

Gas Part I

Does anyone remember Carl Cappelino? Carl Coppelino was born in Queens, New York, in 1932, son of a barber. The Coppelino family was always poor and struggled to pay their bills, but managed as did many through the Depression. The family moved to Brooklyn where his father found a better job, and Carl went to school there graduating with honors from Brooklyn Technical High School. Following graduation, on a visit to New Jersey he met Carmela Musetto, daughter of a New Jersey physician, and along with her decided to go to medical school.

They attended separate medical schools, he in New York City, she in Philadelphia. Their relationship blossomed, and they decided to marry, over the objections of Carmela's father who wanted them to defer marriage until both finished school. They married anyway and finished school the next year but not before Carmela was pregnant with their first child.

Upon graduation Carl decided to take a residency in anesthesia while Carmela received a fellowship in Public Health. Carmela went to work for Hoffmann-LaRoche and Carl went into private practice of anesthesia. Shortly after starting practice Carl had the first of a series of heart attacks but was able to return to work. After several months they purchased a home in Red Bank, New Jersey. The new home was across the street from Margery and Bill Farber. She was an attractive house-wife, and he a retired Army colonel, now an insurance executive.

After the birth of his second child he had a second attack. He took leave of his practice and received disability insurance. He also began to develop his proficiency in the use of hypnotism. He wrote and published several papers about the techniques for treatment of pain and for smoking cessation. Thus it was natural that Marge Farber would seek his skills to assist her in stopping smoking. Repeated sessions led to Marge feeling a "magnetic force drawing her to touch him", as she would later testify in his trial. Marge and Carl became inseparable, and took several trips together without their spouses, and without apparent objections by either spouse. Following a trip to Florida Marge testified that Carl told her to start sleeping separately from her husband, which she did. He went so far as to say: "That bastard has to go!"

In order to accomplish this he obtained and gave to Marge, a bottle of Succinylcholine, with instructions how to mix and use it. Succinylcholine is a muscle relaxant commonly used in anesthesia, with the attributes of rapid onset, rapid dissipation, and seemingly no metabolic by-products which could be later identified. Marge tried to comply but at the last minute lost her nerve and decided not to inject her husband with a full dose while he was asleep. He woke up feeling unwell, weak, and barely able to move. and Marge called Carl to come immediately to minister to him. According to Marge, Carl placed a pillow over Bill's head, and smothered him to death. At that point Carl called his wife across the street to look at Bill Farber and certify his death as the result of a heart attack. She did this. The date was July 30, 1963.

In early 1965 the Coppelinos moved to Longboat Key, Florida into a house which they had built. This was adjacent to a lot which had previously been purchased by Margery Farber. She had not chosen to build on the lot. Shortly after moving to Longboat Key the Coppelinos faced financial problems. Carl had been unsuccessful in several real estate ventures, and Carmela was unable to pass the Florida Medical License exam. This left them with no source of income,

other than insurance, and dependent upon Carmela's father who had always been extremely generous. They also made the acquaintance of an attractive, affluent, divorcee whom Carl met in a Bridge lesson Carl began seeing her on a frequent basis. It was apparent that Carmela was oblivious to any impropriety, but not so, Marge, for whom Carl's ardor had long since cooled.

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In August, 1965 Margery Farber encountered Carl Coppolino and his new companion, Mary Gibson, seated in a car. She immediately called Carmela to apprise her of this, and the triangle was set. For the first time Carmela began to question Carl's liaison(s). By the end of the month their relations were strained, and Carl took Carmela out for a gourmet dinner and drinks in an attempt at reconciliation. Upon returning home Carmela went immediately to bed and Carl stayed up watching television. He subsequently retired in another bedroom. At approximately 5AM the next morning he awakened, and upon entering Carmela's bedroom "discovered" her dead. He immediately called a physician of his acquaintance and asked her to come and certify that Carmela's death was caused by coronary occlusion. She did so. The date was August 25, 1965.

On December 6, 1965 Margery Farber gave a formal statement to the Sarasota sheriff and prosecutor stating that she suspected that Carl Coppolino had murdered his wife with succinylcholine. She bolstered this story with the addition that he had also murdered her husband by succinylcholine and strangulation, on that occasion with her complicity.

Both bodies, having been buried were exhumed. Post-mortem exams of both were performed by Dr. Milton Helpem, the New York Medical Examiner, and at that time, the dean of Forensic Pathologists in this country. Two trials followed: one in New Jersey for the death of William Farber and one in Florida for the death of Carmela Coppolino.

