CDC

TRAINING PROGRAM

INSECTS - SWAKES -SPIDERS - MITES

ENVENOMIZATION



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

DREAT SHOWY WOUNTAINS WATIONAL FARM

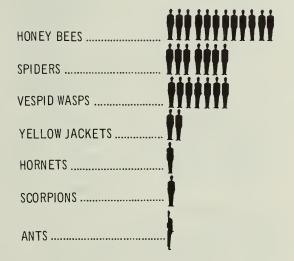
11 1017

ENVENOMIZATION

Harold George Scott, Ph.D. - 1966

ENVENOMIZATION (GENERAL)

Envenomization (injury from venoms produced by insects and other animals) is a common public health hazard. Millions of people in the United States are stung by venomous arthropods each year. About 25,000 of these envenomizations result in severe injury, and about 30 of them result in deaths — 12 from bees, 7 from spiders, 7 from wasps, 2 from yellow jackets, 1 each from hornets and scorpions, and about 1 every 2 years from ants. This mortality contrasts markedly to the usual 14 deaths per year that are caused by venomous snakes. Probably many deaths that are caused by venomous animals are never reported as so caused.



Clinical manifestations associated with envenomization include anaphylactic shock, tick paralysis, necrotic arachnidism, pediculosis, scabies, sugar itch, grain itch, grocer's itch, straw itch, chigger dermatitis, and allergic asthma.

VENOMS (GENERAL)

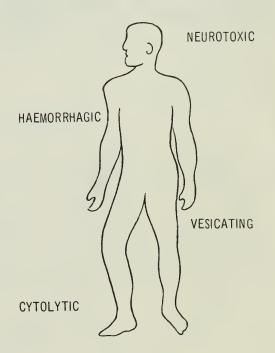
Venoms that are produced by arthropods are mixtures of four toxin types:

Vesicating Toxins - That produce blisters

Neurotoxins — That attack the central nervous system (and which may cause death through respiratory paralysis)

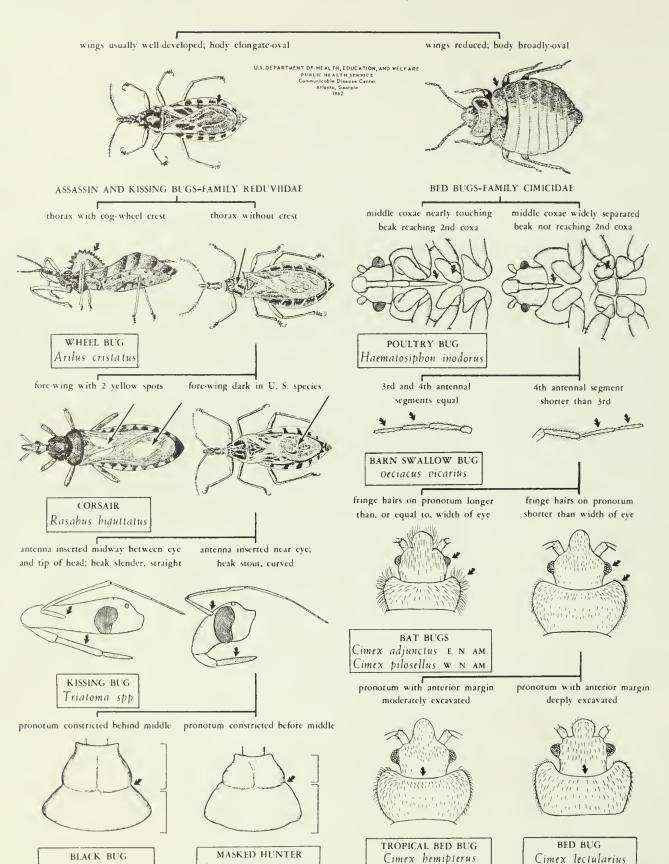
Cytolytic Toxins - That destroy tissue

Haemorrhagic Toxins — That prevent the blood's normal clotting



PICTORIAL KEY TO SOME ADULT BUGS THAT MAY BITE MAN

Harry D. Pratt and Chester J. Stojanovich



Melanolestes picipes

Reduvius personatus

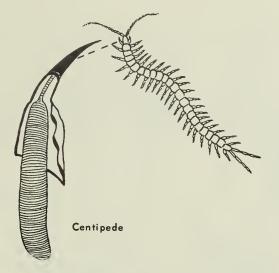
TEMPERATE AREAS

SO. U.S. & TROPICS

The venom of blister beetles is strongly vesicating; that of black widow spiders is strongly neurotoxic. The venom of brown spiders is strongly haemolytic, and that of horse flies is strongly haemorrhagic. The toxicity of venom varies with several factors: geographic source, the seasons of the year, the individual arthropod, and the individual human being. All envenomization should be treated by a physician.

CENTIPEDES

Centipedes, or "hundred-leggers" are fastmoving, elongate arthropods having one pair of legs per body segment. The venomous fangs are modified legs of the first body segment.

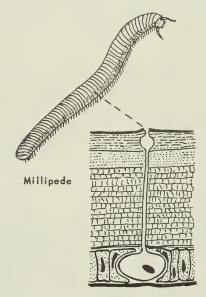


Many species are capable of inflicting venomous bites on man, but death from centipede bite rarely occurs. In all cases of centipede bite, the wound should be disinfected and a physician consulted.

Some species of *Scolopendra* (western half of the United States) attain a length of 6 to 8 inches and are greatly feared. The eastern house centipede (*Scutigera cleoptrata*), which commonly invades homes, does not bite man. Some large centipedes can puncture the skin with their tarsal ("foot") claws. No venom is involved, but secondary infection may occur unless the wounds are disinfected.

