

DAVID OTIS WILSON AND

DEBRA B. WILSON,

Plaintiffs,

vs.

THE ROE CHEMICAL COMPANY, INC.

Defendant.

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TRANSCRIPTION OF SWORN DEPOSITION

MARTIN DONALD, M.D.

NOVEMBER 19

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Q. Would you state your name, please.

A. Martin W. Donald.

Q. And you are a physician with an office in Franklin?

A. Yes.

Q. Dr. Donald, what is your specialty?

A. Internal medicine.

Q. And you are board certified in internal medicine?

A. Yes.

Q. Are you board certified in neurology?

A. No. But at the time I took my board in internal medicine, neurology was really considered part of internal medicine. So I have training in organic neurology as part of internal medicine.

Q. Did you examine David Wilson?

A. Yes. At the request of Roe Chemical Company. I know its medical director.

I saw Mr. Wilson in the hospital for my personal examination. I had access to all of his records and past history. Apparently he's seen more than one doctor, besides Dr. Jason. Mr. Wilson told me his version of the accident, his spilling the pesticide on him, the symptoms, et cetera.

1           Apparently Dr. Jason made the diagnosis  
2 after getting the results of blood tests from the  
3 chemical company. I did a complete physical  
4 examination. His deep reflexes were equal and  
5 active. The superficial reflexes were present.  
6 Sensation is apparently intact. Babinski signs are  
7 negative. The patient swayed with the Romberg test,  
8 but does not fall.

9           Q. Of what significance is the fact that he  
10 swayed with the Romberg but didn't fall?

11          A. Well, that means that his swaying is  
12 probably more a result of muscle weakness than it is  
13 of central nervous system disease.

14          Q. What other tests did you perform?

15          A. X-rays, blood chemistry tests, liver scan.  
16 They were all negative. He refused to take an  
17 electromyograph or submit to another biopsy, so I  
18 had to rely on his previous tests, which in my  
19 opinion, were done incorrectly.

20          Q. Would you tell me what an electromyogram is  
21 and what it is designed to ascertain?

22          A. Well, they stimulate the muscles  
23 electrically and see how they respond to a standard  
24 electrical current. It is designed to show how the  
25 muscle functions. An electromyogram is a test for

1 the diagnosis of myopathy. His past test results  
2 were very, in my opinion, inconclusive. They seemed  
3 to indicate myopathy, but not to a medical  
4 probability.

5 Q. Would you tell me what objective findings  
6 you made, if any, that showed that Mr. Wilson, when  
7 you had him in the hospital at that time, was  
8 suffering from muscle weakness, if he was?

9 A. He swayed with the Romberg test.

10 Q. Is that a symptom of muscle weakness alone,  
11 or can that be a symptom of other things?

12 A. It can be a symptom of many other things,  
13 too numerous to list also. There are many things  
14 which might cause swaying on the Romberg test.

15 Q. In other words, the fact that one swayed on  
16 the Romberg does not necessarily indicate muscle  
17 weakness, would it?

18 A. No, not necessarily.

19 Q. It could?

20 A. Sure.

21 Q. Anything else that you found?

22 A. The other thing was that he was clumsy in  
23 his movements in walking and his gait.

24 Q. Would you describe that a little more in  
25 detail? You say he was clumsy in his movements; you

1 mean in walking?

2 A. Yes. But he is a 51-year-old man, a farmer  
3 at that.

4 Q. Anything else that you found objectively  
5 that would indicate to you that he was suffering  
6 from a muscle weakness?

7 A. His muscles generally were flabby. He was  
8 soft. He was not very muscular for a farmer. In my  
9 opinion he does have neuropathy but not myopathy.  
10 He has arthritis and heart problems. He's not a  
11 young man. He's been around toxic chemicals all of  
12 his life, and apparently is not very careful with  
13 them.

14 Q. Now, of course, you did review hospital  
15 records and a history of other records and what he  
16 told you of his exposure?

17 A. Yes.

18 Q. Now how would you describe the present  
19 muscle weakness you found?

20 A. I would describe it as moderate. This man  
21 is like a weak individual who was just in very poor  
22 physical condition but able to be up and around.

23 Q. All right. Do you think his condition will  
24 improve over time?

25 A. It should.

1 Q. Why?

2 A. All he needs to do is exercise. Even  
3 assuming he had a toxic reaction to Dinitro, which I  
4 do not believe, the chemical is out of his body.

5 Q. He indicated that he was impotent, but I  
6 believe your report said he told you he had engaged  
7 in intercourse; but it was not satisfactory. I  
8 think you used that word.

9 A. Yes. He told me he had intercourse, but  
10 that he would lose his erection after a few minutes.  
11 He said it had happened before in his life, but now  
12 it happened every time.

13 Q. Is it because of the flabbiness of his  
14 muscles?

15 A. I doubt that. There are many causes for  
16 impotence, but initially this may have been organic  
17 from the effect of the nerve endings. I also think  
18 it is primarily psychological.

19 Q. Well, at the present time, based upon your  
20 examination, would you think that his present  
21 condition would prevent intercourse?

22 A. Probably not. He does have pretty good  
23 bowel and urinary function.

24 Q. We have talked about, and you mentioned in  
25 your testimony the amount of chemical. And I am

1 looking through the hospital records again, and I  
2 see a report from the Duckworth Pathology Group  
3 dated September 18, YR-5 signed by Dr. Duckworth.  
4 And in that report he mentions the serum level. And  
5 in there he indicates that since Mr. Wilson's  
6 exposure to the compound occurred approximately one  
7 month before, the serum level of 4.3 micrograms per  
8 milliliter was good presumptive evidence of previous  
9 toxic levels in his blood. Would you agree with  
10 that statement?

11 A. The fact that Dinitro was in his blood one  
12 month after the accident may suggest that it was in  
13 his blood at the time of the accident. The fact  
14 that the chemical was in the blood does not mean it  
15 had a toxic effect and caused neuropathy.

16 Q. Do you believe the exposure caused his  
17 problems?

18 A. No. I don't think so. There are no  
19 published reports of people developing the type of  
20 problems Mr. Wilson says he has from exposure to  
21 Dinitro. Assuming the results seen in the animal  
22 studies are applicable to humans, he would have  
23 needed to have been exposed over a prolonged period  
24 of time and to much higher doses. He denies this  
25 occurred.

1                   The tests indicate a significant level in  
2 his bloodstream. This suggests he spilled it on  
3 himself and walked around with the chemical on his  
4 skin. You will have to ask him about that. I think  
5 his symptoms are consistent with the complaints of  
6 veterans who suffer from Gulf War Syndrome.  
7 Dr. Jason did not appear to include that in his  
8 differential diagnosis.

9                   Q. Have you looked over the literature on this  
10 chemical compound?

11                  A. Yes. And it supports my belief that this  
12 man does not have neuropathy or myopathy caused by  
13 acute exposure to Dinitro. The case reports that  
14 Dr. Jason mentioned in his deposition relate to  
15 other chemicals that may have similar structures but  
16 are not Dinitro. Plus, no large epidemiological  
17 studies have been done on people exposed to these  
18 chemicals. The data Dr. Jason relies upon is not  
19 the type of data from which sound scientific  
20 conclusions about general causation can be drawn.  
21 The animal data cannot be extrapolated to humans.

22                                   (Deposition concluded)

23

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25



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