A CASE OF SNAKE-BITE.

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No. 24048, Gunner K., was admitted to the military hospital, Weymouth, on June 30, 1913, with urgent symptoms of snake-poisoning which had commenced five or ten minutes after he had been struck by a brown adder in the right thumb close to the terminal joint. This occurred at Upton Battery while he was standing near an emplacement and attempted to rest his hand on a sloping grass-covered parapet within the fortress. At once the hand and arm started swelling, accompanied by darting pains towards the axilla and a feeling of faintness. Within a quarter of an hour he began to vomit and purge, he was conveyed in a taxi-cab to this hospital (7 miles), and was seen by Major J. Presscott and myself, within an hour after the injury. He showed all the symptoms of acute collapse; slow, sighing, irregular respiration, weak, quick, irregular pulse, temperature 95°F., pallid sweating skin. (On becoming conscious, there were frequent attacks of vomiting and purging, and the eyes were congested, with conjunctivae jaundiced.) The local physical signs and symptoms were well marked; there were two small blisters at
the site of entrance of the snake's fangs, the hand and forearm were much swollen and he complained of intense pain in the upper arm and axilla with cardiac distress which caused him to knock on his chest with his fist and breathe deeply. The tongue was slightly furred. The limb had been tightly bandaged at the wrist, at the elbow, and above at the middle of the upper arm.

Before my arrival a dose of brandy had been administered and he had been put to bed. As no anti-venom serum was procurable, I injected 20 minims of a strong solution of potassium permanganate into each of the points of penetration of the fangs, and administered 3 drams of aromatic spirits of ammonia, and then gradually unfastened the tight constrictions which had considerably impeded the circulation of the hand and forearm. With each loosening of the bandages the symptoms already described became more urgent. The arm was then immersed in a hot-water arm bath. By degrees the very acute symptoms subsided and complete consciousness soon returned.

The temperature at night was 100° F., pulse 104 regular, respiration normal. He was ordered milk diet and soda, with brandy if required, a strychnine tonic mixture and a sleeping draught. The arm bath was continued. His recovery was uneventful, and he was discharged from hospital to proceed on a month's sick furlough on July 24, 1913.

The swelling of the hand and arm was due to the action of the venom on the capillaries in the vicinity of the bite; the weak and irregular action of the heart was due to the specific effect of viper-venom on the tissues of the heart. A larger dose would have killed the patient by syncope.

After recovery from the first acute symptoms, what the patient had to contend with was the danger of sloughing of the tissues of the bitten limb on account of the local action of the venom. It is this local action which is the troublesome symptom following a non-lethal dose of venom from snakes belonging to the Viperidae class; but in the colubrine class of poisonous snakes it is not such a prominent symptom.