MILLIPEDES

Millipedes, or "thousand leggers", are slow-moving elongate arthropods having two pairs of legs per body segment. They are sometimes mistaken for centipedes which they resemble superficially but to which they are only distantly related. Many millipedes exude a vesicating (blistering) venom and may cause injury to persons handling them (Julus, Orthoporus, Spirobolus, Spirostreptus). Some are capable of squirting vesicating venom some distance (Rhinocricus) and may cause severe injury to the eyes as well as the skin. In

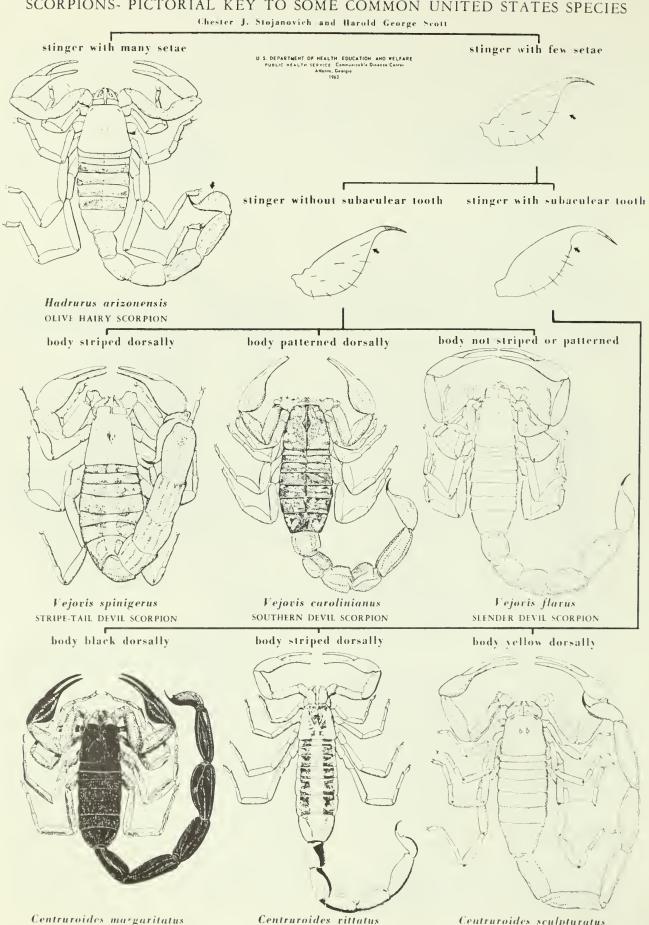


recent years, numerous complaints have been received of millipedes invading homes or climbing the sides of houses in tremendous numbers after nightfall.

SCORPIONS

Scorpions are venomous arachnids common in the United States south of a line drawn between Baltimore, St. Louis, Salt Lake City, and San Francisco. They rarely sting man, and then only when provoked. Few species are deadly, but scorpions are common and all scorpion stings should be considered dangerous. Most ground scorpions (Vejovis, Hadrurus, Diplocentrus) inject a strongly haemolytic toxin which produces a local reaction (painful swelling, discoloration at site of sting, tissue death) which may be followed by generalized reactions (as semiparalysis of the tongue). Bark scorpions (Centruroides sculpturatus and C. gertschi), found only in southern Arizona, inject strongly neurotoxic venom and may

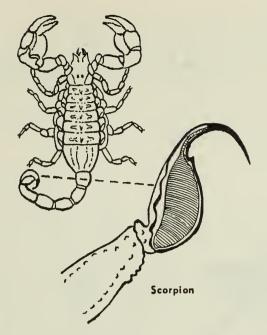
SCORPIONS- PICTORIAL KEY TO SOME COMMON UNITED STATES SPECIES



Centruroides margaritatus BLACK SCORPION

STRIPE-BACK SCORPION

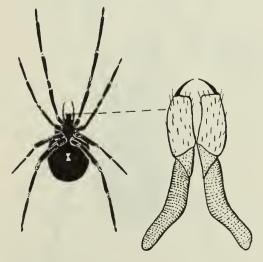
Centruroides sculpturatus DEADLY SCULPTURED SCORPION



cause death. The Durango scorpion (Centruroides suffusus) of Mexico stung 1,500 people (with 800 clinical cases) in 1955. Thousands of persons were stung following floods at Colima, Mexico in 1959. Whip scorpions (vinegaroons) are greatly feared but are not venomous.

SPIDERS

Spiders are venomous arachnids, common throughout the world. Most are "field" spiders which feed on other arthropods and are generally beneficial to man. A few species, such as the black widow (Latrodectus mactans) and



Black Widow Spider

brown spider (Loxosceles reclusa) can, by biting, cause extreme pain, and can even incapacitate, and kill human beings.

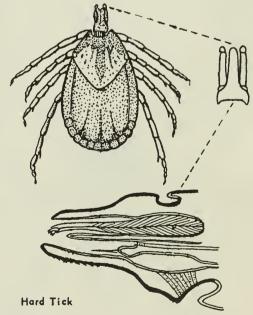
The venom of the black widow spider is strongly neurotoxic and causes severe symptoms (excruciating pain; violent abdominal cramps; rigid, board-like abdomen; profuse perspiration, difficulty in breathing or talking; and a characteristic respiratory grunt). However, death occurs only in about 5 percent of the untreated cases that have been bitten by this spider. A black widow spider bite need never be fatal if it is treated promptly by a physician.

Brown spider venom is strongly haemolytic and vesicating, and inflicts severe tissue damage — but death is rarely caused by the bite of this spider.

Chiracanthium diversum is a dangerous haemolytic spider in Hawaii.

TICKS

Ticks inject a haemorrhagic-neurotoxic venom, reaction to which varies from mild irritation to paralysis. Since they remain attached for long periods of feeding, ticks may inject large amounts of venom.

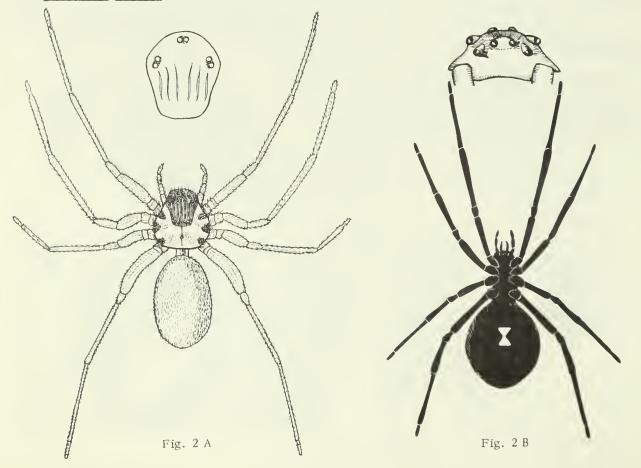


Blood loss from tick feeding may result in severe anemia or even death in large mammals. Tick paralysis, usually produced by engorging female ticks, is caused by a neurotoxic fraction in the saliva, possibly a foreign protein

