



Maytown Hospital

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Abstract

Fortunes were made and lives were lost equally easily in the last three decades of the nineteenth century in Australia's northernmost cape. Maytown, now totally deserted, was the central administrative town of the gold rush period on the Palmer River, Cape York. Amongst the usual facilities and infrastructure, the town had a hospital and a series of resident medical officers. The diseases and other medical problems managed by those doctors are presented.

Keywords: Maytown hospital; Palmer River; Indigenous warriors; Gold trauma; Infections

Introduction

Maytown, once a thriving Australian mining community of five thousand people, is now a deserted ghost town in Cape York, Queensland. A silent town of rusting mining machinery and building ruins with streets that are still kerbed and channeled, and with concrete slabs marked with the identity of past structures. Yet once, a hundred and fifty years ago in the gold rush era, it was the administrative capital and the main township on the Palmer River goldfields. Information largely comes from Australian newspapers of the period now digitized by the National Library of Australia. The absence of peer-review of these publications is acknowledged. In 1870 traces of gold were found on what is now known as the Palmer River. The Peninsula was then wild and practically unexplored. The indigenous original owners of the land, Australia's First People, were considered very hostile. The geologist, J. V. Mulligan, confirmed the presence of gold on the south bank of the Palmer River opposite the place where Maytown now stands, and the rush set in.

Alluvial gold was found for miles up and down the river, and within a couple of years the area population grew to eighty-thousand. About fifty thousand were Chinese migrants and thirty thousand were Europeans. Between 1874 and the 1920s an estimated 1.25 million ounces were extracted from the Palmer river area mines, worth some two or three billion dollars today. However, success and disaster were never far apart. Soon the area was strewn with graves, the majority of the being graves of Chinese men. The all-cause yearly death rate on the Palmer in the 1870s was estimated to be approximately thirty-five per thousand populations, double the standard rate of the time in more settled areas [1-3].

Maytown, like other mining towns, grew rapidly within three years there were twelve hotels, six stores, three bakers, three tobacconists, banks, and a post office. During the next decade the Government Savings Bank, a state primary school in 1876, courthouse, school of arts, hospital, and police barrack also opened. The following year, 1877, the local newspaper Golden Globe commenced.

Over the next few decades Maytown went through booms and busts as mines were exhausted or flooded, then new ones opened. By 1882 there were ten stores, all owned by Chinese men.

In 1887 there appeared to be a better strike in Croydon drawing away many prospectors and leaving only 200 Europeans at Maytown. In 1886, the population had fallen to 154 Europeans and 450 Chinese [4,5].

The Prince of Wales Hotel in Leslie Street and the proprietors, Mr. George and Mrs. Ahlers were one of the sentinel markers of Maytown's initial success and prosperity, and subsequent downfall. Established by 1880, it functioned for another 37 years. The popularity of drink amongst prospectors and mining men is illustrated by the fact that at least one third of all the freight transported to Maytown being alcoholic liquids [6]. In 1917, as a sign of the demise of the once booming town, Mr. H. Ahlers, of the 'Prince of Wales', now the only surviving publican in Maytown failed to renew his license and his hotel closed. Ahlers lived on in Maytown as the town became increasingly less populated until his death in March 1951, leaving only one man, Mr. A Munn, in town as a caretaker [7,8].

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In 1924, Wah Chong et al. was the only remaining store. Maytown Police station closed 1927. By 1940 the population was down to fourteen. In 1946, Mrs. Percy Parsons, the former town post-mistress and her family, the last family remaining in Maytown, left. In the previous years, her daughters had sought pen-friends to endure the loneliness, and subsequently left to marry [9,10].

The Hospital

The opening date is not clear, though it must have functioned at least from 1876 to 1893, even if there was not always a doctor present. Fund raising balls were held on three occasions in 1876, 1889 (£46 3s. 11d) and 1891 (over £10), to support the hospital, indicating that it functioned for at least fifteen years [11-13].

In 1879 it was reported that the funds of the Maytown Hospital were exhausted, but it appears to have survived for the moment aided by fund raising. In 1892 the then current doctor resigned when informed that his wages would be reduced from £300 to £200 [14,15].

However only two years later, at the annual hospital meeting the retiring committee declined to be again nominated, and at that time no offices had been filled. A few months later it was announced that the Maytown Hospital would be closed unless the locked-up funds are soon made available. Nine days later it was announced that the hospital is about to be closed and that the surgeon was under notice of dismissal [16-18].

