

LETTER TO EDITOR

SNAKEBITE AFFECTING BOTH HUMAN AND ANIMAL DATES BACK 1870: AHISTORICAL PERSPECTIVE

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Received: 06.11.2021

Accepted: 09.11.2021

DOI: <https://doi.org/10.3329/bjm.v33i1.56806>

Citation: Rashid R, Fairouz F, Sayeed AA, Amin MR, Faiz MA. Snakebite Affecting both Human and Animal Dates Back 1870: AHistorical Perspective. *Bangladesh J Medicine* 2022; 33: 126-127

Snakebite was known community problem for long period. In a report published in Nature in 1882 by Sir Joseph Fayrer, a vivid description of human and animal loss in the Indian sub-continent was provided along with mitigation measures: 6645 death happened in 1869 in Bengal, 11,064 in 1880 and 1248 cattle loss in 1880.¹(Table). The then Bengal included current Bangladesh and Indian state of West Bengal. During the British period there was snake killing program in India- 'it is only by the destruction of the snakes that the evil can be mitigated' which was costed in the district level 8 Annas reward for cobra killing, a group of snake-hunters were employed. Antivenom was developed from macerated venom glands from sacrificed snakes in 1894 by Dr. Albert Calmette in Saigon and first tested in human in 1895 but little advancement in AV development happened since then.² Immediately after the inception of the World Health Organization (WHO) a study detected global importance of snakebite causing ~50,000 deaths per year, with 25,000- 35,000 in India alone.³ There was little progress happened on its control. Standardization of antivenom and quality related activities were developed by WHO in 1980s. The SEA regional office of the WHO had discussion on snakebite in 1982 without any subsequent follow up

programme. At country level hardly there was any program for prevention, treatment, or on providing training to the health care providers. An inventory of erstwhile Pakistan Medical Journal could not find any significant write up and also Bangladesh Medical Journal until 1990, there was no publication on snakebite. The report presented by Professor Abdur Rauf Bhuiyan in a SEARO, WHO meeting in October 1981 from Mymensingh Medical College Hospital, Mymensingh, Bangladesh described 336 cases over a period of five years having 3 serious envenoming, all of whom died.⁴ A WHO funded 5-year programme in mid eighties for local production of antivenom in Bangladesh housed at Institute of Public Health could not be successful and was never revitalized. First scientific clinical information on snakebite in Bangladesh was published in J BCPS 1995 based on 44 cases (27 non-venomous, 17 venomous) with an accompanied editorial.^{5,6} Ministry of Science and Technology provided small amount of fund for conducting study on snakebite at community level hospital which provided data and was an eye opener for the scientists. 'Snakebite Clinic' a 24/7 one stop centre of Chittagong Medical College Hospital (CMCH), Chattogram, Bangladesh for snakebite management set up in 1994 was the vibrant hub for wide range of

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activities for snakebite: training, teaching, service, research, community awareness, collaboration attracted local and international attention. Some breakthrough research on snakebite was conducted and published from CMCH based research.^{7,8,9} A team of 08 professionals was associated with development of Snakebite management guidelines in 2000 through a directives of Directorate General of Health Services, Bangladesh. Bangladesh Association for Advancement of Tropical Medicine (BAATM) conducted almost yearly international meetings for a decade on snakebite, malaria and rabies. A recent rejuvenation of ‘One Health’ approach of snakebite has been found to be of public health importance needs to be assessed in Bangladesh perspective¹⁰.

Table-I

Number of Human Beings and Cattle Killed by Snakes in the British India¹

	Persons Killed		Cattle Killed	
	1880	1881	1880	1881
Bengal	10,064	9,208	1,248	154
Total India	19,060	18,610	2,536	2,032

Declaration of interest:

The authors report no conflict of interest.

Funding:

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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