

State of Ohio,            ) SS:  
County of Cuyahoga. )

DOC. 182

- - -

IN THE COURT OF COMMON PLEAS '

- - -

OTTO ZISKA,                                I  
  Plaintiff,                )  
  v.                                ) Case No. 257551  
JAMES HAUER, M.D., et al.,                )  
  Defendants.                )

- - -

THE DEPOSITION OF JAMES HAUER, M.D.

WEDNESDAY, JUNE 1, 1994

- - -

The deposition of JAMES HAUER, M.D., a Defendant,  
called for cross-examination by the Plaintiff, under  
the Ohio Rules of Civil Procedure, taken before me,  
Michele E. Eddy, Registered Professional Reporter  
and a Notary Public in and for the State of Ohio,  
pursuant to notice, at the offices of Kaiser Permanente  
Medical Center, 16101 Snow Road, Parma, Ohio, commencing  
at 10:30 a.m., the day and date above set forth.

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■

1 APPEARANCES:

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3 **On behalf of the Plaintiff**

4 CHRISTIAN PATNO, ESQ.  
5 Landskroner & Phillips  
6 1040 Illuminating Building  
Cleveland, Ohio 44113

7 **On behalf of the Defendants:**

8 GARY GOLDWASSER, ESQ.  
9 Reminger & Reminger  
10 The 113th St. Clair Building  
Cleveland, Ohio 44115

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1 JAMES HAUER, M.D.

2 a Defendant, called for cross-examination by the  
3 Plaintiff, under the Rules, having been first duly sworn,  
4 as hereinafter certified, deposed and said as follows:

5 CROSS-EXAMINATION

6 BY MR. PATNO:

7 Q. Can you state your full name, spelling your last  
8 name, Doctor?

9 **A. James Louis Hauer, W-A-U-E-R.**

10 Q. And where do you presently reside, Doctor?

11 **A. Address?**

12 Q. Yes, address.

13 **A. 3901 Franklin Boulevard, Cleveland, 44113.**

14 Q. And who is your present employer?

15 **A. Ohio Permanente Medical Group.**

16 Q. Is that also known as Kaiser Permanente?

17 MR. GOLDWASSER: That's a trade  
18 name. There's really no legal entity Kaiser  
19 Permanente.

20 Q. But that's on the sign out front, Kaiser  
21 Permanente, correct?

22 **A. M-hm.**

23 Q. And people refer to your employer as Kaiser  
24 Permanente, correct?

25 **A. I believe so.**

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3 CROSS-EXAMINATION BY

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9 PLAINTIFF'S EXHIBITS MARKED

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1 Q. Where does it say that on there?  
 2 A. It doesn't. It's at **the end** of my residency.  
 3 Q. So that was current at the end of your residency?  
 4 A. **Correct**  
 5 **The Advanced Trauma Life Support** is no longer  
 6 current; Advanced Cardiac Life Support is **no** longer  
 7 current; and I'm **no longer a member** of the **AMA**, the **Ohio**  
 8 **Medical Association or the Cleveland Academy of Medicine.**  
 9 Q. Any specific reason those lapsed?  
 10 A. Disinterest.  
 11 Q. Okay.  
 12 A, I've had a number of additional educational  
 13 conferences and courses that **are** not listed here.  
 14 Q. Any treatment of -- diagnosis and treatment of  
 15 ulcers?  
 16 A. Not specifically to diagnosis and treatment of  
 17 ulcers.  
 18 Q. Anything generally with regard to ulcers?  
 19 A. **Yes.**  
 20 Q. And what is that?  
 21 A. There's another postgraduate course in general  
 22 surgery.  
 23 Q. Is that surgical repair of ulcers?  
 24 A. No, it has nothing to do with ulcers. It is a  
 25 general course that covers that subject.

1 future?  
 2 A. I intend to take them, they are assigned by the  
 3 Board, the dates are.  
 4 Q. That hasn't been assigned yet?  
 5 A. Correct.  
 6 Q. And what are you Board certified in, Doctor?  
 7 MR. GOLDWASSER: He's not Board  
 8 certified.  
 9 BY MR. PATNO:  
 10 Q. What are you Board eligible in?  
 11 A. General surgery.  
 12 Q. And what is general surgery in layman's  
 13 terminology?  
 14 A. General surgery was the grandfather of **all** surgical  
 15 specialties per se and in recent years has come to  
 16 signify mostly enterabdominal surgery, breast surgery,  
 17 some thyroid surgery, colorectal surgery.  
 18 Q. What did you do between '77 and '79, from college  
 19 to medical school?  
 20 A. Did a year on a Master's Degree in Biology,  
 21 University of Akron.  
 22 Q. That was '76 to '77.  
 23 What did you do from '77 to '79?  
 24 A. I was in medical school.  
 25 Q. Medical school shows '79 to '82.

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1 Q. What subject?  
 2 A. **Ulcer** disease.  
 3 Q. And when did you take that?  
 4 A. Last **August. Year** before that I had another review  
 5 course in general surgery, that was October, **again** the  
 6 subject was covered.  
 7 Q. So October of '92?  
 8 A. '92.  
 9 Q. Anything else?  
 10 A. **I no** longer have privileges at St. Luke's.  
 11 Q. Why not?  
 12 A. I let them lapse because I don't practice there.  
 13 Q. "here do you presently have privileges?  
 14 A. Here at **Parma.**  
 15 Q. Are you Board certified, Doctor?  
 16 A. **I'm** board eligible.  
 17 Q. Have you taken the written portion of the Board?  
 18 A. I have.  
 19 Q. And did you pass?  
 20 A. **Yes.**  
 21 Q. And now you just have to take your orals?  
 22 A. **Correct.**  
 23 Q. And you haven't taken those yet?  
 24 A. Haven't taken **them.**  
 25 Q. Do you intend to take them sometime in the near

1 A. Okay, the dates -- '73, '74, '75, '76, so -- okay,  
 2 that's incorrect, I did six months of Spanish in the  
 3 fall of -- the Bachelor of Science Degree took four  
 4 years, so the **date** is incorrect, it should say Bachelor  
 5 of Science from 9/73 to 6/77. The Master of Science  
 6 should have said from 9/77 to 6/78. I **took** a Spanish  
 7 course for **ten** weeks in the fall of 1977 -- I'm **sorry**,  
 8 1978, and I started medical school January of '79.  
 9 Medical school was from 1/79 through 12/82.  
 10 Q. Okay. And why did you take the Spanish course, to  
 11 help with medical school?  
 12 A. Correct.  
 13 Q. And you were in the top ten percent of your class  
 14 at medical school?  
 15 A. I was.  
 16 Q. And how many students were in your class?  
 17 A. I don't know.  
 18 Q. Over a hundred?  
 19 A. Over a hundred,  
 20 Q. Okay. And you were born in Akron and you somehow  
 21 ended up in California?  
 22 A. Correct.  
 23 Q. Did you go there **with** your parents, I take it?  
 24 A. **Yes.**  
 25 Q. And you have an Ohio State licensure?

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1 A. I do.  
 2 Q. And your medical licensure?  
 3 A. Yes.  
 4 Q. And both of those are current?  
 5 A. **The New** York is considered alive, so, yes.  
 6 Q. How did you arrive at obtaining a New York  
 7 licensure?  
 8 A. I did what's **called** Fifth Pathway in New York **State**  
 9 and after **taking** the flexid **exam**, they grant a license.  
 10 Q. What's Fifth Pathway?  
 11 A. **Fifth** Pathway is a year of clinical medicine and  
 12 surgery that foreign medical **graduates** do before being  
 13 able to start residency.  
 14 Q. Were you licensed in Mexico?  
 15 A. No.  
 16 Q. Do they have a licensure there?  
 17 A. They do.  
 18 Q. So you went to Mexico solely for medical school  
 19 with the intent to practice in the United States?  
 20 A. Correct,  
 21 Q. And then you did a year of the Fifth Pathway for  
 22 them to determine that you were qualified and then you  
 23 took some type of test as well in addition to the  
 24 clinical and then you became licensed in New York?  
 25 A. Correct.

1 Q. And what is that?  
 2 A. I oversee the general surgical module in **Parma**,  
 3 Q. That residents -- you overlook residents?  
 4 A. There **are** no residents here.  
 5 Q. What is that in layman's terminology?  
 6 A. Basically **it** means **that** my responsibilities **are** to  
 7 facilitate the working of the office here in Parma.  
 8 Q. Can you break that down any more?  
 9 A. Patient satisfaction, appointment availability,  
 10 physicians interacting with nursing staff.  
 11 Q. Is that for Kaiser or the hospital?  
 12 A. Just for Kaiser. It has nothing to do with the  
 13 hospital.  
 14 Q. In a general sense it would have to do with patient  
 15 satisfaction, patient treatment?  
 16 A. On an outpatient basis, yes.  
 17 Q. Okay. Do you have any positions with Kaiser other  
 18 than being a doctor for them and modular director?  
 19 A. No.  
 20 Q. Okay.  
 21 A. That's it.  
 22 Q. And do you treat any patients other than Kaiser  
 23 patients?  
 24 A. No.  
 25 Q. St. Luke's Hospital Emergency Department Physicians

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1 Q. Did you ever sit for an exam in Ohio or did you  
 2 waive?  
 3 A. The Federal Licensing exam is a **national exam which**  
 4 Ohio recognizes.  
 5 Q. So you never sat for an exam in Ohio then?  
 6 A. I never took a licensing test in Ohio.  
 7 Q. Okay.  
 8 A. I take that back, I did take a licensing test. I  
 9 took the ECFMG in Ohio.  
 10 Q. The ECFMG?  
 11 A. **Yes**, Educational Conference on Foreign Medical  
 12 Graduates. I took it at Case. It is considered part  
 13 of -- in some licensing criteria, it is considered a  
 14 licensing exam.  
 15 Q. Okay.  
 16 A. In Ohio it's considered a prerequisite for taking  
 17 Fifth. Pathway or qualifying for Fifth Pathway.  
 18 Q. What do they test for, your English skills?  
 19 A. At **ECFMG** they test English language ability. They  
 20 also test the majority of subjects covered in **medical**  
 21 school.  
 22 Q. Are you on any committees at Parma Hospital?  
 23 A. **Currently I am** on a committee that is a regional  
 24 committee for infectious disease. I **am** also what is  
 25 called a modular director at Parma.

1 Group, was that when you were working with Kaiser?  
 2 A. No, that was prior to my employment here at Kaiser.  
 3 At the end of my residency, I worked with them for  
 4 just a couple months time when I was looking for work as  
 5 a general surgeon.  
 6 Q. Okay, So your employment would be with Kaiser as a  
 7 resident and with St. Luke's Emergency Department  
 8 Physicians Group and then with Kaiser?  
 9 MR. GOLDWASSER: Kaiser as a  
 10 resident?  
 11 MR. PATNO: No, with St.  
 12 Luke's as a resident.  
 13 A. Yes, there was a time that I was a resident and  
 14 worked for their ER group as a resident.  
 15 Q. And you worked for the ER group and then you worked  
 16 for Kaiser, correct?  
 17 A. Correct.  
 18 Q. I'm just trying to get a chronology.  
 19 Have you ever been deposed before, Doctor?  
 20 A. **Yes**.  
 21 Q. Approximately how many times?  
 22 A. Once.  
 23 Q. And when was that?  
 24 A. I think it was in 1990.  
 25 Q. And did that involve a medical matter?

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1 A. Yes.  
 2 Q. What was the nature of the case?  
 3 A. A **vascular** injury.  
 4 Q. And were you the treating physician?  
 5 A. Yes.  
 6 Q. Were you a Defendant in a lawsuit?  
 7 A. It never went to trial. Is that considered -- am I  
 8 considered a Defendant?  
 9 MR. GOLDWASSER: do you know if  
 10 you were named in the lawsuit papers as a party?  
 11 THE WITNESS: Yes, I was.  
 12 BY MR. PATNO:  
 13 Q. It never went to trial?  
 14 A. No.  
 15 Q. Was it disposed of by settlement?  
 16 A. Yes.  
 17 Q. Have you ever been deposed other than that time?  
 18 A. No.  
 19 Q. Have you been named in any other lawsuits that  
 20 you're aware of other than the one we're here to discuss  
 21 today involving Mr. Ziska and the one that you were  
 22 deposed in 1990?  
 23 A. I was named in another case approximately --  
 24 MR. GOLDWASSER: Show an  
 25 objection, but he can answer.

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1 I'm objecting for the record. I might do  
 2 that occasionally, but I'll tell you to answer.  
 3 A. I think about two years ago I was named in a case.  
 4 MR. GOLDWASSER: Go ahead.  
 5 A. It was an obstetrics case.  
 6 Q. And why would you as a general surgery be named in  
 7 an obstetrics case?  
 8 A. The patient had post delivery bleeding and I was  
 9 called in to help in the management.  
 10 Q. Was that in Cuyahoga County here in Cleveland?  
 11 A. Yes. I was dismissed from that case.  
 12 Q. Okay. If you want to change any answers or if you  
 13 don't understand any question I ask you during the  
 14 deposition, let me know, okay, and you can change  
 15 anything you want, even if I asked it 15 or 20 minutes  
 16 before, okay?  
 17 A. Okay.  
 18 Q. Do you know how Otto Ziska came to your care at  
 19 Kaiser?  
 20 A. I received a call from the emergency room physician  
 21 stating that they had a patient in the emergency room  
 22 with abdominal pain.  
 23 Q. Do you know why you were called as compared to a  
 24 gastroenterologist?  
 25 A. No, I don't..

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1 Q. And do you know who called you?  
 2 A. Dr. Obebee, O-B-E-B-E-E.  
 3 Q. That was on the 26th of November?  
 4 A. Correct.  
 5 Q. And what did Obebee tell you at that time?  
 6 A. That he had a patient in the emergency room that he  
 7 suspected had a bowel obstruction and that he felt -- the  
 8 patient also complained of abdominal pain.  
 9 Q. And that's all recorded in the chart there?  
 10 A. This is an emergency room note. The conversation I  
 11 had would not have been -- there's no documentation to  
 12 that.  
 13 Q. There's no documentation about a bowel obstruction?  
 14 A. There is SBO on the bottom, Dr. Obebee's note  
 15 suggests that he thought it was a bowel obstruction,  
 16 small bowel obstruction.  
 17 Q. And do you recall what Dr. Obebee asked you to do  
 18 at that time?  
 19 A. He felt that Mr. Ziska possibly had a colonic  
 20 obstruction or small bowel obstruction because of the  
 21 type of pain he was having and the history that I got  
 22 suggested that it was not a complete obstruction in that  
 23 Mr. Ziska was passing gas.  
 24 Q. And where did you get that history from?  
 25 A. From Dr. Obebee.

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1 Q. Okay. Anything else that you learned at that time?  
 2 A. That Dr. Obebee didn't feel that the patient was  
 3 acute enough to be admitted to the hospital at that point  
 4 but that he felt that with an obstruction he needed to be  
 5 evaluated that day and I agreed to see Mr. Ziska later  
 6 that day in the office.  
 7 Q. Did you see him on the 26th or on the 27th?  
 8 A. I saw him on the 26th.  
 9 Q. Okay.  
 10 A. I think it was later that morning, I believe,  
 11 Q. Did Dr. Obebee tell you anything else during the  
 12 conversation?  
 13 A. I don't remember. I'm going back -- I do remember  
 14 the call, I do remember the complaint. Other than what,  
 15 you know, I see in the chart, no.  
 16 Q. Did Dr. Obebee tell you that he had done anything  
 17 with the patient at this time?  
 18 A. He told me he examined the patient. I don't  
 19 remember if he had done any x-rays, although it says here  
 20 that he did.  
 21 Q. Did he tell you what kind of exam he performed on  
 22 the patient?  
 23 A. He told me he had done a complete abdominal exam  
 24 and relevant facts that would conclude like distention,  
 25 if he had peritoneal signs, if he had bowel sounds.

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1 Q. And what were the results of those?  
 2 A. **He felt that he had a partial obstruction is what I**  
 3 **have here.**  
 4 Q. Do you recall any of the results of the exam with  
 5 regard to bowel sounds, distention?  
 6 A. **Of his exam?**  
 7 Q. Yes.  
 8 A. **He felt that there were no peritoneal signs, he**  
 9 **felt that he was mildly distended, he felt that there**  
 10 **were active bowel sounds, his vital signs were normal. I**  
 11 **mean, he must have said something about --**  
 12 MR. GOLDWASSER: I don't want you  
 13 to speculate. If you can remember.  
 14 BY MR. PATNO:  
 15 Q. I just want to know what you know.  
 16 **What** else do you remember him telling you about any  
 17 exams he performed on Mr. Ziska?  
 18 A. **That's about all I remember.**  
 19 Q. And then you saw Mr. Ziska?  
 20 A. **I saw him later that day.**  
 21 Q. And did he bring any test results with him or were  
 22 any test results available to you?  
 23 A. **Sure, laboratory test results from the emergency**  
 24 **room were available,**  
 25 Q. Did you have his whole chart at that time when he

1 A. **I think he said it was normal.**  
 2 Q. Did you ever look at the hemoglobin to see any  
 3 variance --  
 4 A. I --  
 5 MR. GOLDWASSER: Let him finish  
 6 his question before you answer.  
 7 A. **I'm sorry.**  
 8 Q. When did you look at the hemoglobin?  
 9 A. **At the time of his consult.**  
 10 Q. And did you notice any variation in the hemoglobin?  
 11 A. **Not really.**  
 12 Q. Did you have the hemoglobin CBC from November 18th?  
 13 A. **I had the H&H from the emergency room visit from**  
 14 **the 26th.**  
 15 Q. Did you have available to you at that time the 18th  
 16 CBC?  
 17 A. **It probably would have been available to me.**  
 18 Q. And did you ever notice that there was a 14.8  
 19 hemoglobin on the 18th of November?  
 20 A. **I don't know.**  
 21 Q. And why don't you know?  
 22 A. **I don't know that I went back and compared them.**  
 23 **The initial H&H appeared relatively normal to me.**  
 24 Q. The 13.3 down on the 26th?  
 25 A. **And the 13 --**

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Page 21

1 saw you?  
 2 A. To be **honest with you, I don't know, I don't know.**  
 3 Q. In the normal course of how Kaiser works, if a  
 4 patient **has** been seen for say a month before on a few  
 5 dates, is that chart made available to you if you're  
 6 reviewing it?  
 7 A. **Usually, yes.**  
 8 Q. And do you have any reason to believe that his  
 9 previous chart was not with you when you examined him?  
 10 A. **Let's see, where is -- the handwritten one should**  
 11 **be here too, right?**  
 12 MR. GOLDWASSER: Yes. Keep going,  
 13 it should be right there.  
 14 A. **Okay, the chart most likely was available to me at**  
 15 **this point.**  
 16 Q. And most likely you would have reviewed it prior to  
 17 rendering any treatment to him?  
 18 A. **The general chart would have most -- appears to**  
 19 **have been available to me. However, the emergency room**  
 20 **sheet, I don't know if it was available to me.**  
 21 Q. But you could have obtained access to it if you had  
 22 wanted to?  
 23 A. **Probably.**  
 24 Q. Had Dr. Obebee mentioned anything about the  
 25 hemoglobin of Mr. Ziska at that time?