While there were no television cameras involved, the trials had much the same circus atmosphere that accompanied those of O.J.Simpson, and Casey Anthony. So called "justice" took a back seat to the histrionics and personal vendettas between Milton Helpem and F.Lee Bailey, Coppolino's lead attorney who was trying to making for himself. Bailey won the first round handily by persuading the jury that no murder actually had occurred, and that the death of Bill Farber was from natural causes. All of this in spite of evidence of the prosecution that there had been an eye-witness/participant, and that the larynx had been fractured.

The tables were turned in Florida when Helpem succeeded in convincing the jury that succinylcholine residue had been found in the buttock and other tissue of Carmela Coppolino. This drug he determined was the proximate cause of her death. There was no pathologic evidence of coronary artery disease, almost always detectable, in this otherwise healthy, thirty-five year old woman.

In Florida murder with planning and intent is classified as first degree murder, punishable by death. Murder without these stipulations is considered second degree murder. For whatever reason Carl Coppolino was convicted of second degree murder. Much speculation, writing and discussion of the irony of this decision has taken place, but he was sentenced to life in prison for second degree murder. In spite of multiple unsuccessful attempts at earlier parole Carl Coppolino was finally released from prison after serving eighteen years. He currently lives in Florida. The moral of this story is twofold: "The presence of metabolic residue from drug degradation is almost always detectable", and, "Beware the wrath of woman scorned".

Part II September, 1976

I first noticed Emily Adams as I sat in the Bryn Mawr library reading the New York Times. This is a ritual for me, one that my friends would attribute to my obsessive-compulsive personality. The library is compact and cozy. It is quiet when kids are in school, and best of all, no one knows where I am. It serves as a refuge from the hubbub and pressure of my new practice of anesthesia at the Main Line Hospital, outside of Philadelphia. Looking up in a state of reverie as if viewing a Botticelli painting, I saw a figure rise slowly from behind a large cart of books and place several books on the top shelf, doing so with grace and ease. This made me instantly alert. A tall, lithe, fair-skinned, fair-haired, obviously athletic woman immediately captivated me. As a regular patron of the library I wondered why I had never seen her. After finishing stocking the shelves she returned to the desk, and I quickly sought a book to check out. By luck there was no-one else at the desk. My banal gambit: "Are you new here?" was rewarded by a million dollar smile and a lilting response that she had just been transferred to the branch.

I returned the following day under the pretext of looking up a reference, which required her to retrieve a book from the stacks. Subsequent small talk revealed that she was a native Philadelphian whose parents were deceased, and who had graduated from Bryn Mawr with a degree in English. While in college she was active in sports and competed nationally in long-distance running. She continues to compete in long-distance running, training consistently, and active in numerous club activities.

Having nothing to lose I invited her for coffee and was pleased when she accepted with alacrity. We continued our conversation at the coffee shop and I told her about my training and new practice. I was surprised to hear that she had been married for three years and divorced. She was thirty-one years old. Apparently she had married young (22), and as a couple they had settled into a routine of long work hours for her husband and many weekend absences on her part to participate in running activities. By the second year of marriage things began to wear thin, and by the third year her husband asked for a divorce because "he just didn't want to be married any more". Neither party contested the divorce. She chose a small apartment in Bryn Mawr to begin her single life.

I walked her to her apartment and asked her to dinner on that Friday night. This worked well for me because I was not on call and did not work early Saturday. We had a lovely dinner and a good bottle of wine. We walked around in Society Hill and made our way back to her apartment. It was a small one-bedroom flat. Upon arrival, Emily excused herself and went into the bedroom and I sat on the couch totally unprepared for what would bowl me over. Emily emerged from the bedroom clothed only in a sheer peignoir which concealed nothing. In one move she leaped across the space and landed on my lap. I was paralyzed! Nothing of this sort had ever happened to me. Every adolescent and college fantasy raced through my mind in a blur. She threw her arms around me and gave me a passionate kiss, after which she jumped from the couch and stood in front of me. She pulled me into a standing position and began to unbutton my shirt. Suddenly she stopped and quickly reached down and slipped her gown over her head. I could not move. I merely gawked at her. She epitomized the classic toned body. Nowhere was there an ounce of fat. She was slender, muscular, and quivering for action. How could I not oblige her?

What followed was a frenetic, panting, gasping, coupling which drained both of us. As we both lay on our backs on the floor, my heart rate slowly returned to normal. I looked over at Emily and she smiled quietly, looking as if she had hardly exerted herself. She invited me to spend the night but the forces of moderation and self-preservation prevented me from accepting, as delicious as the prospect sounded.

