Denver Clinic Medical Centers, P.C.

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March 3, 1987

1202
1016

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

Westinghouse
Bloomington Corporation

Dear Mr. Henderson:

Thank you for referring Ralph Evans to me for evaluation.

What is this treatment.

I interviewed and examined him on February 26, 1987.

Based upon these findings it is my opinion that Mr. Evans does have porphyria. The most probable cause of his porphyria is his extensive past exposure to polychlorinated biphenyls. In addition, he has a number of other disorders. These are, hypertension with high triglyceride levels, some pulmonary restrictive disease, carpal tunnel syndrome, myofascial syndrome, nerve and muscle damage, and ow grade liver disease characteristic of PCB exposure.

Mr. Evans is also diabetic. The blood sugar of 191 is not a favorable prognostic sign.

At the time of his examination, Mr. Evans demonstrated evidence of prophyria cutanea tarda manifested by sun sensitivity, and elevated uroporphyrins, coproporphyrins, and porphobilinogen.

His past history clearly revealed that he had chloracne. He currently has residual comedones, and other changes associated with this disorder.

Based upon my review of his work history, it is my opinion that Mr. Evans' prophyria was more probably than not caused by and aggravated by his exposure to PCBs. His liver disease is associated with this abnormality.

What is Effexor

Although diabetics do develop neuropathy, the type of neuropathy which I presently see in Mr. Evans is not characteristic of diabetic peripheral neuropathy. In addition, he has evidence of CNS disease and neurasthenic syndrome which do not occur in diabetes. In my opinion, PCBs caused or contributed significantly to this nervous system disorder.

I trust this information will be helpful to you.

Sincerely,

Daniel T. Teitelbaum, M.D

DEPOSITION EXHIBIT 10 KELLY

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See reverse for professional staff listing

MEDICAL DICTATION

RE: Ralph Evans

BY: Dr. Daniel Teitelbaum

DATE: March 3, 1987

Chief complaint:

Mr. Evans is a 44 year old white male who presented with a chief complaint of memory loss, liver disease, central nervous system problems, diabetes, and pain in his bones and joints. The patient states that he had been in the National Guard for many years and had worked at various activities including teletypist, fire detection, and some other clerical type tasks, but he did no auto maintenance, garage work or any other chemical contact activities. He served intermittently in the National Guard until 1969. He received a high school equivalency certificate from the National Guard. He worked for a period of time as a cook, which he enjoyed very much. He was unable to find additional work in this area, so in 1965 he went to work for Westinghouse in the F-30 area. He worked there until 1981. Later, he worked in the fill and solder area as an operator. He worked in the oil processing area for 6 or 7 years. He worked at the hot end as a leak test operator. Mr. Evans indicted that out of every 30 transformers that went through the leak test areas, 3 or 4 leaked. The average leak rate was approximately 10%. He was heavily exposed to PCBs from these leaks for approximately 12 years. The exposure took place daily. He states that when he worked in that area he was covered with PCBs, his shoes were soaked with PCBs. There were no showers available. He had to wear his clothes home when they were fully saturated with PCBs. Following this work as a leak test operator, he went to work in the zinc spray area. This involved work with galvinizing materials. He states that he worked "in a hole in the ground". He used zinc spray and was frequently covered with this material. Following a period in the zinc spray area he went to work in oil processing. In that area he took new, raw oil and added various additives to the oil. In particular, a clay like material and a sugar like material were added. He did this work while the material was in a steam jacket. It was hot enough so that it would scald you if it it got on your skin. He stated that he processed 15 to 16 thousand gallons of oil per day. He was constantly breathing in fumes off the top of the oil and he would frequently get soaked because he had no protective clothing. He stated that he had to get new shoes every two months because the oil simply consumed his shoes. He wore ordinary work pants, and shoes. In 1980, he and other workers in the plant began to wear safety clothing. He states that he wouldhave to go into the ovens 3 to 4 times a year. This activity was done in order to clean the oven. His clothing and skin would get completely soaked with PCBs. Following these episodes he would have a rash and his skin would break out whenever he would get the oil on him.

Beginning in about 1966, the patient states that he had many beta-strep infections. His children and wife did not have the same problem. In the early days, his children were in the hospital several times because of pneumonia. He stated that he had to go to the doctor repeatedly because of esophageal stenosis which was dilated in the 1970's. Commencing in about 1970, the patient stated that he had many different types of nerve problems. In 1970, he had a carpal tunnel syndrome diagnosed. He also developed lower extremity problems. The greatest problem was tingling which made him feel as though his feet were about to go to sleep. He began to have strength and motion problems in the latter part of the 1970's. He noted that he would drop things while at work. He then noted that he began to lose visual acuity as well. He stated that he could only sit in one place for approximately 1 hour, but then his back would begin to hurt and he became very uncomfortable.

