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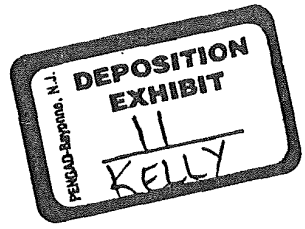
March 3, 1987



Thomas W. Henderson, Esquire
Henderson & Goldberg, P.C.
1030 Fifth Avenue
Pittsburgh, PA 15219

Dear Mr. Henderson:

Thank you for referring James French to me for evaluation.

At your request I interviewed and examined him on February 27, 1987.

Based upon this examination I find that that Mr. French has a long history of exposure to polychlorinated biphenyls. A fat biopsy performed in the past demonstrated significantly elevated PCBs. 2;3 ppm

Mr. French's examination demonstrated markedly damaged skin. He has both actinic and chemical skin injury components. There is a history of multiple skin cancers which are a source of considerable concern to the patient. They have required him to have multiple medical evaluations, surgical procedures, and continuing medical surveillance.

The carcinogenicity of polychlorinated biphenyls undoubtedly contributed to this skin disease. Mr. French also has significant neurological abnormalities with weakness and peripheral neuropathy. where is his evidence?

In addition to his peripheral neurological findings there is an apparent affective disorder which has been demonstrated by appropriate examination. He also has difficulty with attention and concentration which is quite obvious during the clinical examination. Together these changes indicate central nervous system toxic disease. I also believe that Mr. French has evidence of a type II psychoorganic syndrome.

Laboratory examination at this time demonstrates elevated triglycerides. This elevation may be related to PCB exposure. In addition, past medical history indicates that there may be pulmonary fibrosis present. This may have been the result of PCB breakdown product exposure.

My review of Mr. French's occupational and social history reveals that the most probable cause or principal contributing cause to his current illness was his extensive PCB exposure while in the employ of the Tennessee Valley Authority. Combined with his fair complexion and his actinic exposure, this PCB exposure has placed him at extremely high risk of repeated malignant transformation of his skin.

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See reverse for professional staff listing

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I trust this information be useful to you.

Sincerely,

Daniel T. Teitelbaum, M.D

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MEDICAL DICTATION

RE: James (Red) French

BY: Dr. Daniel Teitelbaum

DATE: March 3, 1987

Chief complaint:

Mr. French is a 57 year old white male. He complains primarily of terrible skin problems with multiple skin cancers.

Present Illness:

The patient states that his skin seems to be falling apart on him. He has had multiple excisions of malignant lesions. In his estimate some 40 to 50 cancers have been removed. He notes that although earlier in life he could occasionally get a sun tan, at present, his skin is so damaged that he does not tan. Any sun exposure at all produces severe burning. He is extremely fair skinned. As a young man up to age 18 to 20 he farmed and had a great deal of sun exposure. Mr. French indicates that the farm was a family farm, that no chemicals or major pesticides were used. He denies any pesticide or herbicide exposure of any consequence. He was in the army in the late 1940's and was an infantryman. He went to work for the TVA as an electrician in 1952.

The patient indicated that he is extremely tired and weak. The weakness began in 1982. He states that he worked until June 30, 1986. At that time he simply could not do his job. Part of the problem was that in March of 1986, due to cut backs he was reclassified from foreman to electrician. He had to work with his tools. He simply could not do this kind of work.

The patient became an apprentice electrician in 1952, at the Tennessee Valley Authority. He was an apprentice for four years. He worked principally on sub-stations. He indicates that he was involved with transformer activities from the very first day of his work as an electrician. He recalls specifically working beginning in 1957, on transformers in Mussel Shoals, Alabama. He worked there until May of 1974, when he began to work in the Wheeler Dam Hydroelectric Plant. He worked there until 1980. In 1980, he returned to Mussel Shoals. He stated that while his exposures were reduced between 1974 and 1980, due to the work he was doing, they were still significant. Among the activities he had to be involved in on a day to day basis was preventive maintenance. This involved such activities as draining and replacing transformer oil and in other way exposing himself to the PCBs while involved in the maintenance of the transformer itself. In the days he worked at Mussel Shoals he states that he had daily contact with the PCBs. On many occasions he had to drain and refill the transformers, make connections under the surface of the

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transformer oil, and in other ways have hand and body contact with PCBs. In addition, he states that he had exposure to asbestos dust on such activities as cutting of cables and other heat insulated materials. The patient stated that he worked with PCBs into the 1980's. His first actual complaint was an awareness that the had developed a number of skin cancers.

Mr. French indicated that during the time that he had the maximum exposure to PCB, he developed folliculitis and and acneform rash which was very troublesome. This appeared on his hands, forearms, and on his face, and behind his ears.

