

Chapter 6

Notifiable Disease in Meat Premises

Introduction

As indicated in Chapter 1 of this manual VS-MS staff deliver work to both DARD and the FSA. In the course of ante- and post-mortem inspection VS-MS staff may come across animals with clinical signs or carcasses and offal with lesions suspicious of notifiable disease. Just as food safety matters are the preserve of the FSA notifiable disease is a DARD function. VS-MS staff will need to liaise with VS colleagues in the Divisional Offices in dealing with these animal health issues. Suspicion of notifiable disease should be reported to the local Divisional Veterinary Officer without delay.

In some cases the period between the notification and the arrival of divisional office staff will be critical in assisting with the control of the disease and materials that may have come into direct or indirect contact with suspect animals. This chapter provides basic advice on dealing with suspect notifiable disease in meat premises. In some cases, particularly 'exotic' diseases, staff of local divisional office will come to deal with the disease while in other the OVS will become the VO and carry out the necessary tasks for DARD.

Cattle, sheep and pig notifiable disease, which could be encountered, include the following:

- African swine fever
- Anthrax
- Aujeszky's disease
- Bluetongue
- Bovine spongiform encephalopathy
- Brucellosis (Brucella abortus and Brucella melitensis)
- Caseous Lymphadenitis
- Classical swine fever
- Contagious agalactia
- Contagious bovine pleuropneumonia
- Contagious epididymitis
- Enzootic bovine leukosis
- Epizootic viral disease
- Foot and mouth disease
- Lumpy skin disease
- Peste des petits ruminants
- Rabies
- Rift valley fever
- Rinderpest
- Scrapie
- Sheep and goat pox
- Sheep scab
- Swine vesicular disease
- Teschen disease (haemagglutinating encephalomyelitis)
- Tuberculosis
- Vesicular stomatitis
- Warble fly infestation (excluding horses)

Notifiable diseases of horses include:

- African horse sickness
- Anthrax
- Aujeszky's disease
- Contagious equine metritis
- Dourine
- Epizootic lymphangitis
- Equine infectious anaemia
- Equine viral arteritis
- Equine viral encephalomyelitis
- Glanders
- Rabies
- Vesicular stomatitis

Notifiable Diseases of Poultry

- Avian Influenza
- Chlamidiosis (ornithosis)
- Newcastle disease
- Paramyxovirus 1 in pigeons

At the time of reporting suspicion of exotic notifiable disease the DVO or VO in the divisional office receiving the report will explain the action which should be taken pending investigation of the report. In most cases a VO will visit the premises to carry out an investigation. If notifiable disease cannot be at that stage excluded the investigating officer will serve an appropriate restriction notice under the relevant disease control order, will collect whatever samples are necessary for diagnostic purposes and will explain what must be done pending the result of diagnostic tests.

General Principles

When an animal or carcase is suspected of being infected with a notifiable disease that animal or carcase must be detained and isolated until an investigation can be carried out. Where other animals are at immediate risk from the suspect or the suspect is part of a group or batch from the same source or supplier these too should be detained and isolated. The DVO/VO receiving the report will advise whether the movement of other animals or products into or out of the slaughterhouse should also be stopped pending investigation. When the report is made details of the sources of the suspect animal(s) should be provided to allow the DVO/VO to arrange an investigation of the farm.

Action in the case of certain highly infectious diseases

In the case of certain highly infectious exotic virus diseases more extensive precautions must be taken immediately there is suspicion that an infected animal, bird or carcase may be present.

The following diseases fall into this category:

- African swine fever*
- Classical swine fever*
- Foot and mouth disease*
- Newcastle disease*
- Peste des petits ruminants
- Rinderpest
- Swine vesicular disease*

* denotes that the viral agents of these diseases can survive in and be transmitted by the carcasses of affected animals.

The investigation of the possibility of any of these diseases being present will be given the highest priority. The OVS has the option of requesting a consultation with the DVO/VO rather than reporting a firm suspicion of notifiable disease. However it should be noted that where firm suspicion of disease is reported then restrictions should be imposed immediately prior to any further examination. Where a consultation is requested restrictions will only be imposed where, after examination of the affected animal(s), the consultant VO also suspects notifiable disease.

