#### HUGH M. CAFFEY, JR.

ATTORNEY AT LAW BREWTON. ALABAMA 36426

AREA CODE 205 PHONE 867-6041 June 26, 1970

P. O. BOX 867

Mrs. Alice J. Duck Circuit Clerk Bay Minette, Alabama

RE: B. C. Singleton vs.
International Paper Co.
Case # 9352

Dear Mrs. Duck:

On June 23, 1970, a workmen's compensation judgment in favor of B. C. Singleton was entered in the sum of \$12,030.00, plus court costs paid as attested by receipts 7907 and 7908.

At your convenience it will be appreciated if you will forward to me your check in the amount of \$12,030.00. This check may be made payable to me as attorney for B. C. Singleton.

By a copy of this letter to Mr. Ben H. Harris, Jr., I am advising him that the cancellation of judgment form will be returned upon receipt of your check.

With best personal regards, I am,

Yours very truly,

Hugh M. Caffey, Jr.

HMC JR./mca

cc: Mr. Ben H. Harris, Jr.

Johnstone, Adams, May, Howard & Hill

Attorneys at Law P. O. Box 1988

Mobile, Alabama 36601

FILED

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CLERK REGISTER

HUGH M. CAFFEY, JR.

ATTORNEY AT LAW

BREWTON, ALABAMA 36426

AREA CODE 205 PHONE 867-6041

June 17, 1970

P. O. BOX 867

Mr. Ben H. Harris, Jr.
Johnstone, Adams, May, Howard & Hill
Attorneys at Law
Ninth Floor, Merchants National Bank Bldg.
P. O. Box 1988
Mobile, Alabama 36601

RE: B. C. Singleton, with International Paper Company

Dear Mr. Harris:

I have reviewed the complaint, International Paper's answer thereto and the judgment, all of which I find to be in order. The original and I copy of the complaint together with the request for the approval of my services as attorney for Mr. Singleton have been forwarded to him with appropriate instructions for signature and for immediate return directly to you.

I have noted my approval on 1 copy of the judgment which you may present to Judge Mashburn on Tuesday, June 23rd. I do not see that any good will be accomplished by my personally going to Bay Minette and you may advise Mrs. Duck that payment of this claim may be to me as attorney for B. C. Singleton. The outstanding medical bills will presumably be paid directly by you on behalf of Mr. Singleton. If this is the case I will appreciate a copy of your transmittal letter.

I have relied on your knowledge of the existence of medical bills and this phase of the settlement pre-supposes that \$723.00 covers all bills to date. If there is any conflict in this phase of settlement I ask that you not proceed with concluding the claim and that you contact me on Tuesday morning.

With best regards, I am,

Yours very truly,

Hugh M. Caffey, Jr

HMC JR./mca Enclosure B. C. SINGLETON,

Plaintiff,

BALDWIN COUNTY, ALABAMA

AT LAW, CASE NO. 9352

INTERNATIONAL PAPER COMPANY,
a corporation,

Defendant.

(Workmen's Compensation)

## CANCELLATION OF JUDGMENT

The above judgment having been paid in full and fully satisfied, the same is hereby cancelled.

Hugh M. Caffey, Jr.
Attorney for B. C. Singleton

JUL 6 1970

ALCE J. DIGH CLERK REGISTER

B. C. SINGLETON,

Plaintiff,

BALDWIN COUNTY, ALABAMA

AT LAW, CASE NO. 9352

INTERNATIONAL PAPER COMPANY,
a corporation,

(Workmen's Compensation)

Defendant.

