

Testimony by Dr. X in 1966 About Curare A Key Factor of New Inquiry Into Deaths

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Special to The New York Times

HACKENSACK, N. J., Jan. 7 —Between Sept. 21, 1965, and Sept. 28, 1966, Dr. X bought 24 vials of purified curare from a surgical supply company in northern New Jersey, according to records in the original investigation into the "unusual or unexplained" deaths at Riverdell Hospital in Oradell.

On Nov. 1, 1966, 18 vials of curare—most of them nearly empty—were found in Dr. X's locker at Riverdell after it was opened by Dr. Stanley Harris, another surgeon, who had come to suspect Dr. X of killing patients at the hospital.

Why Dr. X bought the curare, and why he kept many vials of the respiratory depressant in his locker, were key questions asked during the investigation in November 1966 conducted by Guy W. Calissi, who was the Bergen County Prosecutor.

In his testimony, Dr. X denied any wrongdoing and explained that he was using the curare in his research on dogs.

Curare is sometimes administered to relax muscles during surgery, but it can be lethal if improperly used.

This is the second of two articles concerning an investigation into the possibility that nine or more patients were murdered over a 10-month period at Riverdell Hospital in Oradell, N.J. nearly a decade ago.

The first article disclosed that Joseph C. Woodcock Jr., the Bergen County Prosecutor, had reopened an official inquiry into the deaths as a result of an investigation by The New York Times.

Mr. Woodcock has obtained a court order for

the exhumation of three bodies whose tissues will be examined for curare. A 1966 investigation centered on whether a Riverdell surgeon had used curare to kill his colleagues' patients. That inquiry began when 18 vials of the drug were found in the surgeon's locker at the hospital.

Because the surgeon, who no longer practices at Riverdell, was not charged with a crime, his name is being withheld by The Times and he is being referred to as Dr. X.

In 1962 Dr. X joined the faculty of a medical school in New Jersey as a part-time, unsalaried lecturer. Within a year he had received a \$500 grant to develop a medical instrument and \$300 of that grant was used to purchase 12 dogs for the project. Dr. X told Mr. Calissi that curare was not involved in the research, that the experiments were done under the auspices of the medical school, and that the project ended in 1964.

But, Dr. X testified, he wanted to do additional research on dogs in 1965-66, including

a posterior liver biopsy test that, he said, would require the use of curare. And although he testified that he earned \$50,000 at Riverdell alone in the year preceding the investigation, he said he could not afford to buy dogs for these experiments. So after his grant expired in 1964, he said he began to buy curare and to obtain dogs in an "unofficial" way at the medical school.

Detectives assigned to the investigation in November 1966 found that the 24 vials of purified curare bought by Dr. X

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Continued on Page 22, Column 1

Continued From Page 1, Col. 7

from the General Surgical Supply Company — usually in amounts of 10 cc each — had been purchased over a period that paralleled the “unusual” deaths at Riverdell.

During that period Dr. X testified that he would wait until Sal Riggi, who was in charge of the animal quarters at the medical school, went home at 5 P.M. Then, by tipping “attendants” or “sweepers” a dollar or two, he could experiment on “dying dogs” left strapped down on tables by other researchers who had completed their experiments in the quarters. He added that no one had ever seen him do the research.

He said he performed about 15 different experiments on each dog, the last of which was the liver biopsy. In that experiment, he continued, he would give the dog at least 10 cc of curare to inhibit its breathing while he attempted to insert a needle into the dog's liver without hitting its abdomen.

None of the attendants who worked in the animal quarters at the medical school in 1965 or 1966 was questioned during Dr. Calissi's investigation. Only one—Dewey Mincey—could be found by The New York Times now. And he, like Mr. Riggi and several officials of the medical school who were recently interviewed, said he knew of no dying dogs or experiments in the animal quarters in the mid-1960's.

Initially, Dr. X testified that he kept a supply of curare at the medical school. Then he said that he transported the curare back and forth to Riverdell Hospital several miles away because the glass-enclosed locker at the medical school was not safe enough for such a potentially dangerous drug. Then he said he often left his metal locker at Riverdell open.

Syringes Kept by the Surgeon

The surgeon said that he had obtained the glass, disposable syringes that were found in his locker at Riverdell because they were expensive and could be used repeatedly in his dog experiments.

Dr. X also said he had kept the empty vials of curare as “control.” In the event the drug did not work, he said, he would complain to the General Surgical Supply Company. In fact, the surgeon stressed, he did find some of the curare faulty and he complained to the company.

On Nov. 14, 1966, three days after Dr. X's testimony, company officials told detectives that they had never received a complaint from Dr. X.

At first Dr. X testified that, because he kept the empty vials, he did not have to write down the lot number and did not use the vial as a means of identification. Then he said the lot number was the first thing he wrote down in his notes, which he said he no longer had. Then he again said he did not write down the lot number and did not know which vial of curare had been used on which dog.