The Doctors

There is no clear documentation of the doctors appointed to the Maytown Hospital, nor their dates of service. Below is a list of those with some association with the hospital, and approximate dates.

Dr. Jack Hamilton c 1870

Dr. Pichot 1875

Dr. J. Hugh Harricks 1876

Dr. Finlay 1884

Dr. Harvey 1884

Dr. S Bellini c 1885

Dr. J. G. A. Ziehlke 1887

Dr. J. E. St. G. Queeley 1887-89

Dr. Roth 1888

Dr. E.M. Fitzgerald c 1891

Dr Jack Hamilton c 1870

The first doctor on the Palmer River, before the Maytown hospital opened, was Jack Hamilton, apparently a local legend of kindness and generosity, the 'digger's friend'. He was said not only to tend the sick and dying, but to give food and money to the needy. When the Palmer was impassable in full flood in the wet season, miners with gold in their pockets died of starvation when food was plentiful on the opposite bank. On one occasion Hamilton risked his own life when no one else dared, to swim across the turbulent swollen river with food for some hungry diggers. A common diagnosis there was 'the Palmer River Fever'. There are many possibilities for this condition including dengue, typhoid, and malaria. Dr. Hamilton created an isolated sanitary camp sometimes with thirty to forty patients with the fever under his care. Unfortunately, he ultimately caught the

disease himself and retired to Sydney.

Another retrospective review from Cairns wrote that the lack of vegetables caused incipient scurvy, and that malaria caused many deaths while enteric fever was common. It said Mr. John Hamilton 'gained a great reputation as a fever doctor and nurse'. The journalist also refers to a Dr. Kortuin as the hospital medical officer. Presumably, the hospital referred to would be in Cairns or Cooktown. The fact that he refers to Hamilton as Mister casts doubt on his medical qualifications. None however doubted his compassion and competence. This article also notes that 'the opening of the soil produces diseases that are hard to diagnose or name', suggesting perhaps melioidosis or *Chromobacterium violaceum* [19-21].

A journalist writing in retrospect many years later recalled an accident from his Maytown childhood around 1876 when a miner severed three fingers on his right hand. He sutured and dressed the wounds himself. Apparently, the Maytown doctor did not arrive until the following day, and then he was too drunk to be of any use. The doctor was not identified [22].

Dr. Pichot 1875

Dr. Pichot (M.D.) is mentioned once as being present in Maytown in 1875 in an article written nearly seventy years later and therefore of uncertain accuracy [23].

Dr. J. Hugh Harricks 1876-78

The third identifiable doctor in Maytown, Dr. Harricks was resident surgeon to the new hospital, commencing in November 1876 for about two years. He wrote to the local paper in April 1878 about his use of cold baths as an antipyretic therapy for patients suffering from typhoid fever, which had been recommended in the relatively recent *Lancet* of June 1877, an impressively short space of time for the transmission of advances of medical knowledge at that time. Immersion was for some fifteen minutes four times daily. The technique had been recommended in Germany ten years previously when the documented typhoid mortality rates were improved by omitting the sickest patients from the statistics! [24,25].

The diagnosis of typhoid in the period before pathological testing depended on clinical features, particularly of fever, splenomegaly, and rose-red spots as well as contacts, with inevitable false positive and negative diagnoses. He reports sixty-four patients under his care with typhoid over an eighteen-month period with only three deaths, a mortality of 4.6%. This compares very favourable with the experience in another Australian goldfield, Kalgoorlie, 26 where two decades later the mortality was 17%. Unlike Kalgoorlie, the Palmer River area had a plentiful supply of fresh water, but clearly this did not prevent typhoid being common. The duration of Dr. Harricks residence in Maytown is unclear, but he was certainly practicing in Rockhampton in 1882.

Following Dr. Harricks resignation, by 1883 there was a period when Maytown lacked not only a doctor, but also a clergyman and a lawyer [27].

George Cole wrote retrospectively of a friend Louis Grien during their time in Maytown in about 1878. Grien was then warder of the Maytown Hospital under a French doctor. Grien cared for several Chinese men in hospital who had been shot following a battle between two groups of Chinese on the lower Palmer. No French doctor is clearly identifiable except perhaps Dr. Pichot, Dr Bellini, an Italian was there in 1885, and Dr. Ziehlke, a German in 1887. Cole

also mentioned a 'Belfast Jack', then in Maytown Hospital with an unspecified fever [28].

