

CANTRELL (J. Abbott)

Unusual mode of transmis-
sion in a case of dermatitis
venenata -



[Reprinted from THE MEDICAL NEWS, October 24, 1891.]

**UNUSUAL MODE OF TRANSMISSION IN A CASE
OF DERMATITIS VENENATA.**

BY J. ABBOTT CANTRELL, M.D.,
DERMATOLOGIST TO THE PHILADELPHIA HOSPITAL.

MARY G., thirty-four years of age, was admitted into the general wards of the Philadelphia Hospital on September 24, 1890, and was removed on October 26th to the maternity ward, where she was delivered of a male infant. She continued well until the 29th, when she complained of an itching and burning sensation of the abdomen, which showed an inflamed surface, covered with vesicles and bullæ.

I subsequently learned that two nurses, one from the surgical and the other from the maternity ward, left the hospital at 2 P.M. on the 26th instant, taking a stroll through an adjacent cemetery gathering leaves and bringing a number back with them. Among the leaves were a number of ivy leaves, but this fact was not known by the nurses at this time. At 4 P.M. some of these leaves were placed on a table in the maternity ward, but in a separate compartment from that in which the patient was confined. They remained until the morning of the 28th, when they were thrown away. The nurse stated that after her return her hands were washed several times with ordinary soap and water, and when dressing the young mother her hands came in contact with the skin of the abdomen, and thus probably conveyed the ivy poison to the spot affected, as her hands, which at this time were apparently not affected, showed

the eruption in a day or two. It also appeared on the abdomen of the patient at about the same time.

I saw the patient for the first time, upon invitation of Dr. Barton Cooke Hirst, the obstetrician on duty, on October 29th, two and one-half days after her confinement. I found situated upon the abdomen and surrounding the umbilicus, having a radius of full five inches, a vesicular and bullous eruption, with the whole surface swollen and edematous and covered with the characteristic yellowish-brown, gummy discharge of dermatitis venenata. Upon inquiry, I then learned the foregoing facts. After using a solution of fluid extract of grindelia robusta, two drachms to the pint of water, for about a week, the eruption entirely disappeared.

From a search through the literature of the subject I can find only one parallel case—that referred to in an exhaustive work on the subject by Dr. J. C. White, of Boston. This patient was a child of six years, that had received the poison from a servant who was himself unsusceptible to the poison. This servant had been clearing weeds, among which were some ivy vines from the garden surrounding the house, after which he had washed his hands thoroughly several times with vinegar and soap after entering the house. In the afternoon he took the child to a pond for a bath, holding him by the armpits, and afterward rubbing the axillæ and the back. In two or three days deep ulcers formed in both regions.

The point of interest in these cases is the mode of contracting the disease. It has been known for years that the poison may be absorbed by handling the leaves or by being near the vine. In the latter case there seems to be an idiosyncrasy to the disease. I believe the case of Dr. White and this one are the only cases recorded wherein the disease was contracted by the mere handling of a person affected.



