Denver Clinic Medical Centers, P.C.
Celebrating 30 years...1956-1986
Corporate Offices • 701 East Colfax Avenue
Denver, Colorado 80203 • (303) 831-7171

March 4, 1987

Skin more sangs
TVA Chloracne by history
+ fungus w/ of feet
How bad is diabetes

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

Dear Mr. Henderson:

Thank you for referring Travis Scott to me for evaluation.

I interviewed and examined him on February 27, 1987.

Based upon this examination I find that Mr. Scott had a significant exposure to PCBs during the course of his work at the TVA. Mr. Scott has evidence of a peripheral neuropathy, cognitive defect, and emotional changes. He also has evidence of peptic ulcer disease, and diabetes mellitus, and has had a polyp of the colon resected.

It is of interest that Mr. Scott has Parkinson's disease which has not been been noted by any other physician.

Although Mr. Scott's peripheral neuropathy may have a diabetic component, I believe that it was to a degree, caused by or contributed to by his PCB esposure. It is not possible at the present moment to state whether or not PCB exposure caused or contributed to his Parkinson's disease.

Mr. Scott has evidence of a peripheral neuropathy, of postural tremor and of terminal intention tremor, very likely associated with his PCB exposure. He has evidence of central nervous system impairment and of neurastenic syndrome which is characteristic of the type 2 B psychoorganic syndrome. These findings are not characteristic of alcohol induced disorder. Mr. Scott demonstrates mild small airway disease which may be associated with breakdown products of PCB exposure.

Mr. Scott also has evidence of past chloracne with some residual comedones, and multiple dermal inclusion cysts.

Based upon this examination, it is clear that Mr. Scott's PCB exposure caused or contributed to his current clinical illness.

If you have any questions, please do not hesitate to call me.

Sincerely,

Daniel T. Teitelbaum, M.D

DEPOSITION EXHIBIT 14 KELLY
PENGAD-Bayonne, N.J.

/ls

Central: 701 E. Colfax, Denver 80203 • 831-7171
East: 9450 E. Mississippi, Denver 80231 • 751-1241
West: Denver West Office Park, Bldg. 52, Golden 80401 • 279-7525
Littleton: 1900 W. Littleton Blvd., Littleton 80120 • 797-6700
North: 84th & Zuni, Suite 225, Denver 80221 • 429-1529
Aurora: 15101 E. Iliff, Suite 140, Aurora 80014 • 696-7525
Tiffany Plaza: 7400 East Hampden, Denver 80231 • 770-3200

See reverse for professional staff listing

MEDICAL DICTATION

RE: Travis Scott

BY: Dr. Daniel Teitelbaum

DATE: March 3, 1987

Chief complaint:

Mr. Scott is a 67 year old retired, white male TVA employee who presents with complaints of fatigue and neurological disorder.

Present illness:

Mr. Scott worked for TVA from 1970-82. He began his work as a laborer. His particular responsibility at that time was to clean oil and mist from the floors and to work inside the transformers. He frequently had to work inside tankers to clean the insides of the PCB tanks. These tankers were 3000 gallon tankers. He would clean the insides with rags and with Dow and GE trichloroethylene. This would be used down in the tank and on the lathes to clean cutting oils, as well.

Much of the machinery was oiled or maintained using PCB oils. For instance, the runners of the lathe were regularly oiled with PCB's. In addition, "trich" was used to clean the runners, and the runners were re-oiled as needed. During the course of this work the patient did not wear any safety clothes, but he wore his ordinary clothing. He frequently mopped up PCB material using rags and a mop. He actually then wrung out the material into buckets with his hands. He was involved in the activities of baking the transformers in the ovens and he would have to actually go into the transformer bodies wearing household rubber gloves from which the fingers would rapidly fall off. He stated that the rubber gloves would frequently rot within minutes. His shoes were always soaked with PCB oils. His feet were yellow and his socks were yellow from the PCB's every night when he returned home. He often had nausea, and general malaise while he was working with PCB oils.