Family history:

There was no past history of nervous system disease in the family. His mother is 68, she has a bad heart and diabetes, and had a kidney removed. His father died at age 72 of a lung cancer. He was said to be a heavy smoker. He has one son who has been worked up for porphyria and was found to be negative.

Social history:

The patient states that he, himself is a non-smoker. He also denies any alcohol consumption at the present time. He states that it has been several years since he last had any alcohol. The patient states that he has gained 26 pounds since October of 1986. He also states that when he got married his weight was 165 pounds. Most of the time he worked at Westinghouse, his weight was 210 pounds.

When questioned about his occupational medical history, Mr. Evans indicated that he had a pre-employment examination but, so far as he can recall, he did not have annual medical examination, although most people who worked in the same area as he worked did have these examinations.

Comment:

The patient indicates that his clothing was frequently saturated with PCBs and that when his wife would wash and iron his clothing, she would have frequent exposures to the PCB materials. The fumes and smoke that came off his clothing were very irritating. His wife had two miscarriages during the period of time that he was working with PCBs. He believes that his wife was exposed to PCBs through cleaning his clothing and ironing them. His natural child had a seizure disorder early in life but is currently

symptom free. She has had recurrent skin problems but there is no clear history of the nature of these problems.

Review of systems:

HEENT:
The patient complains of memory loss and confusion. He has had poor shor term memory and forgets various tasks which he sets for himself. There is some indication that he had an MRI done in 1983, which was abnormal.. The nature of the abnormality is not detailed in his written history. when questioned about this, he was uncertain about the abmormality. CT scans have been normal.

Extremities:

The patient has had pins and needles in his arms and legs, tingling and some pain and discomfort are as detailed in the present illness.

Chest:

The patient has no significant complaints concerning his respiratory system. He does not complain of shortness of breath other than as related to his obesity. He has not had excessive phlegm or excessive sputum.

GU:

No complaints.

Skin:

An extensive series of problems have occurred as a result of his work at Westinghouse. He has had dermatitis which is described as dry, and itchy on his back and shoulders. He has had cysts on his shoulders and neck, and has had acne on his forehead. Detailed dermatologic evaluation will be done.

Mr. Evans indicated that he has been told he has diabetes, and has been treated with oral anti-diabetic agent, Diabeta. He has not been acidotic.

Medications:

Occasional Darvocet N, 100 mg.; Dyazide for weight gain and hypertention; Valium; Elavil; Atarax; and Diabeta. His medical records indicate that he has taken numerous medications at various times. The patient is allergic to sulfa drugs and had hypotension following nitroglycerin use. He states that he becomes anxious, and becomes confused when he is give either

morphine or talwin. This does not represent true allergy. It is a predictable toxic effect in a small number of patients.

The patient has had repeated problems of balanitis. He had a circumcision, and a cytoscopy this past year. Following this surgical intervention he has had no significant problems with his urinary tract.

In January of 1987, the patient was seen because of his concern of the possibility that he might have cancer as a result of his exposure to PCBs. During the course of that work-up, a series of porphyrin studies demonstrated elevation in the tetracarboxyporphyrin, and the octacarboxyporphyrin. In Elevation in tetracarboxyprophyrin, is often found in toxic porphyria. This would certainly fit with the known propensity of PCBs to induce porphyria

Physical Examination:

Blood pressure was 150/95; pulse 72; respirations 17; and the temperature was normal. The patient was a well developed, obese white male in some distress when he was asked to move and climb up on the table. Examination of the head, ears, eyes, nose and throat was generally unremarkable. The right optic fundus was noted to be pale and waxy appearing. No hemorrhages and exidates were noted. The left fundus appeared normal. The vasculature appeared normal. 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 obese. There was a midline sub umbilical scar and a scar in the right and left lower quadrants.