SPIDERS: KEY TO SOME IMPORTANT UNITED STATES SPECIES Harold George Scott & Chester I. Stojanovich

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE, Communicable Disease Center
Atlanta, Georgia
1963

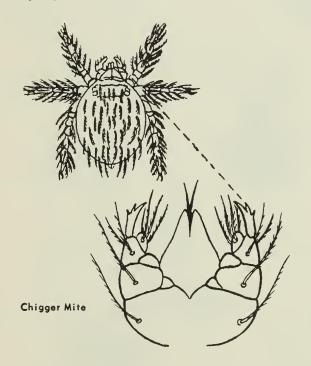
Fig. 1 A



such as partially digested human blood. Onset of paralysis occurs about 6 days after attachment of the tick, and death may result from respiratory and cardiac failure if the tick is not removed. Small girls are most subject to this condition because of their long hair, which conceals the ticks. Fatality is commonest among small children.

MITES

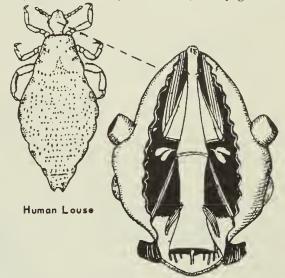
Mites suck blood, causing severe (haemorrhagic, haemolytic) skin irritation. Grocer's itch, straw itch, chigger dermatitis, and scabies result from mite attacks. Non-biting clover mites may infest houses in great numbers. Scabies is the most important disease condition caused by mites. It is endemic throughout the world and becomes epidemic in times of disaster. Infestations of scabies mites may cause only mild reaction or, more commonly severe allergic reactions which often become complicated with impetigo. Between April 1, 1917 and December 31, 1919, the United States Army reported 33,000 cases of scabies.



Chiggers and other bloodsucking mites may cause minor irritation, extensive cutaneous lesions, or generalized toxic symptoms. Bites should be promptly disinfected, and a physician should be consulted in severe cases.

LICE

Lice inject (during feeding) an irritating haemorrhagic saliva into the skin. This saliva causes considerable itching. Severe infestations may lead to scratching, secondary infections, and scarred, hardened, or pigmented



skin, a condition known as *peaiculosis*. After repeated louse attacks, most individuals develop tolerance, and effects of the bites are minimized. On the other hand, some individuals may become hypersensitive, so that only a few bites will produce the pediculosis effect. There are two species of human lice: (1) head and body louse, *Pediculus humanus*, and (2) crab louse, *Phthirus pubis*. Non-human lice do not bite man. Immediate delousing of infested persons should be accomplished (dust individuals with 10 percent DDT or use proprietary benzyl benzoate shampoo or lindane ointment).

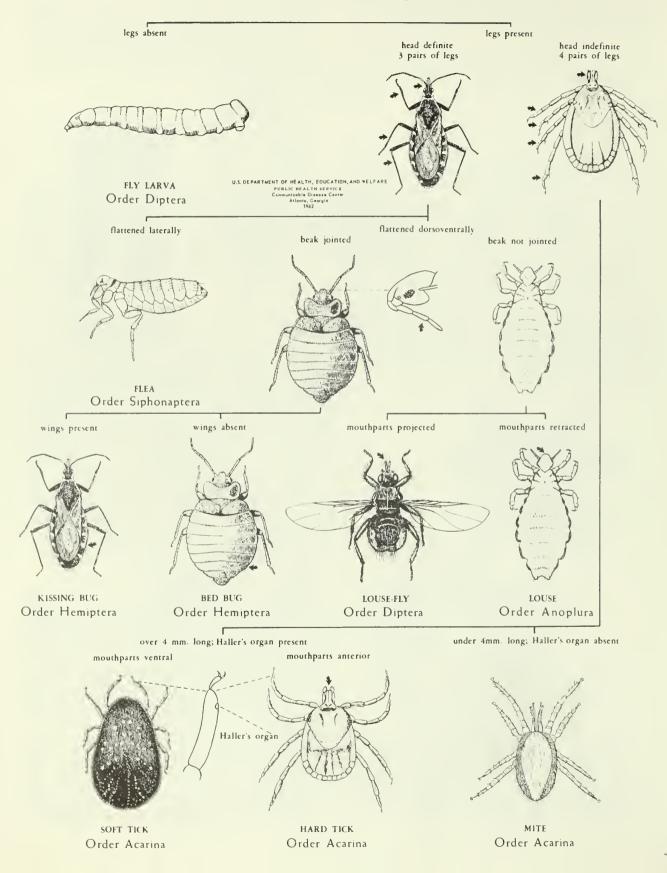
BUGS

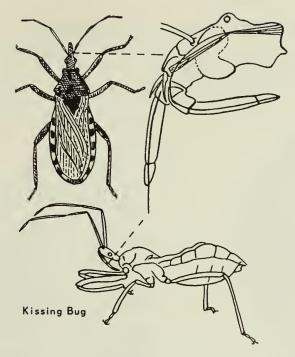
Bugs may bite severely. Bed bugs are world-wide and live in or near the bed of man. Some persons are extremely sensitive to the haemorrhagic bed bug saliva while others are hardly aware of it. Bed bugs may cause nervous disorders in sensitive individuals and contribute to ill health, especially in children and the elderly.

Kissing bugs, particularly the wheel bug, have a strongly haemolytic-neurotoxic venom and effects of their bites may be severe and may produce long-term damage. Usually the site of the bite becomes inflamed and swollen over an area up to twelve inches in diameter.

PICTORIAL KEY TO GROUPS OF HUMAN ECTOPARASITES

Chester J. Stojanovich and Harold George Scott

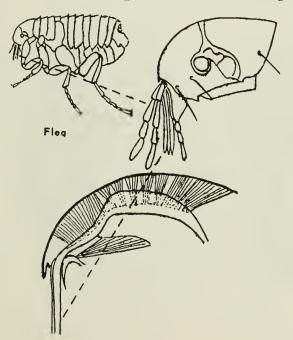




Rarely, there is a violent secondary reaction with severe abdominal pain, generalized rash, nausea and vomiting.