At home I could not sleep. Questions haunted me. Why me? Are all athletes sexual athletes? Did her husband divorce her because of lack of stamina? Was tonight an indication of a long-term interest or a one-night stand? I had no answers.

Saturday morning I called Emily and she was cheerful and chipper. She did not even refer to last night's episode. She immediately accepted my invitation to a Penn football game that afternoon followed by a pizza dinner. The game was quite hot and Emily suggested a cool drink at her place before getting the pizza. How naive I was that I did not foresee what followed. Standing in the shower with her long legs wrapped around my waist under the waterfall was sheer delight.

That weekend set the pattern for subsequent weekends - varieties of activities: sporting events, museums, concerts, etc. all were followed or preceded by (occasionally both) delightful, ferocious, sexual encounters. During the week Emily used time off to train for weekends, and several times we attended events in which she participated and frequently placed or won.

Months passed and it became obvious that this was a woman whom I wanted to marry. She brought excitement to my life. No-one before had been so completely devoted to me. I proposed to her and she accepted at the end of January. We were married in June. With no family on either side our small civil wedding was attended by a few friends.

We settled easily into married life. We initially moved into Emily's flat and then to a house. Part of our routine was that Emily would leave for weekends for track events. Usually I did not accompany her because of work and call obligations. She truly seemed to enjoy these weekend sojourns because she always came home smiling, and in a good humor, irrespective of her performance at the meet. As time passed our relationship seasoned, and our sexual exertions became less strenuous.

Each year our Department of Anesthesia had a luxurious Christmas party including cocktails, an elegant dinner and after-dinner entertainment. Emily was eager to meet my colleagues and their spouses. Shortly after arriving and circulating among friends I spotted a new associate, a beautiful, bright, single woman, accompanied by a man whom I did not recognize. Following introductions a chagrined Emily took me aside to tell me that "Doug" was her ex-husband whom she had neither seen nor spoken to for several years.

The dinner was excellent, followed by a break to set up the entertainment. Emily excused herself to go to the ladies' room. Quickly "Doug", who had obviously had a lot to drink, sat down next to me. "Well it's great to meet the next on the sucker list". I had no idea what he meant, and my confusion must have been obvious in spite of my attempt at a neutral expression. "I'm sorry I don't follow you", I replied. "I bet you don't", he responded in a truculent manner. "How long have you been married"? he asked. I told him about eighteen months. "Is she back doing her thing"? "If you mean running, she is", I responded. "I don't mean running I mean screwing, and I don't mean with

you"! My jaw must have dropped and I could only say "What?" Those gorgeous, long legs of hers were open for all of her running friends - but just forget it", he commented before lumbering back to his own table. What a Merry Christmas gift! The Christmas spirit vaporized in a cloud of suspicion.

When Emily returned to the table I said nothing of my conversation, but my expression, color, or other sign must have caught her attention because she asked if I were feeling ill, and I suggested that it would be a good time to go home. The next few days were spent pondering the new information. I needed to substantiate or invalidate the accusation.

January contained two out-of-town track meets in which Emily planned to run. I scheduled these weekends off while telling Emily I would be working. The first weekend was a meet in State College at the field house. Emily left on Friday. I left on Saturday morning and arrived shortly before noon. The meet was in the afternoon and I sat in the stands far enough away to avoid being seen. Emily ran a thousand meter race and finished fifth. She then ran a relay and the team finished second. At the end of that race she was greeted by a male runner and fondly embraced ending with a long kiss.

I followed the runners to the hotel where all of the participants were staying. I kept out of sight and observed the activities. Emily and her runner-companion ate dinner together and greeted friends who came to congratulate her. It seemed that they were recognized as a "couple" but that image may have been only from my perspective. I sequestered myself in the lobby in order to watch them take the elevator. I noted the floor they chose and after a safe interval I followed and found a housekeeping closet from which to observe. Finding myself in this ridiculous situation created a feeling of degradation that I had never before experienced. I had no idea what room they were in but it was a small floor. Shortly after midnight a door opened and out stepped the man who had had dinner with Emily. She followed him into the corridor, and after a prolonged embrace he turned and made his way into the elevator. I waited until she returned to the room. I left the closet, the hotel, and returned to our apartment, arriving about 4:15AM. Emily returned early in the afternoon and as usual was in a sunny, cheerful mood.

I found it difficult to contain my escalating anger. Emily assumed that I was oblivious to her peccadilloes and that I will continue in my ignorance. It was necessary to observe another track meet in an attempt to corroborate the statement of her ex-husband.

