Childhood Ailments in Two Mining Towns in North West Tasmania in the Late Nineteenth and Early Twentieth Century

Peter Stride
MB BS, MRCP(UK), FRACP, FRCPEdin, FRCP, D.Med - research (UQ),
Senior Lecturer, University of Queensland School of Medicine, Australia

Abstract:
The discovery of tin in northwest Tasmania precipitated a flood of miners into the area, followed shortly, inevitably by their families. Paediatrics became part of the local doctors’ practice. Childhood ailments excluding infectious diseases in the mining towns of Waratah and Zeehan in north-west Tasmania as documented in the local newspapers a century ago are described. The challenges of working in such a remote environment and the diverse skills expected of a medical practitioner in a situation similar to today’s remote general practice are outlined. Details of the infectious conditions experienced in that environment have been previously published.

Keywords: tin discovery, Tasmania mining towns, childhood ailments, infectious diseases.

Introduction

The towns of Zeehan and Waratah in Northwest Tasmania are less than fifty kilometres apart. Both were the home of families during the mining eras beginning in the late nineteenth century and thrived vigorously for over fifty years.

Inevitably a considerable proportion of the medical workload involved caring for children with health problems occurring mainly in the areas of accidental trauma, infectious diseases and neglect. The incidence of infectious diseases is of particular relevance today when the anti-science and vaccination movement is causing a significant increase in the frequency of vaccine preventable or optional diseases.

Most details relating to the Zeehan Hospital are obtained from the archives of the Zeehan and Dundas Herald and other Tasmanian newspapers digitised on the National Libraries of Australia Trove website. Clearly this is not a peer-reviewed publication, but it is probably the best available source of information. This treatise is essentially related to the clinical details, while hospital board releases of administrative, financial and political events are largely omitted.

History

The Waratah and Zeehan area was first colonised some forty thousand years ago by the Peerapper and Tommeginne Indigenous people. In 1642, the intrepid Dutch explorer and brilliant navigator, Abel Tasman, sighted and named...
Mount Zeehan after the brig *Zeahan* in which he was sailing. Bass and Flinders in their circumnavigation of Tasmania in 1802, confirmed the name of Mount Zeehan and named the nearby Mount Heemskirk after Tasman’s second ship.

Tin was discovered near Waratah at Mount Bishoff in 1871 and at Mount Heemskirk near Zeehan in 1879. Mining commenced almost immediately and the two towns grew rapidly. Miners and prospectors arrived first followed by the whole infrastructure and workforce of an independent township including families.

Waratah had a doctor by 1876 and a hospital in 1881. Zeehan’s first doctor was in town by 1891 and the first permanent hospital opened in 1894.

![Figure 1. Waratah Town and Waterfall](image1)

![Figure 2. Bischoff Hotel 2022](image2)

**Deaths**

Three children died from bacterial diseases eminently treated in the current antibiotic era, one from pneumonia and two from meningitis.

Gwendolin Harris, aged ten, the daughter of Mr and Mrs C.P. Harris, died in Zeehan Hospital from pneumonia, a reminder that in the pre-antibiotic days death from pneumonia was tragically not limited to the elderly and infirm (Zeehan and Dundas Herald, 1917d).

Miss Revt, youngest child of Mr Thornton Revt, sub-overseer at the Mount Bischoff Mine died at Waratah from ‘brain fever,’ after a short but painful illness. The deceased was attended by Dr. Brewis, assisted by Dr. Smith, who did all that earthly aid could do. Bacterial meningitis appears the likely diagnosis (Launceston Examiner, 1892a).

The infant child of Mr and Mrs F. Connors, Renison Bell, died in the Zeehan Hospital after appearing to survive the crisis of pneumonia only to succumb fairly suddenly to meningitis (Zeehan and Dundas Herald, 1919a).

Three children died of unspecified causes. As previously noted press releases from the hospital committees lacked clinical details as the committees appears to have been composed entirely of local men in small businesses with no experts in the clinical arena.

Mr and Mrs John Cunningham’s infant child died though the condition and location in hospital or not are not specified (North-West Advocate and Emu Bay Times, 1904a).

Walter Sawley, the eldest son of S. and F. Sawley died in the Zeehan Hospital of unspecified causes at the age of four (Zeehan and Dundas Herald, 1913).