FLEAS

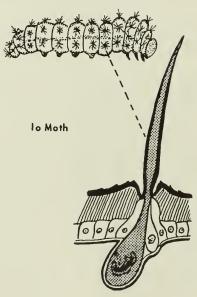
Fleas inject a haemorrhagic saliva which causes severe itching in some persons, almost no reaction in others. Numerous bites may produce a more-or-less generalized rash. Although



fleas have preferred hosts, most take blood meals from a wide variety of animals and will bite man readily in the absence of their normal host animal. The chigoe flea, *Tunga penetrans*, may burrow under the toenail and cause severe reaction and damage. Ordinarily flea-bite irritation subsides quickly, leaving a hard red nodule which is soon reabsorbed. Flea bites should be disinfected and, if generalized reaction should occur, a physician should be consulted.

CATERPILLARS

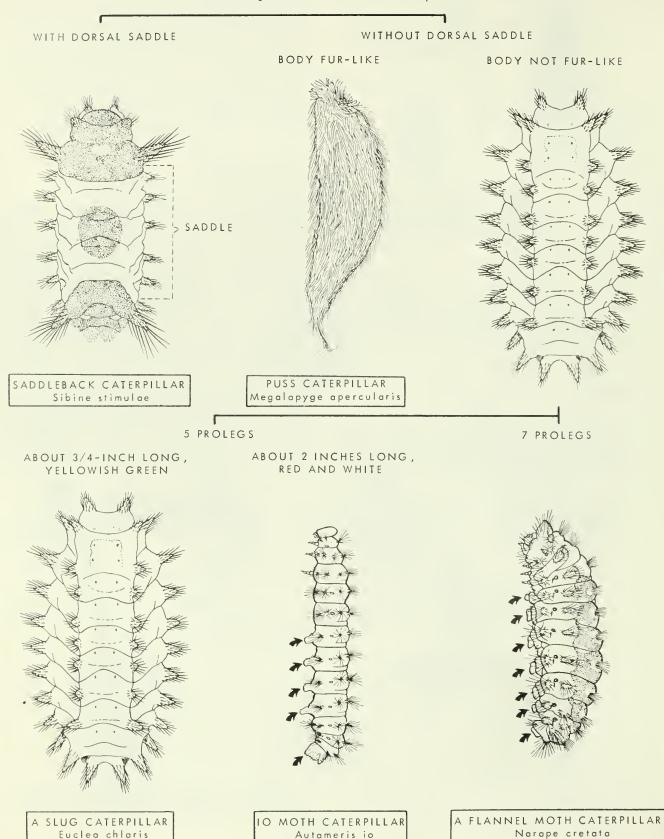
Caterpillars of many species can cause mild to severe contact dermatitis, nodular conjunctivitis, respiratory pain, headache, and convulsions, through their tiny stinging hairs which inject a haemolytic venom. Not only the caterpillars, but also the egg covers, cocoons and adults, may possess these stinging hairs, which sometimes become wind borne and are sometimes found in soil after the caterpillar has shed its larval skin or is killed. Possibly some of these caterpillars also exude a vesicating venom much as do blister beetles. Injury by urticating caterpillars is most common among children playing in trees, and among pine forest workers and campers. The occurrence of such injuries is always seasonal, being most common in the spring.



The most important species of these caterpillars, in the United States, are the puss

STINGING CATERPILLARS PICTORIAL KEY TO SOME IMPORTANT UNITED STATES SPECIES

Horold George Scott & Chester J. Stojonavich

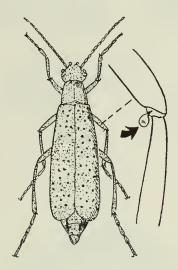


U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE, Communicable Disease Center

caterpillar (Megalopyge opercularis), the saddleback caterpillar (Sibine stimulae), the crinkled flannel moth (Megalopyge crispata), a slug caterpillar (Euclea chloris), and a flannel moth (Norape cretata). In one outbreak (Texas, 1958), 2,130 cases of caterpillar envenomization were reported.

BLISTER BEETLES

Blister Beetles exude a vesicating venom (made up primarily of cantharidin) when they are in danger. They do this by filling their



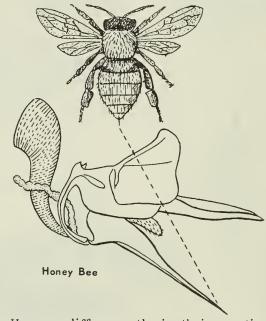
Spotted Blister Beetle

breathing tubes (tracheae) with air, closing their breathing pores (spiracles), and building up body fluid (haemolymphostatic) pressure. until breaks occur at the weakest spots in the exoskeleton (usually at joints). Haemolymph (with cantharidin) spills through the breaks. Then the beetle relieves the haemolymphostatic pressure and the exoskeletal wounds heal. Anyone handling the beetle during or immediately after this process picks up cantharidin on his skin. The venom produces fluidfilled blisters which eventually burst, releasing the fluid which then produces secondary blisters. Secondary infection (especially impetigo) is common. Individuals with beetle blisters should consult a physician. Recently, cantharidin has been used for treatment of warts.

HYMENOPTEROUS INSECTS

Bees, wasps, yellow jackets, hornets, ants and other Hymenoptera are the most common sources of serious envenomization, and the stings of these insects are usually exceedingly painful. Hymenoptera are among the most numerous of insects, and their role in pollination is essential to the continuance of most species of flowering plants.

Although the composition of Hymenoptera venoms vary, most of them are primarily haemolytic, with a lesser fraction of neurotoxin. Bee venom has been used in arthritis therapy. Fire ant venom (which is insecticidal, bactericidal, and fungicidal) contains a potent haemolytic amine.

