

## THE ART OF PAEDIATRICS IN THE KIMBERLEY

At the June 2001 meeting Dr Jack Vercoe, our President, spoke of his experience as Paediatrician for the Kimberley, based in Derby, from 1988 through to 1991. The position of Paediatric Registrar is a rotation from Princess Margaret Children's Hospital for experienced trainees in Paediatrics for a minimum of six months.

Jack's work entailed inpatient and outpatient care, plus visiting remote communities and towns in the Kimberley and transferring sick children via the Royal Flying Doctor Service, usually to Perth. He opened his talk by discussing the large cultural barrier that occurs when a doctor used to working in a large city hospital, with all the attendant facilities, first has to establish rapport with Aboriginal mothers for whom Australian English is not a first language.

A slide listing the most common cause of admissions revealed that respiratory infections and diarrhoeal diseases were the most common reason for hospitalisation. In the local patois of Aboriginal English, these conditions were referred to as "cold sick" and "runny tummy". There was also considerable mortality, much higher than the practice which Jack now pursues in metropolitan Perth. Acute medical transfers of sick children, mainly newborn babies, was a major problem in the late 1980s as the Derby RFDS did not have a suitable transport cot to transfer these babies. The Port Hedland RFDS obliged until a cot was obtained for Derby.

The talk was illustrated with numerous slides. Some clinical slides showed kidney stones which were a not uncommon feature in the Kimberley. Another slide showed Perthes Disease of the hip which is common in children but, on this occasion, "magic string" had been inserted into the hip joint to aid the child's limp. Needless to say this "magic string" did not show up very well on the X-ray! Another series of slides showed a patient from a worst case scenario of acute dehydration complicating a borderline nutritional state. The child was extremely wasted and had intravenous and nasogastric tubes inserted. Fortunately at the end of the series he was without those tubes and looking much chubbier and less miserable.

We next went on a slide-illustrated tour of the Kimberley Clinics to show the actual clinics, patients and general medical conditions associated with those places. In Broome we were reminded that in those days there was still a zoo with an extensive and wonderful wildlife collection. One was also allowed unrestricted access to Streeter's pearling jetty, which is no longer the case. At Looma a slide showed the three rocks on a small hill which represent the three drowned lizard children from a local Dreamtime story. At Looma it wasn't always hard work as after Clinics one could go to the dams and billabongs and catch cherrabun in throw nets.

One of the highlights for Jack was a Gibb River Road trip with Sister Chris Brenton who at that time had been servicing the region on a regular basis for about nine years. It would seem that the Gibb River Road is a much busier place now and that one would no longer be the only person having a swim in Manning Gorge at this time of the year. At Gibb River Road Station Jack was able to sample freshly prepared and cooked "prairie oysters". The trip culminated in a mercy dash from Imintji with a seriously ill infant in the cabin of the utility. The mother and a sibling rode in the back travelling down the Gibb River Road at night to Derby Hospital.

Then followed a series of Clinics which were visited in those days by the courtesy of the RFDS which had five pilots, three planes, and four or five flight nurses, who were employed at that stage by the Victorian Section of the RFDS. These days, as we learned from a talk last year, the WA section has taken over the running and coordination of the Kimberley RFDS services. Now most clinics are accessed by charter plane, which obviously frees up the RFDS planes for emergency work.

Visitors to the remote desert clinics are allowed visits to people in their home country where they will obviously feel much more comfortable. It also provided for contact with the local healers or *maban* men. One of these was Dominic Martin who apart from being a well utilised local health resource was also quite a renowned desert artist. Although he was mute and communicated orally with grunting inflections he did have the use of the desert sign language to convey his thoughts and treatments. Unfortunately more detailed discussions of health and health problems were obviously precluded but Dominic was always ready to offer his opinion. Another member of the community at Balgo was said to practice mainly as a paediatrician but he was too shy to impart any of his knowledge or opinions.

In Kalumburu the scenery was vastly different. As well as being able to swim in a local creek, which was mildly crocodile infested there was also occasion to dine with the monks and brothers at the Benedictine Monastery and taste their home brew. Hookworm was endemic at Kalumburu at the time, and presumably is still, but it was usually kept in check when one of the local Catholic sisters organised regular worming of the community. At one stage, when this sister was in Perth in hospital, many of her community including several young children became severely anaemic.

Finally, it would have been remiss of Dr Vercoe not to have mentioned the fact that he met his wife at the Cable Beach Club, hence adding another strong association with the Kimberley.