

Avian tuberculosis in a Saw-whet Owl.—On 3 Nov. 1974, I collected a road-killed Saw-whet Owl (*Aegolius acadicus*) 9.7 km S. of Hill City, Itasca Co., Minnesota. Initial examination showed a deposit of dried blood, $15 \times 8 \times 4$ mm, built up over the base of the beak in the feathers surrounding the nostrils. In preparing the bird as a study skin (placed in the vertebrate collection at Wayne State College, Wayne, Nebraska), I noted 2 yellowish lumps, 2×3 mm, at the ventral base of the tongue and in the ventral surface of the pharynx. Further dissection revealed several more nodules of a similar type beneath the skin on the back of the neck and numerous lumps up to 15 mm in diameter in the liver, stomach, mesenteries, and intestines. The lumps made up about 25% of the viscera, by weight. The bird had no fat but was not thin and appeared healthy. The stomach contained a pellet of hair, probably of *Microtus* sp.

The gastro-intestinal tract, along with the liver, was preserved in formalin and later sectioned, mounted on slides and stained. Slides were stained with Harris' hematoxylin stain, Brown-Brenn stain and Kinyoun carbol-fuchsin acid-fast stain. Drs. F. D. Kapps and R. Vilella, Clinical Pathologists at Mercy Medical Center, Coon Rapids, Minnesota, examined the tissue and slides and diagnosed it as avian tuberculosis, stating that they had never seen such a high concentration of acid-fast organisms in a tissue specimen. An attempt to isolate the organism on Lowenstein media was unsuccessful, probably due to the desiccation of the study skin. It was felt that the causative agent was probably of the *Mycobacterium avium*-Battey bacillus group since they are most frequently involved in tuberculosis among poultry.

I have examined about 200 road-killed birds of various species and have never before seen a blood deposit on the beak similar to that noted here. Frequently there will be some oral or nasal bleeding but it will be recognizable as such; this deposit was obviously built up over a period of time before the bird's death and is probably symptomatic of the disease. Such a deposit might serve as a warning to the uninitiated that a diseased state is indicated. This may be of some importance from a medical standpoint since cases of avian tuberculosis have been reported in humans, even though rarely, and the disease has been traced to exposure to diseased animals; also, this form of tuberculosis responds poorly to drugs (Bailey and Scott, Diagnostic Microbiology, The C. V. Mosby Co., St. Louis, 1974).

Acknowledgments go to Rita Nelson for specimen preparation and staining and to Dr. F. Donald Kapps, M.D., and Dr. Ronald Vilella, M.D., for examination and diagnosis.—WAYNE J. MOLLHOFF, 907 Queen's Lane, Anoka, MN 55303. Accepted 27 June 1975.

Observations at a cavity nest of the Common Grackle and an analysis of grackle nest sites.—A 16-apartment martin house, located at Rice Creek Biological Field Station, Oswego College, Oswego, N.Y., normally inhabited by Tree Swallows (*Iridoprocne bicolor*) was used exclusively by a Common Grackle (*Quiscalus quiscula*) pair in May 1974. The apartment used was 3.6 m above ground and had a western exposure which overlooked a 10.5 ha pond. Nest temperatures were monitored continuously and recorded by a Leeds and Northrup Speedomax thermocouple recorder. The thermocouple was secured under the 4 eggs at the bottom of the nest. Supplementary data on Common Grackle nesting locations were obtained from 2601 cards on file at the Nest Record Card Program at Cornell University's Laboratory of Ornithology, Ithaca, New York.