

**VENOMOUS SNAKE BITES INCLUDING A BITE
BY A PALE HEADED SNAKE (*HOPLOCEPHALUS BITORQUATUS*)
(SERPENTES: ELAPIDAE)**

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INTRODUCTION

There are a lot of publications in the scientific literature about the effects of bites of potentially dangerous (to humans) elapids. However there is a distinct lack of information about the species known to be venomous, but of no known threat to humans.

Over the years (mainly from ages 14-25 (AKA 1976-87)) I have been bitten by the following species:

Yellow-faced Whip Snake *Demansia psammophis*
Small-eyed Snake *Cryptophis nigrescens*
Swamp Snake *Hemiaspis signata*
De Vis Banded Snake *Denisonia devisii*
juvenile **Eastern Brown Snake** *Pseudonaja textilis*
juvenile **Red-bellied Black Snake** *Pseudechis porhyriacus*
Little Whip Snake *Unechis flagellum*.

Almost all bites were on my fingers and resulted in local stinging (if that's the right word) followed by local swelling of the finger and sometimes hand. The sting from the Yellow-faced Whip Snakes were noticeably painful. But for all the above species bites the effects tended to subside within a day or two or three and in no case did I ever have any so-called general effects.

That means I never experienced dizziness, headaches or the like from the bites and in all cases I conducted my routine activities without interruption. For the species Yellow-faced Whip Snake *D. psammophis*, Small-eyed Snake *C. nigrescens*, Swamp Snake *H. signata*, I have been bitten on numerous occasions and all bites presented much the same sort of symptoms.

In 1983 I was bitten on the finger by a young Desert Death Adder *A. pyrrhus* from WA and had no effects other than local stinging. Prior to that I sustained a number of (so-called partial) bites from Death Adders *A. antarcticus* from Sydney and never sustained any symptoms other than local stinging indicating envenomation. However for these bites it is reasonable to conclude that proper envenomation did not occur, particularly as in each case I was only "nicked" by one or both fangs.

On one occasion I got a quick bite from a (approx.) 60 cm male Death Adder *Acanthophis antarcticus* from Sydney and the symptoms presented as follows: Local stinging and swelling of the finger and hand. This was at its maximum amount within two hours.

In the hours that followed the bite (about 6) I noticed the veins in my arm turn red and I was admitted to hospital about six hours after the bite, when I had trouble with speech and felt drowsy.

I was kept under observation at the Royal North Shore Hospital in Sydney for two days after that.

In the day immediately following the bite I was barely conscious and unable to speak or move properly. My speech was slurred. I recovered in the period starting 18 hours after the bite. I was not given anti-venom for the bite.

THE PALE HEADED SNAKE BITE

On 27 March 2001 at 8 PM, I was photographing a captive Pale-headed Snake *Hoplocephalus bitorquatus* legally held in a private collection. The snake bit me on the middle finger of my left hand. The snake chewed at the bite site, thereby putting in its full quota of venom. However the snake itself was small.

Immediately thereafter there was a slight sting in the bite site and then this began to swell to a slight degree over the next two hours. Four hours later the whole finger was swelling, but not to a large extent (as seen for some other snake bites). 24 hours later the swelling in the finger had all but subsided, but there was a slight itch in the region of the puncture marks and these marks had formed raised red patches that were "weeping" fluids to a small degree.

There was no numbness in the finger as seen for some of the other snakebites. Around 48 hours after the bite, the finger had no noticeable swelling at all. However the bite sites (puncture areas) were red, throbbing and still weeping with fluid. They looked like two large insect bites. They also continued to remain itchy.

There had been no subsidence after 72 hours. It took another 3 days for the bulk of the symptoms to disappear, including any swelling, skin weeping or itch.

However on 16 April 2001, the date this paper was written, there was still a pink mark on the middle finger indicating where the bite had been, even though all other symptoms had long since gone.

DISCUSSION

There's little more I can add to this account save to mention a case involving a fellow herpetologist William Bennett, formerly of St. Clair, NSW, more recently of Young, NSW.

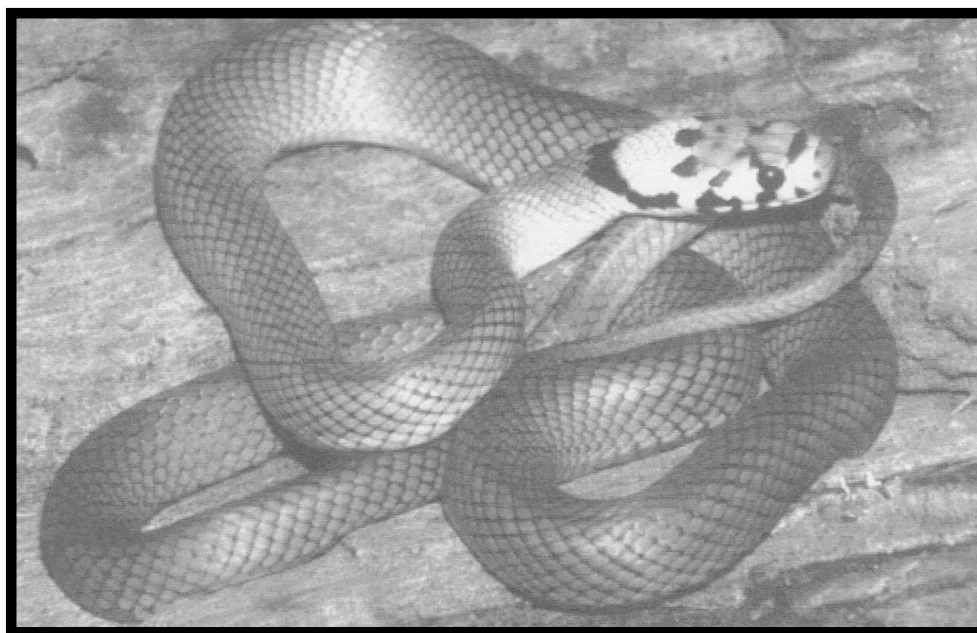
In about 1985 he was bitten by large Broad-headed Snake *Hoplocephalus bungaroides*. Bennett became very ill (allegedly near death) and was rushed to a nearby hospital where he was treated with Tiger Snake *Notechis scutatus* antivenom.

How useful the anti-venom was to him is not completely certain. However, he made a full recovery. For the record, Bennett was a full-grown adult aged about 35-45, but very thin. That may have had some bearing on the effects of the bite.

In my own cases I've always been relatively young and/or in good physical health when bitten.

Obviously the ultimate effects of a snake bite on a person depends on a combination of factors, including the species (the obvious), how much venom is injected, the size and health of the bite victim, and any individual reactions to the venom, including any allergies and/or built up immunity.

A further question worth investigating is, if a person gains a level of immunity to snake bite because of regular bites through handling, how long does this possible conferred immunity last?



Pale-headed Snake *Hoplocephalus bitorquatus*.
Photo: Raymond Hoser.

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