Bush Nurses
Author: Annabelle Brayley

Extract

Foreword

'You know what you've got to do. Put a glove on, put your hand in and push the presenting part off the cord so that it can still pulsate. We'll come as soon as we can.'

It was 10.30 at night and I was the District Medical Officer on call for the RFDS in Alice Springs. I was responding to an emergency phone call from a remote area nurse in Ampilatwatja, 270 kilometres north-east of Alice Springs. She had a woman in established labour with a cord prolapse.

With the assistance of a local traditional Aboriginal midwife, she managed to give the woman some pethidine, put her on oxygen, got her to crouch on her elbows and knees on a bed and inserted her gloved hand into her birth canal. Holding the baby's head off the cord enabled lifesaving oxygenated blood to continue to flow to the baby.

Meanwhile, back in Alice Springs, we had taken off in a Navajo and were about ten minutes in the air when a safety light indicated the door hadn't closed properly. As per safety protocol we returned to base to check it out, delaying our departure for another agonising forty minutes. It was over two hours before we finally arrived in the community. I doubted the baby would be alive. At the clinic we found an exhausted nurse still in position and feeling paralysed from her fingers to her neck. I asked if she could feel a pulse in the cord but she was past feeling anything. When I listened with the Sonic-Aid, there it was: kathump ... kathump ... kathump. The baby was alive!

We got everything ready for a delivery and resuscitation. I still doubted the baby would survive but I phoned the paediatrician on call in Alice Springs hospital to warn him to be ready for a very sick baby. Then I said to the nurse, 'You take your hand out and I'll put mine in,' which we did, and I discovered that the cervix was fully dilated and the baby's head was well down. We turned the woman over onto her back and got her to push, and in less than a minute there was a very flat but alive baby on the bed. With a bit of help the baby was soon crying; it was wonderful!

We got back to Alice Springs about 4.30 a.m. with a perfect baby and a happy mother and the paediatric staff waiting for us wondering what all the fuss was about. Next afternoon I rang the nurse at the community and asked how she was. She said, 'After the plane took off, I helped put out the flares and then went back and cleaned up the clinic and got to bed about 4 a.m. At 6 a.m. someone knocked on my door asking for Panadol.' That's remote area nursing. Nobody in the community seemed to realise the magnitude of what she had done – she had saved the life of that baby and was still on call for everyone else.

Working in remote health is a huge challenge, one that I first became familiar with as a fifth-year medical student on an elective in the Southern Highlands of Papua New Guinea. During my time
there, I delivered my first babies and learnt how to resuscitate newborns from the community midwife; learnt to cross-match blood under paraffin lamplight from a Pidgin-speaking health worker; and how to do lumbar punctures and set up external fixation of femoral fractures from local nurses. It was a 'see one, do one, teach one' school of medicine. I saw amazing things and gained many invaluable skills, and all from nurses and community health workers. It was a life-changing experience.

Six years in rural Africa as a young doctor further reinforced the fact that nothing is to be gained from keeping knowledge and skills 'secret' from any clinical staff. I learnt how to deliver breeches and do vacuum extractions from highly experienced midwives, and performed craniotomies and laparotomies under the guidance of a Russian trained Nepali surgeon. Sharing knowledge and skills across professional boundaries and traditional scopes of practice was essential to the way you worked in Third World situations. There was no room for professional hierarchies and egos.

When I came back to Australia I worked as a District Medical Officer in Alice Springs for eight years. As a result of my experiences in PNG and Africa, I was able to help establish the CARPA (Central Australian Rural Practitioners Association) Standard Treatment manual. It has become the 'bible' for remote area staff and, together with the CRANAplus procedures manual, demystifies emergency treatment and procedures, as is illustrated by another remote health story.