In July of 1981, he had calf pain, and he went to the emergency room. He had severe cramping in his leg. At that time the hospital diagnosed a peripheral neuropathy. He has noted that recently he has been dropping spoons and has a great deal of trouble with coins. He has much pain in his legs and hips. He has pins and needles in his thighs. His hip joints feel as if they are coming. His feet burn constantly, and he is very tired with only minimal exertion. Every 3 to 4 weeks he gets blisters, and the skin peels on his legs. He has been diagnosed as having mild diabetes. This is controlled entirely by diet. He had a colon polyps removed in 1976. He had stomach ulcer surgery in the past.

WATER_PCB-SD0000032616

Social History:

Married. Lives with wife and daughter. Smoked occasional cigars and some cigarettes. Total use less than 8 pack years. Does not drink now, but has been a heavy drinker in the past.

Review of systems:

General: He has no weigh loss lately, although he had a 30 pound weight loss 3 years ago; he has been stable since that time. He has decreased hearing and chronic tinnitus, occasional lightheadedness that is postural, but no true vertigo. He complains of decreased memory for recent events, although long-term memory is intact.

HEENT: He has chronic ankle edema. Occasionally he has heart palpitations. He has chronic problems with his lower legs.

GI: He as trouble swallowing. He has intermittent diarrhea. This occurs once or twice a week; he has 3 to 4 loose watery stools.

GU: He has some difficulty starting his stream. He urinate two to three times per night. He also has be impotent for the past 3 years.

Current Medication:

Darvocet N; Xanax for muscle spasm; Bufferin 4 to 5 times a day; and an occasional Tagamet. In addition, he takes Catapres 1 twice a day. Allergic to Piroxicam.

Family history:

Mother died at age 93 of CHF. Father died at age 54 in an automobile accident. Three brothers are deceased; one from pneumonia; and two from accidents. One brother has ASCVD, and had a bypass. A sister has gall bladder disease, and one is hypertensive. Two others are alive and well.

Physical Examination:

The patient is a thin, elderly, frail appearing white male with Parkinsonian look, Blood pressure was 130/80; pulse 64; respirations 14; and the temperature 98.8. Examination of the head, ears, eyes, nose and throat was unremarkable. Bilateral carotid pulses were felt. The chest was clear to auscultation and percussion. Examination of the heart revealed a regular sinus rhythm. There were no thrills, rubs or murmurs noted. The abdomen was unremarkable. The liver, spleen, and kidneys did

WATER_PCB-SD0000032617

not appear to be enlarged. Examination of the GU system revealed a normal male. Lymph nodes were not enlarged. The abdomen showed scars in the midline, sub umbilical, and sub-costal on the right. No rectal examination was done. Neurological examination revealed the patient to be an alert, but very slow, oriented white male. The facies were expressionless. There was a Parkinsonian appearance. There was a mild tremor bilaterally. There was marked dysmetria bilaterally, and very slow performance of alternating motions. Motor performance was slow. He was unable to button his shirt buttons. He executed rapid alternating motions with difficulty. He stated that he had trouble with the locks on his suitcases. He cannot open keys, and locks. He previously had worked in a computer factory and had excellent manual dexterity. Sensory examination revealed decreased perception of prick. Lowers are more dramatically affected than the uppers. Vibration sense was not tested. 2 point touch was diminished, and light touch was diminished. There was cogwheeling of the elbows, and at the knees.

Reflexes were 2+ or 1+ throughout. The plantar responses were downgoing. The skin revealed much flaking with trophic changes in the lower extremities.

Diagnoses:

1) Toxic syndrome 2° to PCB with:
   a) Peripheral neuropathy
   b) Neurasthenic syndrome
   c) Type B psychoorganic syndrome
   d) Chlorache
   e) Small airway disease
2) Hypertension
3) Parkinson's disease
4) Peptic ulcer disease
5) Diabetes mellitus
6) S.P. polyp of colon resection

WATER_PCB-SD0000032618

Name: TRAVIS SCOTT Date of Birth: 02/02/20

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

This 67 year-old man worked for the TVA from 1971. For several years he came into daily contact with oils containing PCB's. He has problems with peripheral neuropathy and with intermittent claudication. He has also had peptic ulcer disease in the past and has been treated for hypertension. He had mild acne as a teenager. During the early 70's he developed multiple blackheads and pimples over the face. These were frequently removed by his wife. They have gradually improved following cessation of exposure to oils. He has had five cysts removed from forehead, abdomen and thigh. He has had an occasional rash on the leg which clears with treatment with a topical agent. He also has intermittent flares of small blisters between the toes and on the insteps of his feet. He states that the last four to six years he has been more sensitive to sunlight and sunburns very easily.