Dr. Finlay 1884

In 1884, Dr. Finlay was appointed as surgeon to the Maytown Hospital. Following the appointment he called a meeting of his friends and supporters to inform them of this offer at a salary higher than here by £100 a year, and to ask their advice. After a meeting with both some sadness and animosity, he was advised to accept the inducement. No details of his time in Maytown are available [29].

Dr. Harvey 1884

Dr. Harvey has one mention in Maytown. A fall of earth at Queen of the North Mine severely injured a miner named Bamford. Although Dr. Harvey did 'all that medical sciences suggested', the implication is that he died. Two other hospital admissions were discharged though no other details are given. Cynics suggested the advent of a doctor is accompanied by accident and sickness, supporting the concept of the absence of a Maytown doctor for a period. The paper considered that a doctor in a small and isolated community should be skilful, confident, and self-possessed! [30].

Dr. Bellini 1885

Dr. Bellini is noted only for his departure from Maytown. A graduate of the university of Pavia, advertised that as the former medical officer of Maytown, he transferred his practice to Southern Queensland, initially in The Commercial Hotel, Warwick and subsequently in Ann St., Fortitude Valley, Brisbane [31,32].

Dr. E.M. Fitzgerald 1886

The only information on Dr. Fitzgerald is from his wife's obituary. Dr Fitzgerald moved to Gayndah with his new wife 1884, and after a few years was appointed to the Maytown Hospital. His duration of stay is uncertain, but probably short. He subsequently moved to Brisbane then Surat [33].

Dr. J. G. A. Ziehlke 1887

Dr. Ziehlke appeared to be a competent clinician, but his qualifications were found to be dubious. He initially applied for registration on the ground that he was a graduate of the Berlin University. But had lost his diploma. Ziehlke wrote to the Queensland Medical Board in August 1887, requesting registration as duly qualified medical practitioners. He claimed to have left Germany at the end of 1869, having deserted from the 3rd regiment of Hussars in the Prussian army for valid reasons, and then arrived in Melbourne aboard the ship Somerseshire. He claimed correctly to have been registered in South Australia and New South Wales and that a copy of his degree could be obtained for a fee from the University of Berlin.

The Maytown Hospital Committee initially refused to dismiss Ziehlke; however they made inquiries through the Imperial German Consul for Queensland to Berlin. The reply received from the medical faculty of the Friedrich Wilhelm University of Berlin was that no such person had ever been registered, graduated or studied there. Books kept by the university minister for spiritual education and medical matters showed that no person named Ziehlke had attempted the medical State examination at the Prussian Examination Commission.

Before the hospital could dismiss Ziehlke, they received a letter from him stating that he withdrew his application for his registration to the board and that he would leave Australia on the 17th October for Germany with his family. He apologized for the trouble he caused and signed himself as 'I am sir, your most obedient servant, J. Ziehlke

M.D.!' [34,35].

Maytown Hospital committee were disappointed that the hospital surgeons were again vacant, having had six doctors in the last four years. Only one, probably Harricks, remained over 12 months. They felt disappointed that a really good doctor could not be induced to remain more than few months in spite of a salary of £350, one of the largest salaries in North Queensland, [36].

Dr. J. E. St. G. Queeley 1887-89

Dr. Queeley resigned his position as medical officer to North Queensland railways and accepted the position at Maytown hospital on the departure of Dr. Ziehlke, on a salary of £350 per annum plus a house and right of private practice. He had commenced work by September.

In the following February, Mr. Symons, a popular young miner died under his care in Maytown Hospital of a fever. No more precise diagnosis was given, but as discussed above there was the risk of many potentially fatal infectious diseases in far North Queensland in the wet season [37-39].

Unfortunately, like his predecessor, Dr. Queeley had a problem with his qualifications. They were undoubtedly genuine but may not have been adequate. Dr. Queeley's qualification was that of a Licentiate of Society of Apothecaries (LSA). While that sounds a pharmaceutical degree, it was widely accepted as a medical degree, perhaps higher than a Bachelor's degree, but less eminent than a Royal College Fellowship or a university doctorate.