Pending the arrival of the VO, the OVS should in consultation with the occupier try to ensure that no further animals, goods or people are admitted to the slaughterhouse and that nothing leaves the premises. It may also be necessary to stop the slaughter line, and the advice of the DVO/VO should be sought on this matter. No disinfectant should be used on or near the suspected animals, birds or carcasses, particularly in the case of suspicion of one of the vesicular diseases, as this may adversely affect the likelihood of gaining a diagnosis.

Service of notices restricting movements

The presence of a veterinary surgeon at the slaughter house will generally be accepted as providing sufficient authority for voluntary temporary control measures to be taken. However the OVS, acting on behalf of the Department may be required to serve a notice under the appropriate disease order prohibiting movements into and out of the slaughter house.

Some specific cases:

Basic guidance on dealing with certain diseases can be found in the following sections. In most cases only a broad outline is given and the reader is referred to the relevant staff instruction.

- Section A: Anthrax
- Section B: Sheep Scab
- Section C: Caseous Lyphadenitis
- Section D: Brucellosis
- Section E: Enzootic bovine leukosis
- Section F: Spongiform encephalopathies
- Section G: Tubercellosis
- Section H: Warble Fly
- Section I: Notifiable disease of horses
- Section J: Foot and mouth disease

Section A: Anthrax

Part I: Suspect Anthrax at Ante-mortem

1. Cattle, pigs and rarely other species may be seen ante mortem with suspect anthrax. The OVS will consider the possibility of anthrax in the course of normal ante-mortem duties. In order to make a decision the OVS must take into account a number of factors including:
 - recent history of the animal/herd if available;
 - clinical signs, especially elevated temperature and enlarged lymph nodes;
 - the results of other examinations e.g. microscopic examination of blood smears.
2. The OVS must obtain the name and address of the farm from which the animal came, and if possible contact (either directly or with the help of colleagues for the local office) the owner/presenter of the animal for a detailed history including:
 - health of other stock on the farm;
 - other recent unexplained deaths on the premises;
 - any previous history of anthrax;
 - the presence of old knackeries or tanneries in the area;
 - recent supplies of fodder and meal to the premises.(See Section C of the Field Staff Instructions)
3. Suspect animals must be isolated and detained immediately pending further action. No other animals or persons must be allowed to come into contact with the animal or its immediate surroundings.
4. Slaughtering must be suspended until a preliminary investigation has been carried out and clearance given by the local DVO.
5. The local DVO should be contacted immediately where anthrax is suspected in the live animal. The animal must not be slaughtered until the suspicion of anthrax has been ruled out. The DVO will take responsibility for issuing the necessary temporary restriction and assisting with disease investigation.
6. If anthrax is confirmed or the result of blood smears is inconclusive, the animal may be treated in situ, but for as long as the animal shows signs of disease the restrictions (Form A) will remain in place. Form A declares the premises to be an infected place, therefore to allow the slaughterhouse to re-commence operation, it may be necessary to remove the suspect animal for treatment either to isolation premises nearby or back to the farm of origin. Where possible the animal should return to the premises of origin where Form A will remain in force until the animal is fully recovered and there is no more evidence of disease.
7. For the slaughterhouse to recommence operations where anthrax is confirmed or cannot be quickly ruled out, contaminated material must be disposed of in an approved manner and there must be a thorough cleansing and disinfection with an

approved disinfectant. See Anthrax Field Staff Instructions for details of cleansing and disinfection.

Part II: Suspect Anthrax in the dead animal/carcase

8. Anthrax should be suspected:
 - if the cause of death, particularly sudden death, is unexplained e.g. animal dead on arrival at the slaughterhouse;
 - if post mortem evidence suggests that the animal might have been suffering from Anthrax.
9. No other animals must be allowed to enter the slaughter hall until the carcass has been examined and blood samples taken. In some cases, suspicion of disease may not be raised until the carcass has been opened. The suspect carcass, offal and blood must be detained. Unauthorised persons must not touch the carcass or go near it. All other carcasses and offal on the premises should be detained pending the completion of enquiries.
10. The OVS must report suspect cases to the local DVO immediately, giving details of the name and address of the owner of the suspect carcass, animal details such as species and type of animal with any relevant signs and history. The DVO will arrange for blood samples to be taken for microscopic examination and will also act as a contact point regarding the co-ordination of the disposal of the carcasses where necessary.

