that hog cholera serum is a preventative against hog cholera disease. We know with the proper administration of anti-hog cholera serum it is all right. We also know by experiment that the black leg vaccine is all right. We have no hesitancy, therefore, in recommending its use, hog cholera serum and the black leg serum. seldom in the past years we have found where hog cholera serum and black leg serum, if properly used, and proper care taken in the vaccination of the animal, of any bad results. We have no record, we have nothing to assure us or warrant us in telling our people that there is merit in the use of bacterins to prevent what we call stockyard fever or hemorrhagic septicemia. I think there are probably a multitude of things covered in those expressions and that is what I have got this conference for today?

Now, going back to the Topeka conference on the 5th of June, your industry was represented, the Agricultural College representatives were there and some yard men who are engaged in feeding livestock and we discussed the matter for quite a while and we did not reach any conclusion other than if we could decide on some program whereby we could definitely decide about this it was the thing to do, and hence we adjourned to have another conference and this is the conference. I want to leave this with you before I stop discussing

NA M. TELTENBUREN. KANSAS



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the subject, that I am very frankly of the opinion that there is nothing for sanitary officers, either Federal or State, but to demonstrate by actual experiment what there is behind these bacterins and serums that are being put out, advertised as being of great consequence as a preventative of these diseases, whatever they might be, and it seems to me that that should be the object of this meeting, to determine upon a program, not a big program but make it a small unit of experiment, commencing maybe on the farm and coming through the yard or commencing in the yard, or whatever we may determine done, but I think that is the only solution we have because I am frank to say to you that I am not sold to the idea that there is very much merit in it the way it is being used. Since we have some representatives in sanitary work here today that have had a good deal to do with these matters I believe I will call om some of these gentlemen to get their viewpoint. Dr. Miller of the Washington office of the Bureau of Animal Industry is here and I know Dr. Miller has had a lot of experience and I would like to hear Dr. Miller's viewpoint upon this particular subject this morning.

DR. MILLER: I think I will start out by drawing a picture of what the Bureau is doing. Some of this work I have personally observed, some of it I have not, and when I stop then we can kind of discuss what further experimental or research work might look as though it would be advantageous.



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My first experience with this disease or these diseases or these conditions, whatever you may want to designate them, dates back, I think, to about 1912. Then along about 1916 I think it was, hemorrhagic septicemia, if that is the proper name, seemed to be quite prevalent throughout a good part of the country. There were many sick animals not only in these yards but practically all of the big markets, and out of one of the markets they figured that the cattle that went into the state in which that market was located, which was a northern market, that more than six percent of them died, that is of all the cattle that went in there. dividual shipments would have a death loss as high as you mentioned, twenty-five and possibly fifty percent in exceptional cases, but the first work that we did in the stockyards on any scale was in 1923. Then through a cooperative arrangement with the exchanges at a number of the markets we started out on a very comprehensive experiment with the bacterins. I think most of you gentlemen know the different agents, there are the bacterins and then later aggressin and then the serum. Now, this was with the bacterins that we started in 1923. We treated about one hundred fifty thousand cattle that year at the large markets, and as checks to those cattle that we treated we followed up shipments that went out untreated, and obtained records on those as well as the treated animals. There apparently was nothing gained



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through the treatment of this large number of cattle, one hundred fifty thousand, with bacterin. The death loss, in fact, was a little bit higher in the treated cattle than in the untreated cattle.

MR. MERCER: As to these untested cattle, were they given about the same scope of territory and the same quality?

DR. MILLER: Yes; we were very careful about that. We tried to trace about the same quality of cattle, consisting of cattle that were fresh, that came in and stayed a short time and went out quickly, cattle that came in and stayed there a good while and then went out; those were the same classes to treat so there would be a comparable basis. The death loss on the whole was not extremely heavy in those cattle. As I recall it it ran about 1.16 percent on the treated. The untreated cattle, the death loss was a little Then the aggressin treatment had just about at that time apparently been perfected and the next year we took up that treatment. In treating the cattle with aggressin we took a carload lot of cattle; we would enter into an agreement with the shipper; we found we had to do that in order to carry on the experiment successfully because the theory was that the aggressin might aggravate the condition if it happened to be given to an animal who was in the incubated state, so we entered into an agreement with the owner of the cattle through the commission firm that in effect we bought



