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## Mushroom Poisoning in Rhodesia

WITH A REPORT OF A CASE OF  
POISONING DUE TO *L. MORGANII*

BY

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"Fungi ben muscherons. . . . There be two maners of them, one maner is deadly and sleeth them that eateth of them, and be called tode stoles, and the other doeth not."

(*The Great Herball*, 1526.)

Mushroom poisoning—that is to say, poisoning by inedible and poisonous fungi, probably occurs not infrequently among Africans in Rhodesia. I am not aware of any reported cases in Europeans, although such cases may well have occurred in the past.

Strover (1957), in a most interesting paper, reports 16 African cases in Fort Victoria and Zaka. There were 12 deaths. Severe liver damage was the dominant feature, together with a delayed onset of symptoms, the delay averaging from 12 to 24 hours after ingestion of the mushrooms. Strover suggests *Helvella esculenta* as possibly the fungus responsible. However, I feel the description accords more closely with that type of poisoning caused by *Amanita phalloides*. In this context too I note that Steyn and his colleagues (1956), in their very comprehensive paper, state that *Helvella esculenta* is not known in Southern Africa.

Charters (1957) refers to cases of poisoning due to *Lepiota morgani* and to *Stropharia*, occurring in Kenya. *L. morgani*, or the green-lined parasol, appears to have a very wide distribution, having been originally recorded in the United States. Charters states that it is common in East Africa. It is also fairly common in Natal and the Transvaal. Information about its occurrence in Rhodesia is lacking, but it is reasonable to infer that it is not uncommon when the right conditions prevail. *L. morgani*, when ingested, is responsible for a sharp attack of gastro-enteritis. It is fairly readily identified by the greenish colour of its gills, but is described in detail in the relevant literature.

### CASE REPORT OF *L. MORGANII* POISONING

On 9th January, 1959, a European male, aged 20 years, was carrying out survey work in an area of open grassland and vleis on the outskirts of Salisbury. He was in good health. His

previous history included attacks of asthma. Good rains had fallen and "mushrooms" were growing plentifully in the area. At 10 a.m. he took one bite from some that he had gathered. He recalls that the taste was pleasant; nevertheless he reserved the remainder for later consumption. At 11 a.m. he noticed thirst and at 11.30 nausea. At 12.10 p.m. vomiting began and continued at frequent intervals until 3.15 p.m. At 12.20 he experienced giddiness, accompanied by tingling in both hands. The light seemed unduly bright. From 1.20 to 3.15 there was copious watery diarrhoea.

He was first seen by me at 1.45, when he was pale and collapsed. The pulse was 108 and of fair volume. Abdominal pain was continuous, with colicky exacerbations. The pupils were normal.

Atropine gr. 1/50 and pethidine 100 mg. were given by injection. One hour later he was quieter and felt less pain, but still had a rapid pulse. From 3.15, when diarrhoea and vomiting ceased, recovery was rapid and uneventful. At 6 p.m. he looked and felt normal and his pulse was 72.

The mushrooms were identified, with the kind assistance of Mr. G. W. Herd and Mr. A. Rothwell, of the Botany and Plant Pathology Laboratory, Department of Agriculture, Salisbury. They appeared to be typical specimens of *L. morgani*.

### COMMENT

This case exhibited the classical features of poisoning caused by *L. morgani*, viz., severe but self-limited gastro-enteritis with relatively early onset of symptoms. Cooking is said to destroy some of the toxin. In this case, although the fungus was eaten raw, only one mouthful was taken, which was clearly fortunate for the victim.

Treatment was symptomatic and the administration of atropine, though probably beneficial, was not essential, as it is in the case of poisoning by fungi containing muscarine. Nevertheless, it is just possible that this fungus contains traces of muscarine as paraesthesiae, which are a feature of this type of poisoning, appeared in the case reported.

In conclusion, it is hardly necessary to point out what enormous opportunities remain for research in the Federation. There is a wealth of information waiting to be gathered from the African population, who are habitual eaters of

a variety of fungi. A classification of edible and poisonous fungi on the lines of the excellent publications by Stephens and Kidd, and by Bottomley and Talbot, is overdue and will require the combined efforts of medical practitioners, botanists and all those interested in this frightening but fascinating subject.

#### SUMMARY

- (1) A case of poisoning by *L. morganii* in S. Rhodesia is described.
- (2) The classical features of this type of poisoning were exhibited, viz., gastro-enteritis of early onset and short duration.
- (3) An appeal is made for the collation of further information.

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