The child of Mr J. M. McCulloch died in the Waratah Hospital. Age and diagnosis were not reported. The father wrote to the hospital thanking the doctor, matron and nurse for their kind attention (Burnie Advocate, 1924).

There were five other deaths from a variety of causes in which a post-mortem examination by the local doctor played a diagnostic role. While
performing autopsies was a standard procedure for local practitioners, a specialist pathologist today may have reached a different conclusion.

An inquest was held before Mr A. H. Boyd, coroner, following the sudden death of an infant child of Mr W. Chapman, aged eleven months. Dr. Kennedy’s evidence according to one paper showed death to have resulted from convulsions whilst teething and another revealed some maldevelopment of the lungs. Either way the jury returned a verdict of death from natural causes leaving many questions about the true pathology and whether a post-mortem was performed (Daily Telegraph, 1885a; The Tasmanian, 1885).

Dr. Montgomery presented evidence at the coronial inquiry in Waratah before Mr. David Jones, coroner, into the death of an infant, Phyllis Julin Cobbing. The evidence and jury’s verdict indicated that the little girl died from asphyxia probably caused by maternal overlying. Dr. Montgomery asked the press representatives to note this public protest against humans sleeping with their offspring. He said that in Germany it was a penal offence for parents to have their children in bed with them. He hoped his protest would have the effect of discouraging such a dangerous practice here (Launceston Examiner, 1911).

Recent research has evaluated the risk of bed-sharing with infants. A cohort study of all deaths in infants under 12 months in Dundee, Scotland born between 1882–91 was compared with the aetiology of sudden unexpected infant deaths in Dundee at the present day. Between 1882–1891, 361 infants died suddenly and unexpectedly while in bed with their parents. The sex ratio of deaths was even (0.51 male) whereas the typical male fraction of SIDS today is 0.61. The mean age at death was almost two and one-half weeks younger in the Dundee cohort than for SIDS in modern Scotland. The infants in the Dundee cohort were discovered more frequently early in the morning than is typical. Their social class distribution was different in that no overlying cases were found in the higher classes whereas SIDS affects all classes. The overlying rate for illegitimate infants was lower than that reported for SIDS today. The epidemiological characteristics of the Dundee cohort and of those dying from present day SIDS differ considerably. The Dundee cohort apparently died from overlying rather than from SIDS as it is classified today. Present day advice that co-sleeping is safe should be given more cautiously until the safety of co-sleeping is resolved. It might be prudent to inform parents that co-sleeping is a risk factor for SIDS and that it should therefore be avoided.

A similar study from the Netherlands investigated the risk of sudden infant death in the Netherlands during bed-sharing in the first half year of life and the protective effect of breastfeeding on it. During a 10-year period between September 1996 and September 2006 nationwide, 213 cot deaths were investigated. Of 138 cot deaths of less than 6 months of age, 36 (26%) were bed-sharing. In a reference group of 1628 babies from infant welfare centres only 9.4% were bed-sharing in the night prior to the interview. After correction for smoking of one or both parents the odds ratio for cot death during bed-sharing with parents decreased with age from 9.1 (CI 4.2–19.4) at 1 month, to 4.0 (CI 2.3–6.7) at 2 months, to 1.7 (CI 0.9–3.4) at 3 months and to 1.3 (CI 1.0–1.6) at 4 through 5 months of age. The excess risk (OR > 1) associated with bed-sharing is itself not significantly influenced by the presence or absence of breastfeeding.

Bed-sharing is a serious risk factor for sudden infant death for all babies of less than 4 months of age. From 4 months onwards bed-sharing did not contribute significantly to the risk of cot death anymore in our study (Ruys, et al., 2007)

Victor Roy Ramsdale, aged seven weeks was admitted to the Zeehan Hospital under the care of Dr Panting and died four days later to be the subject of a post-mortem examination and coronial enquiry. The prior history was of a normal delivery of a healthy boy, a fourth child to the Ramsdales, followed by the development of chafing of the legs, progressing to severe infected ulcerating dermatitis extending from the
knees to the rectum, intermittent constipation, wasting and weight loss and convulsions.

Evidence was given by the child’s parents, the hospital matron and nurse, the young lady employed as assistant by the family and Panting. Victor was treated with regular washing and topical olive oil and powders for constipation. There was delay in the mother seeking medical advice as she had been erroneously informed that Dr Panting would not see Victor as he had not attended the confinement.

