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

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COPY

June 26, 1951

Dr. W. R. Whitman, Chief Surgeon,
Norfolk and Western Railway Company,
Roanoke, Virginia.

Re: Mr. Ancel Wheeler
Weight: 280#
Blood Pressure: 160/100

Dear Doctor Whitman:

I wish to report to you concerning Mr. Ancel Wheeler, who was in the Good Samaritan Hospital recently for various examinations.

HISTORY:
CHIEF COMPLAINT: Congestion in the chest, with shortness of breath, eight months duration.
PRESENT ILLNESS: Approximately eight months ago this man noticed a pain in his chest which he described as feeling like a metal rod running perpendicularly through the right side. About this time he noticed also shortness of breath with exertion, which was mild at first and is now only moderate. Since the onset he has had a dry cough, especially following exertion. He has felt well otherwise, and has had no other symptoms. The patient's job is such that he is exposed constantly to asbestos dust. He has held this job for six years.

PHYSICAL FINDINGS:
GENERAL APPEARANCE: Obese white male, not appearing acutely ill.
HEAD AND NECK: Negative.
EYES: The pupils are round, regular, equal, and react to light and accommodation.
ENT: The pharynx is not injected. Tongue normal.
HEART: No enlargement. No murmurs. Rhythm and rate normal.
CHEST: Equal expansion bilaterally. Equal resonance to percussion bilaterally. Marked decrease in breath sounds on the right side, as compared to the left side. No abnormal sounds.
ABDOMEN: Markedly obese. No adequate palpation of organs performed.

PROGRESS RECORD: (6-19-51): This 38 year old white male railroad man began noting soreness across the upper anterior chest about October 1, 1950. This gradually increased in severity and by November 18 it had become very severe, especially in the right upper anterior chest and he began having dyspnea, especially on exertion. Also, on November 18 he began having chills. These gradually decreased after about a week, but the dyspnea on exertion has persisted. Also, on exertion he coughs rather severely, unproductive. No orthopnea. No ankle edema. No hemoptysis. Since October 1, 1950, he has had occasional spells in which he feels weak and the room whirls around. These spells last one minute, and he must support himself to keep from falling. The patient has worked in a small room grinding asbestos for the past six years, no protective devices used.

PAST HISTORY: Operative - negative.

HEAD: No headaches; no fainting.
EENT: He wears glasses.
GASTRO-INTESTINAL: Appetite good; bowels regular; no melena.
GENITO-URINARY: Negative.
WEIGHT: Constant.
PHYSICAL EXAMINATION: Reveals an obese white 38 year old male, alert and cooperative, in no apparent distress.
HEAD: Symmetrical, no exostosis.
EYES: Pupils round and regular, react to light and accommodation.
ENT: The tonsils are quite enlarged.
NECK: No masses.
CHEST: Equal in size and expansion, resonant to percussion bilaterally. The breath sounds are generally somewhat distant, slightly more marked on the right.
HEART: Not enlarged, regular rhythm, and sounds of good quality. No murmurs.
BLOOD PRESSURE: 160/100.
ABDOMEN: Very obese; liver and spleen not felt; no masses or tenderness.
EXTREMITIES: No edema.
(6-21-51) Note from Dr. Heusinkveld: No asbestosis; he can go home any time so far as I am concerned:
(6-21-51) Palpation of the abdomen shows the abdomen to be soft. No palpable masses, no tenderness. The solid organs are not palpable. There is marked excess panniculus.

URINALYSIS: (6-20-51)

Color: Clear amber	Blood: Negative
Spec. Grav.: QNS	White Blood Cells: 4/HPF
Reaction: Acid	Epithelial Cells: Few
Albumin: Negative	Some mucus
Sugar: Negative	
Acetone: Negative	

BLOOD (MORPHOLOGY) (6-20-51)

Hemoglobin: 93	Polys: 68
Hemograms: 13.5	Lymphocytes: 32
Red Cells: 4,700,000	Monocytes: 1
White Cells: 6,100	Stabs: 1
	Shift: 1

BLOOD CHEMISTRY:	6-20-51	6-22-51
Sugar:	90 mgm.%	
Urea Nitrogen:	25.6	22.8
Urea:	54.7	48.7
Creatinine:		1.5

VITAL CAPACITY:
Sitting: 3-2/3 liters
Lying: 2-3/8 liters

BASAL METABOLISM: Plus 2%.

BLOOD SEDIMENTATION RATE: (Cutler Method) 2 mm. in 5 minutes.

ELECTROCARDIOGRAM: Shows a regular rhythm of 100 per minute. Mechanism sinus The PR-interval measures .18 seconds, showing the auriculo-ventricular conduct time to be normal. The QRS interval measures .08 seconds, showing the intra-

ventricular conduction time to be normal. The ST-segments are iso-electric. The T-waves are inverted in Lead 3. There is left axis shift. The pectoral leads are not remarkable. There is no evidence of gross myocardial damage, nor conduction defects.

STEREOSCOPIC AND RIGHT LATERAL CHEST: The ribs reveal no destruction or production. The trachea and mediastinal structures are in midline. The heart is not enlarged. There are no areas of infiltration, consolidation, or effusion. There is, however, a slight thickening of the pleura along the right axillary line extending from the apex to the costophrenic sulcus. IMPRESSION: Thickened pleura over the right lung.

CONCLUSIONS: Reviewing the examination then we find a markedly obese individual, weighing 280#, whose blood pressure was 160/100. He complained of congestion in the chest, and shortness of breath which he has noticed for the past eight months; this is worse with exertion. There are no signs of an active infection being present, the sedimentation rate being 2 mm. in a 5 minute period, which is normal. The vital capacity was lower than normal, and the heart was not particularly enlarged. The electrocardiogram showed no gross myocardial damage. The urine showed no albumin or sugar, but the urea nitrogen, urea, and creatinine in the blood were all elevated. The basal metabolism was plus two (2), which is normal.

He had a continuous little hacking cough when we were examining him, which appeared to be nervous in character, but it is my impression that this man's heart is laboring a great deal because of the tremendous obesity, and it is gradually as the years go by, losing the myocardial tone and not keeping up the adequate circulation. This is evidenced by the hacking cough and the changes in the kidney in which the filtration of the poisonous products of the blood is impaired. The vital capacity also was slightly lowered.

I believe that most of his complaints are due to the obesity. In order to eliminate any possible malignancy in the trachea or bronchial tree, I asked him if we might not have a specialist perform a bronchoscopy. I also wanted to do a Master two-step test for coronary insufficiency, but he left the hospital refusing to have these tests done.

Very truly yours,

/s/ Dale P. Osborn

Dale P. Osborn, M. D.

DPO:EH