The next meet took place in Allentown. This was a different running club with different participants but with much the same format. Emily again ran in two events and did well in the relay. At the end of the relay she was embraced by another runner whom I had not seen before. He too was attentive and affectionate. As before, I followed them to the hotel, observed a cozy dinner, and then to bed. On this occasion it was morning before Emily and her partner emerged and went to breakfast. I departed unseen and drove home, arriving well before Emily.

What was next? I had trouble grasping the concept that my wife was flagrantly violating my every belief in marriage. I was brought up in a happy household by two well-married parents who taught me values of honesty, humility, hard work, and the difference between right and wrong. There were few gray areas in their and my lives. How does one deal with something as egregious as this? This was not a minor issue. It shook me to the core. What was especially troubling was that my

wife (now in name only) obviously felt no guilt about this, and felt entitled to be indulged in her whims by the fools whose misfortune it was to be her husband.

I have been described as quiet and contemplative by people who know me. I am the antithesis of a violent person. That said, I feel strongly that wrong deserves commensurate retribution. Great wrong deserves appropriate punishment. What is a greater blow to the life of a spouse than the profound denigration and insult of violation of faith and trust? It dawned on me that I was but another of Emily's toys with which she sated her continuous intense sexual desire. I ceased being a husband at that point and was reduced to the status of an animated dildo. This situation and status were unacceptable and unforgivable. An appropriate response was mandatory. The ordeal came to dominate my life. The frustration of my inability to confront my wife superseded all other rational thoughts.

I returned to work on Monday after the latest fling. I found myself anxious and distracted from caring properly for my patients. It was during an anesthetic with cyclopropane that an idea came suddenly to mind to deal quietly and completely with the monumental problem created by my wife. The obvious solution was cyclopropane. The only down side of cyclopropane gas as an ideal agent was its propensity to explode. This could be handled easily by careful management

The idea of taking the life of another had never occurred to me, but soon pervaded my thoughts. The moral aspect of the deed was surprisingly easily rationalized in the light of the repeated abuse of my trust by Emily. Once this barrier was surmounted, the next step was implementation. This was a premeditated, elective act which I was devising. It necessitated careful, foolproof planning and execution to assure my self-preservation. It is remarkable how easily I embraced a thought process which, until two months ago would have been inconceivable. The questions of how, when and where to commit a murder became the principal content of my thinking.

Homicide is most frequently associated with other criminal acts, or intoxication. Premeditated murder is a but small part of homicide statistics. To be successful I needed a procedure which was simple and would leave no evidence of my participation. As an anesthetist I had access to a pharmaceutical treasure house. It was obvious that I needed a drug which would not be altered by the body, and therefore would have no residue. The solution was obviously cyclopropane. Gases enter the body via the lungs and are transported intact to the brain where they exert their anesthetic effect. When the anesthetic is terminated the gas leaves the brain, unaltered and passes out of the body via the lungs.

With the selection of drug all that remains is to figure how to accomplish it. Most gases are administered through large calibrated anesthesia machines from large tanks or hospital piping systems. The exception to this is cyclopropane. Because it is so potent and so expensive it is supplied in cylinders approximately the size of a quart bottle. This makes removal and transporting from the operating room quite simple. A tank, regulator and hose all fit into my small backpack. I can remove it at the end of the day and return it before the beginning of the schedule the following day. The simple apparatus (a hose) and the heavy dense gas make administration simple.

Timing is important. I have planned this to take place on a Thursday night before Emily was to be picked up on Friday for an out-of-town track event. This would allow me to leave the house as usual early on Friday morning to start cases. My assumption was that the person picking her up to

go to the track meet would discover that she did not respond and would contact me and/or the police. In either case I would be apprised of her demise or be the person discovering her upon arriving home after being notified of some sort of problem. Her body would be in bed, without obvious marks, cold, indicating that she had been dead for many hours. I would immediately become a "person of interest" for investigators.

The appointed Thursday arrived. Emily was scheduled to drive to Allentown for a weekend event. We went out for a lovely seafood dinner with several cocktails before, and wine with dinner. Emily was quite upbeat without obvious cause, which I ascribed to her anticipated protracted sexual frolic for the weekend not inhibited by her husband. After the leisurely dinner we went home and turned on the news. Emily was immediately ready for bed. I decided to wait an hour to make certain that Emily was asleep, assisted by our recent alcohol intake.