Dr Panting’s autopsy found no evidence of any internal disease, the intestines were normal with a partially digested meal detected. He was of the opinion that ‘death was due to a marasmic condition brought on by septic absorption from the large, ulcerated surface on the body,’ and the coroner agreed.

Coexistent infantile diabetes could explain the wasting and chronic skin infection but is exceedingly rare before the age of one. No comment was made on the state of the pancreas or urine testing for sugar. Bowel disease or malabsorption appears excluded by the post-mortem. In spite of the child’s nannies’ evidence, it seems that the child had a common but unusually severe ‘nappy rash’ from infrequently changed nappies (Zeehan and Dundas Herald, 1917c).

Dr Panting performed a post-mortem examination on the body of the fourteen year-old boy, Thomas Leonard Fahey, son of William Fahey who expired suddenly, when seized with a fit of coughing. He was supposedly ill from a cold, and a cough.

Panting announced to the coronial enquiry that he found the body to be that of a well-nourished young male 14 years of age with no external marks of violence. Only one lung was found to be present, that on the right side being represented by a fibrous root. Its place was occupied by a large unilocular hydatid cyst filled with a glairy fluid which was frothy. Similar fluid was found blocking the air passages and mouth.

Panting considered that death was due to the rupture of this cyst and consequent asphyxiation and the coroner agreed. Presumably, considering his normal development to the age of fourteen, a normal right lung had become infected with hydatid rather than a maldeveloped cystic lung developing secondary infection with hydatid though that is not clear (Launceston Examiner, 1918; Zeehan and Dundas Herald, 1918).

One child died of trauma standing too close to a tree being felled, a dangerous position that should not have occurred with adequate supervision. Stanley Larsen, aged ten, died in the Zeehan Hospital with a severe head injury. A tree being felled landed on his head causing a compound comminuted fracture of the base and vault of the skull. Dr G.E. Butler operated but the damage was too great and he died the following day. A coronial enquiry verdict was of accidental death (Daily Telegraph, 1914; Zeehan and Dundas Herald, 1914a; Zeehan and Dundas Herald, 1914b).

Neglect
Developing inquisitive children will inevitably have accidents, it is just part of growing up, however this section deals with careless exposure to health hazards in which adequate and normal protection was lacking.

Poisons
Somewhat surprisingly there was only one case of accidental poisoning. Miss Lawson, a little girl two years old, was attended by Dr. Kennedy having swallowed a small quantity of liniment, partly composed of croton oil. The Telegraph considered that proper remedies were quickly applied, and but for Kennedy’s prompt attendance she would, in all probability, have been fatally poisoned, but the ‘little sufferer’ was now out of danger.

A dose of only one or two millilitres can be fatal causing burning sensation of the mouth, gastric irritation, dizziness, vomiting and watery diarrhoea with abdominal pain and tenesmus. Haematuria, dysuria, anuria, proteinuria, low blood pressure, cyanosis, respiratory depression, rapid heart activity with a slow pulse, and shock may also ensue.
The standard management is to induce vomiting or a stomach wash, administration of demulcent drinks, like milk, or egg white, morphine with atropine to allay pain and reduce intestinal secretions, glucose and saline intravenously to prevent collapse and dehydration. Borax is an antidote of croton seed poisoning. When such a small dose may be fatal, Dr Kennedy clearly managed the problem very competently and the journalistic hyperbole is correct (Daily Telegraph, 1885b).

Malnutrition

Dr. D. Stewart stated that Mrs Kinnella had called at his house on Sunday evening last for advice about her child, she said he was coughing a good deal. She asked if it would be convenient for him to see the child but he told her he could not go then. She then asked for some medicine which he prescribed and gave her directions as to the feeding of the child. He went over next morning and found the child had just died. That afternoon he made an examination of the body and was of the opinion the cause of death was wasting away due to improper feeding. The little boy had been wasting away for some time. He had been taken to doctor’s house several times for treatment. The deceased's brother died from the same cause.

The jury returned a verdict in accordance with the medical testimony (The Tasmanian, 1882).

If Stewart was well aware of the previous child suffering malnutrition, it would seem logical that the mother should have received regular calls from the ‘bush nurse’ to provide nutritional guidance and that a call should have been made when initially requested.

Burns

Three children succumbed to burns shortly after the tragedy in which their clothes caught alight. Two indulging in unsupervised risky activity.