In addition to his PCB exposures, Mr. French worked as a welder for 1/3 to 1/2 time during his 20 year work at TVA. He frequently would have respiratory irritation from the inhaled fumes. He also had eye irritation. He noted considerable problems with welding on zinc galvinized or copper materials. He had a number of episodes of welding fume fever.

Family history:

His father was a farmer and died of bone cancer. He does not know if this was primary or secondary. His mother died of unknown causes and was hypertensive. He has two children, one boy age 31 who is alive and well; One girl age 27 who recently had a hysterectomy. He is not certain of the reason for the hysterectomy.

The Social history:

The patient lives at home and is semi-retired. He has smoked since age 16. The total quantity has varied from year to year. At the present moment it is about 2 to 2 1/2 packs per day. Prior to that the amount of cigarettes was down to 1/2 pack per day. Prior to 1980, his maximum consumption was 1 pack per day of unfiltered cigarettes. The patient states that he has 1 to two beers per day, and has done this for many years.

Review of systems:

HEENT:
The patient indicates that in addition to the problems detailed in the present illness, he is currently having trouble holding things. He has difficulty getting a decent grip on his tools. He drops them frequently and cannot keep a tight grip on anything.

Mr. French states that he is markedly short of breath. He can walk only half a block before he becomes short of breath. He can climb only one flight of stairs.

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Neurological complaints include dysesthesia as well parasthesia in the hands and in the forearms. He has had some trauma in his hands so that it is difficult to determine the role it plays in his overall complaints. He had had tingling, parasthesias, and numbness from his knees to his ankles, particularly after sitting and climbing, and from sitting a long period of time. The parasthesias have become worse in the recent years. The tendency to drop things has also been exacerbated.

He had a fat biopsy in August of 1986 which revealed 2.3 ppm of PCBs. The patient has noted marked hearing loss.

His appetite has remained good although he does have dyspepsia on occasion. He has heartburn and when unusual food is eaten he frequently has to take over the counter antiacids. The GU history was unremarkable. The central nervous system history is confined only to those items indicated in the present illness. Careful questioning did indicate some questions about memory and social interchange.

Medications:

Tagamet, which he takes on a PRN basis. Approximately one Contact per day. He denies any allergies.

Physical Examination:

Blood pressure was 140/80; pulse 72; respirations 16; and the temperature was normal. The patient was a well developed, pleasant, very fair haired white male with multiple lesions and scars all over his skin. The skin was blotchy. He had patchy discoloration and scarring on the head and neck, back, extremities, legs, and hands. Examination of the head, ears, eyes, nose and throat was generally unremarkable except for the multiple varigated skin lesions. The chest was clear to auscultation and percussion. There were a few ronchi which cleared on coughing. Examination of the heart revealed a regular sinus rhythm. There were no thrills, rubs or murmurs noted. The abdomen was unremarkable, no liver, spleen, or kidneys were felt. There were no other abnormalities.

Neurological examination revealed the patient was alert and oriented, cooperative, although somewhat strange in his affect. He complained of weakness and appeared to be weak on motor examination. Reflexes were 1+ to trace in the lower extremities. There were no Babinski signs. There was a decreased recognition of sharp touch and pinprick was uniformly decreased across the lower extremities. The remainder of the neurological examination including 2 point touch, vibratory sense and proprioception was intact. Cerebeller function appeared to be intact.

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Diagnosis:

1) Toxic Syndrome 2° to PCB exposure with:
   a) Multiple skin cancers
   b) Type 2 B Psycho-organic syndrome
   c) Neurastehenic syndrome
   d) Peripheral neuropathy
   e) Small airway disease
   f) Myofascial syndrome
   g) Action dystonia
2) Actinic skin damage
3) COPD
4) Pulmonary fibrosis by history
5) Impotence by history.

Laboratory examination previously performed showed elevated triglycerides in August 1986, current laboratory examinations did not include a triglyceride determination. The remainder of the biochemical profile was normal. The slightly elevated chloride can be discounted as of no consequence.

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TWA

Name: JAMES FRENCH Date of Birth: 08/09/29

I have reviewed and considered the clinical note of Dr. Daniel T. Teitelbaum. In addition, I have noted the following history from Mr. French.

This 57 year-old man was a farmer until age 18. He worked for the TVA as an electrician from 1952 and was exposed to oils containing PCB's from approximately 1957 to 1986. He was also a welder for many years. He has had a problem with paresthesias of the extremities. In recent years he has had increased fragility of the skin of his hands and arms with the skin tearing easily and occasionally developing blisters after trauma. He sunburns easier than he did when he was young. He has multiple skin cancers and keratoses treated since the age of forty. There is no family history of skin cancer.

