MEDICALLY SIGNIFICANT BITE BY A NABID BUG (HETEROPTERA: NABIDAE). — The famed commercial icon and exponent of dietary chicken, Harlan B. Sanders, was once chided by onlookers seeing him enter a restaurant that specialized in steaks. “Well, boys, even I get a hankering for red meat once in a while” was the Colonel’s rejoinder (Dr. Stuart E. Neff, pers. comm., 1964). One gains the impression that the same impulse must affect a number of normally phytophagous hemipterans to judge from published indications that implicate species in a variety of taxa, even the innocuous tingids, as imbibing fluids from various animal sources.

Of course, bites inflicted upon *Homo sapiens* by bugs that are obligate predators on other insects or even mammals (reduviids are high on the list) are so commonplace and expectant as to merit no special notice. It is only when the physiological reaction of a human victim is more severe than mere local soreness, swelling, and itching, that documentation seems justifiable. The following brief case history was taken by McCreary, and relayed along with the insect to Gaines, by whom the latter was transmitted to Hoffman for identification.

In early July, 2007, a health-care worker at a family practice clinic in Virginia Beach experienced unusually severe reactions to injury inflicted by a nabid bug, identified by Dr. Thomas J. Henry (USDA, ARS, SEL) as *Nabis roseipennis* Reuter, a species common and widespread over much of eastern United States. Apparently the species has not previously been implicated in negative human interactions. In decades of removing insect captures from sweep-netting, RLH
has picked up scores of nabids with scarce concern for a possible defensive bite and never had reason to regret such nonchalance.

During the process of donning latex gloves prior to performing an EKG test on a patient, the victim became aware of some foreign object inside the 4th finger of one glove. Snapping the latex several times resulted in the death of an insect at the site, but not before it had bitten her about five times on the web between the 3rd and 4th fingers. The pain was immediate and intense, despite self-medication with Benadryl© at the time of injury and for some days subsequently. Her finger began to swell, with a numb and tingly sensation. By the following day, both fingers and adjacent part of the hand had swollen to about twice normal size, and did not return to normal for more than a week. Two months later, some local bruising was still evident at the site of injury.

The severity of the reported reactions seems remarkable, of a level expected from a bite by an assassin bug (Reduviidae), and suggests some idiosyncratic complicating factor, such as low tolerance of some particular antigen in the nabid’s saliva. In this case, the facts strongly suggest that the insect was simply reacting reflexively to major stress, without overt aggressive behavior implied, and certainly no investigation of a possible food source. Nonetheless, nabid bugs are adequately equipped to inflict puncture wounds, as the drawing (Fig. 1) clearly shows.

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