Snake Bite

By

IN Tasmania, early this year, a woman was fatally bitten by a Tiger snake. By exercising a degree of simple knowledge her death could probably have been averted.

Compact snake-bite outfits are sold at all chemists, but under most circumstances it is possible to improvise.

A snake forces venom by muscular action, from a gland behind and below each eye, through a duct along the upper lip and down a groove in front of the fang. Bites on the bare skin are more serious than through clothing as any material absorbs a certain quantity of venom through the groove in the fangs.

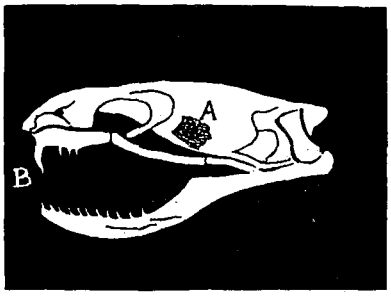
Should the snake refuse to let go, prise the jaws apart by gripping firmly in front of the eyes and lifting forward and upward. Further venom will be forced into the wound if the snake is squeezed behind the eyes. Throw the snake as far as possible as precious seconds can be wasted attempting to kill it.

Usually two punctures are left by a venomous snake. The wider apart the punctures, the larger and consequently more deadly the snake. Snakes often have up to three reserved fangs which may also leave punctures.

A ligature must be applied immediately to a one-boned part of the limb. The flow of blood cannot be stopped by ligature on the lower leg or lower arm. The ligature may consist of a knotted handkerchief, shoelace or part of torn clothing. Twist tightly with a pencil, article of cutlery or twig. It is important that this ligature be slightly loosened for about thirty seconds every twenty minutes.

Wipe away any venom on the surface of the skin to prevent it entering the wound.

Take a razor, a piece of broken glass or sharp tin and cut longitudinally along the limb over each puncture to promote a good flow of blood. The larger the snake the deeper the incision. Rarely is it necessary to cut any deeper than three-sixteenths of an inch, as the fangs of the average snake do not exceed this length.

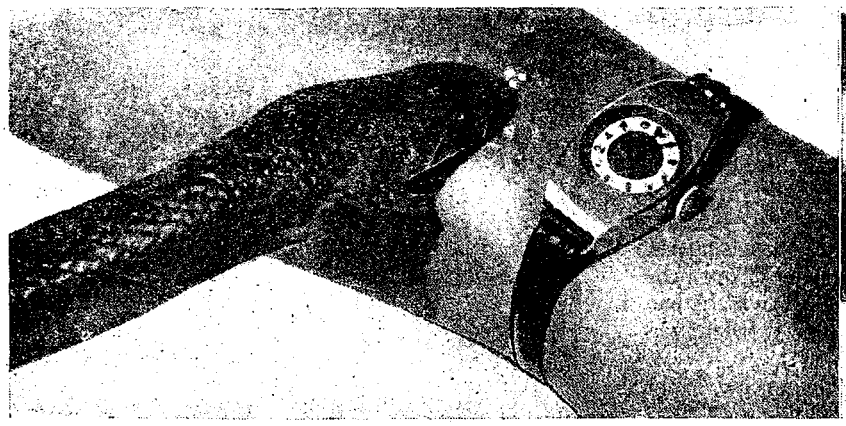


SKULL OF FRONT-FANGED SNAKE.
A. is the venom gland.
B. is the venom fang.
Smaller teeth leave no marks. Hardly penetrate the skin.

Rub in permanganate of potash (Condy's Crystals). Not too much, as Condy's in excess can cause poisoning. Condy's will neutralize any snake venom with which it comes into direct contact and, unless application takes place immediately, it is a waste of time.

Ensure that the mouth is free from cuts or bad teeth and suck as much poisoned blood as possible from the wound. Although snake venom is essentially a blood poison, it will not harm the stomach unless

Actual photograph of snake attacking Miss Hawkin's arm. Note white venom marks on skin.



Applying the ligature. The two puncture marks are plainly visible near the wrist.

NEED NOT BE FATAL

ERIC WORRELL

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All photographs featured in this article were posed specially for "Outdoors and Fishing," by attractive Carol Hawkins. On the left she is pictured handling a South Australian green-tree snake.