Examination reveals a few comedones behind his right ear. There is a seborrheic keratosis on the lower aspect of the left side of this chest. Some scattered lentigo are present over the back. There is slight dryness and scaling of the ankles laterally. The soles of both feet are scaly and slightly red and there is thickening and whitish discoloration and subungual debris involving the nails of the left first and second toe and the nail of the right first toe. Also I have prepared a potassium hydroxide preparation from scale from the sole of the right foot.

I have examined and evaluated Mr. Scott with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. Scott. A potassium hydroxide preparation from the sole of the right foot is positive for fungal hyphae.

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

1. Chloracne by history with some residual comedones and multiple epidermal inclusion cysts
2. Seborrheic keratosis, left lower chest
3. Dermatophytosis of feet and toenails

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibenzofurans, and dibenzodioxins and certain adverse health effects associated with exposure to those chemicals. It is my further opinion

WATER_PCB-SD0000032619

that the following diagnoses are related to, i.e. caused or contributed, Mr. Scott's previous exposure to PCBs and/or their contaminants:

1. Chloracne by history with some residual comedones and multiple epidermal inclusion cysts.
2. Dermatophytosis of feet and toenails

These opinions are within a reasonable degree of medical probability.

Edgar B. Smith

Edgar B. Smith, M.D.
Professor and Chairman
Department of Dermatology
University of Texas
Medical Center
Galveston, Texas 77550

WATER_PCB-SD0000032620

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: Travis Scott

Dear Mr. Henderson:

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

I have examined and evaluated Mr. Scott with reference to his possible neurologic problems. I have likewise reviewed various hospital, medical, and related records supplied to me 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. Scott suffers from:

1. Postural tremor and terminal intention tremor (action tremor);
2. Peripheral neuropathy;
3. Neurasthenic syndrome.

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibenzofurans, and dibenzodioxins and certain adverse health effects associated with exposure to those chemicals. It is my further opinion that Mr. Scott's previous exposure to PCBs and/or their contaminants caused or contributed to the above diagnoses. Mr. Scott also suffers from stage-II Parkinson's disease. In view of our present knowledge a toxic contribution to these cannot be excluded.

Sincerely,

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

/gl

1725 W. Harrison, Suite 915, Chicago, Illinois 60612, (312) 942-5936

WATER_PCB-SD0000032621

THE UNIVERSITY OF ROCHESTER
MEDICAL CENTER
300 CRITTENDEN BOULEVARD
ROCHESTER, NEW YORK 14642
AREA CODE 716
SCHOOL OF MEDICINE AND DENTISTRY • SCHOOL OF NURSING
STRONG MEMORIAL HOSPITAL

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

NEUROPSYCHIATRIC EVALUATION

NAME: Travis C. Scott
DOB: 8 February 1920

Thank you for the opportunity to evaluate Travis C. Scott, who I assessed on 26 February 1987. In addition to examining Mr. Scott, 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. Scott.

Mr. Scott 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. Scott 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. Scott's records and Dr. Teitelbaum's evaluation, it is my opinion that Mr. Scott suffers from a neurasthenic syndrome, as well as difficulty adjusting to his current limitations, associated with neuropsychological test results indicative of moderately severe central nervous system dysfunction.

WATER_PCB-SD0000032622

I have also considered the relevant medical and scientific literature regarding exposures to PCBs, dibenzofurans, and dibenzodioxins, and adverse health effects associated with the exposure to those chemicals. It is my opinion that the above conditions are related to, i.e., caused or contributed to, his previous exposure to PCB's and/or their contaminants. This opinion is within a reasonable degree of medical certainty.

If you have any questions, please feel free to call me.

