Testimony of Dr. Alejandro Santos

DIRECT EXAMINATION
12
13 BY MR. TOBY L. SHOOK:
14 Q. Would you state your name, please.
15 A. Alex Santos, S-A-N-T-O-S.
16 Q. And how are you employed, sir?
17 A. I'm self-employed as a physician.
18 Q. And where do you work?
19 A. In Dallas, at Baylor University of
20 Medical Center.
21 Q. Okay. Could you tell the jury your
22 educational and professional training that you have for
23 the position that you hold, please.
24 A. I attended the University of Texas at
25 San Antonio and graduated there with a Bachelor of
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1 Science degree. Then attended the University of Texas
2 Medical Branch in Galveston for medical school. And then
3 did my surgical training at Methodist Hospital in Dallas.
4 Q How long have you been at Baylor
5 Hospital?
6 A. I was in private practice at Baylor
7 University of Medical Center in Dallas for approximately
8 five years.
9 Q. And what did you do there? What were
10 your duties there at Baylor?
11 A. I specialized in trauma surgery,
12 critical care management and general surgery.
13 Q. Okay. Tell the jurors what trauma
14 surgery is.
15 A. Trauma surgery has to do with dealing
16 with patients who have suffered traumatic injuries, such
17 as gunshot wounds, stab wounds, car wrecks, falls, that
18 sort of trauma.
19 Q. Okay. Do you deal with people that
20 are brought into the emergency room and need immediate
21 treatment, and that sort of thing?
22 A. Yes, sir, that's where I get all of
23 the trauma patients.
24 Q. And let me turn your attention back to
25 June 6th, 1996, and ask if you were on duty in those
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1 early morning hours.
2 A. Yes, sir, I was on trauma call for

3 Baylor at that time.
4 Q. Tell the jurors what trauma call is.
5 A. Trauma call just means that there is a
6 specified trauma surgeon that will take care of the
7 trauma patients that night. It's usually on call for a
8 24 hour period, take it about every third or fourth day.
9 Q. Okay. And tell the jurors where
10 Baylor Hospital is located.
11 A. It's just east of downtown Dallas.
12 Q. Is it a small or large hospital?
13 A. Large hospital.
14 Q. About how large is it?
15 A. 750 beds. It's a community hospital,
16 but it's a pretty large size.
17 Q. Been there a pretty long time?
18 A. Yes, sir.
19 Q. And as part of your duties, do you
20 supervise other doctors there that help out in the
21 emergency room?
22 A. Yes. Part of my duties are to help
23 with the surgery resident training.
24 Q. Okay. And did you have several
25 surgery residents in training on that date?

1 A. Yes. Every day there's a team of
2 surgery residents on call with the trauma surgeon.
3 Q. Okay. Is one of those surgeons also a
4 Dr. Dillawn?
5 A. Yes, sir.
6 Q. Okay. Were you actually there at the
7 hospital that entire morning, or what time did you get
8 there?
9 A. I had been there on and off during the
10 day. And I happened to be in the emergency room at this
11 time getting ready to leave.
12 Q. Okay. So you're getting ready to go
13 home when a call comes in?
14 A. Yes, sir.
15 Q. Okay. Do you recall about what time
16 it was?
17 A. Somewhere around midnight. I remember
18 it was close to the early morning hours.
19 Q. Sometime in the early morning hours?
20 A. Yes.
21 Q. Now y'all keep pretty good records
22 there at Baylor; is that right?
23 A. Yes. The nurses keep excellent
24 records.

25 Q. Okay.

1 (Whereupon, the following
2 mentioned item was
3 marked for
4 identification only
5 as State's Exhibit 53-C,
6 after which time the
7 proceedings were
8 resumed on the record
9 in open court, as
10 follows:)
11
12 MR. TOBY L. SHOOK: Judge, at this
13 time we'll offer what's been marked as State's Exhibit
14 53-C, which has been on file with the Court.
15 MR. RICHARD C. MOSTY: No objection,
16 your Honor.
17 THE COURT: State's Exhibit 53-C is
18 admitted.
19 MR. TOBY L. SHOOK: May I approach the
20 witness?
21 THE COURT: You may.
22
23 (Whereupon, the documents
24 heretofore mentioned were
25 marked and received in

1 evidence as State's
2 Exhibit No. 53-C, after
3 which time, the
4 proceedings were resumed
5 as follows:)
6
7 BY MR. TOBY L. SHOOK:
8 Q. Doctor, let me show you what's been
9 marked and entered in evidence as State's Exhibit 53-C
10 and ask you to take a look at those. Do you recognize
11 those as copies of Baylor medical records?
12 A. Yes, they are.
13 Q. Okay. And are they Baylor medical
14 records pertaining to Darlie Routier?
15 A. Yes, they are.
16 Q. Okay. Now. I'll just ask you to keep
17 those notes close to you in case you need to refer to
18 them at any time during your testimony. In fact, would

19 the time she arrives there at the emergency room, would
20 that be reflected in the notes?
21 A. Yes, it should be in the -- what's
22 called the trauma sheet.
23 Q. If you could just take a moment there
24 and find that for us, please.
25 A. Okay. Here in the trauma records, the

1 first time noted when she was -- had her vital signs
2 taken, which is blood pressure, and those kind of things,
3 that are done pretty much as soon as she gets in. The
4 time is 03:25.
5 Q. So is that going to be 3:25 in the
6 morning?
7 A. Correct.
8 Q. That's when she hits the emergency
9 room; is that right?
10 A. Correct.
11 Q. Now, had you been notified a little
12 bit earlier that she would be on her way?
13 A. Yes.
14 Q. Okay. And was she going to be just
15 transported there herself, or was there going to be
16 someone else also?
17 A. I had been notified that there were
18 two stab victims coming in. One was a child and one was
19 an adult.
20 Q. As far as what happened, you're not
21 given that type of information?
22 A. No.
23 Q. Okay. What do you do to get ready to
24 receive these two stabbing victims?
25 A. Most of the time we prepare -- we have

1 several trauma rooms to take care of the trauma patients
2 in. We usually call the trauma surgery residents to come
3 down and help. I just happened to be in the emergency
4 room at that time and the residents happened to be in the
5 emergency room at the same time caring for other
6 patients, so we prepared for these two patients by
7 getting two trauma rooms ready.
8 I sent my chief surgery resident to
9 one room, with another lower level resident to prepare
10 for the adult patient, and I took one of the other
11 surgery residents with me to prepare to receive the
12 child.

13 Q. Okay. And which patient arrived
14 first, the woman or the child?
15 A. I'm not sure. I know when the child
16 arrived he was brought directly to my room. And sometime
17 around that time the woman was taken to the other room.
18 Q. Okay. So they arrived pretty close
19 together?
20 A. Yes.
21 Q. But you're not sure which arrived
22 first?
23 A. Correct.
24 Q. Okay. The first patient you saw,
25 would that be the child?

1 A. Yes.
2 Q. Could you describe the child?
3 A. He was a white male, about 5 or 6
4 years old. Had no signs of life on arrival. Brought in
5 by the paramedics. We examined him, found multiple stab
6 wounds to the back. I examined him closer and found no
7 evidence of life and I pronounced him dead at the scene.
8 Q. And did your examination take place
9 there in one of the trauma rooms?
10 A. Yes.
11
12 (Whereupon, the following
13 mentioned items were
14 marked for
15 identification only
16 as State's Exhibit 52-J & K,
17 after which time the
18 proceedings were
19 resumed on the record
20 in open court, as
21 follows:)
22
23 BY MR. TOBY L. SHOOK:
24 Q. Okay. Let me show you two photographs
25 and ask if you can recognize these to be photos of the

1 boy that you saw in the trauma room.
2 A. Yes, they are.
3 Q. And you're looking at photograph,
4 State's Exhibit 52-J and 52-K?
5 A. Correct.
6

MR. TOBY L. SHOOK: Your Honor, at this time we would offer State's Exhibit 52-J and K.
MR. RICHARD C. MOSTY: No objection.
THE COURT: State's Exhibit 52-J and K are admitted.

(Whereupon, the documents heretofore mentioned were marked and received in evidence as State's Exhibit No. 52-J & 52-K, after which time, the proceedings were resumed as follows:)

BY MR. TOBY L. SHOOK:
Q. Let me hold up State's Exhibit 52-J first. Is this a photograph of how the child appeared as he lay there?

A. Yes, except he did not have the paper bags on his hands when he arrived.
Q. Were those placed there later by Rowlett Police Officers?
A. Or by the emergency room nurses.
Q. Or by the emergency room nurses. Okay. But the devices here attached to him, he came in that way?
A. Yes.
Q. Okay. State's Exhibit 52-K, does this show the wounds as you saw them to his back?
A. Yes.
Q. Okay. And did you probe the wounds?
A. Yes, I did.
Q. Okay. Could you tell the jurors what probing the wounds is.
A. Just examining them. If you probe a wound with an instrument, or with your gloved finger, and I did it with my gloved finger.
Q. And did you probe all of the wounds?
A. Yes. The top three over here appear to be to go down to the level of the ribs and the muscle and stop there. But these larger wounds went into the -- this one went into the thoracic cavity, which is the cavity where the lung is located. And this bottom one

1 went into the abdominal cavity, which is where the
2 stomach, spleen, liver, and all of those internal organs
3 were.
4 Q. Were these deep penetrating wounds?
5 A. Yes, very deep.
6 Q. Okay. After you had pronounced the
7 child dead when he got there, there wasn't anything you
8 could do for him; is that correct, Doctor?
9 A. Correct.
10 Q. After you pronounced him dead, did you
11 go and see about the other stabbing victim?
12 A. Well, actually, before I left the room
13 the other resident that was in with the adult patient
14 came in and said, "She needs to go to the operating
15 room." So, after I pronounced the child dead, I left the
16 room and went to the other room to see the adult patient.
17 Q. And what was going on when you went
18 into that room?
19 A. There was a lot of people in the room,
20 there was a lot of commotion going on, but I got a chance
21 to see her. She had a laceration to the neck, with a lot
22 of blood on her chest and her body. And I agreed with
23 the surgery resident, that in view of those injuries we
24 needed to take her to the operating room to explore the
25 wounds.

1 Q. Okay. Now, did you later come to know
2 this patient that you saw in there as Darlie Routier?
3 A. Yes.
4 Q. Okay. Do you see her in the courtroom
5 today?
6 A. Yes.
7 Q. Could you point her out, please.
8 A. Yes, she's over there at the defense
9 table.
10 Q. Okay. The woman here sitting with the
11 coat draped around her?
12 A. Yes.
13
14 MR. TOBY L. SHOOK: Your Honor, could
15 the record reflect that the witness has identified the
16 defendant here in open court.
17 THE COURT: Yes, sir.
18
19 BY MR. TOBY L. SHOOK:
20 Q. Now, you go in there, you see a --
21 describe the wound you saw to her neck.
22 A. When I walked in the room, she had a

23 slash wound, or a laceration to the neck, kind of
24 tangentially going from the right side to the left, or
25 left side to the right, across here, across this area,

1 across her neck. And as I said, she had a lot of blood
2 on her. Because the residents had already examined her,
3 and based on my quick evaluation at the time, I felt it
4 would best be managed up in the operating room.
5 Q. Okay. Tell the jurors why it's best to
6 go immediately to the operating room with that type of
7 wound?
8 A. You don't want to take any chances
9 with any type of neck wounds. There are a lot of vital
10 structures in the neck. The vessels that feed blood to
11 your brain and vessels that bring the blood back to your
12 heart. As well as your trachea, the voice box. All
13 those kind of injuries can be very devastating if they're
14 not taken care of right away. So it's usually better to
15 go examine those in the operating room and get better
16 control in case you get into trouble.
17 Q. All right. You do a rather quick
18 assessment down there in the emergency room; is that
19 correct?
20 A. Yes.
21 Q. Okay. And do you have certain terms,
22 or what you call zones for areas of the neck?
23 A. Yes. The neck area, as far as
24 injuries are concerned, is divided into 3 zones. Zone 1
25 is just kind of the lower area where your collar bone and

1 clavicle are down. Zone 2 is from above the clavicle, up
2 to about where the Adam's apple is in the man, about this
3 area. And then zone 3 is from about where the angle of
4 the mandible is here on up. And that's how we describe
5 the injuries to the neck, zone 1, zone 2, zone 3.
6 Q. This particular injury, was it in the
7 zone 2 area?
8 A. Yes, it was.
9 Q. Okay. Any time you get any type of
10 injury, any cut to the zone 2 area, do you take the
11 patient to the operating room?
12 A. Yes.
13 Q. And you do what is called exploratory
14 surgery?
15 A. Correct.

16 Q. What about if it was down in the zone
17 1, in the clavicle area?
18 A. Then you have to think about doing
19 some studies. If the patient is stable enough and have
20 injuries done to zone 1, then you worry about the large
21 blood vessels coming out of the heart. That's a
22 different approach, a different type of surgery. And if
23 the patient is stable enough, you wait and do some X-ray
24 studies and figure out what you need to do.
25 Q. See any significant cut here at all, a

1 cut to the neck in zone 2, you take them to the operating
2 room; is that correct?
3 A. That's correct.
4 Q. And is that what you did with Ms.
5 Routier?
6 A. Yes, we did.
7 Q. All right. Were you in there and
8 helping in the performance of the surgery?
9 A. Yes, I was.
10 Q. Okay. Describe for the jurors what
11 type of surgery was performed.
12 A. Well, it's call exploratory surgery
13 again because we're looking for injuries. We don't know
14 what's injured yet. We took her up to the operating
15 room, gave her general anesthetic, where she was out.
16 We washed the wounds, cleaned this all
17 out, and were able to look at it. Once we had her up in
18 the operating room, under the anesthetic, with everything
19 cleaned and prepped, there was very little bleeding at
20 this time.
21 So, we explored the wound and found
22 that most of the bleeding had come from the veins that
23 are located underneath the skin, in kind of, in what's
24 called subcu, or the fat tissue that's underneath your
25 skin.

1 There's a bunch of veins here in the
2 neck area. Some of those were injured. We repaired
3 those by either using the electrocautery, which is an
4 electric type of current that coagulates the vessels, or
5 we put some stitches in the small vessels. We washed out
6 the rest of the wound.
7 We noted that the wound went down to
8 what is called the platysma, which is the muscle that
9 kind of covers your neck here. When you do that, you can

see it flexing. Her wound went down to the platysma, had a little nick in it, but did not go beyond it. So, having found that extent of the injury, we washed that out and closed the neck wound.
Q. Okay. So you took her in and, I guess, she was put to sleep?
A. Correct.
Q. And then you take a look at this wound you have on the neck?
A. Right.
Q. About -- was it just one wound to the neck?
A. There was one wound to the neck, there was another separate wound to the left shoulder, and a separate wound to the right forearm.
Q. Which wound were you primarily

concerned with?
A. With the neck injury.
Q. And could you tell the jurors how long this wound in the neck was?
A. We didn't measure it, but we estimated it was approximately 9 centimeters long.
Q. You say it came across partly on the right side?
A. It went from the right to the left. I can't tell you where it started, but it extended from the one side to the other, just passed the midline on the left side.
Q. Now, you say that it went to the -- what's called the platysma; is that right?
A. Platysma, yes.
Q. And did you measure how deep the wound was?
A. No. We usually don't measure wounds because it doesn't matter, the depth of the injury. What matters is in relationship to the other structures, like the platysma. In the neck, that's kind of a defining boundary. If it goes past the platysma, it's considered a deep wound.
In that case, we may have to do further exploration and open up the wound more. If it

goes to the platysma, then is called superficial wound.
Q. Okay. So, in laymen's terms, this wound cut through, I guess, the skin and fat; is that

4 right?
5 A. Correct.
6 Q. Okay. And the little veins that are
7 contained in the skin and the fat?
8 A. Correct.
9 Q. But didn't penetrate the muscle that's
10 below the skin and fat?
11 A. Correct, did not.
12 Q. And in your terms, you call that a
13 superficial wound; is that right?
14 A. Yes, sir. The medical description,
15 that's a superficial wound.
16 Q. And you can't tell that there in the
17 emergency room; is that right?
18 A. Right. And you don't need to take the
19 time in the emergency room to do that. With a wound to
20 the neck at zone 2, the best thing to do is take them to
21 surgery and explore them there.
22 Q. Okay. And that's what you did in this
23 case?
24 A. Yes.
25 Q. And once you get in there, you find

1 it's -- all it did is cut through the fat and cut the
2 veins and the fat and went down to the, what you call the
3 platysma; is that right?
4 A. Correct.
5 Q. So, what did you do to repair that
6 wound?
7 A. As I said, we washed it out and made
8 sure that the bleeding was controlled, and then put some
9 sutures in there to close the wound completely and put a
10 dressing on that.
11 Q. Okay. So, you made sure the bleeding
12 was controlled from these veins that were cut?
13 A. Um-hum. (Witness nodding head
14 affirmatively).
15 Q. And then just sewed -- did you sew
16 Mrs. Routier up?
17 A. Yes. We put what is called a
18 subcuticular stitch underneath the skin, but we closed
19 the wound up completely.
20 Q. Okay. Now, could you tell the jurors
21 about the other injuries that you looked at?
22 A. Yes. She also had a separate
23 laceration or wound to the left shoulder, and another one
24 to the right forearm. Those were not actively bleeding.
25 Those were not our main priority when we got into

surgery.
Once we determined that the neck wound was under control, we finished and we closed that, then we turned our attention to the other two wounds, and washed them out, determined that there was no foreign body left in there, like a piece of glass, or piece of metal from the knife, whatever had caused the injury.
We determined that there was no active bleeding. Again, cleaned them out, washed them out, and then closed both of those wounds.
Q. Could you tell how deep this wound was here on the clavicle?
A. The one -- the clavicle is really the shoulder bone, this was a little bit lower than that, it went through the skin into the fat, and right to the muscle and stopped there. And again, no active bleeding, so that's also considered a superficial wound.
The one on her forearm down here also went down through the skin, through the fat and into the muscle. But by the time we got her up in surgery, and looked at it, there was no active bleeding, so we just washed that out and closed that as well.
Q. Okay. If she just had this wound here, this smaller wound here on the clavicle and the wound to the arm, would you have taken her and operated

on her at all?
A. No. Those would be wounds that could be examined and probably closed in the emergency room and sent home.
Q. Just sewed up and sent home?
A. Correct.
Q. Okay. Did you see any other major cuts on her that needed to be tended to?
A. No. We examined her when we had her up in the operating room, since she was under an anesthetic, and we didn't want to cause any discomfort.
We examined all three of these wounds that I've talked about. We repaired those. We looked to make sure she had no other stab wounds to her back or anywhere else. We did not find any other injury.
Q. You looked pretty close for any injuries; is that right?
A. Yes, sir.

20 MR. TOBY L. SHOOK:: May I approach
21 the witness?
22 THE COURT: You may.
23
24 (Whereupon, the following
25 mentioned item was

1 marked for
2 identification only
3 as State's Exhibit 28-A & B,
4 after which time the
5 proceedings were
6 resumed on the record
7 in open court, as
8 follows:)
9
10 BY MR. TOBY L. SHOOK:
11 Q. Let me show you two photographs marked
12 State's Exhibits 28-A and 28-B. Do these look like the
13 wounds that you treated on Mrs. Routier?
14 A. Yes.
15 Q. Okay. And 28-B had, I guess, some
16 type of strips across it?
17 A. It's called Steri-strips or butterfly
18 bandages.
19 Q. Okay. But that's how they looked
20 after she was treated?
21 A. Yes.
22 Q. Okay.
23
24 MR. TOBY L. SHOOK: We'll offer
25 State's Exhibit 28-B and 28-A.

1 MR. RICHARD C. MOSTY: No objection,
2 Your Honor.
3 THE COURT: State's Exhibit 28-A and B
4 are admitted.
5
6 (Whereupon, the above
7 mentioned item was
8 received in evidence
9 as State's Numbers 28-A & B,
10 for all purposes
11 after which time,
12 the proceedings were
13 resumed on the record,

14 as follows:)
15
16 MR. TOBY L. SHOOK: Okay. Could I
17 have the doctor step down for just a minute?
18 THE COURT: Please step down, Doctor.
19 Watch your step going over there.
20
21 (Whereupon, the witness
22 Stepped down from the
23 Witness stand, and
24 Approached the jury rail
25 And the proceedings were

1 Resumed as follows:)
2
3 BY MR. TOBY L. SHOOK:
4 Q. Let me caution you to keep your voice
5 up now that you're not in front of the microphone.
6 A. Okay.
7 Q. Let me step back here so we can let
8 all of the jurors see. If you could point out, I guess,
9 does 28-B show the two injuries to the neck and then the
10 left shoulder area.
11 A. All right. This is the injury to the
12 neck here, the laceration, and then here's the second one
13 to the left shoulder.
14 Q. Okay. And this injury to the neck, it
15 starts right up in this area; is that right?
16 A. Um-hum. (Witness nodding head
17 affirmatively). It goes from the right crosses the
18 midline, which is right here. It goes to the left of the
19 midline and stops there.
20 Q. Okay. This was one long cut; is that
21 correct?
22 A. Correct.
23 Q. And then about how long was this cut?
24 A. Probably about an inch and a half.
25 Q. Okay. And again, it just went through

1 the skin and the fat here on the neck, just down to the
2 platysma?
3 A. Correct.
4 Q. And then State's Exhibit 28-A, does
5 that show us the wound to the forearm?
6 A. Yes. That's the wound to the right
7 forearm extending about --

Q. If you could step back, Doctor.
A. -- about an inch and a half here on her forearm. Again, that was washed out, and then you could see the sutures that we used to close that.
Q. Okay. If she had just come in with that, you would have just sewn her up there in the emergency room?
A. Right.
Q. And then right above that wound, is there another wound, a smaller wound?
A. Yes. Appears to be a small laceration. We washed that out. There was no bleeding from that. We thought that that would heal on its own and did not require stitches.
Q. So it didn't require stitches, but it was a laceration?
A. Yes.
Q. Okay. You can have a seat, Doctor.

(Whereupon, the witness Resumed the witness Stand, and the Proceedings were resumed On the record, as Follows:)

MR. TOBY L. SHOOK: Judge, if we could have the Doctor step down and look at Mrs. Routier's neck so I can get some testimony about where the wound was located.
THE COURT: Yes, if you will do that. All right.

(Whereupon, the witness stepped down from the witness stand, and Examined the defendant's Neck and the proceedings Were resumed as Follows:)

THE WITNESS: That's the wound we're talking about.

BY MR. TOBY L. SHOOK:
Q. Okay. And if you could point on the defendant where that wound begins.
A. Well, it extends from here down to here. You can see the scar over here.
Q. All right, Doctor, if you could maybe just step around. If you could step over there, please.
A. Okay.
Q. All right. Turn away this way. All right.
A. The incision was from here and comes all the way down to here. It's a little more scarring in the middle here, but this was the length of the incision here.
Q. Okay. And if we could see the scar here on the forearm, if you would turn that to the jury.
A. Yes. And that's the incision we saw. That's a separate one noted on the photograph. This is the laceration to the forearm.
Q. Okay. And is that about, after 6 or 7 months how you would expect the scarring to look?
A. Yes.
Q. Okay. Thank you.

(Whereupon, the witness

Resumed the witness Stand, and the Proceedings were resumed On the record, as Follows:)

BY MR. TOBY L. SHOOK:
Q. Okay. Now, Doctor, after she was sewn up and these wounds were cleaned up, what did you do with her then?
A. After that she was extubated, which means the breathing tube was taken out. And we put her in the intensive care unit for recovery.
Q. Can you tell us how long this whole procedure took to look at these wounds, the whole operation?
A. I could look it up if you want the exact time, approximately an hour, hour and a half. There should be an operative record in here. Okay. She came into -- was brought into the operating room at 3:40 in the morning. The operation, the actual surgery began at 3:50. We finished

the operation at 4:35. That was the neck exploration, then we turned our attention to the other wounds, as I mentioned, from 4:35 to 4:49.

So, if you look at the whole time of the operation, the time we examined and treated her neck to the time we finished with the other injuries, it was from 3:50 to 4:49, about an hour.
Q. And during that -- while she's under, are you taking examination for any other injuries you might see?
A. Yes, we did.
Q. Okay. And after that, where do you put her in the hospital? What is done under your orders?
A. The patient can be taken either to a recovery room to recover from the anesthetic, the affects of the anesthetic, until they wake up, or they can be put in the intensive care unit. In her case, we put her in the intensive care unit.
Q. Why did you decide to do that?
A. My concern was, just from what little I knew of what happened. That I knew she had been injured, and I knew one of her children was dead that I had seen in the ER. And I was told another child was dead at the scene, I was afraid that all this might be a little too much for her.
Plus, I knew that there would be a lot of media around, and I didn't want her disturbed, so I put her in the ICU really so we could take care of her a

little bit closer and protect her from anybody who might try to come in and bother her.
Q. Okay. What kind of patients are usually taken to the ICU unit?
A. Usually critically ill patients that need to be maintained on a ventilator, the breathing machine. That's one criteria for putting someone in the intensive care unit. Someone who is unstable. The blood pressure is unstable, hard to manage. Someone who has multiple injuries, like car wreck victims who will have head, belly and pelvic injuries.
Q. Okay. So, Ms. Routier wasn't put in the ICU because she was in critical condition by any means?
A. No. Her injuries, by the time we finished in the O.R., I felt pretty clear that we had

17 managed those, and those were of no further danger to
18 her. I was more concerned about her psychological state
19 after all this happened, when she would wake up, and
20 about protecting her from the media and all those kinds
21 of things.
22 Q. You were concerned being -- what you
23 knew about it was a stabbing and her two children had
24 been killed; is that right?
25 A. Correct.

1 Q. And you were concerned about her
2 psychological state and how she might handle that?
3 A. Yes.
4 Q. And also didn't want the press coming
5 in and asking her questions?
6 A. Correct.
7 Q. Okay. Were you concerned she might --
8 well, be somewhat unstable when she woke up from the
9 operation?
10 A. Yes. I was afraid that once she knew
11 what had happened, that both children were dead, that she
12 might be in a very precarious psychological state.
13 Q. All right. Let me ask you, Doctor,
14 when someone is admitted, do you run a blood screen to
15 see if any drugs are present in the body?
16 A. Routinely on trauma patients,
17 particularly patients involved in car wrecks, we'll
18 almost always get an alcohol and drug screen to see if
19 there is any drugs involved.
20 On patients who are stabbed or shot,
21 or have injuries from falling, it kind of depends on
22 whose drawing the blood at the time. Sometimes the
23 emergency room physician will order it. Sometimes We
24 will order it. Sometimes the nurses will draw that blood
25 and they will get sent.

1 Q. Was there some testing done in this
2 particular case?
3 A. Yes. There was -- she had a drug
4 screen drawn on admission.
5 Q. Okay. What was found in that?
6 A. It was positive for amphetamines.
7 Q. Okay. And do you know what particular
8 type of amphetamines?
9 A. No. All a drug screen will say is
10 that she is positive for a class of drugs, which

11 classified as amphetamines, but it won't tell you which
12 ones.
13 Q. Okay. And if a patient can talk, do
14 they give a medical history when they get there to the
15 emergency room?
16 A. Yes. They're asked, usually, in
17 detail about their medical history.
18 Q. Okay. And those records will be
19 reflected there?
20 A. Yes. Usually the emergency room
21 nurses will get all that information.
22 Q. And if Ms. Routier was -- when we talk
23 about amphetamines, would those be included in diet
24 pills?
25 A. Yes.

1 Q. What is the opposite of amphetamines?
2 A. What's called downers, or Valium, or
3 things like that, that will depress your affect.
4 Q. Make you sleepy, put you to sleep,
5 that type of thing?
6 A. Right.
7 Q. Was any of that found in Ms. Routier?
8 A. No, only amphetamines.
9 Q. Okay. Which -- what do amphetamines
10 do?
11 A. As you said, they can be used in diet
12 pills, also other kinds of amphetamines. It's usually to
13 stimulate you.
14 Q. Okay. Oh, any alcohol found in Mrs.
15 Routier?
16 A. I don't remember if an alcohol level
17 was drawn on her.
18 Q. And is there any way you can tell how
19 much amphetamine is present in the body?
20 A. No, it doesn't measure the level, it
21 just says whether it's present or not.
22 Q. Okay. Let me talk to you a moment
23 again about the boy, Mrs. Routier's son. You didn't know
24 his name at that time, did you?
25 A. No, I did not.

1 Q. Did you later learn his name was
2 Damon?
3 A. Yes.
4 Q. Okay. In 52-J, you probed the wounds

in the back; is that right?
A. Yes.
Q. These deep penetrating wounds, could you tell, just from looking at them, some of the vital parts of the body that they injured?
A. Yes. As I said, one of them that I probed that went into his chest cavity, probably collapsed his lung. I couldn't tell if there were any other injuries in the chest cavity because there was no active bleeding when he got there. He had already sanguinated. And I presume that the cause of death was loss of blood or sanguination.
Q. Okay. Go ahead.
A. The other injury that I probed, I went into his abdominal cavity, the peritoneal cavity, appeared to injure the liver.
Q. Okay. If someone -- you've seen people in the E.R. that have been stabbed and had a collapsed lung; is that right?
A. Yes.
Q. On few or many occasions?

A. Many.
Q. Okay. If someone is stabbed in the lung and it causes it to collapse, are they still able to make noise?
A. Yes.
Q. Okay. Would they still be able to cry out in pain?
A. Yes.
Q. Okay. And is that a normal reaction when you get stabbed?
A. Yes.
Q. Okay. People make a lot of noise there in the emergency room, I bet?
A. Yes, they do.
Q. And is it an instantaneously fatal wound?
A. No. To have a collapsed lung can cause some pain and discomfort and shortness of breath and trouble breathing, but it won't kill you. If you get what's called a tension pneumothorax, where there's a lot of pressure in your lung, or actually outside the lung, and pushing your vital organs, your heart and all that over, that can cause your blood pressure to drop and it may cause death eventually. But he did not have a tension pneumothorax because it was open to the air. A

tension pneumothorax, usually it's a closed system.
Q. So when he was stabbed, he would have been capable of yelling out in pain?
A. I believe he would have, yes.
Q. And he would be capable of moving around some?
A. Yes.
Q. All right. Now, you transferred her to the ICU unit. Where is that located in Baylor?
A. In Baylor it's located up on the 4th floor. We have a number of ICUs. She was taken to the trauma ICU, which is on the 4th floor.
Q. Did you -- I guess after she's brought in, you are her physician; is that right?
A. Yes, I am.
Q. And as part of your duties, do you then check up on her throughout the day?
A. Yes.
Q. Okay. Did you go by her room later on that day?
A. Yes. I went by the ICU later to see how she was doing.
Q. Okay. And how was she doing when you went by there?
A. Medically she was stable. I spoke to

the nurses. Her vital signs had been stable. She had no signs of bleeding from any of the wounds. Blood pressure, heart rate, all those kinds of things were looking okay. And the wounds were dry, as you saw in the pictures. No big oozing of blood or anything from there. I was happy to see that medically and surgically she was doing well.
Q. Okay. Well, let me ask you this: You wanted her in the ICU because of the facts, what you knew of the facts surrounding her admittance, you were afraid of her mental stability; is that right?
A. Yes.
Q. If this had been -- if she had come in with these same injuries let's say due to a household accident, would you have kept her in the ICU?
A. No, she would have gone to recovery.
Q. Okay. Would she have had a long stay there in Baylor Hospital?
A. No, she probably would have gone home

later that day.
Q. Did you talk with her?
A. Yes. I explained the injuries that we had found, what we had done about her neck and her arm and her shoulder. And I told her that I thought she was very lucky, and that thankfully we wouldn't have to do

anything else.
Q. Okay. Now, you talked about how you were worried about her mental health; is that right?
A. Yes.
Q. Have you dealt with people that have lost loved ones due to accident -- well, due to sudden deaths?
A. Yes.
Q. Or to sickness?
A. Mostly trauma, because that's what I do.
Q. Something you deal with, I guess, on a daily or weekly basis at times?
A. Yes.
Q. Okay. Have you dealt with situations where a person might be injured and, in the car wreck, themselves, let's say, one of their loved ones is also killed?
A. Yes.
Q. Also maybe someone who is just taken to the hospital and they die in your emergency room and you have to deal with the family when they get there?
A. Yes, that happens often.
Q. And in the course of your experiences, have you dealt with mothers that have lost their

children?
A. Yes.
Q. On a few or many occasions?
A. Many. Too many.
Q. Okay. Do you want to take a lot of delicate care when you talk to a mother about that?
A. Yes. You have to be very careful because you don't know how people are going to react. You don't know how much they know, to begin with, and what kind of support system they have.
Q. Okay. What frame of mind were you in when you first went to go examine Mrs. Routier after she had woken up from surgery and you went to examine her?

A. Well, I was, again, happy that she was doing well medically and surgically, but I did not know how she was going to deal with it psychologically. I didn't know if she was aware that both her sons were dead. I didn't know what had happened. I didn't know how she felt about it, and so I was very concerned that she might be very unstable psychologically.
Q. Okay. And what did you find after you spoke with her?
A. I spoke with her. She obviously knew that both boys were dead. Her husband was at the bedside. And I think she had a large picture of both

boys. So I spoke mostly about her injuries. I didn't want to bring up the fact about her boys being dead. I didn't want to have to go over that with her again. So, mostly I talked to her about the injuries. I kind of stayed around a little bit to make sure that I thought she was handling it okay. She had sort of a flat affect, but my main concern was that she did know what had happened, and I wanted her to know that she was going to be okay. And that was about the extent of our conversation.
Q. What do you call flat affect?
A. Someone who has a monotone voice, is obviously not excited about whatever is going on, and blunt reaction to the situation, to the environment.
Q. Okay. Now, you've dealt with mothers in this same situation before?
A. Yes, I have.
Q. Tell the jury how they usually react.
A. Most of the time mothers, when they're made aware, or told that a child has died, get hysterical.
Q. Okay. Even after they've known for some hours that the child is dead?
A. Well, it's usually very hard for, especially a mother, to accept that, yes.

Q. What types of things do you see? What are their reactions like?
A. They cry. They usually tell me I'm wrong. They don't believe me. And they want to know why this happened, couldn't have happened. They usually go into sort of denial and want to see the child, or want me to prove -- or want to prove to me that the child is

fine. And they're usually hard to control, that's why it's good to have a good support system, husband, brother or mother, somebody with them that can help them deal with that.
Q. And are you able to console them easily?
A. No.
Q. You say they cry a lot?
A. Yes, they do.
Q. And what do you mean by cry?
A. Crying over loss of a loved one, crying over the tragedy of what has happened. And there's a lot of anger, usually, because it can be from a gunshot wound, a car wreck. It is very hard for, especially mothers, to face the fact that the children are dead. And there's a lot of anger and a lot of pain.
Q. You're talking about crying with tears, sobbing, that kind of thing?

A. Yes.
Q. Tears coming down the cheeks?
A. Yes.
Q. All right. Now, how long was Ms. Routier in the hospital?
A. She came in, I think we said about 3:00 in the morning on the 6th and was discharged on the 8th.
Q. Okay. About 3:00 something in the morning on the 6th and discharged an the 8th of June?
A. Around noon on the 8th.
Q. Around noon on the 8th?
A. Somewhere around that.
Q. Did you see her the entire time she was there, would you check on her periodically?
A. Yes. I saw her the next day, which would be -- I saw her that first day later on in the day, and then I saw her on the 7th, and then on the 8th before she went home.
Q. Okay. This what you described as she had flat affect, did you ever see that change at all?
A. No. Every time I saw her she exhibited the same.
Q. Okay. Let me ask you, Dr. Santos, as far as all of the mothers you have dealt with in this

same situation, have you seen anyone react in this way?
A. No, I have not.
Q. Okay. Now, on that day the 6th, she had been operated on earlier in the morning by yourself and the other residents?
A. Yes.
Q. Was she suffering from the influence of drugs, in your opinion, from the operation?
A. No. The anesthetic drugs usually wear off after a couple of hours. I felt that that was all gone. She had some pain medicine ordered as she should for the injuries of the surgery she had, but usually the medication that she was getting doesn't give you a flat affect. It can make you very sleepy, especially if you're very sensitive to it, or you get too much of it, but it usually doesn't give you a flat affect.
Q. Okay. Does -- was she awake when you saw her?
A. Yes. She was sitting up and talking.
Q. Appeared alert and lucid?
A. Yes.
Q. Did she seem aware of her surroundings?
A. Yes. Again, that's why I told her where she was, and wanted to make sure she knew what we

had done and why she had all of these stitches and all these things. So, she knew where she was.
Q. Okay. Now, also do you have psychiatrist there at Baylor who are on staff and can assist you?
A. Yes, we do.
Q. And in these type cases, do you keep careful watch on the patient in case their services are needed?
A. Yes.
Q. And is that something you had in your mind in dealing with Ms. Routier?
A. Yes. That's something that we kind of had a plan. That if I thought she was having a lot of trouble handling this, we were going to get psychiatry to come by and help her.
Q. Okay. Did you ever feel you had to do that?
A. No.
Q. Okay. Did she appear to be any kind of zombie, or just traumatized state there in the hospital?

23 A. No. That was not my impression. My
24 impression was she just had a flat affect, and that's all
25 I saw.

1 Q. Okay. Now, you say she was released
2 on the 8th of June, somewhere around noon or so; is that
3 right?
4 A. Yes.
5 Q. Did you want to keep her there
6 sometime longer?
7 A. Yes. I was still concerned that maybe
8 she hadn't reached that point where she would have more
9 of an uncontrollable reaction to all of this. And I kind
10 of wanted to watch her, I think it was over the weekend,
11 watch her until, like, Monday.
12 Q. Okay. But did you ever see this
13 reaction that you were expecting?
14 A. No, I did not.
15 Q. Okay. And did her and her husband
16 want to be released, if possible?
17 A. Yes. Her husband stated that they
18 would like to go, I think, because there was a funeral
19 pending for the children. And I asked her if that was
20 okay with her, if she felt like going and she said she
21 did.
22 Q. Now, let me go into another area.
23 You, as a trauma surgeon, deal with a
24 lot of people that come in there that have been in some
25 violent altercations; is that right?

1 A. Yes.
2 Q. Have you treated a lot of people that
3 have been involved in assaults using sharp weapons,
4 knives, things like that?
5 A. Yes.
6 Q. Okay. As part of your job, you see
7 what we call defensive wounds?
8 A. Yes, I have seen a lot of those.
9 Q. Tell the jury what defensive wounds
10 are.
11 A. Well, defensive wounds usually mean
12 when you're trying to defend yourself. It is usually
13 against someone attacking you, usually with a knife.
14 It's hard to defend yourself against someone with a gun
15 by using your hands, unless you try to grab the gun.
16 Most of the time, when someone is

close to you and trying to stab you, you put your hands up, and it's a reaction to try to grab the knife and to keep it away from your face.
So you can get defensive wounds where you have stab wounds to the fingers and the hands. And sometimes if their trying to slash you, you bring you arms up and you get slash marks on your forearms.
Q. The wounds to the hands, where are they generally located?

A. Usually on the fingers and on the palm surface, because you usually have your palms out, as to try to defend yourself.
Q. Someone's coming at you with a knife, you automatically put your hands up?
A. Yes.
Q. Are they usually just small wounds, or can they be severe wounds?
A. It'll depend on the size of the knife. Obviously if it's a small knife, they make small puncture wounds or small lacerations. If it's a larger knife, then usually they can make very deep wounds into your hands. And if you try to grab the knife, they can cut your fingers in half. You can also have deep slash wounds to your forearms if you try and fight them off.
Q. Is it unusual for a person to grab a knife?
A. Well, I don't know if I would say it's unusual. It happens occasionally when you're really trying to defend yourself. Most people would just try to push things away.
Q. Okay. You also see defensive wounds to the forearms; is that right?
A. Yes.
Q. Okay. And where are those located?

Where do you see those wounds?
A. Usually when you put your forearms up, or your arms up to try to defend them, and if they're trying to slash you, you'll see them on this part of your forearm across this way.
Q. Okay. The underneath part here of your forearm?
A. Correct.
Q. And are they usually just one or more?
A. No. Usually they're multiple,

11 multiple injuries to the forearm.
12 Q. So you'll see several slash marks
13 horizontally across the forearm?
14 A. Yes, usually.
15 Q. Okay. This wound to Mrs. Routier's
16 forearm here in 28-A, is that the kind of defensive wound
17 you usually see?
18 A. No. That is not a --
19
20 MR. JOHN HAGLER: Excuse me, your
21 Honor. At this time we would object to this line of
22 questioning. This witness is a trauma surgeon, not a
23 forensic expert. We would submit under Rule 702 and 705,
24 he is not qualified to give his opinion as to the nature
25 and type of wound that's reflected in this case.

1 THE COURT: Overruled. Go ahead.
2
3 (Whereupon, the following
4 mentioned item was
5 marked for
6 identification only
7 as State's Exhibit 28-D,
8 after which time the
9 proceedings were
10 resumed on the record
11 in open court, as
12 follows:)
13
14 BY MR. TOBY L. SHOOK:
15 Q. Here in 28-A, is that the type of
16 wound that you usually see in what you call a defensive
17 wound?
18 A. No, that's not a typical defensive
19 wound.
20 Q. And why is that?
21 A. Again, it's a deeper wound, because I
22 examined that wound. It's not a slash wound, like a
23 knife cutting cross, it's a stab wound. It usually would
24 be, as I said, the defensive wounds would be more on this
25 part of the forearm and they would be across the other

1 way, typically.
2 Q. When a person puts their arm up?
3 A. Right.
4 Q. Okay. Now, let me show you what's

been marked as State's Exhibit 28-D, a large photograph of a palm of a hand and fingers; is that right?
A. Yes.
Q. Okay. Do you see some, what could be cuts there on the fingers?
A. Yes. Appear to be some slight injuries there to those fingers.
Q. Okay. Is that what you would call a typical defensive wound you see on the hands if someone is being assaulted by a knife?

MR. JOHN HAGLER: Same objection, your Honor. Same objection, your Honor.
THE COURT: I'll overrule the objection. Go ahead.
MR. JOHN HAGLER: Could we have a running objection?
THE COURT: Oh, yes, running objection.
THE WITNESS: I'm sorry, would you repeat the question?

BY MR. TOBY L. SHOOK:
Q. Is this the type of cut that you would classify as the defensive wound that you usually see there that's on the hands?
A. No. Normally they would be larger.
Q. Okay. Larger, deeper wound?
A. Yes. Deeper.

MR. TOBY L. SHOOK: We'll offer State's Exhibit 28-D.
MR. RICHARD C. MOSTY: No objection. Subject to the earlier objection.
THE COURT: I assume it's the same objection?
MR. JOHN HAGLER: Yes, your Honor.
THE COURT: All right. Overruled. State's 28-D is admitted.

(Whereupon, the item Heretofore mentioned Was received in evidence As State's Exhibit No. 28-D For all purposes, After which time, the Proceedings were resumed

As follows:)

BY MR. TOBY L. SHOOK:
Q. Now, I want to show the photographs to the jurors. Could you point out the injuries you might see there to the hand.
A. Normally, typically defensive wounds you would see puncture wounds to the hand, to the palm and to the fingers here. And they should be deeper wounds if someone is trying to stab you.
Q. Could you point on the photograph where these -- there's some maybe cuts located on the fingers?
A. The injuries I see here are this middle finger, and on this ring finger here, but they appear to be small.

(Whereupon, the following mentioned item was marked for identification only as State's Exhibits 52-A, B, C, D, E, F, G, H, I, after which time the proceedings were resumed on the record

in open court, as follows:)

BY MR. TOBY SHOOK:
Q. Okay. Doctor, let me show you some other photographs which have been marked as State's Exhibit Nos. 52-A, 52-B, 52-C, 52-D, 52-E, 52-F, 52-G, 52-H, 52-I, and I don't need to offer that.
A. Okay.
Q. Do those photographs -- first of all, are those photographs of Darlie Routier and injuries there to her body?
A. Yes, they are.
Q. In some of the photographs she's in a pink shirt. And specifically State's Exhibits 52-F, 52-G and 52-H, are those taken at the hospital?
A. Yes, they are.
Q. Okay.

20 MR. TOBY L. SHOOK: Your Honor, we'll
21 offer State's Exhibits 52-A through I.
22 MR. RICHARD C. MOSTY: No objection,
23 Your Honor.
24 THE COURT: State's Exhibit 52-A, B,
25 C, D, E, F, G, H and I are admitted.

1 (Whereupon, the items
2 Heretofore mentioned
3 Were received in evidence
4 As State's Exhibit No. 52-A
5 through 52-I for all purposes,
6 After which time, the
7 Proceedings were resumed
8 As follows:)
9
10 BY MR. TOBY L. SHOOK:
11 Q. Doctor, in your hospital records, if
12 you could look at the focus notes of the nurse and turn
13 to the date of 6-6, around 4 P.M. I guess that would be
14 1600 hours.
15 A. Okay.
16 Q. In fact, I may have turned that one
17 down on the corner, Doctor.
18 A. Yes.
19 Q. Okay. So it's clear, you're referring
20 there, I think to nurse's notes that are taken there in
21 the ICU unit?
22 A. Yes, on 6-6.
23 Q. Is there a note in there that some
24 Rowlett Police officers, and someone from the medical
25 examiner's office came and took some photographs of Mrs.

1 Routier?
2 A. Yes. On 6-6, at 1600, it says medical
3 examiner in Rowlett, PD officer here to photograph
4 wounds. Procedures explained to patient's husband at
5 bedside. Evidence being collected.
6 Q. Okay. And that would be 4 p.m. on the
7 6th of June; is that right?
8 A. Correct.
9 Q. So, she's been in the hospital a
10 little over 12 hours at that point; is that right?
11 A. Correct.
12 Q. Okay.
13

MR. TOBY L. SHOOK: Now, if I could
have the witness step down.
THE COURT: You may.

(Whereupon, the witness
Stepped down from the
Witness stand, and
Approached the jury rail
And the proceedings were
Resumed as follows:

BY MR. TOBY L. SHOOK:
Q. State's Exhibit 52-H, is that how Ms.
Routier would appear in the ICU unit?
A. Yes.
Q. Could you tell kind of what we're
seeing there, as far as what's hooked up to her?
A. Yes. She has nasal cannula -- outflow
of oxygen.
Q. If you could just start down at this
end and just kind of go along so all the jurors can see.
A. She has nasal cannula of oxygen, being
delivered to her nose through these two little prongs
there. That is what comes around her neck here. Here's
our neck incision, where we repaired that. Here's the
shoulder incision on this side. And you can see the EKG
leads which are the ones that monitor her heartbeat, the
telemetry unit, on the sides over here, hooked up to
either shoulder. And then there appears to be a line, or
IV line going over to her left arm on that side.
Q. Okay. The IV line is in her left arm;
is that right?
A. Well, it's laying over there, so I
can't see where it goes in. There's a bandage on the
left antecubital area -- left -- inside of the elbow, but
I can't tell if the line goes in there or not.

Q. Looking at State's Exhibits 52-F and
52-G, can you tell that there's no IV line on the right
arm?
A. Yes, I see there is no line in the
IV -- IV line in her arm at that time.
Q. And those are more photographs of her
in the ICU unit; is that right?

A. Yes.
Q. Specifically photographs of her right arm?
A. Correct.
Q. Okay. Now, let me go to these other photographs for a moment. State's Exhibits 52-E, D, C, B, A, and I. Do these appear to be photographs of Darlie Routier?
A. Yes.
Q. Okay. And is there a date present here in the bottom right-hand corner of these photographs?
A. It says 6-10-96.
Q. Okay. So, we can assume, at least if that's correct, they were taken on the 10th day of June, 1996?
A. Correct.
Q. Okay. Now, let's look at 52-A. Do

you see a wound here to the right arm, or evidence of an injury to the right arm?
A. There's a large amount of bruising to the right arm, but I don't see any -- actually by laceration, there's none. But there is evidence of bruising to the arm.
Q. Okay. And that's a pretty large bruise, isn't it?
A. Yes.
Q. Where does it extend from?
A. It appears to go from her wrist to right below where her hand is, past her elbow, up toward, almost into her armpit.
Q. Okay. And then 52-E, that's an even more close-up photograph of that bruise?
A. Yes, correct.
Q. If you could take these two photographs and go along the jury rail so all the jurors can see.
A. Okay.
Q. Now, Dr. Santos, tell the jurors what caused this type of bruising.
A. Some type of trauma. Some kind of blunt trauma, being hit, a car wreck, anything like that. Some kind of a force to the arm.

Q. What is blunt trauma?
A. Blunt trauma, as opposed to none penetrating. Penetrating is usually stab wound or gunshot wound. Blunt trauma is -- again, in a car wreck, falling and hitting your arm, being hit with a baseball bat or something like that.
Q. Being struck by an object very hard?
A. Correct.
Q. Doesn't break the skin?
A. Does not penetrate.
Q. But causes these deep bruises?
A. Yes.
Q. Okay. Is this pretty severe blunt trauma that we're looking at?
A. Yes, it is.
Q. Now, by looking at these photographs, can you tell anything about the age of this bruise?
A. Just by looking at this photograph, I would say that that injury is about 24 to 48 hours old.
Q. 24 to 48 hours old?
A. Correct.
Q. And what do you see there in the photograph that let's you have that opinion?
A. On this photograph there is some deep bruising to this part of the arm over here. But up

towards -- the upper part of her arm, the arm proper close to the armpit, there's more of a redness over here. That tells you that this is not a very old wound. Wounds like this tend to get very dark, and after about three or four days starts turning green when that blood starts to get absorbed. But this redness up here tells me that it was probably a 24 to 48 hour old wound.
Q. When it's photographed here?
A. Yes, at that time.
Q. And the date is 6-10-96?
A. Correct.
Q. Now, you had Ms. Routier from about 3:30 in the morning on June 6th, 1996 to you say around noon or so on June 8th; is that right?
A. Correct.
Q. Okay. Now, y'all checked pretty carefully about other injuries; is that right?
A. Yes, we did.
Q. And in ICU, are there enough nurses in attendance at all times?
A. Yes.
Q. Okay. It's not like being in a room

23 when you're in the hospital and the nurse just checks on
24 you once in a while; is that right?
25 A. Correct.

1 Q. They're right there all the time?
2 A. Yes.
3 Q. Okay. And you examined Mrs. Routier
4 several times on her stay there?
5 A. Yes.
6 Q. Examined the wounds that you sewed up?
7 A. Yes.
8 Q. Okay. And before she was released, do
9 you examine those wounds?
10 A. Yes. Routinely we'll look at the
11 wounds just to make sure they're healing okay.
12 Q. Did you see at any time while she was
13 in the hospital any injury that would cause this type of
14 bruising?
15 A. No, I did not see any evidence of
16 that.
17 Q. Okay. Is this something that you
18 would have been if it had occurred on June 6th, let's say
19 at 2:30 in the morning, 1996?
20 A. Yes. I believe we would have seen
21 some evidence of that before she left the hospital.
22 Q. Okay. A person, when they get blunt
23 trauma, they don't bruise -- a huge bruise doesn't just
24 immediately form, does it?
25 A. No, sir.

1 Q. A little bit of time occurs; is that
2 right?
3 A. Correct.
4 Q. But to get this type of bruising, do
5 you see some evidence of it pretty soon afterwards?
6 A. Yes. You mean if you had something
7 that would create that, how soon would you see it?
8 Q. Right. Right.
9 A. Usually within 24 hours it will show
10 up.
11 Q. This bruise would show up?
12 A. Yes.
13 Q. And even when you first receive the
14 person, would you see some type of injury to that area
15 that would later on cause this type of bruising?
16 A. You may. Most of the time you do.

17 Sometimes you cannot see the evidence in the beginning,
18 but most of the time it's pretty evident.
19 Q. Okay. Now, you never saw any evidence
20 of that type of injury to the right arm on her stay on
21 the 6th, 7th or 8th of June; is that right?
22 A. Other than the stab wound that we
23 talked about earlier, no, I did not see any other type of
24 injury.
25 Q. Okay. Let's look at State's Exhibit

1 No. 52-F, which is a photograph of the arm wound; is that
2 right?
3 A. Yes.
4 Q. Okay. First of all, would a stab
5 wound to the arm in that area cause that type of
6 bruising?
7 A. It can cause bruising usually around
8 the wound.
9 Q. Okay. But nothing like this in 52-E?
10 A. No. I don't think that this type of
11 wound would cause that type of injury.
12 Q. Okay. And, again, 52-G shows the arm.
13 Do you see this blood here? Is that more injury?
14 A. That's blood from her wound up here.
15 This was taken in the ICU, and this is just dried blood.
16 As I said, when she first came in, she had a lot of dried
17 blood all over her. This is not indicative of the
18 injury. This is dried blood from the injury from her
19 arm.
20 Q. Okay. So that's just dried blood left
21 on her arm; is that right?
22 A. That's correct.
23 Q. Do you see anywhere in State's
24 Exhibits 52-F, 52-H, 52-G, any evidence of the injury
25 that would cause the bruising that you see here in 52-E?

1 A. No -- excuse me. No, I don't see any
2 evidence here that would show what caused that.
3 Q. Okay. And again, you thoroughly
4 checked her stay in the hospital; is that right?
5 A. We checked her very carefully when she
6 was in the operating room. That was our best chance to
7 do that while she was under the anesthetic. And then we
8 had the nurses do dressing changes on her afterwards.
9 Q. Okay. And before she leaves, you,
10 yourself and the other residents checked her; is that

right?
A. I went and talked to her. I did not examine all the wounds the day she left.
Q. Okay. But you never saw this type of injury?
A. No, I did not.
Q. And have you looked at the nurses' notes and other medical records regarding Ms. Routier?
A. Yes.
Q. Would the nurse make notes of that if they saw any type of injuries?
A. Yes. That's part of their duties, is to find injuries that we may have missed. And certainly something like this would be something I would expect the nurses to point out to me or to the other doctors before

we sent her home.
Q. So you didn't see this injury at all?
A. No, I did not.
Q. And you say by looking at these photographs, this type of bruising looks like something that occurred in the last 24 to 48 hours?
A. Correct.
Q. Not a four-day old bruise at all; is that right?
A. Not in my opinion.
Q. Okay. So, if we can kind of look at this photograph being taken on the 10th day of June, would you say this injury did not occur on the 6th of June --

MR. JOHN HAGLER: I'm going to object to leading and repetitious.
THE COURT: Overruled. Go ahead.
THE WITNESS: Would you repeat the question, please?

BY MR. TOBY SHOOK:
Q. If we assume that this photograph here in 52-E was taken on the 6th day of June, of 1996, is there any way that bruising could have occurred -- that

injury that caused this bruising occurred at 2:30 in the morning on June 6, 1996?
A. I don't believe so.
Q. Okay. All right. Let me show you

what's been marked State's Exhibit 52-J. Again, is that
a photograph of Darlie Routier?
A. Yes, sir.

THE COURT REPORTER: We have a J and K
already.
MR. TOBY L. SHOOK: I'll mark it 52-M.

(Whereupon, the following
mentioned item was
marked for
identification only
as State's Exhibit 52-M,
After which time the
proceedings were
resumed on the record
in open court, as
follows:)

BY MR. TOBY L. SHOOK:
Q. Again, is 52-M a photograph of Ms.

Routier and an injury?
A. Yes.

MR. TOBY L. SHOOK: We'll offer
State's Exhibit 52-M.
MR. RICHARD C. MOSTY: No objection,
your Honor.
THE COURT: State's Exhibit 52-M is
admitted.

(Whereupon, the item
Heretofore mentioned
Was received in evidence
As State's Exhibit No. 52-M
For all purposes,
After which time, the
Proceedings were resumed
As follows:)

BY MR. TOBY L. SHOOK:
Q. Okay. Again, can you -- 52-M, is that
a photograph of bruising there to the left arm?
A. Yes. It shows some bruising to the
left arm around the wrist area extending down toward her
elbow.

Q. Again, Doctor, if you could start maybe down at this end. You can come on down.
A. Okay.

(Whereupon, the witness stepped down from the witness stand, and approached the jury rail and the proceedings were resumed as follows:)

(Whereupon, the following mentioned item was marked for identification only as State's Exhibit 52-N, after which time the proceedings were resumed on the record in open court, as follows:)

BY MR. TOBY L. SHOOK:
Q. And again, Doctor, is 52-N a closer up

photograph of that wound?
A. Yes.

MR. TOBY L. SHOOK: We'll offer State's 52-N.
MR. RICHARD C. MOSTY: No objection, Your Honor.
THE COURT: State's Exhibit 52-N is admitted.

(Whereupon, the item Heretofore mentioned Was received in evidence As State's Exhibit No. 52-N For all purposes, After which time, the Proceedings were resumed As follows:)

BY MR. TOBY L. SHOOK:
Q. Doctor, the bruising we see here on the left side, is that the same type of blunt trauma injury that we saw to the right arm?
A. It appears to be. All I can tell is that there's some bruising there. I'm not sure what

caused that. You can see a little closer here than you could on the other one.
Q. Okay. Anyway -- did that look like a fresh bruise or could you tell on that particular end?
A. On this one it's hard to tell. Most of this -- this ecchymotic bruise is smaller than the one on the other arm. And it's hard to tell whether the edges are fresh or not. On this photograph it's hard to tell how old it is, but it's at least 48 hours old.
Q. Now, the injury that we see here on 52-E, the right arm, you've treated people that you see bruising if they've been grabbed hard or something like that; is that right?
A. Correct.
Q. Okay. Maybe a man grabs a woman and pulls her around. Will that leave bruising?
A. Yes, it can.
Q. What type of bruising is that?
A. It depends if he grabs her with his bare hands and grabs her on the forearm, he can leave the imprint of his fingers and his thumb on the forearm.
Q. Okay. Did you -- as far as the injury to the right arm, is that that type of bruising?
A. No. The bruising that you showed me in those photographs on her arm appears to be more of a

deep bruise.
Q. Again, what we call blunt trauma, something striking the arm?
A. Very possible.
Q. Okay. Thank you. You can have a seat up there.

(Whereupon, the witness Resumed the witness Stand, and the Proceedings were resumed On the record, as Follows:)

14
15 BY MR. TOBY L. SHOOK:
16 Q. Doctor, would an IV, in any way, cause
17 a bruise like that?
18 A. I don't believe an IV would cause
19 bruising like that, no.
20 Q. That's blunt trauma?
21 A. Yes, it appears to be.
22
23 MR. TOBY L. SHOOK: That's all the
24 questions I have. I'll pass the witness.
25 THE COURT: Mr. Douglass.

1 MR. PRESTON DOUGLAS: Thank you.
2
3 CROSS EXAMINATION
4
5 BY MR. PRESTON DOUGLASS:
6 Q. Doctor, in terms of Ms. Routier and
7 how she acted while she was under your care, obviously
8 you have other patients, you weren't able to be with her
9 the entire time?
10 A. That's correct.
11 Q. And how many times do you think
12 between, say, the 6th and when she was discharged that
13 you went and checked on her?
14 A. Three times, once each day.
15 Q. All right. And in -- contrary to you
16 going by three times, she would have been under the care
17 of nurses throughout the time; is that right?
18 A. Correct.
19 Q. And would you agree that those nurses,
20 in some instances, would have had better opportunity in
21 some cases to view how she's doing, how she's feeling
22 emotionally?
23 A. Yes.
24 Q. Okay.
25

1 MR. PRESTON DOUGLASS: May I approach
2 the witness, your Honor?
3 THE COURT: You may.
4
5 BY MR. PRESTON DOUGLASS:
6 Q. Doctor, if you would refer to your
7 notes. First, there's the admitting history and physical

8 sheet, it should be toward the first part of your record
9 which has a drawing.
10 A. Right.
11 Q. Okay. And under "general," can you
12 read what was noted by the nurse and signed off on by
13 you?
14 A. Yes.
15 Q. Do you see where that says "general"?
16 A. Okay. If I may correct you, that's
17 not signed by the nurse, that's signed by my resident.
18 Q. Okay.
19 A. Under "general," it says, "Young,
20 W --" what stands for young white female, "tearful,
21 frightened."
22 Q. So when she first came in, she was
23 noted to be frightened and noted to be crying some; is
24 that right? Tearful?
25 A. Yes.

1 Q. And then further back, look at June
2 6th.
3 A. The admitting -- the nurse's notes?
4 Q. Right, going back to the admitting
5 nurse's notes? It should be earlier in the time line.
6 My copy is bad, but I'm guessing that that time is before
7 5:15 in the morning.
8 A. I'm sorry, is that the ICU or the
9 emergency --
10 Q. Look at the focus notes on June 6,
11 1996, prior to 5:15 in the morning.
12 A. Okay. On the 6th, you say?
13 Q. Yes sir. If I could show you. That's
14 the admitting nurse?
15 A. Yes.
16 Q. And then I'm showing a date of June
17 6th, 1996, admitting nurse. And what I'm showing you,
18 does this appear to be a copy of the records that you
19 have?
20 A. Yes, they are.
21 Q. And you see where I have highlighted,
22 for your convenience, some nurse's notes?
23 A. Yes, I do.
24 Q. Can you read who signed that?
25 A. I'm sorry, I can't read that name.

It's followed by RN, by abbreviation, it's one of our nurses, but I don't know what the name on it is.
Q. Is this admitting nurse?
A. Well, not necessarily the admitting nurse, it just means that's the person who admitted them, yes.
Q. All right. And what notation is made there?
A. You have highlighted it says, "Crying, visibly upset."
Q. Okay. And then later in the same day, at 7:30, psychosocial. There's a note for psychosocial; is that correct?
A. Correct, yes.
Q. And that's meant specifically to address her emotional state; is that right?
A. Correct, yes.
Q. And am I right -- did you find that in the notes?
A. I found it.
Q. Look --
A. Okay.
Q. Does it say "the patient is very emotional"?
A. Yes.

Q. There are periods of crying, sobbing, talking about events and her family?
A. Yes, that's what it says.
Q. Okay. All right. So, when you said to the jury that you were surprised that she had a flat affect, then obviously there are nurses that did not see what you saw, but saw a very crying, emotionally upset woman and made psychosocial notes because they thought it was significant enough that a reviewing doctor should look at?
A. Correct.
Q. Did you look at these notes?
A. No.
Q. Well, you were her attending physician; is that correct?
A. Yes.
Q. So if you're trying to make -- if you're trying to make a determination as to how she is progressing, there are nurses writing notes to you that are telling you, "She's visibly upset, she's crying, and she's emotional about the events she just went through;" is that right?

23 A. They're not writing notes to me, those
24 are the nurse's notes.
25 Q. Those are the nurse's notes that are

1 telling you, "She's visibly upset, she's crying."
2 A. Usually the nurse will give me a
3 verbal review.
4 Q. The point being, it's a history that's
5 being made for the benefit of whoever it is, in this case
6 obviously not intended for a jury, but from these notes
7 at the time they were made, how this lady was acting; is
8 that right?
9 A. Yes.
10 Q. And is it safe to say that there is
11 notes that throughout the day on the 6th, she was visibly
12 upset; is that right?
13 A. Those two notes, yes, sir.
14 Q. Okay. Well, first there was the
15 admitting note that said she was tearful and said she was
16 scared; is that right -- or frightened, I'm sorry?
17 A. Correct.
18 Q. All right. So first she's scared, and
19 then there's notes early in the morning that says she's
20 visibly upset and emotional, and then there's another
21 note. And these are all noted by nurses who are paid
22 and --
23 A. Yes.
24 Q. Okay. Look on the next page.
25 A. Where the notes --

1 Q. Okay. Let's see. Do you remember,
2 Doctor, prescribing Ms. Routier Xanax?
3 A. Yes.
4 Q. Now I can't find that in here, but you
5 remember -- you do remember calling that in. Right?
6 A. I didn't call it in. I wrote it on
7 her discharge orders. I added it to -- Dr. Dillawn on
8 her discharge orders, and when I came by and spoke with
9 her and her husband, they requested that and I went ahead
10 and ordered that. So, it's on my discharge orders.
11 Q. Okay. Well, was she given Xanax
12 before the discharge?
13 A. I believe it was ordered by one of the
14 other physicians. We can look in the --
15 Q. All right. Well, let me just show
16 you. Later on the same day, on the 6th, which looks like

17 16:45, so towards four or five o'clock in the afternoon;
18 is that right?
19 A. Correct.
20 Q. Okay. Can you find where it's noted
21 anxiety?
22 A. Correct.
23 Q. All right. And she was given 25
24 milligrams or .25? She'd be out if it were 25
25 milligrams. Right?

1 A. Well, it should be .25 --
2 Q. Okay. Point 25 milligrams of Xanax
3 given to decrease -- is that an arrow going down?
4 A. Correct. To decrease anxiety.
5 Q. The point of that is to decrease
6 anxiety. Right?
7 A. Yes.
8 Q. And it says that the patient, Ms.
9 Routier, is unable to relax; is that right?
10 A. Yes.
11 Q. Okay. Now, there's lots of notes --
12 you would agree that these injuries that she received are
13 painful injuries; is that right?
14 A. Yes.
15 Q. And you see there's lots of notes
16 where they're -- the nurse that is treating her notes,
17 pain and actions taken to lessen and care for the pain
18 that she was experiencing; is that right?
19 A. Yes.
20 Q. Okay. For instance, the wound to her
21 arm, on the left side; is that right?
22 A. Yes --
23 Q. The right side.
24 A. Right forearm.
25 Q. The right arm went down to the bone;

1 is that right?
2 A. It did not injure the bone, it went
3 through the muscle.
4 Q. All right. In your records, I believe
5 it says it went to the bone. I'm not meaning to say it
6 struck the bone, but it did say it went to the bone?
7 A. I did not write that. It may be in
8 there, but it's hard to tell.
9 Q. You're not quarreling with that, are
10 you?

A. No.
Q. And certainly you would expect that to be a very painful injury. Right?
A. Yes.
Q. And now, in talking, when you first -- let's back up to the beginning. When you first saw Mrs. Routier, there was no question, and in your admitting -- well, actually it's in your discharge summary. Do you see that?
A. Let me find it.
Q. Okay.
A. I found it.
Q. In your discharge summary, you noted that Ms. Routier had a large, what you described as a slash wound; is that right?

A. Correct. This is a discharge summary dictated by Dr. Dillawn, which I signed. Yes, it says she has a large slash wound.
Q. All right. Well, you signed it. You approved it; is that right?
A. Yes.
Q. And you described, or Dr. Dillawn described and you approved his description, that she was actively bleeding from a large slash wound?
A. Correct.
Q. Now, that was the first scene that any doctor saw was an actively bleeding woman who had obviously lost a large amount of blood on the front of her shirt; is that right?
A. Correct.
Q. Now, you also gave her, either on discharge or upon when you admitted her, I don't know exactly where it is, but you gave her a diagnosis of post trauma anemia; is that right?
A. Yes.
Q. Now, post trauma anemia would be from a severe loss of blood; is that correct?
A. Correct. Any loss of blood, that will make your numbers go down. Medically that's defined by certain parameters, and if your blood count -- your

hematocrit specifically is below normal, then you're by definition anemic.
Q. All right. But in any event, what you described it was -- and I can't say the word, it's post

hemorr --
A. Hemorrhage.
Q. Well --
A. It's post hemorrhagic.
Q. Right. Hemorrhagic anemia. Right?
A. Close, yes.
Q. So I try to say it post trauma.
Right? Same thing?
A. Well, post hemorrhagic just means she
bled, that's why her blood count is low. Post trauma
doesn't necessarily mean she bled. You can bleed
internally, et cetera, et cetera. But post
hemorrhagically -- post hemorrhagically anemia
specifically means you're anemic from loss of blood.
Q. All right. But in any event you
noticed that that diagnosis was made and that she had to
be looked after because she was suffering from anemia; is
that right?
A. Yes.
Q. Okay. Now, you mentioned in, I guess
it was an operative report, that the wound -- and you're

not -- let me just ask you this: You're not attempting
to give the jury, and I think you were careful to say
that you're not attempting to give the jury any type of
opinion about directionality of the wound, are you?
A. Correct. I cannot --
Q. You have no opinion about that?
A. No, sir.
Q. You have no opinion about
self-inflicted or directionality or anything like that?
A. I cannot tell.
Q. You can't tell?
A. Right.
Q. Is that right?
A. Yes.
Q. And you were the first trained medical
person to look at this woman; is that right? Well, Dr.
Dillawn and the paramedics?
A. Right.
Q. But the first person to treat her and
look at her closely, that was you. Right?
A. Yes.
Q. All right. Now, when you referred to
the midline, you were referring to the center, am I
right, of her neck?
A. Right, the center of her neck.

Q. All right. And if I remember right, your notes say that the wound was higher to the right side of her neck and that it was deepest on the lowest, or the left side of wound?
A. I'll have to look on the notes.
Q. Please. I could be mistaken.
A. Were you talking about in the operative records? That's what I'm looking at now. I'm not sure if there was any mention of if it was deeper on one side. I don't recall anyone saying it was deeper on one end or the other. I don't see it on the operative record, was it somewhere else?
Q. Okay. Well, in your recollection, was the wound deeper at one point?
A. Well, it was a little deeper, if I recollect correctly, on the right side.
Q. Okay. And you said that the wound penetrated the platysma muscle; is that right?
A. Yes.
Q. And in the operative record, it says at one point the laceration appeared to extend to, but not through the carotid sheath which covers the carotid artery; is that right?
A. Correct.
Q. Now, the carotid sheath, Doctor, would

that be a membrane, or how would you describe it?
A. Its connective tissue, sort of a membrane, yes. That would be the best way --
Q. Is it thin?
A. Compared to --
Q. How many millimeters?
A. It's probably two to three millimeters, which is pretty small.
Q. And is it true that this wound, at that point, to the carotid sheath came within two millimeters of the carotid sheath (sic)?

MR. RICHARD C. MOSTY: The artery?
MR. PRESTON DOUGLASS: Sheath. I'm asking about the sheath first.
THE WITNESS: You said it's an injury to carotid sheath?

BY MR. PRESTON DOUGLASS:

20 Q. On the records it says it came to the
21 carotid sheath.
22 A. Right.
23 Q. Now, the carotid sheath is 2 or 3
24 millimeters thick; is that right?
25 A. Correct.

1 Q. Okay. So it came within 2 millimeters
2 of the carotid artery?
3 A. Correct.
4 Q. Okay. Now, inside the sheath is the
5 internal jugular vein as well as the artery; is that
6 right?
7 A. Carotid artery, correct.
8 Q. All right. Now, when you said to Mrs.
9 Routier "You're very lucky" -- I'm going to see if I can
10 try something. I may not be able to demonstrate this,
11 but I want to show how lucky she was. This is, it seems
12 to be a common ruler; is that right?
13 A. Yes.
14 Q. And it's got inches on one side, it's
15 got centimeters on one side; is that correct?
16 A. That's correct.
17 Q. Now, the centimeters don't start at
18 the blunt end of the ruler.
19 A. Right.
20 Q. But am I right that this will be 2
21 millimeters?
22 A. Yes.
23 Q. Okay. So, if I understand your
24 testimony that it's 2 millimeters from nicking the
25 carotid artery; is that right?

1 A. Yes.
2 Q. Or the internal jugular vein?
3 A. Yes. Actually closer to the carotid
4 artery because they lay side by side.
5 Q. Okay.
6 A. Closer to the carotid artery.
7 Q. Well, I'm not very adept at
8 demonstrating this, but anybody can look and see that
9 these two lines are what it would take to hit the carotid
10 artery.
11 Now, if a carotid artery is severed,
12 Doctor, what happens?
13 A. You bleed profusely.

14 Q. Is that often, if not fatal, certainly
15 fatal?
16 A. If it is not controlled immediately,
17 yes, it can be fatal.
18 Q. And when you say immediately, you're
19 talking right then. Right?
20 A. Within minutes.
21 Q. So when you told Mrs. Routier that
22 she's a very lucky lady, what's represented is just these
23 infinitesimal two lines are what you declare the
24 difference between superficial and a fatal injury?
25 A. No. I mean, we don't differentiate

1 between superficial and fatal. There's superficial and
2 deep.
3 Q. Are these two lines away from
4 potentially fatal?
5 A. Yes.
6 Q. Two millimeters?
7 A. Yes.
8 Q. Okay. So, if this knife had traveled
9 two millimeters more, and immediate attention -- when you
10 say immediate, I mean, what are you talking about in
11 time?
12 A. Two or three minutes.
13 Q. So without any immediate care in three
14 minutes, she's dead?
15 A. Correct.
16 Q. Now, when you saw her at the hospital,
17 you did not scrub for the surgery; is that right?
18 A. No.
19 Q. And you had made a determination that
20 Dr. Dillawn could handle it?
21 A. Well, actually Dr. Lee, who was the
22 chief surgery resident, was doing the surgery, Dr.
23 Dillawn was assisting him.
24 Q. And you applied pressure and you
25 stopped the bleeding by applying pressure to her neck?

1 A. Yes, I did.
2 Q. That's what you did?
3 A. Yes, I did.
4 Q. Okay. Now, I want to talk about your
5 termination of a slash. You've seen, I'm sure, a number
6 of injuries to the neck by a sharp-edged instrument; is
7 that right?

A. Yes.
Q. And is it safe to say -- and you're familiar with the term incised wound, obviously?
A. Correct.
Q. An incised wound is a wound that stretches longer in length than it is deep. And is it typical that if someone is going to inflict the maximum amount of damage to the area of the throat, it'll be done in a slashing motion in an attempt to cut the jugular vein and the carotid artery?
A. Correct.
Q. So, when you see wounds to the neck, you don't expect, really, a straight on deal, straight-on type, what you expect is a slashing motion; is that right?
A. I would say that's more typical on a neck wound, yes.
Q. Okay. Now, when you say more typical,

you're a careful doctor, I understand that. I've listened to you testify and you're familiar with the terms reasonable medical probability; is that right?
A. Yes.
Q. Now, can you define that for the jury?
A. Once you look at whatever evidence you have, or clinical evidence you have, you make a decision whether something, an event or an occurrence, in your opinion, would be medically probable when you weigh it against all the evidence. It doesn't mean it necessarily happened that way, but that more likely that that's what happened, or that's what would happen.
Q. Okay. Now, it wasn't asked of you, but have you couched your opinions based on a reasonable medical probability?
A. I'm not sure I understand your question.
Q. Well, there are things a doctor can say that are consistent with something, or expected, or maybe my opinion, but that doesn't necessarily mean it's to a reasonable medical probability. Do you appreciate what I'm saying?
A. I think it's a fine line, but yes, I appreciate what you're saying.
Q. Okay. So what it means is, a

1 reasonable medical probability is the level of convincing
2 that a doctor has, and sometimes you can give an opinion,
3 but you're not willing to say, I'm going to say that to a
4 reasonable medical probability; is that right?
5 A. Correct.
6 Q. Okay. Now, the operative record, and
7 I think what you testified to, was an hour and 15 minutes
8 that Ms. Routier was under general anesthetic; is that
9 right?
10 A. Well, I didn't -- I'll be glad to look
11 on the anesthesia record as to how long she had
12 anesthesia on board. What I was looking at earlier, when
13 they asked me, was the time we actually began the
14 operation, neck, arm and shoulder, that went from 3:50 to
15 4:49.
16 Q. All right. Well, let me ask you,
17 Doctor, maybe in the discharge record, you made -- you
18 used the term, in the discharge summary, that she was
19 emergently taken for neck exploration. I'm assuming that
20 emergently means with all haste?
21 A. Correct. Yes, sir.
22 Q. Okay. And if you make an immediate
23 decision that a person has to have surgery, I'm assuming
24 that anesthesia would be administered to the patient as
25 soon as possible upon arrival to the emergency room -- I

1 mean, operating room?
2 A. Correct.
3 Q. No reason to think that she would have
4 sat in there 20 minutes before she would have been
5 administered anesthesia.
6 A. That's right, there's no reason to
7 think that.
8 Q. Well, based on your usual custom and
9 happening of the O.R., on someone who is emergently
10 brought into the O.R., would you think that perhaps they
11 were administered anesthesia as little as five minutes
12 after they arrived?
13 A. Probably even less than that.
14 Q. Okay. So, when you say it's an hour
15 and 15 minutes that the person was under surgery, is it
16 safe to say that for sure an hour and 10 minutes of that
17 she was under general anesthetic?
18 A. Yes.
19 Q. All right. Now, I believe your
20 testimony was that you would expect a person to be under
21 the affects of general anesthesia for up to two hours.
22 A. Two to three hours, yes.

23 Q. Two to three hours.
24 A. Yes.
25 Q. And that she was -- what time do you

1 recall that the surgery ended and that she was brought
2 out of surgery?
3 A. Well, the official time that the
4 surgical procedure ended was 4:49, as I said. The time
5 the anesthesia ended was 05:00.
6 Q. Okay. So, she was, in effect,
7 beginning to come out of the affect -- or let me back up.
8 There was no additional anesthesia being administered to
9 her at five in the morning?
10 A. Correct. That's when it stopped.
11 Q. Okay. So at that point the
12 anesthetist says that's it, and she should begin that
13 three hour process of coming out of the anesthesia; is
14 that right?
15 A. Correct.
16 Q. Now, would you expect that if someone
17 had talked to her, say at 6:00 in the morning, that she
18 would be groggy and still under the effects of
19 anesthesia?
20 A. She may, yes, sir.
21 Q. When you say "may," all people are
22 different; is that right?
23 A. Correct.
24 Q. Now talking about the anesthesia,
25 isn't it also true that she was, very soon after coming

1 out of the operating room, that she was ordered up, or
2 you ordered up for some Demerol?
3 A. It was ordered in the postoperative
4 period, I believe by either Dr. Dillawn or one of the
5 other residents. But I know she did have some Demerol
6 ordered for pain control, yes, sir.
7 Q. Okay. Now, would that have been
8 administered to her -- if it's ordered postoperatively,
9 does that mean, Doctor, that it's administered to her
10 right away?
11 A. It's usually ordered PRN, which means
12 whenever necessary. The nurses usually make that
13 designation. If a patient says, "I'm having pain,"
14 there's a time limit placed it.
15 We usually will say every three to
16 four hours. Whenever she gets her first one really

17 depends on the nurse's assessment or evaluation. But it
18 can be right away.
19 Q. Okay. Do you see anything in the
20 nurse's notes as to when the first dose of Demerol might
21 have been administered to Ms. Routier?
22 A. The first thing I see here is a note
23 from the ICU, 6-6-96, at 06:00, she was given 25
24 milligrams of Demerol and 25 milligrams of Phenergan IM.
25 Q. Okay. And what's Phenergan?

1 A. Phenergan is an anti-- or medication
2 that keeps you from being nauseated or vomiting because
3 the Demerol can make you nauseated.
4 Q. Okay. What all -- can Demerol make
5 you groggy?
6 A. Yes.
7 Q. Can Demerol cause you to be heavily
8 sedated? Is that the right word?
9 A. Yes, it would mean the same thing,
10 groggy, sleepy, drowsy.
11 Q. If a person comes out of general
12 anesthetic and at 6:00 o'clock they're given Demerol at
13 that dose that you just indicated, wouldn't that
14 aggravate the effects of the anesthesia?
15 A. It would obviously depend on the
16 patient's condition, underlying medical problems, if they
17 have any. If made -- if they were having trouble getting
18 rid of the anesthetic effect, however the Demerol dose,
19 really this is a small dose because she is a small woman.
20 Q. Right. But you're not saying it
21 couldn't?
22 A. No, it may. It may, yes.
23 Q. Okay. And in that situation, if you
24 think that she would still, perhaps, experience the
25 effects of general anesthesia from 5:00 o'clock to up to

1 three hours, which is 8:00 in the morning, certainly,
2 Doctor, the Demerol administered at 6:00 would either
3 aggravate that or prolong that; is that right?
4 A. Yes, it could.
5 Q. Okay. So, she could have still been
6 groggy even past 8:00 o'clock. Is that what you're
7 trying to say?
8 A. She could, yes.
9 Q. Could general anesthetic, in your
10 experience, lead to confusion?

A. Yes.
Q. Can it lead to disorientation?
A. Yes.
Q. Can it lead to short-term memory loss?
A. Yes, I suppose it could, yes.
Q. Would you agree, Doctor, that to be questioned sometime before 8:00 in the morning of, let's say 6:05, hypothetically, to be questioned about very serious events at 6:05, one hour and five minutes after anesthesia being cut off, would you be somewhat suspect as to the response you may receive from a patient?
A. You may get an unreliable response, yes.
Q. What I mean by that is you may get a response that's subject to disorientation, memory loss,

confusion, all of those things that you said could be prevalent with a patient in that situation; is that right?
A. Well, that could be possible, yes.
Q. Okay. Would you please read for the jury the 6:05 focus note entry.
A. "06:05, Psych. Social, Rowlett Police to bedside for questioning."
Q. So, within an hour and five minutes after she is -- now, she's in ICU, and you put her there so she would not be put under stress; is that right?
A. Correct.
Q. Well, did you say there weren't suppose to be any police officers there?
A. No, I said "Do not let the media in."
Q. Well, did it matter to you if people started, immediately, one hour after surgery start questioning her? Would you have recommended that?
A. I would not have recommended that, no.
Q. Now, would you also suspect -- or be suspect of the results you might have received due to the combination of general anesthesia and Demerol, which she received five minutes earlier?
A. I'm sorry, would you repeat the question, please.

Q. Well, am I right -- I don't have my notes with me. Am I right that she received Demerol at 6:00 o'clock?
A. Yeah, she did.

Q. She had just terminated general
anesthetic at 5:00 o'clock?
A. Correct.
Q. So then one hour and five minutes of
general anesthetic for an hour and 15 minutes, and a
dose of Demerol, and she then is questioned about the
events surrounding this attack. Would that cause you to
be suspect of what she may have said, based on the amount
of medication she's taken?
A. It could, yes.
Q. Okay. Now, while we're on that
subject, let me talk to you a little bit about trauma.
You've seen numerous people who have been the subjects of
traumatic attacks or traumatic events, maybe automobile
accidents; is that right?
A. Yes, I have.
Q. Well, let me -- one thing Mr. Glover
mentioned in my ear, when you've talked to mothers about
accidents, many times that denial and that wanting to see
the body and the things you talked about, isn't it true,
Doctor, those are people who did not witness their child

murdered.
I mean, that's someone who may have
come up after an accident, didn't see the event that
caused the death of the child?
A. Yes, in some cases, yes.
Q. Okay. So, when you were saying, "I've
got to explain what happened to some of these parents,"
well certainly you have to explain to parents if they
didn't see what happened. Right?
A. Right.
Q. All right. And wouldn't you naturally
assume that if -- you would naturally assume that if
someone knew the cause of death of their child that that
may not be something you would have to explain to them?
A. You mean in general, I would assume
that?
Q. Well, let me go on.
A. All right.
Q. Talking back about trauma, what we
were talking about earlier, and the fact that you had
seen numerous people who were the events -- the victims
of tragic trauma, either attacks or automobile injuries.
Is it common for people, and I'm not
talking about the anesthetic now, I'm just talking about,
is it common for victims of traumatic attacks to block

out and have memory loss as to the event that caused their accidents, their in injuries?
A. Well, I would not say it's common, but it does occur.
Q. Well, have you seen it?
A. Yes, I have.
Q. And you've witnessed it in what is -- in a percentage of your patients such that you say it can happen?
A. Yes.
Q. All right. And that could be traumatic memory loss as to even the cause of an injury; is that right?
A. Yes.
Q. It could be memory loss as to not only the cause, but what the person was doing before the injury or what the person was doing after the injury; is that right?
A. Yes.
Q. All right. In short, Doctor, the mind has a funny way of tricking a person when they've been through a traumatic event; is that right?
A. Yes.
Q. Okay. In fact, what happens is the mind compensates for the injury; is that right? Is that

a term you're familiar with?
A. I'm not sure what you mean by compensates.
Q. Well, in effect, it may create -- it may block out in an effort to -- how am I trying to say this. A person goes unconscious many times not necessarily because of the injury, but because of the shock; is that right?
A. That's right.
Q. So, in effect, your mind takes over in a reflex action which protects the body, the person goes unconscious?
A. Right. That can happen.
Q. All right. That's what I mean by compensate.
A. Okay.
Q. The mind compensates for the injury?
A. In that way, yes.
Q. Okay. So, it doesn't surprise you

that a person that is the victim of a very traumatic injury or attack would have significant memory loss as either to the cause of the attack -- is that right, Doctor, it wouldn't surprise you?
A. Well, I would have to qualify it and say that most of the times I've seen that has been a

patient with head injuries.
Q. But when you say most, that means there's another significant amount of patients -- you have seen thousands of patients; is that right?
A. Yes.
Q. So if most is 60 percent, then that's 600, then there's 400 other people you've seen that have had other types of reactions; is that right?
A. Yes.
Q. All right. And those people have had reactions that may have blocked out their initial perception of what happened to them and the cause of the injury; is that right?
A. Yes.
Q. Okay. Doctor, there's no way that you can say that Darlie Routier was not unconscious at any point, is there?
A. There's no way I can say -- you mean during the event?
Q. You can't rule out that she lost consciousness?
A. I can't rule it out. Correct.

THE COURT: All right. Ladies and gentlemen, I think it's getting on to five o'clock now.

MR. TOBY SHOOK: Judge, could we approach the bench real quickly?
THE COURT: Yes.

(Whereupon, a short Discussion was held off The record, at the side Of the bench, and Outside the hearing of The jury, after which Time the proceedings Were resumed on the Record as follows:)

14
15 THE COURT: All right. I have been
16 told that we are near the end, so we'll just stay.
17 MR. PRESTON DOUGLASS: Could I have
18 about 2 -- we'll about a 10 minute recess, your Honor?
19 THE COURT: Ten minute recess.
20 MR. PRESTON DOUGLASS: What about 5?
21 THE COURT: All right. A 5 minute
22 recess.
23 MR. RICHARD C. MOSTY: Are you going
24 to let the jury have a recess too?
25 THE COURT: Well, I guess we will. If

1 you will step in the jury room briefly, please. We'll
2 proceed shortly.
3
4 (Whereupon, a short
5 Recess was taken,
6 After which time,
7 The proceedings were
8 Resumed on the record,
9 Outside the presence and
10 Hearing of the defendant
11 And the jury, as follows:)
12
13 THE COURT: All right, bring the jury
14 back in, please.
15
16 (Whereupon, the jury
17 was returned to the
18 courtroom, and the
19 proceedings were
20 resumed on the record,
21 in open court, in the
22 presence and hearing
23 of the defendant,
24 as follows:)
25

1 THE COURT: Let the record reflect
2 that all parties in the trial are present and the jury is
3 seated.
4 All right, Mr. Douglass.
5
6
7 CROSS EXAMINATION (RESUMED)

8
9 BY MR. PRESTON DOUGLASS:
10 Q. All right. Dr. Santos, with respect
11 to the bruises, there was one bruise you noted that said
12 could be greater than two days old; is that correct?
13 A. That's correct.
14 Q. It could be up to four days old; is
15 that correct?
16 A. Anywhere greater than two days, yes.
17 Q. It could have been four days old?
18 A. Could have been.
19 Q. And wouldn't it be highly unlikely
20 that you would get a blunt trauma injury that could be
21 four days old on one arm and not get it at the same time
22 as the other injuries?
23 A. I would think it would be unlikely.
24 Q. So this one could be four days old.
25 This one it is likely, was created at the same time; is

1 that right?
2 A. But it doesn't look as old as the
3 other one.
4 Q. Well, that's your opinion?
5 A. Yes.
6 Q. And reasonable minds can differ; is
7 that right?
8 A. Correct.
9 Q. And you're not saying a reasonable
10 medical probability that's your answer, that's just
11 saying that's what it seemed like?
12 A. Correct.
13 Q. But likewise, it's your same opinion
14 that this one is two days old and you just told the jury
15 it could be four days old?
16 A. Correct.
17 Q. All right. Now, talking about bruises
18 and things, what everyone was dealing with, and what the
19 notes refer to are wounds to the neck, a severe -- well,
20 a slash wound, a large slash wound to the neck, not to
21 use other words.
22 A. Yes.
23 Q. And all of the records of the nurses
24 that you see in the records seemed to be focused upon and
25 dealing with how that neck wound -- and also the arm

wound are coming along; is that right?
A. Correct.
Q. All right. It doesn't say anywhere how her feet are doing, her knees are, her legs, there's just no reference that they're fine either, is there?
A. Correct.
Q. I mean, there's nowhere to say, we didn't notice anything to an arm, or we didn't notice anything to a leg?
A. Well, but the focus notes, by definition, are suppose to point out abnormalities, not comment on the norm.
Q. Okay. I understand that. But isn't it also true that with everybody busy and a number of patients, and in fairness to just the way things go, that there is things that are missed occasionally; is that right?
A. Yes.
Q. Okay. Was Ms. Routier cooperative with you?
A. Yes.
Q. Did she seem to appreciate what you did for her?
A. Yes. When I first spoke to her, yes, she did.

Q. She was anxious to get to the funeral; is that right?
A. Well, her husband was anxious.
Q. Well --
A. I don't know if she was.
Q. And families want to be together during times of grief, you know that?
A. Certainly.
Q. Is there any question in your mind that a person with a flat affect, that can be synonymous with depressed, could it not, Doctor?
A. It could, yes.
Q. Flat affect is a term of art, it means just kind of stone-faced; is that right?
A. Correct.
Q. And a stone-faced person could be a person you would not rule out as deeply depressed and grieving?
A. Correct. You cannot rule that out.
Q. So the fact that someone has a flat affect that person -- I mean, you can't make any extrapolation from that, can you?

23 A. Right. You cannot.
24
25 MR. PRESTON DOUGLASS: Pass the

1 witness, your Honor.
2 MR. TOBY L. SHOOK: Just a couple of
3 questions, Judge.
4 THE COURT: Yes.
5
6
7 REDIRECT EXAMINATION
8
9 BY MR. TOBY L. SHOOK:
10 Q. As far as the two bruises, the one on
11 the left, you say that might be a little older; is that
12 right?
13 A. Correct.
14 Q. But this bruise on the right, the one
15 we've talked at some length about, that is, in your
16 opinion, 24 to 48 hours?
17 A. Correct.
18 Q. Okay. And again, would you or the
19 nurses spotted this type of trauma if it had occurred on
20 2:30 in the morning, June 6, 1996?
21 A. Yes, I believe we would.
22 Q. You never saw that type of injury on
23 her right arm, did you?
24 A. No, I did not.
25 Q. And as far as the nurse's notes go,

1 those are focus notes that focus on what?
2 A. On things out of the abnormal, not on
3 normal.
4 Q. These nurses in ICU are very thorough,
5 aren't they?
6 A. Yes.
7 Q. They check for injuries and how the
8 patient is doing; is that right?
9 A. Yes. That's their job.
10 Q. Okay. Now, as far as Demerol, what is
11 Demerol?
12 A. Demerol is a narcotic that's
13 administered usually for pain relief.
14 Q. Okay. And you said that she was given
15 that around 6:00 a.m., I think, or so?
16 A. Yes, sir, 6:00 o'clock, yes, sir.

17 Q. The first time she was given that was
18 on June the 6th?
19 A. Correct.
20 Q. And how much was she given?
21 A. 25 milligrams.
22 Q. Okay. Is that a large or small dose?
23 A. I would say on the average it's a
24 medium dose.
25 Q. Okay. And did the nurse administer

1 that?
2 A. Yes. The nurses administer all of the
3 medications in the ICU.
4 Q. They're trained in that; is that
5 right?
6 A. Yes, they are.
7 Q. Now, Mr. Douglass has asked you a
8 number of questions about whether a person would be
9 groggy waking up from the anesthesia and also getting
10 some Demerol. And you said, "Could be, maybe;" is that
11 right?
12 A. Correct.
13 Q. Does it just depend on the person?
14 A. It depends on specific -- how your
15 metabolism will process medication, if you're ill, older,
16 et cetera, et cetera.
17 Q. Some people might be groggy and some
18 people might be very alert?
19 A. Correct.
20 Q. It just goes person by person basis;
21 is that right?
22 A. Yes.
23 Q. Okay. Now, you didn't see her there
24 at 6:00 a.m., did you?
25 A. No, I did not.

1 Q. You didn't come until sometime later
2 in the morning or so?
3 A. Approximately, I think it was in the
4 afternoon actually when I saw her.
5 Q. Okay. And when you saw her, she had
6 what you call flat affect?
7 A. Correct.
8 Q. Okay. But you didn't feel she was
9 suffering from grogginess from drugs or anything, did
10 you?

A. No, I did not.
Q. Okay. You've seen that many times
before?
A. Yes.
Q. All right. Now, as far as memory loss
goes, you say you have seen people that have had some
trauma that had memory loss?
A. Yes.
Q. And usually what type of trauma do
they have?
A. Usually it's the motor vehicle
collisions where they have a closed head injury.
Q. Okay. They smash their head real
hard?
A. Correct.

Q. Okay. And what type of memory loss do
they have?
A. Usually what's called retrograde
amnesia, where they don't remember something that's
already happened. Usually they're in the hospital, in
the ICU or emergency room and they have no idea how they
got there. They were driving home and now they're here.
They have retrograde amnesia for what happened, and it's
that kind of event of amnesia that they don't remember
what happened around that time.
Q. They just don't remember what happened
or why they're there?
A. Correct.
Q. It's not selective amnesia, is it?
A. No. Usually it's they block out the
whole thing.
Q. Okay. You don't just pick one part
out and can't remember that part, is it?
A. No, I have not seen that.
Q. They just don't remember what happened
at all?
A. Correct.
Q. And that's usually a closed head
injury?
A. Usually, yes.

Q. Now, did you see any evidence on Ms.
Routier of a closed head injury?
A. No, we did not.
Q. Okay. And the Xanax, what is Xanax?

A. Xanax is an anti-anxiety drug that can be taken to help patients when they have anxiety attacks.
Q. Does that mean like when they get nervous and so forth?
A. Yes.
Q. And do you prescribe that in these type of situations?
A. No, I do not. I usually do not prescribe this kind of medication. A lot of patients -- the trauma patients, if they're anxious, usually they have a reason to be anxious, because they've been injured, car wreck, they lost a car, lost a loved one, et cetera, et cetera, and I usually don't prescribe it.
Q. Now, in this case Ms. Routier did get some Xanax prescribed to her; is that right?
A. Yes, she did.
Q. And while she was in the hospital some was given to her; is that right?
A. I believe it was, yes.
Q. Do you recall when that entry was?
A. I can look here. I believe she

received some that first day. Let me see if I can find that. I remember -- here it is. 6-6-96 at 16:45, which is 4:45 in the afternoon, she was given .25 milligrams of Xanax, given by mouth, to decrease her anxiety.
Q. Okay. So, on June 6, 1996, she's given 2.5 --
A. No, .25 milligrams.
Q. .25 milligrams of Xanax for anxiety?
A. Correct.
Q. In fact, that's how they term it in the list, anxiety. Right?
A. Correct.
Q. And can you tell the jurors the entry before that, on 6-6, what time is that entry made?
A. 16:00, 4:00 o'clock in the afternoon.
Q. Okay. And could you read that entry, please?
A. "Medical examiners and Rowlett P.D. officer here to photograph the wounds. Procedures explained to patient. The patient's husband at bedside. Evidence being collected from both husband and patient."
Q. And that's at 6:00 o'clock?
A. Right.
Q. And then at 6:45 she needs the Xanax for anxiety?

A. Correct.
Q. Okay. Now, as far as what you have described as Ms. Routier, her reaction to the loss of her children, what you saw, and comparing that to the other mothers that you've seen, have you ever seen a reaction like that --

MR. JOHN HAGLER: Your Honor, we've been through this. We'll object, again, repetitious and leading.
MR. TOBY L. SHOOK: Well, I think they brought it up.
THE COURT: Hold on just a minute. I'll let him answer the question if he knows the answer. Go ahead.
THE WITNESS: I'm sorry, repeat the question, please.

BY MR. TOBY L. SHOOK:
Q. As far as this flat affect, the way Ms. Routier reacted to the loss of her children, have you ever seen that reaction in a mother before?
A. No, I have not.
Q. Okay. Doctor, let me show you what's been entered in for record purposes as State's Exhibit

31-A, and let me draw your attention to the upper left-hand corner. Is that a reasonable accurate representation of how the wound, cross section of the wound of Ms. Routier's neck wound was?
A. Well, let me see. A close representation, yes.
Q. Okay. And that's what we're talking about, the neck?
A. Yes.
Q. And again, State's Exhibit 31-B, the upper right-hand corner, is that also an accurate representation of, I guess a cross-section you would say of the neck wound and the injury she received?
A. Yes. That's a good representation.

MR. TOBY L. SHOOK: Then we'll offer State's Exhibit 31-A and 31-B for all purposes, Judge.
THE COURT: Any objection?
MR. PRESTON DOUGLASS: No.

THE COURT: State's Exhibit 31-A and B
are admitted for all purposes.

(Whereupon, the items
Heretofore mentioned
Were received in evidence

As State's Exhibit No. 31-A
and 31-B for all purposes,
After which time, the
Proceedings were resumed
As follows:)

MR. TOBY SHOOK:: That's all we have,
Judge.
THE COURT: Mr. Douglass, anything?
MR. PRESTON DOUGLASS: Yeah, sure,
Judge, just a few questions.

RECROSS EXAMINATION

BY MR. PRESTON DOUGLASS:
Q. So, do I understand what you're trying
to say, Dr. Santos, is that no one who is grieving should
have moments of quietness, moments they feel depressed or
moments they should be flat?
A. No, I did not say that.
Q. All right. And isn't it true that an
hour ago or so, I pointed out to you notes of nurses who
wrote down in their notes that they observed her acting
just as you expected her to act; is that right?

MR. TOBY SHOOK:: Judge, we'll object
to asked and answered.
THE COURT: Overruled. Go ahead and
answer the question.
MR. PRESTON DOUGLASS: Thank you,
Judge.
THE COURT: Let's get all of the
questions out and let's get them answered. This
gentlemen has to leave. All right.
MR. PRESTON DOUGLASS: Let me reask
that.

BY MR. PRESTON DOUGLASS:
Q. The point is, there are at least three references in the notes where Mrs. Routier acted just like you would have expected her to act?
A. According to the nurses' notes, yes.
Q. Well, you trust the nurses, don't you?
A. Yes.
Q. So the fact that you saw her three times, but the nurses who were there with her and watching her closely noticed she was frightened, she was tearful, she was anxious, she was emotional and upset. That's exactly what you expect, isn't it?

A. Yes.
Q. All right. And you're not trying to tell this jury that the three visits that you made to her is the sum total of this lady's reaction to this trauma?
A. That was the sum total of my impression
Q. It's based on three visits?
A. Correct.
Q. Duration of those visits, Doctor?
A. Five to 10 minutes.
Q. Okay. So, the opinions you made that this lady doesn't act like any mother you have ever seen is based on 15 minutes of contact with this lady?
A. Approximately, yes.
Q. Okay. In fairness to this lady, do you think that's fair?

MR. TOBY SHOOK: Judge, I'll object to that, that calls for speculation.
THE COURT: I'll sustain that objection. Go ahead.
MR. PRESTON DOUGLASS: I'm sorry, that should be sustained. I take that back, I apologize. They're telling me to stop. I'll pass the witness.

THE COURT: Thank you. Either side have any further questions?
MR. TOBY SHOOK: Nothing further, Judge.
THE COURT: Thank you very much, Doctor.
MR. TOBY SHOOK: May this witness be

8 excused?
9 THE COURT: Do both sides agree?
10 MR. DOUGLAS MULDER: Subject to our
11 recall.
12 THE COURT: All right. