Squirrel bites

J P Wyatt

Grey squirrels were introduced to Britain from America at the turn of the century and have spread widely. Their success has been blamed for the drastic reduction in the numbers of native red squirrels.¹ As grey squirrels have taken over, their interaction with humans has increased. One product of this interaction is described.

Methods and results

The experience of animal bites in the six years 1987-92 in two accident and emergency departments in Edinburgh was reviewed. Patients who had presented with squirrel bites were followed up.

A total of 2591 patients presented with animal bites during the six years, of whom 25 (age 3-77 years) had been bitten by squirrels. No patient presented with a squirrel bite during 1987. All had been bitten on the hand.

Twenty one patients were successfully contacted for further details. Of these, 16 (76%) were bitten while feeding a grey squirrel from the hand and five (24%) while trying to rescue one. Fourteen (67%) patients said that they continued to feed squirrels despite having been previously bitten by one. None of the 21 patients who were followed up developed an infection, even though only six received prophylactic antibiotics.

Comment

Squirrels in the United States have been implicated in the carriage and transmission of certain diseases, notably typhus and tularaemia.^{2,3} British squirrels have not previously been perceived as a threat to humans. Squirrel bites may be a relatively new phenomenon: no previous series have been described. The 25 squirrel bites in this series represent 1% of all animal bites, a reflection of increasing contact with these cheeky creatures. The public may be reassured, however, that squirrels seem to bite only after close contact has been initiated by humans.

The lack of complications of squirrel bites is perhaps the result of low pathogenicity of this herbivore's oral flora. As with other animal bites,⁴ fresh wounds need to

In Holbein's time squirrels knew better than to bite the hand that feeds them

be cleaned and tetanus prophylaxis considered, but routine prophylactic antibiotics do not seem to be necessary, unless involvement of deep structures is suspected.

- 1 Lawton JH, Godfray C. Case of the diffusing squirrels. *Nature* 1990;343:595-6.
- 2 Russo PK, Mendelson DC, Etkind PH, Garber M, Berardi VP, Gilfillan RF. Epidemic typhus in Massachusetts: evidence of infection. *N Engl J Med* 1981;304:1166-8.
- 3 Magee JS, Steele RW, Kelly NR, Jacobs RF. Tularaemia transmitted by a squirrel bite. *Pediatr Infect Dis J* 1989;8:123-5.
- 4 Brackenbury PH, Muwanga C. A comparative double blind study of amoxycillin/clavulanate vs placebo in the prevention of infection after animal bites. *Arch Emerg Med* 1989;6:251-6.

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BMJ 1994;309:1694

Once bitten, twice shy

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Confronted by the recurrence of abscesses without any relevant medical history, we could only treat the patient with drainage and antibiotics. The cause of the problem turned out to be rather unexpected.

Case report

A 24 year old woman presented with fever and an abscess in her left antecubital fossa. She claimed that three weeks previously she had attended a blood donor session and an attempted cannulation at the site of the

abscess had been unsuccessful. General examination was otherwise unremarkable and the only admitted history was of tonsillectomy, appendicectomy, and extraction of wisdom teeth. Incision and drainage of the abscess in the left antecubital fossa was undertaken on the night of admission and a β haemolytic streptococcus and *Escherichia coli* were grown from the pus evacuated.

Her fever settled with intravenous antibiotics, but four days after admission a further abscess appeared on the dorsum of the right foot. Further inquiries led to a

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BMJ 1994;309:1694-5