

# Postscript on a case of drowning, 35 years later

LIGHT AIRS

EARLIER THIS YEAR, while idly watching the news on TV, I was half-following the tale of a youth lost in dense bush west of Sydney. The Mayor of the Blue Mountains appeared on screen, talking about the incident.

The Mayor looked about 40 and seemed somehow familiar. I shook myself and looked again when I heard that his surname was the same as that of an old friend called Bill, the father of a boy I had helped revive after drowning, 35 years ago.

The memory of that cold winter's evening on duty in the Lismore Hospital ED flashed before me. This was the case that had indirectly changed my life and led to my first general practice in Mullumbimby.

With the shock of recognition, I naturally wondered: Could the Mayor be the man the drowned boy had become?

## How the fateful day unfolded

A tall, rugged man in tattered shorts walked in, carrying a boy about five. The man was exhausted, soaked, covered in mud and weeds. The boy was cold, flaccid and unresponsive. The nurse and I directed the man straight to the resuscitation room. We could not find a pulse. The man told us that the boy, his son Adam, had been underwater in a dam for about 15 minutes.

Prospects looked grim. The boy's skin was mottled grey. But when the nurse attached the ECG, the screen showed ventricular fibrillation, a shock-

able rhythm. Surprisingly, cardioversion was successful and the familiar QRS, QRS, QRS, appeared.

It's hard to treat a patient at the edge of the abyss. I was acutely anxious, but we had to act quickly. The ECG had given us a spark of hope. (The words of my supervising doctor in the UK floated past. 'In an emergency, first take your own pulse,' he said, 'then remember your ABC'. Airways, Breathing, Circulation: the emergency alphabet. I was then a registrar in anaesthetics and intensive care in a large London Hospital.)

**"Bill and his wife took turns administering CPR to Adam on the drive to Lismore."**

My moment of panic was short. We moved into top gear. I pushed a laryngoscope across the right side of the tongue to see the boy's vocal cords. Because he was unconscious, I was readily able to slide a tube down.

Metabolic stabilisation was helped by a CVP monitor, then newly invented. It took much of the guesswork out of managing fluid balance.

## Child's play turns to crisis in seconds

Adam's dad Bill told us that

the boy had been playing with a young friend on a slippery bank. Bill had been close by and heard a scream. As soon as he learned what had happened, he dived into the muddy dam. Bill's sense of time was distorted by his distraught state of mind, but he thought it could have taken 15 minutes to find Adam in the opaque water.

Bill and his wife took turns administering CPR to Adam as local friends frantically drove them and the unconscious child over the rough mountain road to Lismore, more than an hour's drive.

## Tragedy averted, by the narrowest margin

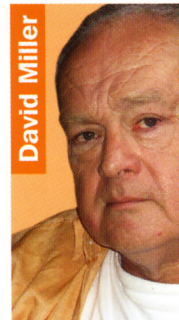
At the hospital, after our efforts to save him, Adam was stable on a ventilator in intensive care and it was time for me to hand his care over to others as my shift ended.

Next morning I went up to intensive care before my next casualty session started, and met Bill again. He told me that Adam had opened his eyes and moved his body. These were of course good signs, but he was still on a ventilator. Adam's mother was quietly holding his hand.

Over the next few days, Adam's condition improved far beyond expectations. On the fourth day he was breathing on his own. Relief and joy all round.

During the following days, I got to know Bill, his wife and the various communal neighbours from Main Arm who came over to see Adam. I

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