Page 29, first (incomplete) paragraph: While the Maroni citation does report a slight excess in coproporphyrin excretion among Italian capacitor workers, that excess is characterized as "very slight" in a subsequent publication. (Maroni, M. et al., 1987) The paper also reports a study of American workers in which "...the porphyrinogenic effects ...were...totally absent..." Further, the porphyrin levels in the Italian workers did not correlate with blood PCB concentration. It seems inappropriate to only cite the human studies which are consistent with the hypothesis generated in this paper and ignoring other available human studies.

Page 29, last paragraph: The Van Birgelin study cited to suggest the biological plausibility of a synergistic effect on porphyrin excretion between PCBs and "dioxins" is an abstract which has only been printed in a non-peer-reviewed collection of abstracts from a conference. This work has never been published in the peer-reviewed literature. The PCB 153 and TCDD doses in this study were very high, only female rats were used, and liver accumulation, not urinary excretion, was measured. The authors' should be cautious about relying too much on this report for generalization to humans.

Page 30, first (incomplete) paragraph: The producer's composite, which contained 50 ppm hexachlorobenzene, contained PCP manufactured at this plant. What is the comparison on which the characterization of the HCB content as "low" is based?

Page 32, first (incomplete) paragraph: This discussion of the potential effects of multiple comparisons should be expanded and applied to the entire paper.

Page 33, last paragraph: The "study" by Klawans was a report of an examination by the author to support the claims of plaintiffs in a lawsuit. If this report is to be cited, the circumstances should be noted. Further, the chlorinated phenols involved in the spill were predominantly monochlorophenol, not pentachlorophenol. The information is presented in such a way that a reader could conclude that the spill involved PCP.