FILE NAME: Norfolk & Southern - WC Case - Ancel Wheeler (NS)

DATE: 1951 Nov 3

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COPY

ELMER R. MAURER, M.D.
Suite 827 Union Central Bldg.
Cincinnati 2, Ohio

November 3, 1951

Harrison M. Fuerst
Attorney-at-Law
543 Society for Savings Bldg.
Cleveland 14, Ohio

Dear Mr. Fuerst: Re: Ancel Wheeler
Wheelersburg, Ohio

Mr. Ancel Wheeler was seen in consultation in my office on October 25, 1951.

This 39 year old, white male patient was in good health until October 1, 1950, at which time he first experienced pain over the right chest and a hacking cough which eventually became chronic. The cough has never been productive of pus or blood. During the ensuing year, the patient has developed dyspnea and the cough has persisted. The pain over the right chest is intermittent, but persistent. According to the history obtained from the patient, he has been employed as a laborer for the Norolk and Western Railroad since June, 1944. The patient's particular work involved the operation of a grinder which pulverized asbestos removed from boilers. The patient was engaged in this work reputedly without any protective device. During the past several months, the patient has developed some wheezing and the dyspnea is more severe on exertion.

Physical Examination: Temperature 98.6. Blood pressure 125/70 in the left arm, with the patient upright. Mr. Wheeler is very markedly obese, weighing an estimate 224 lbs. The only significant findings are limited to the chest. There is impaired percussion note with distant breath sounds and numerous coarse to fine crackling rales over the lower lobe, right lung, posterior and lateral. The heart was not remarkable to percussion and the sounds were clear and of good quality, no murmurs or arrhythmias being noted. The remainder of the physical examination was not remarkable.

X-Rays: A review of the roentgenograms of the chest, PA and lateral projections made on April 16, 1951, in the offices of Drs. Mahrer, Krause & Lubert, in Clevelar reveal a diffuse mottling throughout both lower lobes. The radiastinal structures appear to be normal and the upper one-half of each lung field appears to be clear. The mottling or infiltrate is most severe in the right lower lobe. The patient was not fluoroscoped in this office, but it is my understanding that there was some limitation of motion of the right diaphragmatic leaf.

Impression: It is my opinion that Mr. Wheeler is suffering from moderately severe pneumoconiosis (asbestosis) involving both lower lobes of lungs, most severe on the right side. This diagnosis is suggested by the classical history of exposure to fine asbestos dust and the focalization of the physical findings and infiltrate in the lower lobes of the lung, particularly severe on the right side. The limited excursion of the right diaphragm would also suggest this diagnosis when the above x-ray findings are encountered. I would estimate that Mr. Wheeler's disability wil most probably be a total and permanent one.

The sputum sample obtained from Mr. Wheeler has been sent on to Dr. Robert Ritterho a pathologist in this city, to see if any acid-fast organisms or asbestos particles can be identified in the sputum. Tuberculosis is an uncommon complication in asbestosis and in this condition

Harrison M. Fuerst
November 3, 1951

Re: Ancel Wheeler

on to you immediately.

We will mail the x-rays to the offices of Drs. Mahrer, Krause & Lubert.

Thank you very much for asking me to examine Mr. Wheeler for you.

Sincerely yours,

Elmer R. Maurer, M.D.

ERM:sd

ANCIL WHEELER
N & W Railroad Shop Employee
Referred by Dr. Ralph Carothers

HISTORY

Mr. Ancil Wheeler stated that he was employed at the N & W Shop and was running a grinder which was used to pulverize asbestos for insulation of boilers. He further stated that he had been an employee in the shop for seven years on the same job and had asked for a respirator but none was supplied him; that he inhaled quantities of dust with the result that his right upper chest became sore and painful, producing cough and right anterior chest pain and shortness of breath. He did not have hemoptysis.

His past history is not especially remarkable. He had never been seriously ill and had had no operations.

The Physical Examination reveals a rather obese adult - age 39 years weighing 295 pounds.

The pupils were equal and reacted to light and accommodation. Ophthalmoscopic examination revealed no evidence of exudate or hemorrhage. The remaining teeth were in fair condition; no evidence of marked alveolar infection was noted. The tonsils were large and soft but no pus was expressed. The trachea was in the midline. Thyroid not irregularly enlarged. There was no evidence of cervical adenopathy. The Chest was broad and deep and expanded equally and well. The percussion note was resonant over the backs; the diaphragms were high in position but descended equally; a few ronchi heard at the bases; no moisture over the apices. The percussion note was resonant anteriorly. The heart was of normal size and configuration; sounds clear; no murmurs present; P.M.I. not palpable; no abnormal thrills nor pulsations noted over the precordial area; A 2 slightly louder than P 2; rhythm regular; rate not increased. The Blood Pressure was 140 systolic; 100 diastolic. The perpheral vessel were not unduly thickened. The abdomen was just above the level of the costal border; no masses were noted within the abdomen; no areas of tenderness; liver and spleen not palpable. The extremities demonstrated normal neurological findings; no gross joint involvement; no oedema. The Dorsalis pedis were of equal and moderate pulsation.

LABORATORY WORK

BLOOD CHEMISTRY — Moderately increased

URINALYSIS — Essentially negative

BLOOD COUNT

Hemoglobin	89%
Red blood cells	4,420,000
White blood cells	9,000

ELECTROCARDIOGRAM

Rate 88 per minute
P.R. Interval 0.16 seconds
Rhythm sinus
P waves normal
Q.R.S. - preponderant S 3
T waves inverted in lead 3

Interpretation — Normal Electrocardiogram. No change from Electrocardiogram taken 6/20/51

STEREOSCOPIC AND LATERAL VIEWS OF CHEST - Also Bucky Films of Chest - AP and Lateral Projections -

The ribs reveal no destruction or production. The trachea and mediastinal structures are in midline. The heart is not enlarged. No areas of recent infiltration, consolidation or effusion noted. No evidence of pneumonoconiosis. There is again noted slight thickening of the pleura over the right lung.

Impression - Slight thickening of the pleura over the right lung