



MAGISTRATES COURT *of* TASMANIA

CORONIAL DIVISION

Record of Investigation into Death (Without Inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

I, Olivia McTaggart, Coroner, having investigated the death of Winston William Fish

Find, pursuant to section 28(1) of the Coroners Act 1995, that:

- a) The identity of the deceased is Winston William Fish;
- b) Mr Fish died as a result of being bitten by a tiger snake;
- c) The cause of death was multiple organ failure; and
- d) Mr Fish died on 30 January 2020 at Hobart, Tasmania.

In making the above findings I have had regard to the evidence gained in the investigation into Mr Fish's death. The evidence includes:

- The Police Report of Death;
- Royal Hobart Hospital ('RHH') report of death;
- An opinion of the Forensic Pathologist;
- Affidavits of identification and life extinct;
- Ambulance Tasmania records;
- Affidavit of Judy Melba Hall, long-time friend of Mr Fish;
- Affidavit of Adam Gregory McDermott, neighbour of Mr Fish;
- Affidavit of Phillip Brian Jones, ranger with Reptile Rescue Incorporated;
- Affidavit of Senior Sergeant John Parker; and
- Report from by Department of Primary Industries, Parks, Water and Environment ('DPIPWE').

Mr Winston William Fish, known as "Bill", was born on 7 February 1941, and was 78 years of age at the time of his death. He was one of six siblings. He grew up on a sheep farm at Interlaken Road which had been in the family for many years. His working life was spent running the farm, and at the time of death, he still worked on the farm.

Mr Fish was not married, had no children and was not in any significant relationship at the time of his death. He resided on the property with long-term friend, Judy Hall, a living arrangement that had been in place for 30 years.

At the time of his death, Mr Fish was in remission from bowel cancer which had been diagnosed in 2017. He also suffered from type 2 diabetes and septic arthritis, the latter condition causing a lengthy period of hospitalisation in 2016.

In the afternoon of Tuesday 28 January 2020, Mr Fish was working on his property, using a quad bike and accompanied by his dog, "Mac". He had moved some sheep from one area to another and was returning home on his quad bike. It seems that he parked the quad bike at a closed gate, opened the gate and drove through. He then alighted from the bike at the other side of the gate to close the gate again. At this point he encountered a snake. The evidence does not permit me to determine the circumstances in which Mr Fish encountered the snake, as the incident was unwitnessed. Nevertheless, he was bitten by the snake, which remained coiled to his arm. His dog, Mac, returned to the residence by himself. Ms Hall, who was present at the residence, thought that Mac's return alone and his unusual behaviour indicated that something had happened to Mr Fish.

Ms Hall drove up the road to see if she could find Mr Fish and saw him lying on the ground next to his quad bike. Ms Hall saw that a snake was latched onto his right hand, with Mr Fish holding its head with both hands to squeeze it. She saw that it had wrapped around Mr Fish's right arm up to his neck and its body was moving around. At this time Mr Fish was still conscious and asked Ms Hall to call for the help of the next door neighbour, Greg McDermott.

Mr McDermott (now deceased) drove to the property with his son, Adam McDermott, and friend, Sam Lyall. They observed Mr Fish laying on the ground with a big, black snake on him.

In his affidavit for the investigation, Adam McDermott stated:

"Bill was laying directly behind the [quad] bike on the ground. He had in his two hands a large black snake which he was gripping tightly so as not to release it. I recognised it as a Tiger snake. The body of the snake was coiled up his arm. Dad asked him if he had been bitten and he said that he had. Bill said to cut the snake's head off. There was a knife laying close by on the ground which Sam picked up and cut its head off whilst dad and I pinned its body back. We used a mattock handle and our feet to pin and restrain it. Once we cut the head off we told Bill to throw the head and the body as far as he could. He threw it a couple of feet away. I hit it over the head with the mattock to make sure that it was not able to bite anyone else. I then rang the ambulance. Dad rang Dr Simpson who lives in a property nearby on Interlaken Road and he arrived fairly quickly as well. I think he might have come from the Oatlands hospital and he beat the ambulance by a short period of time.