I was flying out to a single-vehicle rollover near Uluru. There was a nurse from Imanpa, a nearby Aboriginal community, who'd gone as first responder. I was able to talk to her on a satellite phone newly installed on the RFDS plane. She'd done the right thing and left the person in the car because he was a query spinal injury. He also had an obvious chest injury, judging from her description of the skin over his chest feeling 'crackly', indicating an air leak from a pneumothorax. She'd put an IV line in and a neck collar on, put him on oxygen and given him pain relief. She was on her own. We flew over the scene but couldn't land and had to fly to a nearby cattle station and drive back. As we were flying over, the nurse reported via the sat phone that the patient had deteriorated and was very distressed, and she could no longer feel a pulse. I said, 'You have to shove a needle in his chest.' She'd never done anything like that. I said, 'Just shove a needle in over where the chest is crackling.' She said, 'Oh, oh, oh . . . ' and then the line went dead. Once we landed it took another twenty minutes to get to the accident scene, where the nurse was standing with an expression somewhere between terror and triumph on her face. The man had a 16 gram needle sticking out of his chest and was alive. She had saved his life. Without that needle he'd have been dead from a tension pneumothorax.

There are lots of stories like this . . . and this book is full of them. Some will raise the hairs on the back of your neck, some will make you laugh, and some will make you cry. Others will tell you how it just is or has been, as the stories range across a century of nursing in rural and remote areas of Australia.

There used to be a standing joke that if you were a nurse and 'had a pulse' you could work in remote health services. That was never true, but it is true that the further away you are from metropolitan areas, the more likely it is that a nurse will be the most experienced health practitioner. Rural and remote areas have always relied on the character and skill of nurses, and will continue to do so. Well-resourced and well-supported advanced-practice nurse practitioners, training and working within genuine multidisciplinary team environments, are the future. As you read this book you will realise that the nurses and health practitioners who choose to work 'out there' are well up for it.

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Halls Creek Heroine

Halls Creek, Kimberley region, Western Australia

Mary Elizabeth Rogasch (Lil) was born in 1880 in Gawler, South Australia, and educated there. She trained at the Children's Hospital in Adelaide from 1906 to 1909. In December of that same year she received her first certificate of registration as a nurse, and in 1910 she earned a certificate in obstetrics from the Queen's Home. She also passed the necessary exams to become an Inspector of Nuisances.

Lil was a committed Christian and in 1917 was asked by the Australian Inland Mission to undertake a temporary position as a nursing sister in Oodnadatta, an isolated settlement in the north of South Australia, following the resignation of the incumbent nurse. After six months there, she travelled to Hergott Springs (Marree) to relieve Sister Clapton of the District Trained Nurses' Association for six weeks, enabling her to have a much needed break.

In 1918, Lil was given a permanent appointment with the AIM and along with an unqualified companion, Miss Mary Madigan, who was also appointed by the AIM, set off in August 1918 to face an unknown future as the first nursing sister at the newly established hospital in the remote settlement of Halls Creek, in the Kimberley region of Western Australia.

Lil and Mary travelled by train to Perth, where they met Dr Holland, who helped them buy some hospital supplies and home comforts for their accommodation. The SS Bambra took them from Fremantle to Wyndham, where they arrived at the end of September. From there they were to be met and escorted to Halls Creek. However, no sooner had the ship docked than an urgent message came to the Wyndham telegraph station from Halls Creek. There had been another tragic event in the settlement when Mr Ward, the storekeeper and Honorary Secretary of the new Hospital Committee, had been shot and wounded by an attacker who then fatally shot himself.

A race against time was needed as Sister Rogasch was rushed 250 miles (400 kilometres) south by a hastily requisitioned car. She treated the patient and brought him back to the doctor and hospital at Wyndham. It was a five-day round-trip over shocking terrain.

Mary Madigan sat out the five days in Wyndham. Then, once again for Lil, the two ladies headed south in an entourage of two buggies, each with four in hand, drivers, escorts and extra horses. This trip left Wyndham on 29 September 1918 and took almost two weeks. They camped out most nights or stayed at stations. The trip was very rough going through dry, sandy creek beds, timbered country and bushfires. At one stage, the ever-venturous Lil even enjoyed an exciting time driving the buggy a few miles with Tommy, the normal driver, closely monitoring the experience. On 12 October they finally arrived in Halls Creek.

The town consisted of a court house, post office, hotel, store, police station, miner's institute, and two cottages. The population was quoted as about 'twelve white people, including five children'. Visiting 'cattle-punchers' and diggers called in at times and numerous Aborigines were camped outside the township.
The hospital was the former miner's institute, which was originally built in 1898 and was made of mud brick with an iron roof. The building was completely refurbished. A new floor was laid and the walls given a fresh white wash. In her diary, Lil described it:

[Half] our building is a ward and a small room adjoining, which we use as a dressing room. Verandah all around. This half is enclosed with house canvas: you enter the door and there is our table with its homemade bookshelf lined with zinc to keep out the white ants . . . two cyclone beds made presentable with our swag covers . . . a few cushions and a green gum bough in a rum jar constitutes our sitting, writing and rest room. Around the corner – no partition – are our dining table and chairs. Further is an annexe made cosy in the evening with a dark blue cambric table cover with a border of cretonne stitched around it. Same material covers our crockery shelves and (used) for hiding the pot box and little curtains for our window. No glass is put in small windows, a swing board affair instead. A large bowl of mignonette on the table really completes an inviting corner. We put the lounge and easy chair stovewards in the winter evenings. It is quite nice to see a tired postman resting there before he starts off for his resting place for the night . . . He had just come in from his 198 mile (318 kilometres) trek and had to go on 9 miles (14 kilometres) where there was good feed for his horses. His own bed was to be a (stock) trough filled with grass.

One room was a four-bed ward with whited walls and there was a small dispensary room. The kitchen was for both the patients and the staff. The white outside walls made the establishment look clean and inviting. A verandah ran around three sides and it was here that the patients preferred to sleep and rest.

The hospital quickly settled down and on 11 November 1918, which was in fact Peace Day, the official opening of the Halls Creek Australian Inland Mission Hospital was held. The Australian flag was raised on a pole in the hospital yard. All the settlers and some from further out attended; the national anthem was sung and speeches were made. Now the hospital could get down to do the work for which it was set up.

Initially, many people came from far and wide just to see and welcome the ladies. Patients were frequent and though some were very reticent about being cared for by a woman, they soon got over this feeling and began to savour the kindly face and tender care bestowed on them by the sister who was always in readiness for duty wherever she was needed.

Beds were occupied for up to four weeks as many of the men who came in from camps were suffering from malnutrition. Mary and Lil cooked hearty soups and meals and built the men up. A string of outpatients came in from far and wide and were treated for eye troubles; cuts and gashes that needed stitching, while sore heads and bodies were treated following drunken brawls. Broken limbs and other injuries – often as a result of a horse fall – were common. Then there were the more serious problems where the patient had to be stabilised and taken to Wyndham by buggy. On many occasions Lil would have to consult with the doctor by morse code over the telegraph line to get instructions for treatment.

She reported after the first ten months:

This no doubt seems to you a small population to need the help of a hospital, but the passing population is great and I do not think that a day goes by without someone coming in or going out . . . We have had seventeen indoor patients staying an average of twenty-eight days. When men are better, we feed them up: that makes the average stay longer than in a hospital where outside comforts are near.
When patients were admitted into the hospital ward they often preferred to be out on the verandah – they were quite used to sleeping outdoors. Lil was on duty twenty-four hours a day every day. Mary Madigan was a big comfort and help. Sometimes, when there were no patients, Fred Tuckett, who was probably the most prominent resident, sent Lil or both of them off for a walk or a horse ride while he took on the responsibility of dealing with any necessity for a few hours. Lil, however, was never too far away.

Thus Lil gave three years of dedicated work to Halls Creek. In 1920, Mary Madigan returned to Adelaide and for the next year, Lil was joined by another fully qualified sister, her own youngest sister, Sister Beatrice May Rogasch.

In 1923, Lil married Mac McCombe and they lived in Wyndham for eleven years before moving south to farm in the wheat belt. Lil died in Adelaide in 1967, aged eighty-six.

*Adapted extracts from Sister Mary Elizabeth Rogasch – Halls Creek 1918–1921 by Joan Rogasch.*

Radio Caprice - Post Grunge. 1. Install the free Online Radio Box application for your smartphone and listen to your favorite radio stations online - wherever you are! Nurse. This song is by Bush and appears on the album Black and White Rainbows (2017). First had comes aroundThen the heart can be foundBetter way onto themTo understand everythingSimple life, simple daysSunshine, sidewaysI think of you like an angelI think of you like an angel. I have fallen into youI need a nurseTo get me throughAll of my injuriesAll of my injuriesThe line be always over youOh, sister RoseShe's got it allShe knowsOh, sister RoseStrawberry love overloadThere she goesSister Rose.