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that load of cattle. We did not buy it but we entered into an agreement and we would take one-half of the load, if there were twenty-four cattle in the load we took twelve and gave them the aggressin and the other twelve we gave no treatment and sent them to the country. We got back reports on the average percentage. Chicago was the principal market. We got reports back on those and the death loss in the treated cattle was considerably heavier than the untreated cattle. We tagged the cattle to distinguish them. We paid for the cattle that died out of the bunch. We paid the owner the value of the animals. I am not sure, it has been four years ago, whether we paid him the freight or not but we at least paid him what the animal stood him at the time it went on the cars, but in order to obtain that reimbursement the animal had to be examined by one of our men and conclusion arrived at that the animal died from hemorrhagic septicemia or some condition that exhibited some similar lesions. gr We did not attempt to make a definite diagnosis of hemorrhagic septicemia. In fact, I do not believe you could hardly do that. I think that would be a labratory diagnosis and then it is somewhat difficult. We have done some experimental work since then in the field and the results have been about the same. We have, from time to time, carried on experimental work at the station under Dr. Stover's supervision and there seems to be no question but what bacterins or aggressin, either one, will confer high grade



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immunity in the cattle, if sufficient time elapses, but the trouble, as we see it, and why we get down to a very difficult situation is that unlike most diseases the organism of hemorrhagic septicemia seems to be present sometimes causing no damage but under certain conditions it seems to change its character and become pathological or virulent, so the aggressin given to the animal where the disease is in an incubated state does not seem to have enough time to progress enough to cause immunity before the disease progresses but in the experimental work they gave the animals aggressin and then they had check animals; they gave the animals that had been given aggressin a pure culture and gave the check animals a pure culture. After a certain number of days had elapsed practically all the animals that had been treated with aggressin showed no ill effects from the pure culture whereas all the control animal died from hemorrhagic septicemia. We found that if we gave an animal aggressin today and day after tomorrow gave that animal hemorrhagic septicemia virus that the immunity had not been established and the animal would probably die. The check animal would also die because it had no immunity at all but as the time lengthened the immunity became stronger until you reached a point where the animal was practically immune. That was an experiment of the experiment station. These were animals injected with the pure culture of this particular disease.



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DR. GIBSON: Dr.Miller, at the laboratories what time did these experiments indicate was sufficient to produce a safe immunity before exposure?

DR. MILLER: They considered it absolutely safe in seventeen days. That was long, of course, but they did have some cases where in five days they seemed to establish a pretty good grade of immunity. Five days was the shortest that they established any immunity that they considered enough to say that it was of value. I think they say a week or ten days. That is my opinion, as a general rule.

MR. MERCER: Did that experiment show that by immunizing or vaccination that susceptible animal prior to exposure it produced immunity? For instance I am going out here to protect my herd of cattle and calves and I vaccinate them today, they are not exposed. Did your demonstration show that I could immunize against this disease?

DR. MILLER: If you would immunize long enough before the bug began to work.

MR. MERCER: So if I had my calves immunized ten days before they were exposed to this bug then you would consider the vaccination of consequence?

DR. MILLER: Reasonably good, yes, sir.

It is reasonable to suppose that the immunity would last for a long period of time but we are not certain of that; we know it will last several months.



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DR. IMBREE: Doctor; don't you think the immunity holds longer with the aggressin than the bacterin? DR. MILLER: I think theoretically you could answer that in the affirmative. MR. WILKINS: What time of year and What grade of cattle did you experiment with? DR. MILLER: They vary. They try the experiments that will be fair and they take different age animals and different qualities and in different years. MR. WILKINS: It seems to me we have more trouble here in cold weather than we do in warm weather with the disease. DR. MILLER: Certainly there is no question about that. We had great difficulty last fall with the cattle that came down from Winnipeg. I know one shipper that took about nine hundred out of Winnipeg and they did not go through any public stockyards and he lost about ninety-five head in the course of thirty days after he got them home. MR. WILKINS: Is it very difficult to tell the difference between hemorrhagic septicemia and pneumonia? DR. MILLER: That is a kind of puzzle. a pneumonic form of hemorrhagic septicemia. I would say it is practically impossible in the field to tell the difference between hemorrhagic septicemia and perhaps a certain other type of pneumonia. That would be your opinion, Mr.Mercer? MR. MERCER: Yes, it is my opinion based on the infor-



