



First Aid For Snake Bites

By GEORGE F. JACKSON

There are probably more false stories circulated about snakes than about any other living thing. Most nonvenomous serpents merit the protection of man rather than his especial enmity; yet the four poisonous snakes of the United States constitute an everpresent menace to any one who frequents their haunts during the warm months.

Considering that a venomous snake is provided with a pair of natural hypodermic needles for fangs, and that these "needles" inject a fluid that is solely intended for killing purposes, it can be appreciated that the owner of such weapons is a dangerous adversary to encounter.

Every person venturing—if only for a few hours—into regions known to be inhabited by dangerous snakes should be able to tell which are poisonous and which are nonpoisonous, and should also know the treatment for snake bite.

With one exception the poisonous snakes of this country are recognized easily by the following characteristics: the head is broader than the body, is triangular and flat, and has a deep pit on each side between the eye and nostril. This latter is the sure sign of a poisonous reptile, for several harmless snakes, when alarmed, flatten the head and in that

way closely resemble their dangerous brethren. Then, too, all harmless snakes have a round eye pupil, while poisonous ones have a cat-like, or elliptical pupil.

The one exception to the above group is the CORAL SNAKE, a beautiful creature, having a slender body encircled by alternate bands of black and bright red, the latter color merging into a yellow near the edges of the bands. The head is flat and very blunt, black in color, and is not distinct from the neck. The coral snake averages only about two feet in length, and seldom exceeds the size of a man's finger in girth. It is found only in the extreme southern states, and in the Southwest.

There are several mimics of the coral snake, all of which are absolutely harmless, and which should be left alone. The uninitiated should remember that the coral snake is always marked in this order: red, yellow, black, yellow, red—the black stripes being separated from the red by yellow ones—and that this order is not followed in the markings of inoffensive reptiles.

As to the physical markings of others, the viperine snakes, they may be best described as follows:

THE COPPERHEAD: The most common and best known of all our poisonous snakes, and probably responsible for more bites than any other species. In color it is a chestnut, or hazel-brown, with numerous darker, V-shaped, reddishbrown bands along the back. These bands are narrow on the back and very wide on the sides and appear from above—according to Dr. Ditmars—"exactly like the outlines of an hourglass." The head is a coppery-red, hence the name.

There are several harmless snakes, which, in many localities, are known as "copperheads," and are shunned as venomous. The most common of these is the spreading viper, or hog nosed snake; but of course this reptile lacks the pit between the nostril and eye and the hollow poison fangs. Despite tales to the contrary, the spreading viper's bite is about as harmful as a peck from your pet canary.

Mr. Copperhead is very lazy, and will not strike unless approached quite close. Seldom, if ever, does he exceed three feet in length, and he will usually be found frequenting rocky hillsides, especially those covered with timber; or near water.

THE COTTONMOUTH MOCCASIN, or water moccasin, is usually dull brown or black, with very indistinct transverse bands. The young snakes often have coppery-brown markings resembling the copperhead's. The name "cottonmouth" is explained by the fact the flesh of the mouth

is white, giving the reptile a frightening appearance when his jaws are open.

Found in most of the swamps of the southern states, this snake reaches a length of five feet and is quite deadly. It is often seen lying in some bush, or on a limb overhanging water.

THE RATTLESNAKES: No one is likely to mistake any of the fifteen species of rattlers occurring in the United States, owing to their characteristic terminal appendage. Incidentally, rattlesnakes do not always give their well-known note of warning unless actually attacked.

Another popular delusion about snakes, and rattlers in particular, is that they are blind during the month of August. This is untrue, though it is a fact that a reptile may be partly blind for a few days while shedding its skin. But this in no way lessens the effects of the venom—so be just as careful of the rattler in August as in any other month.

FIRST AID: As for the method of treating snake bite, there are several rules to be followed. The first thing to do is to ascertain if the snake actually is a poisonous one. Often the fright caused by the bite of a harmless snake has resulted in serious consequences. If the reptile is nonpoisonous, treat the wound exactly like any other cut—there is no danger whatever, except for the slight one of infection.

If you are uncertain as to whether or not the snake is venomous, look at the wound itself. Not many harmless snakes will strike a human, but if one does the result will be rows of small punctures, looking like pin-pricks, which are not painful and which will bleed freely. If the wound was made by one of the viperine snakes (rattler, copperhead, cottonmouth moccasin), ordinarily there will be only one or two holes, the flesh will immediately discolor and swell, and a sharp, burning pain will be felt.

Having determined that the punctures were made by a dangerous snake, remember that the poison is being circulated by the blood stream, therefore the calmer the patient is kept, the better. Excitement will increase the heart beat, and thus send the venom through the blood stream much more rapidly. In this connection, it might be mentioned that alcohol, in any form, is absolutely useless as a snake-bite medicine. In fact, since it accelerates the heart action, the use of it merely helps the poison along. After a snake bite the action of the heart should be retarded. One authority says that the use of whisky after snake bite has killed as many persons as the venom itself. This is undoubtedly an exaggeration, but nevertheless, no sensible man will use it in such a case.

As soon as possible after the bite, place a tourniquet on the side of the wound toward the heart, for the reasons mentioned above. Use any-

thing handy—rope, necktie, belt, handkerchief, a strip from your shirt—prompt action is what counts.

Then sterilize the bite. But, whether this done or not, make two deep, short incisions, in the shape of a cross, over the punctures to start a flow of the poisoned blood. These cuts should be at least as deep as the punctures themselves. Unless you have a cut or scratch around the mouth, suck the wounds. This is not a dangerous procedure, although hardly a pleasant one; but it must be done either by the mouth or by the aid of one of the patented suction cups made for this purpose.

If you have been carrying an antitoxin, now is the time to administer it, via hypodermic needle, into some parts of the body—such as the skin of the abdomen—where it will soon get into the general circulation.

It is not within the scope of this article to go into the complete treatment for snake bite, but the above method has been successfully used in the field many times. Properly attended to, there is no reason why a snake bite should result fatally, but often grave results are brought about by fright and haste. The old adage about "haste makes waste" certainly holds good in this case.

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