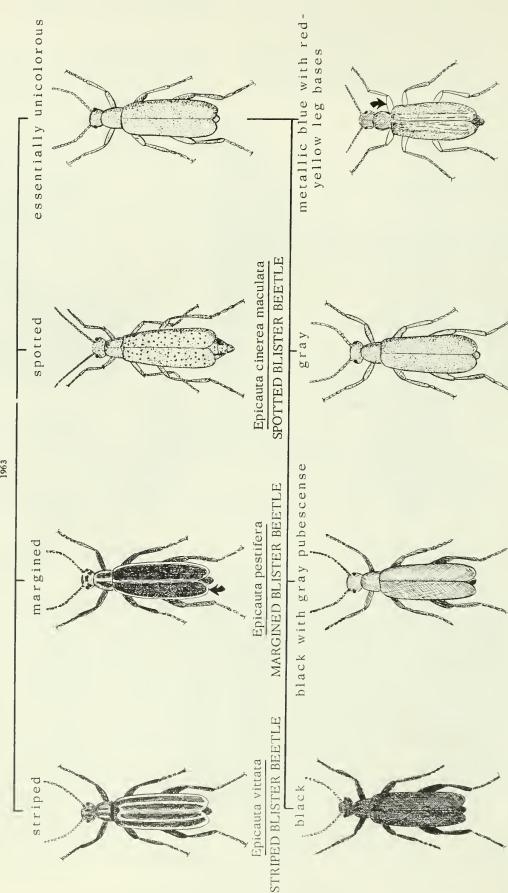


Humans differ greatly in their reaction to Hymenoptera venom. One person will show little effect from the sting of a honey bee, but another individual may be killed by the sting of this insect. Such a range of effects might be due to a genetic susceptibility-resistance phenomenon or to a hypersensitivity that has been developed through previous contact with the venom. The most important expression of such hypersensitivity is anaphylactic shock, a violent attack of symptoms (vomiting, passing of urine and feces, abrupt fall in blood pressure, subnormal pulse, weakness and collapse) that is brought on by a second injection of venom into a sensitive person. Most deaths from stings of Hymenoptera are associated with anaphylactic shock.

SPECIES STATES COMMON UNITED SOME KEY TO BLISTER BEETLES:

Harold George Scott and Chester J. Stojanovich

U. S. DEPARTMENT OF
HEALTH, FDUCATION, AND WELFARE
DUBLIC HEALTH SERVICE
Communicable Disease Center
Atlanta 22, Georgia
1963



SAY BLISTER BEETLE

ASH-GRAY BLISTER BEETLE

CLEMATIS BLISTER BEETLE

Epicauta pennsylvanica BLACK BLISTER BEETLE

Epicauta cinerea cinerea

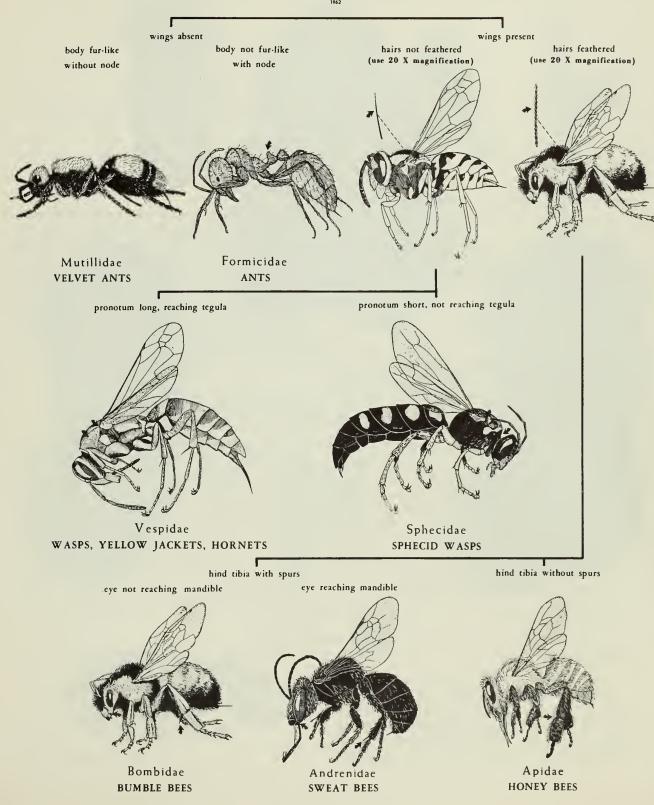
Epicauta fabrici

Pomphopoea sayi

STINGING HYMENOPTERA PICTORIAL KEY TO SOME COMMON UNITED STATES FAMILIES

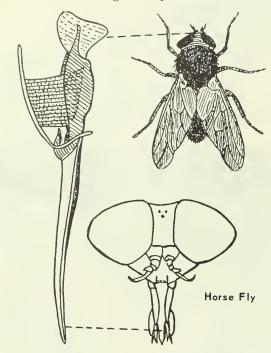
Harold George Scott and Chester J. Stojanovich

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Communicable Disease Center
Allente, Georgia



FLIES

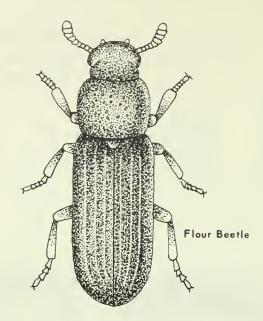
Flies and mosquitoes commonly bite man. Not all flies bite, but those which do can cause serious trouble. The effect of a fly's bite is an allergic response to the haemor-



rhagic saliva that is poured into the wound to prevent clotting of the blood during feeding. Stable flies are common around homes and bite severely. Black flies bite viciously, often attacking in such large numbers that they kill the victim. In the Balkans, 1923-24, thirty thousand domestic animals died as the result of black fly attack. Mosquitoes, deer flies, horse flies, horn flies, sandflies, punkies, and other biting flies, often attack man and cause great discomfort. In some individuals the bites produce severe lesions, high fever, and even general disability. To avoid a secondary infection, disinfect all bites immediately and do not scratch. If the reaction is severe, consult a physician.

ALLERGENS

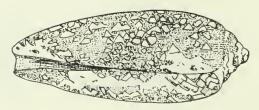
Insect extracts cause skin-test reactions in many allergic patients, and insect allergy may be a significant causative factor in clinical allergic respiratory disease, especially of the seasonal type. Insects producing such effects



include mayflies (asthma associated with breakup of adult insects after mayfly "blooms"); caddisflies (coryza and asthma); bees (hypersensitivity to airborne fragments); aphids; beetles; Mexican bean weevils (rhinitis and asthma); mushroom flies (asthma); and house flies ("nasal allergy") Stored-food insects may be a significant factor in milldust allergy. Household insects may contribute greatly to house-dust allergy.