Dr Faulkner attended the two year old son of Mr. Arthur Lacey with severe burns. He had been playing around a small fire the other children had made, when his clothes caught alight, unfortunately he succumbed to his injuries (North-West Advocate and Emu Bay Times, 1900).

An eleven year old girl, Teen, died of burns and shock in the Zeehan Hospital. She was standing at her home in Oceana with her parents with her back to an open fire when her dress caught on fire. By the following morning her condition had deteriorated, Dr Hoskins made a house call, applied dressings and arranged transfer to hospital already in a critical condition (Dundas Herald, 1904).

Thomas Thomas, the four-year-old son of George Thomas, was admitted to Zeehan Hospital with severe burns. In the absence of his mother he had been playing with matches and set his clothes alight. He ran into the street, a blazing mass, and by the time help arrived his clothes had all been consumed and he was severely burnt from head to foot. Sadly, predictably he did not survive and his funeral was a few days later (The North-West Advocate and Emu Bay Times, 1911; Zeehan and Dundas Herald, 1911b).

Guns

Three children suffered gunshot wounds, one fatal, from having access to unsecured loaded weapons.

George, the young son of Mr W. Hine, mine manager for Mr F.O. Henry, was admitted to the Zeehan Hospital with a bullet wound in his hand. Leo Hine was in the habit of carrying a loaded gun which he kept under his pillow at night. He forgot to take it to work and his two younger brothers found it. Unfortunately, when playing with the gun it discharged and shot George in the hand. Although his hand was extremely swollen, Drs Butler and Hoskins were able to localise the bullet with the X-Ray machine and remove it with significant relief of pain (Hobart Mercury, 1904; Daily Telegraph, 1904b).

Victor Holland, aged about fifteen was admitted to the Zeehan Hospital where a bullet was
successfully removed from his calf by Dr Butler. He and John Hay had been examining a loaded pea rifle at Granville Harbour when it accidentally discharged into the front of his leg. He was able to return home after surgery (Zeehan and Dundas Herald, 1907; The North-West Advocate and Emu Bay Times, 1907).

Raymond Turley, aged four, was admitted to the Zeehan Hospital under Dr Butler with a fatal gunshot injury. He and his brother Harold were playing with a loaded pea rifle when it discharged. Butler was unable to locate and extract the pellet even with the aid of X-Rays and a probe. Although the site of the wound is not specified, it must have been at the site of a vital organ as Raymond died the following morning. The coroner declared this to be an accidental death. The concept of securing guns, unloaded, in a locked compartment away from children, or having safety catches was not considered for one moment (Launceston Examiner, 1912).

**Axes**

Miller, a boy was admitted to the Zeehan Hospital with a severe axe wound (Daily Telegraph, 1900).

Vivian McGuiness was admitted to the Zeehan Hospital under Dr Butler with an axe injury. A young lad of unstated age, he had been chopping wood when his axe slipped and he sustained a painful injury to his foot almost severing his right big toe which Butler found necessary to completely amputate. The level of supervision and protection provided by his footwear are unmentioned but clearly inadequate (Zeehan and Dundas Herald, 1911a).

The youngest son of Mr. Paddy McNamara was admitted to the Waratah Hospital following an accident with some sharp tool while playing with some other children, which severed one finger completely, and badly gashed another. Sadly, permanent injuries to unsupervised young children with sharp tools not secured out of reach were common (Burnie Advocate, 1919b).

A six year old son of Mrs. C. Ainslie, of Magnet was admitted to the Waratah Hospital under Dr Heyer as a result of an accident with an unsecured sharp axe. His nose was cut through but he was progressing well following suturing (Burnie Advocate, 1921).

**Explosives**

The potentially hazardous use and carriage of dynamite is commonplace in Australian mining communities. The above surprising, unusual warning is to be found outside the cinema of the remote opal mining town of Coober Pedy, South Australia.

The nine year old daughter of Mr Little was admitted to the Waratah Hospital. She found a dynamite cap that had not been securely put away and she was playing when it exploded. Her left eye was injured and was feared she would lose it. She also shattered two of her fingers and the top of her thumb so badly that they had to be amputated. Sadly, injuries from explosives were not limited to miners in Australia’s past history but also have caused severe injuries to children (Stride, 2022; Northwest Advocate and Emu Bay Times, 1903).