The examination reveals multiple red scaly macules over his face and arms. There is a 2 x 3 mm shiny papule with telangiectasias and a depressed center on the right side of his nose. He has a 1 cm linear scar on the right side of his lower lip. He has an approximately 7 mm white thickened patch medial to the scar on his lip. There is a 1 x 1 cm epidermal inclusion cyst over the upper sternum. There is multiple light colored atrophic scars on the arms. There is a linear scar on the right lower quadrant of the abdomen with a 4 x 5 cm depressed area surrounding it. There is scaling of the soles of both feet and whitish discoloration and subungual debris involving the nails of the left first and fifth toe and the nails of the first, third and fifth toes on the right foot. There is increased lateral curvature of the nails of both large toes. A potassium hydroxide preparation of scale taken from the left fourth toe web is positive for fungal hyphae.

I have examined and evaluated Mr. French with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. French. Also, I have performed a potassium hydroxide preparation of scale taken from the left fourth toe web.

Based upon my examination, the test indicated, and various portions of the records, it is my opinion that Mr. French suffers from:

1. Basal cell carcinoma, right side of nose
2. Multiple basal cell carcinomas and squamous cell carcinomas removed in the past
3. Actinic keratosis, multiple involving face, arms and hands
4. Leukoplakia, right lower lip near scar where probable squamous cell carcinoma was excised

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Eric D. Caine, M.D.
Associate Professor of Psychiatry and Neurology
Director, Ambulatory Services
Director, Neuropsychiatry Program
(716) 275-3571

NEUROPSYCHIATRIC EVALUATION

NAME: James D. French
DOB: 9 August 1929

Thank you for the opportunity to evaluate James D. French, who I assessed on 26 February 1987. In addition to examining Mr. French, I reviewed and considered the clinical note of Dr. Daniel T. Teitelbaum. I have also reviewed various hospital, medical, and other related records of Mr. French.

Mr. French underwent a comprehensive neuropsychiatric evaluation. This evaluation included administration of the Neuropsychological Symptom Checklist (NSC), the 28-item version of the General Health Questionnaire (GHQ), the abbreviated version of the Beck Depression Inventory (BDI), the revised 90-item version of the Hopkins Symptom Checklist (SCL-90-R), and a semi-structured interview using the Schedule for Affective Disorders and Schizophrenia - Lifetime Version (SADS-L), with the Global Assessment Scale (GAS).

The NSC is a general, qualitative (non-quantitative) symptom inventory useful for preliminarily assessing patients with possible neurological, emotional, or intellectual dysfunction. The GHQ is used typically in medical, non-psychiatric settings to establish the presence of clinically prominent emotional distress. The BDI is used to establish the overall severity of depressive mental symptoms, which can be grouped as mild, moderate, or severe. The SCL-90-R is used in a variety of clinical settings, most often for defining problems in patients having behavioral or emotional symptoms. From data gathered using the SADS-L interview, it is possible to develop a standardized, rigorous lifetime psychiatric diagnosis, where applicable. The GAS is useful for establishing the overall level of current disease severity and functional impairment due to psychopathology.

Mr. French was also evaluated with an array of standardized neuropsychological tests to assess his intellectual functioning. These tests included assessments of orientation, attention/concentration, verbal and nonverbal memory, visuospatial abilities, language/reasoning, and motor/"Executive" functions.

Based upon my examination, including the tests that I have indicated, as well as Mr. French's records and Dr. Teitelbaum's evaluation, it is my opinion that Mr. French suffers from an atypical affective disorder (with marked mood lability), associated with neuropsychological impairments indicative of borderline to mild central nervous system damage.

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RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS 60612



DEPARTMENT OF NEUROLOGICAL SCIENCES

19 March 1987

Thomas W. Henderson, Esquire
Henderson & Goldberg, P.C.
1030 Fifth Avenue
Pittsburgh, PA 15219

RE: James French
Date of Birth: 8-09-29

Dear Mr. Henderson:

I have reviewed and considered the clinical report of Dr. Daniel T. Teitelbaum.

I have examined and evaluated Mr. French with reference to his possible neurologic problems. I have likewise reviewed various hospital, medical, and related records which were supplied by your office. I also obtained a history at the time of the neurologic examination which I performed.

Based upon my history and examination and supported by various portions of the records, it is my opinion that Mr. French suffers from:

1. Postural tremor and terminal intention tremor (action tremor);
2. Action dystonia; and
3. A history suggestive of peripheral neuropathy;
4. Depression, decreased attention and concentration.

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibensofurans, and dibenzodioxins and certain adverse health effects associated with exposure to those chemicals. It is my opinion that Mr. French's exposure to PCBs and/or their contaminants caused or contributed to all of the above diagnoses.

These opinions are within a reasonable degree of medical probability.

Sincerely,

Harold L. Klawans, M.D.
Professor, Neurology and Pharmacology

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