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mation I have gathered in connection with this, and that is a point you have got to school the profession in, as I take it, and I bring the question up here because we are all here for whatever we can get out of this. As I take it you cannot diagnose a case of hemorrhagic septicemia without a labratory analysis. DR. MILLER: I would not want to base my judgment on it. MR. MERCER: Here is what I have to deal with as a sanitary officer. I have got hundreds of reports in my office from the profession in Kansas that these cattle died with hemorragic septicemia, from the local veterinary's examination. If he cannot diagnose the case he is wrong and that is the point I want to get forcibly before you because if these boys cannot determine it I will just say "No, you don't report any of that to me because you don't know what you are talking about until you send it to the laboratory and find out". DR. MILLER: We find a great many samples sent in to Washington to the laboratory that are supposed to be from animals affected with hemorrhagicsepticemia but they are absolutely unable to confirm the diagnosis. On the other hand they get a great many of them that have it, but some of those lesions, microscopically I cannot differentiate between. MR. MERCER: One of our very brilliant professional men made the statement that he was taught in school to believe



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that they could diagnose hemorrhagic septicemia and if he was not properly taught he admits he is wrong, if it is not possible for him to determine hemorrhagic septicemia by visible lesions. I take it from statements that I have heard that you cannot accurately diagnose a case of hemorrhagic septicemia by a post mortem examination.

DR. MILLER: Not in all instances. You can make a diagnosis of hemorrhagic septicemia and then you can submit a sample to the laboratory and they may tell you you are wrong about it. I don't think it is safe to rely on a field diagnosis.

MR. MERCER: I would like to have your opinion and recommendation as to how we might proceed further, if at all, to determine a system under which we might correct this.

DR. MILLER: I would like to complete my other statement. Serum is supposed to be curative, not so much preventative, and we had what we considered a very excellent demonstation of the possible value of serum in the experiment in 1923. Our boys systemtically combed the yards for animals that were sick, and while they did not select an animal that they figured would not live more than thirty minutes or an hour, they picked out a lot of very sick animals and in varying degrees, up to an animal that was just droopy and had a high temperature and the yard company furnished us hospital space, the traders largely donated the cattle for the experimental

M. FELTENSTEIN, KANSAS CITY,



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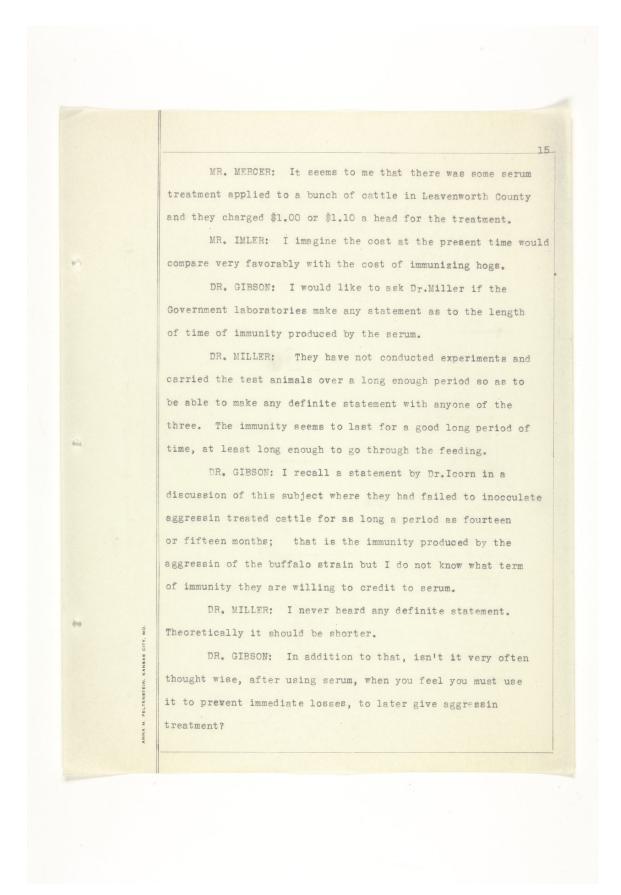
work and they took those out to the hospital and treated half of them andlet the other half go without treatment. found that apparently serum did have a great deal of value. The percentage of recoveries were far greater in the treated animals than in the ones we did not treat, but serum you have got to give in large doses. Serum is quite expensive and if it was used as a preventative proposition, when you use it that way you would use it on the theory that you would get results, where you would not get it with the bacterins, on account of sufficient time elapsing to confer immunity, and it would be quite expensive. In fact I made the statement this morning and I will repeat it now that I believe if you treated all cattle that went outnof public stockyards for feeder and stocker purposes with serum it would cost the live stock men more money than it would to let the animals go out without any treatment at all and let those die that might be affected. MR. MERCER: I rather think that way myself. one question about your experiment. You put the non-vaccinated animals right into the pen with the others? DR. MILLER: No; they were put in separate pens but handled in the same manner and they were in a great big string of sheds under exactly the same condition. MR. AKINS: What would be the cost of vaccinating a sick animal with this serum?