Examination of the GU system revealed a normal male. He had been recently circumcised. The extremities revealed normal muscle tone, The patient was, however, unable to raise his legs to the parallel position without assistance. Examination of arms appeared to be normal. The muscles were very tender to palpation in both the upper extremities, the back and across the shoulders. The skin was generally smooth. There were some cysts and some acne on the forehead. There was no evidence of melanoma or other skin cancer. No jaundice was noted. Neurological examination: the patient was alert and oriented times 3, and he had a normal cranial nerve examination. Motor examination revealed markedly weak lower leg musculature, particularly weak from the knees to the toes. Sensory examination revealed minimal changes with some decreased pinprick and light touch. However, properception appeared to be intact. On cerebellar examination there was 2+ dymetria on both sides. The reflexes were 2+ and equal throughout. The Babinski signs were absent.

Diagnoses:

1) Toxiuc syndrome 2° to PCB with:
   a) Chloracne
   b) Hepatic porphyria
   c) Myofascial syndrome
   d) Motor and sensory neuropathy
   e) Mypertriglyceridemia
   f) Carpal tunnel syndrome
   g) Neurasthenic syndrome
2) Diabetes Melliltus

Laboratory examination performed at the time of this examination revealed slightly elevated GGT at 76, the upper limits of normal was 71. The albumin was slightly elevated. The blood glucose was 191. The upper limits of normal was 115. Uric acid was 7.3. The upper limits of normal a at Rush Presbyterian Hospital is 7.2. The SGPT was 40; the upper limits of normal is 30. The SGOT was 48; upper limits of normal is 35.

Based upon the laboratory findings it appears that Mr. Evans does have low grade liver abnormality. Careful followup of these abnormalities is indicated. Further examination in detail of his extensive medical records will be carried out.

there are not of any consequence in a diabetic

Name: RALPH EVANS Date of birth: 01-31-43

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

This 43 year-old man worked around PCB's while employed at Westinghouse from 1965 until 1981. He has had problems with chronic liver disease, poor memory, arthritis and his digestion. He also has recently been diagnosed with diabetes.

When working with PCB's containing oils he had many pimples and blackheads over his face and shoulders which gradually improved when he no longer was exposed. He has had several cysts removed from his shoulders and has had a pilonidal cyst excised. He has had burning of the skin on exposure to sunlight over the past few years and occasionally gets small blisters along the lateral aspects of his fingers. He has recently been told he has acute intermittent porphyria but he does not describe episodes of hypotension and syncopy after exposure to barbituates or other medications. He has a number of surgical procedures without problems with the medications given prior to surgery.

Examination reveals a 2 cm scar on the left posterior neck, a 1 cm epidermal inclusion cyst on the center of his back and a 3 cm scar on his left shoulder. He has a few scattered comedones and follicular pustules on the back and multiple punctate scars on the cheeks, preauricular area and forehead. There are two small yellow papules of sebaceous hyperplasia on the left forehead. He also has multiple skin tags on the neck and axillae and a small nodule on the ventral surface of the base of the penis. He does not have scars on the backs of the hands.

I have examined and evaluated Mr. Evans with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. Evans.

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

1. Chloracne by history with residual comedones, follicular papules on back and cysts
2. Sebaceous hyperplasia, forehead
3. Acrochordon (skin tags), neck and axilla
4. Possible porphyria cutanea tarda manifested by sun sensitivity and elevated uroporphyrins and coproporphyrins and porphobilinogen

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

1. Chloracne by history with residual comedones, follicular papules on back and cysts
2. Possible porphyria cutanea tarda manifested by sun sensitivity and evaluated uroporphyrins and coproporphyrins and porphobilinogen

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 Branch
Galveston, Texas 77550

THE UNIVERSITY OF ROCHESTER
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SCHOOL OF MEDICINE AND DENTISTRY · SCHOOL OF NURSING
STRONG MEMORIAL HOSPITAL

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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: Ralph L. Evans
DOB: 31 January 1943

Thank you for the opportunity to evaluate Ralph L. Evans, who I assessed on 26 February 1987. In addition to examining Mr. Evans, 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. Evans.

Mr. Evans 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. Evans 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. Evans's records and Dr. Teitelbaum's evaluation, it is my opinion that Mr. Evans suffers from a neurasthenic syndrome, associated with neuropsychological impairments indicative of mild to moderate central nervous system damage.

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 condition is 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

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: Ralph Evans

Dear Mr. Henderson:

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

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

1. Postural tremor and terminal intention tremor (action tremor);
2. Pressure sensitive 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. Evans's previous 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. Mr. Evans also has probable transient ischemic attacks. The relationship of these to toxic exposure is unclear.

