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

DATE: 1951 Oct 1

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DOCUMENT DESCRIPTION: Medical Report with Cover Letter to Dr. Ralph Carothers

W' .LIAM L. FREYHOF, M.D.
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CINCINNATI 2, OHIO

J. E. VERBRYKE, M. D.

October 1, 1951

DR. RALPH CAROTHERS
409 Broadway
Cincinnati, Ohio.

Dear Doctor Carothers:

I am reporting to you on the examination requested on your Client, Mr. Ancil Wheeler, N & W Railroad Shop worker. I was asked to report on his cardiovascular status.

It would be my feeling that Mr. Wheeler does have a moderate degree of essential hypertension associated with left ventricular preponderance and beginning atherosclerotic changes in his aorta. The Electrocardiogram revealed no evidence of gross Myocardial Damage nor heart strain. His present weight of 290 pounds is evidently on a glandular basis and probably represents a pituitary difficulty.

The Laboratory findings revealed moderate increase in his Blood Chemistry. The Urinalysis was essentially negative. Red blood cells 4,420,000; White blood cells 9,000; Hemoglobin 89%.

It would be my feeling that while his cardiovascular status is not perfect, it in no way totally disables him.

Very truly yours,

WLF:m

William L. Freyhof

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 asker 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 290 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 peripheral vessels 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; live 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 nor 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.