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GASTROPHILUS EPILEPSALIS LARVÆ AND EPILEPSY. BY G. H. FRENCH, CARBONDALE, ILL.

In the October number of the St. Paul Medical Journal, Dr. Burnside Foster, the editor, gives a very interesting case of larvæ found in the cutaneous tissues of a three weeks old infant, that a specialist in Dipterology identified as the above species. The case was not one of Dr. Foster's patients, but was from Superior, Wis. If the identification is correct, and I see no reason why it should not be, for the specialist was the same one who identified the first larva found in the boy at Chester, Illinois, as a *Gastrophilus*, and he had one of the types before him for comparison, the case is important. How they came to be in the child's skin is an interesting question, and in a brief note in reply to Dr. Foster's article, I suggested an examination of the excreta of the mother.

In the November number of the same journal, Prof. F. L. Washburn, State Entomologist of Minnesota, publishes a paper on the same subject. In the issue for January 16th of the Journal of the American Medical Association, Prof. Washburn has an article that is nearly a copy of the one in the St. Paul Medical Journal. It is of a few statements in these two articles that I wish to speak.

I do not know whether the fly producing these larvæ is a *Gastro-philus* or not, and that question can not be settled till some of the living larvæ are found and bred. One of the best authorities on Diptera in the United States says they are, and there it will have to rest till breeding proves him right or wrong.

I never assumed that by naming this larva *Epilipsalis* it was the cause of epilepsy. In fact, epilepsy is not a disease, but a symptom resulting from some irritation somewhere in the body of a neurotic with a spasm tendency. But that this has been in five cases the source of irritation, or at least one of the sources, there is no question in the minds of those knowing the conditions. In two of these cases, the two best known to myself, the removal of the parasites from the system cured the cases. Again, in the five cases where these larve had been found previous to the Wisconsin infant, the hosts were epileptics. I have said before that from the wide distribution of the insect the probability is that it is not an uncommon human parasite, but that its small size—one-twelfth of an inch long—and causing so little irritation in ordinary individuals, its presence has been overlooked. Previous to Dr. Foster's case it had been found in three places in Illinois, one in Kentucky and one in Indian Territory.

Prof. Washburn says: "This intestinal parasite *evidently* has no connection whatever with epilepsy, and is wrongly named." The italic is mine. The last clause of the statement is answered above. As to the