OPHTHALMOMYIASIS IN ENGLAND*

BY

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THE following case is thought to be of interest, as there seems to be no previous record of the condition described occurring in England.

Case Report.—A male, aged 34, a motor fitter, attended the casualty department at the Moorfields, Westminster and Central Eye Hospital, on the afternoon of August 6, 1950, complaining of pain in the right eye. The pain had started one hour before, just as he was bending over the luggage boot of his car, when he had felt a sensation like a drop of water falling into the eye.

There was no previous history of eye disease, and he had not been overseas since 1945.

Examination: VA, R and L, 6/6. Left eye appeared normal. Right eye showed mild conjunctival injection, profuse lacrimation, and considerable chemosis, especially of the lower fornix. The conjunctival sac was infested with larvae. There were about twenty present, white in colour, about one mm. long by $\frac{1}{4}$ mm. wide, flattened, with a black head-end and actively motile.

FIGURE.—*Oestrus ovis* larva, August 6, 1950. (x 67)

The larvae were removed with fine forceps after cocainization, which, incidentally, did not abolish their motility. Two days later the eye was white and the patient was symptom-free.

Larvae.—Professor P. A. Buxton identified the larvae as the first instar of *Oestrus ovis* (Sheep Bot). The fly is a smallish grey larviparous insect. It hovers near the heads of sheep and deposits a milky, larvae-containing fluid in the animals' nostrils. The larvae migrate thence into the nasal passages and cranial sinuses where they mature.

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Distribution is world-wide in sheep and in certain types of deer and goats, but human infestation seems common only in certain localities, and then usually among shepherds.

The eye is the usual site of human infestation. The Tuaregs of the Sahara are commonly affected, and they call the affliction "Thimini". Cases have been reported fairly frequently from North Africa, Southern France, and Eastern Europe, and there have been a few in North and South America, and one in Honolulu.

The clinical picture in most cases has been similar to that just described. Corneal ulcers have, however, been noted, and in one case an *O. ovis* larva was found in a conjunctival cyst. Intra-ocular invasion or migration down the naso-lacrimal duct is said to occur, but no cases have been noted in the literature. Some intra-ocular cases have possibly been due to other parasites. *Hypoderma bovis*, for example, is known to penetrate intact skin with great rapidity. Portchinsky states that the larvae of *O. ovis* usually die within 10 days in the human conjunctival sac.

A peculiar feature of this case was the fact that the patient, who lives in a completely built-up area, had not been out of London for some months. His car, however, had just been brought back from Devonshire by his brother who had borrowed it for his holiday. Possibly the fly had become trapped in the luggage boot, and on being released from captivity discharged its larvae at the first opportunity.

SUMMARY

A case is described of *O. ovis* infestation of the conjunctival sac, occurring in London. Investigation of the literature (see Bibliography below) has revealed no similar case in England.

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