Whilst with Bill he did not say anything to us about where the snake had come from. We were just trying to keep him settled. He was in a pretty bad way. The origins of the snake is still the biggest mystery of all.

I am not aware of how many times the snake has bitten Bill. I saw an injury to his hand which looked like a bite. The area around his hand had gone black. I do recall now that Bill said 'I think I've been bitten on the leg'. Dr Simpson then cut his trousers up and I could see what looked like a bite on the inner thigh of his leg."

Upon the attendance of ambulance personnel, tiger snake antivenom was administered and Mr Fish was transported to the Royal Hobart Hospital by air ambulance. Upon his arrival at the hospital, Mr Fish was transferred to the Intensive Care Unit and provided medical treatment. Tragically, he did not recover and he died on 30 January 2020.

The snake was retained for the investigation and identified by an expert as a tiger snake of 1400mm in length.

An opinion regarding the cause of death was provided by Dr Donald Ritchey, State Forensic Pathologist, after examining Mr Fish and his medical records. Dr Ritchey noted that Mr Fish had "paired puncture marks" consistent with snake bites to his thigh and back of his right hand. Dr Ritchey found that the cause of Mr Fish's death was multiple organ failure in the setting of neuropathy and coagulopathy caused by tiger snake (*Notechis scutatus*) envenomation. In his report, Dr Ritchey stated:

"Tiger snakes are highly venomous snakes native to Southeast Australia including Tasmania. The principal toxic component of Notechis venom is thought to be a pre-synaptic neurotoxin called notexin. The effect of this component likely was observed clinically by paralysis and cardiac arrest as recorded in the medical record. Snake venoms are produced by highly evolved salivary glands that invariably contain a spectrum of biologically active proteins and enzymes in addition to small organic molecules that also have toxic effects. Coagulopathy (abnormal bleeding) and associated multiple organ failure are a common pathophysiologic mechanism of death in fatal snake bites."

I accept Dr Ritchey's opinion and find that Mr Fish died as a result of being bitten at least twice by a tiger snake.

Comments

The death of Mr Fish by tiger snake envenomation represents a tragic but rare occurrence. As noted by DPIPWVE in its report for this investigation, all three land snakes in Tasmania have highly toxic venom. However, the risk of people being bitten by snakes is low. This is due to snakes being naturally shy animals, their first form of defence being to move away from the danger.

If snakes feel trapped, threatened or startled, they may defend themselves and attempt to bite, sometimes biting multiple times. A number of people are bitten in Tasmania each year, the majority being either snake enthusiasts keeping snakes or people trying to either kill snakes or remove them. People who accidentally tread on snakes are also occasionally bitten. I note that a knife was located by Mr McDermott on the ground next to Mr Fish when he found him. It is possible that Mr Fish may have seen the snake near his quad bike and was trying to kill it before it bit him, or alternatively, he may have tried to use the knife upon the snake after it had bitten him.

The risk of death from snake bites to members of the public is extremely low. There have been three deaths from snake bites, including Mr Fish, since 1948. This is due to the availability of snake antivenom and effective pressure immobilisation first aid treatment. Most bites are on the person's arms or legs. The application of effective pressure bandages over the area of the bite and further up the limb helps prevent the movement of venom through a person's lymphatic system. This treatment 'buys' valuable time which enables the person who has been bitten to be transferred to medical care and, if required, to receive antivenom.

The circumstances of Mr Fish's death are not such as to require me to make any recommendations pursuant to section 28 of the *Coroners Act 1995*.

I convey my sincere condolences to the family and loved ones of Mr Fish.

Dated: 2 October 2020 at Hobart Coroners Court in the State of Tasmania.

Olivia McTaggart
Coroner