Archibald Barnes, the four year old son of Mr and Mrs A.W. Barnes, was admitted to the Zeehan Hospital following an explosion. He found some unsecured dynamite and in endeavouring to set it off, he severely damaged his left hand losing his thumb and three fingers.
as well as having a fragment of metal embedded in his right knee. Dr Barrett was summoned to the home in Colebrook and advised admission (Zeehan and Dundas Herald, 1912).

Accidents and Fractures
Growing children exploring their environment inevitably have tumbles and injuries, sometimes causing fractures. All the cases below appeared to have recovered, most rapidly and uneventfully.

Leg Injuries
A five-year-old boy, the son of Mr J.L. Young, was admitted to the Zeehan Hospital having broken his right proximal femur while playing on a hillside. The courageous young man only complained a little only as Dr Kennedy was setting the fracture (Zeehan and Dundas Herald, 1893c).

Dr Faulkner’s son fell over while running round a table at home and broke his leg above the ankle. Dr Faulkner set the injured leg and the young patient was as usual reported to be doing as well as can reasonably be expected (Wellington Times and Agricultural and Mining Gazette, 1897).

Sydney W. Sharp, a nine-year-old boy was admitted to the Zeehan Hospital with a broken leg. He had been playing on a log at Williamsford when he slipped (Hobart Mercury, 1909).

Dr. Montgomery attended the three year old son of Mr T. Prouse with a very painful broken leg just above the ankle. While playing at Whyte River under a tent frame the structure fell on his leg, but following treatment in Waratah he was doing as well as could be expected (Zeehan and Dundas Herald, 1911c).

Carl Holm, the ten-year-old son of music professor Herr Holm, was admitted to the Zeehan Hospital with a broken femur having been knocked down and run over by a delivery cart (Hobart Mercury, 1912).

George Dwyer, age five, the son of Albert Dwyer, was admitted to the Zeehan Hospital with fractures of the right tibia and fibula having fallen down a bank in Bolstead Street but was reported to be progressing well (Zeehan and Dundas Herald, 1915).

The young son of Mr. Harris was admitted to the Waratah Hospital under Dr. Heyer having broken one of his legs (Burnie Advocate, 1919a).

Lloyd Aldred, aged eight, was readmitted to the Zeehan Hospital under Dr Panting after three weeks treatment as an inpatient for pertussis. While travelling home from hospital to Strahan with his father he fell from a train crossing the Austral Bridge sustaining a compound fracture of his right leg and some internal injuries.

Subsequently Eric Frederick Joseph Aldred, on behalf of his son, Frederick Lloyd Aldred, proceeded against the Commissioner of Railways in the Supreme Court for the recovery of the sum of £300, compensation for damage received by falling from a train, on April 7 last.

Lloyd had fallen from a door on the train and the legal case centred on the door fastening. Mr Aldred stated that Lloyd had merely lent on a door which then opened with minimum pressure and the Railways claimed their fastening were the best available and would not open so easily.

Dr. A. E. Panting, sworn in as expert witness stated said Lloyd had previously been in hospital for three weeks with pertussis, but on the day he was discharged, Panting was called to see him again after the accident. He saw Lloyd in Eddy’s house at the Smelters where he was semiconscious and in a state of shock with a compound fracture of his leg plus abrasions and bruises of his leg and tenderness of his groin and back. He was in hospital for a further three months with a considerable amount of pain and debility. He finally made a reasonable recovery with a little bowing of his leg for, Panting said, a broken leg is never quite as good as it was before the fracture. The judge returned a verdict in favour of the Railways continuing a theme of nearly forty years in which commercial interests always dominate private individuals regardless of trauma and safety provisions. He stated that it was necessary for the plaintiff to prove beyond doubt that the defendant had failed to provide a secure fastening to the door of the carriage in
which the plaintiff was travelling (Zeehan and Dundas Herald, 1920a; Launceston Examiner, 1919; Zeehan and Dundas Herald, 1920b).

Dr. Brewis attended Mr Albert Thorne, the son of a local storekeepers. He cut his foot in two places when jumping into one of the dams whether he and others had gone for a bathe, requiring several stiches to close the wound (Launceston Examiner, 1892b).

W. McNee, a boy, was admitted to the Zeehan hospital with a severely burned foot (The North-West Advocate and Emu Bay Times, 1900).

Alexander, a young boy was admitted to Zeehan Hospital suffering from a bruised leg following a minor accident on the Hercules tramway (Tasmanian News, 1903).

