

ERRATUM

THE INCIDENCE AND CLINICAL PATTERN OF DEEP VEIN THROMBOSIS IN THE CHINESE IN HONG KONG

by KW Woo, GYK Mak, JY Sung, JLF Woo, C Metreweli, J Vallance-Owen SMJ 1988; 29: 357-61

Under Contents and page 357, 3rd author's name should read as J Y Sung and not JJ Sun

SNAKE BITE: EXPERIENCE IN BUKIT MERTAJAM DISTRICT HOSPITAL, PINANG

by E Muthusamy
SMJ 1988; 29: 383-6

On page 383 under Introduction, the 4th line should read: ". . . victims will have minimal or no poisoning."

On page 383, under Identification of Snakes, the 3rd paragraph should start as Altogether and not Although.

On page 385 under Discussion, 6th, 7th, 8th paragraphs should read as:

"Fear of snake bite is real and often over exaggerated. The low morbidity and mortality of human snake bite is remarkable. This further affirms that snake bites in human is a defensive reaction which rarely results in much venom being injected (2).

It has been found that the application of tourniquet has little or no effect on venom absorption in bites by Malayan pit viper. It has the potential complication of gangrene, peripheral neuropathy and increased fibrinolytic activity (6). It is noted that only three patients have applied tourniquet before coming to hospital in this series.

In systematic snake bite poisoning, specific anti-venom is the most important therapeutic agent available, but, since only a minority of human beings bitten by venomous snakes develop poisoning, only a small percentage require anti-venom. This is more important because anti-venom is expensive and can cause adverse reaction, occasionally even fatal reactions. In this study only 5.4% of the cases were given anti-venom but not without untoward reactions. Serum sickness developed in 33.3% of the treated group, though there was no anaphylactic reaction. This should not be taken lightly."

ENDOSCOPIC PNEUMATIC DILATATION FOR ACHALASIA OF THE OESOPHAGUS

by JY Sung, SCS Chung, JWC Leung
SMJ 198; 29: 594-6

On page 594, to insert 1st author's name JY Sung was omitted.