Part III: Diagnostic sampling and investigation

11. The local DVO must be contacted immediately anthrax is suspected in an animal or carcass. A VO from the nearest DVO will make at least two blood smears for staining and examination at the local office. (In the absence of a field VO to carry out this work, the OVS should make the blood smears). The procedure for this is in Section D of the Anthrax Staff instructions.
12. If disease is confirmed or cannot be ruled out the DVO will issue Form A and instigate a field investigation as per the Anthrax Staff Instructions. In either case, blood samples or smears will be sent to VSD for confirmation of disease.
13. Where the investigating officer is satisfied by the absence of anthrax bacilli that Anthrax is not present, the DVO should be informed and the results passed on to the occupier of the slaughterhouse. The carcass/animal can then be dealt with in the normal way.

Section B: Sheep Scab

1. Any sheep found at ante-mortem with clinical signs suspicious of sheep scab should be detained in isolation in the lairage until samples are collected. The identity of the animal(s) must be established and the holding number of the owner / presenter recorded. The sheep's eartag holding number should also be recorded.
2. Once the suspects have been sampled clearance can be given to the occupier to slaughter the sheep.
3. The area where the sheep were detained should be thoroughly cleansed prior to other sheep using the area.

Sampling

4. Manually pull out or scrape off, a sample of wool with crusty epithelium from the periphery of the lesion.
5. Place in a plastic bag and seal. Mark the bag "Suspect Sheep Scab Sample" and include the following information:
 - the name of the slaughter plant,
 - VO in charge
 - date of sampling;
 - flock / holding number of owner / presenter
 - holding number on the sheep's eartag (if different).

Notification and dispatch of samples

6. Alert VSD that a suspect sheep scab sample is being sent by post. This notification can be either by e-mail or fax and cc DVO Enzootics.
(VSD Omagh - fax – 8224 4228 and for VSD Belfast – fax – 9052 5730;

Include the following information in the notification:

- name, address and the flock / holding number of the owner / presenter
- the sheep's eartag holding number (if different)
- the name of the slaughter plant
- the date of sampling

Send the sample and the information in paragraph 5 by post to VSD.

Written reply is usually received from VSD within 3/4 days, with copy to DVO Enzootics. Positive cases are notified to the local Divisional Veterinary Office for the presenting flock follow up investigation

Section C: Caseous Lymphadenitis

1. CLA affects sheep and goats and primarily causes swellings of the lymph glands. These swellings may be visible around the head and neck. As the disease progresses, the glands may rupture and discharge thick green pus. It is resistant to treatment, difficult to control and can take up to 4 months to develop. The disease rarely causes death but does have a serious effect on the value of carcasses, hides and downgrading fleece quality. It can also cause significant economic loss through failure to thrive and breed; the value of breeding sheep is greatly reduced where CLA is present in a flock. Additionally, if the disease became endemic in Northern Ireland it could have implications for the export of breeding sheep to the Republic of Ireland. CLA is presently notifiable and the Department has legislative powers to slaughter affected and suspect animals with payment at 50% of market value for affected animals and 100% for suspect animals.
2. CLA spreads when sheep come into contact with infectious material. Contact can be direct - e.g. when sheep are housed or gathered, or round a feeding trough. The disease also spreads indirectly - e.g. by exposure to contaminated pen walls, bedding, dipping facilities. CLA can survive for up to 2 months in straw and 24 hours in infected sheep dip. Dirty equipment, such as clipping/shearing equipment or protective clothing can also spread CLA. Were this disease to become established in Northern Ireland, there is little doubt that it would be very difficult to limit its spread and economic impact.
3. **Meat Inspection Teams must remain vigilant for signs of CLA at both ante-mortem and post-mortem inspection.** In the majority of cases lesions are confined to the external lymph nodes; the pre-scapular, pre-cruial, superficial inguinal, ischiatic and popliteal. However lymph nodes of the thoracic and abdominal cavity may also be affected but the mesenterics are rarely found to be diseased.
4. Affected lymph nodes may be enlarged and contain a thick glutinous pus surrounded by a thick wall of connective tissue. The pus is greenish-yellow, later becoming inspissated and eventually completely calcareous. Kidney lesions are not infrequent, the lungs often contain small greenish-grey nodules in otherwise normal lung tissue or large abscesses with pasty, odourless contents.
5. Should you suspect CLA either clinically or at PME in the slaughterhouse you should collect the infected glands from the carcass and viscera and forward them to the Veterinary Science Division, Stoney Road, BELFAST together with a copy of the submission form CLA 1. Details of the origin of the lymph nodes, e.g. pre-scapular, should be noted under 'lymph nodes submitted'. (Samples should be packaged for despatch in a similar manner to that utilised for tuberculosis samples.)
6. A copy of the completed form should be forwarded to DVO HQ, Epizootics, Dundonald House by fax 028 9052 5012.

