ORNITHOSIS
A REPORT ON TWO CASES IN CYPRUS

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Introduction

Some things said about the British are untrue but their love for animals and their propensity for pet-keeping can hardly be denied. It is said that the most popular pet is the budgerigar; it is estimated that there are about four million in Great Britain (MacCallum and others 1961). Budgerigars and many other birds, wild and domesticated, including pigeons and sea birds, are susceptible to ornithosis. The avian population of Britain is enormous and the daily contacts between man and birds must be legion. To what extent has the incidence of ornithosis in man been influenced by this? Has the trend of treating febrile illnesses, especially those associated with respiratory symptoms, with broad spectrum antibiotics, put out of mind the diagnosis of ornithosis? How often is this disease misdiagnosed and what is its true incidence? These questions have been asked before but they arise again from the events related below.

Case Reports

At the end of March 1963 Sgt. and Mrs. M., both in their early thirties, bought a budgerigar from a pet shop in Famagusta. The bird was apparently healthy, but not for long. After seven days it became listless and sleepy, it stopped drinking and pecked fitfully at its seed. Two days later it was less well, spots of blood were noticed on the bottom of the cage and on the morning of 12th April the bird was found feet up, dead among the debris of its cage floor. That day Mrs. M. felt unwell, she had headache and backache and she felt shivery. Being the mother, she kept the household going in the usual way in spite of her increasing malaise and the onset of dry cough. On 14th April Sgt. M. fell sick with similar symptoms. The doctor was called; she found that the husband and wife were unwell with a febrile illness of uncertain origin. Symptomatic treatment was prescribed but after three days both patients were no better and they were admitted to hospital on 17th April. They were found to be ill with fever ranging up to 103°F. Mrs. M.’s liver was tender and palpable 2 cm. below the right costal margin and her urine contained a trace of albumin. Apart from this there were no other signs until 20th April when crepitations were heard over the left scapular area of the chest. This was in keeping with the X-ray finding of patchy shadowing in the left middle zone of the chest; there was also some shadowing in the right lower zone. White cell count was 9,000/cu. mm. with 71 per cent neutrophils. Tetracycline 0.25 g. every six hours was begun when the chest signs appeared; the clinical response was quick and satisfactory. The husband’s story was almost identical except that no abnormal chest signs were found, but chest X-ray showed some patchy
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shadowing in the right middle zone. The diagnosis of ornithosis was suspected when the bird's history was unfolded and confirmed by a rise in titre, in paired sera, 1 : 5 to 1 : 40, against the agent of the psittacosis-lymphogranuloma venereum group of viruses.

Sgt. and Mrs. M. visited the pet shop when they had recovered. They found not a single budgerigar where previously there had been dozens. Taxing the owner with harbouring diseased birds produced a reply that psittacosis was unknown in Cyprus and that the lack of birds for sale was seasonal and not due to illness among the birds! As in Great Britain ornithosis is not notifiable in Cyprus and no mention of the disease is made in the Cyprus Government Health Report of 1960—the latest available.

Discussion

Ornithosis in Great Britain has been reported many times. It is estimated that the Public Health Laboratory services uncover about fifty cases a year (Scott Thomson and Evans 1959). A serological survey in Cardiff in which just over one per cent of samples had complement-fixing antibodies of the psittacosis-L.G.V. group of viruses at a titre of 1 : 16 or over was reported in the same paper. MacCallum and others (1961), in their investigations into the extent of infection of budgerigars, suggested that budgerigars bred in Great Britain were not a common source of psittacosis in man and that the risk from recently imported parrots and parakeets was greater than from budgerigars bred in Great Britain. Semple (1955) in a survey in Liverpool concluded that there was ample evidence, serological and pathological, that homing and wild pigeons had a relatively high incidence of psittacine infection. Dew and others (1960) reported ornithosis in two railway guards who, in the course of their occupation, came into contact with homing pigeons. The disease may be severe but prompt diagnosis and treatment can limit distress and morbidity. There are probably many more infections with the psittacosis-L.G.V. group of viruses than come to light. Medical lessons, like others, tend to be forgotten. This paper brings out again the importance of the awareness of the diagnosis.

Summary

The story is told of ornithosis in a man and his wife. The suspected source was a sick budgerigar bought in Cyprus. The importance of being aware of the diagnosis is emphasized.

REFERENCES