



United Press International Dr. Mario E. Jascalevich, left, leaving the Bergen County Courthouse in Hackensack, N.J., after his arraignment.

'Dr. X' Indicted in Jersey In 5 Deaths From Curare

NYTimes

By M. A. FARBER MAY 2 0 1976 Special to The New York Times

Dr. X, has been indicted on Prosecutor. charges of murdering five Oradell a decade ago.

shortly after Dr. Jascalevich lished last January.
was arrested at dawn as he was Only five bodies

the manner in which the alleged murders had been committed, also be exhumed before Dr. the prosecution will argue Tascalevich goes to trial that Dr. Jascalevich willfully "L'don't think there is a more killed the patients, including a serious crime in the history of 4-year-old girl, with curare.

that can be lethal if improperly ant Bergen County Prosecutor, used, has been found in the badies of all five patients, ac-Continued on Page 42, Column 4

HACKENSACK, N.J., May 19 cording to sources close to -Dr. Mario E. Jascalevich, a the six-month investigation con-48-year-old New Jersey surgeon ducted by Joseph C. Woodwho has been referred to as cock Jr. the Bergen County

Mr. Woodcock's investigation patients at Riverdell Hospital in was prompted by an extensive inquiry last fall by The New A sealed indictment in the Times into 13 "unusual or unbizarre case, handed up by a explained" deaths at Riverdell Bergen County grand jury late in 1965 and 1966. Th efirst reyesterday, was opened today sults of that inquiry wer pub-

Only five bodies were exleaving his ranch-style house in humed and chemically analyzed Englewood Cliffs to perform during Mr. Woodcock's investithree operations in Jersey City.

Although the spare, shortform indictment did not specify

several "suspicious" cases that

year-old girl, with curare.
Curare, a muscle relaxant law," Sybil R. Moses, an assist-

said at Dr. Jascalevich's ar-

said at Dr. Jascalevich's arraignment at 8:30 A.M. before Judge Theodore W. Trautwein in Superior Court here.

A court official said Dr. Jascalevich had appeared generally serene during the arraignment, but had raised his eyebrows and had seemed briefl shaken as Mrs. Moses had noted that the indictment charged multiple murders. His plea of "not guilty"—the surgeon had previously denied any responsibility for the deaths—was entered by his attorney Ray Brown.

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The five persons whom Dr. Jascalevich was accused by the grand jury of murderng were Nancy Savino, 4 years old; Magaret Henderson (also known as Margaret Pearson), 26; Carl Rohrbeck, 73; Frank Biggs, 59; and Emma Arzt, 70. With the exception of Mr. Rohrbeck, all the patients had been recovering in their rooms from surgery, and had been operated on by colleagues of D. Jascalevich.

Judge Trautwein, rejecting a prosecution request that bail for Dr. Jascalevich be set at \$250,000, established bail of \$150,000. According to Mr. Woodcock, Dr. Jascalevich was to provide \$15,000 n cash and meet the remainder of the bail through a surety bond and pledges against real estate owned by him.

The surgeon, who emigrated to the United States from Ar.

The surgeon, who emigrated to the United States from Argentna in 1955 and became an American citizen in 1961, was released from custody at 1:55 P.M.

Wearing a tan coat over a gray-blue suit, the slightly built, bespectcled doctor hurried silently out a courthouse door in the company of several men, and was immediately driven away in a waiting sedan. His scheduled operations at Jersey City Medical Center were can-

City Medical Center were canceled.

Last January Mr. Woodcock asked the New Jersey Board of Medical Examiners to consider whether Dr. Jascalevich's license to practice should be suspended pending the outcome of the case. Since then, the board has been conducting its own investigation of Dr. Jascalevich, but it has not decided yet on a course of action.

Roard May Act

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Anthony LaBue, a Deputy State Attorney General who is counsel to the board, said this afternoon that the board "will take whotever action may be take whatever action may be appropriate" regarding Dr. Jascalevich.

He declined to say when such action, if taken at all, might occur. Normally, it was understood, an indictment alone does not constitute reason for

does not constitute reason for suspension of a medical license. Dr. Jascalevich performs most of his operations at Jersey City Medical Center and at Christ Hospital in Jersey City. Officials at the two hospitals said that the institutions had no plans t osuspend or revoke Dr. Jascalevich's privileges.

Mr. Woodcock, who said at a news conference that the grand jury had heard 33 witnesses in 11 sessions in the last two months, said that he did not expect a case of "this magnitude and complexity to go to trial until late this year at the earliest."

The deaths at Riverdellsmall, osteopathic hospital at small, osteopathic hospital at which Dr. Jascalevich was chief surgeon from 1963 to early 1967 — were investigated in 1966 By Guy W. Calissi, then the Bergen County Prosecutor. but the investigation was dropped after two weeks, without presentation to a grand jury. The basis for Mr. Calissi's decision to close the matter is

decision to close the matter is still in dispute.

Details regarding the deaths of the five patients named in the new indictment include the following:

following:

CARL ROHRBECK

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Of the 13 patients, Mr. Rohrbeck was the only one whose death occurred prior to 1966.
Mr. ohrbeck entered Riverdell on Dec. 12, 1965, for an elective repair of a ventral hernia, and Dr. Jascalevich was scheduled to operate on him the following morning. A preoperative examination found no abnormality in Mr. Rohrbeck' heart or chest, according to the hospital chart. But either that evening or the next morning evening or the next morning Dr. Jascalevich canceled the surgery, stating in a note that

ne detected "minimal clinical signs of heart failure" that he wanted evaluated. About 7:30 A.M. on Dec. 13 Dr. Jascalevich visited Mr. Roh-

Rohrbeck's doctor, Jay Sklar, who was preparing for the operation in the hospital's dressing room, that the operation had been canceled.

