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Delusory Parasitosis

Museum enquiries can be very varied, ranging from a piece of rock brought back from a holiday in Spain, to a weed found in a garden or insects from a food cupboard. Some enquirers bring in insects and other organisms which they suspect of being a nuisance or by which they have been bitten or injured in some way. During the past five years I have handled at least three unusual cases involving such problems. The use of the wording "at least" is significant because it is only fairly recently that I have clearly recognised the syndrome and it is likely that other cases have escaped my earlier attention.

Two of the cases involved previous contact with cat fleas. These can reach quite high numbers, several thousand around the house with perhaps a dozen or more feeding on the cat at one time. With certain people the unpleasant experience with fleas can later develop into a neurosis. In the two most recent cases this neurosis was spotted and became extremely acute but in the earlier case it went, until now, unrecognised. There has, by coincidence, recently been an article and a series of letters in Antenna (Bulletin of the Royal Entomological Society of London) on the neurosis: Delusory parasitosis (Mumford 1982; Smith 1982a, Mumford 1982, Laurence 1982, Smith 1982b). These recent published instances together with my experience of the problem prompted me to bring the matter to the attention of B.C.G. members who do not follow Antenna or may not be aware of the existence of the problem.

Smith (1973) mentions that certain individuals develop a mental condition following attacks by fleas which is termed "delusory parasitosis". This disorder is not uncommon and can be quite serious and is often not appreciated by the sufferer's doctor. Halucination of arthropod infestation has been reported by entomologists (Busvine 1966; Miller 1954; Pierce 1921; Pomerantz 1959; Smith 1934, 1973; Waldron 1962) and in the medical/entomological literature (Busch 1960; Mester 1975, Schrut and Waldron 1963). More recently a review of entomophobia was given by Mumford (1982).

Mumford lists eight generalised complaints associated with delusory parasitosis (from Schrut and Waldron 1963):

1. The "bugs" are black and white when first noted, but may change colour later.
2. The "bugs" often jump.
3. The "bugs" often infest patients' hair, and can be combed out for "collection".
4. "Bites" on the skin usually itch and cause scratching, sometimes to the point of tissue damage.
5. The "bugs" may come from common household products like toothpaste, petroleum jelly, or cosmetics.
6. The "infestation" can become such a problem that the patient has to move, but the "bugs" usually reappear in the

new dwelling as well.

7. The patient may be so positive about his infestation and describe it so lucidly that his family will often strongly support his claims, even if not afflicted themselves.
8. The infestation may have lasted 2 or 3 months or longer, while actual arthropod infestations seldom last that long.

The two most recent cases that came to my attention fit into this series very well. The individuals concerned also fit the descriptions of those most frequently featured (Mumford 1982) namely: middle-aged to elderly women.

The first and most serious of the two recent cases began with a telephone call from the enquirer who wanted various household materials examined for pests. A few days later she brought in fourteen samples including vacuum cleaner dust, lead from leaded light windows, hair from her head, grease from a cooker hob, debris from inside her slippers, a fresh hen's egg and an electric kettle. She had been in touch with the Pest Control Officer of the Environmental Health Department (several times I discovered when contacting them) who were unable to find anything of significance. The lady in question, when she brought the material to me, turned out to be in her late forties and married to a man in his late seventies. In conversation I discovered that her cat had had fleas two years previously and it was evident that she was very worried about her house being overrun by some sort of "insect". The fear of her "infestation" was putting her marriage in jeopardy; her friends did not like calling on her; she was fanatical about cleaning her house (which the Environmental Health Department said was spotless); she daily bathed in Jeyes Fluid; she had had her hair virtually cut off several times for fear of infestations on her head; she was convinced that every little pimple arising on her skin was a bite and that something was in her house biting her. She thought that the "things" could have come either from Spain via her electric kettle which she had brought back or from a chicken farm from which she bought her eggs.

My fears and suspicions were highly aroused by this conversation and I was sympathetic and tried to allay her fears and told her I would thoroughly examine what she had brought in. She did not want anything back; I was to dispose of everything including the suspect kettle. As I expected, after a thorough microscopic examination of the material I found nothing of note. A few Henoticus californicus Mannerheim were present in material from one drawer of a cupboard and two Anthrenus verbasci Linn. larvae from within the base of her antique clock (feeding on the felt base-pad). No mites or other arthropods were present in the samples. A report was produced and she was pleased with these negative results but sadly more worried because she could now no longer blame anything for her "bites". Subsequently she brought a further six items to me for examination, which also proved negative. In conversation during a further visit from the enquirer she quite seriously threatened suicide. The

delusory parasitosis was pushing her to the limit. I attempted to soothe and convince her that she had nothing to fear and that perhaps she should visit her doctor so that he could examine her bites and carry out further tests. She told me that she had been to see her G.P. after her cat had had fleas and she would go and see him again. I discussed her problem with Environmental Health who were tired of her complaints and said that cases like hers were not uncommon. When I mentioned delusory parasitosis they were most interested as they had not heard of the disorder before. It was decided on the grounds of her mental condition and suicide threats to contact her G.P. as soon as possible (she had volunteered the identity of her doctor) in the hope that some help could be given. A copy of the reports given to the enquirer and details of the case and its development and implications with respect to delusory parasitosis were sent to her G.P.

I have recently discovered that the lady and her husband later moved from their flat in an attempt to run away from the phantom infestation. She apparently has not visited her G.P. and I have had no reply from her doctor; so I am unable to say how this case was concluded, if at all.

