meeting all the criteria and measurements. Hence comparability is only across a very small spectrum of functions. However that does not deny service hospitals the opportunity to seek and be accredited. The philosophy of continual quality growth is based on this principle that when a hospital achieves the accepted score for accreditation it is accorded this status and thereafter it continues to improve across the various scope of functions. The entire process has been made as objective as is currently feasible, in tune with global best practices in accreditation of healthcare organisations.

Moving to a state of readiness is not a goal. Getting accreditation is. Every challenge that will be encountered will need to be addressed, NABH has agreed to certain waivers for the AFMS hospitals and certain scores would not impact severely on our efforts to seek accreditation. Thus the other major stake holders of the AFMS would have to do hand holding as the hospitals cannot do it alone and would have to

be in support. The authors of the Letter to the Editor would certainly benefit by going through the standards and objective elements once, and their concerns are very well appreciated.

Brig Arindam Chatterjee

Brig Med, HQ (Southern Command), Pune 411040, India
E-mail addresses: acarmy@yahoo.com (A. Chatterjee)

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Letter to the Editor

One 'poison' leads to the other: Snake bite while under the influence of alcohol!

Dear Editor,

Snake bite is a frightful experience for anybody, children and adults alike. No one daringly confronts a snake unless he or she is trained and even then, they would avoid getting bitten by the deadly creature at any cost. Accidentally an individual may become the victim of snake bite subsequent to stepping on a snake in the dark or while walking in the grass. The person becomes however extremely vigilant under such circumstances, particularly if one is aware of possibility of snakes roaming in the vicinity. They will either take precautions like carrying a flash light or avoid going close to the spotted snake. However, a person under the influence of alcohol may turn adventurous, losing all inhibitions. The ability to judge the consequences and the foresight to sense the danger may be blunted. An interesting case of an 'invited' snake bite in a victim who was under the influence of alcohol at the time of bite, is presented here. The case was encountered by the author during his administrative tenure in an island hospital at Port Blair.

A 45 years old security guard consumed two large drinks after his duty hours in the evening followed by dinner. After dinner, he filled drinking water in a plastic bottle for use during the night and started walking toward his residential accommodation that was close by. He spotted a snake on the ground floor staircase. Instead of avoiding the snake, he sat next to it and started hitting the creature with his slipper! The snake in turn bit him on the right index finger and with difficulty he managed to disengage the snake from his finger. He threw the snake to the ground and started hitting the snake with the filled water bottle he was carrying! Once the snake became less active due to injury, he emptied the water bottle and guided

Fig. 1 – Injured snake in the empty water bottle.

the injured, yet, moving snake into the plastic bottle (Fig. 1). His neighbors sensed the danger and brought him to the hospital for treatment. By then there was severe edema of the hand and wrist with oozing from the puncture site (Fig. 2). The head and portions of body of the snake was severely injured and was bleeding. The victim was in an elated mood under the

Fig. 2 – Bite mark with rapidly progressed swelling of right hand.

influence of liquor. When asked why he put the snake into the bottle which could have resulted in more bites, he recollected the lecture where he was told that ideally one should bring the snake to the hospital for identification! His clotting parameters were grossly deranged and had to be managed in the intensive care unit with 12 vials of anti-snake venom. It appeared to be a viper bite on clinical grounds as there were no neurological manifestations. He made an uneventful recovery and was discharged after a week. Efforts were made to rescue the snake but the reptile died after three hours.

Alcohol consumption can increase the risk of snake bite particularly in the intentional exposure instances. Morandi et al. analyzed pre-exposure factors in their study on snake bites and found an overwhelming prevalence of alcohol use in the intentional-exposure group.¹ Forty percent (12/30) of all subjects were noted to have alcohol use as a factor that preceded the bite. All alcohol-related snakebite victims were nonprofessional unskilled handlers, participating in some form of recreational snake handling. From their observations, the authors concluded that alcohol is a preexposure factor leading to a likely increased risk of snakebite. Menon et al. also

have highlighted the observation of significant number of male victims being under the influence of alcohol when bitten by snakes.² The case presented here highlights the need for caution by all personnel who are working in an environment predisposing to snake bites, particularly so after alcohol consumption. The blunted reasoning in such individuals may prevent them from exercising required caution.

The patient reported here had no experience of any snake handling. He himself admitted that he was very scared of snakes but under the influence of drinks he mustered the courage to confront the deadly reptile! His initial statement under an inebriated state on arrival at casualty was that he wanted to take revenge by biting the snake in return! Subsequent morning the patient was very apologetic and felt ashamed to face the caring team. Influence of one 'poison' blunted his judgment and lead into an avoidable snake bite with envenomation which had the potential to result in death! Thankfully, patient survived without any sequel to vividly describe the story of his (mis)adventure!

Conflicts of interest

The author has none to declare.

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Surg Capt K.M. Adhikari
Professor, Department of Pediatrics,
Armed Forces Medical College, Pune 411040, India
E-mail address: kmadhikari@gmail.com

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