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DDL/CT

26th July, 1961.

Dr. Bruce Hunt,
37 Ord Street,
WEST PERTH.

Dear Dr. Hunt,

Possible Visit of Dr. Rennie

Following our discussion, it is thought that Dr. Rennie would need to -

- (a) spend some time in Perth in discussion; and examination of case histories and chest x-rays of employees and ex-employees,
- (b) visit Wittenoom,
- (c) probably have further discussions in Perth.

The M.N.A. timetable (which is enclosed) does not readily lend itself to this programme. There are four weekly return trips. Of these, the plane leaving on Sunday at 5.15 p.m. would predicate the need for spending the weekend in Wittenoom - not desirable. The plane leaving on Saturday at 11.25 a.m. stays overnight at Meekatharra to arrive in Perth after midday on Sunday - also not desirable. This leaves, then, planes leaving on Tuesday and Wednesday. Of the two the Wednesday trip (Fokker Friendship) is the faster. This limits the days for leaving Perth to Sunday and Tuesday. Leaving on Sunday would mean arriving in Wittenoom at 8.45 a.m. No doubt the day could be pleasantly spent having a look at the Gorge and/or preliminary discussions. Monday and half of Tuesday could then be spent in Wittenoom, departing thence at 1.30 p.m. on Tuesday. This would presuppose spending Saturday in Perth on item (a) above, which would, in turn, indicate the need for leaving Sydney on the Friday. (There is, in fact, an A.N.A. service which leaves Sydney at 4 p.m. on Friday, arriving in Perth at 9.25 p.m.). I do not think that this would be practicable. In the first place it would probably be too much of a rush for Dr. Rennie, and

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secondly, it might be difficult to get together on Saturday afternoon several people from several hospitals who would probably wish to present their own cases. This leaves but one alternative:-

To leave for Wittenoom on a Tuesday at 6.45 or 7.30 a.m., arriving there at 1.10 p.m. The return trip would have to be made on the following day, leaving Wittenoom at 1.10 p.m. via the Fokker Friendship. This would give little less than 24 hours in Wittenoom, which, if carefully planned, would probably suffice for the purpose. It would be necessary to use the Tuesday afternoon for inspection, the evening would have to be spent in discussions with management, and, on the following morning, Wednesday, the inspection could be continued. It might be desirable for a ventilation engineer to stay for a longer period but I think that this time would be sufficient to allow Dr. Rennie a reasonable appraisal of working conditions. With this programme he could come over in the weekend on Saturday or Sunday, spend Monday with us here in Perth (see (a) on previous page) and, if need be, spend further time with us on Thursday and/or Friday.

It does not seem practicable to consider the possibility of returning, via Roebourne, on Friday. The plane leaves at 7.55 a.m. and it is approximately 180 miles by road from Wittenoom to Roebourne.

I have requested Dr. Elphick of the Perth Chest Hospital and Dr. Harris of the Repatriation General Hospital to let me have a list of cases of asbestosis which have been admitted to their wards. These will include cases which are complicated by silicosis. Royal Perth Hospital has no record of any admissions but I know of a recent one which has not yet had time to be classified in records. In addition there will be cases known to Dr. McMulty and possibly one or two from the Chest Clinic not known to him. I also know of at least one referred by a colleague, not on Dr. McMulty's list.

By the time that Dr. McMulty returns from his

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trip to Darwin and Wittenoom, we should have more detailed information. When the occasion arises I shall communicate with you again.

Yours sincerely,

(D.D. Letham)
PHYSICIAN
DEPARTMENT OF PUBLIC HEALTH.