

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

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C O P Y
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C O P Y

May 11, 1951

Re: Ancel Wheeler
R #1
Wheelersburg, Ohio

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Attorneys at Law
543 Society for Savings Building
Cleveland, Ohio

Gentlemen:

The following is the report of the examination made by me on the above-named, April 16, 1951.

He first noticed some soreness in the right side of his chest about October 1, 1950. He developed a cough and went to bed for two weeks in November 1950. He felt slightly better and returned to work, but at this time he also noticed some shortness of breath on exertion. He consulted his family physician who told him that his symptoms were aggravated by working in a dusty atmosphere and he therefore quit work on January 9, 1951. Since then, his condition has not improved, and the soreness in his chest and the shortness of breath on exertion have persisted to the present time.

He was employed as a laborer for the Norfolk and Western Railroad since June 1944. He worked on a grinder, pulverizing caked asbestos removed from locomotives, thus continually exposing him, without protective device, to asbestos dust.

Physical examination revealed an obese white male 38 years of age weighing 224 pounds, not acutely ill but breathing heavily and with an occasional non-productive cough.

Head, ears, eyes and nose: Negative. Throat negative.
Neck: Negative.

Chest: Well-developed and symmetrical with normal excursions. Considerable tenderness on deep pressure over the lower right chest region with impairment of resonance and diminished breath sounds in this area. There were no rales.

Heart: Not enlarged to percussion. Heart sounds rhythmic and regular with no murmurs. Rate 92. Blood pressure 144/100.

Abdomen: Negative. Liver and spleen not palpable. No masses palpable.

Extremities and Reflexes: Normal.

Fluoroscopic and x-ray examination of the chest (the latter taken by Drs. Mahrer, Krause and Lubert) on this date shows the presence of fibrous like densities extending from the hilum into the lower lobes, more marked on the right. The diaphragms are normal in contour and position, but the movement of the right diaphragm lags on deep inspiration with a blunted costophrenic angle suggestive of a slight pleural effusion. The periphery and apices of the lungs are clear.

Diagnosis: Pneumonoconiosis (asbestosis) chronic, moderately advanced.

Discussion: Here is a history of repeated exposure to fine asbestos dust since June 1944, without protection, and with the appearance of symptoms in October 1950, manifested by a cough and persistent soreness in the right side of his chest. Two weeks in bed affords him some questionable relief, but on returning to work he notices definite shortness of breath on the slightest exertion. The cough, pain in the chest and dyspnea persist forcing him to quit work on January 9, 1951.

There are positive physical findings in the right lower chest region, and there is evidence of a fine interstitial fibrosis radiating from the hilum towards the periphery, producing the typical ground-glass appearance in the right lower lobe. This predilection for the lower lobes, especially on the right, is in favor of the diagnosis of asbestosis. The diaphragmatic restriction and small collection of pleural effusion on the right side adds to the disability. His disability is total and permanent.

Respectfully submitted,

H. Charles Schock, M.D.