1 Q. And the 39?  
 2 A. **13.3 and the hemocratic 39.**  
 3 Q. Okay. And when he presented -- when Mr. Ziska  
 4 presented to you on the 26th, wouldn't the hemoglobin  
 5 tests that were done in the past be something that you as  
 6 a doctor would want to look at considering the complaints  
 7 he had been presenting with?  
 8 A. **Not necessarily. I mean, it's part of the -- it's**  
 9 **part of the general work-up of a patient with abdominal**  
 10 **pain, yes, but I was not aware, apparently was not aware**  
 11 **that there was a previous hemoglobin hematocrit.**  
 12 Q. Why do you say you were apparently not aware?  
 13 A. **Because it's not mentioned in my note, I mean, I**  
 14 **have a result that is relatively normal with a normal**  
 15 **differential and normal white count.**  
 16 Q. But in order to see if something has been going on  
 17 over a period of time, wouldn't you agree with me that it  
 18 would be beneficial for you to have all of the tests that  
 19 were done within the near past?  
 20 A. **I don't know with relatively normal H&H at this**  
 21 **point that historical data on H&H would have given me any**  
 22 **clearer insight.**  
 23 Q. So if Mr. Ziska had a 14.8 hemoglobin on November  
 24 18th and a drop down to a 13.3 on November 26th, that  
 25 would not be a sign indicative of anything to you?

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1 A. Hemoglobin is not the most accurate of the two  
2 values. The hematocrit is considered the more accurate  
3 value.

4 Q. Okay. My specific question, Doctor, was if the  
5 hemoglobin was 14.8 on 11/18 of '91 and dropped down to  
6 13.3 on November 26th of '91, that would not be a sign  
7 indicative of anything to you?

8 A. Not necessarily.

9 Q. Is it possible that that could be a sign of  
10 something going on?

11 A. This -- we are using the value -- these two are  
12 used in conjunction, hematocrit and the hemoglobin, and  
13 of the two, the most indicative is the hematocrit, not  
14 the hemoglobin. So the hemoglobin per se is not as  
15 accurate of a measure of a change in the patient's  
16 condition as the hematocrit, so the one can change more  
17 than the other and not suggest a drop.

18 Q. Okay. We're going to go around and around in a  
19 circle on this one. I just want an answer to my question  
20 that I've asked you twice here.

21 A. Okay.

22 Q. Is that drop from a 14.8 to a 13.3 in a patient who  
23 presented with the complaints that Mr. Ziska had at that  
24 time indicative that there may be something going on?

25 A. I'll buy the word may.

Page 23

1 Q. What may be going on?

2 MR. GOLDWASSER: concerning the  
3 clinical complaints in the history?

4 MR. PATNO: And the  
5 hemoglobin.

6 MR. GOLDWASSER: Based on anything  
7 that you knew of the patient at that time, go  
8 ahead, you may answer.

9 A. There's various reasons for a hemoglobin to drop.

10 Q. I'm talking with regard to the complaints that this  
11 patient has presented with.

12 MR. GOLDWASSER: He's not speaking  
13 generally now. He's speaking about this particular  
14 patient.

15 BY MR. PATNO:

16 Q. Let me help you out. Is gastrointestinal bleeding  
17 one of them?

18 A. Yes.

19 Q. And as we sit here today, if Mr. Ziska came in with  
20 a drop of a 14.8 to a 13.3 hemoglobin presenting with the  
21 complaints he did, is gastrointestinal bleeding something  
22 that you would want to rule out at that point in time?

23 A. Something I would think about, yes.

24 Q. Would do you mean by I would think about?

25 A. We are honing in on an inaccurate test to suggest

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1 what is going on in this patient. There are various  
2 reasons for drops in hemoglobin, bleeding is one of them,  
3 certainly not the only one.

4 Q. What else would be going on in a patient that's  
5 presented with complaints over and over such as Mr. Ziska  
6 has?

7 A. Well, I wasn't aware that Mr. Ziska had presented  
8 over and over. There are other things that can drop  
9 hematocrits and hemoglobin.

10 He apparently also said that he had cold symptoms  
11 in the past, infection --

12 Q. so you're saying --

13 A. Blood dyscrasia.

14 Q. Anything else?

15 A. A primary marrow problem, nutritional, lack of iron,  
16 recent surgeries, heart surgery, vascular placement,  
17 colonic problem, specifically a right colon lesion or  
18 colonic obstructive process such as a carcinoma colon,  
19 extended period of illness, flu symptoms, chronic  
20 illness, an acute bleed, an injury.

21 Q. And you're saying all of these things could have  
22 been going on with Mr. Ziska to cause the hemoglobin to  
23 drop when he presented to you?

24 A. Yes.

25 Q. Okay. Did you ever have an index of suspicion

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1 where you had a preliminary diagnosis of things you  
2 wanted to rule out?

3 A. Definitely.

4 Q. And what was at the top of your index of suspicion  
5 that you wanted to rule out?

6 A. In a patient of this age with a slight drop in the  
7 hematocrit and hemoglobin and the complaints of gaseous  
8 distention and as we got into the history a little bit  
9 more from him, a crampy abdominal type pain without  
10 nausea or vomiting, diarrhea, decrease in stool caliber,  
11 the first thing on my list was a colonic, either a polyp  
12 or a carcinoma colon.

13 Q. So the drop in the hemoglobin did have some weight  
14 with regard to your preliminary diagnosis?

15 A. Yes.

16 Q. And it was one of the factors you considered in  
17 making your preliminary diagnosis?

18 A. Yes.

19 Q. Did you ever do a stool specimen sample of  
20 Mr. Ziska?

21 A. Mr. Ziska told me --

22 MR. GOLDWASSER: The question  
23 is -- I want you to listen and focus.

24 Read the question back.

25 Doctor, listen and focus.

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1 THE NOTARY: Question:  
 2 "Did you ever do a stool specimen sample of  
 3 Mi. Ziska?"  
 4 A. I did not.  
 5 Q. Okay. Would there be any reason to do a stool  
 6 specimen sample considering the history that you had  
 7 taken, the drop in the hemoglobin and the other clinical  
 8 history that you had obtained from this patient?  
 9 A. Yes.  
 10 Q. And for what purpose would you want to do a stool  
 11 sample?  
 12 A. To **check for** blood in ~~the~~ stool.  
 13 Q. And why would you want to check for blood in the  
 14 stool?  
 15 A. To **see** if ~~he~~ had lost **blood through** his GI tract.  
 16 Q. And what could cause a loss of blood in the GI  
 17 tract?  
 18 A. A variety of pathologies can cause loss of blood in  
 19 ~~the~~ GI tract.  
 20 Q. An ulcer can cause a loss of blood, true?  
 21 A. Yes.  
 22 Q. Cancer can cause loss of blood?  
 23 A. **True.**  
 24 Q. That's ~~the~~ extent of my knowledge.  
 25 A. Eating red meat can cause positive guaiac test,

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1 eating red ~~meats~~, anything containing iron can cause it.  
 2 Gastritis can cause it.  
 3 Q. Sure. But by looking at the stool, sometimes you  
 4 can tell if there's more blood than just a trace in  
 5 there, can't you?  
 6 A. **By seeing** the stool, sometimes you **can see** if  
 7 there's a large volume of blood.  
 8 Q. **And** that was never done ~~with~~ regard to Mr. Ziska by  
 9 you?  
 10 A. **I did** not do a rectal exam.  
 11 Q. Did you ever **see** any test results of any rectal  
 12 exam that was done on Mr. Ziska?  
 13 A. No.  
 14 Q. And what **type** of test is done when a stool sample  
 15 is obtained to check for blood in ~~the~~ GI tract, that's  
 16 called what?  
 17 A. **Hemocult or** a guaiac, G-U-A-I-A-C.  
 18 Q. And the stool sample would be sent to ~~the~~ lab for  
 19 that?  
 20 A. No, it's done **in the** doctor's **office.**  
 21 Q. And how is it done?  
 22 A. Basically a rectal exam is done and a specimen  
 23 stool is placed on a **card** and a developer solution is  
 24 added.  
 25 Q. And have you done these?

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1 A. Yes, I've done these.  
 2 Q. **Okay.** And is a record marked for Kaiser when these  
 3 are done?  
 4 A. **No.**  
 5 Q. So a physician can do it and then throw away the  
 6 sample and ~~the~~ results and never chart it?  
 7 A. **True.**  
 8 Q. And is that something that's allowed to be done  
 9 here at Kaiser, to your knowledge?  
 10 MR. GOLDWASSER: object.  
 11 You may answer.  
 12 A. I don't *think* there is a hard **and** fast rule here or  
 13 anywhere that the -- **I think** the results **are** usually  
 14 documented in a chart. I don't *think* that they are not  
 15 recorded elsewhere, They **are** not sent to a lab to be  
 16 **done.** **This is such** an inaccurate **test** that it becomes  
 17 sometimes a moot point. If it is positive, it is  
 18 important. **If** it is negative, it's not necessarily  
 19 important.  
 20 Q. But ~~the~~ results are usually documented in the chart  
 21 by the doctor?  
 22 A. **True.**  
 23 Q. And why didn't you do -- getting back to your  
 24 answer earlier, why didn't you do a guaiac test on  
 25 Mr. Ziska?

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1 A, Mr. Ziska told me that he had had a blood test **or a**  
 2 rectal in the emergency room and that they had told him  
 3 there was no blood present. He told me there was no  
 4 masses in his rectum.  
 5 Q. And how do you recall that?  
 6 A. How do I recall it? It's **in my** progress note.  
 7 Q. Where specifically in your progress note?  
 8 A. It's at the bottom of ~~the~~ second paragraph.  
 9 Q. The portion that's highlighted there?  
 10 A. Yes.  
 11 Q. And what does that say?  
 12 A. Rectal exam performed **in** the emergency room -- **ER,**  
 13 excuse me, demonstrated guaiac negative stool and no  
 14 masses per patient's history.  
 15 Q. Rectal exam performed in ER says what?  
 16 A. Performed in ER, demonstrated guaiac negative stool  
 17 and no masses per patient's history.  
 18 In other words, Mi. Ziska told me that he had a  
 19 rectal **exam in the emergency room and they told him there**  
 20 **was** no blood in **his** stool.  
 21 Q. So he told you that he had a guaiac negative stool?  
 22 MR. GOLDWASSER: No, he didn't say  
 23 that.  
 24 A. He didn't say that. That's not what I'm saying.  
 25 He told me he had an exam in the emergency room, they



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1 told him there was no blood in his stool.  
 2 Q. But that's not what you wrote down in your chart,  
 3 is it?  
 4 A. I could not use Mr. Ziska's own words to describe  
 5 this in medical terms.  
 6 Q. So did you call Dr. Obebee to confirm this and to  
 7 make sure what Mr. Ziska --  
 8 A. I --  
 9 MR. GOLDWASSER: Allow him to  
 10 finish. Mr. Ziska --  
 11 MR. PATNO: Let me rephrase  
 12 that.  
 13 MR. GOLDWASSER: I'm sorry.  
 14 BY MR. PATNO:  
 15 Q. Did you ever call Dr. Obebee to confirm that you  
 16 were getting a proper history from this patient with  
 17 regard to this test?  
 18 A. No, I did not.  
 19 Q. And how do you know Mr. Ziska knew what a guaiac  
 20 negative stool test was?  
 21 A. I don't think Mr. Ziska did know.  
 22 Q. Did anything prevent you from placing a call to  
 23 Dr. Obebee to check to see what type of stool test was  
 24 done?  
 25 A. Logistics.

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1 Q. And what were the logistics?  
 2 A. Dr. Obebee most likely would have been gone at that  
 3 point, he worked the emergency room at night and this  
 4 would have been later in the morning,  
 5 Q. Could you have left a message for him to call you  
 6 the next day about that?  
 7 A. I could have.  
 8 Q. Did you ever review the chart and see that  
 9 Dr. Obebee had not made any mention of a rectal exam?  
 10 A. Not until this morning.  
 11 Q. So you've reviewed the chart this morning since  
 12 this lawsuit has been filed, correct?  
 13 A. M-hm.  
 14 Q. Have you reviewed the chart at any time since this  
 15 lawsuit has been filed?  
 16 A. When I received notice initially, I did.  
 17 Q. Did you note in the chart at that time that  
 18 Dr. Obebee had not noted a rectal exam?  
 19 A. No, I did not.  
 20 Q. Have you spoken to Dr. Obebee since the lawsuit has  
 21 been filed?  
 22 A. Yes.  
 23 Q. Did you speak to Dr. Obebee about Otto Ziska since  
 24 the lawsuit has been filed?  
 25 A. Have not.

1 Q. You don't go golfing or hiking or climbing with  
 2 Dr. Obebee?  
 3 A. No.  
 4 Q. He's someone you know through work?  
 5 A. Correct.  
 6 Q. And have you ever found out why Dr. Obebee referred  
 7 a person With, and let me know if I'm wrong here, a GI  
 8 problem to you, a surgeon?  
 9 A. I don't know why specifically, However, a bowel  
 10 obstruction, which is what Dr. Obebee thought Mr. Ziska  
 11 was presenting with, is usually considered a surgical  
 12 problem and not a gastroenterology problem. So on those  
 13 grounds, I would assume that's why.  
 14 Q. When you received Mr. Ziska in your care, had any  
 15 KUB or other films been done showing a bowel obstruction?  
 16 A. Yes.  
 17 Q. And they showed that there was a bowel obstruction?  
 18 A. I have to look.  
 19 Yes, I was aware it showed no obstruction.  
 20 Q. So the films didn't show any obstruction, correct?  
 21 A. Correct.  
 22 Q. Isn't this a patient who would be better treated by  
 23 a gastroenterologist at this point in time than a  
 24 surgeon?  
 25 A. Not necessarily, because a general surgeon will

1 deal with abdominal pains when -- this is a gray area,  
 2 and very often surgeons will deal with this kind of  
 3 situation, and very often gastroenterologists will also  
 4 deal with a work-up of this type of patient.  
 5 Q. Did you ever consult with a gastroenterologist  
 6 about Mr. Ziska?  
 7 A. Not at this point.  
 8 Q. At any time prior to Mr. Ziska perforating did you  
 9 consult with a gastroenterologist about this case?  
 10 A. A gastroenterologist was called by the internist  
 11 when he came back into the hospital prior to my  
 12 involvement with him again.  
 13 Q. Was that before or after he perforated?  
 14 A. I don't know.  
 15 Q. What was that guy's name, the gastroenterologist?  
 16 A. Dr. Lane, Gerry Lane with a G.  
 17 Q. Who's in a better --  
 18 A. I'm not sure --  
 19 Q. -- position to diagnose a duodenal ulcer, a surgeon  
 20 or a gastroenterologist?  
 21 A. I don't have an opinion on that, I don't think  
 22 it's -- I don't think it's relative -- relevant. I think  
 23 either --  
 24 Q. So you're telling me that you as a surgeon believe  
 25 that you're just as experienced, qualified and trained to

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1 **diagnose** a duodenal ulcer as a gastroenterologist who's  
 2 Board certified in that specialty?  
 3 A. **On clinical grounds** the decision to perform an  
 4 **endoscopy is often made by a gastroenterologist a**  
 5 **surgeon.**  
 6 O. And you never ordered an endoscopy for Mr. Ziska,  
 7 correct?  
 8 A. **I did not.**  
 9 Q. How many duodenal ulcers have you treated during  
 10 your years of practice?  
 11 A. **I don't know**  
 12 Q. Would it be fair to say you haven't been the  
 13 attending **primary** physician who has treated duodenal  
 14 ulcers?  
 15 A. **That would be unfair.** I have.  
 16 Q. Approximately how many?  
 17 A. Treated or involved in their care?  
 18 Q. Primarily treated as the primary physician.  
 19 A. I don't know, probably --  
 20 MR. GOLDWASSER: You're guessing.  
 21 A. I'm guessing, I don't know.  
 22 MR. GOLDWASSER: okay, that's your  
 23 answer.  
 24 A. **More than a few,** I mean, many possibly.  
 25 Q. **As of November 1991** in your position as a surgeon

1 impressions.  
 2 BY MR. PATNO:  
 3 Q. Whatever it says there, it says giant duodenal  
 4 ulcer, black olive imbedded in base. Do you know what  
 5 that means?  
 6 MR. GOLDWASSER: I don't want you  
 7 to speculate.  
 8 A. I don't know what Dr. Lane has -- I mean, two  
 9 thoughts **come** to mind.  
 10 MR. GOLDWASSER: Wait, Doctor, I'm  
 11 going to allow you to answer the question if you  
 12 know, but I don't want you to read another  
 13 physician's mind. Now, with that admonition, you  
 14 can respond if you can.  
 15 A. **I don't h o w specifically what she means by black**  
 16 **olive.**  
 17 Q. Who is Dr. Blain?  
 18 A. Lane.  
 19 MR. GOLDWASSER: Lane.  
 20 A. **He's** a gastroenterologist.  
 21 Q. How do you spell that, B-L?  
 22 A. **No, L-A-N-E.**  
 23 Q. L-A-N-E. Okay.  
 24 And who requested Dr. Lane to come into the case,  
 25 Dr. Ahmad?

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1 for Kaiser, solely during that period of time as a  
 2 surgeon for Kaiser, how many duodenal ulcers had you  
 3 treated in that capacity?  
 4 A. Again, a few.  
 5 Q. Would it be fair to say that if you recognized a  
 6 duodenal ulcer, **that** would be something you would likely  
 7 refer to a gastroenterologist?  
 8 A. I would get a gastroenterologist involved in the  
 9 **care, but I** would initiate **treatment** myself.  
 10 Q. And what **type** of treatment can you render for this  
 11 **type** of ulcer?  
 12 A. **Treatment is, without perforation, is primarily H-2**  
 13 **blockers or a hydrogen pump blocker.**  
 14 Q. So you would agree then that you can treat these  
 15 ulcers to prevent them from perforating if diagnosed in a  
 16 timely fashion?  
 17 A. **Yes.**  
 18 Q. Your attorney has provided me with a copy of an  
 19 endoscopy that is dated 2/11 of '92. Have you reviewed  
 20 **that** endoscopy?  
 21 A. **Yes.**  
 22 Q. And at the bottom, it's cut off here, but I think  
 23 it **says** addendum, addendum or something.  
 24 MR. GOLDWASSER: where is that?  
 25 MR. PATNO: Right above

1 A. I think it's -- you have the hospital chart.  
 2 Q. It says refemng physician, Dr. Ahmad.  
 3 A. Ahmad, A-H-M-A-D.  
 4 Q. Do you know what Dr. Ahmad's specialty is?  
 5 A. Internal medicine, I believe.  
 6 Q. Did you ever refer Mr. Ziska to Dr. Ahmad?  
 7 A. **No.**  
 8 Q. Did you ever find out that Mr. Ziska presented and  
 9 was seen by Dr. Ahmad in this matter?  
 10 A. **No.**  
 11 Q. And other than the endoscopy that **was** done on 2/11  
 12 of '92, you're not aware of any other endoscopies being  
 13 done on Mr. Ziska in this matter?  
 14 MR. GOLDWASSER: Before his  
 15 admission to the hospital on February 11th?  
 16 MR. PATNO: Right.  
 17 A. **I am not.**  
 18 Q. Okay. And could you have ordered an endoscopy to  
 19 have **been** performed on Mr. Ziska?  
 20 A. **Sure.**  
 21 Q. You said earlier that in your index of suspicion  
 22 your primary diagnosis that was possible as a result of  
 23 the information you had obtained was colon carcinoma.  
 24 Did you do anything to rule that out?  
 25 A. **Yes.**

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1 Q. And what did you do?  
 2 A. **I did a barium enema.**  
 3 Q. On what day?  
 4 A. **It appears it was done on 11/29.** Let me check  
 5 the --  
 6 MR. GOLDWASSER: Here.  
 7 A. **Barium** enema done **11/27/91.**  
 8 Q. And was that done by you?  
 9 A. **No, it was** done by Dr. Tizdale, T-I-Z-D-A-L-E.  
 10 Q. Who is Dr. Tizdale?  
 11 A. One of our radiologists.  
 12 Q. And were you able to confirm at that time that  
 13 Mr. Ziska did not have colon carcinoma?  
 14 A. **Yes.**  
 15 Q. You ruled that out?  
 16 A. **Yes.**  
 17 Q. What else did you preliminarily diagnose Mr. Ziska  
 18 with?  
 19 A. **I thought additionally that he might have had some**  
 20 **type of viral syndrome** due to the history of having the  
 21 flu-like symptoms, chest cold symptoms.  
 22 Q. So you thought he had a virus?  
 23 A. **I thought he possibly had a viral syndrome, too,**  
 24 Q. Is that a virus in layman's terminology?  
 25 A. **Yes.**

1 **crampy abdominal pain.**  
 2 Q. Is that what they refer to as a spastic colon?  
 3 A. **A spastic colon is probably a predisposing syndrome**  
 4 to diverticulitis or diverticulosis.  
 5 Q. And did you do anything for the diverticulitis that  
 6 may have been present at this time?  
 7 A. Barium enema demonstrated that.  
 8 Q. So the diverticulitis and the colon carcinoma would  
 9 have been ruled out when the barium enema was done?  
 10 A. **Yes.**  
 11 Q. Anything else that you diagnosed with Mr. Ziska  
 12 done at that time on the 26th?  
 13 MR. GOLDWASSER: I think he said  
 14 differential diagnosis.  
 15 MR. PATNO: Right,  
 16 differential diagnosis.  
 17 A. I think we ruled out an obstruction.  
 18 Q. Based on the x-rays?  
 19 A. **Based on the x-rays and the physical exam that I**  
 20 performed on Mr. Ziska on the 26th of November. I think  
 21 I ruled out a bacteria gastroenteritis.  
 22 Q. How did you do that?  
 23 A. **By having a normal differential on the blood test,**  
 24 the white count that was done.  
 25 Q. Okay. And what else did you do?

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1 Q. Everything's a syndrome these days, I think.  
 2 A. **A chest virus** that went on into the intestine,  
 3 that's what I thought.  
 4 Q. And what made you believe that?  
 5 A. **The history.**  
 6 Q. And what about the history?  
 7 A. **Well, he said that his history was that three weeks**  
 8 **ago he had a bout of the flu and that he said that he had**  
 9 **chest cold symptoms with Severe coughing and he took a**  
 10 **cough medicine which improved his cough and added to the**  
 11 **gassy, crampy kind of pain that he described at the time**  
 12 **of my consultation, a normal white count and the x-ray**  
 13 **patterns, I thought that possibly this was an intestinal**  
 14 **flu.**  
 15 Q. And did you prescribe medication at this time for  
 16 the flu?  
 17 A. Generally there's no medicine for it, it is just  
 18 clear liquids and rest, and I did prescribe that.  
 19 Q. Did you have any other preliminary diagnosis at  
 20 that time, colon carcinoma, viral syndrome?  
 21 A. Diverticulitis.  
 22 Q. What is diverticulitis?  
 23 A. **It is an inflammation of the diverticula which**  
 24 **arises most commonly in the sigmoid colon, however it can**  
 25 **arise anywhere within the entire colon and present with**

1 A. I think also I ruled out appendicitis by physical  
 2 exam, barium enema and the low white counts.  
 3 Q. Did you rule anything else out or have a  
 4 differential diagnosis of anything else?  
 5 A. On clinical grounds I did not feel things were  
 6 biliary, gallbladder. As far as gastric, I felt that the  
 7 symptoms didn't suggest a gastric or upper GI process by  
 8 the lack of nausea or vomiting.  
 9 Q. And is a duodenal ulcer an upper GI process?  
 10 A. **Yes.**  
 11 Q. So since there was no nausea or vomiting, you ruled  
 12 out any upper GI problems at that time?  
 13 A. **I would say that that suggests that there wasn't an**  
 14 **upper GI process. It doesn't rule it out.**  
 15 Q. So you didn't rule out an upper GI problem?  
 16 A. Correct.  
 17 Q. You just didn't consider it at that time because  
 18 there had been no nausea or vomiting?  
 19 A. **There were no suggested symptoms, yes, I agree.**  
 20 Q. Anything else?  
 21 A. **I think we ruled out that he did not have an atonic**  
 22 **colon, a non functional colon based on pneumonia or other**  
 23 **chest process or urinary process.**  
 24 There are a lot of things we can go through here  
 25 and just say they are not suggestive by history or lab

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1 tests.

2 Q. Sure, I understand that, but I want to know what  
3 you considered and ruled out. Have we pretty much  
4 covered all that, you know, some things are just not  
5 attributable --

6 A. Off the wall.

7 Q. Off the wall.

8 I'm asking you about what you considered and ruled  
9 out on that day.

10 A. Okay.

11 Q. Anything else?

12 A. No, I don't **think** so.

13 Q. Okay. What are the clinical signs of a duodenal  
14 ulcer?

15 A. **Clinical signs of duodenal ulcer are usually upper  
16 abdominal pain. Pain is described generally as a burning  
17 pain, a relationship to eating has been mentioned in the  
18 histories.**

19 **Some patients say that the pain typically will get  
20 better with food with gastric ulcers, will get worse soon  
21 after with duodenal. Sometimes the pain radiates through  
22 to the upper back. It sometimes radiates more to the  
23 right than to the left in the duodenal process, where in  
24 the gastric it's just the opposite, to the left and  
25 upper. Pain is typically also in the middle of the**

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1 **night, wakes patients up in the middle of the night with  
2 a burning pain, nawing pain that doesn't go away.**

3 Q. Anything else?

4 A. **With an extensive bleed, black stools, black tarish  
5 stools, mushy stools. It is rare to see bright red blood  
6 in the stool, but it is possible.**

7 Q. Are you aware of how large the ulcer was on  
8 Mr. Ziska when it perforated?

9 A. I'm not **sure** that **this** ulcer perforated.

10 MR. GOLDWASSER: what do you need,  
11 Doctor?

12 THE WITNESS: **The** op sheet.

13 MR. GOLDWASSER: The operational?

14 THE WITNESS: Yes.

15 A. I'm not aware that it perforated. You mentioned  
16 that a couple times, This ulcer did not perforate.

17 Q. It was pretty large, though, wasn't it?

18 A. It's a bleeding ulcer. I estimated it I think at  
19 **two to three centimeters, roughly an inch in size, three  
20 centimeters in diameter with a bleeding vessel at its  
21 base.**

22 Q. So it **was** about an inch in diameter?23 A. **About an inch and a quarter.**

24 Q. So it would be like the size of a half dollar  
25 maybe?

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1 A. Would that be a half dollar? **I guess so, yes,  
2 approximately.**

3 Q. And there was a bleed, and would that be at the  
4 bottom of it or in the middle?

5 A. It was in the base, the bottom.

6 Q. The bottom portion?

7 A. Correct.

8 Q. And based on your experience, were you able to  
9 determine how long that ulcer had been there?

10 A. No.

11 Q. Do you believe that ulcer was not there when you  
12 were treating Mr. Ziska on the 26th?

13 A. That's a difficult question to answer. I don't  
14 believe that that was the reason for Mr. Ziska's  
15 presentation on the 26th.

16 Q. Do you believe he had the ulcer on the 26th, even  
17 if it wasn't at this stage?

18 A. No, I'm **not convinced that he had the ulcer at that  
19 point.**

20 Q. So you don't believe he had the ulcer on the 26th?

21 A. This is supposition, but I do not -- I am not  
22 **convinced, I do not believe he had the ulcer on the 26th.**

23 Q. And what makes you not believe that he had the  
24 ulcer on the 26th?

25 A. The symptomatology with which he presented,

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1 complaints he had.

2 Q. Did he complain of pain radiating to his back?

3 A. No.

4 **Where is the consultation again, the description he  
5 gave me?**

6 **He complained of crampy abdominal pain for two to  
7 three days of duration, diffuse, all over, mostly around  
8 the umbilicus but also in the right and left upper  
9 quadrants of the abdomen.**

10 Q. So couldn't this ulcer have been there causing  
11 radiating pain?

12 A, **This would be very unusual for it to present with  
13 this kind of pain.**

14 Q. Okay. On an index of suspicion, is an ulcer an  
15 important thing to rule out due to the potential of it  
16 perforating?

17 A. Yes.

18 Q. Because if it perforates, it can cause peritonitis  
19 and can kill someone, can't it?

20 A. Correct.

21 Q. Did you ever speak to the treating doctor who  
22 followed Mr. Ziska at Kaiser during your care of him?

23 MR. GOLDWASSER: At what point in  
24 time are you talking about, Chns?

25 MR. PATNO: During the 26th

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1 or between the 26th and when he presented in  
 2 February.  
 3 **A. I wasn't aware that he had one**  
 4 Q. Is it usual for a patient to have a treating doctor  
 5 that they regularly go to here at Kaiser?  
 6 **A. Probably the majority of the time, yes, but it is**  
 7 not unusual to have a patient come in that doesn't have a  
 8 **Primary** doctor, too.  
 9 Q. But if they presented more than a few times in the  
 10 past, isn't it likely that they would have a **primary**  
 11 treating doctor?  
 12 **A. Yes.**  
 13 Q. And did you ever ask Mr. Ziska who his primary  
 14 treating doctor was?  
 15 **A. I don't recall.**  
 16 Q. And did you do anything else for Mr. Ziska on the  
 17 26th other than what we've described?  
 18 **A. I did a physical exam, listened to his chest, I**  
 19 **examined his abdomen, he was not distended, there was no**  
 20 clinical evidence of peritonitis, there's no evidence of  
 21 obstruction on his clinical exam, there was no tenderness  
 22 when I felt his abdomen, his bowel sounds were normal,  
 23 **there** were no high pitched bowel sounds to suggest  
 24 obstruction, **I noted** his upper scar, external scar from  
 25 his **heart** surgery, I found no hernias, there were no

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1 abdominal masses.  
 2 Q. Was there anything about his past history that  
 3 would indicate that he would be an individual predisposed  
 4 to ulcers?  
 5 **A. Not that I was aware of. I didn't delve into**  
 6 **family history or --**  
 7 MR. GOLDWASSER: Doctor, I think  
 8 you've answered the question.  
 9 THE WITNESS: Okay.  
 10 BY MR. PATNO:  
 11 Q. Why didn't you delve into family history?  
 12 **A. Because I felt that this was an acute event,**  
 13 something that he came in with and --  
 14 Q. By acute you mean recent?  
 15 **A. Recent, had recently occurred and that I was**  
 16 **treating this** acutely.  
 17 Q. So other than putting him on the diet that you told  
 18 us about and other than setting up the barium enema exam,  
 19 did you do anything else for Mr. Ziska that day other  
 20 than the exam you performed?  
 21 **A. Clear liquids and the barium enema. We discussed a**  
 22 stool softener, **Colace.**  
 23 Q. Why did you discuss that?  
 24 **A. Because the symptoms Mr. Ziska was complaining**  
 25 about suggested to me that he was having colonic

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1 obstruction or constipation syndromes because he said  
 2 when he had a bowel movement, he said it was like a  
 3 firecracker going off in the toilet, We **discussed --** he  
 4 told me he also had small caliber stools and that he was  
 5 having infrequent bowel movements, so I was making  
 6 suggestions on how to **keep** the stools soft for him.  
 7 Q. Can an ulcer be causing these type of problems?  
 8 **A. No.**  
 9 **When I answered that, we were talking the most**  
 10 **recent symptoms, not -- I'm not sure how broad you meant**  
 11 can an ulcer cause these -- are you **talking** about the  
 12 most recent things? We went through --  
 13 Q. I'm talking about the problems with the stools he  
 14 was having.  
 15 **A. No, that's what I wanted to clarify.**  
 16 Q. All right. And would it be fair to say that you  
 17 never as part of a differential diagnosis made the  
 18 differential diagnosis of possible ulcer on the 26th?  
 19 **A. I can say that it would have been in my**  
 20 differential, **but** low on my list.  
 21 Q. Below the things that we've already talked about?  
 22 **A. Yes.**  
 23 Q. And after scheduling the barium enema for  
 24 Mr. Ziska, what did you tell him to do after that, and  
 25 the diet, did you tell him to come back?

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1 **A. I told him to follow up in the office after the**  
 2 barium enema and that he can slowly add solid foods to  
 3 his diet over the next 24, **48** hours.  
 4 Q. Did you say who to follow up with?  
 5 **A. I don't remember. Usually in a situation, in this**  
 6 situation, I would have a patient follow **up** with me  
 7 because I ordered the tests and I would follow through  
 8 with having the test results.  
 9 Q. But you don't specifically recall with this  
 10 patient?  
 11 **A. I don't recall whether I told him specifically.**  
 12 Q. **All** right. And did Mr. Ziska follow up with you  
 13 after this?  
 14 MR. GOLDWASSER: What do you need,  
 15 Doctor? All the outpatient records are right here.  
 16 THE WITNESS: The outpatient  
 17 record.  
 18 **A. I know there were some telephone calls.**  
 19 MR. GOLDWASSER: This is the next  
 20 time the gentleman appeared after the barium enema.  
 21 THE WITNESS: December 8th.  
 22 MR. GOLDWASSER: He's asking about  
 23 what you did, if you had any -- you can just go  
 24 through there if you want.  
 25 **A. I didn't have any contact --**

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1 Q. Did you see him on that day, December 8th?  
 2 A. **No.**  
 3 Q. Who saw him December 8th?  
 4 A. Dr. Fernando.  
 5 Q. Who's Dr. Fernando?  
 6 A. She's an emergency room physician here at Kaiser.  
 7 Q. And do you know why Mr. Ziska --  
 8 A. He went **back** into the emergency room complaining of  
 9 **something else.**  
 10 Q. And do you know why Mr. Ziska would have ended up  
 11 With an ER doctor and he wasn't complaining about *the*  
 12 **same** problems **as** he had been complaining about before?  
 13 MR. GOLDWASSER: Maybe I can help  
 14 you.  
 15 A. Well, he said he **was** in with hip pain again on  
 16 11/18 **as** the description of the current injury or  
 17 illness.  
 18 MR. GOLDWASSER: This is ~~the~~ 18th.  
 19 A. Although **on** the 18th he was complaining of chest  
 20 and **rib** pain, **so** the history that he gave **as** he walked  
 21 into **the** emergency room is not consistent with the  
 22 history **he** gave on the 18th of November, he was  
 23 complaining of hip and -- excuse me, rib and chest pain  
 24 and **flu** symptoms. So what he describes when he walked in  
 25 **on** the 8th is **that** he was having hip pain, he **was** seen

1 correct?  
 2 A. **Correct.**  
 3 Q. And would it be fair to say that not always do you  
 4 interpret exactly what is trying to be conveyed to you by  
 5 the patient.  
 6 A. I'm sorry, can you repeat that?  
 7 MR. GOLDWASSER: I'm not sure I  
 8 understand that.  
 9 **BY** MR. PATNO:  
 10 Q. As a treating physician, not always do you  
 11 interpret correctly what the patient is trying to convey  
 12 to you, sometimes there's problems in communication?  
 13 A. True,  
 14 Q. And you **as** a physician are trained to try to get  
 15 the best and most accurate history **as** you can?  
 16 A. True.  
 17 Q. And would it be fair to say that since you didn't  
 18 see **Mr.** Ziska on November 18th and you didn't see him on  
 19 December 8th, you don't know if he was coming in and  
 20 complaining of the same type problems or not?  
 21 A. To be honest with you, I was not aware of these  
 22 other things going on.  
 23 MR. GOLDWASSER: Doctor, I want  
 24 you to listen to the question before it's answered.  
 25 Read the question back.

