SNAKE VENOM CONJUNCTIVITIS*

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THE relative mildness of this case is thought to be of interest.

Case Report

A **Mandinka** adult male was clearing scrub in a garden near Bathurst, Gambia, when he felt a spray over the left side of his face and left eye while bending down. This had come from a snake about three feet away from him, which then disappeared; from the description it seemed to be a cobra of the species *Naja* (*Naja nigricollis*).

The man immediately attended at a clinic and was examined about half an hour after the incident. He did not appear to be in any great discomfort, but the left eye was injected. The conjunctival vessels were prominent in the palpebral fissure but appeared to be normal beneath the upper lid. There were a few small haemorrhagic areas on the outer side but these may have resulted from rubbing the eye. The cornea appeared clear macroscopically but slit-lamp examination showed an appearance of nummular "mutton-fat" superficial punctate keratitis. Treatment consisted of irrigation, the instillation of a few drops of decaine, and the application of penicillin-streptomycin ointment.

Contrary to expectation, the next morning the eye appeared almost normal and no further treatment was given.

Discussion

In contrast with the case reported by Ridley (1944), the signs and symptoms were extremely mild. It might be thought that this was because only a small quantity of venom entered the eye, or because it was well diluted.

However, on inquiry, it appears that this type of accident is by no means uncommon in the Gambia, especially at certain seasons, and is regarded with slight concern by the population. The after-effects are minimal and systemic effects are rare. Where these have occurred they are attributed to absorption through cuts in the face (*e.g.* after shaving).

The corneal lesions were not unlike those seen after the instillation of detergents or Cetavlon in excessive strength into the eye, and this is consistent with what is known of the composition of cobra venom.

The question of how the snake spits raises problems which have been fully discussed by Ridley. It would seem that the range of attack has usually been considerably overestimated. Careful questioning elicits the information that the victim is nearly always bending down when the face is

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hit. Again it is doubtful whether the snake aims, as is often alleged, specifically at the face; it rather spits in the general direction of a larger and frightening object, the whole process being one of evasive defence rather than of offence. The frequency of "near misses", with no further attack by the reptile, appears to bear this out.

In the absence of open wounds or granulating areas there appear to be no indications for the use of antivenene, simple irrigation and the application of bland ointments to the affected eye being all that is required.

The case reported was seen during the course of a study visit to the Medical Research Council Laboratories, Fajara, Gambia, the assistance of whose Staff, Director, and Head African Technician, Mr. A. K. Rahman, are gratefully acknowledged.

REFERENCE

RIDLEY, H. (1944). *Brit. J. Ophthalm.*, **28**, 568.