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American Budgerigar Society

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Disease Problems in Parakeets

*Dr. Evans

This hobby of mine, the breeding of show parakeets, seems to lead to strange places. If anyone had told me five years ago that I, after 30 years of general farm practice would be endeavoring to write an article on birds, I wouldn’t have believed it. However, both my wife and I enjoy our hobby and it offers a change from everyday practice.

A knowledge of the parakeet has become important to the small animal veterinarian in the city and to the general practitioner as these birds now are found in almost every town. In the last few years parakeets have been vying with the dog as the most popular household pet.

The budgerigar, commonly called budgie, is one of the smallest of parakeets and is native to Australia. It has a parrot-like head, but, unlike the parrot, has a long tail. By careful crossing of color mutations budgies are now bred in colors ranging from pure white to green and violet shades. This bird has become popular as a pet because it is easily tamed and trained, costs little to keep, is clean when allowed the freedom of the house, and is one of the best talkers in the bird world.

Breeding, housing and feeding methods should be known to the veterinarian. Breeders keep parakeets in just about every imaginable location, but a dry cellar is one of the best places. It is best if the temperature is not too high, but it can be variable. I keep birds in an outdoor flight until about the first of November with no bad results. As with poultry flocks, overcrowding should be avoided.

The best breeders separate the birds by pairs for breeding. When many pairs are kept together a hen will often run amok, killing other hens and also young birds. The eggs are laid in a closed box with a hole in one side. The bottom of this box is rounded out and is similar to that used by flickers. The hen does most of the setting, but both parents feed the young by regurgitation.

The proper feed is canary seed, white or large yellow millet, and oats. A protein supplement similar to a poultry supplement can be fed, and grit is necessary at all times. It should consist of fine sand with the addition of some form of lime, bonemeal, and about one percent salt. Old seed, poor seed, or red millet are among the most common causes of digestive upset, manifested by diarrhea, ruffled coat and depression. These seeds are often found in poor mixtures of feeds. Clean, unfrosted greens should be fed regularly. Lettuce is less well tolerated than other greens.

Pet parakeets commonly develop diarrhea from a variety of causes. As stated previously, bad feeding practices may induce diarrhea. Also, young birds are often removed from their parents and

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sold before they can properly shell seeds. These birds will show a diarrhea (normally the feces have a hard, chalky consistency), go light, and often die in a few days. Soaked seed and soaked oats make it easier to break the husk and may allow the young bird to get enough nourishment to survive. Just as with puppies, the excitement of a strange place, new faces and too much handling will cause trouble. Naturally the thing to do is cover the cage and leave the bird alone until the droppings return to normal.

Breeders have experienced outbreaks of a condition also characterized by diarrhea and resulting in a high death rate. Both Pasteurella and Salmonella have been isolated. Coccidia have seldom been found. Either sulfamethazine or sulfaquinoxaline in water used in the same dosage as for poultry has brought some very satisfactory reports. Chunks of sod in the pens has also seemed beneficial. Thorough disinfection is indicated, and, if possible, infected birds should be isolated.

In pet parakeets, colds and pneumonias are common. A nasal discharge and very rapid breathing are the commonly noticed symptoms. Usually the birds have been kept in too warm a room and later exposed to a draft. Penicillin, 1,000 o.u. administered in the breast muscles, has been found to be beneficial at times. The bird should be kept quiet and the room temperature maintained at 72 degrees. So-called French moult is one of the most common disease conditions of parakeets. It usually occurs while the young are in the nest and causes loss or improper development of the primary wing feathers and main tail feathers with the result that the birds cannot fly. Sale of birds suffering from French moult is considered unethical among breeders and newly purchased birds which develop the disease may be returned to the seller. The disease can readily be diagnosed by inspection of a primary or main tail feather if they are present. These feathers usually come loose easily, usually just by a touch. The inside of the quill will show a dark or black discoloration.