In 1704, the House of Lords gave apothecaries the right to practice medicine, as predecessors of today's general practitioners. In 1858 the LSA was deemed a registerable medical qualification by the newly established General Medical Council. Notable LSAs included the poet John Keats (1816), Elizabeth Garrett Anderson (1865), the first overtly female recipient of a UK medical qualification, and Nobel Prize winner Sir Ronald Ross KCB FRS (1881).

Ross attended St Bartholomew's Medical School and passed his LSA at the second attempt. His Nobel Prize was for his work on the life-cycle of the malaria parasite, particularly useful knowledge in North Queensland.

The Maytown Hospital Committee appeared to think that Dr. Queeley has been the most attentive and painstaking medical man the hospital had, though some of the committee considered LSA sounded an inadequate medical degree. Dr. Queeley twice tendered his resignation before finally leaving Maytown Hospital. At the same time the committee noted that the expenses of Maytown hospital averaged £80, and that the hospital would have to be closed within nine months without more funding [40].

Many years later during the First World War, Dr. Queeley was thought to have been lost at sea aboard the British steamship Appam. In fact, although the owners' had abandoned all hope of the vessel, the ship had been captured by the German auxiliary cruiser SMS Mowe, on January 15th, 1916, off the Canary Islands. A prize crew sailed the Appam to Hampton Roads, Virginia where a legal battle between the British owners and the German Government was resolved by a then neutral USA in favour of the British and the ship proceeded on her way [41].

Dr. Cole

Another doctor reported to be working in the Maytown area was

a Dr. Cole, previously practicing in Cooktown, he relocated to the Palmer area. His only mentions in the press were when he became lost between Maytown and Limestone. The doctor sounds to have been a chronic alcoholic, 'a strayed disciple of Aesculapius' as the paper describes him. He was found again by the police trackers between Stony and Oakey Creeks having taken a wrong turning. He apparently claimed that the heat of the sun cause his disorientation, though he was found nearer midnight. No details of his clinical practice are available [42,43].

The Diseases

Trauma

There were two predominant causes of traumatic injuries requiring admission to hospital, mining accidents and warfare with the indigenous people.

Before discussing injuries caused by Australia's first people, it is necessary to discuss the differences in the attitudes of the late nineteenth century with those of today. The opinions of that time would be considered offensively racist today. Both Chinese and indigenous people suffered discrimination. The Chinese were partially tolerated as they managed many of the essential shops and grew fruit and vegetables in their market gardens. Some Chinese recognized Australia as a land of freedom and financial opportunity and chose to stay, others hoped to find enough gold to return at least temporarily to their Chinese homeland and buy their siblings and children out of the slavery imposed on the financially destitute.

It is however curious that the British people venerate national heroes who fought against invading tyrants, Boudicca against the Romans, Hereward the Wake against the Normans, Robert the Bruce against the Plantagenets, Robert Aske and the Pilgrimage of Grace against Henry VIII. Yet the new Queenslanders never made the connection that the first Australians were fighting against invaders of their land. One journalist refers to them in a sarcastic fashion as 'true sons of the soil', yet that is what they were, their soil is what they fought for. A warrior armed with a spear facing a gun cannot be considered courageous.

Attacks against the Caucasians and Chinese were frequent, resulting in severe injury or death. Multiple spear wounds were usually fatal. Eight spear wounds was the maximum recorded. The man died. Four spear wounds were documented more than once, two unfortunate men died as the last was withdrawn.

In 1887, two Chinese men were attacked by indigenous warriors near Maytown, one died and the other disappeared, presumed dead [44].

A four-year-old girl, Ann Miers was severely burned at Maytown when her clothes were ignited as she and her brothers were trying to light a fire therapy at the time was limited to cooling the lesions, covering with dressings and application of topical substances such as silver nitrate, or lime water and linseed oil, or carbolic acid. The importance of cleanliness and hand washing was being recognized. Sadly, Ann Miers died the following day [45].

Two white men were attacked on the Strathleven Station, near Maytown by some indigenous warriors. One, named Wright was stabbed eight times, and then beheaded. The other named Corrigan just escaped with four serious spear wounds [46].

Henry Ahlers, proprietor of the Prince of Wales Hotel, at

Maytown, was stabbed in four places in the chest, abdomen and knee in a fight with a Chinese cook yesterday morning. The cook was apprehended when about to deliver a fatal blow, leaving Ahlers in a critical state under the care of a Dr. O'Neely (sic), probably a typing error for Dr Queeley. A month later Ahlers was back in business [47].