Sincerely,

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

/gl

00121

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

EVANS, Ralph
March 23, 1987

Mr. Evans is 44 years of age and has multiple medical complaints including various skin afflictions and a past history of "porphyria?" apparently diagnosed in 1985. He also had some kind of "liver disease" at that time. The patient has had several abdominal procedures including a cholecystectomy and a laparotomy, resection of scar tissue and an appendectomy at that time. He also had another laparotomy in 1981 for lysis of adhesions.

Mr. Evans has a chronic pain syndrome with syncope on occasion. For some reason, he eats six meals a day. He has pain in the right side when he lies down. The pain is less when he is on his right side. Because he has pain in other areas as well, he uses Demerol. He concludes his life is "pure hell". He has insomnia which makes him even worse. One problem is that his "feet are on fire" which he says is associated with a form of sensory neuropathy.

On physical examination, Mr. Evans was found to be obese weighing 262 pounds and had a blood pressure of 210/130, respiratory rate is 10 per minute and regular. There is no adenopathy. Lung fields were clear to auscultation and percussion. There is no rub, murmur or gallop on cardiac examination. The liver is a normal size and there is no ascites although the abdomen is somewhat protuberant. There is no splenomegaly or ascites. He has mild findings of peripheral neuritis on examination.

A urine sample was sent for examination considering the possible diagnosis of porphyria made two years ago; our laboratory results show normal urinary porphrine. A CBC shows no abnormality and his SMA-13 discloses an SGPT of 46 which is very modestly elevated. The remainder of his liver function tests are normal. The blood sugar at the time of his SMA-13 was 233 and suggests that his previous diagnosis of diabetes is well founded.

Preliminary Diagnosis

1. Diabetes mellitus
2. Obesity
3. Mild peripheral neuritis, associated with diabetes
4. Factitious disorder (?)

Tape Transcription
Cecil Scott, et al vs Monsanto Company, et al

Evans, Ralph L.
WM 44
3-24-1987

HPI:

Mr. Evans is a 44 year old married white male who has been on disability retirement from Westinghouse since 1981. He also draws social security disability. He entered the lawsuit in 1984 or '85 (he "thinks" 1985), having found out about the potential toxicity of PCBs from a City Council meeting in Bloomington, Indiana.

Pt has a long list of medical complaints, all allegedly beginning after he began work at Westinghouse in 1965. These include:

Skin:

1. Scaly dermatitis of back, chest and shoulders since 1965
2. Cysts on shoulders and neck
3. Acne on forehead
4. Lesions behind ears and in hair
5. Mascular rash and itchy sensation on back and chest

Neuropsychological:
Headaches; since 1965, almost constant at present and over the past 4-5 years. They are nonlocalized, dull, constant, beginning in the nuchal area and radiating bilaterally over both temporal areas to the frontalis. He takes Rufen (ibuprophen) or Darvocet, the latter up to 4-6/day.

"Silent seizures" during 1983-1984 described as TIAs. Unpredictably the pt would become unconscious, remain so 3-4 minutes, often falling at the beginning of a seizure. For this he was often hospitalized, recovery requiring a variable period, from a short time up to several days. He remembers once having to "learn to walk all over again following a seizure."

Pt complains of "pins and needles" syndrome, both arms and legs, since the 1970s. His feet burn, "like walking on a bed of coals, especially over the last 3 years or so." He has been stumbling and falling since 1981. The pt complains of worsening memory since the late 1970s. Recent memory is significantly worse than past memory. In addition, he reports increased irritability and anxiety over the past 10 years or so.

ENT:
Eyes and hearing both "going down" rapidly. He can tell the difference almost from month to month. Tongue, "lots of sores," associated he believes with his esophageal problems.

GI:
Esophagus:
Reported "blistered" in the 1970s. He received multiple examinations and multiple dilatations. Finally the doctors decided on a cholecystectomy hoping that it would help, but there was no relief. He still suffers frequent nausea, heart burn, and vomiting. Sometimes just smelling spicy foods will induce nausea with resultant vomiting.

Hepatic:
Pt reports that "acute intermittent toxic porphyria" was diagnosed in October, 1985 at the Mayo Clinic and received a confirmatory diagnosis in November, 1985 from the Smith, Kline Laboratory in California. He is on a special diet, which includes 6 meals a day. He tires easily because of his liver disease.

Chronic diarrhea, watery, since the 1970s; at one time, bloody. Diagnosed at Bloomington, Indiana Hospital as diverticulitis, treated with Maalox and IVs. He reports presently suffering from constant unchanging abdominal pain, particularly over the hepatic area.

Respiratory:
Pt complains of shortness of breath and wheezing.

