

attention and provided the draft sketch of the fungus. Thanks are also due to Dr David Pegler, Kew Herbarium who was kind enough to identify the species and forward relevant information.

References

- Berkeley, M.J. (1847). Decades of Fungi XI–XIX. Ceylon fungi, *London Journal of Botany* 6, 483 (bis).
 Pegler, D.N. (1986). Agaric Flora of Sri Lanka, *Kew Bulletin Additional Series* XII, 91.

A USEFUL TIP FOR POISON IDS

Tony Young, Bee Cottage, Blackbutt, Qld, 4306
 tyoung@onaustralia.com.au

Recently, I was involved in a telephone ID of a fungus involved in a poisoning case—the usual method when the doctor and patient are at least 160 km distant from the mycologist. The patient was a 30 year old male who had commenced vomiting and was in considerable abdominal pain some three hours after ingestion of half a cap of a raw 'mushroom' picked from the bottom of the garden. The GP dealing with the case attempted to describe the fungus to me but his non-familiarity with fungal structures and our lack of common terms only led to further confusion for both of us. He then suggested a rather novel way of getting information to me which is so simple and obvious that I hasten to share the procedure with all members involved in poisoning cases as it may provide considerable assistance to telephone diagnoses.

The solution was to lay the cross-sectioned fungus on a photocopier, so that one half showed the cut surface and the other half showed the exterior. The resulting photocopy was then faxed to me. The method produces a 1:1 picture of the fungus in black and white and gives the mycologist its dimensions, shape, and possibly details such as gills and their attachment, ring (if present), stem shape and structure, *etc.* The fungus colours can then be filled in easily. From this first experience, two photocopies may be necessary: one in low exposure and the other in darker exposure. The lighter exposure is good for the outline and general details, the darker for finer details of the cross-section, such as whether or not the stem is hollow.

A copy of the lighter exposure fax that I received is shown below. This allowed me to suggest the species was probably *Chlorophyllum molybdites* which is appearing in quantity at the moment in South-East Queensland and produces the symptoms that were appearing in the patient. Since the cap was stated to have a brown scaly centre, other suggestions were possibly species of *Macrolepiota* or *Lepiota*. The material was collected from the GP next day and proved to be *C. molybdites*.

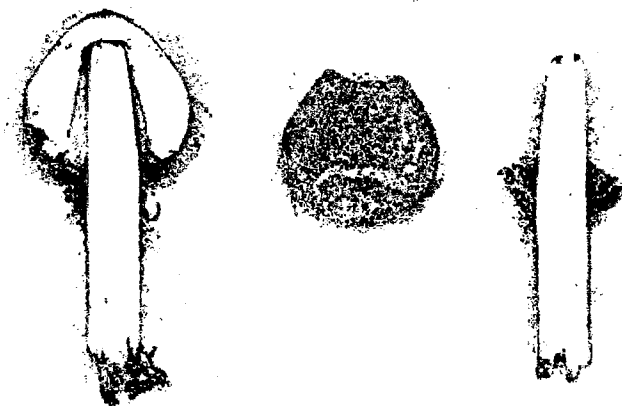


Figure 1. Copy of Fax received for fungal ID. The stem ring can be clearly seen on the right hand stem and the gill attachment shows on the left hand stem. A second but much darker fax showed that the stem was hollow and also clearly showed part of the boss at the cap centre.