(119)

Telephone 388 1422
Telex AA93516

SIR CHARLES GAIRDNER HOSPITAL
THE QUEEN ELIZABETH II MEDICAL CENTRE
NEDLANDS, WESTERN AUSTRALIA, 6009.

IN REPLY PLEASE QUOTE

JLE/cl

IF TELEPHONING PLEASE ASK FOR

8th January, 1980.

Unit No. A0070191

Dr. Ong,
P.O. Box 252,
MANDURAH W.A. 6210

Dear Dr. Ong,

Re: Mr. Walter SIMPSON

Walter Simpson was previously a patient of Dr. Hall who I gather has moved to Geraldton.

This patient worked at Wittenoom Gorge but only for about 3 years when he was a Loco. Driver, underground. He was initially seen by Dr. Peter Brown the Senior Registrar. Mr. Simpson was certain he had asbestosis but clinically we were not convinced as he had no crepitations, no clubbing and no significant X-ray changes. His symptoms were out of proportion to his chest signs and indee his ventilatory function tests. He had been a very heavy smoker. He also had symptoms suggestive of rhinitis and prick skin tests were strongly positive so there is undoubtedly an atopic element.

Because he was convinced he had asbestosis and because a lung screen did in fact show an unexplained defect in gas transfer, he had an open lung biopsy, this sho fibrosing alveolitis, there was no sign of asbestosis.

Mr. Simpson has been told that he has a fibrosis in the lungs, that this is minimal and that it is not related to asbestosis. He has also been told that this appears stationary at present but that he does need to be seen occasionally for X-ray and lung screen.

He can neither read nor write which is a considerable disability these days. He was a heavy smoker but I think he has now stopped. This is excellent news as it lessens his chance of getting lung cancer particularly as he worked at Wittenoom.

Today he again complained of b[illegible]lessness after a heavy meal and painful swel below the xiphisternum to the [illegible] which he thought was getting bigger. On exa ination he had a gap between hi[illegible] recti but there was only very vague diffuse thickening on the left and I fe[illegible] this is within normal physiologi[illegible] limits.

PLAINTIFF'S EXHIBIT WV-04116

PLAINTIFF'S EXHIBIT 10371.0

I told him that this was simply slight fatty swelling and of no consequence.

He is a fairly anxious chap, he has no job, he spends a lot of time swimming and sometimes after swimming he suffers from a blocked nose for some days and I have therefore prescribed Avil retard to take at night on these occasions for 3-4 nights. I told him that if this helped then you could probably supply Avil plain if he visited you in the future but I warned him to take only at night. Lung screen today still showed a defect in gas transfer but there had been no change since April '79. I have therefore re-assured him that his fibrosing alveolitis appears quiescent, but I will see him again in 6 months.

Yours sincerely,

JANET L. ELDER
Physician
Department of Respiratory Medicine II.

DR. W. J. VAHALA
DR. T. K. KEARNEY
DR. V. E. STEWART

433 GUILDFORD ROAD,
BAYSWATER, 6053
272 3111

HOURS BY APPOINTMENT

Dear Sir,

Re Walter Simpson

The patient has attended his Surgery from January 1981 complaining of chest pain + breathing difficulties. This is due to pulmonary fibrosis which showed in reports from S.C.G.H.

Yours sincerely,

Fred.

This is a copy of a booklet produced by Australian Blue Asbestos Ltd, which I located amongst my papers and could be useful for your purposes.
It was produced during 1958, I believe soon after the Colonial Mine in Western Gorge had been commenced and before the new treatment plant had been brought in to full production.

Enclosed also is a copy of the production of Crocidolite from the Wittenoom area.

You will see some disparity between the production claimed by the Company and the figures produced by the Mines Dept. This is due to the Company reporting the product as obtained out of their treatment plant whereas the Dept. generally reports the sales figures ~~and~~ realised and these vary annually but balance out overall.

Hope this may be useful

Jack Fairhurst [illegible]
Mines Dept
[illegible]