CLA 1

CASEOUS LYMPHADENITIS

Laboratory Submission Form

Pathology Department
Veterinary Sciences Division
Stoney Road
BELFAST

Please examine the enclosed lymph nodes in order to confirm presence/absence of caseous lymphadenitis.

A copy of the laboratory report should be forwarded to DVO HQ, Epizootics, Room 716, Dundonald House.

Name of presenter: _____

Address; _____

Post code: _____

Flock number: _____

Lymph nodes submitted: _____

Name of abattoir: _____

Address: _____

Contact tel. number: _____

Name of sampling officer: _____

Signature: _____ Date: _____

Section D: Brucellosis

The following instruction is limited to action at the slaughterhouse. Full staff instructions on Brucellosis can be found on DMS:

Route: Veterinary Service Intranet > Enzootics > Brucellosis

ANIMALS WITH RETAINED FOETAL MEMBRANES

Animals suspected of having aborted or with retained foetal membranes at ante mortem should be reported to the DV office of origin so that the appropriate test for the animal i.e. CTA or CTR can be set. A clotted blood sample should be taken from the animal.

The sample must be appropriately packaged, labelled and sent with the test sheets:

FAO Eileen McKillop or Sam McCullagh
C/O IDD, VSD Stoney Road, Belfast.

SAMPLES REQUIRED AT SLAUGHTER FROM REACTORS etc.

[Extract from Brucellosis staff instruction Part II (click on word icon to down load) Scroll to page 20 paragraph 7 Samples Required at Slaughter.]

Reactor or suspect animals e.g. high titre animals being slaughtered by the herd keeper, the MC2L issued by the DV Office will be stamped **Brucellosis**. Samples are only required from a maximum 3 reactors per herd. For animals where samples are required the MC2L will be noted as **SAMPLES REQUIRED**. If culture positive samples have already been obtained for the herd, further samples are not required.

The following samples must be collected at point of slaughter for despatch to the laboratory:-

- clotted blood sample,
- supra-mammary lymph nodes (heifer/cow), or
- testicles and superficial inguinal lymph nodes (bull);
- parotid, retro-pharyngeal and sub-mandibular lymph nodes.

All samples must separately and securely bagged and labelled:-

Brucella Samples for Culture
FAO Stanley McDowell VRO
Bacteriology Department, VSD.

The MIT must advise the lab to expect brucellosis samples by faxing the sample dispatch document to VSD (02890525745).

HEALTH & SAFETY CONSIDERATIONS

(Taken from Brucellosis SI)

Please also refer to Annex E of COSHH staff instructions.

Officers are aware from their training that the handling of some of the viscera from brucellosis reactor animals can bring with it some danger to the officer or to the operator of becoming infected with brucellosis.

A large proportion of the "contract" cows may be pregnant at the time of slaughter and there is therefore the likelihood that the udder and uterus are likely to harbour the organism.

Precautions

1. **Brucellosis reactors** and inconclusive animals should, where possible, be held or penned in a separate part of the lairage as soon as possible after arrival. This part must be thoroughly cleansed and disinfected as soon as possible after the reactors have been slaughtered.
2. An **aborted foetus** or **foetal membranes** should be removed from the lairage only after they have been soaked in disinfectant. They can then be disposed of to a rendering plant as high-risk material.
3. Operators must ensure and Veterinary Service line managers insist that the udders of all reactor or in-contact cows are removed intact with the teats uncut to avoid any leakage of udder contents. Staff should be aware of the danger of jets of milk from intact teats when cows are suspended for bleeding.
4. **The uterus must not, on any account, be opened.** Unnecessary handling of, and contact with, the uterus or its contents, even for the purposes of inspection, should be avoided as the uterus is the predilection site for the organism.
5. **Full protective** clothing i.e. white safety-type helmet, white coat, apron, rubber boots, rubber gloves, hairnet, face mask and safety glasses or goggles **must be worn** while materials from these animals are being handled.
6. **Aprons, boots etc** should be thoroughly washed and protective clothing changed once all potentially infected animals have been processed, and as necessary during their processing. Rubber gloves must be disposed of safely.
7. **The utmost personal hygiene** should be maintained. Thorough personal cleansing should be carried out as soon as practicable after inspection of reactor or in-contact cattle. Exposed skin should be thoroughly washed at any break during processing,. Abrasions of the skin and even small cuts must be covered and rubber gloves worn when viscera from these animals is being processed.