Eric D. Caine, MD

Eric D. Caine, M.D.
20 March 1987

WATER_PCB-SD0000032623

HARRIS BUSCH, M.D., PH.D.
PROFESSOR AND CHAIRMAN
DEPARTMENT OF PHARMACOLOGY
BAYLOR COLLEGE OF MEDICINE
TEL. (713) 790-4457
1200 MOURSUND AVENUE
HOUSTON, TEXAS 77030

EXAMINATION
Dr. Harris Busch
Dr. Frank Smith

SCOTT, Travis
March 23, 1987

Mr. Scott is 67 years of age and has multiple medical complaints including burning of the feet, general shakiness, muscle and joint pain, especially at night, inability of concentrate and impotence. He is a pale, asthenic white man who weighs 166 pounds and has a notable osteoma of the right lower chest wall. He complains of weakness and pain in the legs and problems in walking to the point where he has fallen. He had hepatitis in 1954.

On physical examination, Mr. Scott is quite tall and slender. His blood pressure is 160/100, with a respiratory rate of 12 per minutes and regular. His pulse rate is 88 per minute and regular. There is no adenopathy. The lung fields are clear to auscultation and percussion. There are no rubs, murmurs or gallops on cardiac examination. There is a hard, bony protuberance of the right costal margin just above the liver. This is non-tender and has no bruits associated with it. The liver is a normal size and there is no ascites. Neurological examination shows evidence of mild peripheral neuritis. A chest x-ray shows no active pulmonary disease and there is no evidence of malignant change in the area of this bony protuberance. His CBC indicates a hemoglobin that is slightly low at 13.1 gm% as well as a hematocrit of 37.9%. His SMA-13 is essentially normal. He has mild muscular weakness. There are no localizing neurologic findings in the cortex, cerebellum or cranial nerves. No other abnormalities could be found on physical examination.

Other than his pallor and complaints of weakness, no positive signs were identified. His ulcer is well controlled on Tagamet and ulcer diet.

Preliminary Diagnosis

1. Mild peripheral neuritis, related to alcoholism?
2. Mild anemia
3. Dysthymic disorder
4. Alcohol dependency; abuse

WATER_PCB-SD0000032624

Scott, Travis C.
WM 67
3-24-87

HPI:

Mr. Travis C. Scott is a 67 year old married white male from Russellville, Alabama, who states that he entered the lawsuit approximately 1 and 1/2 years ago, after his retirement in 1981. The complaints that prompted him to this action include development of burning feet in 1979, so much that he would put the air hose in his shoe to cool his feet off, he noted that his socks were yellow, and further that in walking fast he couldn't control his feet precisely. That is, he would catch himself walking splay-footed. Or, another difficulty was that his heel would hit the ground seemingly uncontrollably and "too hard." In 1980 and again in 1981 he had episodes of cramping in his thighs which was diagnosed by a consulting neurologist as "peripheral neuropathy." Because of this he was retired on disability from the TVA, dating from July 8, 1981. In 1983 he was worked up for "pinched nerves" in his back, diagnosed as peripheral neuropathy. He now notes that when sleeping on his side he is awakened with sharp pains and cramping along that side with the ipsilateral thigh feeling like "pins and needles."

Pt states that at times he is depressed because he cannot work physically in his garden. He is weak and has no stamina. He's always been accustomed to a lot of physical activity and he finds this recently developed inability to be quite disappointing. On the other hand he is a stoic and accepts this as part of his present life.

The pt has had sleep difficulty. He commonly goes to bed at 10:30 or 11:00 at night and will awaken at 2 or 3 a.m. with the "pins and needles" discomfort. Oftentimes he cannot go back to sleep. He spends the rest of the night rubbing and massaging his thigh and side, or walking the halls. He maintains a strict rule that he never sleeps more than 30 minutes during the daytime because it might make it more difficult for him to go to sleep at night.

Pt's appetite and weight are steady, even though he has to eat several small meals daily because of a partial gastrectomy in 1968. There are no vegetative signs of depression otherwise, no feelings of weepiness,

WATER_PCB-SD0000032625

hopelessness, despair, guilt, etc. There has never been any suicidal ideation.

Past Psych. HX:

Pt is currently not under psychotherapy. In 1964, however, he was treated as an inpatient at the VA hospital, Ann Arbor, Michigan, for a period of approximately 2 weeks with an apparent diagnosis of acute anxiety or agitated depression. He states that he had been given a new responsibility of working with mail sorting machines by his employer (Burroughs) and the work was simply beyond him. He therefore began to worry, be unable to sleep, and developed a great deal of tension. He was treated with milieu therapy and "some sort of a relaxer."