Strathleven Station was attacked two months after the previous episode during the absence of the manager and overseer by up to forty indigenous warriors with blazing torches. Mead, the stockman, and the Chinese cook both with guns were able to repel them before they could fire the house. The attackers returned a few days later, speared a horse and stole some branding irons which were later found eighty miles away [48].

Maytown would have been a stressful place for many with hazards of physical attacks and mining accidents, the wet season and the tropical heat, diseases, financial failure, and starvation. Suicides occurred intermittently. A Michael Phelan cut his own throat with a penknife at the Ida goldmine, leaving the doctor the only duty of confirming death [49].

A heavy piece of quartz in the Anglo-Saxon mine fell from a height of about ten feet on to his left wrist of a miner William Francis. The paper reported that an artery was severed, though lacerated is more likely to be the correct lesion. Dr. Queeley travelled thirty-five miles to see him. Four Chinamen wanted £5 each to transport Francis to Maytown, but Queeley was able to arrange for six miners to convey Francis to the Maytown Hospital, where he was deemed to be progressing favourably a few days later. Dr. Queeley received £50 for travel expenses conveying some idea of the roughness of the road [50].

Mr. Jones, Maytown store proprietor, was admitted to the Maytown hospital with severe burns to his hands and feet after an explosion in his store which destroyed the whole building [51].

An accident at Eagletop mine resulted in severe injury to one miner named McCrea, and the death of another named Joseph Simpson. No follow-up report was made [52].

Another raid by the indigenous warriors led to the spearing and death of a Chinese man on the Palmer River [53].

Another distressful incident occurred again involving Strathleven Station on the Palmer River. Joseph McMaugh the manager while transacting business in the Maytown office of Senior-Constable Connolly, suddenly took a revolver from his pocket and shot himself dead through the head [54].

Michael Houlihan died in Maytown Hospital on November 9th, 1890 from head injuries sustained from an attack by an indigenous youth in his employment. He never recovered consciousness from when first discovered [55].

A Chinaman named Long Chong was attacked at Palmerville by some indigenous warriors. Several spears lodged in his body and him taken to the Maytown Hospital, but unfortunately died as the last spear was extracted [56].

Sun Chong was working on his market garden three miles below Palmerville, growing potatoes, maize, and other crops, when he was speared by one or more indigenous warriors. He was attended by Dr. Fitz Gerald but also died as the fourth and last spear was being extracted [57].

Unexploded charges were a serious problem needing, though

often not receiving, extreme caution. A well-known miner, Anthony Dargle, suffered severe upper chest, ophthalmic and facial lacerations when such a charge exploded in his face in the Alexander mine near Maytown. He was admitted into hospital where he is apparently progressing favourably under the care of the resident surgeon. This article does not specify which hospital, but it is almost certain that the Maytown Hospital was closed well before 1899, and the man was admitted to Cooktown Hospital [58].

The next documented traumatic incident was definitely admitted to the Cooktown Hospital. John Jenkins, a miner at the Wild Irish girl mine suffered a dislocated shoulder when his arm was caught on a conveyer belt. The joint was successfully relocated in hospital [59].

Another injury sustained near Maytown was that of H. H. Harbord in the Queen mine. He fell about thirty feet when the ladder down an old shaft broke. His left leg was broken just above ankle joint and he had severe grazing in groin, necessitating transfer to the Cooktown hospital [60].

Another article written in retrospect told of Chinese people in Maytown Hospital around 1875, recovering very slowly from paralysis of the legs caused by carrying burdens as heavy as those carried on pack-horses [61].

A landlord-tenant dispute between two Sri Lankans in Maytown resulted in one sustaining a severe throat injury from an axe necessitating a call for an ambulance and a medical opinion as the injured man was transferred to hospital, presumably in Cooktown. The miscreant was detained by the still resident Maytown constable [62].

Yet another white man, Blake, speared by an indigenous warrior was taken via Laura to Cooktown Hospital. The spear penetrated some three inches into his back below the shoulder, but fortunately had no barb. The station manager Mr. Hampton, extracted the spear, poured kerosene into the wound, and bound it up. From Laura, Blake took a train but had to swim several creeks to reach Laura! The next day Blake was reported to be recovering uneventfully, while the Maytown police pursued the perpetrator [63].