Mr J. Archer's son Frank while riding on a trolly on the West Bischoff Company's tramway in company with another boy was thrown off and his leg cut badly. Fortunately, Mrssrs J. Sutton and C. Knighton were coming home from a trip to the Magnet at the time, and after roughly bandaging the limb they carried the lad home (Northwest Advocate and Emu Bay Times, 1904b).

Frank McGurk, an eleven year old boy was admitted to the Zeehan Hospital under Dr Heyer with a deep laceration of the knee exposing the joint suffered from a fall from the cutting in front of the hospital (Zeehan and Dundas Herald, 1909).

Arm Injuries

Dr. Faulkner attended Cyril Thorne, little son of Mr J. H. Thome, who fell when running along the street fracturing his clavicle (Daily Telegraph, 1903).

Dr. Faulkner's attended a young lad named Sykes who slipped from a log and broke his arm (Launceston Examiner, 1903).

Mrs C. Chapman's son James broke his left arm while jumping in front of his parents' residence. Dr Faulkner put the arm in splints and James was expected to make a full recovery in time (Northwest Advocate and Emu Bay Times, 1904c).

Mr W.B. Andersen's son dislocated his arm when he fell off a merry go-round (Northwest Advocate and Emu Bay Times, 1904c).

The son of Mr C. Denham was admitted to Zeehan Hospital with a fractured arm sustained when the truck at the Western Mine on which he was playing flipped over (Zeehan and Dundas Herald, 1904).

A little lad from Magnet named Chandler was also admitted to the Waratah Hospital under Dr Faulkner. He fell over a bridge and according to the press, cut an artery in his hand. Faulkner dressed the wound, stopped the bleeding and the boy was reported to be doing well (Daily Telegraph, 1904a; Launceston Examiner, 1904a; The Mercury, 1904; Launceston Examiner, 1904c).

Marie Powell, a little girl, was admitted to the Zeehan Hospital under Dr Panting with a greenstick fracture of her arm when she fell from a fence at Oceana, on the Strahan Zeehan line. She was conveyed to hospital my motor (Zeehan and Dundas Herald, 1917b).

Young Miss Gladys Watkins was admitted to The Zeehan Hospital under Dr Panting suffering with a badly smashed hand as a result of a log rolling on it. It was necessary to amputate the thumb (Zeehan and Dundas Herald, 1919c).

Alf Pennington, son of Mr. A. Pennington was treated at the Waratah Hospital for a ‘bad hand.’ No further clinical details or causes were given for this case (Burnie Advocate, 1929).

Head Injuries

Victor Sturzaker, aged about twelve, was admitted to the Waratah Hospital under the care of Dr. Heyer and the nursing staff with multiple injuries sustained falling some forty or fifty feet from a water tower. He had multiple fractures of the jaw, facial bones and skull, his nose was almost torn off and he had extensive scalp lacerations. Dr. Heyer hoped to aid recovery, but considered his condition would be critical for at least a fortnight (Burnie Advocate, 1920a; Burnie Advocate, 1920b).
The infant son of Mr and Mrs Gilbert Muir, of Tullah, was admitted to the Zeehan Hospital under Dr Panting, Dr Cameron of Tullah being on leave over Christmas having injured his mouth last week playing with stick (Zeehan and Dundas Herald, 1916).

Thomas Lynch, a youth and son of Mr P. Lynch was admitted to the Zeehan Hospital under Dr Panting with a severe laceration of the head. He was struck on the head with a brake handle when riding on the engine of the train which runs between Tullah and Emu Bay railway siding at Farrell and fell off (Hobart Mercury, 1918).

A nine-year old boy, Ross, was admitted to the Zeehan temporary hospital under Dr C.S. Gibbons having suffered a fractured jaw when a tree branch fell on his head as the tree was being felled. A week later he was noted to be improving though the severity of his injuries suggested it would be a long time before a full recovery (Zeehan and Dundas Herald, 1893a; Zeehan and Dundas Herald, 1893b).

**Other Trauma**

Dr. Prendergast treated a little girl named Teen at the Hospital Dispensary with abdominal pain. She was returning home from school when she was punched in the stomach by a boy.

Mr. Packer, the State schoolmaster conveyed her to the clinic.

