

A Venomous Viper

An Exotic Snake, the Nurse Who Ran Away, And a Race Against Time



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It was over a third of a century ago, when I was the night-call admitting resident on the Internal Medicine wards at the University of California, San Francisco's Moffit Hospital. I was summoned around 9 p.m. by overhead page to go immediately to the emergency room to admit a very sick patient.

When I arrived, I was met by an exceptionally nervous intern (it was a time when interns staffed the ER, which was then never very busy at night) and several equally anxious nurses putting intravenous lines in each arm of a patient they wanted me to admit.

"What's the story?" I asked the intern as I went to the man on the gurney.

"Snake bite," said the intern.

"Snake bite?"

"Yes. And we have no antivenom for this snake. I asked our pharmacist. No antivenom. I called the Golden Gate Park Aquarium herpetarium: no antivenom. I called the San Francisco Zoo: no antivenom. Not for this snake!"

The intern and I were now standing next to him, and the patient seemed badly obtunded.

"Was he like this when you got him?" I asked the intern.

"No. He's much worse. When he came in he was able to tell me that he was a Customs officer at San Francisco Airport and had been screening a man arriving from India. The man, an American, had a zippered red canvas bag hanging from his arm with the label 'Venomous Viper' on it. Well, our guy here wasn't about to just let him through. Maybe, he said, the passenger was a smuggler of some illegal substance trying to avoid full search."

Our patient first gloved both his hands, then very carefully opened the red canvas bag to take a look. He was immediately struck by a very swift and loudly hissing snake, and its fangs not only went through the gloves but pierced his right hand. The passenger, detained by the airport police, identified the snake as

a Russell's viper—one of the deadliest snakes on earth.

I learned later that during this period in time there had been an increase in the number of pet shops in San Francisco offering exotic animals for sale, and the more exotic the better, it seemed. The passenger was an agent of these pet shops.

"Did you call our clinical pharmacologist?" I asked the intern.

"We have a clinical pharmacologist?" he answered. I asked him to make the call.

I examined the patient. He could only moan and seemed unable either to hear or to speak. His face was swollen. He had blood in his mouth. He was looking worse and worse. I took the gauze cover off his hand, which was now greatly swollen with blistering and areas that resembled gangrene.

His blood pressure was dropping, his heart slowing.

Then the clinical pharmacologist had me paged.

"Try calling a guy in Southern California named Findlay Russell," he said. "He's an internist and expert in snakes. The reason I remember him is that he's got the same name as the fellow for whom Russell's viper was named in the 19th century."

It was now close to 3 a.m., but I put in the call to Dr. Russell. A woman's voice answered the phone.

"Is Dr. Findlay Russell there?" I asked her. "I've got a patient dying from a viper bite."

"Findlay," she said, sighing. "It's for you. Another snakebite."

His sleepy voice came on, and I told him what had happened. He first suggested seeking the antivenom at all the places the intern had already tried. When I told him that, he said he would send the antivenom up by the next available airplane going to San Francisco from Southern California as soon as he could, and he gave me instructions in how to use it.

I went to see my patient who had, by then, been transported to the Medicine ward. He looked terrible.

Then I saw, coming into his room, a very large nurse whom I did not know, and when I went towards her to ask for the recent vital signs I was astonished when she turned around and ran away from me. Did she think I was contagious, I wondered?

Then another nurse came in, one that I knew, and she explained that the large “nurse”—who had rushed past her in the opposite direction when she was coming to talk to me—was not a nurse at all. He was a newspaper reporter, and when he first heard from the airport what he considered to be a “great story,” he had come to Moffit to get that story.

None of the doctors, nurses or staff in our hospital could give out information to a non-family member without our patient’s permission. So the reporter wanted to interview our patient, but had been denied entry since our parent was critical and unresponsive. He then tried to sneak into the patient’s room disguised as a nurse, complete with a nursing outfit, including a hat that the nurses of that era wore, the style of which depended on where they had gone to nursing school. His look like a nun’s headpiece, called a coif.

He was subsequently escorted out of our hospital by the police.

The antivenom arrived by plane and then was brought by courier from the airport to us at about six in



Photo: Wikimedia Commons

A Russell’s Viper wasn’t the only snake that tried to attack Faith’s patient that day.

the morning. I thought it might be too late, but I gave our patient the antivenom as Dr. Russell had instructed me to. I sat with him, then checked out to the day team and went to take a brief nap.

When I awakened, I went back to his room. He was better! The swelling was abating. He would require plastic surgery on the envenomated hand, but he would survive. I called Dr. Russell and thanked him.

And so my patient survived serious potential injuries (the first to his body and the second to his privacy) given him by two threatening attacks in one 24-hour day. The first attack was by a venomous viper and the other by this particular newspaper man, whom I have always since thought of as a quite different species of snake.

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