Dr. Sklar, a director of the hospital, told Mr. Calissi in 1966 that he was mystified by Jascalevich had told him only that he had had a "premonition" and did not want to proceed with the operation as a result

Dr. Sklar said he then went to see Mr. Rohrbeck who, he recalled, asked him, "What's holding up the show?" 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 thinkine"

thinking".

Dr. Sklar returned to the dressing room and said to Dr. Jascalevich:

"I just don't understand. This

"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. Jascalevich went back to look at Mr. Rohrbeck at 7:45 A.M. and, at that time, started an intraverse of the started and intraverse fooding the started and started

and, at that time, started an intravenous feeding tube on the patient, the chart states. Again Dr. Jascalevich returned to Dr. Sklar and said he would not operate on Mr. Rohrbeck.

"He called for the next case," Dr. Sklar told Mr. Calissi. "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 said he was "flabbergasted" by the sudden death and requested an autopsy by the County Medical Examiner.

On autopsy, Mr. Rohrbeck was found to have marked atherosclerosis in his 'aft main

coronary artery—a long-term condition—and his death was ascribed to "coronary occlusion"

Dr. Jascalevich, in his statement in 1966, said his decision ment in 1900, said 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 he had had a "premonition" regarding the death. "That would carry this into the field of magic," he said.

NANCY SAVINO

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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. The one-andone-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 o'clock 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 chart noted, she was sleeping.

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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 intern, and Dr. Jascalevich, who said he had been in the operating room. Dr. Ortega tried to revive the child with mouth to reput he result. with mouth-to-mouth resuscita-tion while Dr. Jascalevich checked her with a stethoscope. At 8:15 A.M., she was pro-nounced dead. Dr. Jascalevich, in his 1966 statement to the Prosecutor, speculated that the Savino child

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. But an autopsy in 1966 on the girl, who had not been hospitalized previously, failed to establish any cause of death, and it was attributed to "unde-

termined physiological reac-

MARGARET HENDERSON

Mrs. Henderson was admitted to Riverdell at 5:05 A.M. on April 22, 1966.

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. Jascalevich, who, when called for consultation, wanted additional X-rays taken — the surgeons "found nothing," according to

the hospital chart.
Mrs. Henderson's postopera-Mrs. Henderson's postoperative course throughout that day was apparently uneventful, but after a "fairly comfortable night" she was found to be "tense and apprehensive" at 6:30 A.M. on April 23. Around 7:30 A.M., she was given a bath. hath.

Half an hour later, the chart shows, Mrs. Henderson complained of an inability to swallow and of pain in the legs and chest, and Dr. Jascalevich started an intravenous feeding of glucose and water. Whether this was set up before or after the patient's complaints is unclear. At 8:45 A.M., after Mrs. Henderson was found unconscious, she was pronounced Half an hour later, the chart scious, she was pronounced

An autopsy in 1966 ascribed

his separate report that he had tumor, from Mrs. Arzt's head. found nothing in Mrs. Hender-son's liver or other organs "which is clearly indicative of the cause of death."

FRANK BIGGS

Mr. Biggs underwent surgery at Riverdell in late August 1966

ternally. But he was pronounced dead at 9:30 P.M.

An autopsy in 1966 revealed no anatomic cause of death. Although Mr. Biggs's heart was found to be entirely normal, it was noted that his death might have been caused by an excessively rapid heart beat caused by what was said to be a large amount of urine in his bladder.

EMMA M. ARZT

The operation was described by Riverdell doctors in 1966 as "uneventful" and "uncomplicated."

cated."
According to the hospital chart, Mrs. Arzt had a fairly comfortable night on Sept. 22, and the next morning she was given a bath. As in all the 13 cases originally submitted by Riverdell officials to Mr. Calissi, an intravenous tube was being used.

mr. Biggs underwent surgery at Riverdell in late August 1966 for a duodenal ulcer with obstruction. Mr. Biggs's recovery seemed uneventful until the night of Aug. 28. At 8 P.M., a nurse noted on the hospital chart that evening care had been given and that the patient who had been operated on by Dr. Briski, had no pains and "very good color."

At 9:10 P.M., Mr. Biggs was found evanotic (blue) and was having difficulty breathing. Dr. Ortega, the intern, and Dr. Lascalevich responded to a nurse's call for help, according to the hospital chart. A respiratory stimulant was given, and Mr. Biggs's heart was massaged externally. But he was proposed dead at 9:30 p.m.

Mrs. Arzt was then hooked up to a machine that would perform the breathing function for her, and she subsequently regained her ability to breathe for herself. Dr. Harris and another doctor treated her interested her other doctor treated her intermittently. At 2 P.M., however, she began perspiring profusely she began perspiring profusely and stopped breathing. Ten minutes later she was pro-nounced dead.

A cardiogram, done on Mrs. Arzt after her first respiratory Mrs. Henderson's death to acute hepatic necrosis—hepaticis. But the pathologist who had lone the microscopic examination for the autopsy stated in long to the microscopic stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the autopsy stated in long to the microscopic examination for the

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