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Only Chorea by history and fungus infection of feet
all psychiatric problems are due to CVA by own Physician
Food - Pyridoxal.

March 3, 1987

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

Dear Mr. Henderson:

Thank you for referring Medus Hutchens to me for evaluation.

I interviewed and examined him on February 27, 1987.

What are the figures

Based upon these findings it is clear that Mr. Hutchens had a significant, well documented exposure to PCBs. Laboratory examinations have previously demonstrated increased body fat and blood burdens of PCBs. Mr. Hutchens has chronic lymphocytic leukemia which was first diagnosed in 1977. He also has evidence of significant arteriosclerotic cardiovascular disease. He also has had a right hemiparesis secondary to a cerebral vascular accident.

His clinical examination demonstrates the presence of chronic pulmonary disease.

Although the neurological examination could not be carried out completely due to Mr. Hutchens exhaustion and illness, those portions which I completed demonstrated a sensory peripheral neuropathy. Motor function could not be evaluated completely because of the patient's exhaustion.

DEPOSITION EXHIBIT 12 KELLY

Mr. Hutchens has had significant PCB exposure. That PCB exposure caused or contributed in an important fashion to his chronic lymphocytic leukemia. It should also be noted that he had exposure to gasoline which very likely contained benzene over the past 20 years of work, in a small business at home, in which he repaired lawn mowers.

but not leukemia

Exposure to benzene, a known leukemogen, and to PCB, a probable human carcinogen makes it highly likely that these two substances were synergistically involved in the causation of his leukemia.

In addition, his neuropathy is evidence of a significant PCB induced neurological disorder. Because of the multiple medications which he has been given for treatment of his leukemia, I cannot make a clear statement regarding the role of PCBs in this neuropathic disorder. However, it is likely that the underlying PCB induced neuropathy combined with neuropathic drugs utilized in the treatment of his leukemia, produced the current clinical picture.

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See reverse for professional staff listing

There is little doubt that the carcinogenic interaction of PCB and benzene is of consequence in the causation of his leukemia.

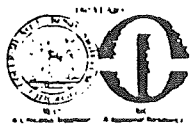
If you have any questions, please do not hesitate to call me.

Sincerely,

Daniel T. Teitelbaum, M.D

/ls

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: Medus Hutchen

Dear Mr Henderson:

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

I have examined and evaluated Mr. Hutchen 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. Hutchen suffers from:

1. Diffuse weakness and atrophy in patient with chronic lymphocytic leukemia;
2. Left hemiplegia, due to old cerebrovascular accident;
3. Progressive right hemiparesis and sensory loss, etiology unclear;
4. Sensory peripheral neuropathy.

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 impression that Mr. Hutchen's previous exposure to PCBs and/or their contaminants caused or contributed to the peripheral neuropathy.

These opinions are within a reasonable degree of medical probability.

Sincerely,

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

/gl

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

HARTOLDMON0021725

MEDICAL DICTATION

RE: Medus Hutchens

BY: Dr. Daniel Teitelbaum

DATE: March 3, 1987

Chief complaint:

Mr. Hutchins is a 61 year old white male who has suffered from chronic lymphocytic leukemia since 1977.

Present Illness:

The patient indicates that in October of 1984, he had a stroke. He also had leukemia diagnosed in 1974. He indicates that there is no leukemia in his family. He has never worked in a chemical plant. He worked on the farm until 1959, and then worked at the John Deere Tractor Company in their parts department. He has, a 25 or more year history of running a sma lawnmower repair shop with his wife where he uses gasoline as a parts washing and degreasing solvent. This likely represents significant benzene exposure.

The patient went to work for Westinghouse as a shopping clerk. Then in 1960, was moved into the fill and solder operation. He worked at Westinghouse until 1977. During that time he worked with tricholroethylene in the vapor degreasing department. He did not clean and scrape the materials, but was exposed to the vapor degreasing units. He denies any significant X-ray exposure. In Europe he served as an infantry man at Bad Orb and Gerulstein. He was captured and was a prisoner of war for approximately 3 months. While a POW he had an episode of yellow jaundice.

The patients states that in his lawnmower business he has cleaned parts with gasoline, and that he cleaned parts with gasoline when he farmed, and also when he was working at home. When he was very busy he repaired approximately 2 power mowers per week. Part were also cleaned with NAPA lacquer thinner. He has a workshop in which this was done. Most of the work was barehanded, but he did use a brush sometimes. His wife states that she did most of the cleaning. The patient denies any welding exposure. He stated that his father would not let him work on the farm equipment on their own farm. At the present time, he is complaining of stomach problems, and ear problems. His right arm and right leg hurt and burn all of the time. He had a right sided cerebral vascular accident in 1984, and had speech problems after the stroke. He states that his memory is quite good. He has had much chemotherapy. While working in the capacitor areas at the Westinghouse Corp. He stated that he literally took a bath in PCB's. For one year he worked directly in PCB's and then he worked around PCB's for all of the remaining time until the plant was disbanded. Review of his history confirmed the exposure while Mr. Hutchens had to oven heated PCBs. The capacitors were placed in ovens for 5 days, where they were filled with

PCB oils. This job produced a great deal of steam and smoke and resulted in burning of the eyes, coughing, and generally very unpleasant upper airway problems. During the time he was working with the heated PCB's he would frequently wake up at night coughing. He denies that he had any asthma at that time. He did have pneumonia. In addition, he had pneumonia after his stroke.

The Social history:

The patient smoked 2 packs of cigarettes per day and continues to smoke at this time. He does not drink any alcohol.

Medications:

He is currently taking Moltrin, a benzodiazapine, extra strength Tylenol, Nalfon 300 mg. per day and Restoril 15 mg. at bedtime.

Family history:

His father is alive and well at age 90. His mother is age 86, and alive and well.

