

Evidence of Curare Sought in 9 Deaths

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HACKENSACK, N.J., Jan. 6—The Bergen County Prosecutor has reopened an investigation into whether nine or more patients, including a 4-year-old girl and a woman who had just given birth, were murdered over a 10-month period in a small, osteopathic hospital in Oradell nearly a decade ago.

Joseph C. Woodcock Jr., who has been the county's Prosecutor since 1973, is making preparations for the exhumations of about six bodies whose tissues will be examined by medical experts for the presence of curare, a drug sometimes administered to relax muscles during surgery, but which can be lethal if improperly used.

Mr. Woodcock was recently advised by Dr. Michael Baden, a leading forensic pathologist, that nine of the 13 deaths involved in the original unpublicized investigation by the Prosecutor's office in late 1966 were "not explainable by natural disease processes" and were "consistent with death by a respiratory depressant such as curare."

Mr. Woodcock's preparations for the exhumations follow an extensive inquiry by The New

York Times into the deaths at Riverdell Hospital and into the course of the investigation by Guy W. Calissi, who was the county Prosecutor at that time.

Mr. Calissi's investigation was not disclosed to the families of the deceased nor presented to a grand jury and it was ended after two weeks despite many conflicting statements and unresolved ques-

First of two articles.

tions. The inquiry centered on whether a surgeon at Riverdell, possibly insane or motivated by a desire to benefit financially by discrediting other surgeons, had used curare to kill his colleagues' patients while they were recovering in their rooms from operations.

Because the surgeon, who still practices privately in New Jersey and is associated with two medical institutions, had not been charged with a crime, his name is being withheld by The Times. The surgeon, who did not respond to repeated requests by The Times for an interview, will be referred to as Dr. X.

Many of the 13 deaths that

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figured in the investigation in 1966 were sudden or unexpected, and followed respiratory arrests. Deaths from curare, which is an extract of various South American plants and is used by Indians there as an arrow poison called "Flying Death", results from paralysis of the respiratory muscles.

Eighteen labeled vials of purified curare, most of them empty or nearly so, were found in Dr. X's locker at Riverdell after it was opened on Oct. 31, 1966, by Dr. Stanley Harris, a younger surgeon at the hospital. Dr. Harris told Mr. Calissi that he had come to suspect Dr. X of "performing these deaths."

Dr. Harris, then a 34-year-old Yale Medical School graduate who had come to Riverdell in early 1966, testified that his suspicions were aroused, in part, because Dr. X frequently ministered to Dr. Harris's patients before they died or because he was present in the hospital when death occurred. When he saw the curare in Dr. X's locker, Dr. Harris testified then and reiterated now, "it was crystal clear to me what was happening."

Target of Inquiry

The discovery of the curare prompted Riverdell's board of directors to go to the Prosecutor on Nov. 1, 1966. Mr. Calissi immediately started his investigation and Dr. X was advised by the prosecutor that the inquiry was being "directed" at him.

During the investigation in 1966, Dr. X, who did not operate on any of the patients whose deaths were described by the hospital's directors as "unusual or unexplained," denied any wrongdoing and suggested through his lawyer that he was being "framed," perhaps by other doctors. He said that he had been using curare in experiments on dying dogs at a medical school in New Jersey, but that no one had ever seen him do the research.

Dr. X's detailed account of his experiments with curare is now being challenged by some staff members at the medical school. But, in 1966, his account seemed to have been barely checked by the prosecutor and, for reasons that were not stated in the Riverdell file and are still unclear, the entire Calissi investigation was dropped. Dr. X quietly resigned from the staff at Riverdell. No bodies were exhumed and no pathologist was asked to re-evaluate the stated causes of death of the 13 patients. Some of those causes were never more than speculative at the time of death.

A toxicologist's report on one dead patient, requested by Mr. Calissi during the outset of the investigation, was completed three months after the inquiry had become inactive and was put into the Prosecutor's file without notation. The report suggested that curare might be present in a tissue sample taken at autopsy from the body of Eileen Shaw—a 36-year-old woman who died two days after she had a Caesarean operation and who was the last of the 13 patients to die—but that impurities in the tissue prevented further analysis.

"The chemical findings [on that tissue] should be considered suspicious without definite positive or negative results," the toxicologist, Dr. Charles J. Umberger, wrote on Feb. 19, 1967.

Eventually the Prosecutor's file was sent to a warehouse in Bergen County, joining the records of other old cases. It remained there until several months ago, when The Times

learned of a source who had "post-Watergate pangs of conscience" about the handling of the Riverdell case.

The Times then began its own inquiry into the deaths at Riverdell and that investigation has led, in part, to the decision by Mr. Woodcock to reopen the official investigation.

