FILE NAME: Colonial Sugar Refinery (CSR)

DATE: 1959

DOC#: CSR119

DOCUMENT DESCRIPTION: Correspondence between Medical Professionals RE Asbestosis, X-Ray Classifications & Report on Health of Workers at Wittenoom

(13)

DISTRICT

Date 15th January 1959

JMcN/LF

Dr. D.D. Letham,
Physician,
Dept. of Public Health,
57 Murray Street,
PERTH

Dear Don,

Films of the following have been forwarded under separate cover:

24630
39763
45910
45556

I wrote to the men concerned a pretty general letter, strongly advising them to leave the industry but did not specify the stage of asbestosis.

Although we did discuss the X-Ray classification in terms of stages, any classification would have to include a clinical examination and be in accordance with the proposed Amendments of the Mine Workers' Relief Act. In the proposed Amendments Stage 2 asbestosis would be equivalent to advanced silicosis which is defined "That the capacity for work is or has been seriously and permanently impaired by that disease."

There is nothing to stop us from devising a separate clinical assessment of the radiological changes, of course.

Yours faithfully,

J. McNULTY
CHEST PHYSICIAN

Patients names deleted
J Doyle 27/1

(74)

DISTRICT HOSPITAL

KALGOORLIE

JMcK/LF

Date 29th January 1959

Dr. L. J. Letham,
Physician,
Dept. of Public Health,
57 Murray Street,
PERTH

Dear Dr. Letham,

Asbestosis

My experience in obtaining accounts of patient's symptoms from Practitioners in regard to industrial disease has not been very satisfactory. However I wrote to Dr. Oxer, and to the workers requesting chest X Rays and clinical examinations. I will also forward sputum containers which will be returned by air to you for disposal.

Three specimen bottles, one first thing in the morning, one in the morning coming off shift work and perhaps one at 3 in the evening should be sufficient. Please ring me at say, 9.30 a.m. Monday, 2nd February. if you can add anything, before I post the letters.

The absence of real response to my letters from the workers concerned suggests there cannot be much disability, and the urgency of the problem has lessened now that the new Mill is in operation. For these reasons I feel that the problem should wait until the Unit has X-Rayed the working population, when there may be more cases, and who knows? the classical signs in the established cases may be less obvious.

If on our next visit we find more cases, deterioration in the established cases, or an obvious dust hazard persisting, we will be justified in issuing a joint statement to Dr. Henzell, with copies etc. etc. etc.

Yours faithfully,

J. McKELL
CHEST PHYSICIAN

(80)

DISTRICT HOSPITAL

KALGOORLIE

JMcN:EI.

Date 23rd March, 1960.

ADDENDUM TO REPORT ON THE HEALTH OF WORKERS IN WITTENOOM, 1959.

Information has now been obtained from Canada, through the courtesy of the General Secretary of the Chamber of Mines, confirming my impression that the Konimeter in use in the State is not an effective instrument for dust counting in the Asbestos industry.

In the Quebec Asbestos industry a Midget-Impinger is used. It is stressed that fibres over 10 microns in length are of particular importance and whilst the total dust concentration should be below 10 million particles per cubic foot of air, the maximum fibre count ie over 10 microns in length, permitted, is 1 million fibres per cubic foot of air.

I have fuller details if required and I understand that copies have been sent to the senior Inspector of Mines, Kalgoorlie, and the Manager, Australian Blue Asbestos, Wittenoom.

CHEST PHYSICIAN and
MINES MEDICAL OFFICER.