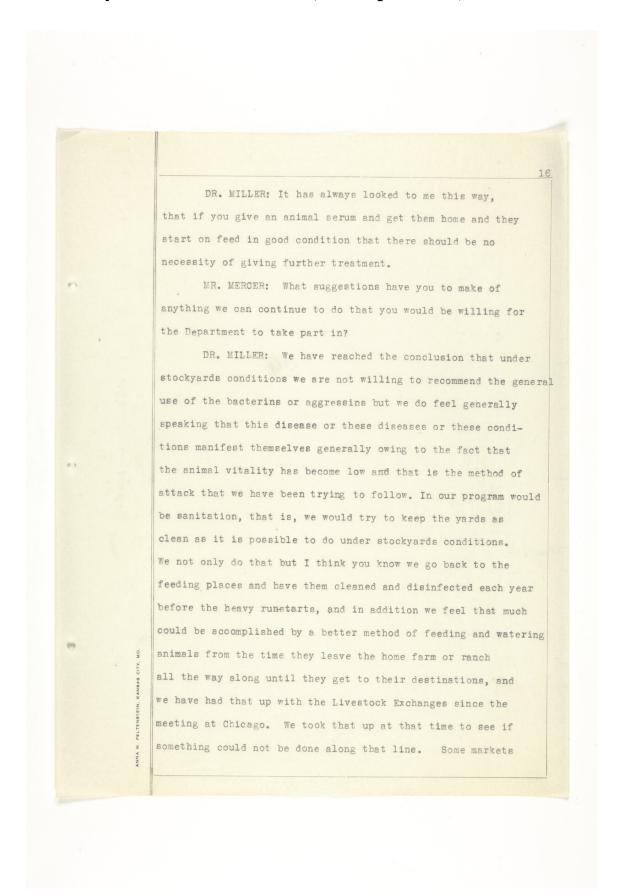
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DR. IMBREE: I think a dose of serum, not including the administration, would run around thirty cents. That would be twenty-five to thirty cubic centimeters. DR. MILLER: We gave some of them as high as fifty centimenters. DR. IMBREE: I am basing at on an animal that is not sick. If you are going to give it to a sick animal you would give probably a double dose. MR. AKINS: Would one dose be sufficient? DR. IMBREE: No. MR. AKINS: Then the cost would be about fifty or sixty cents. DR. IMBREE: I would not want to say. I saw a quotation the other day from one of the market where the veterinaries have a price list. The price on bacterin there varied from 1.8 to three cents a cubic centimeter but there was no price given on serum at all. DR. MILLER: We made all our own serums. All these experiments were conducted with aggressin, bacterin and serum that we made down at our station. DR. IMLER: The price of serum now would not be any criterion to go by if it was used generally, because there is very little hemorrhagic septicemia serum used now. Consequently there is very little produced and that adds to the cost of it.











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are doing a good deal along that line; others have not given it so much support. This national system of feeding them water from the time they leave their home ranches until they reach their destinations, I am not blaming that on the stockyards. The trouble is due to the animal's vitality becoming lower largely, and here is an organism that apparently is present in the system; the animal may have the organism in his system and look just as slick and clean and not show any symptoms of disease but if something happens to the animal where the animal becomes weakened and that organism changes over to the virulent type, then you have your trouble. DR. IMBREE: Doesn't the shipper demand the way the cattle are fed? MR. AKINS: We are all human and these shippers who are bringing the cattle to market naturally want to get the most fill and the best weight they can. They take that way of getting it, filling them, and of course it certainly is a detriment to the health of the animal. MR. MERCER: There is a way to get at that, and that is to discuss it and decide. MR. AKINS: I wonder if it would not be a fine idea if these farmers and stock men would vaccinate their cattle on the farm before they left home? MR. MERCER: It would be but that is just as remote a possibility as for me to jump out that window right now.