Cardiac:
At some unspecified time in the past his EKG showed that he had suffered a "silent heart attack," but other doctors said that this was not established.

Pt did not mention hypertension during formal evaluation, but during the evening session reported that he had to return quickly to Bloomington for his "special diet" because his blood pressure was 210/120.

GU:
Pt has had decreased sex desire over the past 4 years or so. Sexual intercourse now occurs every 1-2 months. "I can think about it, I just can't do it."

Reports that he had an infection of his bladder and penis which was corrected surgically in November, 1986 at the Bloomington Hospital. The surgeon found varicose veins of the bladder with an attendant infection. Since his operation this complaint has been resolved. (Pt was diagnosed as diabetic in 1986. For this he takes Diabeta 250 mg bid.)

Musculoskeletal:
Pt complains of constant "skeletal pain." He has had carpal tunnel and ulna tunnel syndrome, both arms, both treated surgically. Arthritis diagnosed 6 years ago at Mayo Clinic. They "reported that my spine had grown together."

For this combination of complaints the pt currently is on the following medications:

Darvocet, 4-6/day
Valium, 10 mg bid
Elavil, 75 mg hs for sleep only
Atarax, 2-3 per month, for upset stomach
Dibeta, 250 mg bid
Demerol, rxd for arthritic pain but pt doesn't take it. "I just live without it."
Dyzide, amount and frequency unknown

Significantly, this patient states that he has had 27 surgical procedures during the 20 year period 1966-1986. He reported, "I know that's a lot, but they always found something wrong."

Past Psych. Hx:

Pt was evaluated in the 1970s because of his stomach problems, in Indianapolis. The psychiatrist saw him for only 15-20 minutes and made no recommendations.

In 1986 Dr. Joel Griffeth, Bloomington, saw him for 14 visits, in an attempt to find a reason for his constant pain. He was tried on various medications and nothing worked. He and the psychiatrist agreed mutually to discontinue therapy because of lack of progress.

Psychosocial Hx:

Pt was born in Indianapolis. His family consisted of father, mother, and 10 children. He describes his childhood as "good." His father was an interior decorator who moved the family frequently, living in Diboll, Texas; Paragould, Arkansas, London, Kentucky; and finally from 4th grade onward, in Bloomington, Indiana. Despite this itinerancy, he reports a close-knit family who enjoyed hunting, fishing, coon hunting, and a family devotion to work. They cut wood together with a crosscut saw, they played together, they enjoyed each other. They were faithful to the Baptist Church. Despite this proclaimed closeness and intrafamilial serenity, the pt is vague about his siblings, stating "I think it's 4 girls and 5 boys," and later "I'm probably just about in the middle." He doesn't know where some of his siblings are but at other times states that "we keep in touch, we write to each other."

Pt quit school at age 16, in the 8th grade. He then worked at various jobs in and around Bloomington, much of it at Indiana University. He worked in the greenhouse and at other university jobs. At age 21 or 22 ("I can't remember"), he joined the National Guard, serving for 6 months at Ft. Knox and Ft. Sill, and then finished his 6 year enlistment in the reserve. He was most enthusiastic when describing his experiences in the military. "I loved it." He was honorably discharged as a corporal.

Pt started dating at age 16, and at 23 he married. His wife, now 46, is a part-time merchandising assistant at J C Penney's. She is described as quite obese, but a good wife. "We run our marriage fifty-fifty." There are 2 children, an 18 year old adopted son and a 15 year old natural son, both doing well.

From 1965-1981 the pt worked for Westinghouse in Bloomington. It was here that he alleges his association with PCBs, from breathing "Innerteen." He was placed on disability in 1981.

Pt has been arrested once, at age 16 or 17, for "running moonshine." He reportedly served no time, however. "They took me to jail, took my whiskey, and let me go."

Pt is also an ordained Baptist minister. He was ordained at age 39, and had 3 churches in the southern Indiana area. But 2 years ago he had to give up preaching because of his worsening memory. Pt now spends his time "just walking around, or watching TV." He is an avid fan of TV car races, baseball games, and would like to attend baseball games but he "can't sit up that long." He formerly liked fishing but had to give that up because of his physical condition. He likes to cook if his wife will "get everything ready."

Habits:
Pt denies ever having used tobacco, drugs, and uses alcohol only to the extent of "1 beer per year."