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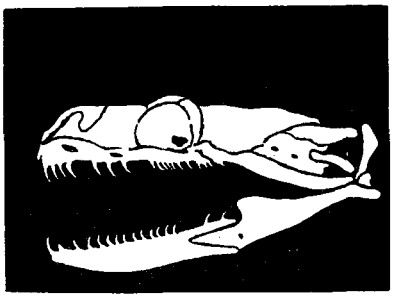
ulcers or other stomach ailments are present. It is undesirable, however, that any venom be swallowed. Some types of venom, notably that of a brown snake, have a property that enables it to seep into the circulation even though it has merely been introduced beneath the skin.



SKULL OF HARMLESS SOLID TOOTHED PYTHON. This snake has no main fang. All teeth have sufficient length to mark skin.

Death is possible within five minutes once the poison has entered the circulation through a vein.

The old practice of forcibly keeping the patient awake actually accelerates the action of the poison. The patient must not be excited but should be taken to a doctor as early as possible. If necessary, the doctor will inject the required units of anti-venime to counteract the effects of the venom.

Anti-venime is prepared from tigersnake venom and acts effectively against the bites of most Australian snakes.

There is always the possibility of being bitten on the face or body, where the application of a ligature is impossible. The only treatment under these circumstances is to incise, rub in Condy's Crystals, and if possible have someone suck the wound. Then contact the nearest doctor.

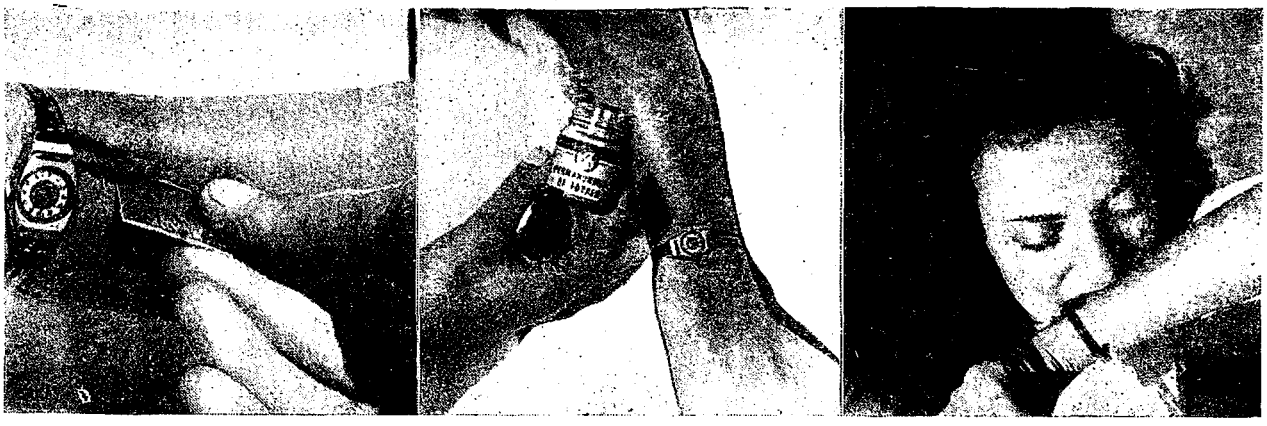
Australian snake venom principally affects the nerves and death usually occurs by respiratory paralysis.

Briefly, first-aid treatment is as follows and should take no more than thirty seconds from the time the snake is removed to the time of rubbing on Condy's and sucking the wound.

1. Remove snake if still attached.
2. Apply ligature on single boned part of limb and wipe wound.
3. Incise as deeply as practical.
4. Rub in Condy's Crystals.
5. Suck wound, then contact a doctor. Be sure to loosen ligature every twenty minutes.

Deaths from snake-bite in Australia are comparatively few. They rarely average ten per annum and, in the majority of cases, the actual bite is the fault of the victim. Snakes are not habitually aggressive and will leave alone when left alone.

A survey of snake-bite victims has shown that the majority have suffered bites from molested snakes—snakes they have attempted to kill or capture—and that the event of accidentally stepping upon or touching a snake is the rare exception.

Even in the event of actual snake-bite the chances are that the snake may not be venomous, or even if venomous, may not administer a lethal dose. But be sure, be prepared, and whenever in doubt, treat the wound.

Incise as deeply as practical. *Rub in Condy's Crystals.* *Suck wound—then contact a doctor.*