

**LACERTIDAE**

**PEDIOPLANIS LINEOCELLATA LINEOCELLATA** (Duméril & Bibron, 1839): Spotted Sand Lizard; Zimbabwe, Mashava District, Gaths Mine (2030Ba); 2 February 1994; T.C. Masango; Natural History Museum of Zimbabwe, Bulawayo, NMZB 13219. One hatchling collected at about 10h30 on scrub-covered red soil near asbestos dump; the specimen agrees in colour pattern with juveniles from Botswana, including NMZB-UM 13097 from 15 km SSE of Nata. A grey adult, believed to be of the same species, was seen in the area but was not captured. The Gaths Mine locality represents the first record for Zimbabwe, being 250 km north of the nearest Transvaal records, just south of the Limpopo River (Jacobsen, 1989, *A herpetological survey of the Transvaal*, Unpublished Ph.D. thesis, University of Natal, Durban) and 450 km east of the nearest Botswana records (unpublished data).

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**SERPENTES**

**COLUBRIDAE**

**AMBLYODIPSAS CONCOLOR** (A. Smith, 1849): Natal Purple-glossed Snake; South Africa, Transkei, District Umzimvubu, Mtumbane, second beach south of Port St Johns (31°38'S, 29°34'E; 3129Da; 14 m a.s.l.); 30 December 1989; G.V. Haagner; Transvaal Museum, Pretoria, TM 69016. Young adult male found coiled under a stone in coastal forest at 09h15. Total length 472 mm (402 mm SVL + 70 mm tail length); mass 36,7 g; ventrals 151; subcaudals 27; upper labials 7 (3rd and 4th entering orbit); lower labials 7 (first 4 in contact with anterior chin shields); temporals 0+1+1; anal divided. This remains a poorly known species represented by less than 30 specimens in museum collections. Broadley (1983, *FitzSimons' Snakes of Southern Africa*, Delta Books, Johannesburg) recorded only two localities in Natal, Durban being the most southerly record. The new record extends the known distribution of the species approx. 240 km further south and is the first for the Transkei.

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**VENOMS AND SNAKEBITE**

*African Herp News* publishes brief notes on the venoms, symptoms and treatment of envenomation from snakes of the African continent and adjacent regions, including the Arabian peninsula, Madagascar, and other islands in the Indian Ocean.

Notes should be submitted in abbreviated form, following where possible the format of 'Life History Notes'. The onset of symptoms and treatment should be given from the time of the bite. Circumstances relating to the bite should be listed, but only important details given. Reports containing unusual features or new information will be given preference. Information on bites by the rare venomous species, or those previously considered non-venomous or innocuous, are particularly important.

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**COMMENTS ON VENOMS AND SNAKEBITE  
 REPORTS**

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I was glad to see another excellent article on Black Mamba envenomation in a recent issue of the H.A.A. Journal (Durrant & Haagner, 1992, *J. Herpetol. Assoc. Afr.* 41: 46). However, I would like to raise a few points:

1. The article by Louw (1967, *S. Afr. Med. J.* 41(45): 1175) concerns two elapid bites, but by no means *proven* Black Mamba bites.
2. Pressure immobilisation as quoted in the recent Black Mamba case (Haagner, 1990, *J. Herpetol. Assoc. Afr.* 37: 59) and a recent Green Mamba case (Patterson & Morgan, 1986, *J. Herpetol. Assoc. Afr.* 31: 14-15) did not show any benefit in comparison to other Black and Green Mamba bites respectively. Early systematic envenomation and times of peak illness were not delayed. Neither was there benefit in the *Naja mossambica* case (Haagner, 1988, *J. Herpetol. Assoc. Afr.* 35: 40). Neurotoxicity does not occur in these cases and bites without any treatment whatsoever may not develop gangrene in spite of the presence of local swelling (and hence envenomation).
3. "This is the largest recorded administration of antivenom for any southern African bite", i.e. 190 ml, is untrue. Amounts of 190 ml (Blaylock, R.S., Lichtman, A.R. & Potgieter, P.D., 1985, *S. Afr. Med. J.* 68: 342-344) and 200 ml (Blaylock, R.S., 1982, *Cent. Afr. J. Med.* 28(1): 1-10) have been recorded.
4. Lastly, I suggest that any poisonous snake bite cases, and not just special ones, be published. There are too few in print to make out the correct natural history of many snake bites whether treated or not.

**Editor's Note:** Authors of Venoms and Snakebite Reports should take note of Stephen Spawls' suggestions regarding the writing of snake bite case histories (see *African Herp News* 18: 4-6).