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You cannot get them to do it. You can get the large ranchman to do it but the man with the few heads that sells to his neighbor or puts in his cooperative shipment to send to market, it just could not be done except by an order and quarantine and put men out and make them do it. It would not be properly done because ninety percent of them would not know what the requirements were.

The question in my mind is this, if this bacterin has got any merit I want to be in a position to endorse it to be used. If it is not I am going to say "You are fooling away"

your time and money if you use it".

MR. WILKINS: I believe if it is properly administered it is a good thing.

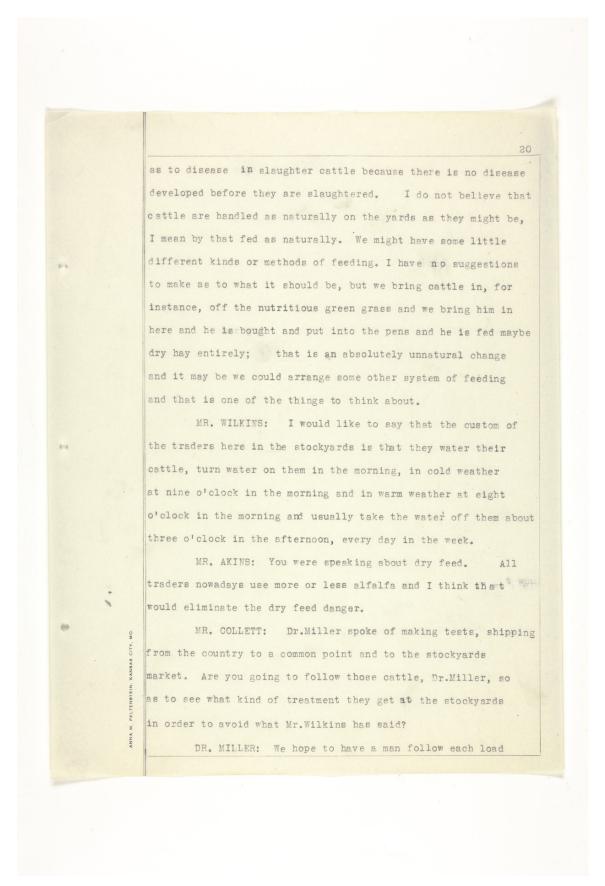
MR. MERCER: We have some pretty large ranchmen out in Kansas that buy large strings of calves in the south; they are sold to the idea of this particular treatment, hemorrhagic bacterin treatment. They move them to their pastures and winter them andraise them and some of them come to market here and some go on to feed lots elsewhere. They have kept a record in a way on their cattle, especially those that have gone on from their feeding ranches and the feed lots in Iowa and Illinois and Kansas and Missouri. They claim that there is very seldom any loss. Of course if they bring them to the markets they don't keep a record of them unless they are sold in one bunch and go to the same feed lots, but if they are



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sold to speculators they lose their identity. to that idea. The question is would it just happen the same if they did not do it. That is the question in my mind and that is why I want to get into it. DR. MILLER: You raised the question that we have been considering and we think we are going to do something along that and that is to go to the country this fall and treat feeder cattle that are going to be shipped long distances. The majority of the loss seems to be in those animals that move to more than one point, and we hope to go out there and treat the animals in two lots; move one lot not through any large market and move the other lot through large markets altogether and see if there is any difference in the loss. My personal opinion is that it does not make much difference; that if the animals undergo the same degree of hardship you will probably have the same amount of trouble, regardless of whether they unload in large public stockyards or if they do not, but we are already planning for that experimental work. MR. MERCER: I know the condition exists about people holding cattle for not only one day out here at these feed yards, but they do it back home, too, and there is some way to get at it. If we can't get at it here we can by legislation, that cattle cannot be handled that way. It is not natural to handle a brute that way, so we can reach them maybe in that direction. It does not make so much difference