Psychosocial Hx:

Pt was born and grew up in Franklin County, Alabama 8 or 9 miles from the small village of Hodges. His father was a very successful cotton, corn and soy bean farmer who is described as hard working and ambitious. He accumulated over 1200 acres of land, had sharecroppers and was generally a very successful farmer. Father died in 1936, age 54, in an automobile accident. Mother died in 1977, age 93. There were 5 brothers and 4 sisters. Three brothers died (2 by accidents, 1 from pneumonia), 2 living and well. The 4 sisters are all alive and well. Pt describes his childhood as "good," indeed quite happy. "We worked together, we played together, we enjoyed each other a lot. Sometimes I wish we could go back to that time." Apparently they were close-knit, very productive.

The pt was educated in the country schools of his area, and was apparently successful. He was a good student and liked to play basketball. Socially he reports having been well integrated. But after his father's death he quit school to stay home and run the farm and take care of other members of the family. He did not go back to school until after his service in the army.

Mr. Scott reports that in 1938 he was charged with "aiding and assisting" a moonshiner and after a 2-year legal hassle was convicted and served one year in the state penitentiary. That was in 1940-1941, just before he entered the army. He has no other history of any adverse encounters with the law other than that.

The pt served in the army from 1942 through the fall of 1945, serving in the Quartermaster Corps: as a truck driver in the Canal Zone. He was discharged honorably as a PFC.

WATER_PCB-SD0000032626

The pt married in 1944, shortly before being discharged from the army. He and his wife have had a good marriage, love each other, enjoy each other's company, and have been reportedly successful in their interpersonal relationship. There is 1 daughter, 41, a school teacher in Marietta, Georgia, who is stated to be doing well.

The pt attended Massey Business College sporadically, interspersed with working on the farm.

Work Hx:

The period from 1945-53 was spent in Alabama, working on the farm and going to school. He then began what he describes as "moving back and forth from the farm to the North." From 1953-65 he worked for the Burroughs Corp., in Plymouth, Michigan, "building computers." From 1965-67 he was on the farm in Alabama. From 1967-70 he worked for the Bellville Plating Co., in Michigan. In 1971 he went to work for the TVA in Alabama, and worked there until his retirement in July, 1981. His job for the TVA consisted of shopwork, cleaning and repairing equipment. It was during this time that he allegedly came into contact with PCB.

Past Med. Hx:

In addition to that listed under the HPI, pt reports that he had measles and whooping cough in childhood. He had mumps as an adult. There have been no serious accidents. He states that he has been hospitalized 5 times: in 1964 for psychiatric tx as above; 1968, hospitalized for ulcers, partial gastrectomy; 1976, benign tumor removed from colon; 1984, txd at North Alabama Hospital for alcoholic hepatitis; Dec., 1985, right carotid endarterectomy, ECM Hospital, Florence, Alabama.

Habits:
Tobacco: pt was vague about his past tobacco usage. He stated he smoked off and on "for many years."

Alcohol: pt's hx during the interview was significantly at variance with the written medical hx supplied. He was adamant in stating that he quit drinking in 1979 and that before that he was "only a periodic drinker." He did admit to drinking "up to 3 6-packs/week," and stated that he was once counseled by the TVA counselor with respect to his drinking. Even when I pointed that he had been hospitalized in 1984 for acute alcoholic hepatitis, he denied drinking, stating that he did not know where the doctors got such an idea. He drank only 2 6-packs prior to that hospitalization.

WATER_PCB-SD0000032627

Medications:

Pt takes Darvocet-N, 1 every 4-6 hrs while awake, for pain; Xanax, 1.0 mg bid; Pentoxifylline, amount unspecified; hydrochlorthiazide, 50 mg qd; Tagomet, amount unspecified; and Bufferin.