"The facts presented as a result of The Times's inquiry and as a result of our own study of the official file require that we reopen the case," Mr. Woodcock said, noting that in New Jersey there is no statute of limitations on murder.

Mr. Woodcock, who feels that the case should have gone to a grand jury in 1966, said he was startled by contradictions between the testimony in 1966 of Dr. X and other Riverdell doctors and by what he regards as "inconsistencies" in Dr. X's own testimony.

In addition to exhuming bodies to ascertain whether curare is present or whether the stated causes of death are accurate, Mr. Woodcock is moving in other ways to fill possible gaps left by the original investigation. His staff, for example, is interviewing persons who might have had information relative to the case in 1966, but who were questioned only briefly then, or not at all.

Patient to Be Questioned

One such individual was Pasquale Benvenuto, who was a patient in Riverdell in 1966. Dr. Harris, who is now the chief surgeon at Riverdell, testified in 1966 that Mr. Benvenuto, on whom he had performed a "routine" and "uncomplicated" hernia operation in mid-October, had experienced a sudden respiratory arrest while recovering in his room at the hospital. The 74-year-old patient was "saved," Dr. Harris said, by the quick response of an anesthesiologist.

An hour later, according to Dr. Harris, Dr. X called the hospital to inquire about the episode. Dr. Harris said he was puzzled that Dr. X could have known about the respiratory arrest because neither Mr. Benvenuto nor any other patient in the room was Dr. X's patient.

Dr. Harris said he asked but could find no one in the hospital who had informed Dr. X of Mr. Benvenuto's difficulties. But, Dr. Harris said that a nurse, Teresa Cassell, told him that she had seen Dr. X standing next to Mr. Benvenuto's bed shortly before the breathing failure. There is no indication in the prosecutor's file that Dr. X or Mr. Benvenuto were questioned about this episode during the investigation in 1966. After Dr. Harris testified, Mrs. Cassell was briefly interviewed by detectives on another subject.

Mr. Benvenuto is believed to have told Mr. Woodcock's aides recently that he could not recall aspects of his difficulties because he was sleeping before he had the breathing problem and was unaware of who was attending him.

Chances Are Slim

Some people have been known to survive a small dose of curare, but given by injection, curare quickly paralyzes the breathing muscles and, without artificial respiration the recipient ordinarily falls unconscious within a few minutes and dies about five to 10 minutes later.

The effect of the drug is similar to that of Pavulon, a respiratory depressant that is suspected of being used last summer to kill six patients at the Veterans Administration Hospital in Ann Arbor, Mich.,

in a still unresolved murder case.

Purified curare, such as that found in Dr. X's locker, is excreted from the body chemically unchanged. Some pathologists believe it remains in tissues after death. But medical scientists do not know whether curare could be found in bodies 10 years after death, even if the tissues themselves remain.

Thus the odds of Mr. Woodcock's finding curare in the bodies he exhumes are considered slim, although the tests requested by the Prosecutor will involve methods for discovering curare that were not available to Mr. Calissi in 1966. Among them is a recently developed antibody technique capable of identifying the smallest traces of curare in blood. But this technique will only now be tried on tissue.

Mr. Woodcock said he had not decided what to do if curare was not found in the exhumed bodies, but he said that the chances of "making a case" will depend heavily on the drug's discovery.

"Without curare, we will have to look at all we have and may get in other directions and decide whether to proceed," the Prosecutor said. "There is no point in making that judgment now."

If there is no prosecution, Mr. Woodcock said he was considering asking State Attorney General William F. Hyland to scrutinize the original Calissi investigation for any evidence of prosecutorial misconduct. The prosecutor declined to say whether he had found such evidence.

Obstacle Is Cited

Mr. Calissi has declined to comment on his original investigation because of his position now as a Superior Court judge.

But a source close to Mr. Calissi said he had decided to end his investigation, without exhuming any bodies or presenting the matter to a grand jury, after he concluded on the basis of "expert advice" that curare could not be found in body tissue with the methods then available. Without the presence of curare, apparently it was considered impossible to present a case against Dr. X before a grand jury, the source said.

The source did not identify the "experts" who rendered the "expert advice" who advised Mr. Calissi. But the only toxicologist known to have been consulted by Mr. Calissi during the investigation was Dr. Umberger, who, at that time was chief toxicologist of the Medical Examiner's office in New York City. And Dr. Umberger's report was indefinite—largely because the tissue of Eileen Shaw that he had examined acquired impurities when it was soaked, or fixed, in formalin, a preservative.

In a recent interview, Dr. Umberger said that he was "suspicious as hell" that there was curare in the tissue, but he said he was never questioned about his report by the Prosecutor's office. "If we had exhumed one or two bodies that had only been embalmed—where the tissues had not been lying in formalin—we might have come up with something," he said.

