recorded any factors or circumstances that might interfere with a participant's performance. Saliva alcohol concentration was measured prior to beginning neurobehavioral testing using Chem-Elec Abusa-Sticks. Vibratory and thermal sensory thresholds for the dominant index finger and big toe were measured using the Sensortek Vibration and Thermal Sensitivity Tester[Sosenko]. The testing algorithm was a two-alternative forced-choice paradigm with computer-assisted parameter estimation by sequential testing[Liebeman].

Fasting blood samples were obtained from each participant on the morning of the medical examination. Liver function tests, cholesterol, and triglycerides were analyzed by Smith-Kline-Bioscience using a Technicon SMAC Analyzer. HDL-cholesterol was measured by heparin-manganese technique. LDL-cholesterol was calculated from the Friedewald formula[Friedewald]. Prothrombin time was measured using photooptical technique on a MLA-700. For apolipoproteins, blood specimens were drawn into evacuated tubes containing EDTA. Plasma was separated by centrifugation within 4 hours of specimen collection and was frozen at -70° until analyzed. Concentrations of apolipoproteins A-I, A-II, B, and E were determined by radioimmunoassay at the Lipid Research Center of Washington University [Schonfeld a,b,c, Falko]. Reference ranges for abnormal test results were those of the analyzing laboratory.

Each participant was asked to begin a 24-hour urine collection for quantitative porphyrins after providing a spot morning urine on the day of the examination. These samples were submitted to the Mayo Clinic for analysis. Urinary porphobilinogen was measured spectrophotometrically after complexation with Erlich's reagent. Quantitative porphyrins were analyzed using high performance liquid chromatography.

Data were analyzed for completeness and accuracy at several stages in the data collection and analysis. Onsite quality control clerks, as well as Survey Research Laboratory supervisors, provided continuous monitoring of the completeness and consistency of the data collection. Participants were re-interviewed where

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