OTHER VENOMOUS INVERTEBRATES

Other venomous invertebrates include termites (soldiers inflict a mild bite); walking sticks (some squirt vesicating fluid) thrips and aphids (adventitious haemorrhagic bites which may be painful); microcrustacea (allergenic); jellyfish, corals, and sea anemones (severe neurotoxic stings which occasionally produce death); sea urchins and starfish (neurotoxic stings); poison cone shells (found on beaches of Pacific islands including Hawaii, may produce severe neurotoxic poisoning and even



Poison Cone Shell

SOME DANGEROUS JELLYFISH



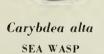
Dactylmetra quinquecirrha SEA NETTLE



Physalia physalis
PORTUGUESE MAN-O-WAR



Cyanea capillata SEA BLUBBER



PORTUGUESE-MAN-O'-WAR

By: Chester J. Stojanovich and Dr. Harold George Scott

death). Numerous insect pests of plants will occasionally bite man. This is strictly accidental and the effect is usually haemorrhagic and mild. Rarely a severe and even generalized envenomization results from such adventitious bites.

Leeches suck blood but do not inject venom.

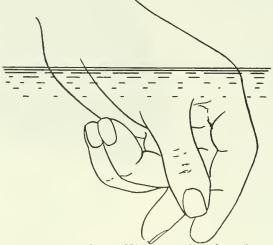
VENOMOUS VERTEBRATES

Numerous species of elasmobranchs, fishes, reptiles, amphibians, and mammals are found throughout the world. Of these the snakes are by far the most important. The accompanying pictorial key differentiates venomous from non-venomous species occurring in the United States. The venom of rattlesnakes and coral snakes are primarily neurotoxic while those of copperheads and water moccasins are primarily cytolytic.

FIRST AID

FIRST AID for envenomization depends upon the nature of the venom but the following general procedures can be recommended:

1. Take the victim to a physician immediately. If for any reason this can't be done, call a physician immediately.



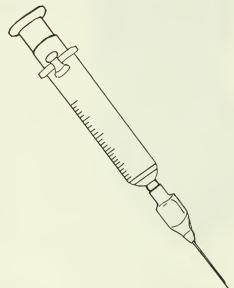
2. If marked swelling or discoloration occurs at the site of the envenomization, the venom is probably haemolytic, haemorrhagic or vesicating. Keep the victim warm and quiet until a physician is reached.

- 3. If little or no swelling or discoloration occur at site of envenomization, the venom is probably neurotoxic. Apply ice to site of envenomization; or, if possible, immerse the affected part of body in ice water. Do not let these measures delay the patient's getting to a physician.
- 4. If anaphylactic shock symptoms occur, the situation is critical and a physician must be reached at once.

Cyclic recurrences in the course of envenomization may complicate treatment.

TREATMENT

Treatment of envenomization by the physician varies with the type of envenomization and the nature and severity of the symptoms. Ectoparasites are killed and/or removed usually with chemicals. Neurotoxic envenomization is treated with specific antivenins, or with intravenously injected gluconate, epinephrine or adrenalin. Cytolytic envenomization often requires prolonged symptomatic treatment. Haemorrhagic envenomization, when severe, is treated with vitamin K. Urtication by



stinging caterpillars is treated by washing the skin to remove remaining hairs, and administration of antihistamines. *Vesicating envenomization* is treated by draining blisters with a hypodermic needle, applying magnesium sulfate compresses and by careful disinfection to prevent secondary infection. *Anaphylactic shock* is treated by use of a tourniquet and

PICTORIAL KEY TO VENOMOUS SNAKES IN UNITED STATES PART I

PART I Chester J. Stojanovich and Margaret A. Parsons loreal pit absent, if ringed red and yellow loreal pit present, if absent rings always separated by black red and yellow rings touch yellow black red yellow NON-VENOMOUS SNAKES U S DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Communicable Disease Center
Atlanto, Georgia
1964 loreal pit absent lorcal pit present REVISED JUNE 1965 neck ring red neck ring black Micrurus fulvius TRUE CORAL SNAKE M. f. fulvius M. f. barbouri M. f. tenere Micruroides euryxanthus Southeastern Florida Arkansas, Texas ARIZONA CORAL SNAKE tail blunt or with rattle tail pointed SEE PART II loreal scale present loreal scale absent Agkistrodon contortrix Agkistrodon piscivorus **COPPERHEAD**

