

ing Medal which makes the first time anyone has won this medal twice. The first two Corning medals were won by members of east coast garden clubs.

Should you wish further information, I suggest you contact Mrs. Edward K. Poor, 395 Cedar Street, Winnetka, Illinois 60093 (telephone no. [312] 446-2898). Mrs. Poor is a Director of The Garden Club of America and a horticultural judge. She is the past Chairman of the Horticulture Committee. You might also like to contact Mrs. Frederick Vogel, III, 1805 W. Bradley Road, Milwaukee, Wisconsin 53217 (telephone no. [414] 352-4864). Mrs. Vogel was the Chairman of the Milwaukee show.

From RICHARD TILBROOKE (65 8th Ave., St. Peters, South Australia, 5069 Australia): I have recently returned from England where I took part in a student

exchange scheme through Australia British Society.

Whilst there I contacted the secretary of the British Carnivorous Plant Society, who put me in touch with Paul Temple. Paul has been the society's liaison officer for some time and is always glad to assist, particularly those of us with the same interest in CPs. It was his help alone that enabled me to attend one of the London meetings.

There I met most of the committee members, who also had a tremendous interest for Australian CPs. Incidentally, due to my presence, the meeting ended with a discussion on tuberous *Drosera* to which I was able to contribute.

I would like to take this opportunity to thank the society for its wonderful hospitality. I feel sure that fellow CP enthusiasts would receive the same generous welcome if able to attend any of the meetings while traveling abroad.

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## SPOROTRICHOSIS: A Disease Hazard for Nurserymen

Nursery workers and tree planters should be aware of possible exposure to a potentially serious fungus disease sometimes contracted by those working with trees packed in sphagnum moss. This disease, called sporotrichosis, is a lymphatic disease in man and animals and is caused by the fungus *Sporotrichum schenckii*. This fungus has been found in soil, on flowers and shrubs, and even on wooden mine props. It is also associated with the sphagnum moss used to keep tree roots moist during shipment and storage.

Sporotrichosis most often affects gardeners, nursery personnel, and tree planter. Workers may contract the fungus from soil as well as from contaminated moss. How or when the moss becomes contaminated is not clear. Attempts to isolate the fungus directly from sphagnum bogs have usually failed, but *S. schenckii* has been recovered from bales of

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*"Foresters and nurserymen planting trees packed in sphagnum moss should be aware of this fungus disease present in moss in some areas."*

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moss newly arrived at a nursery site (D'Allessio *et al.* 1965). The fungus seems to increase in the moistness of most packing sheds. In one case, the mixture of soil and sphagnum remaining in the shed may have served as a reservoir for the fungus the following year (McDonough *et al.* 1970).

The fungus is found throughout the United States but it appears to be most common in the Midwest, especially in Wisconsin. Several outbreaks in other states have been traced to sphagnum moss shipped from Wisconsin (D'Allessio

*et al.*, 1965). Because of periodic outbreaks of sporotrichosis, the state forest tree nurseries in Wisconsin no longer use sphagnum moss for packing seedlings. Several workers in the USDA Forest Service nursery in Michigan also contracted sporotrichosis and that nursery also discontinued the use of sphagnum moss. No cases of sporotrichosis have occurred at any of these nurseries since they stopped using sphagnum moss as packing material.

Infection occurs when the spores of the fungus are introduced through a small abrasion or scratch in the skin. In one to four weeks, a small painless blister develops at the entry point. This blister becomes inflamed, and slowly enlarges. Other areas may become infected as the fungus spreads through the lymph vessels. Nodules may form along the infected lymph channels, and the lymph glands in the armpit or elbow may become enlarged and sore. If untreated, the disease progresses slowly to the bones, abdominal organs, and uninvolved skin. But diagnosed early, the disease can be adequately treated and is rarely fatal (D'Alessio *et al.* 1965).

#### A PERSONAL CASE HISTORY

I contracted sporotrichosis several years ago while planting seedlings that had been packed in sphagnum moss. A small blister appeared on my wrist about three weeks after I had worked with the moss. This blister broke open in a few days but did not heal.