The doctor could not ascertain immediately the extent or nature of the injury sustained; and as the Queenstown train was on the point of departure he deemed it advisable to send the child on to her home, on the Queenstown line, so that the parents could take the necessary steps for her welfare. Constable Thomson who placed the child in the ambulance section on the train, noted the injured child seemed to be suffering much pain.

It seems a bizarre choice to discharge a child with undiagnosed abdominal pain from the clinic (Zeehan and Dundas Herald, 1917a).

**Surgery**

Dr. Faulkner performed an appendicectomy on a young lad about fifteen years old, named Cooper with the assistance of Dr. Watson, of Burnie. The operation was successfully performed and the patient on enquiry was doing well (Launceston Examiner, 1904b).

Jack McCarthy, age eleven, the son of E.J. McCarthy was admitted to the Zeehan Hospital in a serious condition with acute appendicitis. He was apparently improved following (Zeehan and Dundas Herald, 1917e).

Appendicectomy was in the standard skill set for general practitioners by the start of the 20th century and the two documented cases appeared to recover well. The author personally experienced his appendicectomy performed by the local town GP surgeon in 1962 and recovered uneventfully to be able to perform this operation as a house surgeon in the Middlesex Hospital in 1970.

In 1735, Dr. Claudius Amyand performed the world’s first successful appendectomy, at St. George’s Hospital in London. The patient was an 11-year old boy whose appendix had become perforated by a pin he had swallowed. The first successful operation to treat acute appendicitis was performed soon after, in 1759 in Bordeaux. General anaesthesia was not available until 1846, so these operations required many assistants to restrain patients during what were undoubtedly very painful procedures.

Surgical treatment for appendicitis began in earnest during the 1880s. Although doctors struggled to decide who should undergo the knife – some patients would recover on their own without surgery – surgical technique and anaesthesia had improved outcomes to such an extent that surgery would rapidly became the gold standard approach. By the end of the 20th century, laparoscopic surgery replaced open surgery in most cases, and laparoscopic appendectomy is now considered one of the safest, lowest-complication surgical procedures performed today.

Harold Rawson, the youngest son of Mr Walter Rawson, was admitted to the Zeehan Hospital...
with an acute intestinal obstruction for which he had a major operation with some improvement but his condition was still regarded as critical. The severity and prognosis would clearly depend upon the initial cause of obstruction (Zeehan and Dundas Herald, 1919b).

Child Welfare

Nursing duties expanded during the later years of the Waratah Hospital, particularly when there was no doctor in the establishment. Between 1930 and 1950, Sisters Bramich, Hill, L. E. Tollner, H. Davies, Laird and B. J. Allan as well as ‘The Bush Nurse’ when the committee appeared not to know the name of the most important worker in the hospital, saw hundreds of patients in the clinic and at home. They also arranged vaccines, specifically for diphtheria, attended inpatients, visited the school, attended pregnant ladies in the antenatal clinic, delivered their babies and made hundreds of child welfare visits (Burnie Advocate, 1931; Burnie Advocate, 1940; Burnie Advocate, 1948).

Conclusion

The pattern of paediatric health issues would have been similar to those of a big city with a couple of different issues to note.

The miner’s equipment included many hazardous items, particularly dynamite, matches and sharp tools, particularly axes. Many men possessed guns at that time in remote areas. Sadly, these were often left unattended leading to deaths and mutilating injuries in children.

Secondly a doctor in remote areas was expected to possess a greater variety of skills than many general practitioners of today. Autopsies were routine. Obstetric cases were routine. Surgical skills including appendicectomies, amputations, and draining cerebral abscesses and haematomas were required, often urgently long before any backup could arrive.

Sometimes the towns lacked a doctor and the hospital nurses worked long hours and performed magnificently to the best of their ability when the sole town practitioner.

References

Burnie Advocate. (1919b). 30/10/1919.  
Burnie Advocate. (1921). 8/10/1921.  
Hobart Mercury. (1904). 2/7/1904.  
Hobart Mercury. (1918). 2/7/1918.  
Launceston Examiner. (1892a). 1/12/1892.  
Launceston Examiner. (1912). 18/1/1912.
The North-West Advocate and Emu Bay Times. (1900). 10/2/1900.
The North-West Advocate and Emu Bay Times. (1907). 23/12/1907.
The North-West Advocate and Emu Bay Times. (1911). 24/6/1911.
The Tasmanian. (1885). 20/6/1885.
Wellington Times and Agricultural and Mining Gazette. (1897). 11/5/1897.