A CASE OF ACUTE DERMATITIS CAUSED BY HANDLING THE RHUS TOXICODENDRON.*

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ON July 30th, 1898, a young lady, aged 19, living in Lincolnshire, was sent to me by Dr. Godfrey Goodman of Brigg, and Dr. French of Barnetby.

She had been quite well till the day before, when she began to suffer with prickling and smarting in both hands and the face, which quickly became red and swollen.

Both hands were covered on their backs with scattered red spots varying from the size of a pin's head to that of a split pea, and there were a few on the lower parts of the forearms. The face, however, was much more extensively affected; the redness was much more uniform, and there was considerable swelling, so that the eyes could scarcely be opened. Almost the whole of the face and forehead was invaded by the rash, which had a fairly sharp margin, and there were a few scattered islets beyond on the healthy skin. Both on the face and hands, but especially the latter, there was a tendency to the formation of vesicles. The rest of the body was entirely free from any eruption, the temperature was normal, the tongue clean, and there was no feeling of ill health beyond the local discomfort. At first sight the face presented the appearance of an ordinary case of erysipelas of moderate severity, and in fact in a previous attack it had been treated as such.

Rhus toxicodendron.

The past history was good, with the exception of six or seven similar attacks, all of which had occurred during the preceding five years, during which period she had lived in the same farmhouse with her parents, and the attacks had all occurred when she was at home, most of them in the month of August.

* Read at a meeting of the East Yorkshire and North Lincolnshire Branch of the British Medical Association.

From the story and the appearance of the case, dermatitis venenata suggested itself. The number of attacks, their occurrence most frequently in August, when possibly some plant might be flowering or seeding, and so be specially noxious, and the fact that they never occurred before the tenancy of the present house, all seemed significant. I then gathered that the father had three times been affected, but only on the hands, and on one of these occasions it had followed pruning a certain creeper which grew over the porch. The groom-gardener had also had an irritable rash from an unknown cause on two or three occasions. I asked about the primula obconica, which is a recognised delinquent, but they had not had one for some years. Nothing else in the garden that they knew of was unusual or likely to be the offender, and, suspicion attaching to the creeper over the porch, I advised that it should be destroyed.

I wrote to Dr. Godfrey Goodman to this effect, and in reply was pleased to hear that at his next visit, to his satisfaction, but to the disgust of the groom who had undertaken the destruction of the creeper, that unfortunate menial was covered from head to foot with a scarlet, blotchy, irritable rash, and that a specimen forwarded to Kew had been identified as the *rhus toxicodendron*. The leaves are trifoliate, thin, shining when fresh, and dark green, and not unlike the clematis. The leaves, branches, and flowers contain a milky juice, which blackens on exposure, and which may be used as an indelible ink when applied to cotton or linen.

The plant cannot be common, I think, either in East Yorkshire or North Lincolnshire, as I do not remember having seen it growing, nor have I previously met with a similar case; but I understand from the Curator at Kew that in many parts of England it is fairly common in old shrubberies. The farmhouse in North Lincolnshire where this was growing had had a sea captain as a tenant some years ago, and it is not improbable that he had brought this plant home with him from abroad as a highly-prized treasure.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A CASE OF URETHRAL STRICTURE IN WHICH DEATH OCCURRED FIFTEEN HOURS AFTER PASSING A CATHETER.

P.B., aged 57, a retired boatswain R.N., was first seen by me on December 26th, 1898. The history given was that about thirty years previously he contracted a stricture of the urethra, which had troubled him ever since. He had suffered twenty years later from perineal abscess, and had been in various naval hospitals for his complaint. Of late years he had regularly catheterised himself, usually passing a No. 8 gum elastic English catheter at intervals of a fortnight. Lately he had neglected this, and five weeks had elapsed since passing any instrument. On December 26th he was unable to pass even a No. 2 gum elastic catheter, and had made himself bleed rather freely.

I found him to be a rather plethoric-looking man, with a pulse of 75, temperature 98° F., and very nervous about himself. There was no retention of urine, which was clear and did not contain albumen. No attempt at catheterisation was made; rest in bed, a diet of milk and barley water, and an alkaline mixture with tincture of hyoscyamus, were ordered.

The next day a No. 4 silk web catheter was passed through the stricture, which was tortuous and in the membranous portion of the urethra. On the 29th No. 4, No. 5, and No. 6 gum elastic catheters were passed, the last named being gripped tightly.

On the 31st, just after midday, I made another attempt, beginning with a No. 5, but this would not enter the stricture; a No. 4 entered the stricture, but would not pass through it. A No. 3 with a stilette was then tried, but this also would not pass through; and as a little blood was in the eye of the catheter on withdrawal, I desisted from further attempts. Before leaving the room the patient complained of feeling cold, and said that he was sure "the shakes" were coming on. At 2 P.M., in response to an urgent summons,