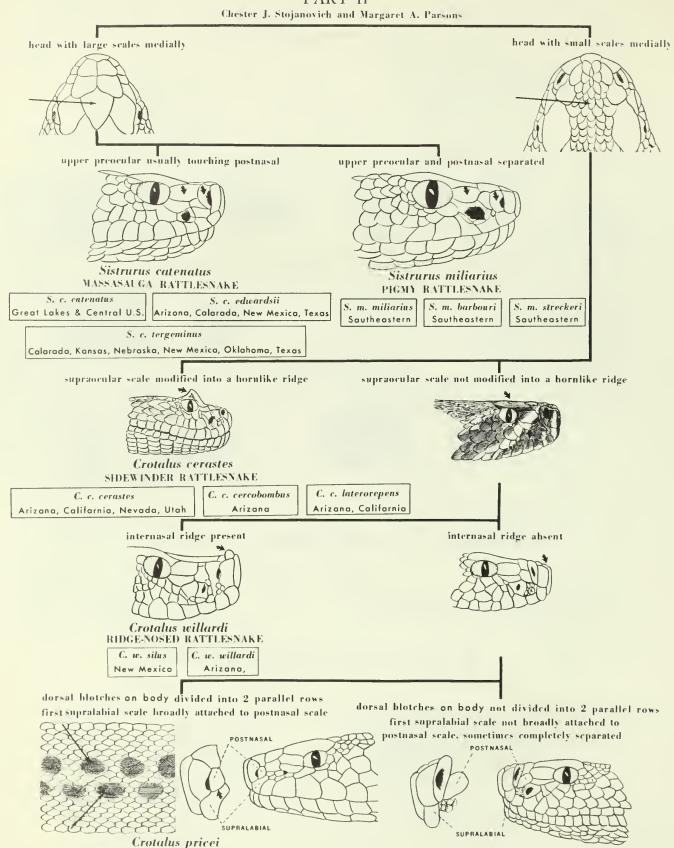
A. c. contortrix
Southeastern

A. c. laticinctus Texas, Oklahoma, Kansas A. c. mokasen Eastern A. c. pictigaster
Texas

WATER MOCCASIN

A. p. piscivorus
Southeastern
Southeastern

PICTORIAL KEY TO VENOMOUS SNAKES INUNITED STATES PART II



TWIN-SPOTTED RATTLESNAKE Arizono

SEE PART III

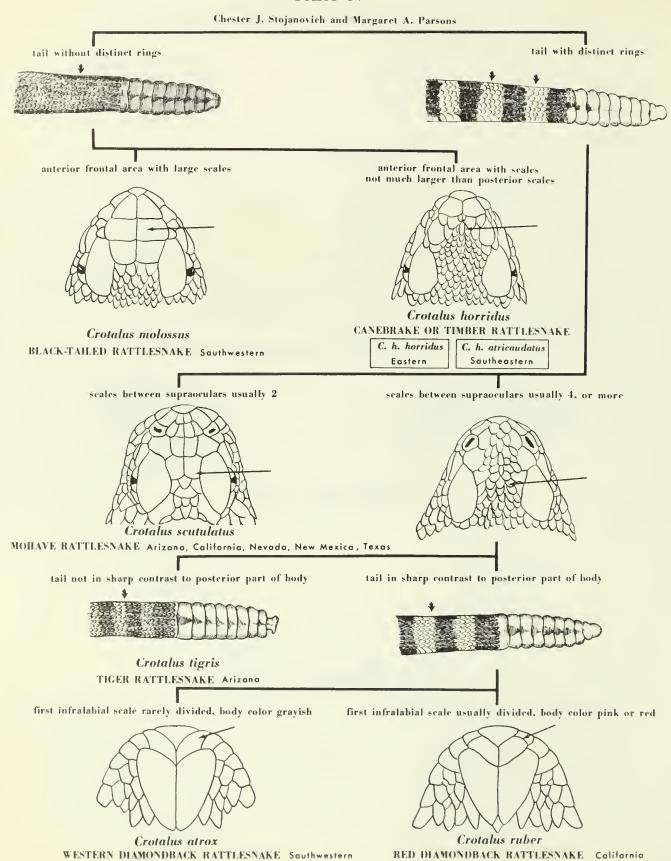
PICTORIAL KEY TO VENOMOUS SNAKES IN UNITED STATES PART III

PART III Chester J. Stojanovich and Margaret A. Parsons prenasal and rostral usually separated prenasal and rostral attached Crotalus mitchelli pyrrhus SOUTHWESTERN SPECKLED RATTLESNAKE Arizana, California, Nevada, Utah upper preceular usually not separated. upper preocular usually separated vertically, if separated anterior portion not raised above posterior portion anterior portion raised above posterior portion POSTERIOR PORTION ANTERIOR UPPER PREOCULAR UPPER PREOCULAR Crotalus lepidus ROCK RATTLESNAKE C. l. lepidus C. l. klauberi Arizana, New Mexico, Texas New Mexico, Texas prenasal and supralabial seales with pale stripe prenasal and supralabial seales without pale stripe Crotalus adamanteus EASTERN DIAMONDBACK RATTLESNAKE Sautheastern with 2 internasals with more than 2 internasals Crotalus viridis WESTERN RATTLESNAKE C. v. viridis C. v. abyssus C. v. cerberus C. v. concolor West Central U.S. Arizona Arizana Calarada, Utah C. v. helleri C. v. lutosus C. v. nuntius C. v. oreganus Nevada & adjaining states Califarnia Arizona California, Idaha, Oregan, Washington supraocular scale divided, pitted or margins uneven supraocular scale not divided, pitted or margins uneven





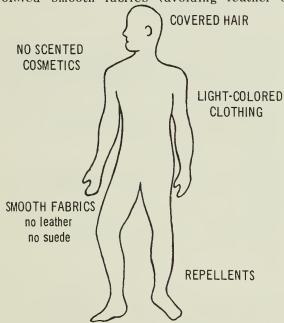
PICTORIAL KEY TO VENOMOUS SNAKES IN UNITED STATES PART IV



subcutaneous injections of epinephrine. Allergy is treated symptomatically with antihistaminic, adrenergic, spasmolytic, and anticholinergic drugs.

PREVENTION

Prevention of envenomization differs with the species of arthropod involved. Education, especially of children, to avoid venomous forms is the best technique. Also, screen houses; use repellents (diethyltoluamide, indalone, Rutgers 612, 622); keep home free of rodents, pest birds, and bats; keep premises clean (free of litter, garbage, manure, weeds, loose rocks, debris); vacuum-clean floors and rugs weekly if pets are allowed in house; and destroy miteinfested food. Individuals who are hypersensitive to stinging Hymenoptera should wear light-colored smooth fabrics (avoiding leather or



suede); keep their hair covered; avoid scented cosmetics; either stand still or move slowly when approached by bees, wasps, etc.; confine outdoor activity to times when temperature is below 60° F.

SELECTED REFERENCES

ENVENOMIZATION (GENERAL)

Keele, C. A. 1963. Venoms and the causes of pain. New Scientist, 17(327):396-399. Maretic, Z., and Stanic, M. 1954. The health problem of arachnidism. Bull. World Health Organization, 11(6):1007-1022.

Parrish, H. M. 1963. Analysis of 460 fatalities from venomous animals in the United States. American J. Med. Sci., 245(2):129-141.

Ressman, A. C., Pipkin, J. L., and Lehmann, C. F. 1955. Poisonous arthropods of southwest Texas. So. Med. J., 48(7):753-762.

VENOMS (GENERAL)

American Association for the Advancement of Science. 1956. Venoms. AAAS publ. 44, xii + 467 pp. Beard, R. L., 1963. Insect toxins and venoms. Ann. Rev. Ent., 8:1-18.

CENTIPEDES

Cornwall, J. 1916. Some centipedes and their venom. Indian J. Med. Res., 3:541-557.

Minton, S. 1959. Venomous animals, spiders and insects. Part 3, Centipedes. Pest Control, 27(3):29.

MILLIPEDES

Burtt, E. 1947. Exudate from millipedes with particular reference to its injurious effects. Trop. Dis. Bull., 44:7-12.

