FILE NAME: Colonial Sugar Refinery (CSR)

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(61)

PORT HEDLAND.
June, 6th, 1948.

Dr. C.E. Cook,
Dept. of Public Health,
57 Murray Street
PERTH.

Dear Dr. Cook,

Thank you for your kind letter which arrived yesterday and brought blushes to my cheeks.

It is some time since I sent you a report on the local set up which is beginning to work with tolerable smoothness. The first thing I found necessary to do was to improve the facilities of this hospital. We've tidied the theatre up and put in orders for many essential instruments for abdominal emergencies so that we can now cope with about 3 or 4 tonsils a week and we've done about a dozen abdominal operations without disaster or sepsis. The Matron's aid is invaluable: it is a pity she is engaged for but six months for her studied efficiency is a welcome relief to the apathetic grievance prevalent in the N.W. A few structural improvements are pretty urgent and I have appealed to the Under Secretary; new lino on the theatre floor, since stone is impossible; a washing sink, a coat of paint in the bathroom and something to separate the sluice and bdpans from the bath and shower.

I have managed to work through about 600(?) natives. There is a fair amount of urgent surgery to do which I shall work in with local facilities. I find it cleaner and more efficient to do all major cutting, white or black in Port Hedland hospital here, for you can well imagine the dangers of doing Hom(?)aphico (?) at the Lock! There are about five hernias lined up to be done and a couple of (?)sectomies, and eye luncleation etc. It is of course pretty impossible to collect accurate statistics of native health; only a keen full time man could do that, and one can only go by impressions.

V.D.Does seems prevalent particularly where the gins and bucks are herded into those ghastly "Twelve Mile" "Five Mile" etc. camps where one woman with a chronic G.C. courcitis can infect dozens of blacks. The interpretation of whose kahns is, I agree most difficult. Of about 20 samples I took for a variety of reasons, eg. Sabre tibiae, nasal discharges (?Gumma) etc. most were positive; whether agglutination was occasioned by tertiary syphilis or yaws is difficult to say. Personally I would say that often objective evidence - such as the prevalence of Hd. I.K., about 4 babes and the odd charcot's point I have seen suggest that Gr. pox is pretty prevalent.

All this has raised subsidiary problems. The Lock Hospital is not large and Mrs. Hand who runs it (away on leave at the moment, Thank Christ) is so lazy, I do believe she gets the gins to feed her with a spoon. To run a V.D. clinic needs intensive organisation; 4 hrly. sulphanamides, 3 hrly penicillin good intravenous technique, urethral ungitions for the chronic prostates etc. etc. What do we do about that? It appears to me that Native Affairs want a policy - either :-

(a) Don't bother with the natives; push them back to the bush.

or (b) Make them work as stockmen and give them medical attention. In which case you want something a bit better than one nurse of retiring age in a hospital about to collapse at any moment.

There are three other queries I have at hand.

(1) Is the combined Diphtheria & Petrussis about which

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U.S. literature is so enthusiastic, at at hand?

(2) What are the chances eventually of getting our own Kerosene power plant? The town supply is erratic, liable to break down in the middle of an appendix and gives at some times only about 180 volts to the X-ray machine. The station people get plant inclusive for about £200.

and finally

(3) Would the Health Department consider it an extravagance installing, with(2) a good X-ray plant? These portables you know are not much blasted use. They show up a gross Colle's but you are just as likely to miss a hair(?) of the carpal scophoid, and for chests they can be more misleading than of use. To give you some indication of the need of decent plant in the past 14 days I've seen two lumber discs that should have been radiographically confirmed; two renal colics that need flat X-rays and M.O. selections and about half a dozen chest that need investigating carefully. Its impossible to do good medicine giving cough medicine when you don't know whether you're dealing with a chronic bronchitis, tubercule or carcinoma of the (R main bronchius. Moreover, I've an eye on the future - the asbestos mine at Wittenoom, let the record operators without any sort of dust extractor whatsoever; and since the incubation period of asbestos is so much less than six, in a year or two A.B.A. will produce the richest and most lethal crop of cases of asbestosis in the World's literature. I've looked at two spits and found asbestos bodies, not evidence indeed that fibrosis actually prosent, but clearly proving the absorbtion of the basi agent. Naturally I think some of these chest gould be looked into.

With best wishes,
Yours faithfully,
(sgd) Eric G. Saint.