Infection

The second major cause of disease during the gold rush was infection. There was still a decade or two before useful diagnostic microbiology and half a century before the first antibiotics. Shortly prior to the availability of detailed pathology laboratory testing, diagnosis therefore depended upon clinical features and conditions currently in the community. Skin lesions facilitated diagnosis of smallpox, measles, typhoid, and leprosy. Splenomegaly could be due to typhoid, malaria, dengue or perhaps tuberculosis. Advanced tuberculosis would be apparent with chronic wasting with pulmonary symptoms and signs. Many cases were diagnosed simply and non-specifically as 'fever' or 'gulf fever', or 'Palmer River fever'. Enteric fever (typhoid), malaria, consumption (tuberculosis), dengue, measles, influenza, and leprosy were recognized by local medical practitioners.

This is also the pre-antibiotic era before any effective therapies for infection. An era when isolation and social distancing were then recognized by all as common sense and vital to save lives, unlike the present day in anti-science individuals. One news report stated that 'the opening of the soil produces diseases that are hard to diagnose or name' suggesting that melioidosis or the more rare Chromobacterium

violaceum may have been present long before these disease were clearly recognized and described [64].

Mulligan after discovering gold is reported to have advised against prospecting on the Palmer River, because fever, dysentery and typhoid are severe, the indigenous people belligerent and people caught without adequate rations are 'doomed to perish'. He may have been protecting his own interests! [65].

Measles has always been a common disease prior to the availability of vaccination. It was recognized as a severe disease, causing occasional deaths, especially in indigenous communities amongst the non-immune where death rates are significant. An outbreak on the Palmer occurred in 1875 with cases requiring hospital admission, where they were admitted to an isolation room [66].

A year or two into the rush, it was noted that there were numerous graves of those struck down by fever or dysentery, that the chance of recovery with both was minimal with death usually occurring within forty-eight hours, and that these were most common in those who had just arrived. Some immunity appears to have been acquired after a few months [67].

The Chinese were noted to be more susceptible to illness, though the cause was obscure. Opiate addiction may have added to their susceptibility. One of their numbers speared at Hell's Gates was reported to be recovering in Maytown but was only able to crawl [68].

In March 1879, it was reported that thirty of the fifty living on the lower Palmer River were prostrated with an unspecified fever, and half of those were penniless [69].

In 1887, a suspected Chinese leper was presumed to have committed suicide in Maytown by hanging himself, but an inquest was pending [70].

The following year, the former manager of the Comet Gold mine in Maytown, Joseph Coates, died of consumption. A month later a popular young miner named Symonds died of an unspecified fever in Maytown Hospital [71,72].

Dr. Roth had three mentions in October 1888. Firstly he confirmed the suicidal death by hanging of Ah Wing, a Chinaman in the lockup undergoing a sentence of seven day's imprisonment for using obscene language and disorderly conduct. Secondly, he confirmed death by natural causes, in this case internal haemorrhaging of another Chinaman, Sun See, was found dead in a pool of blood at nearby Shepherd's Creek, with seven ounces of gold and some cash in his possession. Thirdly he visited a nearby indigenous camp where there was an outbreak of a febrile contagious condition with several deaths. He emphasized social distancing, important then, important now, by selecting a campsite about two kilometers out of town. He left some medicines and suspected dengue fever [73].

A Chinaman from Maytown and two others from elsewhere were transferred to the leper colony at Damien Island. This island in the Torres Strait near Thursday Island was a leper colony from at least 1889 to 1892 when it was closed down as unsuitable [74].

An interesting observation was made by the Maytown Inspector of Police Mr. Fitzgerald, that equal quantities of ox gall and kerosene could cure horses of mange if rubbed into the skin for five minutes three times a week for a month. The commonest cause of horse mange is a parasitic infection with *Chorioptes bovis*. Interesting because the antimicrobial properties of ox bile were recognized by the Anglo-

Saxons twelve hundred years ago and only recently rediscovered by medical science [75-77].

Seventeen years later there was an outbreak of fever in the Palmer River area. Although thought to be a mild form of dengue fever, one man, J. Hogarth, a recent arrival in Maytown who appeared a worn-out old fellow, succumbed to the disease [78,79].

Starvation

In the second year of the Palmer River gold rush, there was a mass exodus from the area in the wet season for fear of starvation. Transport of food became exceedingly difficult and prices of basic foods became prohibitive. Miners with gold in their pockets were known to starve when there was food on the other side of the grossly swollen and impassable Palmer River [80].