8. To facilitate proper personal hygiene, an adequate gap should be left on the line after the last reactor or in contact animal is handled to allow operatives and inspectors time to wash themselves and their equipment.
9. As there is a potential for **aerosol spread** of the organism these precautions should be applied to all parts of the kill floor. To minimise this risk an adequate ventilation system should be operating to ensure rapid removal of the organism from the atmosphere.

Section E: Enzootic bovine leukosis

BOVINE TUMOUR SURVEY

Background

EC commitments (Directive 64/432) require that all tumours in the organs and in the lymphatic system of bovines must be notified and must be examined histologically by an official veterinary laboratory. It is essential, therefore, that all suspect tumours detected at post-mortem examination of bovines in slaughter premises be submitted to the Veterinary Sciences Division laboratories at Stoney Road, Stormont, Belfast.

Herd Follow-ups

In cases where tumours are determined as "leukotic" follow-up testing of animals in the herd(s) through which the animal passed is necessary in order to exclude the possibility of EBL infection. The amount of testing required can be dramatically reduced if we could exclude the possibility that the affected animal was suffering from EBL. This can be achieved by **submission of blood samples from all bovine carcasses in which tumours are detected** at post-mortem examination. The method for collection of blood samples from carcasses is described below (see Collection of blood samples).

Sampling

Tumour material

Suspect tumours for examination should be collected as soon as possible after death and should consist of small blocks of tissue (2.5 cm cube). The tissue selected should be taken from the edge of the suspect tumour so as to include both abnormal and adjoining normal tissue. This facilitates accurate identification and study of the tumour progression. Regional lymph nodes should be carefully examined for signs of metastasis as should other parts of the carcass, particularly the lungs and liver which may be involved. Portions of these should be included in all cases whether obviously involved or not.

Collection of blood sample

Blood samples from a carcass can be collected from the subclavian vein using the method described by Gregoire. The technique is as follows:- The subclavian vein is located cranially to the first rib, near the anterior extremity (manubrium) of the sternum. Up to 6 ml of blood can be obtained from each half of the carcass if a tube is placed below the vein while the foreleg is raised. The sample is collected after the carcass has been split and may be collected up to 18 hours after death although it should be collected as soon as possible after tumour detection to prevent undue haemolysis occurring. The technique is relatively straightforward if the following points are considered:-

(a) the cut end of the vein may be difficult to locate in untrimmed sides so the task is simplified by utilising 2 operatives, one of whom raises the foreleg while the other holds the collecting tube below the first rib. In fact, it is easier to collect a sample from an untrimmed carcass as the untrimmed tissues act as a spout off which the blood runs. In such cases a standard uncorked test tube may be used for collecting the sample.

(b) in trimmed carcasses it may or may not be possible to see the cut end of the vein but in any case the blood tends to flow out in unpredictable directions and may be lost unless a wide necked container (universal or urine sampling container) is used.

Storage/packaging of samples

Tissues

Tissues should be placed immediately in formalin solution in a wide necked container, ensuring that tissue blocks are small (see above) and that, to ensure proper fixation, the volume of formalin is 10 to 20 times the volume of sample. Samples should be stored at room temperature and must NOT be frozen. Container caps should be screwed on tightly to prevent leakage and should be well wrapped to prevent breakage during transit.

Blood samples

Samples should be allowed to stand at room temperatures for 3-4 hours to permit clot formation and should then be stored in the chill compartment of a refrigerator until dispatch. Tubes must not be agitated nor subjected to temperature variations as haemolysis may result.

If undue delay is likely to occur before dispatch to the laboratory, the clot may be removed 24 hours later and the serum decanted into a clean test-tube (remember to label the tube again). Serum on its own may be stored frozen.

