

INVASION OF THE NASAL CAVITY BY A LEECH.*

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A HINDU MALE, aged 25 years, came to me complaining of the presence of a worm in his nasal cavity. He also added that the worm found access to his nose while he was drinking water in a pond a month previously, but that he had appreciated its presence only for the last three days. He also suffered from occasional epistaxis.

On examination I could see the worm, but it was rapidly lost to view in the naso-pharynx. I, therefore, definitely concluded that the worm was there and awaited its reappearance with an artery forceps in my hand ready to secure it, but I was disappointed for it did not appear for about 15 minutes. I then applied a turpentine swab to his nostrils, and placed my index finger firmly over the orifice of the naso-pharynx at the same time asking my assistant to douche out the nasal cavity with potassium permanganate lotion. The worm slipped up and down two or three times but ultimately it was caught in the artery forceps; it appeared that the worm was of enormous length. Subsequently it was extracted after a forcible pull and left in a tray of water where it remained alive for two days. The worm measured 5 inches in length and was identified as a leech.

The important points in the case are (1) that the worm lived in the air passages for more than a month, (2) that the patient felt no irritation beyond a feeling of uneasiness due to the shifting position of the invader, (3) the worm was of considerable dimensions.

A CASE OF LAMBLIASIS.

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THE following case of lamblia presents a number of unusual features, any one of which is remarkable in its own way.

A Hindu boy, aged 10 years, was brought to me by his father for pain in the abdomen. It was reported that the boy had pain off and on during sleep all over the abdomen which made him double up, even though he was kept on strict and regular diet. On examination, he was found to be a pale, anæmic, poorly-nourished boy. There were purpuric spots (petechiæ) around the ears and on the front of the legs. There was no tenderness anywhere in the abdomen nor any muscular rigidity. The liver was slightly enlarged.

* Rearranged by the EDITOR, I. M. G.

[Comment.—We submitted Dr. Astavans' note to Dr. C. Strickland, Professor of Medical Entomology, Calcutta School of Tropical Medicine, who has kindly commented as follows:—

"With reference to your endorsement on the attached paper, Dr. Roy identified the leech as *Dinobdella ferox*, but awaited Professor Moore's return to Calcutta for confirmation. This I have now obtained.

The interest of the paper must be judged by existing records of infestation of the respiratory passages of man by leeches in general and *D. ferox* in particular.

As for the former there are many, the majority of which seem to have been in Egypt and nearby countries due to *Limnates* spp.

As for the latter there have been no previous records of such a case in man, though the nasal cavity of cattle is the normal habitat of the species. The history given by the writer is in accord with the usual history in animals."—EDITOR, I. M. G.]

There was no abnormality in the lungs or heart, but his pulse rate was 52 per minute. He was said to be habitually constipated, and his abdominal wall was more shrunken than usual. As it was very difficult to come to a definite conclusion about the diagnosis, I treated the case as a case of liver-disease (hypohépatism). After clearing the bowels with oleum ricini, \mathfrak{z} iii, at bed time, I put him on—

R Sodii salicylas	..	..	gr. v.
Sodii benzoas	..	..	gr. iv.
Ammon. chlor.	..	..	gr. iv.
Tinct. hyoseyami	..	..	\mathfrak{m} vii.
Sodii sulph.	..	..	aa.
Magnes. sulph.	..	..	gr. xv.
Sodii bicarb.	..	..	gr. x.
Tinct. boldo (<i>sic</i> !)	..	..	\mathfrak{m} vi.
Aquam	..	..	ad \mathfrak{z} iv.

fiat mist. Thrice daily.

He was also put on Radiomalt one teaspoonful twice daily after food. This treatment helped to clear up the petechiæ but there was no improvement in his general health nor did it stop his pain, even after a fortnight's treatment. A course of santonin treatment was given with the idea that it was a case of ascariasis.

Next I was called in to see him when he had fever—which came on generally in the afternoon and left him in the morning. This fever was followed next day by blood and mucus in the stool. The number of motions was 4 or 5 a day and he had severe tenesmus during defæcation. There was then prescribed—

R Ol. ricini	..	..	\mathfrak{z} iv.
Tinct. hyoseyami	..	..	\mathfrak{m} xxx.
Syrupus zingiberis	..	..	ss.
Mucilage acac.	..	..	q.s.
Aquam	..	..	ad \mathfrak{z} iv.

fiat mist.—to be divided into 4 doses. Each dose every 2 hours.

He was also given a course of 6 injections of emetine ($\frac{1}{2}$ gr. each) every alternate day with one Anabin pill every day. The fever was checked with a few grains of quinine, mucus and blood disappeared from the stools, and there was a long interval between pains. This time, too, petechiæ occurred and disappeared. Within 3 or 4 days he had bradycardia as before. He was put on colloidal iron with copper and vitamin D for anæmia but he did not put on strength at all, and soon the old pain re-appeared in all its severity. This time he had extreme anorexia with severe vomiting and the hæmorrhagic spots appeared as before. This time, too, ascariasis was thought of and thinking santonin had not acted I tried hexylresorcinol (0.8 gm.) in capsule on an empty stomach after giving him a saline cathartic. His stool was examined this time and a heavy infection with lamblia was found.

As there is no specific treatment for lamblia I put the boy on—

(1) R Paraffin liq.	..	..	\mathfrak{z} iiss.
Mucilage acac.	..	..	q.s.
Sodii bicarb.	..	..	gr. xv.
Calcii lactas	..	..	gr. vii.
Aquam	..	..	ad \mathfrak{z} iv.

—14 doses—one dose at bed time.

(2) R Stovarsol tablets	..	..	14
Dimol tablets (B)	..	..	14

One tablet (each) daily after food.

He was forbidden meat, eggs, and fish, and told to have boiled water. Within 14 days his pain disappeared, he had a normal appetite and his general health began to improve. He was put on the treatment for 7 days more after a week's interval. His stool, further examined, was absolutely free from any cyst or parasite. His pulse-rate was 74 per minute—which is his natural rate, and the previous hæmatinic treatment has much improved him.