Dr. X did not submit to the prosecutor any research papers stemming from his work with curare. But he turned in two

jokes on human anatomy in which several pages had pencil marks saying “Move it [the drug] up with curare!!!” The word curare was underlined three times at each reference. In addition, one of the pages contained what Dr. X said was a box score indicating whether he had done a successful liver biopsy on a number of occasions.

Queries by Times Are Unanswered

Dr. X, a medical doctor who still practices privately in New Jersey and is associated with 10 medical institutions, did not respond to repeated requests by The New York Times for an interview. But his statements regarding his experiments on dogs are being closely examined by Joseph C. Woodcock Jr., the present Bergen County Prosecutor, in his renewed investigation of the deaths at Riverdell.

Mr. Woodcock, who is being aided in his investigation by assistant prosecutor, Sybil Moses, said he had reopened the case “as a result of The Times's inquiry and as a result of our own study of the official report.”

When Mr. Calissi's investigation

tion began in 1966, Riverdell officials submitted files in 13 deaths—apparently selected, in large measure, by Dr. Harris and Dr. Alan Lans of Riverdell. But in the course of testimony, several of the deaths were dismissed by some Riverdell doctors as being clearly attributable to natural causes.

Dr. Edward Frieman, a director of the hospital who was chairman of its mortality review committee, went over the deaths one by one at the request of the Prosecutor and found eight that might have resulted from an injection of curare. But of the eight deaths, he said, several might also have been brought about by the patients' illnesses.

Several of the Riverdell doctors testified as to an alleged pattern that led Dr. Harris to suspect Dr. X.

In many of the cases in which death was unanticipated, they said, Dr. X ministered to the patients prior to death or was in the hospital when death occurred, even at what some doctors said were odd hours for him.

Nurse Would Call To Give Report

Invariably, Dr. Harris testified, he would get a call from a nurse, Teresa Cassell, saying “‘Dr. Harris, your patient is not doing well, Dr. X is attending your patient.’ It rings in my mind over and over, ‘The patient is not doing very well, Dr. X is attending your patient.’”

The doctors also said that Dr. X had set up intravenous feeding tubes on several patients who, shortly thereafter, had sudden difficulty in breathing and died. In all 13 cases, the patients had I.V.'s running. The tubes, some doctors testified, would facilitate a quick and simple injection of any drug, including curare.

With one exception, none of the “unusual” deaths occurred while Dr. X was on vacation, some doctors testified. That exception was the case of Mary Muentener, an 80-year-old woman who lived for several days after she experienced a sudden respiratory failure on Aug. 28 — before Dr. X went on vacation. “As soon as he came back,” Dr. Harris testified, “I was in trouble again.”

None of the patients on whom Dr. X operated appeared to have died inexplicably. Two of his patients are believed to have died post-surgically in 1966, but details on the cases could not be learned.

In one of the cases to be investigated, Dr. X was scheduled to perform elective surgery on 73-year-old Carl Rohrbeck. Mr. Rohrbeck, whose death was the only one of the 13 to occur before 1966, entered Riverdell on Dec. 12, 1965 for repair of a ventral hernia. A preoperative examination found no abnormality in his heart or chest, according to his hospital chart. But that evening Dr. X canceled the surgery. Riverdell on Dec. 12, 1965, detected “minimal clinical signs of heart failure” that he wanted evaluated.

3 Exhumations Due Within a Week

By JOSEPH F. SULLIVAN

Special to The New York Times

HACKENSACK, Jan. 7 — The bodies of three former hospital patients who may have been murdered 10 years ago by the improper administration of curare will be exhumed "within the next seven days" and sent to the New York City Medical Examiner's office for testing, Joseph C. Woodcock Jr., the Bergen County Prosecutor, said here today.

Mr. Woodcock, who has reopened the investigation into 13 suspicious deaths at Riverdell Hospital in Oradell between November 1965 and October 1966, said information uncovered by The New York Times "is actually the thing that tripped it."

The Prosecutor said his interest in the 10-year-old case had already been awakened last summer by reports of a Federal investigation into the mysterious deaths of several patients at a Veterans Administration hospital in Ann Arbor, Mich.

He said he was going over the files of the 1966 Riverdell investigation conducted by his predecessor, Guy W. Calissi, now a Superior Court judge, "principally to make them available for the F.B.I.," when M. A. Farber of The New York Times, who was investigating the Riverdell cases, showed him a deposition "not in our file" and provided

additional information that convinced the Prosecutor to begin his own investigation.

Judge Calissi said today that his office had conducted "an intensive investigation" into the deaths at Riverdell. "I had my deep and strong suspicions, but you can't present suspicions to a grand jury; they're there to hear people testify to evidence and documents," he said.