Blood samples containers must be tightly stoppered to prevent leakage and should be well wrapped to prevent leakage during transit.

Dispatch of samples

All samples must be properly labelled and should be wrapped as described above so as to prevent breakages.

The words "**Bovine Tumour Sample**" should be marked on the outside of the parcel. Each sample should be accompanied by a completed "Bovine Tumour Sample" form, a copy of which should be sent to HQ, DVO Enzootics.

BOVINE TUMOUR SURVEY SAMPLE SUBMISSION FORM

ABATTOIR		TEL No.	
KILL No.		OVS	
EAR No.		Date	
BREED			
SEX			
AGE		CASUALTY / ROUTINE	

Herd owner/presenter name _____ Herd No. _____

	ORGAN(S) INVOLVED (TICK)	DESCRIPTION OF TUMOUR(S) Indicate approximate size, single/ multiple etc.	SAMPLES SUBMITTED (TICK)
LUNG			
LIVER			
SPLEEN			
KIDNEY			
OVARY			
UTERUS			
PERITONEUM			
LYMPH NODES (SPECIFY)			
OTHER SITES (SPECIFY)			
BLOOD			

NOTE: A blood sample **MUST** be taken from every carcass where tumour is submitted.

Samples from **all** bovine tumours should be sent to:

Duty Vet, Pathology Department, VSD, Stoney Rd, Stormont.

Material for examination should be placed in 10% formalin solution as soon as possible after death and should consist of small blocks (2cm x 2cm x 1cm approx.) from the tumour mass. It is important that blocks should be taken from the edge of the tumour adjoining normal tissue or failing this be placed in a separate labelled jar as this permits accurate identification and study of the tumour behaviour. Local lymph nodes and lungs are the most common sites of metastasis from malignant tumours and portions of these should be included in all cases whether obviously involved or not. **Each sample** should be accompanied by a completed copy of this form. The **original form should be sent to DVO Enzootics.**

Section F: Spongiform Encephalopathies

BSE

Instructions on dealing with BSE suspects at the slaughter house can be found on DMS:

Route: Veterinary Service Intranet > TSE > staff instructions > BSEMAN4 (click on word icon to down load) Scroll to Chapter 5 on page 25.

Scrapie

In the event of a sheep with suspect scrapie the same procedure as for a BSE suspect should be followed but using the scrapie forms.

Forms and scrapie action outline can be found on DMS:

Route: Veterinary Service Intranet > TSE > Scrapie

Section G: Tuberculosis

Procedure for dealing with Lesions at Routine Slaughter (LRS) can be found in the TB staff instruction on DMS:

Route: Veterinary Service Intranet > Enzootics > Tuberculosis > TUBERCULOSIS STAFF INSTRUCTION (click on word icon to down load) Scroll to page 83, paragraph **8.3 At Abattoir (2).**

Procedure for dealing with TB Reactor animals in the slaughterhouse can be found in the TB staff instruction on DMS:

Route: Veterinary Service Intranet > Enzootics > Tuberculosis > TUBERCULOSIS STAFF INSTRUCTION (click on word icon to down load) Scroll to page 103, paragraph **8.9 Abattoir Procedures for TB Reactors.**

Section H: Warble Fly

Warble Fly

If warble fly infestation is suspected at either ante or post mortem the DVO of origin should be notified of the identity of the animal to allow for tracing and appropriate follow up on farm. Any larvae that can be salvaged from the animal should be forwarded to VSD, Parasitology Department, Stoney Road, Belfast for identification.

Section I: Notifiable Diseases of Horses

The OVS should notify the local DVO immediately of any horse, carcass or offal showing symptoms or lesions suspicious of notifiable disease. A horse showing symptoms of notifiable disease should immediately be isolated (where possible within its own air space) pending the arrival of the investigating VO. In the case of suspicion of AHS, EIA or VS it is desirable for the isolation area to be fly-proofed since these diseases have insect vectors.

Section J: Foot and mouth disease

Procedure for dealing with suspect foot and mouth disease can be found in the FMD staff instruction on DMS:

Route: Veterinary Service Intranet > Staff Instructions > Foot & Mouth > 250401 fmd Instruction amended 250401 (click on word icon to down load) Scroll to page 41, section 10 DISEASE SUSPECTED AT A SLAUGHTERHOUSE.