Dr. X—who is a medical doctor, not an osteopath—swore to Mr. Calissi in 1966 that he used a large quantity of curare in 1965 and 1966 in experiments on "dying dogs" that he obtained for dollar tips at night from attendants in the animal quarters at the medical school. The experiments, he said, concerned surgical instruments he was perfecting, and a liver biopsy test.

Indeed, a report prepared by



The New York Times/James F. Lynch

Joseph C. Woodcock Jr. discussing his plans for inquiry

a private laboratory for Mr. Calissi indicated the presence of one or more "dog hair fibers," as well as synthetic and cotton fibers, on several syringes and other surgical tools taken by the Prosecutor from Dr. X's locker at Riverdell.

But the surgeon's account of his work with curare was not confirmed in 1966 at the medical school. Officials there told detectives that, with one exception in the fall of 1965, they were unaware of any experiments by Dr. X between 1964—when he completed some regularly scheduled research on dogs that did not involve curare—and Nov. 2, 1966, when Dr. X came looking for a dog on which to work. Dr. X learned earlier on Nov. 2 that curare had been found in his locker at Riverdell.

In 1966 the prosecutor's office did not give the details of Dr. X's testimony about his research at the medical school to officials there. Shown the testimony now, staff members who were familiar with the operation of the animal quarters in the mid-1960's strongly disputed Dr. X's account.

Sal Riggi, who was then in charge of the animal quarters, said in a recent interview, "We just didn't have any dying dogs or any research in the quarters and I'll swear to that in court or on my father's grave. The dogs were sent out to laboratories."

Difficulties Are Recalled

Dr. X's lawyer told Mr. Calissi in 1966 that he feared his client was the "object of someone's bad intentions," perhaps out of "professional jealousy."

Dr. X had acquired a reputation as a superb surgeon at Riverdell. He was thought of by some of his colleagues as somewhat aloof.

"He has a beautiful operating technique," Dr. Alan Lans, an osteopath and one of Riverdell's directors, testified. "He does not have the personality that lends itself to a friendly cup of coffee or a joke or the usual intercourse that goes on between doctors at the hospital, or people anywhere."

Despite the professional respect tendered him, Dr. X was having some problems at Riverdell in 1966 even before the curare was discovered in his locker and the hospital's directors went to the Prosecutor.

According to the hospital records and the testimony of

Elliot J. Wiener, then Riverdell's administrator, Dr. X had been admonished for endangering the hospital's accreditation through some administrative deficiencies in the surgical department and for not giving coverage at the hospital when he was considered needed.

In his testimony, Dr. X also suggested to the Prosecutor that someone had "disarranged" his ordinarily neat locker, placing in it two empty curare cartons that were not his and removing a Horn and Hardart shopping bag that contained surgical instruments and products of his curare research on dogs. He also said that someone had broken into his car after the investigation began, taking certain items connected with his experiments.

Apparently no evidence was found by the Prosecutor to support these allegations. The shopping bag was found by Dr. X and he himself turned over to Mr. Calissi at least one item that he suggested had been taken from his car. While the surgeon's car seemed to have been forcibly entered the only latent fingerprints lifted from items in the car were those of Dr. X.

'Highly Suspicious'

Dr. X suggested in his testimony that as many as nine of the 18 vials of curare found in his locker did not belong to him because they were apparently manufactured by a different pharmaceutical company than the one that Dr. X said he used. That company seems to have been the one that supplied Riverdell Hospital with its curare. But this testimony apparently was not pursued by the Prosecutor and Dr. X himself said that all the items discovered in his locker—with the exception of two empty blue boxes—matched the description of what his locker contained.

As a first step in his renewed investigation, Mr. Woodcock asked Dr. Baden, who is the Deputy Chief Medical Examiner of New York City, to review the hospital charts, autopsy reports and other evidence relating to the 13 deaths that were investigated in 1966.

Dr. Baden advised the Prosecutor some weeks ago that nine of the deaths, and possibly more, were "not explainable by natural disease processes or by the stated causes of death and are consistent with death by a respiratory depressant such as curare."

Dr. Baden said that four of the 13 deaths appeared to have been caused by the patients' illnesses. Of the nine remaining, he said that six were "highly suspicious" and three were "suspicious."

The forensic pathologist said his opinion took into account the "extraordinary clustering" of the deaths at one hospital over a period of 10 months and the "circumstances" surrounding the deaths. Respiratory arrests "do not usually occur in people without lung or heart disease, especially under the conditions of these deaths," he said.

One of the most suspicious deaths, Dr. Baden said, was that of 4-year-old Nancy Savino, whose body may be exhumed.

The Savino child, who was first thought to have acute appendicitis, was admitted to Riverdell on March 19, 1966, and was operated on that evening by Dr. Harris, according to the hospital chart and the testimony of several Riverdell doctors in 1966. The one-and-one-half-hour operation involved the removal of cysts affecting the small intestine and a small bowel resection. The child's course of recovery on March 20 was considered smooth and "uneventful."

