chloracne. The other findings which we believe are most consistent with current knowledge on the effects of exposure to CDDs and CDFs were the observed elevations in serum GGT and urinary excretion of coproporphyrins in persons with chloracne. The high urinary excretion of uro-, hepta-, penta-, and coproporphyrins among the subgoup of workers with chloracne who had worked with both PCP and PCBs suggests a possible interaction between compounds present in technical PCP and PCBs on porphyrin metabolism. We did not find evidence of a persistent effect of PCP exposure on lipid metabolism or convincing evidence of an association between PCP exposure and peripheral neuropathy. Other findings, such as subclinical differences in performance on neurobevavioral tests or the presence of positional tremor should be regarded as exploratory observations and must await confirmation in future studies.

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