I don't know the cause of French moult. The Royal Veterinary College of England reported it was caused by a fodder mite but more recent work at Ontario Veterinary College seems to disprove this. I have had an outbreak and failed to find any mites. Faulty nutrition has been blamed but not proven. I personally think it is an infectious condition, since thorough disinfection has solved the problem for me. Most of the birds recover in time if the affected feathers are removed. Very good authorities recommend dipping the birds in a zephern chloride solution. The veterinarian should never recommend a phenol disinfectant for use around parakeets. These birds chew on wood and are very sensitive to phenol and its derivatives as I have found by costly experience.

Subcutaneous, eye and internal tumors are quite common. The tumors of the breast are usually easily removed, but keep in mind that an old bird often has lumps of fat on the breast. These lumps are always bilateral, the tumor is unilateral. Abdominal tumors are recognized by continuous flicking of the tail over a long period of time. These birds eventually die. Infected eyes are a common condition but an ophthalmic sulfa solution or powder will often correct this trouble.

Psittacosis is a disease of all psittacine birds which has come to the notice of the public because it is transmissible to humans. There have been outbreaks among humans in Europe and California which caused a high rate of fatalities. A quarantine placed on importation of psittacine birds from other countries is still in effect except in a few special cases. A quarantine between many states was lifted by the public health service last spring. Human psittacosis is now almost one hundred percent controlled by aureomycin or terramycin therapy. Dr. K. F. Meyers, of the Medical Center of the University of California, reports only two deaths in humans in 1950 and 1951. It has been a common practice, if a budgie is in the household, to make a diagnosis of psittacosis in humans without laboratory verification. The Iowa State Uni-
University Diagnostic Laboratory is now preparing to run this test on human blood samples. "Diseases of Poultry" by Biester and Schwarte, contains a chapter on psittacosis by Dr. K. F. Meyers. His discussion is considered a classic. He states that psittacosis cannot be diagnosed by physical appearance. A test for birds, except on a large flock basis, has so far not been satisfactory. I recently recommended the destruction of all birds in two eastern aviaries from which birds had been purchased with resulting verified human infection.

Remember, that except for Meyer's work, very little worthwhile research has been done on the diseases of parakeets. The future will bring to light many conditions just as it has in other birds and animals after long years of study.

Compresses of benadryl, 2 percent solution in sterile water, employed in therapy of 60 cases of burns and scalds resulted in earlier relief of pain, rapid diminution in intensity of erythema, and less frequent appearance of blistering. The best results were observed in patients treated within the first four hours. An impressive lack of secondary infection was noted. Brit. M. J.

In the breeding season of wild ducks, Mallard drakes fight in the air for a female's favor. Among the dignified Canvasbacks, however, the competing males stage a chest-to-chest pushing contest. When one begins to slip backward, his contest is lost, and he must turn and dive before his opponent seizes him by the back of the neck.

Though largely confined to grade herds, artificial insemination of purebred dairy cattle is increasing. The Milking Shorthorn Journal reports that 17½% of all registrations of the six dairy breeds, including Milking Shorthorns, were animals resulting from artificial insemination.

NEW BOOKS

TRATADO DE LAS ENFERMERADES DEL PIE DEL CABALLO
By Doctor Antonio Pires
Professor of Veterinary Surgery and Diseases of the Foot
National University of Buenos Aires, Argentina

This is a book on diseases of the foot of the horse, written in Spanish. Although the text is in a foreign language, enough of the legends under the illustrations are in terms common to science in all languages, so that comprehension of their meaning is easy.

The illustrations are from photographs and original drawings, and are numerous and remarkable for their clarity. Very few books are as well illustrated as this one. Doctor Pires has spent a long time in study and research in this field and his book is a Classic. Anyone interested in the foot of the horse in any way could well afford to purchase a copy. One can be obtained from any seller of veterinary books.

Dr. George R. Fowler

FITTING AND SHOWING DAIRY CATTLE
By Jack Spearing

This book is a suitable reference for any person who is interested in the preparation of dairy animals for the show ring or who is often called upon to offer advice to beginners in the fitting of such animals. It is an especially valuable guide for beginning 4-H club boys and should be recommended to them.


The book is well illustrated and written in a manner that makes it easy to understand.