FILE NAME: Colonial Sugar Refinery (CSR)

DATE: 1960 & 1961

DOC#: CSR039

DOCUMENT DESCRIPTION: Letters RE Failure of Mines Dept to Reduce Dust Concentrations & Asbestosis with Personal Letters to Mr. Allan, Manager at Wittenoom, RE His Lung Damage from Asbestos Dust

(85)

DISTRICT HOSPITAL

KALGOORLIE.

JMcN.AW.

Date 26th August, 1960.

Ref: 1/815/59

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

Dear Dr. Letham,

Midget-Impinger.

I would not claim that the Midget-Impinger is the best instrument for use in dust-counting in the mining industry, but in so far as the Asbestos industry is concerned it appears to be a great improvement on the Konimeter.

Mr. Brisbane wrote me a fantastic letter, the gist of which was that the Konimeter was the most practical intrument. Dust-counting was mainly of propaganda value and accurate estimations of concentrations were impossible to obtain. This attitude may explain the significant failure of the Mines Department to reduce the incidence of silicosis.

Yours faithfully,

J.McNulty
Chest Physician

PLAINTIFF'S EXHIBIT 103370

(86)

DISTRICT HOSPITAL

KALGOORLIE

JMcN:MKV. Date 6th October, 1960

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

Dear Dr. Letham,

The Senior Inspector of Mines has kindly given me a copy of his findings at Wittenoom. Briefly the concentration of dust in both the mill and the underground workings is shocking. The amount of dust falling on the lawn outside the mill office would not compare favourably with conditions underground in some gold mines. Silicosis is probably a much greater hazard than we had imagined and this probably explains why all the men who have developed abnormal chest x-rays appear to have a mixture of silicosis and asbestosis.

There was little correlation between the readings of the Midget-Impinger and the Konimeter. The Konimeter generally gave much higher total particle counts and the Impinger higher fibre counts, but the readings were too inconsistent to give a worthwhile comparison. The Inspector suggested that inexperience with the Impinger may have been the cause and he feels that it is a good instrument for use at Wittenoom.

The Senior Inspector of Mines has made many recommendations to the Company and the Mines Department have the power, under the Mining Acts, to see that the dust hazard is eradicated. It remains for us to keep hammering the health aspect to maintain the sense of urgency required.

A preliminary review of the Wittenoom films, shows how urgent the problem is. It is too early to commit myself, but I feel that the general picture is worse than ever.

On completion of the review I think it would be a good idea to send a copy of all the results to the Company for their information.

Yours faithfully,

J. McNulty
CHIEF PHYSICIAN.

PLAINTIFF'S EXHIBIT 10338.0

DISTRICT HOSPITAL

KALGOORLIE

JMcN:MKV.

Date 13th October, 1960

SIMPSON
Ex 143(c)

Mr. O. A. Allan,
Australian Blue Asbestos Ltd.,
KITTENCOOL

Dear Ossie,

I regret to advise that your recent chest shows changes very suggestive of industrial disease, probably an early stage of Asbestosis, complicated by silicosis. You probably picked this up in earlier years when you were more intimately concerned with the mill. As you know I was a bit suspicious last year, but the changes were too indefinite and we don't usually associate managerial staff with industrial chest disease.

No final decision has been made and you will not receive formal notice from the Honourable Minister for Mines until your condition has been further investigated. If you will be in Perth in the near future please let us know and I will arrange for you to have further x-rays, lung function and sputum tests as an out-patient, at the Perth Chest Hospital. I will not be in Perth until February 1961, but you could consult Dr. Letham at the Public Health Department - he is fully in the picture and could advise you.

There is no immediate need for concern, but naturally you should avoid further exposure to harmful dust like the plague until your chest condition has been completely investigated.

If you have any questions or need any advice, please write.

Yours sincerely,

P.S.

It will take some time to complete my review of the x-rays of your workers, but I am not too happy about the general trend.

MINES MEDICAL OFFICER.

Copy: Dr. D. D. Letham.

Simpson
Ex 143 (6)

COPY/

DISTRICT HOSPITAL

KALGOORLIE.

JMcN:MKV

16th March, 1961.

Mr. O. A. Allan,
Manager,
Australian Blue Asbestos Ltd.,
WITTENOOM.

Dear Os,

The lung function and other tests carried out at the Chest Hospital, confirm that your lungs have suffered some damage attributable to the inhalation of asbestos dust and that the damage is not severe. In fact, apart from what can be shown by X-Ray, tests etc., your health cannot be considered to be adversely affected.

You will appreciate that our experience of chest disease caused by asbestos is limited and indeed the various international experts publishing articles on it do not seem to know much more. This lessens the value of any advice which I can give. Unfortunately, with the numbers of men involved in a very few years, I shall soon be an expert on the course and prognosis of the disease. There are a few salient points on which I can enlighten you.

1. There is no immediate treatment.

2. Further exposure to asbestos or silica dust must cease (other than that experienced during short inspection trips to the mill and mine)

3. There is no guarantee that your health will remain good, although with the slight damage that you have suffered, I would hope that there will be no or insignificant deterioration.

4. Annual chest x-rays are advisable and with the passage of time, a more definite opinion can be given.

I shall be visiting Wittenoom again after the Mobile Unit complet its survey in August - September and look forward to seeing you. In the meantime, if you wish any further information, please write.

Kind regards,

Sgd. Jim McNulty. CHEST PHYSICIAN.