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Coroner bunnies

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jet probe

Midway crash in question

By Ronald Kotulak
and Sally Jones

MAJOR DISCREPANCIES in the Cook County coroner's handling of the Dec. 8 Midway Airport jet crash have hampered the federal government's investigation of the accident.

A Tribune investigation showed that the coroner's office was unprepared

Exclusive

to handle the number of deaths from the crash, which killed 45 persons.

It also revealed that key laboratory tests performed by the coroner's office were either useless or inaccurate.

As a result, valuable information needed by the federal investigators was lost. Such information is valuable in helping to pinpoint the cause of the crash and to determine whether any of the passengers or crew members died unnecessarily because of unsafe aircraft conditions.

One of the most glaring discrepancies occurred when a coroner's pathologist, using a new experimental test, said in his autopsy report that the captain of the United Air Lines plane had suffered an acute heart attack.

IF TRUE, HIS findings would have raised the possibility that Capt. Wendell Whitehouse suffered his coronary just before the crash, and that human failure was thus a factor in the accident.

But a second examination of the same heart tissue by the Armed Forces Institute of Pathology in Washington, the nation's top forensic pathology laboratory, failed to verify the coroner's findings. They said there was no evidence that Whitehouse had ever had a heart attack.

Other controversial points in the co-

Continued on page 2, col. 1

Continued from page one

roner's handling of the crash of United flight 553 are:

- Federal officials received only one blood sample, one taken from the pilot, altho they had requested samples from as many victims as possible.

- Federal laboratory tests for two critical poisonous gases, carbon monoxide and cyanide, in the blood sample were totally different from the levels reported by the coroner.

- The coroner's office was unprepared to call in a dentist to identify the bodies that were burned beyond recognition. A federal official finally called in a professor of dentistry at Loyola University a day after the crash.

- The coroner's office began releasing bodies Friday night, on the day of the crash, altho all crew members had not yet been identified. One body was mistakenly identified and had to be returned to the morgue.

THE CORONER'S laboratory-test results from the Midway crash are not useful, said Dr. Paul Smith, a toxicologist for the Civil Aeromedical Institute in Oklahoma City. The institute, an arm of the Federal Aviation Administration, is one of the federal agencies that helps the National Transportation Safety Board investigate air disasters.

"One laboratory doesn't like to be critical of another, but one way to avoid such confusion in the future is to make sure that blood and tissue samples are sent to two laboratories," he said.

The National Transportation Safety Board now is completing its investigation of the Midway crash, which occurred on a foggy afternoon when the plane's pilot apparently was attempting to abort a landing approach to Midway because another plane was in front of him.

Board investigators have determined so far that the plane's flap setting [on the wings] was incorrect, and that ice may have accumulated on the tail. These conditions may have caused the plane to stall when the pilot tried to pull the plane up so that he could go around again for another landing approach.

According to witnesses, the plane's tail hit first when it crashed into several houses near the airport.

THE CORONER'S office in recent years has come under increasingly heavy criticism as a politically run, inept office that wastes taxpayers' funds while failing to do its job.

Its handling of the Black Panther

shooting deaths in 1969 prompted an angry response from William J. Curran, professor of legal medicine at Harvard, who called it "incredibly incompetent."

Dr. Seymour Glagov, a professor of pathology and director of the University of Chicago's autopsy service, said the coroner's office is antiquated and lacks modern equipment.

"There is a total lack of professionalism in the coroner's office," Glagov said. "Time and again they have proven themselves ill prepared to do their job."

So serious does the medical profession consider the problems in the coroner's office that the Illinois State Medical Society is pushing for passage of a bill now before the state legislature that would set up a statewide medical examiner's system by 1976.

The bill would authorize appointment of a chief medical examiner who would be a forensic pathologist. The measure also would establish medical-examiner districts to be headed by forensic pathologists. A forensic pathologist is an expert at determining causes of death, especially when legal questions are involved.

A spokesman for the medical society said that even tho the voters approved a referendum last November to convert the elective Cook County coroner's office into an appointive medical examiners' system by 1976, the referendum ballot was so badly worded that it would merely perpetuate the present coroner's system under a different name.