Halstead, B. W., and Ryckman, R. 1949. Injurious effects from contacts with millipedes. Med. Arts Sci., 3:16-18.

Eisner, T., Eisner, H. E., Hurst, J. J., Kafatos, F. C., and Meinwald, J. 1963. Cyanogenic glandular apparatus of a millipede. Science, 139 (3560):1218-1220.

SCORPIONS

Patterson, R.A. 1960. Physiological action of scorpion venom. Amer. J. Trop. Med. Hyg., 9(4): 410-414.

Stahnke, H. L. 1956. Scorpions. Poisonous Animals Res. Lab., Arizona State Coll., Tempe, 40 pp.

SPIDERS

Lessenden, C. M., and Zimmer, L. K. 1960. Brown spider bites. J. Kansas Med. Soc., 61(7):379-385. Thorp, R. W., and Woodson, W. D. 1945. Black widow, America's most poisonous spider. Univ. North Carolina Press, Chapel Hill, xi + 222 pp.

TICKS

Gregson, J. D. 1953. Review of recent contributions to the study of tick paralysis in North America. Atti Vi Congress Int. di Microbiologia, 5(16):507-511.

Stanbury, J. B., and Huyck, J. H. 1945. Tick paralysis: A critical review. Medicine, 24:219.

MITES

Baker, E. W., Evans, T. M., Gould, D. J., Hull,

- W. B., and Keegan, H. L. 1956. A manual of parasitic mites of medical or economic importance. Natl. Pest Control Assoc. Tech. Pub., New York, 170 pp.
- Mackie, T. T., Hunter, G. W., and Worth, C. B. 1954.
 Scabies. In: A manual of tropical medicine. W.B.
 Saunders Co., Philadelphia, Pa., pp. 598-602.
- Sasa, M. 1961. Biology of chiggers. Ann. Rev. Ent., 6:221-244.

LICE

- Pratt, H. D., and Littig, K. S. 1961. Lice of public health importance and their control. U. S. Govt. Print. Off., Washington, D. C., 16 pp.
- Stojanovich, C. J. 1945. The head and mouthparts of the sucking lice (Insecta, Anoplura). Microentomology, 10(1):1-46.
- Top, F. II. 1955. Pediculosis. IN: Communicable diseases, by F. II. Top, C. V. Mosby Co., St. Louis, Missouri, pp. 1021-1026.

BUGS

- Mallis, A. 1960. Bed bugs and other bugs. IN: Handbook of pest control. MacNair-Dorland Co., New York, pp. 392-418.
- Scott, H. G. 1958. Triatoma sanguisuga infesting a bedroom in Decatur, Georgia. J. Econ. Ent., 51(4):549.
- Wehrle, L. P. 1939. Observations on three species of *Triatoma*. Bull. Brooklyn Ent. Soc., **24**(3): 145-154.

FLEAS

- Hudson, B. W., Feingold, B. F., and Kartman, L. 1960. Allergy to flea bites. Expt. Parasitol., 9(3):264-270.
- Jellison, W.L. 1959. Fleas and disease. Ann. Rev. Ent., 4:389-414.

CATERPILLARS

- Allard, H. F., and Allard, H. A. 1959. Venomous moths and butterflies. J. Washington Acad. Sci., 48:18-21.
- Goldman, L., Sawyer, F., Levine, A., Goldman, J., Goldman, S., and Spinanger, J. 1960. Investigative studies of skin irritations from caterpillars. J. Invest. Dermat., 34:67-79.
- McGovern, J. P., Barkin, G. D., McElhenney, T. R., and Wende, R. 1961. Megalopyge opercularis. J. Amer. Med. Assoc., 175(13):1155-1158.

BLISTER BEETLES

Lehmann, C. F., Pipkin, J. L., and Ressmann, A. C. 1955. Blister beetle dermatoses. Arch. Dermat. Syph., 71:36. Scott, II. G. 1962. Blister beetle dermatitis produced by Epicautal cinerea. J. Econ. Ent., 55: 145-146.

HYMENOPTEROUS INSECTS

- Lacaillade, C. W. 1933. The determination of the potency of bee venom *in vitro*. Amer. J. Physiology, 105(2):251-256.
- Schenken, J. R., Tamisiea, J., and Winter, F. O. 1953. Hypersensitivity to bee sting. Amer. J. Clin. Path., 23:1216.
- Yaffee, Il. S. 1959. Papular urticaria caused by red ants. U. S. Armed Forces Med. J., 10(1):26-28.

FLIES

- Hocking, B. 1960. Northern biting flies. Ann. Rev. Ent., 5:135-152.
- McKiel, J. A. 1959. Sensitization to mosquito bites. Canadian J. Zool., 37:341-351.

ALLERGENS

- Osgood, H. 1957. Allergy to caddisfly (Trichoptera). J. Allergy, 28(2):113-123; 28(4):292-300.
- Perlman, F. 1958. Insects as inhalent allergens. J. Allergy, 29(4):302-328.

OTHER VENOMOUS INVERTEBRATES

- Halstead, B. W. 1966-8. Poisonous and venomous marine animals of the world. U. S. Govt. Print. Office, 3 volumes (about 1,000 pages per volume).
- Kohn, A. J. 1958. Cone shell stings. Hawaii Med. J., 17:528-532.
- Southcott, R. V. 1959. Tropical jellyfish and other marine stingers. Mil. Med., 124:569-579.

VENOMOUS VERTEBRATES

- Halstead, B. W. 1959. Dangerous marine animals. Cornell Maritime Press, Cambridge, Md., v + 146 pp.
- Stebbins, R. C. 1954. Amphibians and reptiles of western North America. McGraw-Hill Book Company, Inc., New York, xxii + 536 pp.

FIRST AID AND TREATMENT

- Couric, E. W. 1952. Effective treatment for black widow spider bite. So. Med. J., 45:1193.
- Prince, G. E. 1956. Arachnidism in children. J. Pediatrics., 49:101-108.
- Stahnke, H. L. 1953. The L-C treatment of venomous bites or stings. Amer. J. Trop. Med. Hyg., 2:142-143.

PREVENTION

Morse, R. A., and Ghent, R. L. 1959. Protective measures against stinging insects. New York J. Med., 59:1456.





