occurrence of splenomegaly and leucopenia distinguishes the acute form from subclinical form [5].

The main intention of reporting this case is to raise the awareness of possibility of kala-azar in absence of splenomegaly. Instead of relying solely on the classical clinical features of visceral leishmaniasis (pyrexia with splenomegaly), simple laboratory findings like pancytopenia, altered albumin/globulin ratio and a positive aldehyde and RK- 39 dipstick tests can help make an early diagnosis even in atypical cases, thereby reducing the mortality of visceral leishmaniasis.

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Hemothorax Following Snakebite

We read with interest the publication on hemothhorax following *Echis carinatus* snake bite [1]. Clinical manifestations of *Echis* bite envenomation are acute external bleeding (gum bleeds, hematemesis) or internal (serous cavities, peri-nephric, retroperitoneal, intra cranial and hematoma in muscles). Echis venom is a rich source of procoagulant which convert prothrombin to thrombin resulting in fibrin deposition which is later fibrinolysed resulting in hypofibrinogenemia and thrombocytopenia and thus disseminated intravascular coagulation. Acute uncontrolled bleeding due to DIC is corrected by blood and blood products rather than heavy doses of ASV [1]. In a viper bite, initial hypotension and shock is attributed to various actions of venom such as increased vascular permeability or leaking syndrome, or by direct action on vascular smooth muscle [2].

There is no additional advantage of giving high dose ASV [5]. ASV neutralizes the free circulating venom, and is unnecessary once venom is attached to receptor site on red cells, platelets, smooth muscles and endothelium. In such a situation, one has to counter the after-effects of venom, such as bleeding and DIC by blood and blood products [1]. Scientists working on venom should prepare monovalent antivenom and antigen detection kit to know the species of snake bitten and exact amount of circulating snake antigen level and dose of ASV needed to neutralize the same [2].

The authors may also want to keep regular follow up of this child for possibility of development of hypopituitarism. Hypopituitarism is reported with Russell's viper bite but not due to saw-scaled viper; howerver, in the present case authors are not sure of the species [1,2].

E carinatus is found all over India. The amount of its venom and its toxicity varies according to geographical regions. The venom of *Echis* from Jammu causes severe coagulation defects and renal failure, which is uncommon in Maharashtra [3]. Antivenom producers in India should be encouraged to prepare anti snake venom (ASV) from snakes caught from relevant areas of country [4].

Snake bite is a major public health problem in India. Unfortunately, public health authorities have given little attention to this time limit and life threatening medical emergency, relegating snake bite envenoming to the category of a major neglected disease of 21st century.

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