ROS:

See HPI. Additionally, the pt lists blackheads, cysts and acne since the early 1970s; renal calculus, 1973; diabetes mellitus, not treated with medication; chronic obstructive lung disease, 1983; hypertension; shakiness of the hands; impotence for the past 2 yrs: before that his sex drive was "sluggish" for 6-8 years, but the pt states that his impotence does not bother him because "that's just part of getting older;" decreased memory for recent events; decreased concentration; intermittent diarrhea; and shortness of breath.

MS Exam:

Pt was neat, appropriately dressed and cooperative throughout the interview. He walked in a slow, measured pace, and spoke in a low, modulated voice. Speech showed no abnormality. In mood he appeared mildly dysphoric; there was no incongruity of affect to mood. Pt's thought processes are considered to be within normal limits for his age and status. He gave his history in a clear, logical and coherent manner. He tended to be compulsively detailed in giving his history; his discursions were related to this compulsivity. He showed mild circumstantiality, was at times vague and imprecise and even contradictory, such as when discussing his drinking history and the use of tobacco. There was no concreteness, attention difficulty, or deficiency of judgment or insight. Memory for recent and past events, as evidenced by his performance in the interview, and his recall of material and ability to handle simple arithematic calculations showed no deficiency. There is some evidence of denial. For example, during summation he stated that he was not discouraged, that considering the fact that he had been told that he would be in a wheel chair before now, he believes that he is doing quite well.

Impression:

1. Dysthymic disorder (neurotic depression), mild
2. Alcohol abuse or alcohol dependency, per history

WATER_PCB-SD0000032628

(0000)1091944-7-7082
SEX M AGE 67 YRS
PRINTED: 24MAR87 07:03

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1646HRS

HEMATOLOGY

REFERENCE RANGE		TEST		
-------- BLOOD CELL PROFILE --------				
4.5-	11.0 K/UL		WBC	4.4L
4.40-	6.00 M/UL		RBC	3.80L
14.0-	18.0 G/DL		HGB	13.1L
41.0-	51.0 %		HCT	37.9L
82.0-	100.0 FL		MCV	99.7
27.0-	34.0 PG		MCH	34.5H
32.0-	36.0 %		MCHC	34.6
150-	400 K/UL		PLATELET	170
----- BLOOD SMEAR PERCENT DIFF -----				
35-	65 %		SEGS	67H
0-	11 %		BANDS	9
25-	45 %		LYMPHS	19L
0-	10 %		MONO	5
------ BLOOD SMEAR MORPHOLOGY ------				
			PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
\# = RESULT CORRECTION

Methodist

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

Cumulative Pathol[illegible] Report

00196

WATER_PCB-SD0000032629

THE ENERGY PLAZA
HOUSTON TX
77030

(0000)1091944-7-7082
SEX M AGE 67 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1646HRS

CHEMISTRY

REFERENCE RANGE		TEST	
-- ELECTROLYTE/PROFILE CHEMISTRIES --			
8-	24 MG/DL	BUN	15
0.5-	1.5 MG/DL	CREATININE	1.3
65-	110 MG/DL	GLUCOSE	103
4.0-	9.0 MG/DL	URIC ACID	5.7
8.7-	10.7 MG/DL	CALCIUM	10.4
2.5-	4.5 MG/DL	PHOSPHORUS	3.6
6.0-	8.4 G/DL	TOTAL PROTEIN	7.3
3.5-	5.1 MG/DL	ALBUMIN	5.1
0.2-	1.2 MG/DL	TOTAL BILIRUBIN	0.5
30-	115 U/L	ALK PHOS	47
5-	40 U/L	ALT (SGPT)	20
5-	35 U/L	AST (SGOT)	20
75-	200 U/L	LD	159

* = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

WATER_PCB-SD0000032630

[illegible] WARD
ONE BAYLOR PLAZA
HOUSTON TX
77030

SCOTT TRAVIS
(0000)1091944-7-7082
SEX M AGE 67 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE	23MAR87
WEEKDAY/DAY OF STAY	MON 1
TIME	1646HRS