ORIGINALLY THE referendum called for the medical examiner to be a forensic pathologist, but this requirement was taken out. A substitute phrase said that the examiner had only to be a physician.

Many doctors fear that the forensic-pathologist requirement was removed to pave the way for Dr. Andrew J. Toman, the present coroner, to be appointed to the examiner's post. Toman is not a pathologist.

Three of his six pathologists were recently fired when it was disclosed that they did not have licenses to practice medicine in Illinois.

Asked about the discrepancies in the Midway crash, Toman referred all questions to his pathologists, saying, "What is this, another witch hunt?"

Dr. Edward Shalgos, the coroner's pathologist who conducted the autopsies on the crash victims, defended his diagnosis that Capt. Whitehouse suffered a heart attack.

"We are very enthusiastic about this new test," he said. "It has helped us diagnose myocardial infarctions [heart attacks] in a number of cases where they weren't suspected."

SHALGOS SAID his findings are "clear cut." Capt. Whitehouse suffered a heart attack, possibly before the crash, but most likely after the crash when he was trapped in the cabin and tried to escape, Shalgos said.

William Lamb, the National Transportation Safety Board investigator in charge of the Midway crash, said his investigators were suspicious of the coroner's report.

Lamb said further information obtained by the board from the Mayo Clinic physician who developed the heart test has revealed that the test should not be used as a diagnostic technique, and that it cannot be used when carbon monoxide is involved, because it may give a false indication of a heart attack.

Toxicologists for the Civil Aeronautical Institute found that Capt. Whitehouse had a 40 per cent saturation of carbon monoxide in his blood, in addition to four micrograms of cyanide per milliliter.

The coroner's findings for these two toxic gases differed significantly from those in the federal report. The coroner's office found an 82 per cent saturation of carbon monoxide in the captain's blood and 0.211 micrograms of cyanide.

SIMILAR discrepancies occurred when the coroner's office and federal investigators independently tested the blood of nine crash victims in the O'Hare jet crash Dec. 20.

Dr. Shalgos said the differences may have been owing to different laboratory techniques.

"The test for cyanide is one of the most difficult and complicated to perform," said Dr. Smith, the Aeromedical toxicologist. The Oklahoma institute, he said, has been developing its testing procedures since 1966, when cyanide was first suspected as a major hazard in air crashes.

By double-checking the institute's techniques with blood containing known amounts of cyanide, Smith said, "We've gotten the results so they're reliable to within 5 per cent of the detected level."

"These inconsistencies have delayed our investigation, because we had to take the time to double-check everything," Lamb said.

BESIDES DELAYING the investigation, Smith said, the apparently inaccu-

rate coroner's cyanide and carbon monoxide readings prevent investigators from obtaining key clues as to why passengers died.

If no cyanide or carbon monoxide is found, for example, it is an indication that the victim died on impact, he said. The presence of one or both gases tells investigators the victim probably died in the fire.

Such findings are important, because they aid the safety board in recommending procedures to make air travel safer.

According to evidence submitted to

the safety board by the coroner's office, Lamb said, there was no indication whether any of the 22 passengers listed as burn deaths had been incapacitated by other injuries, such as broken bones or concussions.

This kind of information is needed to determine whether there were any design features in the aircraft that contributed to the injuries, thereby preventing passengers from escaping.

The coroner's lack of a dental-identification team was criticized by Dr.

Clyde C. Snow of the Civil Aeromedical Institute, an anthropologist who specializes in identifying victims thru teeth and bones.

SINCE HE WAS told that the dentist who ordinarily served as consultant to the coroner's office was not available on weekends, Snow took over and got in touch with Dr. Paul W. Goaz, a Loyola dentist. Goaz recruited several other dentists, and together, with their own equipment, they identified 22 of the victims.

"The coroner's office leaves a lot to be desired in the area of victim identification," Snow said.

Goaz said that after the crash he tried to contact Toman several times to set up a voluntary dental-detection team that would be available on call, but Toman failed to return any of his phone messages.

"We have a four-man team, and we can get more if they are needed, who are willing to be on call for dental identification when the need arises," Goaz said.