

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

DATE: 1951 June 19

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DOCUMENT DESCRIPTION: Physician Report

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C O P Y

June 19, 1951

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

Dear Dr. Whitman:

Re: Ancel Wheeler

Industrial History: Graduated from high school in 1933. Supervised newspaper route until 1936. Part-time grocery clerk during the holidays. Sold insurance one year. W.P.A. time-keeper four to five years. Clerk in supermarket nine months. Present job with Norfolk and Western Railway, six years. Quit work November 17, 1950.

Present Occupation: He worked in a room approximately twelve by twelve. His job consisted of shovelling asbestos dust from under a grinder into another bin. The asbestos was used as insulating material in locomotives and was ground to be reused. At times the dust was stated to be so thick the door could hardly be seen. He never wore a respirator. He worked in this room about three days a week for six years but was exposed to asbestos in some form every day.

Chief Complaint: Soreness in the chest, worse when arising, not present every day but occurring two or three times per week. Cough mostly after exertion.

Present Illness: The patient began to notice soreness in the right lower chest which seemed to penetrate from the nipple through to the shoulder. There was a sensation of rigidity in the right chest as though there was a rod exerting pressure perpendicularly in this side of the chest. The character of the soreness changed somewhat to a feeling of pressure in the chest which was not noticed when lying flat on the back but with tortion of the chest, it would reappear. It could be aggravated by a bad spell of coughing, was not associated with normal breathing and he states that he is unable to take a deep breath because it is cut short during inspiration. The soreness is relatively the same in recent weeks. He denies sputum, blood, and fever. There has been an insignificant loss of weight from 287 to 281 pounds. He states that he is short of breath on exertion but has some dyspnea most of the time, even at rest. He denies any change in the color of his skin and noted no swelling of the extremities. In other respects his health is considered good.

He states that he has dizzy spells at times which on questioning occurs with climbing stairs or when stooping and then raising up. He has never fallen, had double vision or blacked out. He is not subject to head colds or headaches and denies postnasal discharge. In reference to other body systems, no pertinent information is obtained.

Family History: Wife, 37 years old, living and well; no miscarriages. One child, three and one-half years old, living and well. No known tuberculous contact.

Weight: Maximum 310 pounds, 1948, usual 280 pounds. He denies the use of tobacco and alcohol. He sleeps well; has always had the habit of biting his finger nails.

Physical Examination: Obese, white male. Does not appear ill. During the examination it was noticed he has an occasional non-productive cough.

Respiration:	18
Ears:	Negative
Eyes:	Strabismus; pupils react to light and accommodation
Tonsils:	Large, clean
Teeth:	Many missing, carier
Heart:	Size cannot be determined accurately because of obesity. Sounds are normal.
Chest:	Moderately large sebaceous cyst on the left back.
Lungs:	Clear on percussion and auscultation, no lag, does not determined accurately because of obesity.
Abdomen:	Obese but no abnormalities are noted.
Extrimities:	Negative
Temp.:	98.6
Pulse:	80
Blood Pressure:	160 systolic, 100 diastolic 136 systolic, 84 diastolic
Urinalysis:	{ Clear, amber, specific gravity - Q.N.S.; Albumin, negative; Sugar, negative
Blood Count:	{ WBC 4 per low powered field; Ep. few; hemoglobin, 93%, grams 13.5; RBC 4,700,000; WBC 6,100; P. 68; L. 32; M. 1; Stabs 1; Shift 1 Blood Sugar - 90 Urea Nitrogen, June 20, 25.6 mgs. percent June 22, 22.8 mgs. percent Urea, June 20, 54.7 mgs. percent June 22, 48.7 mgs. percent These figures are increased and indicative of impairment of renal function. Creatinine - 1.5 mgs. percent
Vital Capacity:	Sitting, 3 2/3 liters Lying, 2 3/8 liters
Sedimentation Rate:	20 per hour
Basal Metabolic Rate:	-2

Dr. Whitman

June 19, 1951

Re: Wheeler

X-Ray Reading Chest Films:

Bony framework, trachea, aorta, heart, diaphragm: negative;
minimal hilar calcification.

Left lung: Clear

Right lung: Clear; Pleura thickened along the axillary line.

X-Ray Diagnosis: Negative for apstosis; thickened pleura right lung.

Conclusions:

I find no evidence of apstosis. The thickened pleura over the right lung is the result of some previous condition and it is not related to his employment. He has impairment of kidney function, not related to his employment. The vital capacity is lower than normal, but I am unwilling to accept it as a finality without more tests.

Very sincerely yours,

(s) D. W. Heusinkveld

D. W. HEUSINKVELD, M. D.

DWH:rl