Within the next two weeks, the resulting sore enlarged and my wrist became tender. A few days later I noticed a red streak spreading from the infected area towards my elbow. At this point, I had visions of blood poisoning and quickly headed for my family physician. He prescribed antibiotics, but unfortunately they are not effective against fungus diseases. A week later my symptoms were more severe with greater pain throughout my entire arm.

I then went to another physician who also had difficulty diagnosing the problem. Later that same day a colleague in

forest disease research suggested the possibility of sporotrichosis. He had seen a flyer on this disease put out by the Forest Service a few months earlier. Armed with this flyer, I returned to my physician and between the two of us we were able to isolate the fungus on Sabouraud's agar from the open ulcer.

At this point I began the treatment for sporotrichosis, which is potassium iodine taken orally several times a day. My lesion healed in about two months but I continued taking potassium iodine for three months after healing. This treatment, while cheap and effective, may cause some discomfort. I endured a perpetual upset stomach while taking potassium iodine and still have some stomach problems today as a result of this treatment. But not all patients have such problems.

Other than the possible side effects of the treatments, the biggest problem with sporotrichosis is delayed diagnosis. Many physicians are not familiar with this disease. In my case, after we had isolated the fungus from the open lesion, my physician sent me to a prominent skin specialist in Minneapolis to confirm our diagnosis. This specialist and his colleague both stated that I did *not* have sporotrichosis. Nevertheless, my physician and I continued the treatment and later the Minnesota State Health Department confirmed our diagnosis.

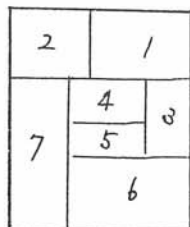
#### PREVENTIVE MEDICINE

One way to avoid sporotrichosis is to not handle trees that are packed in sphagnum moss (this is my policy). If you must work with such trees, be careful: wash your hands frequently and treat lacerations and abrasions promptly. Nursery workers and tree planters who develop sores that do not heal properly should promptly seek medical attention and tell their doctors about the possibility of sporotrichosis.

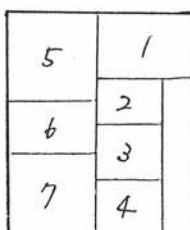
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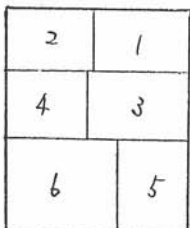
(Continued on page 22)



1. ウリキリアリ、レニフォルミス *U. reniformis*
2. ウリキリアリ、アルピナ *U. alpina*
3. ウリキリアリ、ラディアタ *U. radiata*
4. ウリキリアリ、リビダ *U. livida*
5. ポリポムフォリクス、ムルティフィダ *Polypompholyx multifida*
6. ネペンテス、アンブユリア *N. ampullaria*
7. ネペンテス、ミラビリス *N. mirabilis*



1. サラセニア交配種 *Sarracenia hybrid*
2. ネペンテス、アンブユリアの補綴 *A pitcher of N. ampullaria*
3. ネペンテス、アルボマルギナタ *N. albomarginata*
4. ネペンテス、ヒルサの補綴 *A pitcher of N. villosa*
5. ネペンテス、ヴェントリコサの補綴 *A pitcher of N. ventricosa*
6. ネペンテス、マクファランセいの上部... *The upper pitcher of N. macfarlanei*
7. ネペンテス、マクファランセいの下部... *The lower pitcher of N. macfarlanei*



1. サラセニア、アラタの花 *A flower of S. alata*
2. ヘリアンテラ、ミニル *Heliamphora minor*
3. ヘリアンテラ、ヌタンスの花 *A flower of H. nutans*
4. ヘリアンテラ、ヌタンス *H. nutans*
5. フクロユキシロの花 *An inflorescence of Cephalotus*
6. フクロユキシロ *Cephalotus follicularis*

## Sporotrichosis (from p. 8)

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