THE USE OF OIL FOR THE DESTRUCTION OF LARVÆ IN THE NASAL CHAMBERS.

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The interesting articles by Drs. M. A. Goldstein, Hal. Foster and J. Steele, on larvæ in the human nostrils, published in the December number of *THE LARYNGOSCOPE*, calls to mind a similar case in the practice of the writer.

About two and a half years ago a patient applied who had long suffered from fetid atrophic rhinitis of a marked character, and who had developed, a few days before, severe pain in the nostrils and a fetid discharge, which, on inspection, was found to be due to the presence of larvæ of the meat-fly, *musca* (*Calliphora*) *vomitaria*. The history indicated that the eggs had been deposited while the patient was sleeping in the open air. In this connection, I would state that in many of the *muscidæ*, to which genus this insect belongs, the vagina has, as a seminal receptacle or uterus, a spacious and sometimes two-lobed reservoir in which the fecundated eggs are accumulated in great numbers, and remain until the larvæ are sufficiently developed, so that these insects are really viviparous. This may account for the reaction which sometimes follows so rapidly after the first infection.

I had long realized that the majority of medicaments intended to destroy these larvæ, when found in the nasal chambers, were inefficient, as these insects are able to tolerate much stronger solutions than can be borne by the nasal mucosa. This refers not only to the various chemicals which have been advocated, but also to the application of electricity, which Voltolini (*Die Anwendung der Galvano-Kaustic*, Vienna, 1872,) advises in this condition. From his experiments on small animals, he found that the larvæ were numbed by a constant or faradic current, and were killed after its long application. He mentions a curious circumstance, that when the direct current with interruptions is applied, the larvæ begin to move about rapidly and to creep away, usually against the direction of the current. He does not find it necessary that the electrode should come in contact with the larvæ.

This method is not to be recommended on account of the fact that

the mucous membrane of the nose is very sensitive to electric excitation, and also the neighborhood of the important nerves and the brain. From personal experiments, I have found that larvæ and insects generally resist the action of currents which are quite painful to human beings.

One substance, however, which destroys by occluding the respiratory organs of the insects, and which is innocuous to the human tissues, is oil, such as sweet oil, liquid vaseline, etc., which are not referred to in the interesting articles in the December number of *THE LARYNGOSCOPE*, or in the literature of this subject. Respiration is carried on by an intricate system of tubes (pulmonary trachea) which open by pores (spiracles or stigmata) in the sides of the body. These are blocked by the free use of oil, thus causing suffocation.

In the case referred to, the oil acted with much success, glymol being used. It was first applied in the form of a continuous spray, this being successful in dislodging a considerable number of the larvæ at the first sitting. At the second sitting, it appeared that there was a number of larvæ in the upper region of the nostril, which could not well be reached, and, with a view of effecting this, the patient was placed in the horizontal dorsal position with the head hanging down, and the nostrils were then completely filled by pouring the warm oil into the nasal cavities. This method was apparently successful in destroying all the larvæ in four sittings. A week later, however, another sitting was required, which resulted in dislodging two more of the larvæ, after which there was no further evidence of these parasites.

As this method is successful in destroying the larvæ without the least irritation of the delicate structure of the nasal chambers, it should be added to the therapeutics of this subject.

Epistaxis in Typhoid Fever.

After examining a number of cases with this symptom, the author found that the origin of the bleeding was from a site one-quarter or one-third of an inch from the outer margin of the septum on one or both sides. A few moments pressure over the alæ continued will often be sufficient to arrest the bleeding.—R. W. EWING, M. D.—
(*Med. Record*, Dec. 27, 1897.)

LEDERMAN.