650 Pages of Testimony

"At the time we were told there was no way to trace curare whatsoever," Mr. Calissi continued. "My staff took 650 pages of statements, including 200 pages alone from 'Dr. X' and you don't do that unless you are conducting a serious investigation."

Dr. X has never been accused of any wrongdoing and still practices privately in New Jersey. Mr. Woodcock refused today to name him. "We have no right to take such a position until we investigate the case fully," he said.

The autopsies on the bodies of the three persons buried in New Jersey as well as two more bodies buried in New York will be conducted by Dr. Michael M. Baden, the Deputy Chief Medical Examiner of New York City. Mr. Woodcock said that since the Bergen County medical examiner's office had participated in the earlier investigation, he wanted the new autopsies conducted by an independent outside agency.

Despite Dr. X's order, Mr. Rohrbeck was prepared for surgery the next morning. When Dr. X came to the hospital about 7:30 A.M. he visited Mr. Rohrbeck and again canceled the surgery. He then informed Mr. Rohrbeck's doctor, Jay Sklar, who was unaware of the cancellation and was getting ready for the operation in the hospital's dressing room.

Dr. Sklar, who is a director of the hospital, testified in 1966 that he was mystified by the cancellation because Dr. X told him only that he had had a "premonition" and did not want to proceed with the operation as a result.

Dr. Sklar then went to see Mr. Rohrbeck who, he recalled, asked him, "What's holding up the show?" "I listened to his heart, I listened to his lungs and I took his blood pressure," Dr. Sklar told Mr. Calissi. "Everything was satisfactory to my way of thinking."

Dr. Sklar then went to the dressing room and said to Dr. X, "I just don't understand. This isn't the Dark Ages; you've got to give me a better reason." At Dr. Sklar's request, Dr. X returned to look at Mr. Rohrbeck at 7:45 A.M. At that time Dr. X started an intravenous feeding tube on Mr. Rohrbeck, the hospital chart noted. Again Dr. X came back to Dr. Sklar and said that he would not operate on Mr. Rohrbeck.

"He called for the next case," Dr. Sklar testified. "I remember very vividly I was just going to say to him, 'That's the last patient I'm ever going to send you,' when the nurse came in and said 'Dr. Sklar, your Mr. Rohrbeck just died.'"

Dr. Sklar, who told the Prosecutor that he was "flabbergasted" by the sudden death,

requested an autopsy by the county medical examiner.

On autopsy, Mr. Rohrbeck was found to have marked atherosclerosis in his left main coronary artery—a long-term condition—and his death was ascribed to "coronary occlusion."

Dr. X, in his testimony, said that his decision to cancel the operation on Mr. Rohrbeck was "typical of how you can avoid an operating room death in the operating room." He denied saying that he had had a "premonition" regarding the case. "That would carry this into the field of magic," he said.

Several of the 13 patients were operated on by Dr. Robert Briski, who came to Riverdell in the spring of 1965. Dr. Briski, an osteopath who now practices in Traverse City, Mich., told detectives in 1966 that he regarded Dr. X not as someone who would harm a patient, but as a jinx because he "always seemed to be around" when any of Dr. Briski's patients had difficulties.

Patient Develops Sudden Difficulty

One of the deaths cited in 1966 by Dr. Briski was that of Frank Biggs, a 59-year-old accountant who underwent surgery in late August, 1966 for a duodenal ulcer with obstruction. Mr. Biggs's recovery seemed uneventful until the night of Aug. 28, 1966. At 8 P.M. a nurse noted on the hospital chart that evening care was given and that the patient had no pains and "very good color."

At 9:10 P.M. Mr. Biggs was found cyanotic (blue) and was having difficulty breathing.

Dr. Jorge Ortega, an interne, and Dr. X responded to a call for help from the nurse. A respiratory stimulant was given, and Mr. Biggs's heart was massaged externally, but the patient was pronounced dead at 9:30 P.M.

An autopsy revealed no anatomic cause of death. Although Mr. Biggs's heart was found to be entirely normal, his death was ascribed to an excessively rapid heart beat caused by a large amount of urine in the bladder. Mr. Biggs's body will be exhumed.

In his interview with detectives in 1966, Dr. Briski recalled that a half-hour after Mr. Biggs had died, Mrs. Muentener, who had acute peritonitis, suffered a respiratory arrest.

The elderly patient, who Dr. Briski said had a mucous plug in her air passages, improved after receiving artificial respiration. The next morning, at 7:45 A.M., Mrs. Muentener was "conscious and alert," but at 8:10 A.M. a nurse was unable to obtain her blood pressure. The patient did not respond to treatment before she was pronounced dead on Sept. 1. No autopsy was done. There is no indication in this case that Dr. X attended her.