MS Exam:

Pt is an obese white male who walks with a limp and uses a cane. He entered the interview situation without hesitation, and was cooperative throughout. In fact, it occurred to one at times that he actually enjoyed relating his difficulties in a smilingly resigned fashion. There was no abnormality in body language, no aberrant demeanor from a psychological standpoint. Speech was normal in rate and clarity. He gave his history in a logical coherent fashion. In mood he was almost jovial; there was no sign of depression. Affect was congruent with mood. Thought processes were entirely within normal limits. There

was no disruption, tangentiality, circumstantiality, paranoid ideation, or abnormality of association. His thought content was significantly preoccupied with worry about the future, about family security, his inability to be a good father and a good husband.

Orientation was normal. His memory and recall essentially within normal limits when tested formally. That is, he could remember exquisite details about his illness and about his early childhood and about his present living situation, but allegedly could remember no dates at all. There was no sign of confusion. He was able to recall items given to him after momentary hesitation. There was no attention deficit. Concreteness was absent: he interpreted proverbs quite abstractly. Judgment and insight were within normal limits.

Impression:

This pt, who alleges significant difficulty in every system of the body, evidences no overt depression and no significant anxiety. There is no thought disorder. There is no acceptable evidence for any memory disturbance. Patients of this type, who present with studied resignation in the face of such an overwhelming picture of disability in virtually every system of the body usually are extremely angry, passive-aggressive individuals who attempt to compensate for their feelings of isolation and aloneness by denying their feelings and manifest them as somatizations. Commonly there is a great deal of contradiction, as in this case: hypertension and diabetes, on the one hand, and obesity on the other.

Factitious disorder needs to be ruled out.

SPECIMEN DATE	23MAR87
WEEKDAY/DAY OF STAY	MON 1
TIME	1532HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
-------- BLOOD CELL PROFILE -------			
4.5-	11.0 K/UL	WBC	9.7
4.40-	6.00 M/UL	RBC	5.30
14.0-	18.0 G/DL	HGB	14.5
41.0-	53.0 %	HCT	42.3
82.0-	100.0 FL	MCV	79.9L
27.0-	34.0 PG	MCH	27.4
32.0-	36.0 %	MCHC	34.2
----- BLOOD SMEAR PERCENT DIFF -----			
35-	65 %	SEGS	63
25-	40 %	LYMPHS	26
0-	10 %	MONO	8
0-	5 %	EOS	2
0-	1 %	BASO	1
------ BLOOD SMEAR MORPHOLOGY ------			
		PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
@ = RESULT CORRECTION

Methodist

The Methodist Hospital

Department of Pathology
Houston, Texas 77030

00128

Cumulative Pathology Report

Cumulative Report

[illegible]
HOUSTON TX
77030

EVANS RALPH L
(0000)1091930-6-7082
SEX M AGE 44 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1532HRS

CHEMISTRY

REFERENCE RANGE		TEST	
-- ELECTROLYTE/PROFILE CHEMISTRIES --			
8-	24 MG/DL	BUN	17
0.5-	1.5 MG/DL	CREATININE	1.2
65-	110 MG/DL	GLUCOSE	233H
4.0-	9.0 MG/DL	URIC ACID	5.4
8.7-	10.7 MG/DL	CALCIUM	10.0
2.5-	4.5 MG/DL	PHOSPHORUS	3.1
6.0-	8.4 G/DL	TOTAL PROTEIN	7.6
3.5-	5.1 MG/DL	ALBUMIN	4.6
0.2-	1.2 MG/DL	TOTAL BILIRUBIN	0.4
30-	115 U/L	ALK PHOS	66
5-	40 U/L	ALT (SGPT)	46H
5-	35 U/L	AST (SGOT)	33
75-	200 U/L	LD	162

H = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

Cumulative Pathology Report

00129

ONE BAYLOR PLAZA
HOUSTON TX
77030

EVANS RALPH L
(0000)1091930-6-7082
SEX M AGE 44 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1532HRS

HEMATOLOGY

REFERENCE RANGE		TEST		
BLOOD CELL PROFILE				
4.5-	11.0 K/UL		WBC	9.7
4.40-	6.00 M/UL		RBC	5.30
14.0-	18.0 G/DL		HGB	14.5
41.0-	51.0 %		HCT	42.3
82.0-	100.0 FL		MCV	79.9L
27.0-	34.0 PG		MCH	27.4
32.0-	36.0 %		MCHC	34.2
BLOOD SMEAR PERCENT DIFF				
35-	65 %		SEGS	63
25-	45 %		LYMPHS	26
0-	10 %		MONO	8
0-	5 %		EOS	2
0-	1 %		BASO	1
BLOOD SMEAR MORPHOLOGY				
			PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

