

Parrot Fever Claims Medical Martyrs

Medicine

Disease Now Thought Transmitted By Canaries

PARROT fever is now adding to the roll of medical martyrs. The history of modern medicine is punctuated with the sacrifices of men and women who, seeking to discover the cause and cure of unknown diseases, have themselves fallen victims.

Today the laboratories in Washington, Baltimore, Pittsburgh, and Chicago are just as much the front line as were the trenches of France during the World War. Illness and perhaps death threatens the workers there.

Dr. William Royal Stokes, bacteriologist of Baltimore who handled some of the first infected parrots, has given his life in the battle with parrot fever, as did Harry B. Anderson, laboratory assistant at the U. S. Hygienic Laboratory. Dr. Daniel S. Hatfield of Baltimore and Dr. Charles Armstrong of the U. S. Public Health Service are both suffering from the disease, although their recovery now seems assured.

Other diseases which have had their deadly revenge on the warrior-scientists who fought them are yellow fever, Marta fever, bubonic plague, and Rocky Mountain spotted fever. The list of these gallant fighters includes Jesse W. Lazear, Hideyo Noguchi, Adrian Stokes and William A. Young, who perished in the fight against yellow fever; Thomas B. McClintic and A. Leroy Kerlee, who succumbed to Rocky Mountain spotted fever; Alexandre Yersin and Hermann Franz Muller, who were victims of the dread bubonic plague; Tito Carbone and Allen Macfadyen, who died of Malta fever; J. Everett Dutton, who died of African relapsing fever; Howard Taylor Ricketts, who died of tabardillo or Mexican fever; and Daniel A. Carrion, who died of verrugas.

Dr. George W. McCoy, director of the U. S. Hygienic Laboratory, is himself carrying on the U. S. Public Health Service's fight against the disease which Dr. Armstrong was investigating when he fell a prey to it.

Dr. McCoy is a veteran of many engagements in the fight against disease. He did some of the pioneer work in the study of tularemia, has conducted important investigations on plague, leprosy and influenza and has also done work in the development of some of our protective and curative vaccines and sera.

Convalescent serum, of which Dr. Armstrong has had several doses, is thought to have contributed to the improvement in his condition. This serum was obtained by some of Dr. Armstrong's fellow-officers of the U. S. Public Health Service who visited convalescent patients in Baltimore and obtained from them enough blood to yield the serum for Dr. Armstrong.

"I know of no case of psittacosis in canaries," declared Dr. Herbert Fox of the Pepper Laboratory of Clinical Medicine, Philadelphia, when questioned regarding the possibility of these popular birds having the disease which their feathered relatives, the parrots, have been suffering from and transmitting to human beings during the past few weeks.

Two cases of parrot fever or psittacosis, in which the disease was contracted from a canary, have occurred in Norfolk, Va., according to the U. S. Public Health Service. An officer of the service was sent from Washington to Virginia and reported on his return that the history of the two cases showed that the patients had contracted the disease from a sick canary.

"The identity of the disease psittacosis has not been established," Dr. Fox continued. "I have no doubt the capable workers of the government service will solve the problem. I regret deeply the loss of Dr. Stokes of Baltimore, whose death from the disease has just been reported.

"The association of parrot fever with human pneumonia outbreaks has not been perfectly established. I understand no culture of the organism has been proven in the present outbreak in this country. I have seen no confirmation of the newspaper report of the Chicago discovery. The psittacosis bacillus is not very difficult to isolate from parrots in fully developed cases of the disease. In parrots the germ seems the cause of the disease. There are groups of deaths among parrots, canaries, finches and thrushes in which the bacterial findings are not conclusive.

"I have thought of a non-microbial virus as the possible cause of the disease. If this is true of the present outbreak, the spread of the parrot infection to other birds is more than probable.

"I presume the tissues of the humans who have died have been tested

with parrots and other birds. The confusing issue is the pulmonary involvement in birds and man. The virus seems easily transmissible, possibly by dust, whereas the germs of the *Bacillus psittacosis* group are usually transmitted by food and water, also by handling of birds or soiled objects.

"The indications for parrot owners are to isolate each bird, to permit no dust from the cages, to handle the birds and their utensils with gloves, to burn the refuse and to have the birds inspected. Sick birds should not be killed and destroyed but should be shown to the authorities."

This last bit of advice was also emphasized by Dr. T. S. Palmer of the U. S. Biological Survey in Washington. Identification of the suspected birds is important as a means of tracing from what country the birds have come, Dr. Palmer said. Dr. Palmer regretted that no reliable information as to the species of the infected birds has yet been obtained. He pointed out that we import 175 different kinds of parrots into this country.

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kidney, bladder, uterus, or blood vessels."

Definite disease of the digestive tract, such as inflammation of the gall-bladder, ulceration or cancerous changes in the intestines and stomach, or appendicitis was found in 175 cases or one-third the total number.

"In 43 cases the indigestion was thought to be due primarily to nervousness and in 50 more it appeared to be due to the congenitally frail, sensitive, or psychopathic make-up of the patient," Dr. Alvarez said. "In a number of cases it was due to the fact that husband and wife were at swords' points and the meals were being eaten to the accompaniment of bitter words. Often the patient was so nervous, so querulous, or so badly upset by fatigue and worry that it was hard to know what significance to attach to the symptoms, and the operation which would have been prescribed for a strong phlegmatic person with the same complaints was hardly thought of."

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