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1 **for** the same **thing** on the 18th of November, which  
 2 apparently he mentioned it that day also, yes.  
 3 Q. He mentioned what?  
 4 A. That he had hip pain,  
 5 Q. So he had pain radiating all over when he presented  
 6 on November 18th?  
 7 A. **He** had chest and **rib** pain and hip **pain**, yes, more  
 8 than one.  
 9 Q. It just wasn't a focal area in ~~the~~ front of his  
 10 body, it **was** radiating around to ~~the~~ side **as** well,  
 11 correct?  
 12 MR. GOLDWASSER: Objection.  
 13 A. It was chest pain that he was -- rib pain.  
 14 Q. So you're telling me it wasn't radiating around to  
 15 the side at that point in time on ~~the~~ 18th?  
 16 A. Apparently **it** was **not** radiating around the side, it  
 17 **was** over his left ribs.  
 18 Q. Okay.  
 19 A, I mean, **this** is from -- I'm reading somebody else's  
 20 **notes, so --**  
 21 Q. Mr. Ziska didn't **write** these notes, did he?  
 22 A, **No.**  
 23 Q. **And** patients don't write in your charts, do they?  
 24 A. They **only** come in and state **their** complaints.  
 25 Q. You have to interpret the complaints **as** a doctor,

1 Try to concentrate.  
 2 THE NOTARY: Question:  
 3 "And would it be fair to say that since you  
 4 didn't see Mr. Ziska on November 18th and you  
 5 didn't see him on December 8th, you don't know if  
 6 he was coming in and complaining of these same type  
 7 problems or not?"  
 8 A. Yes, that would be correct.  
 9 Q. And when you were treating Mr. Ziska on the 26th,  
 10 were you aware of the complaints that he had presented  
 11 with on the 18th?  
 12 A. No, I wasn't.  
 13 Q. Okay. And why wouldn't you be aware of those  
 14 complaints?  
 15 A. The history I was taking was **from** the patient, and  
 16 if the patient did not relate that to me, I might not  
 17 have **been** aware of it.  
 18 Q. Okay. But you more likely than not would have been  
 19 in possession of his chart at that time?  
 20 A. It appears that I was.  
 21 Q. And ~~the~~ chart more likely than not had this  
 22 document in it in regard to the 18th?  
 23 A. True.  
 24 Q. And if you were aware of the complaints made during  
 25 his presentation on the 18th, if you were aware of those

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1 on the 26th, would that have altered your care and  
 2 differential diagnosis with regard to Mr. Ziska?  
 3 **A. I think it would have made me feel even stronger**  
 4 **that this was a viral syndrome. Would it have altered my**  
 5 **care, no.**  
 6 Q. So would it be fair to say that you were treating  
 7 Mr. Ziska for a gastrointestinal problem when you got  
 8 done examining him on the 26th?  
 9 **A. Yes.**  
 10 Q. Other than reviewing the medical chart, have you  
 11 reviewed any other documents for this deposition?  
 12 **A. Can be more specific?**  
 13 Q. **Did** you review films, did you review the endoscopy  
 14 pictures?  
 15 **A. Since the case has come --**  
 16 Q. Been filed, yes.  
 17 **A. No, I have not.**  
 18 Q. Okay. Have you spoken to any of the people that  
 19 have been involved in the care of Mr. Ziska since the  
 20 suit has been filed?  
 21 **A. I have spoken to Dr. Lane.**  
 22 MR. GOLDWASSER: He's obviously  
 23 talking about this case.  
 24 **A. I have not specifically discussed this case with**  
 25 **Dr. Lane.**

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1 Q. Have you generally discussed this with him?  
 2 MR. GOLDWASSER: Her.  
 3 **A. Her.**  
 4 Q. I'm sorry, her.  
 5 **A. No.**  
 6 Q. Anybody else that you may have discussed this case  
 7 with that you recall?  
 8 **A. I did discuss it with Dr. Knack before he died.**  
 9 Q. Who's Dr. Knack?  
 10 **A. Dr. Knack's one of our internists.**  
 11 Q. And why would you discuss it with Dr. Knack?  
 12 **A. Basically when I got the notice from your office, I**  
 13 **called Dr. Knack to ask him what he remembered about**  
 14 **Mr. Ziska and if Mr. Ziska was okay at this point is what**  
 15 **I called to find out,**  
 16 **And at that time Dr. Knack didn't recall much**  
 17 **about -- other than the fact that he had been involved in**  
 18 **his postoperative care, And we discussed a little bit**  
 19 **about -- he basically said oh, he's the guy with the**  
 20 **sleep apnea that we treated postoperatively.**  
 21 Q. He had sleep apnea?  
 22 **A. Sleep apnea.**  
 23 MR. PATNO: Ringing bells,  
 24 Gary?  
 25 MR. GOLDWASSER: It's familiar.

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1 **A. So that's how he clued me into who Mr. Ziska was**  
 2 **and the memory all came back,**  
 3 Q. And did you do the surgical procedure on Mr. Ziska  
 4 after the ulcer was diagnosed?  
 5 **A. I did.**  
 6 Q. **And did you diagnose the ulcer or did someone else?**  
 7 **A. Dr. Lane diagnosed the ulcer.**  
 8 Q. **That was on February 11th of '92 when he presented?**  
 9 **A. That's the date?**  
 10 MR. GOLDWASSER: Yes, that's the  
 11 date.  
 12 **A. Yes.**  
 13 Q. Did you maintain any other notes with regard to  
 14 Mr. Ziska that weren't prepared for your attorney and  
 15 aren't set forth in the medical chart?  
 16 **A. No, I have not.**  
 17 Q. Did you ever refer -- or strike that.  
 18 Has anything in the medical chart of Mr. Ziska been  
 19 removed that you're aware of?  
 20 **A. No.**  
 21 Q. Has anything been altered that you're aware of?  
 22 **A. No.**  
 23 Q. After you got done treating Mr. Ziska on the 26th,  
 24 what did you do with his medical chart?  
 25 **A. That would have been November 26th?**

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1 Q. November 26th, yes.  
 2 **A. I dictated my office note, it would have come back**  
 3 **to me within a couple days, I would have reviewed it and**  
 4 **signed it and then included it in his outpatient chart.**  
 5 Q. And then what do you do with the chart?  
 6 **A. It goes into our medical record system.**  
 7 Q. Do you have an out box and an in box on charts that  
 8 you put it in and someone will take it back to the filing  
 9 system?  
 10 **A. We have a pile basically that we put our loose-leaf**  
 11 **in.**  
 12 Q. And that's the whole chart?  
 13 **A. That would have been his outpatient chart.**  
 14 Q. Did you ever speak to Dr. Fernando with regard to  
 15 Mr. Ziska?  
 16 **A. Not that I recall.**  
 17 Q. Do you have an opinion as to whether or not  
 18 Flexeril exacerbated the ulcer condition that Mr. Ziska  
 19 had?  
 20 **A. I'm not aware of it exacerbating the condition.**  
 21 Q. Is that something that you're aware of that can  
 22 exacerbate an ulcer condition, that medication?  
 23 **A. No.**  
 24 Q. Wow about Clinoril?  
 25 **A. Yes.**

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1 Q. Does that exacerbate an ulcer?  
 2 A. Yes, **Clinoril** does.  
 3 Q. What does it do to cause an exacerbation that  
 4 you're aware of?  
 5 A. Basically all non-steroidal anti-inflammatories  
 6 affect the prostaglandins. Prostaglandins **are** chemicals  
 7 within **the** body **that** have recently been found to be  
 8 involved with a **lot of our** GI functions, protective  
 9 functions, mucus secretions.  
 10 Q. In layman's terminology, how does it affect an  
 11 ulcer?  
 12 A. Basically it prevents or slows down the mucus cells  
 13 that **normally** secrete this secretion that protect the GI  
 14 tract.  
 15 Q. It inhibits the protective coating that's on the GI  
 16 tract?  
 17 A. Correct.  
 18 Q. And did Dr. Lane ever call you before prescribing  
 19 Clinoril to Mr. Ziska?  
 20 A. Did not.  
 21 Q. Were you aware that Mr. Ziska had returned to  
 22 Kaiser following the November 26th care that you rendered  
 23 to him?  
 24 A. Not until the morning of the endoscopy, I was not.  
 25 Q. February 11th of '92?

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1 A. I believe that's the date, yes.  
 2 Q. I'm giving you that **as** the date.  
 3 A. Okay.  
 4 Q. When you asked Mr. Ziska to follow up with you,  
 5 when did you expect he would follow up with you?  
 6 A. After **the** barium enema.  
 7 Q. And did you tell him that?  
 8 A. **To be** honest, I can't recall. I told **him** to follow  
 9 up, but I didn't -- I don't know if I told him  
 10 specifically to follow up with **me**. Usually I do.  
 11 Q. But you don't recall when you told him to follow  
 12 up, either?  
 13 A. It would have been at the consultation time.  
 14 Q. But at the consultation time, you don't recall when  
 15 you told him to return?  
 16 A. **Oh**, it would have been after **the** barium enema  
 17 instead of before.  
 18 Q. But you didn't give him a specific date, did you?  
 19 A. Not that I'm aware of.  
 20 Q. And you didn't send him out to make a specific date  
 21 to come **back** and see you?  
 22 A. No, I did not. Actually I had **asked** him to follow  
 23 up with **his** primary care physician.  
 24 Q. But you didn't know who that was at that time?  
 25 A. I didn't know who that was.

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1 Q. You didn't transfer any of **these** charts over to any  
 2 primary care physician?  
 3 A. I did not.  
 4 Q. Do you know how many doctors approximately cared  
 5 for Mi. Ziska between November and March of '92 at  
 6 Kaiser?  
 7 A. From my consult on?  
 8 Q. From November. You've got Fernando in November and  
 9 then Obebee in November, correct?  
 10 MR. GOLDWASSER: Do you want us to  
 11 go through the chart and count with you, Chris?  
 12 MR. PATNO: No, we can count  
 13 later.  
 14 BY MR. PATNO:  
 15 Q. Doctor, upon your review of the chart and other  
 16 than what we've discussed here today, do you believe  
 17 there to be any information that we haven't discussed  
 18 that is relevant to the treatment of **Mr.** Ziska's ulcer?  
 19 A. Yes.  
 20 Q. What information is that?  
 21 A. I think that during my first consultation after the  
 22 endoscopy, **Mr.** Ziska was **self**-treating himself with an  
 23 additional non-steroidal anti-inflammatory that I was not  
 24 aware of at any point after that consultation.  
 25 Q. Did you chart that?

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1 A. Yes, it's in the hospital initial consultation.  
 2 Q. And can you locate that?  
 3 A. sure.  
 4 Q. And that like the Clinoril you believe would have  
 5 been exacerbating his condition with the ulcer?  
 6 A. Yes, 2/12/92, my first consult with him in the  
 7 hospital, he was complaining now of burning pain in **the**  
 8 epigastrium for the last ten **days** to twelve weeks. He  
 9 had **self** treated with Ab-Seltzer, He was on Flexeril  
 10 and Clinoril for musculoskeletal pain.  
 11 Q. So is the Aka-Seltzer what you're referring to?  
 12 A. **Yes**.  
 13 Q. And do you know how much Alka-Seltzer he was  
 14 taking?  
 15 A. I didn't document how much he was taking, so, no, I  
 16 do not.  
 17 Q. Do not?  
 18 A. **Do not**.  
 19 Q. Do you know how long he had been taking it?  
 20 A. I can go -- all I can go on is just recollection  
 21 that he had been taking it for a while.  
 22 Q. That's **as** you sit here today what you recall?  
 23 A. Yes.  
 24 I don't have it documented. My recollection is  
 25 that this was not just a very recent treatment.



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1 Q. what's your recollection?  
 2 A. A couple weeks.  
 3 Q. But you didn't chart that, correct?  
 4 A. I didn't **chart** that.  
 5 Q. And did you ever tell him not to take Alka-Seltzer?  
 6 A. **No**.  
 7 Q. And you'd find it surprising that a patient would  
 8 take Alka-Seltzer if they had a burning feeling?  
 9 A. I do.  
 10 Q. why is that?  
 11 A. **It says right on the box** not to use it if you have  
 12 **any type** of history of ulcer, if you're taking other  
 13 **types of medicines that might contain a non-steroidal, so**  
 14 **I was surprised** of him using that medicine,  
 15 Q. How would he know he had a history of ulcer?  
 16 A. He didn't, **I mean**, neither did I.  
 17 Q. How did he know that he would be taking a  
 18 non-steroidal?  
 19 A. He wouldn't know that he would be taking a  
 20 non-steroidal.  
 21 Q. You can't read his mind, Doctor, you don't know  
 22 what he knows, he may not or may have known. Did you  
 23 tell him?  
 24 A. **No**.  
 25 Q. Did you tell him he was taking a non-steroidal?

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1 A. Yes.  
 2 Q. That was on the consultation on that day on the  
 3 12th?  
 4 A. Yes, yes.  
 5 Q. But you don't have any information that he was  
 6 aware prior to the 12th he was taking a non-steroidal?  
 7 A. **No, I do not**.  
 8 Q. Okay. Anything else that you believe to be  
 9 important to the ulcer condition in the treatment or  
 10 diagnosis of him?  
 11 A. **I think that through my reading and research that I**  
 12 **have not been able to find an opinion as to how much or**  
 13 **how long a non-steroidal has to be taken before an ulcer**  
 14 **develops. I have in speaking to a gastroenterologist**  
 15 **comrade been informed that the non-steroidal could cause**  
 16 **an ulcer within just a couple days.**  
 17 Q. A non-steroidal by itself can cause an ulcer within  
 18 a couple days?  
 19 A. Yes.  
 20 Q. Even to the degree that Mr. Ziska had?  
 21 A. **Yes**.  
 22 Q. How close to perforating was that ulcer when you  
 23 operated on Mr. Ziska?  
 24 A. **This wasn't on the free edge, it was into the**  
 25 **pancreatic head, so it wouldn't have perforated at that**

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1 **point. In other words, the anatomic location was such**  
 2 **that it would have had to have grown larger to perforate,**  
 3 Q. But you'd agree with me that it was a rather large  
 4 ulcer?  
 5 A. A large ulcer.  
 6 Q. And you believe the endoscopy report described it  
 7 as a giant duodenal ulcer, correct?  
 8 A. **Yes**.  
 9 Q. Anything else that you believe to be important that  
 10 we haven't discussed?  
 11 A. Just that **this** was an extremely difficult ulcer to  
 12 **manage surgically, and I think that my feeling was, and I**  
 13 **discussed management of this type of case with other**  
 14 **surgeons, that this** was definitely the treatment  
 15 necessary to treat it.  
 16 Q. What treatment are you referring to?  
 17 A. The treatment he had, oversewing the ulcer,  
 18 **patching it and doing Billroth's anastomosis** to construct  
 19 it.  
 20 Q. You're talking about the surgical intervention and  
 21 repair following February the 11th of '90?  
 22 A. **Yes**.  
 23 MR. GOLDWASSER: I **think** the  
 24 diagnosis, the question went to the diagnosis. We  
 25 could talk about this case for days.

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1 A. **Nothing else in the diagnosis that I can --**  
 2 Q. **Or the treatment?**  
 3 A. **Or the treatment up until this point.**  
 4 MR. PATNO: All right, that's  
 5 **fine.**  
 6 Thank you, Doctor.  
 7 I have nothing further.  
 8 MR. GOLDWASSER: We do not waive  
 9 signature.  
 10 ---  
 11 (DEPOSITION CONCLUDED.)  
 12 ---

James Hauer, M.D. Date

1                    CERTIFICATE  
2    State of Ohio,        ) SS:  
3    county of Cuyahoga. )  
4    I, Michele E. Eddy, a Registered Professional  
5    Reporter and Notary Public within and for the State  
6    of Ohio, duly commissioned and qualified, do hereby  
7    certify that the within-named witness, JAMES HAUER,  
8    M.D., was by me first duly sworn to tell the  
9    truth, the whole truth and nothing but the truth in the  
10   cause aforesaid; that the testimony then given by him  
11   was reduced to stenotypy in the presence of said  
12   witness, and afterwards transcribed by me through the  
13   process of computer-aided transcription and that the  
14   foregoing is a true and correct transcript of the  
15   testimony so given by him as aforesaid.  
16   I do further certify this deposition was taken at  
17   the time and place in the foregoing caption specified.  
18   I do further certify that I am not a relative,  
19   employee or attorney of either party, or otherwise  
20   interested in the event of this action.  
21   IN WITNESS WHEREOF, I have hereunto set my hand  
22   and affixed my seal of office at Cleveland, Ohio, on  
23   this 3rd day of October, 1994.  
24   \_\_\_\_\_  
25   Michele E. Eddy, RPR and Notary Public  
     in and for the State of Ohio.  
     My commission expires 5-22-95

|                                      |  |  |  |  |  |
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| 1977 [1]<br>1:9:7                    |  |  | 1:21:9 1:25:9 1:33:1                     |  | akron [2]<br>1:8:21 1:9:20                 |
| 1978 [1]<br>1:9:8                    |  |  | 1:40:1 1:42:16 1:45:6                    |  | alive [1]<br>1:10:5                        |
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| 1990 [2]<br>1:13:24 1:14:22          |  |  | ability [1]<br>1:11:19                   |  | 1:62:5 1:62:8                              |
| 1991 [1]<br>1:34:25                  |  |  | able [4]<br>1:10:13 1:38:12 1:44:8       |  | allow [2]<br>1:30:9 1:36:11                |
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|                                      |  |  | above [2]<br>1:1:22 1:35:25              |  |  |
|                                      |  |  | academy [1]<br>1:6:8                     |  |  |
|                                      |  |  | access [1]<br>1:19:21                    |  |  |
|                                      |  |  | accurate [4]<br>1:22:1 1:22:2 1:22:15    |  |  |
|                                      |  |  | action [1]<br>1:66:19                    |  |  |
|                                      |  |  | active [1]                               |  |  |

