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

DATE: 1951 Sept 27

DOC#: NS029

DOCUMENT DESCRIPTION: Physician Report

September 27, 1951

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

Re: Mr. Ancel Wheeler
R. R. #1
Wheelersburg, Ohio

Dear Dr. Whitman:

Patient was seen at the Good Samaritan Hospital at the request of Dr. Ralph G. Carothers.

Chief Complaint: Pain in the right chest, dizziness.

Present Illness: In October, 1950, patient developed soreness and pain in the right lower chest anteriorly. This pain was increased with deep breathing or movement of the chest. He continued to work until November 17. Since that date he has not worked because of this distress in his chest. In April, 1951, he was examined by Dr. H. Charles Schock of Cleveland, Ohio. He was told by Dr. Schock that there was evidence of dust inhaled into the lungs, particularly on the right side. He was told by Dr. Schock that he was one hundred percent, permanently, totally disabled. He was told to go home and rest with no work.

At present he continues to complain of soreness in the lower right chest anteriorly. He also has nervousness and spells of dizziness. He states he has some cough but no expectoration, no blood spitting. He does not mention shortness of breath. He has no wheeze. Appetite is good. He has always been over-weight. At present he weighs about 290 pounds. Bowels are regular. Urination is normal. There is no swelling of the ankles.

He states he sleeps poorly but can lay flat, using only one pillow.

Past Medical History: Negative

Family History: Wife, one daughter, living and well.

Patient does not smoke, no alcohol.

Work History: Patient has worked for the Norfolk and Western Railroad in the engine repair shop at Portsmouth for six years. He worked in a small room crushing asbestos which is removed from the engines while being repaired. He states there is no forced ventilation in the room. He does not wear a mask. He states the dust is very thick in the room. He has worked at this job about six years, averaging four days a week.

Patient is an obese, white, male, age 39. He does not appear acutely ill. He was sitting in a chair with no apparent discomfort, breathing was normal and regular in type.

Pulse:	74
Resp.:	18
B.P.:	160 systolic, 100 diastolic
Eyes:	Pupils equal, reflexes normal
Ears:	Negtive
Nose:	Negative
Teeth:	Much worn
Tonsils:	Large
Thyroid:	Normal
Cervical Nodes:	Small
Heart:	Rhythm is regular, no murmurs
Chest:	Broad, square, deep. The diaphragm dullness is normal in position and shows normal excursion. Percussion reveals normal resonance. Few inconstant rales heard over both bases posteriorly.
Abdomen:	Obese. Liver not felt. Spleen not felt. No hernia.
Extremities:	No cyanosis or edema.

During two days observation in the hospital his temperature remained normal.

Urinalysis: Alkaline; specific gravity 1.016; albumin, negative; sugar, negative

Blood Count:		Differential:	
Hb.	89%, 13 grams	P.	70
RBC	4,420,000	L.	29
WBC	9,000	M.	1

X-Ray Chest Films:
Bony framework normal; diaphragms normal; heart is broad in transverse diameter; aorta normal; trachea in the midline; few small calcified areas both hilum.
Right Lung: Pleura slightly thickened over the lower lobe. Lung field clear.
Left Lung: Clear
X-Ray Diagnosis: Pleura thickened over the lower right lobe. No disease within the lungs.

Conclusions: It is my judgement there is no evidence of disease within the lungs. There is slight thickening of the pleura over the lower right lobe. I do not find sufficient evidence to make a diagnosis of pneumoconiosis of any nature.

Very sincerely yours.

John H. Skavlem M

JOHN H. SKAVLEM, M. D.

JHS:rl