The most recent case involves (it is still in progress) an elderly widow living alone in a basement flat. She has never had a cat and so there is no obvious flea association. However, she claims that things are biting her depositing black or white sticky deposits around her house and that these started after certain building works were carried out close by. Environmental Health failed to find anything wrong: her house was (is) spotless. To reassure their client they have, as is their practice, given various treatments and supplied insecticidal sprays. She still persists in bringing material into the museum for examination and is convinced that she is being invaded by a secretive pest which bites her legs and leaves the unpleasant deposits. She has a diagnosed skin complaint and this, combined with her age, probably accounts for the 'bites': small ulcerating skin lesions of internal origin rather than external. The 'deposits' she finds are largely imaginary or at the most, particles of dust, flaked paint and other household material. The case is still in progress and has not advanced beyond a report on the material brought in by the enquirer and a letter explaining the situation, the form of which was recommended by Smith (1982a) and is reproduced with this article by kind permission of the Editor of Antenna and the Author, K.G.V. Smith (BM(NH)).

Most museum enquiries are straightforward but a few can become more involved and the degree of involvement will largely depend upon the amount of interest taken by the person answering the enquiry. Such involvement by the biologist/entomologist may make them think twice before committing themselves to a lot of work and worry. But surely if the case in question suggests that delusory parasitosis is involved then it is the moral and ethical duty of the biologist to pursue the matter as far as possible. Delusory parasitosis is a very sensitive area and as Smith pointed out (pers. comm.), because we are non-medics we have to tread very carefully. As enlightened biologists

we might well be the first to recognise the problem and thus we can provide the initial evidence and impetus for the treatment of the afflicted enquirer. The whole problem is very complex and can involve dermatologists, psychiatrists as well as the GP and biologist. The drug Pimozide can be used to treat afflicted patients, but this has unpleasant side effects. The attitude of many patients also makes help and treatment difficult.

We all deal with enquiries. How many have you that could fit this pattern? It might be interesting to try and obtain some statistics from curators. If you have any examples please let me know.

References

- Busch, G. 1960 Der vahnhafte ungezieferbefall. Angew. Parasitol 1: 65-71
- Busvine, J.R. 1966 Insects and Hygiene. Methuen & Co., London
- Mester, H. 1975 Induced acarophobia. Psychiatia Clinica 8: 339-348
- Miller, L.A. 1954 An account of insect hallucinations affecting an elderly couple. Canadian Entomologist 86: 455-457
- Mumford, J. 1982 Entomophobia: the fear of arthropods. Antenna, Bull. R. Ent. Soc., Lond. 6(1): 156-157
- Pierce, W.D. 1921 Sanitary entomology. Richard D. Badger, Boston
- Pomerantz, C. 1959 Arthropods and psychic disturbances. Bull. Ent. Soc. America 5: 65-67
- Schrut, A.H. & Waldron, W.G. 1963 Psychiatric and entomological aspects of delusory parasitosis. J. American Medical Assoc. 186: 429-430
- Smith, K.G.V. 1982a Entomophobia and delusory parasitosis. Antenna, Bull. R. Ent. Soc., Lond. 6 (3): 246
- Smith, K.G.V. 1982b Reply by K.G.V. Smith. Antenna, Bull. R. Ent. Soc. Lond., 6(4): 280
- Smith, R.C. 1934 Hallucinations of insect infestation causing annoyance to man. Bull. Brooklyn Entomol. Soc. 29: 208-212
- Waldron, W.G. 1962 The role of the entomologist in delusory parasitosis (entomophobia). Bull Ent. Soc. America 8: 81-83
- Laurence, B.R. 1982 Delusory parasitosis again. Antenna, Bull. R. Ent. Soc., Lond. 6(4): 280

Suggested standard letter (Smith, 1982a):

Dear Sir or Madam,

I am sorry to hear of the trouble you are having and we are carefully studying the samples you have sent us. As yet we have not found any insects that could be causing your condition but it is possible that your symptoms may be arising from other causes and it is important to consult your general practitioner. It would be helpful if you could put me in touch with your doctor so that I can send him the results of our tests when these are completed.

Gerald Legg,
Keeper of Biology,
Booth Museum of Natural History,
Brighton.

Storm over seal at fish market

THE SIGHT of a dead grey seal shocked shoppers in Bolton fish market today. The seal had been drowned in a North Sea trawler's nets and was on display on a fishmongers stall.

The fishmonger, Mr Mark Hayton, was sent the seal as a "curiosity" by his supplier in Scotland.

But a spokesman for Greenpeace, the conservationist organisation, said today that it was "grotesque" to put the seal on show.

Greenpeace wildlife conservationist, Mr Mark Glover said: "On a world scale the grey seal is a rare animal. There is little we can do about them being caught in trawler nets and drowned, but it is grotesque for someone to put a dead seal on show like this."

The RSPCA visited the J. Gittins fish stall on Ashburner Street market, but RSPCA inspector, Mr Andy Foxcroft said: "They are doing nothing illegal.

"The grey seals are not in season at the moment, but this one was accidentally caught in trawler nets and there is nothing to stop them

by TONY DONELLY

putting it on their stall."

Mr Hayton, who runs the stall, said that he had donated the seal to Bolton museum.

"It has caused a lot of controversy in the market. People seem to think that there is something cruel about it and I have had to put a sticker on explaining that the seal was killed accidentally.

"I'm sorry if we have offended anybody, but I was just hoping some good could come out of it by giving it to the museum. I asked my supplier to keep an eye out for any curiosities so I could put them on the stall. But I had no idea it would shock people."

The senior keeper of natural history at Bolton museum, Mr Geoffrey Hancock, said: "We are very pleased to accept the seal as an exhibit. We don't have one at the moment."

"Bolton Evening News,

20 Nov. 1982"