### FINDINGS OF FACT

From the pleadings and testimony in this case, the Court finds the facts to be as follows:

On, to-wit, August 18, 1966, the Plaintiff, B. C. Singlteon, suffered an injury in Baldwin County, Alabama, while in the employ of the Defendant, International Paper Company, in an accident arising out of and in the course of his employment, and was again injured on, to-wit, August 13, 1969, in Baldwin County, Alabama, in an accident arising out of and in the course of his employment with the Defendant, International Paper Company; that said Defendant has furnished Plaintiff medical care in the amount of \$20,508.20 and will pay further medical bills in the amount of \$723.00; that there is a dispute between the Plaintiff and the Defendant as to the nature and extent of the Plaintiff's permanent disability and as to whether Plaintiff's injury on August 13, 1969 was a new injury or was a continuance of the injury on August 18, 1966; that the Plaintiff desires to accept and the Defendant has agreed to pay the sum of \$12,030.00 in a lump sum in settlement of this dispute, subject to the approval of this Court. The Court further finds that such settlement in the amount of \$12,030.00 is to the best interest of Plaintiff and that said sum be paid in a lump sum.

#### JUDGMENT

The premises considered, it is ORDERED, ADJUDGED AND

DECREED by the Court that the Plaintiff is entitled to have paid by the Defendant the sum of \$12,030.00 as payment in full of all compensation due him for injuries sustained in said accidents of August 18, 1966 and August 13, 1969 and to have Defendant pay \$723.00 on outstanding medical bills as payment in full of all medical expense arising from such injuries.

It is further ORDERED, ADJUDGED AND DECREED by this
Court that the Plaintiff shall have and recover of the Defendant
the sum of \$12,030.00 as compensation for said injuries, together
with the costs of this cause, for which let execution issue,
and Defendant is further ordered to pay \$723.00 directly to
Plaintiff's creditors on Plaintiff's outstanding medical bills.

Dated this 23 day of June, 1970.

Jedger J. massesurer

AUN 23 1970

ALGE J. DUCK CLERK REGISTER

B. C. SINGLETON,

Plaintiff,

=vs=

INTERNATIONAL PAPER COMPANY, a corporation,

Defendant.

IN THE CIRCUIT COURT OF

BALDWIN COUNTY, ALABAMA

AT LAW, CASE NO. 9352

(Workmen's Compensation)

- 1. Plaintiff alleges that while employed by the Defendant, International Paper Company, a corporation doing business in Baldwin County, Alabama, he was injured while lifting trash barrels on, to-wit, August 18, 1966, in an accident arising out of and in the course of his employment, and that at said time and place he and Defendant were subject to the provisions of the Alabama Workmen's Compensation Law. Plaintiff further alleges that he was again injured on, to-wit, August 13, 1969, when lifting a score head, in an accident arising out of and in the course of his employment, and that at said time and place he and Defendant were subject to the provisions of the Alabama Workmen's Compensation Law. Plaintiff alleges that he has a wife and two dependent children under the age of eighteen years.
- 2. Plaintiff further avers that his average weekly earnings for the 52 weeks prior to the first date of injury was, to-wit, \$84.00, and that his average weekly wage for the 52 weeks prior to said second date of injury was \$107.60; that Defendant had due notice of his accidents and injuries and has furnished him medical care in the sum of \$20,508.20 and has agreed to pay an additional \$723.00 in medical bills.
- 3. Plaintiff avers that as a result of said accidents he suffered severe back injuries that required lumbar laminectomy, repeat surgery and re-operation and spinal fusion. Such back injury included herniated nucleus pulposus of the lumbar spine; a severe sacro-iliac sprain; a left herniated disc at L-4-5; a large herniated disc at L-4-5; severe pain; muscular spasm; ruptured disc at L-5-S-1; he suffered embolic episodes and thrombophelibitis; he was caused to be hospitalized on numerous occasions and undergo extensive treatement and surgery for his back injuries.

4. That there is a disagreement between the Plaintiff and the Defendant as to the nature and extent of his permanent disability and as to whether Plaintiff's injury of August 13, 1969 was a new injury or was a continuation of his earlier back injury and in order to settle this dispute the Defendant has agreed to pay and the Plaintiff has agreed to accept the sum of \$12,030.00 in a lump sum settlement of this dispute, the Defendant having previously paid the Plaintiff workmen's compensation payments of \$7,087.63, such lump sum settlement agreement being subject to the approval of this Honorable Court.

