There are numerous hotels and motels in the Gainesville area. Although this is a college town, there is no home football game that weekend. Should you need information on local accommodations or directions to the meeting, contact: Jeffrey Slotten, 5421 N.W. 69th Lane, Gainesville, Florida 32606. Telephone (904) 338-0721, evenings.

This will be an exciting meeting, PLAN TO ATTEND NOW!

FIELD HAZARDS TO LEPIDOPTERISTS: SNAKEBITES

VERNON BROU

(Editors note: This is the second of a series of articles by Vernon Brou on field hazards to lepidopterists. Others will appear in future newsletters.)

Human deaths by snakebite are surprisingly few. Poisonous snakebites are most common and most severe in the early spring. Recovery from a bite depends upon the size of the victim, the site of the bite, the degree of envenomation and the effectiveness of the treatment.

In the United States 98% of all poisonous snakebites are caused by pit vipers (Rattlesnakes, Water moccasins, and Copperheads). Others are caused by elapid (Coral Snakes) as well as non-indigenous exotic snakes kept as pets.

Snake venom is a mixture of enzymes, peptide, and proteins. It is toxic to human body cells, nerves, blood, and the heart. About 70% of pit viper bites do not result in venom injection. Pit viper venom causes convulsions, and severe reaction with pain at the bite site.

If envenomation has occurred, pain and swelling appear soon after the bite. In the first few hours swelling and skin discoloration extend proximally from the bite. The bite is typically a double puncture wound surrounded by an area of discolored skin. In severe cases the victim may vomit and/or spit up blood and may have stools stained with blood.

The ultimate causes of deaths are the result of respiratory problems and shock. In rattlesnake bites there is usually 6-8 hours between the bite and death. Coral Snake envenomation causes little pain, swelling or tissue death at the bite site. Children may convulse within one hour after being bitten. Early signs (5-10 hours after being bitten) include inner brain paralysis, difficulty in swallowing, excessive pain and restlessness followed by total peripheral paralysis and death in 24 hours.

Specific medical treatment for snakebites varies due to the different species of snakes. In India, it is estimated that over 30,000 deaths per year occur from Cobra bites alone. In the United States today, treatment for snakebite envenomation is still controversial.

Emergency treatment number one is reassurance to the patient. Apply germicidal preparation to the wound. If the bite is in an arm or leg, apply a splint to minimize motion. Tourniquets are of questionable value. Ice packs should not be used because they commonly cause tissue damage severe enough to require amputation. Cutting and suction are useful only if done soon after envenomation, and because usually the venom is quite deep, small incisions are not effective. Cutting into the skin could also cause damage to nerves, blood vessels and tendons. Incisions are not effective for Coral Snake bites.

Intravenous antivenin is indicated only in severe cases and may be available at drugstores. Coral Snake antivenin is usually available from state epidemiologists and is stockpiled at 75 locations, especially in the southeast United States and at the Center for Disease Control in Atlanta, Georgia.

In rare cases surgery to relieve pressure within muscles of the hand or foot is required. Oral antibiotics, e.g. Ampicillin is given to treat infection associated with the bite. A tetanus immunization is usually given.