

EXIBIT 065

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January 30, 1989

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Dear Mr. Reed:

Mary Jane Duchene conveyed your concern about Corbett, possibly bringing suit for defamation. I note also your opinion that Dr. Corbett may have been incompetent and "we are a long way from having proof that he is a murderer."

I think you can relax Mr. Reed. If you want to ^{traverse} ~~erase~~ the "long way from having proof" that he is a murderer that you postulate, you will get from consultation a review of the records and written consultative conclusions reported by a board certified internist. I imagine there are several internists you know whose work is reliable, thorough and who are not susceptible to bribery.

Those records, of Mrs. Duchene's condition and Dr. Corbett's treatment of her from October 1986 on, are open to but one basic conclusion that makes sense of this evidence and associated matters. That conclusion is that Corbett knowingly killed his patient by stopping essential effective treatment of her chronic metabolic illness, diabetes mellitus.

The notion that he may have been incompetent in this respect is not credible. This specialist in metabolic disorders had monitored and controlled the essential insulin dosages she had to have to stay alive, for a number of years. He suddenly drops the quantity of insulin in October, she immediately manifests symptoms and signs of untreated diabetes and in less than one month becomes comatose and dies. That was the predictable consequence of reducing insulin. No attempt was made to monitor the effects of his order, by Corbett, nor was the obvious step of returning the insulin to a therapeutic level taken. That would stop the progress of apparent diabetic acidosis, ketoacidosis, coma and death.

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No blood was taken for laboratory studies of blood sugar levels, electrolytes or other testing routine in such cases. Starvation and dehydration went essentially untreated. Corbett did not interest himself in giving parenteral fluids or other supportive measures. She lost 12 pounds.

I think it is valid to state that Dr. Corbett was competent in causing the death of Jane Duchene by withholding life sustaining insulin from an utterly defenseless, demented patient, i.e., a competent killer.

Maybe I misinterpret your statement "what he did may have been incompetent." It is certainly hard for me to believe you give credence to the possibility that an experienced specialist in his specialized field made a clumsy, inept, careless, confused, ignorant error when he phoned Wedgewood on October 23rd and gave his orders to Ms. Costa and repeated them when she phoned him back 15 minutes later. To believe he did that and continued to be oblivious of Mrs. Duchene's state is ludicrous. Even though the doctor never examined his patient in the nursing home, he did see her on October 27th in his office. She was taken there, near death, by a form of public transportation and without medical or nursing care. Some doctor. The smell of acetone was on her breath, Mr. Reed. That is a sign of impending coma as nurses noted. But Corbett, if he noted that ominous symptom, said nothing. Again, the appointment really was not for Jane's benefit; he backed up a sordid "legal" signing of a document with his imprimatur regarding his patient's "competency" to sign a legal paper.

It really is simple, Mr. Reed. A helpless person must have a substance injected daily in specific amounts, for years. Her body doesn't make it, so it must be injected. Without it, or too little of it, she dies. Her doctor knows all this, but he gives her too little and continues to give too little to control her disease. He knows she will die quickly if he doesn't raise the level back to what it was. He doesn't raise it and after a horrible terminal illness from deliberately produced fatal disease she expires. That's sly medical murder Mr. Reed.

No other pathological state has been suggested other than Corbett's effort on the phony death certificate to state she died of her cancer.

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I know of no evidence supporting that assertion. There had been a favorable response to radiation, and weight was being maintained--until Corbett instructed his death regimen. Does it seem curious to you that Dr. Corbett did not report diabetes in the certificate he wrote?

It seems pointless to procrastinate further in the matter of an expert opinion from study of the relevant records. Mary Jane unquestionably has the most comprehensive knowledge of the documentary evidence and what records are most relevant. Certainly the nursing notes of October - November 1986, the doctor's orders and maybe Dr. Lerner's last report stand out. A report in written form after careful review by an acceptable expert in internal medicine is essential for this case and should allay your doubts. The record of proof of what happened is there to be read and understood right now.

I know of no written consultations about this case. I have labelled this killing for what it is, a premeditated murder. But I am not a specialist in internal medicine. That doesn't render me incompetent, just not an expert.

I think you checked some aspects of Corbett's activity, by phone, with a medical person. I am unclear what opinion was obtained but it would be desirable to have a written statement, would it not? I will stress again that a careful examination of the relevant records and possibly other data is essential. A competent and honest internist can reach an opinion. The conclusions reached should of course be in writing.

As it is, about all I have seen in reference in the suit filed to a fictitious discussion you allegedly had with me regarding the validity of Ms. Duchene's case, etc., I don't have the document here so cannot quote. That fabrication should be reduced to irrelevance by sound opinion from an internist. Parenthetically let me say I hope you don't repeat that sort of fabrication. It is unacceptable to attribute fictitious activity to me. Under oath, if questioned, I would have to say it had not happened. I let that go at the time I read it, but it seems timely to tell you I object to been used impermissibly and without prior notification.

It would be useful, I think if we had some discussion on another subject, that of psychiatric, psychological and neurological evaluations and their notes in evidence in civil or

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criminal proceedings some time prior to your next presentation of such data in the case of Jane Duchene. There were aspects of your brief or other writing in the Court of Appeals business that are of interest and concern to me. Now is not a time to take them up with you. Nor is it timely to inquire how it was those three judges could produce a scabious mess of an opinion out of the overwhelmingly convincing brief you'd produced. Mary Jane told me you had argued well and she believed the judges were attentive and interested in what you had to say. I cannot understand how so rotten a piece of work could emerge.

Dear :

Don
Ch
Fred

Yours truly,



B. William Murphy, M.D.

BWM/dl

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