Drug addiction

Opium smoking was common amongst the Chinese men on the Palmer River thanks to the British sale of Indian opium to the Chinese in the nineteenth century causing widespread addiction. In 1883, Ah Pack died of addiction and neglect in Maytown Hospital. He had been found semi-comatose, his body and hut equally filthy and overrun with ants and vermin [81].

In 1914, another Chinese man, apparently named Cum Foo was fined £3 for illegal possession and trafficking of opium [82].

Discussion

Spear injuries

Indigenous spears were usually not barbed enabling withdrawal. They were however lethal weapons up to three meters long. Made of saplings of wattle such as Blackwood (*Acacia melanoxylon*), they could be chewed, then straightened and hardened in a fire. They could be thrown accurately a hundred and fifty meters, or more with the aid of a woomera, a uniquely Australian indigenous throwing device. They have been observed to completely skewer the trunk of a moderately large eucalyptus tree. Serious damage to human flesh from such formidable weapons was inevitable.

Perforated intestines or lacerated and hemorrhaging solid abdominal organs from a spear wound in the era before laparotomy, lavage, prevention of severe solid organ hemorrhaging, and suturing of intestinal perforations were usually fatal.

In mediaeval days and earlier, men with abdominal arrow wounds were referred to as 'gut shot'. The Vikings over a millennium ago gave a mixture of leek and onion orally and if this could be smelt at the abdominal incision, then death was almost inevitable from perforation and peritonitis. However chest wounds, if not immediately fatal, could be survived following removal of the spear, perhaps with a spontaneously resolving pneumothorax.

Spear wounds predominantly occurred in the era before peer-reviewed medical literature; however a recent article from Africa records the management of eight penetrating abdominal wounds from spears. Emergency laparotomy was performed and removal of the spear before laparotomy was considered to be strongly contraindicated because of the damage that can be inflicted without direct observation. Retroperitoneal haemorrhage was a constant finding. Early hospital referral and resuscitation with fluid replacement improved outcome. Mortality and morbidity were related to delay, visceral damage and hemorrhage, and subsequent sepsis. One case died of sepsis, ARDS and multiple organ failure four days after

surgery having in advisedly had the spear removed prior to arrival and having unrecordable blood pressure on admission. The other seven survived [83].

Another spear injury from North Queensland reported by Dr. 'Dan' was of a man hunting feral pigs with only a spear and a dog, who slipped and impaled himself through the shin with his spear, faced with a four hour walk and a boat journey, he removed the spear aware of advice that this was potentially hazardous and could cause severe hemorrhaging. On arrival under medical care with a penetrating shin lesion covered in blood, examination revealed normal temperature, pulse and blood pressure, a strong posterior tibial pulse distal to the wound, with good blood supply and full sensation and movement in the foot. He was treated with analgesia, a tetanus booster, intravenous antibiotics, and sent to theatre for an uncomplicated exploration and washout under anesthesia followed by wound closure and an uneventful recovery. This case reveals the decreased morbidity and mortality if neuro-vascular injury is absent and the life-saving necessity of adequate communication devices such as an EPIRB or a satellite phone plus a companion and adequate water in the beautiful but brutal remote Australian bush [84].

No specific head injuries were described in Maytown, the head is a smaller target and the vital centre of evasive tactics. The man with eight spear wounds may well have had a final fatal head wound. Survival would be unlikely with a solitary head wound. Akhiwu described a man stabbed through the face with a spear who survived fortunately thanks to skilled urgent multi-disciplinary surgery, a tracheotomy, fortunate sparing from neurological damage, a blood transfusion and antibiotics. A brilliant combination of current surgical skills all totally unavailable in the late 19th century [85].

The more common outcome of a spear wound to the cranium was the fate of King Henry II of France in 1599. A lance entered his right orbit in a joust. Initially blind, but conscious he deteriorated with meningism, focal neurological signs, fever, epilepsy, respiratory failure and death on the eleventh day suggestive of meningitis and a cerebral abscess [86].

Conclusion

Maytown was a transitory gold rush town now totally deserted. The doctors and hospital there also followed a transitory picture. Death and disease was common, particularly from a wide variety of infectious diseases, and from trauma both from mining accidents and from encounters with the local indigenous warriors endeavouring in vain to repel the invading Caucasian and Chinese people [87].

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