Cumulative Pathology Report

00130

DR [illegible]
ONE BAYLOR PLAZA
HOUSTON TX
77030

EVANS RALPH L
(0000)1091930-6-7082
SEX M AGE 44 YRS
PRINTED: 28MAR87 06:18

SPECIMEN DATE	23MAR87	25MAR87
WEEKDAY/DAY OF STAY	MON 1	WED 3
TIME	1532HRS	1539HRS

CHEMISTRY

REFERENCE RANGE	TEST	
-- ELECTROLYTE/PROFILE CHEMISTRIES --		
8- 24 MG/DL	BUN	17
0.5- 1.5 MG/DL	CREATININE	1.2
65- 110 MG/DL	GLUCOSE	233H
4.0- 9.0 MG/DL	URIC ACID	5.4
8.7- 10.7 MG/DL	CALCIUM	10.0
2.5- 4.5 MG/DL	PHOSPHORUS	3.1
6.0- 8.4 G/DL	TOTAL PROTEIN	7.6
3.5- 5.1 MG/DL	ALBUMIN	4.6
0.2- 1.2 MG/DL	TOTAL BILIRUBIN	0.4
30- 115 U/L	ALK PHOS	66
5- 40 U/L	ALT (SGPT)	46H
5- 35 U/L	AST (SGOT)	33
75- 200 U/L	LD	162

SPECIAL CHEMISTRY

REFERENCE RANGE	TEST	
-- PORPHYRIN (CARBOXYPORPHYRIN) FRACTIONATION, URINE --		
	PORPHYRIN INTRP+)	BELOW f
------ HEAVY METAL/TOXICOLOGY ------		
	DATE STARTED+)	23MAR87 f
	TIME STARTED+)	1600 f
	DATE STOPPED+)	24MAR87 f
	TIME STOPPED+)	1600 f
---------- PORPHYRINS ----------		
0.0- 2.0 MG/24H	PORPHOBILINOGEN+)	0.6 f

f = FOOTNOTES
+) PERFORMED AT REFERENCE LABORATORY SMITH KLINE BIOSCIENCE LAB
25MAR87 1539 PORPHYRIN INTRP SEE INTERPRETIVE DATA AT END OF REPORT
H = VALUE OUTSIDE REFERENCE RANGE CHEMISTRY
# = RESULT CORRECTION

DR [illegible] BAYLOR BOARD
ONE BAYLOR PLAZA
HOUSTON TX
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SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1532HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
-------- BLOOD CELL PROFILE --------			
4.5- 11.0	K/UL	WBC	9.7
4.40- 6.00	M/UL	RBC	5.30
14.0- 18.0	G/DL	HGB	14.5
41.0- 51.0	%	HCT	42.3
82.0- 100.0	FL	MCV	79.9L
27.0- 34.0	PG	MCH	27.4
32.0- 36.0	%	MCHC	34.2
----- BLOOD SMEAR PERCENT DIFF -----			
35- 65	%	SEGS	63
25- 45	%	LYMPHS	26
0- 10	%	MONO	8
0- 5	%	EOS	2
0- 1	%	BASO	1
------ BLOOD SMEAR MORPHOLOGY ------			
		PLT ESTIMATE	ADEQUATE

M = VALUE OUTSIDE REFERENCE RANGE
@ = RESULT CORRECTION

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

6560 FANNIN, SUITE 1426
HOUSTON, TEXAS 77030

(713) 797-1180

April 1, 1987

RE: RALPH L. EVANS

TO WHOM IT MAY CONCERN:

Mr. Evans was examined on March 24, 1987. A detailed history was taken and a neurological examination was carried out. The neurological examination revealed a right handed man with a large frontal boss. His cranial nerve examination was entirely within normal limits. The motor system revealed normal development with large musculature. His strength was normal throughout as was his tone, co-ordination and reflexes. In examining his sensation, I found he had a diminution in appreciation of pin prick to the mid -forearm in his upper extremities and to the lower third of his legs. Joint position sense and vibration sense was normal throughout.

The neurological examination man in this man revealed the findings of a sensory neuro-pathy. The cause for this neuropathy is not apparent from the neurological examination. This gentleman has had a host of illnesses including diabetes and porphyria which could be a factor in his pheripheral neuropathy. He has in addition, had bilateral ulnar nerve and bilateral carpal tunnel releases which is a rather unusual combination of operations. I was unable to demonstrate weakness in muscles innervated by either nerves. To my knowledge no tests of P.C.B. have been made in this gentleman.

