BRYAN WEIGHT FAMILY LETTER, OCT. 5, 1987

Dear Family,

We sent last months letter late so you'll probably get two from us this month.

Bryan and I are both having health problems--a sure sign that old age is setting in for both of us! My problem has been frequent GI upset. I saw an internist about 3 months ago and he has now referred me to an allergist as the problem appears to be related to food allergies. I had skin tests but did not have any skin reaction to the different foods and inhalants for which I was tested. He then put me on an elimination diet. I went two weeks without any GI problems and then one day I had my typical reaction of diarrhea and severe cramping. It is hard to determine what food may have caused it. We narrowed it down to asparagus, potato, or lamb. I have had all these foods before without any reaction so it's hard to sort it out. One other possibility is the way the food was prepared. I had fried the ground lamb in 1/2 tsp. Mazola and also had fried some hash browns. So it might be the frying that causes the symptoms. He said that frying changes the chemical make up of the food and he had one patient that kept going into shock and it was determined that her system could not tolerate any food that was fried. They have some new blood tests that detect food allergies and he had me go in for some of those. They test for specific foods. He doubts that they will show anything because the results generally mirror skin test results. Anyway, I'm encouraged that this problem will eventually get sorted out and I'll be able to return to a healthier state. One good side effect of this diet that he put me on is that I've lost 7 pounds. Rice is the main staple in the diet so I can't eat any wheat or milk products. Those two items alone took a lot of calories out of my diet. On Thursday he said I could add milk and beef to the diet. I'm glad to be able to eat my Rice Krispies or rice puffs with milk on them instead of water.

Bryan has been having problems with a loss of hearing and equilibrium. In August he had two days where he couldn't even get out of bed. He had vomiting and severe dizziness. His doctor referred him to an Ear Nose and Throat specialist because he hasn't improved with antibiotics. I read an article in Parade Magazine about Meniere's Disease and he appeared to have some of the symptoms so I cut the article out. Bryan read it and sent for more information. He went to the specialist last Thursday and his ears looked perfectly normal. Some X-rays were taken and they ran some tests. The hearing test revealed a significant hearing loss in his left ear. The doctor told him that there was a possibility that he had Meniere's disease. The doctor had Bryan come back in the morning for another test. The test on Friday is called the glycerol test. They had him drink two glasses of glycerol which caused his body to dehydrate. Then over the course of three hours they tested the hearing in his

left ear. The dehydration caused the fluid in the inner ear to decrease and his hearing improved. By the end of the day his hearing had returned to near normal. The technician commented that the results of the test were positive for Meniere's disease. The doctor was not in at the time but will talk with Bryan on Monday.

Meniere's disease is an inner ear disorder (glaucoma of the inner ear) where the fluid in the inner ear does not drain normally causing pressure, rupture of the distended membranes, occasional violent vertigo (visually everything is whirling around), and hearing loss. Beethoven had a severe case of this disease and eventually went completely deaf. There is no medication to control it. They treat the symptoms with diet and medication. There is a surgical procedure which can relieve the vertigo and causes the hearing to no longer digress. The surgical procedure has an 80% success rate. The possible risks of the surgery are facial weakness, hearing loss (mild or severe), and wound infection. Patients have imbalance and unsteadiness for several weeks and rapid movements may produce unsteadiness for up to one year.

Of course one big concern for us is that Bryan's employment involves lots of driving (about 600 miles a week), climbing on ladders, roofs, etc. He had one day where he choose not to get onto a roof because he wasn't secure about his balance. Another day last week he was concerned about his ability to make his commute home. The doctor indicated that with this disease you generally have physical warnings that give you enough time to stop certain activities. Bryan's boss was curious about what kind of tests Bryan had and Bryan told him all he knew and frankly indicated that this condition might ultimately prevent him from continuing in this line of work. His boss was shocked.

