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RECEIVED
APR 28 1986
Corp., Risk Mgmt.

April 24, 1986

Mr. Tony Colangelo
Contract Transportation/
The Sherwin Williams Company
101 Prospect Avenue, N.W.
Cleveland, Ohio 44115-1075

RE: ; v. Contract Transportation/
The Sherwin Williams Company and INA/Aetna
Insurance Company
Claim No.
Date of Accident: 12/06/85

REDACTED

Daer Tony:

I appeared in your behalf at the deposition of Dr.
Geeorge MacNabb, the internist who has been treating
since his December, 1985, "stroke."

We felt that it was necessary to take Dr. MacNabb's
deposition since there was no medical testimony as to when the
alleged stroke began to develop. I also wanted Dr. MacNabb to go
over the claimant's disastrous medical history.

had an acute stroke in 1974 with right hemiparesis
and right central facial palsy with some speech impairment. However,
there were no vascular lesions found to account for those problems.
We have the same situation with the current "stroke."

In 1985, experienced right-sided weakness
(hemiparesis), but nothing was found on the left side of the brain
to account for this. As you are probably aware, a clot or lesion on
the left side of the brain would cause paralysis on the right side
of the body.

I also had Dr. MacNabb go over his treatment of Mr.
for cerebrovascular disease from 1975 to 1985. There were
various minor incidents during this period of time. In 1976,
complained of numbness in his left hand and on the left side
of his face. Dr. MacNabb is of the opinion that this was a
transient ischemic attack. This is a very short-lived neurologic
abnormality of sudden onset.

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In 1981, [redacted] complained of a severe headache with right-sided numbness and weakness. These complaints are very similar to his current ones. At that time, Dr. MacNabb suggested that [redacted] may have had a conversion reaction, which means there was an hysterical component to the symptoms. However, when there is a conversion reaction, and not an actual stroke, the symptoms do not last long. MacNabb is of the opinion that the current problem is not a conversation reaction because the symptoms have persisted since December.

The only real evidence that [redacted] had a stroke, or a cerebrovascular attack, in 1985, is his right-sided hemiparesis. A CT scan, angiogram, echocardiogram, and other tests produced normal results. There was no evidence of any hemorrhage or edema (swelling).

Dr. MacNabb agreed with us that the stroke was bound to happen at some point given the claimant's history. He testified that when the claimant began feeling weak, the stroke was already in progress. We will therefore argue to the Administrative Law Judge that nothing happened on the job to cause the stroke to begin. The fact that the claimant may have exerted himself in Chicago should not really be that relevant since the stroke was already happening before he even got to Chicago.

REDACTED

Unfortunately, the claimant's attorney did ask the "killer" question. He asked if the claimant's work activities could have aggravated or caused the stroke. Dr. MacNabb testified that the activities would not really cause a stroke but could have aggravated the symptoms. Therefore, the Judge has ample evidence under Georgia law to find that the stroke was compensable. Hopefully, he will look at the claimant's long medical history and realize that this stroke would have occurred no matter where had been.

I will keep you apprised of all additional developments. If you have any questions, please do not hesitate to call me.

Very truly yours,

DREW, ECKL & FARNHAM


David A. Smith

DAS:pmw

CC: Ms. Flo Ann Davis, File No. 130C459452-4

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