Thank you for allowing me to share in Mr. Evans care.

Sincerely,

Ben Cooper

Ben Cooper, M.D.

BC:jb

00133

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DOB: 1-31-43 EVANS, RALPH L.
AGE: 44
3-24-87 IOV

Main Comp

1) Porphyria - 4 months.
2) Degenerative bone disease - 1470.
3) Adhesion Rt cerebellum of brain - dicy 4 years ago.
4) Memory loss -
5) Diffic in walking - 6 years.

Past Medical

1) Tonsillectomy - 1467
2) Haemorrhoidectomy x2 early 1470.
3) Both ulnar nerve surgery and subsequent Tunnels elbow surgery was done first in 1470 - in Bloomington Indiana & Tunnels done in Louisville Ky.
4) Cysts removed from neck & shoulder
5) Pilonidal cyst excised later 1470
6) He had had 5 laparotomies since 1180.
7) Cholecystectomy late 1470

00134

several times in Bloomington - does not recall when it was done Oesophagus was dilatated.

4) T.I.A.

5) Diabetes for 1 year has been on diabeta 250 mgs B.I.D.

6) High blood pressure since 1967 - 230/120.

7) Varicose veins in bladder - had dysuria for several years, also had a circumcision done. Nov 1986.

Family ♂ Married 2 sons 18
15.

8) 5 brothers 52- unable to recall 50

4 sisters does not recall these ages

3) M - alive - aged 70 diabetic - has a "bad heart". has a pace maker

F - dead aged 72- had cancer of the lymph nodes.

SYSTEMIC He is in poor health. Recent weight. Has gained 30 lbs since Oct 1986. No pain before or after meals. He is continuously nauseated. Appetite fluctuates Bad belch, has diarrhoea often.

00135

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He is S.O.B - can only walk ½ a block. No ankle edema
No dyspnea.

Meds
1) Dyazide
2) Valium 10 mgs B.I.D since 1966. prescribed by Dr. G. Lewis Bloomington, Indiana
3) Demerol 1-2 pills a week. for the past 2 months.
4) Desbutal - Tuinal a day.
5) Darvocet - 4-6 a day.

Occupation: Disabled - since March 1981.
He worked at Westinghouse Nov 1965 - 14
Worked as an ink processer - had to process NEW INVERTEN.

Main Comp His walking difficulty came on in 1980 - he developed pain in the small of the back that radiated down his (L) leg. Described as sharp stabbing pain. Precipitated by walking, bumping up against something would bring on his pain. This pain has been present intermittently since 1980.

00136

With the pain developed weakness in his leg, he would be walking and his leg would suddenly give way, he would fall to the ground, he would have to be helped up. He began to see a walking stick 6 years ago. He says his weakness was sudden in onset - it affected the (L) leg more than the (R) & the weakness gradually has become worse. His (L) foot has dropped down for the last 2 years. He has diffic in walking upstairs & has diffic in getting out of a low chair.
He has no problems with his arms at all. In the last 3 years has had tingling in his feet - present in his soles, present constantly, does not trouble him at night.
He can walk 2-3 blocks.
4 months ago after his shoulder surgery went to see a cancer specialist - he did a 24 hour urine on him & was found to have elevated porphyrins.

Went to 8th grade, GED
2 semesters at Hibbing Bible Institute, attained his license 1952. Ordained in 1983 (could not concentrate on his messages, could not stand for any length of time. Would forget where he was in his notes. For several years his wife has kept his check bo

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He says he has had about 10 episodes
would fall to the ground, unable for
a matter of minutes - on 3-4 occasions
his legs were paralyzed for hours -
in E.R. and occassion getting up his
legs were observed. He had an E.E.G
of his brain - 3 normal N.H.R demonstrated
an abnormal lesion in the Rt side

Neurological

Skull - large frontal bess.

Speech - Rt handed

Cranial N

I ✓

II V.A.R Discs are flat

V.A.L.

III IV VI Pupils ✓

E.O.M

V ✓ VII ✓ VIII ✓ IX X ✓ XI ✓ XII ✓

00138

Motor Develop: Large muscles
Power: Normal throughout
Tone: ✓
Bowel: ✓
Reflexes: ✓

Sensation Pin prick: ↓ to midforearm
↓ to lower 1/3 of thigh
Legs

J.P.S ✓
Vibration: ✓

B.P. 200/110.

Imp Sensory neuropathy.