

# Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

## Earwig in the Ear

TO THE EDITOR: Earwigs are nocturnal, drab-colored insects of the order *Dermaptera* that are attracted to light and occasionally creep into homes. Their chewing mouthparts and forceps-like abdominal appendages give them a foreboding appearance.

The common name for these anthropods in at least six European languages incorporates a word for ear. The extended hindwing of some species resembles the shape of a human ear and the earwig's pincers look like instruments once used to pierce women's ears for earrings. Furthermore, there is an ancient Anglo-Saxon legend that they crawl into the ears of sleeping persons. Entomologists, however, insist that this belief is without foundation.<sup>1-3</sup> The following is the second report from Arizona—and also only the second in English literature—to document the veracity of the legend.

At 3 AM, my 8-year-old daughter awoke me from a sound sleep. She was extremely upset. For the preceding few minutes she had attempted to remove a creature crawling about in her left external ear canal. A light sleeper, she had been aroused by "the sound of little feet." Ooscopic examination revealed a dark brown mass near the tympanic membrane. My brief discussion with her on the importance of proper hygiene was interrupted when I saw the form move. Then, bathed in brilliant illumination from the otoscope, a female earwig (family, *Carcinophoridae*), measuring 20 mm in length, cautiously emerged, to the relief of insect, child and father.

Earwigs do not, as once believed, enter the brain to cause insanity but they can enter the external ear canal while we sleep. Some species pinch sharply and forcibly eject a highly irritating fluid from abdominal glands.<sup>4</sup> In the previous report<sup>5</sup> a male European earwig (*Forficula auricularia*) punctured and lacerated the tympanic membrane of a sleeping graduate student in Flagstaff, Arizona.

Earwigs are relatively harmless and, in all likelihood, enter the human ear rarely and only by chance. Nevertheless, they can produce severe otic trauma lending credence to an ancient "myth."

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### REFERENCES

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2. Klots AB, Klots EB: Living Insects of the World. New York, Doubleday, 1975, p 31
3. Borror DJ, DeLong DM, Triplehorn CA: An Introduction to the Study of Insects. Philadelphia, Saunders, 1981, p 236

4. Eisner T: Defense mechanisms of arthropods II—The chemical and mechanical weapons of an earwig. *Psyche* 1960; 67:62-70

5. Taylor JD: The earwig: The truth about the myth. *Rocky Mt Med J* 1978; 75:37-38

## Costs and Value of Screening Flexible Sigmoidoscopy

TO THE EDITOR: The article by Rumans and associates<sup>1</sup> in the June 1986 issue, which justifies the cost-effectiveness of screening flexible sigmoidoscopy in asymptomatic patients over 50 years of age with three stool tests (Hemoccult) negative for occult blood, will be helpful for my marketing program. The following questions, however, remain unanswered:

- Of the malignant lesions and precancerous polyps discovered, how many would eventually have been detected by Hemoccult tests alone or become symptomatic while still curable (if curable can be defined) had no sigmoidoscopy been done?

- What is the value of the lives saved, morbidity avoided and medical care costs unspent as a result of the treatment following these discoveries?

- How do these savings compare to the total program cost per discovered and treated and cured condition, which condition statistically would not have been cured but for the flexible sigmoidoscopy?

- If it is my patient and he or she can pay for the test, how much should cost-effectiveness criteria affect my decision to perform or withhold the examination?

It seems very complicated to prove the cost-effectiveness of this examination.

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### REFERENCE

1. Rumans MC, Benner KG, Keefe EB, et al: Screening flexible sigmoidoscopy by primary care physicians—Effectiveness and costs in patients negative for fecal occult blood. *West J Med* 1986 Jun; 144:756-758

### EDITOR'S NOTE:

Would that we knew the answers to these questions.

MSMW

## Toxicity from BHT Ingestion

TO THE EDITOR: In a letter in the August 1983 issue of the journal, Dr J.G. Llauro expressed concern over the possible toxicity from ingestion of large amounts of butylated hydroxytoluene (BHT) in the pursuit of a cure for herpes genitalis and of long life.<sup>1</sup> I have just such a case to report.