

Stephen E. Kravit
Kravit ■ Hovel & Krawczyk s.c.
825 N. Jefferson, Milwaukee, WI 53202-3737

RE: Autopsy of Bradley W. Mays, 21 July 2008

Dear Mr. Kravit:

Thank you for the opportunity to review this interesting case. Provided for my review was the autopsy protocol (A08-095) with toxicology report and digital photographs, 1 container of formalin fixed tissue, 27 microscopic slides, 27 tissue blocks, a letter from attorney Stephen P. Hurley, and consultation reports from Barry J. Maron, M.D., and Barbara Weakley-Jones, M.D.

With respect to the autopsy, there were no external injuries. Internally, lung weight was increased and “white froth” was identified within the airways. While this finding may accompany a number of “non-natural” deaths (asphyxia, narcotic overdose, etc.), it commonly accompanies death due to a variety of cardiorespiratory causes as well, and is viewed by experienced forensic pathologists as non-specific. Similarly, the laryngeal changes (“...mucosa is reddened with Tardieu-like spots superior to both vocal folds.”) are an artifact of position and are common in this mucosa. Characteristic findings of manual strangulation, smothering, ligature strangulation, or other forms of violent asphyxia are simply not present in this case. Notable internal findings center on the heart. Although the left ventricle is of normal thickness (1.1 cm), the heart weight (380 grams) is increased; for a 68 inch man, expected heart weight is 327 ± 40 grams¹. I have reviewed the microscopic sections with Dr. Christopher Happy (Medical Examiner, Milwaukee County), and we agree that there are a number of abnormalities. Consistent with hypertensive cardiovascular disease, there is moderate interstitial and perivascular fibrosis with myocyte hypertrophy. Consistent with hypertrophic cardiomyopathy, there is myocyte disarray and nuclear hypertrophy in the left ventricular wall and interventricular septum.

Turning to Dr. Maron’s consultation report, I note that he had an opportunity to review the autopsy report, but not the microscopic slides. It is simply unfair to ask an expert to render an opinion without providing a complete basis for that opinion, particularly in this case in which a number of important findings are microscopic. Dr. Weakley-Jones is at even more of a disadvantage, basing her opinion on the autopsy report and Dr. Maron’s consultation report – a compounding of errors, if you will.

In summary, Dr. Mays had an abnormal heart. The increased heart weight plus clear microscopic changes support a diagnosis of hypertrophic cardiomyopathy and also suggest hypertensive cardiovascular disease. Please note that such changes can occur in completely asymptomatic individuals and even in those with a history of normal blood pressure readings – and of course, sudden death in the presence of such changes is not unexpected. I find no evidence in this case to support a suggestion of homicidal violence (such as smothering, strangulation, etc.). St. Louis University Toxicology Laboratory has an exemplary reputation; based on their finding only ethyl alcohol in urine and vitreous humor, I see no reason to invoke a “mystery drug,” particularly given the anatomic findings I have already discussed.

Sincerely,

Brian L. Peterson, M.D.

¹ Zeek, Pearl M. Heart Weight. 1. The Weight of the Normal Human Heart. *Arch Pathol* 1942;34:820-832