HEMATOLOGY

REFERENCE RANGE		TEST		
-------- BLOOD CELL PROFILE --------				
4.5-	11.0 K/UL		WBC	4.4L
4.40-	6.00 M/UL		RBC	3.80L
14.0-	18.0 G/DL		HGB	13.1L
41.0-	51.0 %		HCT	37.9L
82.0-	100.0 FL		MCV	99.7
27.0-	34.0 PG		MCH	34.5H
32.0-	36.0 %		MCHC	34.6
150-	400 K/UL		PLATELET	170
----- BLOOD SMEAR PERCENT DIFF -----				
35-	65 %		SEGS	67H
0-	11 %		BANDS	9
25-	45 %		LYMPHS	19L
0-	10 %		MONO	5
------ BLOOD SMEAR MORPHOLOGY ------				
			PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

WATER_PCB-SD0000032631

[illegible] M.D.
[illegible] M.D.
[illegible] M.D.
Barry L. Horowitz, M.D.
[illegible] M.D.
Robert G. McCarthy, M.D.
[illegible] M.D.
H.D. Rutherford, M.D.
M.E. Sandlin, M.D.
Pliny C. Smith, M.D.
Morris Weiner, M.D.

James E. Harrell, M.D.
Chief of Radiology Services

[illegible] REPORT
03-24-87

NAME: SCOTT, TRAVIS
ID #: 10919447
ORDERING DOCTOR: SMITH, FRANK EDWARD MD
[illegible] ADDRESS:

SEX: M
DOB: 02-08-[illegible]
ROOM #: [illegible]
EXAM DATE: 03-[illegible]-87

EXAM: CHEST (2 VIEWS)
PA & LATERAL

ORDER #: 410724

IMPRESSION:

The lungs are moderately hyperinflated. Mild tortuosity and [illegible] of the thoracic aorta is noted. There is no evidence of infiltration or mass.

[illegible] 03-24-87

SAX, STEVEN L., M.D.

Methodist

The Methodist Hospital

Department of Radiology
6565 Fannin
Houston, Texas 77030

00199

Radiology Consultation Report

BEN COOPER, M.D., P.A.
NEUROLOGICAL CONSULTATION

6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030

(713) 797-1180

April 1, 1987

RE: TRAVIS C. SCOTT

TO WHOM IT MAY CONCERN:

Mr. Scott was examined on March 24, 1987. A detailed clinical history was taken and he was examined neurologically. The Neurological examination revealed that he had a visual acuity of 20/50 in the right eye and 20/200 in the left eye. His discs were normal. His pupils were five milimeters in diameter. They reacted to light and accommodation. His external eye movements demonstrated neither nystagmus nor diplopia. He had no loss of sensation on his face. His facial appearance was rather mask like and he blinked infrequently. The remainder of the cranial nerve examination was normal. In examining his motor system, I felt I could not be sure that he was in fact exerting his full strength. I felt that strength in his arms was normal however. In his lower extremities, he had weakness in his iliopsoas and hamstring muscles. He demonstrated cogwheeling at both elbows, this was slight. His coordination was normal. All his reflexes were present with exception of the left ankle jerk which I was unable to elicit. The plantar responses were flexible. In examining sensation, I found that he had an impairment to appreciation of pin prick to the junction to the lower and middle third of his forearm and leg. Joint position sense was impaired on the left foot as was vibration sense.

It was my feeling that Mr. Travis Scott was suffering from a peripheral neuropathy the cause of which was not clear to me. In the sheet that his lawyers brought with him, other diagnoses had been made, including chronic obstructive lung disease and arteriiosclerosis of aorta and right carotid artery stenosis and acute alcoholic hepatitis

WATER_PCB-SD0000032633

with petic ulcer disease since 1984. His alcohol abuse could be a factor in the production of his peripheral neuropathy.

This gentleman may have early Parkinsonism. To my knowledge no tests of P.C.B. have been made in this gentleman.

Thank you for allowing me to participate in Mr. Scott's care.

Sincerely,

Ben Cooper, M.D.

BC:jb

00201

WATER_PCB-SD0000032634

BEN COOPER, M.D., P.A.
NEUROLOGICAL CONSULTATION
6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030
TELEPHONE (713) 797-1180

6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030
(713) 797-1180

DOB: 2-8-20 SCOTT, TRAVIS C.

3-24-87 IOV AGE: 67

Main Comp

1) Weakness of legs - 1980.
2) Spasms in legs - 1980
3) Weakness of hands - 1985.

