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

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EJMER R. MAURER, M.D.
f te 827 Union Central Bldg
Cincinnati 2, Ohio

November 3, 1951

Harrison M. Fuerst
Attorney-at-Law
543 Society for Savings Bldg.
Cleveland 14, Ohio

Dear Mr. Fuerst: Re: Ancel Wheeler
Wheelersburg, Ohio

Mr. Ancel Wheeler was seen in consultation in my office on October 25, 1951.

This 39 year old, white male patient was in good health until October 1, 1950, at which time he first experienced pain over the right chest and a hacking cough which eventually became chronic. The cough has never been productive of pus or blood. During the ensuing year, the patient has developed dyspnea and the cough has persisted. The pain over the right chest is intermittent, but persistent. According to the history obtained from the patient, he has been employed as a laborer for the Norfolk and Western Railroad since June, 1944. The patient's particular work involved the operation of a grinder which pulverized asbestos removed from boilers. The patient was engaged in this work reputedly without any protective device. During the past several months, the patient has developed some wheezing and the dyspnea is more severe on exertion.

Physical Examination: Temperature 98.6 Blood pressure 125/70 in the left arm, with the patient upright. Mr. Wheeler is very markedly obese, weighing an estimated 224 lbs. The only significant findings are limited to the chest. There is impaired percussion note with distant breath sounds and numerous coarse to fine crackling rales over the lower lobe, right lung, posterior and lateral. The heart was not remarkable to percussion an the sounds were clear and of good quality, no murmurs or arrhythmias being noted. The remainder of the physical examination was not remarkable.

X-Rays: A review of the roentgenograms of the chest, PA and lateral projections made on April 16, 1951, in the offices of Drs. Mahrer, Krause, & Lubert, in Cleveland, reveal a diffuse mottling throughout both lower lobes. The mediastinal structures appear to be normal and the upper one-half of each lung field appears to be clear. The mottling of infiltrate is most severe in the right lower lobe. The patient was not fluoroscoped in this office, but it is my understanding that there was some limitation of motion of the right diaphragmatic leaf.

Impression: It is my opinion that Mr. Wheeler is suffering from moderately severe pneumoconiosis (asbestosis) involving both lower lobes of lungs, most severe on the right side. This diagnosis is suggested by the classical history of exposure to fine asbestos dust and the focalization of the physical findings and infiltrate in the lower lobes of the lung. particularly severe on the right side. The limited excursion of t

diaphragm would also suggest this diagnosis when the above x-ray findings are encountered. I would estimate that Mr. Wheeler's disability will most probably be a total and permanent one.

The sputum sample obtained from Mr. Wheeler has been sent on to Dr. Robert Ritterhoff, a pathologist in this city, to see if any acid-fast organisms or asbestos particles can be identified in the sputum. Tuberculosis is an uncommon complication in asbestosis, and in this particular respect is different from silicosis. As soon as I have obtained the report from Dr. Ritterhoff's laboratory, I will forward it on to you immediately.

We will mail the x-rays to the offices of Drs. Mahrer, Krause & Lubert.

Thank you very much for asking me to examine Mr. Wheeler for you.

Sincerely yours,

Elmer R. Maurer, M.D.

ERM:sd