

LETTERS TO THE EDITOR

JOURNAL OF THE R.A.M.C.

SIR—I have today received a most interesting number of the Corps Journal, that for January 1974, and tender my congratulations upon its high standard.

I note, however, on page 61, an Editor's note to a letter headed "I can't see what you're saying". The note says "this was a Missprint". No doubt you will shortly be publishing another Editor's note to say that this was a Mis-spelling!

On further consideration, perhaps I misread your note in the Journal; your intention may have been to make a sexual discrimination—"Missprint" as opposed to "Masterprint". If so, may I tender my apologies?

I am, etc.,

21 March 1974

PEDANT

THE EDITOR REPLIES TO "PEDANT"

Rehearsal. The Editor acknowledging his sad ignorance of English spelling replies (appropriately in his native doric) to his friend and correspondent—the ingenious Dr. Pedant.

Guid Pedant blessings on your heid
—ye man o'quick uptake
The boggle was a printer's one
And nae my ain mistake.

But troth I should have noted it
And this I'd surely done
Had I but kent the English tongue
And nae the Scottish one!

EDITOR

FIRST AID TREATMENT OF SNAKE BITES

SIR—I was very interested to see the letter on the "First Aid Treatment of Snake Bites" by Major Ken Hedges in the October 1973 issue of the Journal.

It is the thought of being bitten by a venomous snake which is probably the cause of the most apprehension among potential jungle travellers. Before going to Central America with a party of soldiers, we were given the 1967 Edition of the R.A.F. "Jungle Survival" Manual which described only Asian snakes! In the section on the treatment of snake bites, it states that "Untreated snake bites, even that of a Cobra, are not always fatal": a statement hardly likely to encourage the morale of a recently ditched or bitten airman. This exaggerated fear must be put into proportion. Speaking personally I was attacked and struck by an Indian Cobra in 1964. My reactions were total panic and fear of impending death. Clinical shock set in quickly. This was only reversed when it was found that the fang mark in the trousers had punctured a packet of cigarettes and the bleeding on the thigh came from lacerations sustained in my retreat through the bushes.

It is most important to stress to troops that *most* snakes will avoid human beings if possible, unless disturbed immediately after a meal or when cornered. By clearing camp sites, picking up fallen timber with care, shaking out boots and sleeping bags before use and avoiding putting one's hand into dark places, most bites can be avoided. If camp sites are kept clean, then there is no infestation with small rodents which are the attraction for the snakes. During the Trans-Americas Expedition where there were

50 personnel in the jungle for 100 days, and although many snakes were seen, there were only 3 accidents in which snakes attacked members of the expedition. These were killed before they could strike effectively.

Secondly, most snakes that strike do so ineffectively if proper precautions have been taken. Boots and loose long trousers should be worn at all times out of the camp and in the camp after dark. This will offer a large degree of protection against the strike. Even if the skin is broken, much of the venom may be lost in the fabric or in preliminary strikes aimed at the loose trousers. Many skin bites are ineffective as the fangs bounce off the subcutaneous tibia. A snake that strikes after recently killing food will have empty poison sacs. The presence of a food ball (swelling) in the snakes stomach confirms this. Care should be taken when handling a recently killed snake as the bite reflex persists for up to one hour after death.

Few physicians ever find themselves confronted with enough snake bite cases during their professional life to become experts in their management. However, Dr. Reid, Director of the Snake and Venom Research Institute, and Consultant to Penang General Hospital in Malaysia, in one study (1962) of a series of 824 cases of snakebite in which the snake was reliably identified as poisonous and potentially lethal to humans, showed that 441 or 53 per cent of the victims escaped with slight or no signs of poisoning. Only 10 per cent of patients had serious envenomation that required treatment with an overall mortality of 1.3 per cent. One of the most important implications of the "cures" described is that many "cures" required no treatment at all.

There appears to be general approval of the venous tourniquet and mechanical suction in the treatment of snake bite, though many authorities are in favour of incision of the wound. Because of the lack of agreement in the United States of America in the treatment of snake bite, an Ad Hoc Committee was appointed by the National Research Council of the National (U.S.) Academy of Science in 1959. It reported in 1960 and its findings are the basis of the treatment of snake bite approved by the Surgeon General to the U.S. Army. This advocates longitudinal incision of the subcutaneous tissues but avoiding deep incision of the muscle and cross cuts.

Perhaps the Army School of Health could investigate the world wide literature and produce a "Notes for Guidance of Medical Officers into the Prevention and Treatment of Snakebite".

I am etc.,

J. C. RICHARDSON

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21 January 1974

WORLD WAR ONE VETERANS' RECOLLECTIONS

SIR—Some three years ago, you kindly reviewed two books that had been written "Not For Glory" and "The Long Carry". Both these books were attempts to view World War One through the eyes of the ordinary, if that is the right term, soldier.

Whatever success the books enjoyed we feel was due to the immediacy and originality of the recollections of the serving soldiers we studied.

We are now researching into what could be regarded as a sequel, in that we are working on a book which will look at the years 1918 to 1926 to try and discover what the "soldiers from the wars returning" experienced during this period. We are particularly interested in World War One Veterans' recollections of this period in their lives; whether it was better or worse than they expected; whether it was a let-down etc.

We wondered if you would be prepared to bring this to the notice of your readers as we are sure that there must be many in your area who have fascinating memories of this period to relate.

All communications will, of course, be acknowledged by us and may we thank you for your help in the past and in anticipation of help in this matter.

I am, etc.,

R. H. HAIGH and P. W. TURNER

22 Highcliffe Drive,
Swinton, Mexborough,
Yorkshire S64 8LX.

1 February 1974.

(EDITOR'S NOTE: *Will readers who can help please reply direct to the address given above.*)

LAND BATTLES IN CLOSE-UP

SIR—I have a contract with Ian Allan the publishers to write a book for their series "Land Battles in Close-up" on the battle of Keren (Eritrea Feb/Mar 1941). If the book is to live up to its title I very much want contemporary accounts from those who were there to illuminate the official histories.

Physical conditions were appalling and the Medical side of the story is significant. I wonder if you have any material that would help me. I ask three questions in ascending order of importance.

- a. Is there anything in your Corps history?
- b. Were any articles written at the time for your Corps Journal?
- c. Can you put me in touch with anyone who served with a Field Ambulance in 4th or 5th Indian Divisions at that time?

I am, etc.,

J. G. ELLIOTT

13 Barnfield Avenue,
Exmouth,
Devon,

4 March 1974.

(EDITOR'S NOTE: *Will readers who can help please reply direct to the address given above.*)