|   |   |  |
|---|---|--|
| <b>altered</b> [3]<br>1:54:1 1:54:4 1:56:21   | 1:14:20 1:21:10 1:21:10<br>1:21:12 1:24:7 1:32:19<br>1:37:12 1:43:7 1:43:15<br>1:46:3 1:47:5 1:52:21<br>1:53:10 1:53:13 1:53:17<br>1:53:24 1:53:25 1:56:19<br>1:56:21 1:57:20 1:57:21<br>1:58:4 1:58:21 1:59:19<br>1:60:24 1:63:6   | <b>blockers</b> [1]<br>1:35:13<br><b>blood</b> [17]<br>1:24:13 1:26:12 1:26:13<br>1:26:15 1:26:16 1:26:18<br>1:26:20 1:26:22 1:27:4<br>1:27:7 1:27:15 1:29:1<br>1:29:3 1:29:20 1:30:1<br>1:40:23 1:43:5<br><b>board</b> [8]<br>1:7:15 1:7:16 1:7:17<br>1:8:3 1:8:6 1:8:7<br>1:8:10 1:34:2<br><b>body</b> [2]<br>1:51:10 1:58:7<br><b>born</b> [1]<br>1:9:20<br><b>bottom</b> [6]<br>1:16:14 1:29:8 1:35:22<br>1:44:4 1:44:5 1:44:6<br><b>boulevard</b> [1]<br>1:4:13<br><b>bout</b> [1]<br>1:39:8<br><b>bowel</b> [15]<br>1:16:7 1:16:13 1:16:15<br>1:16:16 1:16:20 1:17:25<br>1:18:5 1:18:10 1:32:9<br>1:32:15 1:32:17 1:46:22<br>1:46:23 1:48:2 1:48:5<br><b>box</b> [3]<br>1:57:7 1:57:7 1:62:11<br><b>break</b> [1]<br>1:12:8<br><b>breast</b> [1]<br>1:8:16<br><b>bright</b> [1]<br>1:43:5<br><b>bring</b> [1]<br>1:18:21<br><b>broad</b> [1]<br>1:48:10<br><b>brought</b> [1]<br>1:5:17<br><b>building</b> [2]<br>1:2:5 1:2:9<br><b>burning</b> [4]<br>1:42:16 1:43:2 1:61:7<br>1:62:8<br><b>buy</b> [1]<br>1:22:25<br><b>caliber</b> [2]<br>1:25:10 1:48:4<br><b>California</b> [1]<br>1:9:21<br><b>calls</b> [1]<br>1:49:18<br><b>cancer</b> [1]<br>1:26:22<br><b>capacity</b> [1]<br>1:35:3<br><b>caption</b> [1]<br>1:66:16<br><b>carcinoma</b> [6]<br>1:24:18 1:25:12 1:37:23<br>1:38:13 1:39:20 1:40:8<br><b>cardiac</b> [1] |
| <b>ailways</b> [2]<br>1:52:3 1:52:10<br><b>ama</b> [1]<br>1:6:7<br><b>anastomosis</b> [1]<br>1:64:18<br><b>anatomic</b> [1]<br>1:64:1<br><b>answer</b> [10]<br>1:14:25 1:15:2 1:20:6<br>1:22:19 1:23:8 1:28:11<br>1:28:24 1:34:23 1:36:11<br>1:44:13<br><b>answered</b> [3]<br>1:47:8 1:48:9 1:52:24<br><b>answers</b> [1]<br>1:15:12<br><b>anti-inflammatory</b> [1]<br>1:58:5<br><b>anti-inflammatory</b> [1]<br>1:60:23<br><b>apnea</b> [3]<br>1:55:20 1:55:21 1:55:22<br><b>appearances</b> [1]<br>1:2:1<br><b>appeared</b> [2]<br>1:20:23 1:49:20<br><b>appendicitis</b> [1]<br>1:41:1<br><b>appointment</b> [1]<br>1:12:9<br><b>area</b> [2]<br>1:33:1 1:51:9<br><b>arise</b> [1]<br>1:39:25<br><b>arises</b> [1]<br>1:39:24<br><b>arrive</b> [1]<br>1:10:6<br><b>assigned</b> [2]<br>1:8:2 1:8:4<br><b>association</b> [1]<br>1:6:8<br><b>assume</b> [1]<br>1:32:13<br><b>atonic</b> [1]<br>1:41:21<br><b>attending</b> [1]<br>1:34:13<br><b>attorney</b> [3]<br>1:35:18 1:56:14 1:66:18<br><b>attributable</b> [1]<br>1:42:5<br><b>august</b> [1]<br>1:7:4<br><b>autonoma</b> [1]<br>1:5:10<br><b>availability</b> [1]<br>1:12:9<br><b>available</b> [8]<br>1:18:22 1:18:24 1:19:5<br>1:19:14 1:19:19 1:19:20<br>1:20:15 1:20:17<br><b>aware</b> [26] | <b>away</b> [2]<br>1:28:5 1:43:2<br><b>b-l</b> [1]<br>1:36:21<br><b>bachelor</b> [2]<br>1:9:3 1:9:4<br><b>bacteria</b> [1]<br>1:40:21<br><b>barium</b> [12]<br>1:38:2 1:38:7 1:40:7<br>1:40:9 1:41:2 1:47:18<br>1:47:21 1:48:23 1:49:2<br>1:49:20 1:59:6 1:59:16<br><b>base</b> [3]<br>1:36:4 1:43:21 1:44:5<br><b>based</b> [5]<br>1:23:6 1:40:18 1:40:19<br>1:41:22 1:44:8<br><b>basis</b> [1]<br>1:12:16<br><b>became</b> [1]<br>1:10:24<br><b>becomes</b> [1]<br>1:28:16<br><b>behalf</b> [2]<br>1:2:3 1:2:7<br><b>bells</b> [1]<br>1:55:23<br><b>below</b> [1]<br>1:48:21<br><b>beneficial</b> [1]<br>1:21:18<br><b>best</b> [1]<br>1:52:15<br><b>better</b> [3]<br>1:32:22 1:33:17 1:42:20<br><b>between</b> [3]<br>1:8:18 1:46:1 1:60:5<br><b>biliary</b> [1]<br>1:41:6<br><b>billroth's</b> [1]<br>1:64:18<br><b>biology</b> [1]<br>1:8:20<br><b>bit</b> [2]<br>1:25:8 1:55:18<br><b>black</b> [4]<br>1:36:4 1:36:15 1:43:4<br>1:43:4<br><b>blain</b> [1]<br>1:36:17<br><b>bleed</b> [3]<br>1:24:20 1:43:4 1:44:3<br><b>bleeding</b> [6]<br>1:15:8 1:23:16 1:23:21<br>1:24:2 1:43:18 1:43:20<br><b>blocker</b> [1]<br>1:35:13 |  |

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|                        |         |         |                         |         |         |                           |         |         |
|------------------------|---------|---------|-------------------------|---------|---------|---------------------------|---------|---------|
| 1:6:6                  |         |         | <b>chronology</b> [1]   |         |         | 1:1:4                     |         |         |
| <b>care</b> [12]       |         |         | 1:13:18                 |         |         | <b>commonly</b> [1]       |         |         |
| 1:15:18                | 1:32:14 | 1:34:17 | <b>circle</b> [1]       |         |         | 1:39:24                   |         |         |
| 1:35:9                 | 1:45:22 | 1:54:1  | 1:22:19                 |         |         | <b>communication</b> [1]  |         |         |
| 1:54:5                 | 1:54:19 | 1:55:18 | <b>civil</b> [1]        |         |         | 1:52:12                   |         |         |
| 1:58:22                | 1:59:23 | 1:60:2  | 1:1:17                  |         |         | <b>compared</b> [2]       |         |         |
| <b>cared</b> [1]       |         |         | <b>clair</b> [1]        |         |         | 1:15:23                   | 1:20:22 |         |
| 1:60:4                 |         |         | 1:2:9                   |         |         | <b>complain</b> [1]       |         |         |
| <b>cart</b> [1]        |         |         | <b>clarify</b> [1]      |         |         | 1:45:2                    |         |         |
| 1:27:23                |         |         | 1:48:15                 |         |         | <b>complained</b> [2]     |         |         |
| <b>case</b> [16]       |         |         | <b>class</b> [2]        |         |         | 1:16:8                    | 1:45:6  |         |
| 1:1:8                  | 1:11:12 | 1:14:2  | 1:9:13                  | 1:9:16  |         | <b>complaining</b> [9]    |         |         |
| 1:14:23                | 1:15:3  | 1:15:5  | <b>clear</b> [2]        |         |         | 1:47:24                   | 1:50:8  | 1:50:11 |
| 1:15:7                 | 1:15:11 | 1:33:9  | 1:39:18                 | 1:47:21 |         | 1:50:12                   | 1:50:19 | 1:50:23 |
| 1:36:24                | 1:54:15 | 1:54:23 | <b>clearer</b> [1]      |         |         | 1:52:20                   | 1:53:6  | 1:61:7  |
| 1:54:24                | 1:55:6  | 1:64:13 | 1:21:22                 |         |         | <b>complaint</b> [1]      |         |         |
| 1:64:25                |         |         | <b>Cleveland</b> [7]    |         |         | 1:17:14                   |         |         |
| <b>causing</b> [2]     |         |         | 1:2:5                   | 1:2:9   | 1:4:13  | <b>complaints</b> [13]    |         |         |
| 1:45:10                | 1:48:7  |         | 1:5:23                  | 1:6:8   | 1:15:10 | 1:21:6                    | 1:22:23 | 1:23:3  |
| <b>cbc</b> [2]         |         |         | 1:66:21                 |         |         | 1:23:10                   | 1:23:21 | 1:24:5  |
| 1:20:12                | 1:20:16 |         | <b>climbing</b> [1]     |         |         | 1:25:7                    | 1:45:1  | 1:51:24 |
| <b>cells</b> [1]       |         |         | 1:32:1                  |         |         | 1:51:25                   | 1:53:10 | 1:53:14 |
| 1:58:12                |         |         | <b>clinical</b> [10]    |         |         | 1:53:24                   |         |         |
| <b>center</b> [1]      |         |         | 1:10:11                 | 1:10:24 | 1:23:3  | <b>complete</b> [2]       |         |         |
| 1:1:21                 |         |         | 1:26:7                  | 1:34:3  | 1:41:5  | 1:16:22                   | 1:17:23 |         |
| <b>centimeters</b> [2] |         |         | 1:42:13                 | 1:42:15 | 1:46:20 | <b>computer-aided</b> [1] |         |         |
| 1:43:19                | 1:43:20 |         | 1:46:21                 |         |         | 1:66:12                   |         |         |
| <b>certainly</b> [1]   |         |         | <b>clinoril</b> [5]     |         |         | <b>comrade</b> [1]        |         |         |
| 1:24:3                 |         |         | 1:57:24                 | 1:58:2  | 1:58:19 | 1:63:15                   |         |         |
| <b>certificate</b> [1] |         |         | 1:61:4                  | 1:61:10 |         | <b>concentrate</b> [1]    |         |         |
| 1:66:1                 |         |         | <b>close</b> [1]        |         |         | 1:53:1                    |         |         |
| <b>certified</b> [5]   |         |         | 1:63:22                 |         |         | <b>concerning</b> [1]     |         |         |
| 1:4:4                  | 1:7:15  | 1:8:6   | <b>clued</b> [1]        |         |         | 1:23:2                    |         |         |
| 1:8:8                  | 1:34:2  |         | 1:56:1                  |         |         | <b>conclude</b> [1]       |         |         |
| <b>certify</b> [3]     |         |         | <b>coating</b> [1]      |         |         | 1:17:24                   |         |         |
| 1:66:6                 | 1:66:15 | 1:66:17 | 1:58:15                 |         |         | <b>concluded</b> [1]      |         |         |
| <b>change</b> [4]      |         |         | <b>colace</b> [1]       |         |         | 1:65:11                   |         |         |
| 1:15:12                | 1:15:14 | 1:22:15 | 1:47:22                 |         |         | <b>condition</b> [6]      |         |         |
| 1:22:16                |         |         | <b>cold</b> [3]         |         |         | 1:22:16                   | 1:57:18 | 1:57:20 |
| <b>chart</b> [31]      |         |         | 1:24:10                 | 1:38:21 | 1:39:9  | 1:57:22                   | 1:61:5  | 1:63:9  |
| 1:16:9                 | 1:17:15 | 1:18:25 | <b>college</b> [1]      |         |         | <b>conference</b> [1]     |         |         |
| 1:19:5                 | 1:19:9  | 1:19:14 | 1:8:18                  |         |         | 1:11:11                   |         |         |
| 1:19:18                | 1:28:6  | 1:28:14 | <b>colon</b> [13]       |         |         | <b>conferences</b> [1]    |         |         |
| 1:28:20                | 1:30:2  | 1:31:8  | 1:24:17                 | 1:24:18 | 1:25:12 | 1:6:13                    |         |         |
| 1:31:11                | 1:31:14 | 1:31:17 | 1:37:23                 | 1:38:13 | 1:39:20 | <b>confirm</b> [3]        |         |         |
| 1:37:1                 | 1:53:19 | 1:53:21 | 1:39:24                 | 1:39:25 | 1:40:2  | 1:30:6                    | 1:30:15 | 1:38:12 |
| 1:54:10                | 1:56:15 | 1:56:18 | 1:40:3                  | 1:40:8  | 1:41:22 | <b>conjunction</b> [1]    |         |         |
| 1:56:24                | 1:57:4  | 1:57:5  | <b>colonic</b> [5]      |         |         | 1:22:12                   |         |         |
| 1:57:12                | 1:57:13 | 1:60:11 | 1:16:19                 | 1:24:17 | 1:24:18 | <b>consider</b> [1]       |         |         |
| 1:60:15                | 1:60:25 | 1:62:3  | 1:25:11                 | 1:47:25 |         | 1:41:17                   |         |         |
| 1:62:4                 |         |         | <b>colorectal</b> [1]   |         |         | <b>considered</b> [11]    |         |         |
| <b>charts</b> [3]      |         |         | 1:8:17                  |         |         | 1:10:5                    | 1:11:12 | 1:11:13 |
| 1:51:23                | 1:57:7  | 1:60:1  | <b>coming</b> [2]       |         |         | 1:11:16                   | 1:14:7  | 1:14:8  |
| <b>check</b> [5]       |         |         | 1:52:19                 | 1:53:6  |         | 1:22:2                    | 1:25:16 | 1:32:11 |
| 1:26:12                | 1:26:13 | 1:27:15 | <b>commencing</b> [1]   |         |         | 1:42:3                    | 1:42:8  |         |
| 1:30:23                | 1:38:4  |         | 1:1:21                  |         |         | <b>considering</b> [2]    |         |         |
| <b>chemicals</b> [1]   |         |         | <b>commission</b> [1]   |         |         | 1:21:6                    | 1:26:6  |         |
| 1:58:6                 |         |         | 1:66:25                 |         |         | <b>consistent</b> [1]     |         |         |
| <b>chest</b> [9]       |         |         | <b>commissioned</b> [1] |         |         | 1:50:21                   |         |         |
| 1:38:21                | 1:39:2  | 1:39:9  | 1:66:5                  |         |         | <b>constipation</b> [1]   |         |         |
| 1:41:23                | 1:46:18 | 1:50:19 | <b>committee</b> [2]    |         |         | 1:48:1                    |         |         |
| 1:50:23                | 1:51:7  | 1:51:13 | 1:11:23                 | 1:11:24 |         | <b>construct</b> [1]      |         |         |
| <b>chris</b> [2]       |         |         | <b>committees</b> [1]   |         |         | 1:64:18                   |         |         |
| 1:45:24                | 1:60:11 |         | 1:11:22                 |         |         | <b>consult</b> [5]        |         |         |
| <b>Christian</b> [1]   |         |         | <b>common</b> [1]       |         |         | 1:20:9                    | 1:33:5  | 1:33:9  |
| 1:2:4                  |         |         |                         |         |         | 1:60:7                    | 1:61:6  |         |
| <b>chronic</b> [1]     |         |         |                         |         |         |                           |         |         |
| 1:24:19                |         |         |                         |         |         |                           |         |         |

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| <b>consultation</b> [8]<br>1:39:12 1:45:4 1:59:13<br>1:59:14 1:60:21 1:60:24<br>1:61:1 1:63:2  | 1:5:11 1:5:20 1:6:3<br>1:6:6 1:6:7 1:10:4<br>1:50:16                                       | 1:27:23   |
| <b>contact</b> [1]<br>1:49:25  | <b>cut</b> [1]<br>1:35:22  | <b>develops</b> [1]<br>1:63:14  |
| <b>contain</b> [1]<br>1:62:13  | <b>cuyahoga</b> [3]<br>1:1:2 1:15:10 1:66:2  | <b>diagnose</b> [4]<br>1:33:19 1:34:1 1:38:17<br>1:56:6   |
| <b>containing</b> [1]<br>1:27:1  | <b>data</b> [1]<br>1:21:21   | <b>diagnosed</b> [4]<br>1:35:15 1:40:11 1:56:4<br>1:56:7  |
| <b>conversation</b> [2]<br>1:16:10 1:17:12   | <b>date</b> [9]<br>1:1:22 1:9:4 1:56:9<br>1:56:11 1:59:1 1:59:2<br>1:59:18 1:59:20 1:65:15 | <b>diagnosis</b> [17]<br>1:6:14 1:6:16 1:25:1<br>1:25:14 1:25:17 1:37:22<br>1:39:19 1:40:14 1:40:16<br>1:41:4 1:48:17 1:48:18<br>1:54:2 1:63:10 1:64:24<br>1:64:24 1:65:1 |
| <b>convey</b> [1]<br>1:52:11   | <b>dated</b> [1]<br>1:35:19  | <b>diameter</b> [2]<br>1:43:20 1:43:22  |
| <b>conveyed</b> [1]<br>1:52:4  | <b>dates</b> [3]<br>1:8:3 1:9:1 1:19:5   | <b>diarrhea</b> [1]<br>1:25:10  |
| <b>convinced</b> [2]<br>1:44:18 1:44:22  | <b>days</b> [7]<br>1:39:1 1:45:7 1:57:3<br>1:61:8 1:63:16 1:63:18<br>1:64:25               | <b>dictated</b> [1]<br>1:57:2   |
| <b>copy</b> [1]<br>1:35:18   | <b>deal</b> [3]<br>1:33:1 1:33:2 1:33:4  | <b>died</b> [1]<br>1:55:8   |
| <b>correct</b> [30]<br>1:4:21 1:4:24 1:5:5<br>1:6:4 1:7:22 1:8:5<br>1:9:12 1:9:22 1:10:20<br>1:10:25 1:13:16 1:13:17<br>1:16:4 1:31:12 1:32:5<br>1:32:20 1:32:21 1:34:7<br>1:41:16 1:44:7 1:45:20<br>1:51:11 1:52:1 1:52:2<br>1:53:8 1:58:17 1:60:9<br>1:62:3 1:64:7 1:66:13 | <b>december</b> [6]<br>1:5:8 1:49:21 1:50:1<br>1:50:3 1:52:19 1:53:5                       | <b>diet</b> [3]<br>1:47:17 1:48:25 1:49:3   |
| <b>correctly</b> [1]<br>1:52:11  | <b>decision</b> [1]<br>1:34:3  | <b>differential</b> [8]<br>1:21:15 1:40:14 1:40:16<br>1:40:23 1:41:4 1:48:17<br>1:48:18 1:54:2  |
| <b>cough</b> [2]<br>1:39:10 1:39:10  | <b>decrease</b> [1]<br>1:25:10   | <b>differential</b> [1]<br>1:48:20  |
| <b>coughing</b> [1]<br>1:39:9  | <b>defendant</b> [4]<br>1:1:15 1:4:2 1:14:6<br>1:14:8                                      | <b>difficult</b> [2]<br>1:44:13 1:64:11   |
| <b>count</b> [5]<br>1:21:15 1:39:12 1:40:24<br>1:60:11 1:60:12   | <b>defendants</b> [2]<br>1:1:10 1:2:7  | <b>diffuse</b> [1]<br>1:45:7  |
| <b>counts</b> [1]<br>1:41:2  | <b>definitely</b> [2]<br>1:25:3 1:64:14  | <b>director</b> [2]<br>1:11:25 1:12:18  |
| <b>county</b> [3]<br>1:1:2 1:15:10 1:66:2  | <b>degree</b> [3]<br>1:8:20 1:9:3 1:63:20  | <b>discuss</b> [4]<br>1:14:20 1:47:23 1:55:8<br>1:55:11   |
| <b>couple</b> [6]<br>1:13:4 1:43:16 1:57:3<br>1:62:2 1:63:16 1:63:18   | <b>delivery</b> [1]<br>1:15:8  | <b>discussed</b> [10]<br>1:47:21 1:48:3 1:54:24<br>1:55:1 1:55:6 1:55:18<br>1:60:16 1:60:17 1:64:10<br>1:64:13  |
| <b>course</b> [6]<br>1:6:21 1:6:25 1:7:5<br>1:9:7 1:9:10 1:19:3  | <b>delve</b> [2]<br>1:47:5 1:47:11   | <b>disease</b> [2]<br>1:7:2 1:11:24   |
| <b>courses</b> [1]<br>1:6:13   | <b>demonstrated</b> [3]<br>1:29:13 1:29:16 1:40:7  | <b>disinterest</b> [1]<br>1:6:10  |
| <b>court</b> [1]<br>1:1:4  | <b>department</b> [2]<br>1:12:25 1:13:7  | <b>dismissed</b> [1]<br>1:15:11   |
| <b>covered</b> [3]<br>1:7:6 1:11:20 1:42:4   | <b>deposed</b> [4]<br>1:4:4 1:13:19 1:14:17<br>1:14:22                                     | <b>disposed</b> [1]<br>1:14:15  |
| <b>covers</b> [1]<br>1:6:25  | <b>deposition</b> [8]<br>1:1:12 1:1:15 1:5:13<br>1:5:17 1:15:14 1:54:11<br>1:65:11 1:66:15 | <b>distended</b> [2]<br>1:18:9 1:46:19  |
| <b>crampy</b> [4]<br>1:25:9 1:39:11 1:40:1<br>1:45:6   | <b>describe</b> [1]<br>1:30:4  | <b>distention</b> [3]<br>1:17:24 1:18:5 1:25:8  |
| <b>criteria</b> [1]<br>1:11:13   | <b>described</b> [4]<br>1:39:11 1:42:16 1:46:17<br>1:64:6                                  | <b>diverticula</b> [1]<br>1:39:23   |
| <b>cross-examination</b> [4]<br>1:1:16 1:3:3 1:4:2<br>1:4:5  | <b>describes</b> [1]<br>1:50:24  | <b>diverticulitis</b> [5]<br>1:39:21 1:39:22 1:40:4<br>1:40:5 1:40:8  |
| <b>current</b> [7]   | <b>description</b> [2]<br>1:45:4 1:50:16   | <b>diverticulosis</b> [1]<br>1:40:4   |
|  | <b>determine</b> [2]<br>1:10:22 1:44:9   | <b>doctor</b> [27]<br>1:4:8 1:4:10 1:5:7  |
|  | <b>developer</b> [1]   |   |