Just two weeks ago after a staff meeting Bryan quit his job and said that he would no longer work for him unless his boss made some concessions. He required a full commission of 54% instead of only the %44 he's been receiving. There has also been a policy of making a client pay $40 for a "no-show" appointment. A no-show occurs when an inspector goes to a house and the realtor, client or owner of the house fails to let him in. "No-shows" happen very infrequently. His boss told the men in the staff meeting that he was cancelling this policy and that there would no longer be a no-show fee. Bryan objected during the meeting, but was told his input didn't count. His boss also read a letter in the same staff meeting that a mad realtor wrote. In essence the letter said never send that dumb inspector Bryan Weight out any more or I'll never recommend your firm again. The particular house involved had a severe powder post beetle infestation and Bryan's recommendations killed the sale and of course his commission. His boss proceeded to say that the inspectors need to "sweet talk" the clients to avoid such confrontations. His boos had not reviewed the letter with Bryan in advance. After the meeting Bryan asked to speak privately with Virgil and very

forcefully let him know that he didn't enjoy his "sweet talk" and that he was quitting unless his commission was raised, the $40 no-show fee was upheld (actually he was more upset about being told his input didn't count), and that he publicly apologized for embarrassing Bryan in the weekly staff meeting. His boss met all of his demands and told Bryan that he was one of his best inspectors and that he displayed the most initiative. There was no malicious intent to embarrass him; somewhat poor example judgement however. His boss knows that Bryan could go into business for himself, but has a legal restriction of not being able to compete with him for a year.

Well this concludes another episode in the Bryan Weight family. We hope all is well with all of you!

Love, Bryan, Charlotte, Sarah, Hannah, Hyrum and Willis

MENIERE'S DISEASE
(GLAUCOMA OF THE INNER EAR)

The inner ear, brain (cerebellum), eyes, and proprioceptive system (muscles and joints) are the four main components in normal equilibrium.

A most common inner ear disorder that causes vertigo is Meniere's disease or "glaucoma of the inner ear". Most patients understand that increased pressure in the eye causes glaucoma and blindness, and can relate this concept to an inner ear disorder. In Meniere's disease, the increased fluid pressure causes vertigo and deafness. The endolymphatic sac, which is found in the mastoid bone, normally drains endolymph fluid from the inner ear. A defect in the reabsorptive mechanism of the endolymphatic sac results in an increase in fluid with buildup of fluid pressure in the inner ear. The distended membranes rupture intermittently, releasing potassium which produces violent vertigo, hearing loss, tinnitus, stuffiness and fullness in the involved ear. Unlike glaucoma, in which medication usually controls the increased pressure in the eye, medication has little effect on the course of Meniere's disease.

MEDICAL TREATMENT

During an acute attack of vertigo, Meclizine, 25mgs., or 'Dramamine, 50mgs., shortens the episode. Compazine suppositories (25mgs) control nausea and vomiting. Valium, 2mgs., four times a day, sometimes reduces the frequency of the attacks. If the patient is in the hospital or physician's office during an acute attack of inner ear vertigo, Inapsine, 1-2cc intravenously helps abort the dizziness. In some cases the use of Cortisone taken for several weeks improves hearing and inner ear function. Patients are usually given a diuretic (i.e., Dyazide) for several months and are asked not to use excess salt in an effort to reduce inner ear pressure. When medication fails to control the disease, surgery may be indicated.

In bilateral Meniere's disease, Streptomycin injections (one gram) given as an outpatient twice a day for several weeks will help relieve the attacks of vertigo.

SURGICAL TREATMENT
RETROLABYRINTHINE VESTIBULAR NEURECTOMY (RVN)

When hearing is worth saving, the microsurgical retrolabyrinthine vestibular neurectomy has replaced the middle fossa vestibular neurectomy which has been done for the past 20 years. The retrolabyrinthine operation, developed by Dr. Herb Silverstein at the Ear Research Foundation in the fall of 1978, is now performed routinely throughout the world. The procedure which carries few risks is done through an incision made behind the ear. A mastoidectomy is performed and the dura incised, exposing the nerves of balance and hearing that traverse between the ear and the brain. The surgeon, viewing through the operating microscope, transects (cuts) the balance nerve, preserving the hearing nerve. This procedure relieves vertigo in 93% of cases and keeps hearing at the preoperative level in 80%. Abdominal fat is placed in the mastoidectomy site to prevent cerebrospinal fluid leakage from the ear.

Possible risks of this surgery are facial weakness (remote possibility; no cases reported as yet), hearing loss 20% (mild to severe), CSF leak, 10% fluid leaking through the wound and wound infection, 5% requiring