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PLAINTIFF'S EXHIBIT

MON-2696

March 5, 1981

Monsanto Company
Medical Section 02
P.O. Box 1311
Texas City, Texas 77590

Dear Sirs:

Reference is made to your request dated March 3, 1981 relative to chest x-ray results on John L. Elliott. Enclosed herewith is a photocopy of my office note of November 13, 1979. Since the authorization specifically provides for the "most recent chest x-ray result", I assume that you have the earlier x-ray reports which are referred to in that note.

Sincerely yours,

John W. Middleton, M.D.

JWM:skg
Enc:

SC 11018

ELLIOTT, John L.

1/16/75
Weight 171. Patient brings with him prior x-rays going back to 1958. There is no pleural plaque in 1969 on the right side - a faint density which may be the beginning of it. This is there by 21 July 1970. On the later film there is a density just above the upper edge of the lateral portion of the anterior fifth rib which becomes more extensive as time goes by. I believe this was just beginning to show up on 13 May 1969. The next earlier film was 6/2/60.

Progress chest x-ray here in comparison with film of 9/21/73 shows no really significant change in the bilateral pleural changes and no pulmonary infiltrates.

Patient comes in today because he has a positive TB Tine test. He is to return tomorrow for PPD intermediate as well as coccidioidin and histo to be read on the 20th. JWM:mlm

1/20/75
PPD intermediate is strong positive with greater than 20 mm. induration. With patient's other pulmonary problems, I feel that the slight risk of hepatitis is justified and will have him take Niadox three daily for one year. To have baseline transaminases and return every month during the first three months and then once every three months during treatment. Return in one year for progress x-ray. Possible side effects have been discussed with the patient. JWM:mlm

cc: N. Dudney, M. D.

9/29/75
Weight 164 3/4. Chest remains clear to auscultation. Chest x-ray shows the previously noted bilateral infiltrates, and I believe I can see a tiny rim of calcification on some of these.

Patient was unable to tolerate Isoniazid as based on SGOT and SGPT. Although his tuberculin conversion was last January, there has been no real change and I believe it is satisfactory to continue to watch him on a semi-annual basis. In view of the fact that the patient has worked as an insulator working with asbestos until recently and now with fiber glass, I also believe that he should be reported to the Industrial Accident Board, and the patient is agreeable to doing this, even though he has no apparent disability at the present time. He will return for another x-ray in six months. JWM:mlm

2/23/76
Weight 170 ½. The chest is clear. The patient comes in today having received a reminder last month, but also with foster parents statement. He is apparently in good health, but will continue on the six month x-ray follow-ups. VDRL was drawn for his foster father statement. Recheck in six months. JWM:sm

9/20/76
Weight 165 3/4, BP 120/84, sinus rhythm, chest clear. Progress chest x-ray shows no significant change over the past year, with still the bilateral pleural calcification noted. He says that on a recent check at the plant he was reported to have decreased ventilatory functions and will return in two days for further check on this. He has finally decided to file a workmen's comp claim. JWM:mlm