



---

**THE MT. SINAI  
MEDICAL CENTER**

---

One Mt. Sinai Drive  
Cleveland, Ohio 44106-4198  
216/421-3813

Department of Medicine,  
Division of Neurology

Michael W. Devereaux, M.D.  
Krishan Chandar, M.D.  
Donald G. Kikta, M.D.  
Michael F. Bahntge, M.D.

February 22, 1988

Mr. Patrick J. Murphy  
JACOBSON, MAYNARD, TUSCHMAN  
& KALUR CQ., LPA  
100 Erieview Plaza - 14th Floor  
Cleveland, OH 44114

RE: Martin Driscoll vs George Essig, M.D.  
File Number: 51685

Dear Mr. Murphy,

I have now reviewed all the records you have forwarded to me regarding Mr. Driscoll's problem.

Let me assure you that I do not believe that there is any substance to the claim against Dr. George Essig.

Assuming for the moment that the patient does have reflex sympathetic dystrophy, it is hard to imagine what more Dr. Essig could have done to prevent its occurrence. In my experience, reflex sympathetic dystrophy tends to be more delayed in onset than was the case in this patient although the literature does suggest that it may appear quite early.

Briefly stated, Dr. Essig did what he could do. He made a diagnosis very quickly and made appropriate referrals. There is no specific definite preventive treatment for reflex sympathetic dystrophy. The exact mechanism of the condition is not understood. It is widely accepted (as the name of the condition indicates) that the autonomic nervous system is involved in the perpetuation of the pain syndrome. Why some patients develop it and others do not is not clearly understood. Part of the problem is that it is difficult to diagnose. Many patients with chronic pain syndromes are often referred to as having reflex sympathetic dystrophy. Therefore, it is hard to separate reflex sympathetic dystrophy from psychoneurotic conditions. Given the observations made by physicians treating Mr. Driscoll, it is hard to deny that he truly had reflex sympathetic dystrophy (warm sweating hands, etc., etc.).

I, frankly, am perplexed by the comments in Dr. Howard Tucker's September 15, 1987 letter. He states that "if physicians at Metropolitan General Hospital and had [sic] Dr. Essig appreciated the nerve involvement sustained along with the fracture at an early time, the outlook for recovery from that involvement would have been improved dramatically and the medical probability is that the causalgia would have been treated successfully."

Dr. Essig recognized reflex sympathetic dystrophy on the patient's first visit, which Dr. Tucker notes in his September 15, 1987 letter. How much earlier could the problem have been recognized? He then referred the patient to other physicians for treatment. How can the physicians at Metropolitan General Emergency Room be held accountable. They set the fracture in the emergency room and, as near as I can tell, everything was done appropriately. With regard to the nerve damage, I have not seen the patient yet. As far as I know, the patient has not had an EMG. What nerve damage is Dr. Tucker referring to? He himself, in his September 15, 1987 letter, does not outline any specific peripheral nerve disturbance. Even if there was a peripheral nerve disturbance due to compression related to the fracture, treatment would be oriented towards repairing the fracture as was done. At that point, even if there was specific localized nerve damage, there usually would be no reason to operate on the nerve, etc.

Therefore, I am at a loss to know what to say in defense of Dr. Essig since he does not appear to be guilty of anything. His innocence is, frankly, outlined in Dr. Tucker's September 15, 1987 letter, from my reading.

In all sincerity, it seems a shame to take this case to court since, if there is any justice, Dr. Essig will be found innocent\*

I, frankly, suggest you contact the patient's attorney, William J. Novak, and outline what I consider to be the ludicrousness of this lawsuit and suggest he drop it before he wastes more of his time and money. I say this knowing that I am a physician and not a lawyer, but at the same time this is one of the most ridiculous legal actions I have ever seen.

Please note that if it is decided to continue legal action, I recommend that Dr. Essig be vigorously defended and that his insurance company not settle out of court for even a nickel.

Respectfully,



Michael W. Devereaux, MD  
Chief, Division of Neurology  
The Mt. Sinai Medical Center

Associate Professor of Neurology  
Case Western Reserve University

MWD:dr

02/25/88

Enclosure: Article, "Reflex Sympathetic Dystrophy", pgs 555-561.