Dr. Briski also mentioned the case of Edith Post, a 62-year-old patient who, he said, died minutes after Dr. X visited her at Dr. Briski's request on May 17. The previous morning Mrs. Post had had a respiratory arrest. At 6:30 A.M. she seemed fine, but at 7:45 A.M. she developed breathing problems and was treated. Shortly before her death she also complained of sudden chest pains and difficulty in breathing.

Autopsy Report Is Inconclusive

The autopsy report on Mrs. Post, who had been operated on for a perforation of the intestine with peritonitis, said that the hospital chart showed "an improving patient who expired without preliminary signs." While noting that Mrs. Post's heart was essentially normal, the report concluded that "what remains is the possibility" of an irregular heart beat and stoppage, perhaps related to the peritonitis.

Another death that seemed suspicious to some doctors was that of Margaret Henderson, a 26-year-old woman who was admitted to Riverdell at 5:05 A.M. on April 22.

Mrs. Henderson had complained of severe abdominal pain, but when she was operated on by Dr. Harris and Dr. Robert Livingston at 6 A.M.—against the advice of Dr. X, who when called for consultation wanted additional X-rays taken—the surgeons "found nothing." Mrs. Henderson's post-operative course throughout that day was apparently uneventful.

But after a "fairly comfortable night," Mrs. Henderson was found to be "tense and apprehensive" at 6:30 A.M. on April 23. At 7:30 A.M. she was given a bath. A half-hour later, according to the hospital chart, Mrs. Henderson complained of

an inability to swallow and of pain in her legs and chest and Dr. X started an I.V. of glucose and water. Whether the I.V. was set up before or after the patient's complaints is unclear.

Sometime during the next 45 minutes Mrs. Henderson was visited by another doctor and Dr. Livingston, her own physician, was called. At 8:45 A.M., the chart noted, she was pronounced dead.

An autopsy attributed Mrs. Henderson's death to acute hepatic necrosis—hepatitis. Dr. X, in his later testimony, concurred with that finding when asked about her death. But Dr. Frieman and Dr. Harris both argued in their testimony that the autopsy conclusion was wrong.

With a necrotic liver, Mrs. Henderson would have been jaundiced, Dr. Frieman testified. "Why the sudden demise within a half-hour?" he said. "She didn't develop the necrotic liver overnight, and I felt this was not a liver death."

No Clear Indication Of Cause of Death

Dr. D.E. Brown, the pathologist who did the microscopic examination for the autopsy, stated in his separate report that he had found nothing in Mrs. Henderson's liver or other organs "which is clearly indicative of the cause of death." Mrs. Henderson's body will be exhumed.

In their testimony, some Riverdell doctors discussed possible motives for Dr. X to kill patients at the hospital. One motive was insanity. The second, they speculated, might have been an effort to discredit other surgeons and perhaps gain a larger share of operations and thus higher fees.

"We are talking about big money here," said Dr. Frieman,



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Riverdell Hospital, where the deaths occurred, is in Oradell in Bergen County.

without judging Dr. X. "If there are two surgeons dividing \$60,000 and one surgeon dividing \$60,000, it's a little different."

Dr. Harris testified that Dr. X "just didn't want anybody else in that hospital doing surgery except himself."

There is no agreement on why the Calissi investigation in 1966 virtually ended after two weeks, just as there is no accord on where it would have led had it been pursued. Among the many unresolved questions when the investigation was closed out was the so-called "Mooney business."

Dr. Lans and Dr. Harris had both testified that on the morning of the death of Mrs. Eileen Shaw, who died two days after giving birth to a baby—they were notified by Dr. X that he had received a call from "a lawyer and friend" of the Shaw family named Mooney.

Dr. X allegedly told Dr. Harris and Dr. Lans that Mr. Mooney was threatening a malpractice suit.

During the investigation Fred C. Galda, the chief assistant prosecutor at the time, identified Mr. Mooney as John T. Mooney, a Hackensack lawyer who is, now a County Court judge here. But, in recent interviews, Judge Mooney said he did not know the Shaw family and the Shaw family said they had never heard of Mr. Mooney.

At the close of Dr. X's testimony on Nov. 11, Mr. Calissi said that "obviously we are not completed with the questioning" of the surgeon. But there is no indication that Dr. X testified again.

Mr. Calissi and Mr. Galda, who are now Superior Court judges, have declined to comment on the investigation because of their positions on the bench. But Mr. Galda said he had kept a copy of Dr. X's testimony since 1966 because he was so "fascinated" by the case that he wanted to write a book about it.

Sources close to Judge Calissi said that he still felt, as he remarked in 1966 after his first conversations with Dr. X. and the Riverdell directors, that "somebody is lying."

Dr. Lans, who said the "suspicious" deaths stopped at Riverdell after the investigation in 1966, said he had never forgotten the investigation and was certain that "something terrible" had happened to many, if not all, of the 13 patients.

"I've thought about this every day for the last nine years," he said.