Review of systems:

The patient indicates that during the mid 70's he had difficulty with acne lesions on his back. These were described by his wife as yellowheads, as opposed to blackheads. They were all over his back, and arms, and face. They were present during the entire time he worked in the fill and solder section but appeared to have cleared since that time. Head and neck: the patient had considerable upper respiratory and sinus type irritation as documented in the present illness during the time he was working with the PCB's. More recently, that has not been a serious problem. He has had blackouts, and dizzy spells, which may or may not be related to his leukemia, and leukemia chemotherapy. Because of these he was asked to stop working. He complains of some respiratory irritation with cough, because He is now virtually completely sedentary. He lives a bed/chair existence. There is no indication of whether or not he has any shortness of breath with exertion. However, with minimal exertion during the physical examination, he did become quite short of breath.

Mr. Hutchens had a left, below knee amputation apparently because of vascular problems. This amputation was performed in 1985.

Physical Examination:

The patient is a an extremely cachectic, exhausted, chronically ill appearing white male. His blood pressure was 120/70; pulse 74; respirations 20; and the temperature was 98.8. Examination of the head, ears, eyes, nose and throat revealed a small petechial hemorrhage on the

right drum which was thick and stippled, but otherwise, appeared normal. The left ear appeared to be normal. The puplis were equal, round, reactive to light and accommodation. The extraocular movements were full. The right fundus appeared somewhat atrophic, was waxy yellow in color. The left fundus appeared to be normal. The neck examination showed only cachexia. There were no enlarged lymph nodes palpated in the neck. The thyroid appeared to be normal. The chest was markedly hyperexpanded. There were rales and ronchi in all upper lung fields. The lower lung fields were almost silent. There was dramatic hyperresonance noted. Because of the patient's exhausted condition, it was not possible for him to lie down for this examination. The remainder of the exmaination was carried out as he was seated. The examination of the heart revealed a regular sinus rhythm. There were no thrills, rubs or murmurs noted. The abdomen was protuberant. The spleen appeared to be enlarged to 1 to 2 finger breadths sitting up below the left costal margin. The liver was 3 finger breadths below the right costal margin sitting up. Whether these organs would appear enlarged in the supine position cannot be determined. GU examination was not performed. Rectal examination was not performed. No gloves were provided.

Neurological examination revealed an alert, and oriented but exhausted white male. The cranial nerves were intact. The reflexes were 2+ and equal except in the right ankle which was 1+, the left leg was absent below the knee. Sensory modalities were decreased throughout. Pinprick was poorly perceived, and vibration sense was diminished. Motor examination was generally normal. Skin could not be evaluated adequately because the patient could not undress fully.

Based upon this examination, it was apparent that Mr. Hutchens had a multitude of medical problems including:

1) Toxic Syndrome 2° to PCB with:
   a: chronic lymphocytic leukemia;
   b: peripheral neuropathy
   c: neurasthhenic syndrome
   d: chloracne
2. LBK Amputation 2° to ASCVD
3. ASCVD
4. S.P. CVA
5. COPD with Possible Toxic Component

Name: MEDUS HUTCHENS Date of Birth: 12/02/25

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

This 61 year-old man worked for Westinghouse for many years coming into contact with oils containing PCB'S. He has had numerous health problems in recent years and presently is on chemotherapy for chronic lymphocytic leukemia. He has had arteriosclerosis with a past history both heart disease and a stroke and has had an amputation of his left leg because of loss of blood supply. He is currently on coumadin. He has had increased weakness and weight loss during the past few months. Although he had little acne as a child, during the time he worked around the oils he developed many whiteheads on the face, back and arms which gradually disappeared as he ceased working with oil. He also states that the oil caused burning and stinging of the face, arms, and hands. In recent years, he tends to bruise easily and states that he has an increase in sensitivity to sunlight. He has had athlete's foot intermittently since 1944.

Examination reveals slight redness and scaling along the hairline of the scalp. There is a 1 x 1 cm epidermal inclusion cyst of the left scapular area. He has scattered purpuric patches on both forearms. He has few scattered pigmented atrophic patches over the right shin. A 4 x 4 mm brown macule is present on the instep of the right foot. The right large toe and little toe are cyanotic. There is slight scaling between the right fourth and fifth toe.

I have examined and evaluated Mr. Hutchens with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. Hutchens. Also I have prepared a potassium hydroxide preparation of scale taken from between the right fourth and fifth toe.

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

1. Chloracne, by history with residual epidermal inclusion cysts
2. Solar purpura, arms, aggravated by coumadin therapy
3. Congenital nevus, instep of right foot
4. Cyanosis, toes, secondary to peripheral vascular disease
5. Dermatophytosis of right foot

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibenzofurans, and dibenzodioxins and certain adverse health effects associated

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with exposure to those chemicals. It is my further opinion that the following diagnoses are related to, i.e. caused or contributed, Mr. Hutchens' previous exposure to PCBs and/or their contaminants:

1. Chloracne, by history with residual epidermal inclusion cysts
2. Dermatophytosis of right foot

These opinions are within a reasonable degree of medical probability.

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

HARTOLDMON0021730

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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: Medus E. Hutchens
DOB: 2 December 1925

Thank you for the opportunity to evaluate Medus E. Hutchens, who I assessed on 26 February 1987. In addition to examining Mr. Hutchens, 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. Hutchens.

Mr. Hutchens 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. Hutchens 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. Hutchens's records and Dr. Teitelbaum's evaluation, it is my opinion that Mr. Hutchens suffers from an inability to modulate his emotional expression, characterized by frequent inappropriate crying episodes. He has, as well, mild intellectual impairment consistent with central nervous system

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damage. These deficits are the apparent result of his cerebral vascular accident in 1983.

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

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