From 11 P.M. that night until 7 A.M. on March 21 the child was attended by a private duty nurse. Although the child complained that her "belly didn't feel well" and she cried a little and said she was "homesick for Mommy," she slept soundly most of the night and her vital signs were "all within normal limits." At 7:40 A.M., the hospital chart noted, she was sleeping.

At 8 A.M. a technician came into the child's room to draw blood and was unable to awaken the girl. Records show that an emergency call brought Dr. Jorge Ortega, an interne, and Dr. X, who said he had been in the operating room. Dr. Ortega tried to revive the child with mouth-to-mouth resuscitation, while Dr. X checked her with a stethoscope. At 8:15 A.M. she was pronounced dead.

Dr. X, in his 1966 testimony, speculated that the Savino child might have died of an allergy to any medicine she was receiving or of an "auto-allergy" to her own "materials and tissues" or of a heart attack that did not leave an imprint.

Reaction Undetermined

But an autopsy failed to establish any anatomical or pathological cause of death and the death was finally ascribed to "undetermined physiological reaction."

"I have never been able to understand this case," the child's physician, Dr. Lans, testified during the investigation in 1966. "People die from something, they don't die from nothing, not this little baby. If there is something wrong with the surgical procedure, something has to show at autopsy, something has to show that this baby died for a reason."

Dr. Lans is one of the five osteopaths who were then, and are today, the directors of the 16-year-old, 81-bed proprietary hospital at 576 Kinderkamack Road in Oradell.

Dr. Harris was also bewildered by the Savino death and he was mystified again on Oct. 23, 1966 by the death of Mrs. Shaw, on whom he had performed a Caesarean operation and delivered a baby two days earlier.

Mrs. Shaw, according to the hospital records, experienced a respiratory arrest at approximately the same time that Dr. X had attended her. She was given artificial respiration, but

while apparently unattended two hours later, she had another episode from which she never recovered, even with assistance.

Mrs. Shaw's death was attributed to massive fat emboli from the liver. But on autopsy, her lungs—where fat emboli would usually accumulate—were found to be free of fat. And before she had gone into a coma, which can produce significant changes in the body, tests showed no evidence of any abnormalities in her liver, according to her hospital chart.

'In a Dilly'

The Shaw death so stunned Dr. Harris, he later testified, that he began analyzing the hospital's post-surgical mortalities in the previous year.

"I was in a dilly," recalled the surgeon, who had spent six years in surgical training at the Bronx Municipal Hospital Center after graduating from medical school in 1958.

By October 1966, according to hospital officials, the post-surgical mortality rate at Riverdell had risen "traumatically" but only a few of the deaths had seemed inexplicable when they occurred. Looking back, however, Dr. Harris found what he thought to be a pattern in the deaths and that pattern, he was to testify, pointed to Dr. X.

On Oct. 25, 1966, and again on Oct. 27, Dr. Harris conveyed his suspicions of "foul play" at two special meetings that he arranged with Riverdell's directors. The directors' reactions "ran the gamut from absolutely impossible to possible," according to testimony by Mr. Wiener, the hospital's administrator.

No immediate action was taken by the directors against Dr. X. Before a consensus on a course of action could be

reached, Dr. Harris again forced the issue.

On the afternoon of Oct. 31 Dr. Harris obtained a master key from a nurse and, alone in the hospital's dressing room, opened locker number 4, assigned to Dr. X.

Dr. Harris later testified that, if he had expected to find any drug at all in the locker, it would have been succinylcholine, a respiratory depressant being discussed in New Jersey in 1966 because it was the drug allegedly used by Dr. Carl A. Coppolino to kill his wife, Carmela. Dr. Coppolino was convicted of second-degree murder in the case in Naples, Fla., in 1967.

The locker, "was a mess, with items strewn about," Dr. Harris testified. "The thing that struck me were these empty vials of tubocurarine [a trade name for purified curare] and this loaded syringe. That was enough for me. I closed the locker and I shuddered."

Astounded by the discovery, the directors that night decided to go to the Bergen County Prosecutor's office. Before they did so on Nov. 1, Dr. Lans came into the hospital at about 7:30 A.M. to see if Dr. X would be surprised by the presence of curare when he opened his locker. Dr. X "made some motions in and out" of the locker, dressed for an operation, closed the locker and "went on in to surgery," Dr. Lans was to testify.

This also was considered important by those suspicious of Dr. X because he was later to tell Mr. Calissi that his locker had been tampered with.

At 11:30 that morning the hospital's directors met with Mr. Calissi. Five hours later the Prosecutor, armed with a search warrant, seized the contents of locker number 4 at Riverdell and began his investigation.