Past Medical

1) Whooping cough, measles.
2) Ulcer diag 1945 - dark stools. had abd. cramps. Surgery in 1968 was having a great deal of pain.
3) Kidney stone - had developed Rt flank pain - does not recall what the X-Ray showed
4). In 1976 was passing blood in his stools - polyp was found had separatory
5) During hosp in 1981 was [illegible] was borderline diabetic
6) Hypertension in past 4 years.
7) Mumps in adult life in 1907

202

developed orchitis - was pretty ill
with this.

8) In 1964 was working very hard, had a job change, became tired, felt in over his head, was unable to sleep, lost his appetite.

Family 1) Married 1 daughter aged 41

2) 5 brothers 3 brothers dead - fell from tree - pneumonia
4 sisters all alive

3) F dead auto accident 54.
M dead 93

SYSTEMIC. He is continuing to lose weight - 4-5 lbs in last year. Appetite is good. Occ abdominal pain. Bowels - tends to be constipated.

He has been S.O.B for last 3 years - can walk 7 mile before he is S.O.B. Occ ankle oedema. No rhythm.
Occ dyspnea, nocturnal X2.

Medic Darvocet
Xenacea
Pentoxipyline ?
Hydrochlorothiazide

Allergies Nil. Smokes: Occ - never a heavy smoker

Alcohol Started in his 30.
2-3 6 packs a week end. In 1984 was admitted for nausea - Dx alcoholic hepatitis.

00203

WATER_PCB-SD0000032636

BEN COOPER, M.D., P.A.
NEUROLOGICAL CONSULTATION
6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030
TELEPHONE (713) 797-1180

6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030
(713) 797-1180

SCOTT, TRAVIS C.

AGE: 67

3-23-87

Main Comp

In 1980 learned that his legs were beginning to trouble him - develop a slapping drop of his Rt leg. Then learned in 6-8 months that the (L) leg was involved. Would have to raise his knees up to clear the ground. Would stagger when he walked. Did not fall at this stage. In 1980 he developed burning in his feet. In 1980 learned that the grip in his Rt hand was impaired - could not hold onto objects and was dropping things.

In 1981 - developed cramping in his legs present in his quadriceps - some cramps in these muscles would come & go. Was aware enough that he was hospitalized for 4 days. Was suspected of having peripheral neuropathy. He felt his legs more getting weaker. It was no more effort to walk. Would hold his Rt thigh

WATER_PCB-SD0000032637

His feet continued to flop down.
His walking was limited.
On July 4 1981 was hospitalized again for severe cramps in his legs. Was referred to a neurologist — was called back & told he had a peripheral neuropathy. He stopped working then.
He feels he has continued to get worse since then, have become weaker. He has pins & needles in his legs this is present at night. Wakes up & has to take a hot shower.

At present he can walk no more than 2 blocks, this will cause him to stop. He becomes shaky.
He retired from work in 1981.

Neuro Exam

Skull ✓ Cervical Spine ✓ Speech ✓
Rt handed

Cranial N

I ✓
II V.A.R 20/50 Disc cone ✓
V.A.L 20/200 Fundi: ✓
III IV VI Pupils ✓
E.O.M ✓
V ✓ VII ✓ VIII ✓ IX X ✓ XI ✓ XII ✓
↳ Mastoidea
blinks infrequently

00205

BEN COOPER, M.D., P.A.
NEUROLOGICAL CONSULTATION
6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030
TELEPHONE (713) 797-1180

6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030

(713) 797-1180

Motor Power: could not be sure he was
in fact exerting his full strength
when examined.
Normal in arms
In his legs - he has weakness
in his dorsiflexors + hamstrings.

Tone: slight cogwheeling at both elbows -
biceps. ✓

Reflexes

	BJ	SJ	TJ	A	KJ	AJ	P
R	+	+	+	++	+	+	Ext
L	+	+	+	++	+	0	Ext

Sensation Pin prick: glove + stocking
legs to pin prick

J.P.S: Impaired (L) toes

Vibration: ↓ (L) toes

Imp: 1) Peripheral neuropathy -
sensory neuropathy,
no history for P.C.B. has been
done in this area
2) ? early Parkinsonism

00206

WATER_PCB-SD0000032639