I attached the tubing to the tank and to a portable bag and mask which I held over her face, and which circulated cyclopropane without oxygen. Because she was already asleep she did not register the subtle smell of cyclopropane. It acted as predicted. The gas caused her respiration to slow and then stop. The combined lack of oxygen and build-up of carbon dioxide caused her heart to speed up, slow down, drop beats, become progressively more irregular, and finally halt. It was done! It was over! I sat numb and motionless. The magnitude of my act had yet to set in. There was no assurance that it ever would. Certainly sleep for me was not possible.

By five-thirty I was up, showered, and ready to go. I had all of my implements in my pack ready to return. Following my usual coffee and muffin I slipped into the spare operating room and re-installed the cyclopropane tank. No-one was around. All was as usual. I started seeing patients for the day

By late-morning I began to wonder what action if any had taken place at my house. Shortly before noon I received a call from Susan Howard, Emily's old friend and running mate. She reported that she had been late to pick up Emily at 10:45 and that she received no response to her usual honk of the horn or to ringing the doorbell. I suggested that she locate our spare key under the third stone of our back walk and check inside. I offered to stay on the phone while she did this but she decided to call me back. In short order the telephone rang and in a halting voice Susan said "I'm in your bedroom. I've found Emily and she doesn't seem to be alive". This was a calm, controlled statement, typical of Susan's demeanor. I told her to hang up and immediately call the police.

My scheduled case had ended and I left immediately and went home. By the time I arrived, the house and area around it looked like an ant farm. There was a collection of cars and a variety of uniformed and plainclothes officers. I was stopped by a uniformed officer and upon identifying myself was escorted to the detective in charge of the investigation. We went into the house and I saw Susan being questioned by a detective, and by this time she was crying inconsolably. The sight of her triggered a similar emotional response in me, and I was also reduced to tears and trembling uncontrollably.

I asked the detective what he knew and what he speculated might have happened but he had little to say. He asked me to describe my activities of the morning from the minute I arose, and I recounted my morning routine. He asked me whether I had spoken to Emily before leaving and I told him she invariably slept through my early departure and that I usually spoke with her in the

late morning or early afternoon. The detective finished his questions and informed me that in the absence of any physical evidence, that the cause of death would be determined by the coroner. Later that day I was informed that an autopsy was scheduled for the following morning. All that was left to me was to wait and worry.

The pathologist who performed the autopsy was an experienced forensic pathologist. He had performed hundreds of autopsies and was known for his thoroughness and diagnostic acumen. Autopsies begin with a full-length incision down the front of the body. This is followed by opening of the chest for access to the heart, great vessels and lungs. In order to accomplish this it is necessary to cut through the sternum with a bone saw. Such saws are usually reasonably primitive and seldom have electrical shielding that would be used in the operating room in the presence of cyclopropane. Shortly after insertion of the blade into the sternum there occurred a sudden bright blue flash accompanied by a the sound of a "whomp" and a whoosh of air. The pathologist jumped back from the table but that was the extent of the event. The saw was immediately disconnected and sent for inspection. The autopsy continued. Upon completion of the gross inspection of the body and organs the pathologist had no idea of the cause of death. He was hopeful that microscopic inspection would be revealing but was not optimistic.

Five days later following examination of the microscopic specimens the pathologist reluctantly labeled the cause of death "unknown". It was not labeled a homicide. The District Attorney's office saw no reason to pursue the case and I breathed easier. The concept of "the perfect crime" became a reality.

Following the release of the body by the coroner the funeral was held and we were joined by dozens of Emily's running companions. The presence and condolences of her partners in sex made me particularly nauseated, but I could say nothing.

With the high of a "perfect crime" diminishing, the reality of living with it for my entire life took over my thought processes. I was consumed by the enormity of my act of vengeance. Obviously there was no-one with whom I could discuss it. There is no statute of limitations on murder. As days and weeks passed my world became progressively more narrow. My appetite disappeared. My friends complained that they neither saw nor heard from me. Sleep escaped me. Work seemed to reduce my distracted thoughts, but this was inadequate and temporary. Nothing helped.

One morning approximately six months after the death of Emily Adams a headline on a Monday morning newspaper read: "Body of anesthesiologist Discovered in Main Line Hospital Operating Room. Wife's Prior Death Re-examined - Anesthetic Gas Suspected".

References

Coppolino, Carl: The Crime that Never Was, Justice Press 1980.

Holmes, Paul: The Trials of Carl Coppolino, New American Library, 1968.

MacDonald, John D.: No Deadly Drug, Doubleday, 1968.

Macintosh, R., Mushin, W.W., and Epstein, H.G.: Physics for the Anesthetist, Blackwell, 1963.

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February 20, 2012