



# medicolegal news

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## Annual Oration to be Delivered by Dr. Cyril Wecht

"The Many Interfaces of Law and Medicine" will be the keynote topic of the American Society of Law and Medicine Annual Oration, to be delivered May 22, 1974. The oration will be delivered by noted medicolegal expert and educator, Cyril H. Wecht, J.D., M.D., during the ASLM Annual Meeting at the Newton Marriott Hotel in Newton, Massachusetts.

Dr. Wecht is currently Director of the Institute of Forensic Sciences and Research Professor of Law at Duquesne University School of Law. He also serves as Clinical Associate Professor of Pathology of the University of Pittsburgh Schools of Medicine and Dentistry. Among his other achievements, Dr. Wecht is Director of the Pittsburgh Institute of Legal Medicine, Coroner of Allegheny County in Pennsylvania, Past President of the American Society of Forensic Sciences and series editor of *LEGAL MEDICINE ANNUAL*.

Dr. Wecht will also be one of three recipients of the ASLM Honorary Life Membership Award, given in recognition of distinguished achievement in medicolegal education. Sharing the honors with Dr. Wecht will be New York Law School Dean, E. Donald Shapiro, and Harvard University Professor William J. Curran who serves on the faculty of the University's Medical School and School of Public Health.

Registration for the program and annual meeting is open to both ASLM members and non-members, and may be accomplished by using the form on page 11.

## Pulmonary Embolism and Sudden Death

by  
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Charcot testified 110 years ago to a fundamental truth in medicine:

"Disease is very old, and nothing about it has changed. It is we who change as we learn what was formerly imperceptible."

In ancient Grecian yore, when Hermes, son of Zeus and bearer of the Caduceus, was the heavenly messenger to mediate between the gods and man, the "embolon" was recognized as a mortal peril. Such ram, undetected beneath the waterline of the prow of an ancient warship, could be driven with hydraulic force into an unwary enemy vessel often with catastrophic or fatal effect.

Even today, the threat of sudden death from a pulmonary embolus - the clot which migrates from a source of origin on the inner wall of a vein to lodge in and thereby plug an artery within the lung - remains a major medical and surgical risk. Thrombosis and thrombophlebitis of the deep veins of the legs, often unpreventable and frequently undetectable clinically, are the nidus of a potentially fatal pulmonary embolism. Such thrombotic phenomena are now reported as occupying first place as a factor of complication, if not the actual cause, of mortality as determined in all autopsy<sup>1,2</sup> series in the United States.

Yet, pulmonary embolism as the cause of sudden, unexpected death often goes unrecognized and is overlooked by both medical and legal professions with the demise erroneously ascribed on the death certificate,

absent postmortem examination, to "heart attack," "coronary occlusion," "natural causes" and similar epithet. To the patient, of course, the fact of death, not its cause is the important element. To the surviving beneficiaries, however, recognition of the true cause of death as "pulmonary embolism" instead of a "heart attack" may assume great importance. Thus, with a death due to pulmonary embolism the source may be traceable to a trauma or infection for which there exists a legal liability under workmen's compensation, personal injury law, or a life insurance contract affording additional benefits when death is due to "accidental" causes. On the other hand, acceptance of a "heart attack" as the cause of death often precludes legal recovery of benefits or damages on ground that the death resulted from the natural progression of an underlying disease unrelated to trauma or injury.

Inasmuch as the manner of death in fatal pulmonary embolism and a fatal coronary attack are frequently identical, namely, sudden, unexpected, often instantaneous death, what clues must be sought to differentiate between the two mechanisms?

Most often, in such situations, the clinician or attorney faced with need to identify the pathological process responsible for death must turn to retrospective examination of the medical circumstances and sequence of events leading to the calamity in order to tip the scale of choice. Chance of pulmonary embolism

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