GWEN AND WE[illegible] BROADWAY
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MISSOULA, MONTANA

TELEPHONE LI 9-3551

PLAINTIFF'S EXHIBIT IWRG-16

June 22, 1959

Paul J. Seifert, Jr., M. D.
Box 695
Libby, Montana.

Re: Charles M. Wagner

Dear Doctor Seifert:

I am writing you regarding Mr. Charles M. Wagner of Libby.

Mr. Wagner was down to see us on 17 June about his problem of shortness of breath and "fast heart." Mr. Wagner presents an interesting but somewhat difficult problem in differential diagnosis, and I am not completely certain that we have the answer. However, we do have an opinion and I have placed him on a program as a result of this.

The history you are familiar with, so I will not record that here, but my impression is that his distress has principally been one of shortness of breath on exartion and has probably gone back for several years. He stated that he had lost about 40 pounds during the past three years but that in December 1958, the climax was reached when you hospitalized him. He has been taking the medication faithfully.

The physical examination showed the blood pressure to be 140/80. His apical rate was 110 and after a short rest period, this declined to 100. His skin was normal and no abnormal lymph node were felt. The eyes were negative as were the ears. Examination of the mouth showed poor oral hygeine and some chronic redness in the posterior pharynx. There was no abnormal adenopathy in the neck and the thyroid gland was not palpable. The thorax showed some increase in the AP diameter and excursions were slightly limited, but equal bilaterally. The breath sounds were definitely diminished in both bases and a respiratory wheeze could be heard in the right posterior base. No murmurs could be heard in the heart and the rhythm was regular. I could not determine definite enlargement on examination.

Liver, kidneys and spleen were not palpable. Examination of the genitalia showed a bilateral hydrocele which apparently has been present for many years. Rectal examination showed slight

internal hemorrhoids. The prostate was normal. A voided urine specimen was negative. Hemoglobin was 14.8 grams and the white blood count was 11,000 with 43 polys, 12 stabs, 40 lympho, 4 monocytes, 1 eosinophil. The sedimentation rate was 24 mm. in 1 hour (Westergren). The fasting blood sugar was 107, a BUN 20.2 mg. percent, and a blood cholesterol 275. Total bilirubin was 0.9 and a thymol turbidity was 1 unit.

An x-ray of his chest showed the diaphragms to be low and somewhat flat, and there was an emphysematous character to both lung fields. The heart contour and size was normal. An electrocardiogram showed P-waves to be somewhat peaked and perhaps slightly elevated in lead 2 and in AVF. Otherwise the tracing was normal except for digitalis effect and sinus tachycardia.

At this point we felt that there might be some definite hyperthyroidism present, but our tests were not remarkable. An I_{131} uptake measured about 50%, which is certainly on the upper limits of normal and by stretching our imagination, it could be called slightly elevated. However a serum Protein Bound Iodine was only 5.4 mcg. percent and this is well within the limits of normal. As a further check, however, a BMR was done and on two tests he averaged about a 21 or 22 plus. We did not feel this justified our treating him at the present time for hyperthyroidism, but it must be kept in mind.

Our final diagnosis was pulmonary emphysema. His vital capacity was slightly under 60% and after exercising him and further examining him we feel that this is the cause of his trouble. As for treatment, I am sure the best thing he can do for himself is to stop smoking. I also placed him on some potassium iodide enscals, 1 b.i.d. and some Caytine with phenobarbital, 1 t.i.d. At the present time I do not feel that he needs digitalis and I suggested that he discontinue this medicine. We may be somewhat premature about this, and you will have to use your judgment as to whether or not he should continue on this medication.

He will be in to see you in a few days for follow up care. I indicated to Mr. Wagner that we would like to see him again in a month or so, but I realize that this may not be practical in regard to distance. If this cannot be accomplished, I would certainly appreciate a note from you as to what is going on.

Respectfully yours,

B. D. Colwell

BDC:ms

B. D. COLWELL, M.D.