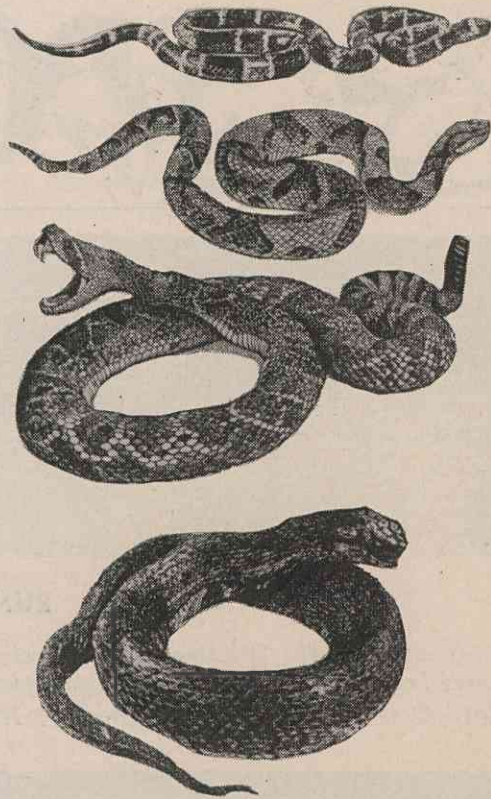


motion which injects the poison more surely. While the venom of the rattlesnake, copperhead and cotton mouth enters the blood stream the venom of the coral snake attacks the nerves of the body.

Sixty percent of all snake bites are on the feet and lower legs; most of the others occur on the hand and forearm. Take extra precautions in snake infested country. Watch where you step, where you place your hands, where you sit down. Wear heavy high shoes, boots, or leggings in the field. Take extreme care in picking berries or flowers, or in climbing cliffs or ledges where snakes are resting.

In case of snake bite prompt action is imperative, because removal of the venom is more difficult, or even impossible, after it is absorbed. The victim should be made to lie down and muscular effort should be stopped. A constricting band should be tied around the limb above the bite to restrict the spread of the poison and as swelling increases it should be moved up the limb. It should not be tied so tight that it affects the deeper arteries and veins. After applying constriction band cross-cut incisions should be made through each fang mark and suction should be applied immediately. Mouth suction may be used until a mechanical device is prepared or secured. The victim should have expert medical care as quickly as possible.



Top: Coral Snake—broad black, red bands separated by yellow. 2nd: Copperhead—copperish-brown, hour-glass shaped cross-bands. 3rd: Rattlesnake—best recognized by rattle. 4th: Cotton-Mouth Moccasin—dark brown body, cotton-white mouth. Below: Snake bite treatment. (See text).