WHEREFORE, Plaintiff brings suit for the sum of \$12,030.00, being the value of compensation payments to which he will be entitled in the future resulting from the above injuries, and prays that the Court order the Defendant to pay \$723.00 on Plaintiff's outstanding medical bills.

STATE OF ALABAMA

COUNTY OF Escambia

Before me, a Notary Public in and for said State and County, personally appeared B. C. Singleton, who is made known to me and who, being by me first duly sworn, deposes and says that the allegations of the foregoing complaint are true.

Sworn to and subscribed before me on this 20 day of June, 1970.

Sauch & Beyette

JUN 23 1970

HUGH M. CAFFEY, JR. Attorney for Plaintiff

B. C. SINGLETON,

PLAINTIFF

BALDWIN COUNTY, ALABAMA

VS.

INTERNATIONAL PAPER COMPANY,
A CORPORATION,

DEFENDANT

M

IN THE CIRCUIT COURT OF
BALDWIN COUNTY, ALABAMA

LAW SIDE

# REQUEST TO EMPLOY COUNSEL

## TO THE HONORABLE TELFAIR MASHBURN, CIRCUIT JUDGE:

The undersigned desires to employ the services of an attorney, Hugh M. Caffey, Jr., by name, to assist him in connection with his claim for benefits due for an on the job injury for which a claim will be asserted against his former employer, International Paper Company, under the pertinent provisions of the Alabama Workman's Compensation Act.

The undersigned prays that such appointment might be approved by the Court.

B. C. SINGLETON

Appointment approved.

This the 232 day of June, 1970.

CIRCUIT JUDGE

JUN 23 1970

ALIUE J. DUGK CLERK REGISTER B. C. SINGLETON,

Plaintiff,

=vs=

INTERNATIONAL PAPER COMPANY, a corporation,

Defendant.

IN THE CIRCUIT COURT OF BALDWIN COUNTY, ALABAMA AT LAW, CASE NO. (Workmen's Compensation)

Comes the Defendant in the above styled cause and for answer to Plaintiff's complaint, admits each and every allegation thereof, and states that it is willing to compromise this case by making a lump sum settlement in the amount of \$12,030.00, if approved by this Honorable Court, and further hereby agrees to pay \$723.00 on Plaintiff's outstanding medical bills.

INTERNATIONAL PAPER COMPANY

JUN 23 1970

ALGE J. DEGK REGISTER

WM. J. NEELY, M.D., F.A.C.S.

ORTHOPEDIC SURGERY

1720 SPRINGHILL AVENUE, SUITE 206

MOBILE, ALABAMA

August 28, 1969

Personnel Supervisor International Paper Company P.O. Box 849 Bay Minette, Alabama 36507

Re: B. C. Singleton

#### Dear Sir:

I am writing to you concerning the above who has been under my treatment and care intermittently since August 23, 1966. I am sure that your files contain a complete regime of his difficulties and treatment through June of this year.

He was given a release to return to work July 1, 1969. At that time I felt that he had made a complete recovery from a spinal fusion performed July 11, 1968. At that time he had no complaints and was doing well.

At the time that I allowed him to return to work, I had been given to understand by the patient that his work would not require a great deal of bending, stooping, or heavy lifting, so I did not anticipate that he would have any trouble.

On August 15, 1969 he came to see me with back pain which had been present for one week and stated that this pain had been caused by heavy lifting performed at work.

He did not wish to lose more time so was given medication and advised to discontinue strenuous exertion, rest, etc. On August 22, 1969 he was next seen at your request at which time his pain was more severe and he seemed to be worse.

I advised hospitalization for further examination, x-rays, and treatment, and he was admitted to the Providence Hospital on Wednesday, August 27, 1969 for same.