|                          |         |         |                           |         |         |                         |         |         |
|--------------------------|---------|---------|---------------------------|---------|---------|-------------------------|---------|---------|
| 1:5:20                   | 1:7:15  | 1:8:6   | <b>ccfmg</b> [3]          |         |         | <b>evidence</b> [2]     |         |         |
| 1:12:18                  | 1:13:19 | 1:21:6  | 1:11:9                    | 1:11:10 | 1:11:19 | 1:46:20                 | 1:46:20 |         |
| 1:22:4                   | 1:25:25 | 1:28:21 | <b>eddy</b> [3]           |         |         | <b>exacerbate</b> [2]   |         |         |
| 1:36:10                  | 1:43:11 | 1:45:21 | 1:1:18                    | 1:66:3  | 1:66:24 | 1:57:22                 | 1:58:1  |         |
| 1:46:4                   | 1:46:8  | 1:46:11 | <b>edge</b> [1]           |         |         | <b>exacerbated</b> [1]  |         |         |
| 1:46:14                  | 1:47:7  | 1:49:15 | 1:63:24                   |         |         | 1:57:18                 |         |         |
| 1:50:11                  | 1:51:25 | 1:52:23 | <b>educational</b> [2]    |         |         | <b>exacerbating</b> [2] |         |         |
| 1:60:15                  | 1:62:21 | 1:65:6  | 1:6:12                    | 1:11:11 |         | 1:57:20                 | 1:61:5  |         |
| <b>doctor's</b> [1]      |         |         | <b>either</b> [4]         |         |         | <b>exacerbation</b> [1] |         |         |
| 1:27:20                  |         |         | 1:25:11                   | 1:33:23 | 1:59:12 | 1:58:3                  |         |         |
| <b>doctors</b> [1]       |         |         | 1:66:18                   |         |         | <b>exactly</b> [1]      |         |         |
| 1:60:4                   |         |         | <b>eligible</b> [2]       |         |         | 1:52:4                  |         |         |
| <b>document</b> [2]      |         |         | 1:7:16                    | 1:8:10  |         | <b>exam</b> [25]        |         |         |
| 1:53:22                  | 1:61:15 |         | <b>elsewhere</b> [1]      |         |         | 1:10:9                  | 1:11:1  | 1:11:3  |
| <b>documentation</b> [2] |         |         | 1:28:15                   |         |         | 1:11:3                  | 1:11:5  | 1:11:14 |
| 1:16:11                  | 1:16:13 |         | <b>emergency</b> [17]     |         |         | 1:17:21                 | 1:17:23 | 1:18:4  |
| <b>documented</b> [3]    |         |         | 1:12:25                   | 1:13:7  | 1:15:20 | 1:18:6                  | 1:27:10 | 1:27:12 |
| 1:28:14                  | 1:28:20 | 1:61:24 | 1:15:21                   | 1:16:6  | 1:16:10 | 1:27:22                 | 1:29:12 | 1:29:15 |
| <b>documents</b> [1]     |         |         | 1:18:23                   | 1:19:19 | 1:20:13 | 1:29:19                 | 1:29:25 | 1:31:9  |
| 1:54:11                  |         |         | 1:29:2                    | 1:29:12 | 1:29:19 | 1:31:18                 | 1:40:19 | 1:41:2  |
| <b>doesn't</b> [4]       |         |         | 1:29:25                   | 1:31:3  | 1:50:6  | 1:46:18                 | 1:46:21 | 1:47:18 |
| 1:6:2                    | 1:41:14 | 1:43:2  | 1:50:8                    | 1:50:21 |         | 1:47:20                 |         |         |
| 1:46:7                   |         |         | <b>employed</b> [1]       |         |         | <b>examined</b> [3]     |         |         |
| <b>dollar</b> [2]        |         |         | 1:5:1                     |         |         | 1:17:18                 | 1:19:9  | 1:46:19 |
| 1:43:24                  | 1:44:1  |         | <b>employee</b> [1]       |         |         | <b>examining</b> [1]    |         |         |
| <b>done</b> [29]         |         |         | 1:66:18                   |         |         | 1:54:8                  |         |         |
| 1:17:16                  | 1:17:19 | 1:17:23 | <b>employer</b> [2]       |         |         | <b>exams</b> [1]        |         |         |
| 1:21:5                   | 1:21:19 | 1:27:8  | 1:4:14                    | 1:4:23  |         | 1:18:17                 |         |         |
| 1:27:12                  | 1:27:14 | 1:27:20 | <b>employment</b> [2]     |         |         | <b>excuse</b> [2]       |         |         |
| 1:27:21                  | 1:27:22 | 1:27:25 | 1:13:2                    | 1:13:6  |         | 1:29:13                 | 1:50:23 |         |
| 1:28:1                   | 1:28:3  | 1:28:8  | <b>end</b> [3]            |         |         | <b>exhibit</b> [2]      |         |         |
| 1:28:16                  | 1:30:24 | 1:32:15 | 1:6:2                     | 1:6:3   | 1:13:3  | 1:5:12                  | 1:5:16  |         |
| 1:37:11                  | 1:37:13 | 1:38:4  | <b>ended</b> [2]          |         |         | <b>exhibits</b> [1]     |         |         |
| 1:38:7                   | 1:38:8  | 1:38:9  | 1:9:21                    | 1:50:10 |         | 1:3:9                   |         |         |
| 1:40:9                   | 1:40:12 | 1:40:24 | <b>endoscopies</b> [1]    |         |         | <b>expect</b> [1]       |         |         |
| 1:54:8                   | 1:56:23 |         | 1:37:12                   |         |         | 1:59:5                  |         |         |
| <b>down</b> [6]          |         |         | <b>endoscopy</b> [10]     |         |         | <b>experience</b> [1]   |         |         |
| 1:12:8                   | 1:20:24 | 1:21:24 | 1:34:4                    | 1:34:6  | 1:35:19 | 1:44:8                  |         |         |
| 1:22:5                   | 1:30:2  | 1:58:12 | 1:35:20                   | 1:37:11 | 1:37:18 | <b>experienced</b> [1]  |         |         |
| <b>drop</b> [10]         |         |         | 1:54:13                   | 1:58:24 | 1:60:22 | 1:33:25                 |         |         |
| 1:21:24                  | 1:22:17 | 1:22:22 | 1:64:6                    |         |         | <b>expires</b> [1]      |         |         |
| 1:23:9                   | 1:23:20 | 1:24:8  | <b>enema</b> [12]         |         |         | 1:66:25                 |         |         |
| 1:24:23                  | 1:25:6  | 1:25:13 | 1:38:2                    | 1:38:7  | 1:40:7  | <b>extended</b> [1]     |         |         |
| 1:26:7                   |         |         | 1:40:9                    | 1:41:2  | 1:47:18 | 1:24:19                 |         |         |
| <b>dropped</b> [1]       |         |         | 1:47:21                   | 1:48:23 | 1:49:2  | <b>extensive</b> [1]    |         |         |
| 1:22:5                   |         |         | 1:49:20                   | 1:59:6  | 1:59:16 | 1:43:4                  |         |         |
| <b>drops</b> [1]         |         |         | <b>english</b> [2]        |         |         | <b>extent</b> [1]       |         |         |
| 1:24:2                   |         |         | 1:11:18                   | 1:11:19 |         | 1:26:24                 |         |         |
| <b>due</b> [2]           |         |         | <b>enterabdominal</b> [1] |         |         | <b>external</b> [1]     |         |         |
| 1:38:20                  | 1:45:15 |         | 1:8:16                    |         |         | 1:46:24                 |         |         |
| <b>duly</b> [3]          |         |         | <b>entire</b> [1]         |         |         | <b>extremely</b> [1]    |         |         |
| 1:4:3                    | 1:66:5  | 1:66:7  | 1:39:25                   |         |         | 1:64:11                 |         |         |
| <b>duodenal</b> [13]     |         |         | <b>entity</b> [1]         |         |         | <b>facilitate</b> [1]   |         |         |
| 1:33:19                  | 1:34:1  | 1:34:9  | 1:4:18                    |         |         | 1:12:7                  |         |         |
| 1:34:13                  | 1:35:2  | 1:35:6  | <b>epigastrium</b> [1]    |         |         | <b>fact</b> [1]         |         |         |
| 1:36:3                   | 1:41:9  | 1:42:13 | 1:61:8                    |         |         | 1:55:17                 |         |         |
| 1:42:15                  | 1:42:21 | 1:42:23 | <b>esq</b> [2]            |         |         | <b>factors</b> [1]      |         |         |
| 1:64:7                   |         |         | 1:2:4                     | 1:2:8   |         | 1:25:16                 |         |         |
| <b>duration</b> [1]      |         |         | <b>estimated</b> [1]      |         |         | <b>facts</b> [1]        |         |         |
| 1:45:7                   |         |         | 1:43:18                   |         |         | 1:17:24                 |         |         |
| <b>during</b> [8]        |         |         | <b>evaluated</b> [1]      |         |         | <b>fair</b> [7]         |         |         |
| 1:15:13                  | 1:17:11 | 1:34:9  | 1:17:5                    |         |         | 1:34:12                 | 1:35:5  | 1:48:16 |
| 1:35:1                   | 1:45:22 | 1:45:25 | <b>event</b> [2]          |         |         | 1:52:3                  | 1:52:17 | 1:53:3  |
| 1:53:24                  | 1:60:21 |         | 1:47:12                   | 1:66:19 |         | 1:54:6                  |         |         |
| <b>dyscrasia</b> [1]     |         |         | <b>everything's</b> [1]   |         |         | <b>fall</b> [2]         |         |         |
| 1:24:13                  |         |         | 1:39:1                    |         |         | 1:9:3                   | 1:9:7   |         |
| <b>eating</b> [3]        |         |         |                           |         |         |                         |         |         |
| 1:26:25                  | 1:27:1  | 1:42:17 |                           |         |         |                         |         |         |

|   |   |   |
|---|---|---|
| <b>familiar</b> [1]<br>1:55:25  | 1:49:7 1:49:12 1:59:4<br>1:59:5 1:59:8 1:59:10<br>1:59:11 1:59:22   | <b>gastrointestinal</b> [3]<br>1:23:16 1:23:21 1:54:7   |
| <b>family</b> [2]<br>1:47:6 1:47:11   | <b>followed</b> [1]<br>1:45:22  | <b>general</b> [13]<br>1:6:21 1:6:25 1:7:5<br>1:8:11 1:8:12 1:8:14<br>1:12:2 1:12:14 1:13:5<br>1:15:6 1:19:18 1:21:9<br>1:32:25   |
| <b>far</b> [1]<br>1:41:6  | <b>following</b> [2]<br>1:58:22 1:64:21   | <b>generally</b> [5]<br>1:6:18 1:23:13 1:39:17<br>1:42:16 1:55:1  |
| <b>fashion</b> [1]<br>1:35:16   | <b>follows</b> [1]<br>1:4:4   | <b>gentleman</b> [1]<br>1:49:20   |
| <b>fast</b> [1]<br>1:28:12  | <b>food</b> [1]<br>1:42:20  | <b>gerry</b> [1]<br>1:33:16   |
| <b>february</b> [5]<br>1:37:15 1:46:2 1:56:8<br>1:58:25 1:64:21                                       | <b>foods</b> [1]<br>1:49:2  | <b>giant</b> [2]<br>1:36:3 1:64:7   |
| <b>federal</b> [1]<br>1:11:3  | <b>foregoing</b> [2]<br>1:66:13 1:66:16   | <b>given</b> [3]<br>1:21:21 1:66:9 1:66:14  |
| <b>feeling</b> [2]<br>1:62:8 1:64:12  | <b>foreign</b> [2]<br>1:10:12 1:11:11   | <b>giving</b> [1]<br>1:59:2   |
| <b>felt</b> [10]<br>1:16:7 1:16:19 1:17:4<br>1:18:2 1:18:8 1:18:9<br>1:18:9 1:41:6 1:46:22<br>1:47:12 | <b>forth</b> [2]<br>1:1:22 1:56:15  | <b>goes</b> [1]<br>1:57:6   |
| <b>fernando</b> [4]<br>1:50:4 1:50:5 1:57:14<br>1:60:8  | <b>found</b> [3]<br>1:32:6 1:46:25 1:58:7   | <b>goldwasser</b> [47]<br>1:2:8 1:3:14 1:4:17<br>1:8:7 1:13:9 1:14:9<br>1:14:24 1:15:4 1:18:12<br>1:19:12 1:20:5 1:23:2<br>1:23:6 1:23:12 1:25:22<br>1:28:10 1:29:22 1:30:9<br>1:30:13 1:34:20 1:34:22<br>1:35:24 1:36:6 1:36:10<br>1:36:19 1:37:14 1:38:6<br>1:40:13 1:43:10 1:43:13<br>1:45:23 1:47:7 1:49:14<br>1:49:19 1:49:22 1:50:13<br>1:50:18 1:51:12 1:52:7<br>1:52:23 1:54:22 1:55:2<br>1:55:25 1:56:10 1:60:10<br>1:64:23 1:65:8 |
| <b>few</b> [4]<br>1:19:4 1:34:24 1:35:4<br>1:46:9   | <b>four</b> [1]<br>1:9:3  | <b>golfing</b> [1]<br>1:32:1  |
| <b>fifth</b> [6]<br>1:10:8 1:10:10 1:10:11<br>1:10:21 1:11:17 1:11:17                                 | <b>franklin</b> [1]<br>1:4:13   | <b>gone</b> [1]<br>1:31:2   |
| <b>filed</b> [6]<br>1:31:12 1:31:15 1:31:21<br>1:31:24 1:54:16 1:54:20                                | <b>free</b> [1]<br>1:63:24  | <b>graduate</b> [1]<br>1:5:6  |
| <b>filing</b> [1]<br>1:57:8   | <b>front</b> [2]<br>1:4:20 1:51:9   | <b>graduates</b> [2]<br>1:10:12 1:11:12   |
| <b>films</b> [3]<br>1:32:15 1:32:20 1:54:13   | <b>full</b> [1]<br>1:4:7  | <b>grandfather</b> [1]<br>1:8:14  |
| <b>fine</b> [1]<br>1:65:5   | <b>functional</b> [1]<br>1:41:22  | <b>grant</b> [1]<br>1:10:9  |
| <b>finish</b> [2]<br>1:20:5 1:30:10   | <b>functions</b> [2]<br>1:58:8 1:58:9   | <b>gray</b> [1]<br>1:33:1   |
| <b>finishing</b> [1]<br>1:5:3   | <b>future</b> [1]<br>1:8:1  | <b>grounds</b> [3]<br>1:32:13 1:34:3 1:41:5   |
| <b>firecracker</b> [1]<br>1:48:3  | <b>g-u-a-i-a-c</b> [1]<br>1:27:17   | <b>group</b> [5]<br>1:4:15 1:13:1 1:13:8<br>1:13:14 1:13:15   |
| <b>first</b> [5]<br>1:4:3 1:25:11 1:60:21<br>1:61:6 1:66:7  | <b>gallbladder</b> [1]<br>1:41:6  | <b>grown</b> [1]<br>1:64:2  |
| <b>five</b> [1]<br>1:5:3  | <b>gary</b> [2]<br>1:2:8 1:55:24  | <b>guadalajara</b> [1]<br>1:5:10  |
| <b>flexeril</b> [2]<br>1:57:18 1:61:9   | <b>gas</b> [1]<br>1:16:23   | <b>guaiac</b> [7]<br>1:26:25 1:27:17 1:28:24<br>1:29:13 1:29:16 1:29:21<br>1:30:19  |
| <b>flexid</b> [1]<br>1:10:9   | <b>gaseous</b> [1]<br>1:25:7  | <b>guess</b> [1]  |
| <b>flu</b> [5]<br>1:24:19 1:39:8 1:39:14<br>1:39:16 1:50:24   | <b>gassy</b> [1]<br>1:39:11   |   |
| <b>flu-like</b> [1]<br>1:38:21  | <b>gastric</b> [4]<br>1:41:6 1:41:7 1:42:20<br>1:42:24  |   |
| <b>focal</b> [1]<br>1:51:9  | <b>gastritis</b> [1]<br>1:27:2  |   |
| <b>focus</b> [23]<br>1:25:23 1:25:25  | <b>gastroenteritis</b> [1]<br>1:40:21   |   |
| <b>follow</b> [13]<br>1:49:1 1:49:4 1:49:6  | <b>gastroenterologist</b> [13]<br>1:15:24 1:32:23 1:33:5<br>1:33:9 1:33:10 1:33:15<br>1:33:20 1:34:1 1:34:4<br>1:35:7 1:35:8 1:36:20<br>1:63:14 |   |
|   | <b>gastroenterologists</b> [1]<br>1:33:3  |   |
|   | <b>gastroenterology</b> [1]<br>1:32:12  |   |