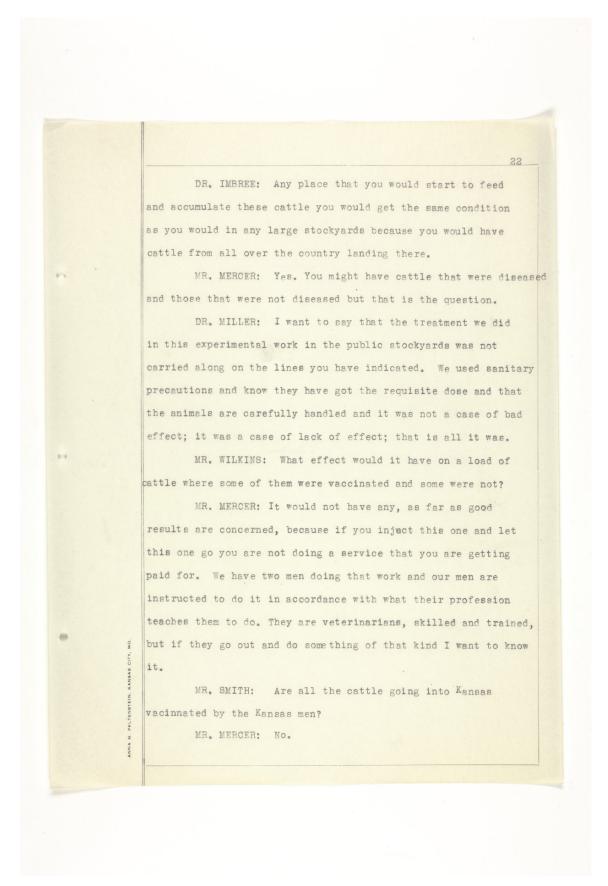




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from the time they load until they get to destination. The destination is not going to be a public stockyards. It is going to be way back in Indiana and Ohio. They are going to move long distances, from New Mexico and Texas back to Indiana and MR. COLLETT: Those that come from the stockyards might be stopped out here at some place where they would have very unnatural treatment. DR. MILLER: We expect to follow the cattle through and know just how they are fed and watered. MR. COLLETT: Those that go to New Mexico will have to be stopped once or twice or three times in transit and fed in the railroad yards where Government sanitation jurisdiction does not exist and does not extend. DR. MILLER: I would not say that, Mr. Collett. I am standing up for the railroads right now. They have done everything we asked them to do and I am satisfied they will do anything in connection with these shipments. MR. WILKINS: From your observation don't you feel that public stockyards are a more sanitary and better place to keep cattle when they are in transit than the feed yard in the coun-DR. MILLER: We are cleaning and disinfecting all these feed and watering stations this year, that is where there are any signs.



