effect on the populations of these small mammal species.

REFERENCES

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The Indian Pangolin (*Manis crassicaudata*) has a wide distribution range in India. Little is known about infectious diseases of pangolins (Kuehn, 1986). The present paper describes management of a lacerated wound in an Indian Pangolin of Nandankanan Zoo.

An animal keeper of the nocturnal house at Nandankanan Zoo observed a wound on the ventral aspect of the abdomen of a pangolin during routine inspection. The animal was shifted to the isolation ward for treatment. The Pangolin was restrained by grasping the tail and hanging it upside down, a method normally practised to control this animal. On examination a lacerated wound measuring 10 x 2cm extending from xiphoid area to anterior aspect of umbilicus was found (Image 1w). The wound was irrigated with luke warm potassium permanganate lotion and dried with clean absorbent cotton swab. Povidine-iodine (Betadine 5%) ointment was applied to the wound and the dressing continued, intramuscular injection of cefotaxime sodium 250mg bid (twice a day) was also administered for five days. The wound healed within a month and the pangolin was released to its enclosure. After two days there was recurrence of the wound. On examination small pebbles were found inside the wound. The previous treatment was again continued keeping the Pangolin in the isolation ward. As there were pebbles sticking to the wound, the nocturnal house was inspected. A hole was found in one corner of the concrete floor along with blood stains. As Pangolins are powerful burrowers the wound might have been caused due to the sharp concrete pieces removed while burrowing. Dressing and parenteral antibiotic administration resulted in healing of the wound. Immediate repair of the concrete floor prevented recurrence of the wound. The present article emphasizes the importance of maintaining proper husbandry techniques to prevent such conditions.

REFERENCES

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*see Image 1 in the web supplement at www.zoosprint.org*