|                         |                           |                         |
|-------------------------|---------------------------|-------------------------|
| 1:44:1                  | 1:21:21                   | inflammation [1]        |
| <b>guessing</b> [2]     | <b>histories</b> [1]      | 1:39:23                 |
| 1:34:20 1:34:21         | 1:42:18                   | <b>information</b> [4]  |
| <b>guy</b> [1]          | <b>history</b> [23]       | 1:37:23 1:60:17 1:60:20 |
| 1:55:19                 | 1:16:21 1:16:24 1:23:3    | 1:63:5                  |
| <b>h-2</b> [1]          | 1:25:8 1:26:6 1:26:8      | <b>informed</b> [1]     |
| 1:35:12                 | 1:29:14 1:29:17 1:30:16   | 1:63:15                 |
| <b>h-a-u-e-r</b> [1]    | 1:38:20 1:39:5 1:39:6     | <b>infrequent</b> [1]   |
| 1:4:9                   | 1:39:7 1:41:25 1:47:2     | 1:48:5                  |
| <b>half</b> [2]         | 1:47:6 1:47:11 1:50:20    | <b>inhibits</b> [1]     |
| 1:43:24 1:44:1          | 1:50:22 1:52:15 1:53:15   | 1:58:15                 |
| <b>hand</b> [1]         | 1:62:12 1:62:15           | <b>initial</b> [2]      |
| 1:66:20                 | <b>home</b> [1]           | 1:20:23 1:61:1          |
| <b>handwritten</b> [1]  | 1:5:21                    | <b>initiate</b> [1]     |
| 1:19:10                 | <b>honest</b> [3]         | 1:35:9                  |
| <b>hard</b> [1]         | 1:19:2 1:52:21 1:59:8     | <b>injury</b> [3]       |
| 1:28:12                 | <b>honing</b> [1]         | 1:14:3 1:24:20 1:50:16  |
| <b>hauer</b> [8]        | 1:23:25                   | <b>insight</b> [1]      |
| 1:1:9 1:1:12 1:1:15     | <b>hospital</b> [10]      | 1:21:22                 |
| 1:4:1 1:4:9 1:5:13      | 1:11:22 1:12:11 1:12:13   | <b>instead</b> [1]      |
| 1:65:15 1:66:6          | 1:12:25 1:17:3 1:33:11    | 1:59:17                 |
| <b>head</b> [1]         | 1:37:1 1:37:15 1:61:1     | <b>intend</b> [2]       |
| 1:63:25                 | 1:61:7                    | 1:7:25 1:8:2            |
| <b>heart</b> [2]        | <b>hours</b> [1]          | <b>intent</b> [1]       |
| 1:24:16 1:46:25         | 1:49:3                    | 1:10:19                 |
| <b>help</b> [4]         | <b>hundred</b> [2]        | <b>interacting</b> [1]  |
| 1:9:11 1:15:9 1:23:16   | 1:9:18 1:9:19             | 1:12:10                 |
| 1:50:13                 | <b>hydrogen</b> [1]       | <b>interested</b> [1]   |
| <b>hematocrit</b> [6]   | 1:35:13                   | 1:66:19                 |
| 1:21:11 1:22:2 1:22:12  | <b>identification</b> [1] | <b>internal</b> [1]     |
| 1:22:13 1:22:16 1:25:7  | 1:5:14                    | 1:37:5                  |
| <b>hematocrits</b> [1]  | <b>illness</b> [3]        | <b>internist</b> [1]    |
| 1:24:9                  | 1:24:19 1:24:20 1:50:17   | 1:33:10                 |
| <b>hemocratic</b> [1]   | <b>illuminating</b> [1]   | <b>internists</b> [1]   |
| 1:21:2                  | 1:2:5                     | 1:55:10                 |
| <b>hemocult</b> [13]    | <b>imbedded</b> [1]       | <b>interpret</b> [3]    |
| 1:27:17                 | 1:36:4                    | 1:51:25 1:52:4 1:52:11  |
| <b>hemoglobin</b> [23]  | <b>important</b> [5]      | <b>intervention</b> [1] |
| 1:19:25 1:20:2 1:20:8   | 1:28:18 1:28:19 1:45:15   | 1:64:20                 |
| 1:20:10 1:20:12 1:20:19 | 1:63:9 1:64:9             | <b>intestinal</b> [1]   |
| 1:21:4 1:21:11 1:21:23  | <b>impressions</b> [1]    | 1:39:13                 |
| 1:22:1 1:22:5 1:22:12   | 1:36:1                    | <b>intestine</b> ; [1]  |
| 1:22:14 1:22:14 1:23:5  | <b>improved</b> [1]       | 1:39:2                  |
| 1:23:9 1:23:20 1:24:2   | 1:39:10                   | <b>involve</b> [1]      |
| 1:24:9 1:24:22 1:25:7   | <b>inaccurate</b> [2]     | 1:13:25                 |
| 1:25:13 1:26:7          | 1:23:25 1:28:16           | <b>involved</b> [5]     |
| <b>hereby</b> [1]       | <b>inch</b> [3]           | 1:34:17 1:35:8 1:54:19  |
| 1:66:5                  | 1:43:19 1:43:22 1:43:23   | 1:55:17 1:58:8          |
| <b>hereinafter</b> [1]  | <b>included</b> [1]       | <b>involvement</b> [1]  |
| 1:4:4                   | 1:57:4                    | 1:33:12                 |
| <b>hereunto</b> [1]     | <b>incorrect</b> [4]      | <b>involving</b> [1]    |
| 1:66:20                 | 1:5:21 1:5:22 1:9:2       | 1:14:21                 |
| <b>hernias</b> [1]      | 1:9:4                     | <b>iron</b> [2]         |
| 1:46:25                 | <b>index</b> [5]          | 1:24:15 1:27:1          |
| <b>high</b> [1]         | 1:3:1 1:24:25 1:25:4      | <b>itself</b> [1]       |
| 1:46:23                 | 1:37:21 1:45:14           | 1:63:17                 |
| <b>highlighted</b> [1]  | <b>indicate</b> [1]       | <b>james</b> [8]        |
| 1:29:9                  | 1:47:3                    | 1:1:9 1:1:12 1:1:15     |
| <b>hiking</b> [1]       | <b>indicative</b> [4]     | 1:4:1 1:4:9 1:5:13      |
| 1:32:1                  | 1:21:25 1:22:7 1:22:13    | 1:65:15 1:66:6          |
| <b>himself</b> [13]     | 1:22:24                   | <b>january</b> [1]      |
| 1:60:22                 | <b>individual</b> [1]     | 1:9:8                   |
| <b>hip</b> [5]          | 1:47:3                    | <b>june</b> [1]         |
| 1:50:15 1:50:23 1:50:25 | <b>infection</b> [1]      | 1:1:13                  |
| 1:51:4 1:51:7           | 1:24:11                   | <b>kaiser</b> [27]      |
| <b>historical</b> [1]   | <b>infectious</b> [1]     | 1:1:20 1:4:16 1:4:18    |
|                         | 1:11:24                   |                         |

|                           |         |         |                         |                         |
|---------------------------|---------|---------|-------------------------|-------------------------|
| 1:4:20                    | 1:4:23  | 1:5:1   | 1:58:10                 | <b>maintain</b> [1]     |
| 1:12:11                   | 1:12:12 | 1:12:17 | <b>learned</b> [1]      | 1:56:13                 |
| 1:12:22                   | 1:13:1  | 1:13:2  | 1:17:1                  | <b>majority</b> [2]     |
| 1:13:6                    | 1:13:8  | 1:13:9  | <b>left</b> [5]         | 1:11:20 1:46:6          |
| 1:13:16                   | 1:15:19 | 1:19:3  | 1:31:5 1:42:23 1:42:24  | <b>makes</b> [1]        |
| 1:28:2                    | 1:28:9  | 1:35:1  | 1:45:8 1:51:17          | 1:44:23                 |
| 1:35:2                    | 1:45:22 | 1:46:5  | <b>legal</b> [1]        | <b>manage</b> [1]       |
| 1:50:6                    | 1:58:22 | 1:60:6  | 1:4:18                  | 1:64:12                 |
| <b>keep</b> [2]           |         |         | <b>lesion</b> [1]       | <b>management</b> [2]   |
| 1:19:12                   | 1:48:6  |         | 1:24:17                 | 1:15:9 1:64:13          |
| <b>kill</b> [1]           |         |         | <b>license</b> [1]      | <b>march</b> [1]        |
| 1:45:19                   |         |         | 1:10:9                  | 1:60:5                  |
| <b>kind</b> [4]           |         |         | <b>licensed</b> [2]     | <b>marked</b> [4]       |
| 1:17:21 1:33:2 1:39:11    |         |         | 1:10:14 1:10:24         | 1:3:9 1:5:14 1:5:16     |
| 1:45:13                   |         |         | <b>licensing</b> [5]    | 1:28:2                  |
| <b>knack</b> [5]          |         |         | 1:11:3 1:11:6 1:11:8    | <b>marrow</b> [1]       |
| 1:55:8 1:55:9 1:55:11     |         |         | 1:11:13 1:11:14         | 1:24:15                 |
| <b>knack's</b> [1]        |         |         | <b>licensure</b> [4]    | <b>masses</b> [4]       |
| 1:55:10                   |         |         | 1:9:25 1:10:2 1:10:7    | 1:29:4 1:29:14 1:29:17  |
| <b>knew</b> [2]           |         |         | 1:10:16                 | 1:47:1                  |
| 1:23:7 1:30:19            |         |         | <b>life</b> [2]         | <b>master</b> [1]       |
| <b>knowledge</b> [2]      |         |         | 1:6:5 1:6:6             | 1:9:5                   |
| 1:26:24 1:28:9            |         |         | <b>likely</b> [7]       | <b>master's</b> [1]     |
| <b>known</b> [2]          |         |         | 1:19:14 1:19:16 1:31:2  | 1:8:20                  |
| 1:4:16 1:62:22            |         |         | 1:35:6 1:46:10 1:53:18  | <b>matter</b> [3]       |
| <b>knows</b> [1]          |         |         | 1:53:21                 | 1:13:25 1:37:9 1:37:13  |
| 1:62:22                   |         |         | <b>liquids</b> [2]      | <b>may</b> [9]          |
| <b>kub</b> [1]            |         |         | 1:39:18 1:47:21         | 1:22:24 1:22:25 1:23:1  |
| 1:32:15                   |         |         | <b>list</b> [2]         | 1:23:8 1:28:11 1:40:6   |
| <b>l-a-n-e</b> [2]        |         |         | 1:25:11 1:48:20         | 1:55:6 1:62:22 1:62:22  |
| 1:36:22 1:36:23           |         |         | <b>listed</b> [1]       | <b>mean</b> [9]         |
| <b>lab</b> [3]            |         |         | 1:6:13                  | 1:18:11 1:21:8 1:21:13  |
| 1:27:18 1:28:15 1:41:25   |         |         | <b>listen</b> [3]       | 1:23:24 1:34:24 1:36:8  |
| <b>laboratory</b> [1]     |         |         | 1:25:23 1:25:25 1:52:24 | 1:47:14 1:51:19 1:62:16 |
| 1:18:23                   |         |         | <b>listened</b> [1]     | <b>means</b> [3]        |
| <b>lack</b> [2]           |         |         | 1:46:18                 | 1:12:6 1:36:5 1:36:15   |
| 1:24:15 1:41:8            |         |         | <b>locate</b> [1]       | <b>meant</b> [1]        |
| <b>lakewood</b> [1]       |         |         | 1:61:2                  | 1:48:10                 |
| 1:5:23                    |         |         | <b>location</b> [1]     | <b>measure</b> [1]      |
| <b>landskroner</b> [1]    |         |         | 1:64:1                  | 1:22:15                 |
| 1:2:4                     |         |         | <b>logistics</b> [2]    | <b>meat</b> [1]         |
| <b>lane</b> [10]          |         |         | 1:30:25 1:31:1          | 1:26:25                 |
| 1:33:16 1:33:16 1:36:8    |         |         | <b>longer</b> [4]       | <b>meats</b> [1]        |
| 1:36:18 1:36:19 1:36:24   |         |         | 1:6:5 1:6:6 1:6:7       | 1:27:1                  |
| 1:54:21 1:54:25 1:56:7    |         |         | 1:7:10                  | <b>medical</b> [24]     |
| 1:58:18                   |         |         | <b>look</b> [4]         | 1:1:21 1:4:15 1:5:6     |
| <b>language</b> [1]       |         |         | 1:20:2 1:20:8 1:21:6    | 1:5:9 1:6:8 1:8:19      |
| 1:11:19                   |         |         | 1:32:18                 | 1:8:24 1:8:25 1:9:8     |
| <b>lapse</b> [1]          |         |         | <b>looking</b> [2]      | 1:9:9 1:9:11 1:9:14     |
| 1:7:12                    |         |         | 1:13:4 1:27:3           | 1:10:2 1:10:12 1:10:18  |
| <b>lapsed</b> [1]         |         |         | <b>loose-leaf</b> [1]   | 1:11:11 1:11:20 1:13:25 |
| 1:6:9                     |         |         | 1:57:10                 | 1:30:5 1:54:10 1:56:15  |
| <b>large</b> [5]          |         |         | <b>loss</b> [4]         | 1:56:18 1:56:24 1:57:6  |
| 1:27:7 1:43:7 1:43:17     |         |         | 1:26:16 1:26:18 1:26:20 | <b>medication</b> [2]   |
| 1:64:3 1:64:5             |         |         | 1:26:22                 | 1:39:15 1:57:22         |
| <b>larger</b> [1]         |         |         | <b>lost</b> [1]         | <b>medicine</b> [6]     |
| 1:64:2                    |         |         | 1:26:15                 | 1:6:8 1:10:11 1:37:5    |
| <b>last</b> [3]           |         |         | <b>louis</b> [1]        | 1:39:10 1:39:17 1:62:14 |
| 1:4:7 1:7:4 1:61:8        |         |         | 1:4:9                   | <b>medicines</b> [1]    |
| <b>lawsuit</b> [6]        |         |         | <b>low</b> [2]          | 1:62:13                 |
| 1:14:6 1:14:10 1:31:12    |         |         | 1:41:2 1:48:20          | <b>member</b> [1]       |
| 1:31:15 1:31:20 1:31:24   |         |         | <b>luke's</b> [4]       | 1:6:7                   |
| <b>lawsuits</b> [1]       |         |         | 1:7:10 1:12:25 1:13:7   | <b>memory</b> [1]       |
| 1:14:19                   |         |         | 1:13:12                 | 1:56:2                  |
| <b>layman's</b> [4]       |         |         | <b>m-hm</b> [3]         | <b>mention</b> [1]      |
| 1:8:12 1:12:5 1:38:24     |         |         | 1:4:22 1:5:24 1:31:13   | 1:31:9                  |
| file:pageline 1:ziska.txt |         |         |                         | <b>mentioned</b> [6]    |

