My Student Elective

Thursday Island—where and what?

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Thursday Island is not the island covered in huge stone heads, as most people think. A part of Australia, it lies between the Cape of York peninsular in Queensland, and Papua New Guinea, which is some 200 km to the north east. It is the capital of the Torres Straits group of islands, 2100 km north of Queensland's principal city, Brisbane. The island is 3 km by 800 m, and with two hills and a population of 3000 has no room for an airstrip. There is one, however, on the adjacent Horn Island: 20 minutes in a ferry lands you on Thursday Island.

Named by Captain Bligh?

The origin of the name Thursday Island is uncertain, but one account attributes the Tuesday, Wednesday, Thursday, and Friday group to Captain Bligh of HMS *Bounty*. Descendants of the mutineers still live in the area. The island's name for Thursday Island is Waiben, meaning no water. It was first made habitable in the mid nineteenth century when the vast tropical oyster bed of the Darnley deep and surrounding waters were discovered, and mother-of-pearl harvesting became

Australia's most profitable maritime industry. The government seeded a settlement on Thursday Island in 1877 and sent a mailboat for regular contact.

The people of the Torres Straits are black and a distinct race from the mainland Aborigines, being more closely related to the Polynesians. The term Melanesian is used to describe them. Chinese, European, and island blood have mixed freely as the islands have been visited by traders and sailors. Family names such as Billy, Stephen, and Sailor are common, with obvious derivations. Savage is another common name.

The mainland aborigines practised cannibalism enthusiastically to survive the barren conditions of the north as the diggers of the gold rush found to their cost. In Papua New Guinea there were three prosecutions for cannibalism as late as 1978. The Torres Straits' peoples were not cannibals and are essentially placid and peaceful, a fact which is easily understood when one sees their benevolent environment. The tiny population of about 8000 is scattered widely throughout the dozens of tiny islands (16 of which are permanently inhabited) separated by a calm sea which permits island hopping in small craft with minimal preparation.

There are two island languages, but most islanders also speak pidgin English. "What be happen?" is the most rewarding question one can ask to elicit a clinical history. Phrases such as "cold sick," "pee pee," "belly run," "conma" (island for shit), and "jack/clap/pox" are quickly picked up.

The islanders from the outer islands, especially children, are very shy and take a lot of coaxing to speak. Most just nod and giggle. One boy, Dagai from Boigu Island (figure) a few miles off Papua, did not say a word to any of the staff throughout his five week stay, despite smiling a lot and touching your arm as you passed. Islanders have little appreciation of time and even less concept of why any but the most immediate symptoms should be relevant to the current illness.

The extended family is the norm with interfamily adoptions being as common as a child being brought up by its natural mother. Children born to young girls and those whose existing family size or job make an additional child an inconvenience give up the child to a relative. "Aunty-nanny" is a term often used to describe the adoptive parent. Children may be passed around the family, changing surname each time, which makes them difficult to trace in the notes. Illegitimacy is no shame, and a girl may be expected to have several children, frequently by different fathers, to prove herself marriageable. A local store runs an attractive line in maternity school uniforms.

Changes introduced by modern Australian culture have affected many of the islands. The concept of unemployment is irrelevant to those who could live off the reefs and market gardens. Unemployment benefit designed for city living costs provides a windfall of wealth to be spent on supermarket food, cigarettes, and alcohol. Maturity onset diabetes, hypertension, and smoking related diseases are now common. Social violence is almost always related to the consumption of alcohol. Nevertheless, the intrinsic richness of the environment, culture, and family structure have left the people pleasant, friendly, and

The people of Boigu.

proud of Thursday Island—their beautiful home. This is in contrast to the aborigines of the mainland who were more primitive and nomadic and are now in a very sorry state.

Health care in the Torres Straits

Health care is free; and Thursday Island Hospital, a small regional general hospital, is equipped to provide all the services available in the rest of Australia. It also has a special role as the centre for all the island clinics and the health care professions in the "health team." The islands all have island nurses. These girls have minimal training but provide someone for the islanders to approach when ill. They are in telephone contact with Thursday Island. If the diagnosis is obvious—for example, gonorrhoea—then the appropriate treatment is prescribed from the drugs cupboard on the island. Alternatively, the patient may be booked to see a doctor at the next clinic or if necessary the patient is evacuated to Thursday Island. Regular flights are used wherever possible but if not available a helicopter must be chartered.

Most islands are within 60 minutes' flying time but at \$300 per hour one can end up spending \$800 on a patient before starting treatment. If a patient is to be evacuated, a doctor or a sister is sent as an escort, depending on the patient's condition. My first flight was an hour to Boigu Island, five miles from Papua New Guinea, to pick up a boy with a swollen testis. On arrival I was met by the island nurse, Elizabeth, and a crowd of islanders escorting a pick up truck with the stricken boy in the back. The 20 or so onlookers were delighted as I got above the swelling and attempted to transilluminate it.

Signs pointed to torsion so we departed quickly; surgical exploration showed an infarcted testis. We found that the problems had developed a week previously, and despite what must have been considerable pain no complaint had reached the hospital. Delay may have occurred due to initial consultation of the traditional island medicine woman on this remote island.

Pregnant women from the outer island are brought into Thursday Island hospital four weeks before estimated delivery date as dates are often inaccurate. Almost all deliveries are carried out in hospital, and problems associated with multiparity, postpartum haemorrhage, and retained placenta are common. Antenatal patients are allowed out into the town, and when they return they often soon go into labour. This, I was told, is due to the insertion of nature's own prostaglandin pessaries.

Over 20 the blood pressure of the Torres Straits islanders is 10 mm Hg higher on average than Australians and New Guinea melanesians. The prevalence of diabetes mellitus is 19% in the outer islands and 13% on Thursday Island: age accounts for this difference. A prevalence rate has been reported of between 6% and 23% for tribes of Australian aborigines. Those

on the outer islands cannot be treated with insulin, as education and refrigeration may both be lacking.

Venereal disease, largely gonorrhoea, syphilis, and trichomoniasis, was introduced to the Torres Straits by sailors over 100 years ago and until recently raged unchecked. Sexual activity begins at puberty in both men and women: in one day I saw three 14 year old boys with gonorrhoea and a girl of 19 with her fourth pregnancy.

Diving accidents are inevitable in the pearl and cray fishing industry in which divers are untrained, poorly educated, and encouraged to spend long periods underwater to increase their incomes. Visiting salvage divers and movie makers form a cosmopolitan high risk group. Modern technology has not brought modern safety practices. Minor bends are accepted as part of the scene, and old remedies are still used including immersion in a 40 gallon drum of sea water and being laid on the deck and "kept wet."

Problems peculiar to the tropics

A rule of thumb that I quickly acquired is that anything which is at risk of infection will become infected. This propensity has led to an antibiotic policy which would make a London microbiologist's hair stand on end. Many other tropical diseases are controlled by lack of overcrowding, fair housing, and clean water. Dengue fever strikes in epidemics but is rarely seen in its haemorrhagic form. Worm infestation is common. One small girl gagged and produced a long, wriggling ascariis worm from her mouth in front of me.

Island clinics are one of the most attractive features of an elective on Thursday Island. Flights out are exciting. The noisy little planes fly low over the sea, navigating by landmarks. The clear sea barely obscures views of the reefs along the edge of which turtles, dugongs, and rays can be clearly seen. The little emerald islands lipped with white sand are quite breathtaking. Some with coconut palms epitomise the ideal of a tropical island. Occasionally one sees New Guinea trading boats with their ancient outrigger design.

The island communities are picturesque and live by even more relaxed standards than Thursday Island. The islanders pick you up in a tractor and will stop to reach up to a ripe paw paw, or to lop off the top of a green coconut brimming with cool, sweet water. One of the most exciting and enjoyable experiences was doing a helicopter clinic to Stephen Island on my own, with the assistance of Delwyn, a sister. Stephen is one of the smallest islands with a population of only 50, but it is one of the most beautiful, being densely covered in trees bearing fruit and flowers.

The Murray Island clinic is one of the largest, and Murray Island itself is the most beautiful island. After the clinic I took a walk along the beach and filled my shirt with large undamaged tropical shells. As I walked, shoals of tiny fish leapt out of the water along the shore. Suddenly a young man came running down to the water with a trident spear. This he repeatedly plunged into the water, spearing the fish which he threw onto the shore to be gathered up by his wife.

I thank Dr Peter Holt, Dr Drew Wench and Westminster Medical School for help with my elective.

Correction

Control and prevention of tuberculosis: a code of practice

We regret that an error occurred in this paper by the Joint Tuberculosis Committee of the British Thoracic Society (15 October, p 1118). The sub-heading on p 1119 "Staff at minimal risk" should read "Staff at normal risk," and the first sentence beneath this heading should begin "Employees at normal risk . . ."