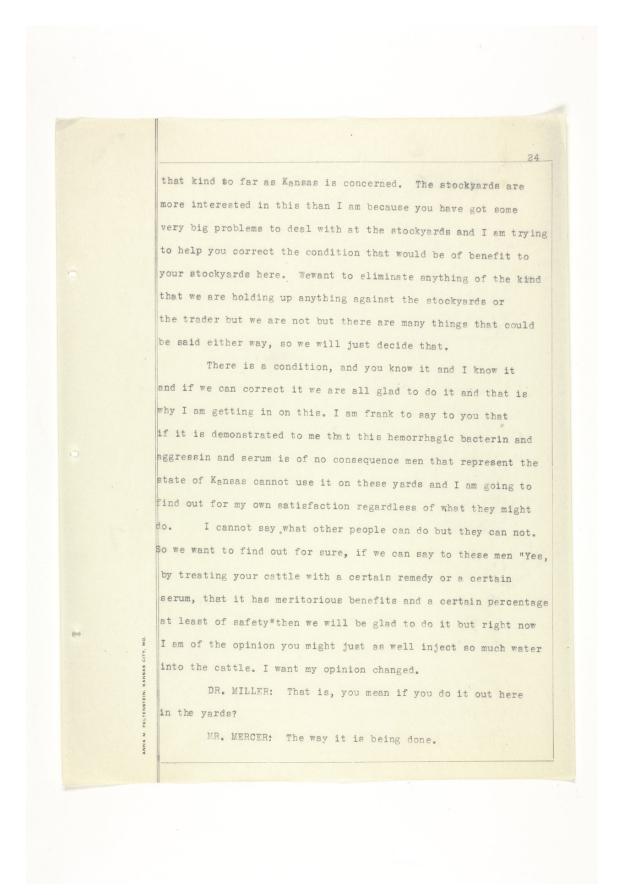




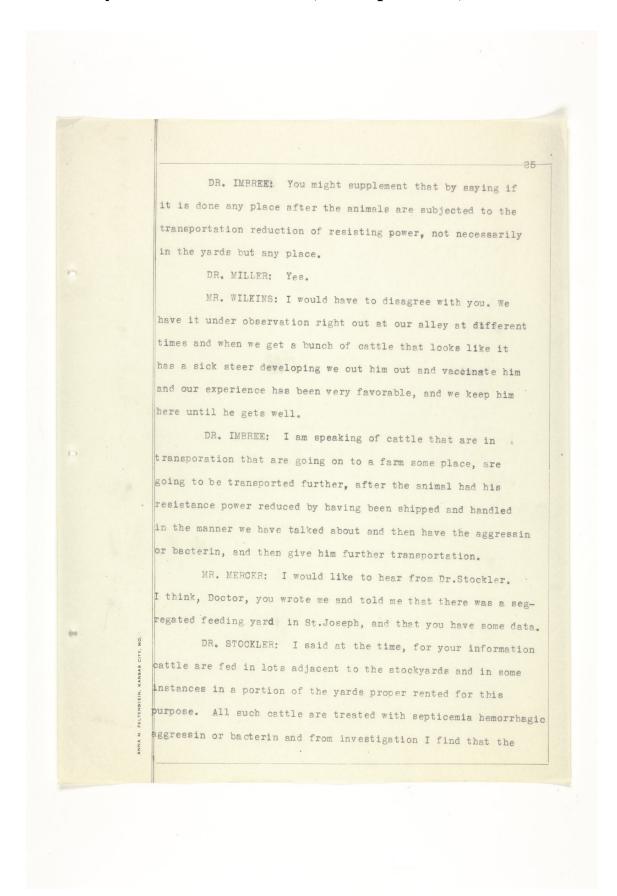
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MR. SMITH: How many vacinnating companies and institutions do they have? MR. MERCER: I don't know. I know we do not require any certificates of vaccination on the use of black leg or bacterin. We have no records of that. We do not keep a record of it. We have no record of that. The same thing would apply to hemorrhagic septicemia; if anybody would go down and vacinnate the hemorrhagic bacterin it is just a voluntary act on his part of wanting it done and there is no record made in our office either here or there excepting the number of cattle that They would go just as free without that are vacinnated. vaccination as they would with it. There is no restriction on it but these men that are stationed here to do certain sanitary work, so far as we are concerned, they should do it and if they do and they charge their service and are not doing it right they cannot stay here and do it for Kansas. MR. WILKINS: Can a man go out through a pen of cattle and jab each one in the hip and do a satisfactory job? DR. MILLER: I would not think it would be satisfactory. MR. WILKINS: I know that some of that is done here in these stockyards and I imagine it is in other stockyards as I am very much interested in this thing because there seems to be a tendency to work to the country instead of to the stockyards and I think it is the wrong attitude. MR. MERCER: I do not think you can charge anything of











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mortality and loss from septicemia hemorrhagic stockyard fever, etcetra is comparatively small. In connection with this I might state that the question came up what was the loss from the shipments from our yards . I could not find any data or record and I asked the yards company whether they would kindly furnish me with that or whether they would send out questionaires to the buyers in the yards, feeders, and find out what the mortality was after the animals got to destination. time we sent out something like four hundred letters, to owners of twenty thousand cattle in round numbers. We received two hundred and seventy-nine replies, covering thirteen thousand and forty-eight cattle. We figured that those that did not reply probably did not have much of a complaint because it is the nature of the individual to complain. twenty shipments contained no sick cattle either at arrival or thirty to sixty days thereafter; fifty-nine shipments contained sick cattle either at arrival or thirty to sixty days eighty-six cattle died during the period of arrival or thirty to sixty days after. The stockyards company sent out the letters and when the repliescame back they turned the letters over to me unopened and I tabulated the replies and took the diagnosis that was given me by the owner, whether it was made by him or by the veterinarian. Fourteen cattle died or were sick of unknown causes; forty-four were sick of stockyard fever, infectious fever or simply fever;