Dr. C. C. J. Minty
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Curriculum Vitae - Cyril Charles Julius Minty

Date of Birth : June 26 1922

Educated in Queensland, passed University Entrance Examinations (matriculation), 1938, commenced course in Medicine, University of Queensland 1939, awarded degrees, Bachelor of Medicine, Bachelor of Surgery, 1945, was registered as Medical Practicher 1945.

1945-1946 : Junior Resident Medical Officer, Brisbane General Hospital.

1946-1947 : Resident Medical Officer Rockhampton General Hospital.

1953 : Diploma of Therapeutic Radiology, Melbourne.

1947-1954 : Radiotherapy Registrar, Queensland Radium Institute.

1963 : Fellow of the Faculty of Radiologists.(by examination).

1963 : Fellow of the Royal Australasian College of Radiologists.

1955-1987 : Specialist Radiation Oncologist, Peter MacCallum CLinic - Peter MacCallum Cancer Institute, Melbourne.

1963-1987 : Honorary Specialist Radiotherapist, Royal Children's Hospital, Melbourne.

1963-1987 : Honorary Specialist, Radiotherapist, Alfred Hospital, Melbourne.

Qualifications : D.T.R. 1953.
M.B.B.S. University of Queensland 1945.
F.R.A.C.R. 1963.
F.R.C.R. 1963.

These are qualifications as a Radiation Oncologist. I have studied environmental causes of cancer, as a special interest, over the past 20 years . I have published or been co-author in 6 or 8 papers in medical journals between 1947 and 1955.

PLAINTIFF'S EXHIBIT WV-04438

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Slater and Gordon,
Barristers and Solicitors,
111 Nicholson St.,
Footscray 3011.

October 20, 1987

Dear Sirs,

re: Mr. Rabenalt (Ref. P. Gordon)

I examined Mr. Rabenalt October 19, 1987.

He told me that he was born in Leipzig December 8, 1935 and trained as a photo engraver and worked at this occupation until the age of 25. There was no exposure to asbestos during these years. He emigrated to Australia in February 1960. For three months he worked in Perth as a photo engraver and then went to Wittenoom mine. For the first three months he worked in the mill bagging asbestos. When he was doing this job the asbestos was delivered from a chute on to a table in front of him and he had to manually place the fluffy fibre into a bag and beat it down until the bag contained 100 lb. of asbestos. This occupation was extremely dusty. He was provided with a mask, this continually became blocked and he could not breath. He had to take it off. After three months he transferred to the mine. For the first month in the mine he worked on the screper which was also

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extremely dusty. He worked in the afernoon shift after the miners had blasted and when he went into the mine it was very dusty. He could not see the light of his fellow worker. He had to scrape the ore from the ore face back to the chute where it fell down into trucks. This was a very dusty occupation. He then worked at the ore face as a machine miner and although this was very dusty, it was not as dusty as the bagging or working on the scraper. Some ventilation was provided and they left the mine before the charges went off and caused so much dust. No masks were provided when he worked in the mine as a machine miner or on the scraper. After six months his contract was finished and he left.

He was a slight to moderate smoker, but he gave up smoking altogether 10 years ago. There is no family history of tuberculosis. His past illnesses include hernia operation and treatment for kidney stones.

His present illness commenced with a dry cough which he noticed more than 15 years ago. He seldom coughed up any sputum. When he did it was clear and sticky. He was self-employed and for the past 20 years has been in retail furniture. He considers his exercise tolerance to be normal, but he had a chest pain when he laughed or coughed, noticed about four to six weeks ago. He consulted his local doctor who referred him to Dr. Teichtahl, a thoracic surgeon and he in turn, after arranging for x-rays, referred Mr. Rabenalt to Mr. Shardey who carried out a lung and

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PHYSICIAN CHEST DISEASES

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pleural biopsy. At at this time about 800 ml. of fluid was removed from the left chest and the pathology report on the tissue removed for biopsy stated that he was suffering from mesothelioma. Since the operation he has been depressed. He still has the same pain around the left side and front, low down in the chest, but in addition has some numbness, tingling and pain relating to the operation site. He becomes very tired with slight exertion and is short of breath on slight exertion.

On examination he is a moderately obese young looking man, not distressed getting up on the couch. He is not cyanosed. He has a little dry cough. There is no finger clubbing present. On examination of the chest he has a moderate excursion of the ribs on inspiration. I could not hear any rales at the bases. The left side of the chest is dull to percussion low down and there is a recent incision in the lateral wall of his chest over the lower ribs. There is no enlargement of his liver or spleen. There are no enlarged lymph nodes. His pulse is regular. His heart is not enlarged. There is no edema. Blood pressure is 130/80.

It is my opinion that Mr. Rabenalt is suffering from asbestos related disease due to his work at Wittenoom mine. He has interstitial pulmonary fibrosis, pleural thickening, pleural effusion and malignant mesothelioma of the pleura due to

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inhalation of asbestos dust.

His expectation of life is short. He wil require medical and nursing care and hospitalisation during his final illness.

Yours faithfully,

Dr. C. J. Minty