

FILE NAME: Colonial Sugar Refinery (CSR)

DATE: 1965

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DOCUMENT DESCRIPTION: Letter from Dr. McNulty RE Level of Asbestos Production at Wittenoom & Desire to Perform Lung Function Tests on Workers

Dr. Janet B. Wilson,
Assistant, Wittenoom,
Western Australia.
Wittenoom Hospital 2,
Wittenoom, Western Australia.

1st December 1965.

Your ref: JEW:40.

Dear Janet,

I am not going to Wittenoom in the near future, but I have been trying, so far unsuccessfully, to get someone to go up to do lung function tests.

The answers to the questions posed in your letter are as follows:-

1. 2 1/2 million tons of asbestos were reportedly used during 1963 and the amount increases annually so it would now be nearly 3 million tons.
2. Chrysotile probably still amounts to at least 95% of the world's supply, crocidolite, amosite and anthophyllite making up the rest. Incidentally, I found out recently that crocidolite comes not only from South Africa and Australia, but in small amounts from Bolivia.
3. The amount of asbestos produced at Wittenoom has varied very considerably over the years, often not for similar reasons but demand i.e. orders were in hand before the ore was produced.

1945	1,381 tons
1946	1,100
1947	1,765
1948	10,710
1949	11,000

Incidentally, in 1949 11,000 tons of ore were treated to give 11,000 tons of asbestos. Since 1949 lower production has been due to difficulties encountered with mining, water supplies, power grade ore, and so on.

Ventilation system used in the conventional type using air conditioning fans, designed for a very long time. The fact that the air went into the gorges and there weren't vertical shafts to air.

Present dust control in the mill provides to be very good. The system is called the Anor job. If you want more details of ventilation and dust control, I suggest you write to the Senior Inspector of Mines, River Murray and Kalbarrie.

There have been a number of reports of lung disease in the past. The reports were made by the medical officers of the hospital.

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but I have been unable to persuade the Mines Department to persevere with it. The body of opinion is against the use of the Nominometer for dust sampling in the asbestos mining industry for many reasons, basically because of the fibrous nature of the asbestos. Dust samples have been of dust particles only, and because of the high quartz content of this, to have been estimating the silicosis risk only. A view expressed once was that there was little point in introducing refinements because dust was so obviously present. I have now suggested to the Mines Department, and am trying to arrange, a visit by a Mr. Major from the Commonwealth School of Hygiene and Tropical Medicine to do a complete survey of the mine and will use more specific techniques. The Mines Department seem anxious to co-operate.

I mentioned the suggestions made by Brian Gandevia for lung function tests. These included F.E.V₁, V.C, height, smoking history, presence of productive cough, either clinically or by sputum measurement and age. The Working Group of Asbestos and Cancer (copy enclosed) recommend in addition single breath carbon monoxide test for diffusion capacity, lung compliance, standard exercise test resistance, peak expiratory flow and air-ways.

Yours sincerely,

J. McNulty
PHYSICIAN
Occupational Medicine

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