|                            |         |         |                           |         |         |                         |         |         |
|----------------------------|---------|---------|---------------------------|---------|---------|-------------------------|---------|---------|
| 1:19:24                    | 1:21:13 | 1:42:17 | 1:25:10                   | 1:41:8  | 1:41:11 | 1:53:4                  | 1:56:25 | 1:57:1  |
| 1:43:15                    | 1:51:2  | 1:51:3  | 1:41:18                   |         |         | 1:58:22                 | 1:60:5  | 1:60:8  |
| <b>mentioning</b> [1]      |         |         | <b>nawing</b> [1]         |         |         | 1:60:8                  | 1:60:9  |         |
| 1:5:25                     |         |         | 1:43:2                    |         |         | <b>now</b> [4]          |         |         |
| <b>message</b> [1]         |         |         | <b>near</b> [2]           |         |         | 1:7:21                  | 1:23:13 | 1:36:13 |
| 1:31:5                     |         |         | 1:7:25                    | 1:21:19 |         | 1:61:7                  |         |         |
| <b>mexico</b> [2]          |         |         | <b>necessarily</b> [4]    |         |         | <b>number</b> [2]       |         |         |
| 1:10:14                    | 1:10:18 |         | 1:21:8                    | 1:22:8  | 1:28:18 | 1:5:21                  | 1:6:12  |         |
| <b>michele</b> [3]         |         |         | 1:32:25                   |         |         | <b>nursing</b> [1]      |         |         |
| 1:1:18                     | 1:66:3  | 1:66:24 | <b>necessary</b> [1]      |         |         | 1:12:10                 |         |         |
| <b>middle</b> [3]          |         |         | 1:64:15                   |         |         | <b>nutritional</b> [1]  |         |         |
| 1:42:25                    | 1:43:1  | 1:44:4  | <b>need</b> [3]           |         |         | 1:24:15                 |         |         |
| <b>might</b> [4]           |         |         | 1:5:19                    | 1:43:10 | 1:49:14 | <b>o-b-e-b-e-e</b> [1]  |         |         |
| 1:15:1                     | 1:38:19 | 1:53:16 | <b>needed</b> [1]         |         |         | 1:16:2                  |         |         |
| 1:62:13                    |         |         | 1:17:4                    |         |         | <b>obebee</b> [20]      |         |         |
| <b>mildly</b> [1]          |         |         | <b>negative</b> [5]       |         |         | 1:16:2                  | 1:16:5  | 1:16:17 |
| 1:18:9                     |         |         | 1:28:18                   | 1:29:13 | 1:29:16 | 1:16:25                 | 1:17:2  | 1:17:11 |
| <b>mind</b> [3]            |         |         | 1:29:21                   | 1:30:20 |         | 1:17:16                 | 1:19:24 | 1:30:6  |
| 1:36:9                     | 1:36:13 | 1:62:21 | <b>neither</b> [1]        |         |         | 1:30:15                 | 1:30:23 | 1:31:2  |
| <b>minutes</b> [1]         |         |         | 1:62:16                   |         |         | 1:31:9                  | 1:31:18 | 1:31:20 |
| 1:15:15                    |         |         | <b>never</b> [8]          |         |         | 1:31:23                 | 1:32:2  | 1:32:6  |
| <b>modular</b> [2]         |         |         | 1:11:5                    | 1:11:6  | 1:14:7  | 1:32:10                 | 1:60:9  |         |
| 1:11:25                    | 1:12:18 |         | 1:14:13                   | 1:27:8  | 1:28:6  | <b>obebee's</b> [1]     |         |         |
| <b>module</b> [1]          |         |         | 1:34:6                    | 1:48:17 |         | 1:16:14                 |         |         |
| 1:12:2                     |         |         | <b>new</b> [4]            |         |         | <b>object</b> [1]       |         |         |
| <b>month</b> [1]           |         |         | 1:10:5                    | 1:10:6  | 1:10:8  | 1:28:10                 |         |         |
| 1:19:4                     |         |         | 1:10:24                   |         |         | <b>objecting</b> [1]    |         |         |
| <b>months</b> [2]          |         |         | <b>next</b> [3]           |         |         | 1:15:1                  |         |         |
| 1:9:2                      | 1:13:4  |         | 1:31:6                    | 1:49:3  | 1:49:19 | <b>objection</b> [2]    |         |         |
| <b>moot</b> [1]            |         |         | <b>night</b> [3]          |         |         | 1:14:25                 | 1:51:12 |         |
| 1:28:17                    |         |         | 1:31:3                    | 1:43:1  | 1:43:1  | <b>objections</b> [1]   |         |         |
| <b>morning</b> [5]         |         |         | <b>non</b> [1]            |         |         | 1:3:13                  |         |         |
| 1:17:10                    | 1:31:4  | 1:31:10 | 1:41:22                   |         |         | <b>obstetrics</b> [2]   |         |         |
| 1:31:11                    | 1:58:24 |         | <b>non-steroidal</b> [10] |         |         | 1:15:5                  | 1:15:7  |         |
| <b>most</b> [10]           |         |         | 1:58:5                    | 1:60:23 | 1:62:13 | <b>obstruction</b> [18] |         |         |
| 1:19:14                    | 1:19:16 | 1:19:18 | 1:62:18                   | 1:62:20 | 1:62:25 | 1:16:7                  | 1:16:13 | 1:16:15 |
| 1:22:1                     | 1:22:13 | 1:31:2  | 1:63:6                    | 1:63:13 | 1:63:15 | 1:16:16                 | 1:16:20 | 1:16:20 |
| 1:39:24                    | 1:48:9  | 1:48:12 | 1:63:17                   |         |         | 1:16:22                 | 1:17:4  | 1:18:2  |
| 1:52:15                    |         |         | <b>normal</b> [11]        |         |         | 1:32:10                 | 1:32:15 | 1:32:17 |
| <b>mostly</b> [2]          |         |         | 1:18:10                   | 1:19:3  | 1:20:1  | 1:32:19                 | 1:32:20 | 1:40:17 |
| 1:8:16                     | 1:45:7  |         | 1:20:23                   | 1:21:14 | 1:21:14 | 1:46:21                 | 1:46:24 | 1:48:1  |
| <b>moved</b> [1]           |         |         | 1:21:15                   | 1:21:20 | 1:39:12 | <b>obstructive</b> [1]  |         |         |
| 1:5:23                     |         |         | 1:40:23                   | 1:46:22 |         | 1:24:18                 |         |         |
| <b>movement</b> [1]        |         |         | <b>normally</b> [1]       |         |         | <b>obtained</b> [4]     |         |         |
| 1:48:2                     |         |         | 1:58:13                   |         |         | 1:19:21                 | 1:26:8  | 1:27:15 |
| <b>movements</b> [1]       |         |         | <b>notary</b> [5]         |         |         | 1:37:23                 |         |         |
| 1:48:5                     |         |         | 1:1:19                    | 1:26:1  | 1:53:2  | <b>obtaining</b> [1]    |         |         |
| <b>mucus</b> [2]           |         |         | 1:66:4                    | 1:66:24 |         | 1:10:6                  |         |         |
| 1:58:9                     | 1:58:12 |         | <b>note</b> [7]           |         |         | <b>obviously</b> [1]    |         |         |
| <b>musculoskeletal</b> [1] |         |         | 1:16:10                   | 1:16:14 | 1:21:13 | 1:54:22                 |         |         |
| 1:61:10                    |         |         | 1:29:6                    | 1:29:7  | 1:31:17 | <b>occasionally</b> [1] |         |         |
| <b>mushy</b> [1]           |         |         | 1:57:2                    |         |         | 1:15:2                  |         |         |
| 1:43:5                     |         |         | <b>noted</b> [2]          |         |         | <b>occurred</b> [1]     |         |         |
| <b>must</b> [1]            |         |         | 1:31:18                   | 1:46:24 |         | 1:47:15                 |         |         |
| 1:18:11                    |         |         | <b>notes</b> [3]          |         |         | <b>october</b> [3]      |         |         |
| <b>name</b> [4]            |         |         | 1:51:20                   | 1:51:21 | 1:56:13 | 1:7:5                   | 1:7:7   | 1:66:22 |
| 1:4:7                      | 1:4:8   | 1:4:18  | <b>nothing</b> [5]        |         |         | <b>Off</b> [4]          |         |         |
| 1:33:15                    |         |         | 1:6:24                    | 1:12:12 | 1:65:1  | 1:35:22                 | 1:42:6  | 1:42:7  |
| <b>named</b> [5]           |         |         | 1:65:7                    | 1:66:8  |         | 1:48:3                  |         |         |
| 1:14:10                    | 1:14:19 | 1:14:23 | <b>notice</b> [5]         |         |         | <b>office</b> [7]       |         |         |
| 1:15:3                     | 1:15:6  |         | 1:1:20                    | 1:20:10 | 1:20:18 | 1:12:7                  | 1:17:6  | 1:27:20 |
| <b>national</b> [1]        |         |         | 1:31:16                   | 1:55:12 |         | 1:49:1                  | 1:55:12 | 1:57:2  |
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| 1:24:23             | 1:37:8  | 1:44:25 | 1:10:22            | 1:33:25 | regard [10]      |         |         |
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| <b>speak</b> [3]       |         |         | 1:11:20                 |         |         | <b>taking</b> [12]        |         |         |
| 1:31:23                | 1:45:21 | 1:57:14 | <b>such</b> [4]         |         |         | 1:10:9                    | 1:11:16 | 1:53:15 |
| <b>speaking</b> [3]    |         |         | 1:24:5                  | 1:24:18 | 1:28:16 | 1:61:14                   | 1:61:15 | 1:61:19 |
| 1:23:12                | 1:23:13 | 1:63:14 | 1:64:1                  |         |         | 1:61:21                   | 1:62:12 | 1:62:17 |
| <b>specialties</b> [1] |         |         | <b>suggest</b> [4]      |         |         | 1:62:19                   | 1:62:25 | 1:63:6  |
| 1:8:15                 |         |         | 1:22:17                 | 1:23:25 | 1:41:7  | <b>tarish</b> [1]         |         |         |
|                        |         |         | 1:46:23                 |         |         | 1:43:4                    |         |         |

|   |  |  |
|---|--|--|
| <b>telephone</b> [1]<br>1:49:18   | <b>trace</b> [1]<br>1:27:4   | <b>ulcer</b> [47]<br>1:7:2 1:26:20 1:33:19<br>1:34:1 1:35:6 1:35:11<br>1:36:4 1:41:9 1:42:14<br>1:42:15 1:43:7 1:43:9<br>1:43:16 1:43:18 1:44:9<br>1:44:11 1:44:16 1:44:18<br>1:44:20 1:44:22 1:44:24<br>1:45:10 1:45:14 1:48:7<br>1:48:11 1:48:18 1:56:4<br>1:56:6 1:56:7 1:57:18<br>1:57:22 1:58:1 1:58:11<br>1:60:18 1:61:5 1:62:12<br>1:62:15 1:63:9 1:63:13<br>1:63:16 1:63:17 1:63:22<br>1:64:4 1:64:5 1:64:7<br>1:64:11 1:64:17 |
| <b>telling</b> [3]<br>1:18:16 1:33:24 1:51:14   | <b>tract</b> [6]<br>1:26:15 1:26:17 1:26:19<br>1:27:15 1:58:14 1:58:16   | <b>ulcers</b> [11]<br>1:6:15 1:6:17 1:6:18<br>1:6:23 1:6:24 1:34:9<br>1:34:14 1:35:2 1:35:15<br>1:42:20 1:47:4   |
| <b>ten</b> [3]<br>1:9:7 1:9:13 1:61:8   | <b>trade</b> [1]<br>1:4:17   | <b>umbilicus</b> [1]<br>1:45:8   |
| <b>tenderness</b> [1]<br>1:46:21  | <b>trained</b> [2]<br>1:33:25 1:52:14  | <b>under</b> [2]<br>1:1:16 1:4:3   |
| <b>terminology</b> [4]<br>1:8:13 1:12:5 1:38:24<br>1:58:10  | <b>transcribed</b> [1]<br>1:66:11  | <b>understand</b> [3]<br>1:15:13 1:42:2 1:52:8   |
| <b>terms</b> [1]<br>1:30:5  | <b>transcript</b> [1]<br>1:66:13   | <b>unfair</b> [1]<br>1:34:15   |
| <b>test</b> [21]<br>1:10:23 1:11:6 1:11:8<br>1:11:18 1:11:19 1:11:20<br>1:18:21 1:18:22 1:18:23<br>1:23:25 1:26:25 1:27:11<br>1:27:14 1:28:16 1:28:24<br>1:29:1 1:30:17 1:30:20<br>1:30:23 1:40:23 1:49:8 | <b>transcription</b> [1]<br>1:66:12  | <b>united</b> [1]<br>1:10:19   |
| <b>testimony</b> [2]<br>1:66:9 1:66:14  | <b>transfer</b> [1]<br>1:60:1  | <b>universidad</b> [1]<br>1:5:10   |
| <b>tests</b> [4]<br>1:21:5 1:21:18 1:42:1<br>1:49:7   | <b>trauma</b> [1]<br>1:6:5   | <b>university</b> [1]<br>1:8:21  |
| <b>thank</b> [1]<br>1:65:6  | <b>treat</b> [3]<br>1:12:22 1:35:14 1:64:15  | <b>unusual</b> [2]<br>1:45:12 1:46:7   |
| <b>thereupon</b> [1]<br>1:5:12  | <b>treated</b> [8]<br>1:32:22 1:34:9 1:34:13<br>1:34:17 1:34:18 1:35:3<br>1:55:20 1:61:9   | <b>upper</b> [10]<br>1:41:7 1:41:9 1:41:12<br>1:41:14 1:41:15 1:42:15<br>1:42:22 1:42:25 1:45:8<br>1:46:24   |
| <b>thought</b> [7]<br>1:16:15 1:32:10 1:38:19<br>1:38:22 1:38:23 1:39:3<br>1:39:13  | <b>treating</b> [12]<br>1:14:4 1:44:12 1:45:21<br>1:46:4 1:46:11 1:46:14<br>1:47:16 1:52:10 1:53:9<br>1:54:6 1:56:23 1:60:22                                     | <b>urinary</b> [1]<br>1:41:23  |
| <b>thoughts</b> [1]<br>1:36:9   | <b>treatment</b> [16]<br>1:6:14 1:6:14 1:6:16<br>1:12:15 1:19:17 1:35:9<br>1:35:10 1:35:12 1:60:18<br>1:61:25 1:63:9 1:64:14<br>1:64:16 1:64:17 1:65:2<br>1:65:3 | <b>used</b> [1]<br>1:22:12   |
| <b>three</b> [4]<br>1:39:7 1:43:19 1:43:19<br>1:45:7  | <b>trial</b> [2]<br>1:14:7 1:14:13   | <b>using</b> [2]<br>1:22:11 1:62:14  |
| <b>through</b> [11]<br>1:9:9 1:26:15 1:32:4<br>1:41:24 1:42:21 1:48:12<br>1:49:7 1:49:24 1:60:11<br>1:63:11 1:66:11   | <b>true</b> [8]<br>1:26:20 1:26:23 1:28:7<br>1:28:22 1:52:13 1:52:16<br>1:53:23 1:66:13  | <b>usual</b> [1]<br>1:46:4   |
| <b>throw</b> [1]<br>1:28:5  | <b>truth</b> [3]<br>1:66:8 1:66:8 1:66:8   | <b>usually</b> [7]<br>1:19:7 1:28:13 1:28:20<br>1:32:11 1:42:15 1:49:5<br>1:59:10  |
| <b>thyroid</b> [1]<br>1:8:17  | <b>try</b> [2]<br>1:52:14 1:53:1   | <b>value</b> [2]<br>1:22:3 1:22:11   |
| <b>timely</b> [1]<br>1:35:16  | <b>trying</b> [3]<br>1:13:18 1:52:4 1:52:11  | <b>values</b> [1]<br>1:22:2  |
| <b>times</b> [3]<br>1:13:21 1:43:16 1:46:9  | <b>twelve</b> [1]<br>1:61:8  | <b>variance</b> [1]<br>1:20:3  |
| <b>tizdale</b> [2]<br>1:38:9 1:38:10  | <b>twice</b> [1]<br>1:22:20  | <b>variation</b> [1]<br>1:20:10  |
| <b>today</b> [4]<br>1:14:21 1:23:19 1:60:16<br>1:61:22  | <b>two</b> [7]<br>1:15:3 1:22:1 1:22:11<br>1:22:13 1:36:8 1:43:19<br>1:45:6  | <b>variety</b> [1]<br>1:26:18  |
| <b>toilet</b> [1]<br>1:48:3   | <b>type</b> [14]<br>1:10:23 1:16:21 1:25:9<br>1:27:14 1:30:23 1:33:4<br>1:35:10 1:35:11 1:38:20<br>1:48:7 1:52:20 1:53:6<br>1:62:12 1:64:13                      | <b>various</b> [2]<br>1:23:9 1:24:1  |
| <b>too</b> [3]<br>1:19:11 1:38:23 1:46:8  | <b>types</b> [1]<br>1:62:13  | <b>vascular</b> [2]  |
| <b>took</b> [7]<br>1:9:3 1:9:6 1:10:23<br>1:11:6 1:11:9 1:11:12<br>1:39:9   | <b>typically</b> [2]<br>1:42:19 1:42:25  |  |
| <b>top</b> [2]<br>1:9:13 1:25:4   |  |  |



|                         |         |         |                    |         |         |
|-------------------------|---------|---------|--------------------|---------|---------|
| 1:14:3                  | 1:24:16 |         | <b>write</b> [2]   |         |         |
| <b>vessel</b> [1]       |         |         | 1:51:21            | 1:51:23 |         |
| 1:43:20                 |         |         | <b>written</b> [1] |         |         |
| <b>viral</b> [4]        |         |         | 1:7:17             |         |         |
| 1:38:20                 | 1:38:23 | 1:39:20 | <b>wrong</b> [1]   |         |         |
| 1:54:4                  |         |         | 1:32:7             |         |         |
| [3]                     |         |         | <b>mote</b> [1]    |         |         |
| 1:38:22                 | 1:38:24 | 1:39:2  | 1:30:2             |         |         |
| <b>visit</b> [1]        |         |         | <b>x-ray</b> [13]  |         |         |
| 1:20:13                 |         |         | 1:39:12            |         |         |
| <b>vital</b> [1]        |         |         | <b>x-rays</b> [3]  |         |         |
| 1:18:10                 |         |         | 1:17:19            | 1:40:18 | 1:40:19 |
| <b>volume</b> [1]       |         |         | <b>year</b> [4]    |         |         |
| 1:27:7                  |         |         | 1:7:4              | 1:8:20  | 1:10:11 |
| <b>vomiting</b> [4]     |         |         | 1:10:21            |         |         |
| 1:25:10                 | 1:41:8  | 1:41:11 | <b>years</b> [5]   |         |         |
| 1:41:18                 |         |         | 1:5:3              | 1:8:15  | 1:9:4   |
| <b>wait</b> [1]         |         |         | 1:15:3             | 1:34:10 |         |
| 1:36:10                 |         |         | <b>yet</b> [2]     |         |         |
| <b>waive</b> [2]        |         |         | 1:7:23             | 1:8:4   |         |
| 1:11:2                  | 1:65:8  |         | <b>york</b> [4]    |         |         |
| <b>wakes</b> [1]        |         |         | 1:10:5             | 1:10:6  | 1:10:8  |
| 1:43:1                  |         |         | 1:10:24            |         |         |
| <b>walked</b> [2]       |         |         | <b>ziska</b> [76]  |         |         |
| 1:50:20                 | 1:50:24 |         | 1:1:6              | 1:14:21 | 1:15:18 |
| <b>wall</b> [2]         |         |         | 1:16:19            | 1:16:23 | 1:17:5  |
| 1:42:6                  | 1:42:7  |         | 1:18:17            | 1:18:19 | 1:19:25 |
| <b>wednesday</b> [1]    |         |         | 1:21:3             | 1:21:23 | 1:22:23 |
| 1:1:13                  |         |         | 1:23:19            | 1:24:5  | 1:24:7  |
| <b>weeks</b> [4]        |         |         | 1:24:22            | 1:25:20 | 1:25:21 |
| 1:9:7                   | 1:39:7  | 1:61:8  | 1:26:3             | 1:27:8  | 1:27:12 |
| 1:62:2                  |         |         | 1:28:25            | 1:29:1  | 1:29:18 |
| <b>weight</b> [1]       |         |         | 1:30:7             | 1:30:10 | 1:30:19 |
| 1:25:13                 |         |         | 1:30:21            | 1:31:23 | 1:32:10 |
| <b>Whereof</b> [1]      |         |         | 1:32:14            | 1:33:6  | 1:33:8  |
| 1:66:20                 |         |         | 1:34:6             | 1:37:6  | 1:37:8  |
| <b>white</b> [4]        |         |         | 1:37:13            | 1:37:19 | 1:38:13 |
| 1:21:15                 | 1:39:12 | 1:40:24 | 1:38:17            | 1:40:11 | 1:40:20 |
| 1:41:2                  |         |         | 1:43:8             | 1:44:12 | 1:45:22 |
| <b>whole</b> [3]        |         |         | 1:46:13            | 1:46:16 | 1:47:19 |
| 1:18:25                 | 1:57:12 | 1:66:8  | 1:47:24            | 1:48:24 | 1:49:12 |
| <b>within</b> [7]       |         |         | 1:50:7             | 1:50:10 | 1:51:21 |
| 1:21:19                 | 1:39:25 | 1:57:3  | 1:52:18            | 1:53:4  | 1:53:9  |
| 1:58:7                  | 1:63:16 | 1:63:17 | 1:54:2             | 1:54:7  | 1:54:19 |
| 1:66:4                  |         |         | 1:55:14            | 1:55:14 | 1:56:1  |
| <b>within-named</b> [1] |         |         | 1:56:3             | 1:56:14 | 1:56:18 |
| 1:66:6                  |         |         | 1:56:23            | 1:57:15 | 1:57:18 |
| <b>without</b> [2]      |         |         | 1:58:19            | 1:58:21 | 1:59:4  |
| 1:25:9                  | 1:35:12 |         | 1:60:5             | 1:60:22 | 1:63:20 |
| <b>witness</b> [9]      |         |         | 1:63:23            |         |         |
| 1:14:11                 | 1:43:12 | 1:43:14 | <b>ziska's</b> [3] |         |         |
| 1:47:9                  | 1:49:16 | 1:49:21 | 1:30:4             | 1:44:14 | 1:60:18 |
| 1:66:6                  | 1:66:11 | 1:66:20 |                    |         |         |
| <b>word</b> [1]         |         |         |                    |         |         |
| 1:22:25                 |         |         |                    |         |         |
| <b>words</b> [3]        |         |         |                    |         |         |
| 1:29:18                 | 1:30:4  | 1:64:1  |                    |         |         |
| <b>work-up</b> [2]      |         |         |                    |         |         |
| 1:21:9                  | 1:33:4  |         |                    |         |         |
| <b>worked</b> [5]       |         |         |                    |         |         |
| 1:13:3                  | 1:13:14 | 1:13:15 |                    |         |         |
| 1:13:15                 | 1:31:3  |         |                    |         |         |
| <b>works</b> [1]        |         |         |                    |         |         |
| 1:19:3                  |         |         |                    |         |         |
| <b>worse</b> [1]        |         |         |                    |         |         |
| 1:42:20                 |         |         |                    |         |         |