Personnel Supervisor International Paper Company Bay Minette, Alabama 36507 August 28, 1969

# Re: B. C. Singleton

I doubt that his fusion has been disturbed, and feel that his symptoms are probably due to strain and overuse of the musculature and ligaments which have as yet not had time to regain their normal strength.

However, I will be glad to furnish you a more comprehensive diagnosis and prognosis after the further study and treatment which has only just begun. I hope that this is the information you desire.

Yours very truly,

Wm. J. Neely, M.D.

WJN:mkm

#### DISCHARGE SUMMARY

DR. R. C. LLEVELLYN

BYRON SINGLETON 3/22/70

This patient is a 27 year old male who was admitted to the hospital 3/2/70 for evaluation of a post-injury, postoperative low back syndrome which had become progressively more severe and was now tatally incapacitating, the patient's chief complaint being low back pain and soreness, pain on attempted exertion, particularly waist bending movements on protracted waking, sitting, and standing and pain extending from the low back region in an electric-like fashion down the posterior buttocks, posterior thigh, and left leg into the left foot, all associated with swelling of the entire body, even the face, at times when he was completely active by episodes of fever and by unilateral swelling, at times, of the left leg.

The patient's history and summary were that of having sustained significant back injury which was treated with lumbar laminectomy and then with repeat surgery, and then finally, re-operation and spinal fusion, this having resulted in gradual improvement and strengthening to such an extent that he was allowed to his regular work assignment in mid-summer of 1969. On July 1, while working, and partially holding and assembling a heavy apparatus at shoulder level, the weight of this object shifted when a fellow worker lost hishold or grip on this object and the entire weight of the apparatus was borne for a transient period of time by the patient. He experienced a severe back pain, stingling and electric-like in character this followed by a pain extending into the left leg and foot. He required hospitalization and was treated expectantly.

After some 30 days of hospitalization, he was improved, only to gradually lose this improvement on attempting to become ambulatory and while on outmatient treatment at home.

In January of 1970, his back and leg complaints were worse, if anything, and this fact plus his failure to improve from conservative efforts at therapy led to his being evaluated by outside neurosurgical consultation and orthopedic consultation, this resulting in his being admitted here 3/2/70.

On admission, the lumber spine films were repeated and excellent fusion, extending from the 4, 5, through the sacrum was noted. No evidence of marked abnormal kyphosis or scoliois was noted on these films.

The patient initially was treated with muscle relaxants and antispasmodic medications without true Class A narcotic analgesia and, after some three days, he became so uncomfortable from pain while at bed rest, that he could not consider remaining for study unless narcotic medicationswere administered. The patient stated repeatedly that, in thepast, heavy doses of narcotics were the only medication that would seem to control his painproblem, butinsisted that, while not experiencing pain, he had never experienced problems with narcotics. His general health otherwise was described as good.

(over)

## (continued)

The patient was placed on Dilaudid, grains 1/16, this boostered with Phenergan or Benadryl and this medication provided moderate control of his uncomfortableness, again while lying on strict bed rest with assistance to move his bowels. The demand for medication did not change a 2½ week period, nor did his comfortableness.

Patient's objective signs are back or lower extremity problems wereabsent during this period of hospitalization. His preadmission history included marked spasm, listing, and tilting when active. However, whilebeing observed here, objective muscle spasm was not noted despite several examinations at intervals and examinations by different observers.

There was subjective soreness to palpation across the mid-back area.

The potient pointed to the L3 and L4 segment. There wasmarked tenderness to palpation in the region of the well-healed lumbar spine fusion scars and in the donor site scar. Whist bending movements were markedly restricted, according to the patient's voluntary response, although it was noted at times that he could shift his feet on the side of the bed and could bend forward at the waist while pointing to areas of pain or decreased sensation in his toes. The deep tendon reflexes, the measurements of the muscle masses, and the general strength of both lower extremities werenormal and equal in both legs and no evidence of unilateral swelling or generalized swelling of the body or the lower extremities, during this period of hospitalization. There was decreased sensation in the lateral aspect of his calf and foot, this being mild as to character and not corresponding particularly to nerve distribution. There was no strength loss, noted in the lower extremities.

The patient was seen by Dr. Ray Kitziger, orthopedic consultant, whose findings in essence agree with the summary to be submitted below by the undersigned; however, the detailed report of this consultant's opinions and findings are attached.

When discharged 3/22/70, the patient was still markedly uncomfortable with out objective findings. His complaints, being that of back and left leg pain as described above.

After this detailed opportunity to evaluate this admittedly complex patient, I was firmly convinced that further neurosurgical operative procedures and Dr. Kitziger's ophion that further orthopodic operative procedures would not lessen the patient's day by day pain, nor enhance his rehabilitation. fell that beyond any reason of doubt, he does have residual/low back muscle and ligamentous soremess and stiffness and may have some postoperative perineural scar or arachnoidal adhesions or arachnoiditis contributing to abnormal sensations in left leg and foot. These problems, thelatter particularly, if actually present, being of such a character that the patient, in my opinion, should be able to work with and tolerated the uncomfortablenesses with mild forms of medication. It is my advice that the patient gradually increase in tolerance to exertion, using multiple moist heat applications, and gradually strengthen his back hopefully to the point that he can return to some modified or restricted work assignment while using or treatinghimself with rest and moist heat, and mild analgesic measures. I am concerned that if the drug dependency problem is not already present, that it certainly will become present in the future if Class A percetics are continued to be administered to this patient.

(continued)

DISCHARGE SUMMARY

DR. R. C. LLEWELLYN

BYRON SINGLETON

(continued)

The patient's family were informed of this opinion. The patient was admittedly very disappointed in the combined opinions as outlined above and, in addition feels quite strongly that any thought that his pain is mild as to character and a type that he can tolerate, is entirely in error and that emotional and drug dependency aspect of his total problem do not exist.

I do not feel that a diagnostic myelogram was indicated and this also was a disappointment to the wife and to the patient's family. Because of the admitted positibility that a new lumbar disc rupture at the L3-L4 segment, the first freely movable segment night indeed be present in this patient.

It is my feeling quite strongly that should there be recurrent disc rupture, that bed rest and analgesic medications would have markedly relieved the patient's complaints and more importantly or equally importantly, that objective signs of a recurrent disc rupture should have been noted by some observer during some portion of the hospital studies.

It is my opinion that myelogram might indeed be abnormal because of operative scar and the possibility of arachnoiditis localized and restricted in a patient who had an injury of the type this patienthas had and who required multiple operative procedures including lumbar spine fusion. Lumbar myelogram in such a patient, if arachnoditis is not already present, can indeed incite came, this being my experience, and I felt quite strongly that diagnostic myelograms should not be offered a person who did not improve from bed rest and did not exhibit objectiveback signs as an indication for running the risk of repeat myelography in a complicated case such as this.

The patient was discharged with specific advice to report to his home physician and to his treating orthopedist in the near future. I have taken the liberty of providing the patient and his family with a copy of this dictation to facilitate discussion of this complex and most serious problem with his physician, it being my advice summized as that he consider neuropsychiatric supportive treatment if he is unable to gradually ambulate and give up the use of Class A narcotics and work in a 6 to 9 month rehabilitation regime as an out-patient aimed at rehabilitating his postoperative post-lumbar spine fusion status. I could not make a diagnosis of recurrent lumbar disc rupture, severe postoperative or post-injury arachnoditis or other neurosurgical problems that would benefit from re-operation, rhizotomy, or cordetomy.

er: D. Heeler

on letan

Det Paper Co. Lievellyn, M.D. Diegne der gle tier

DD: 3/23/70 DT: 3/25/70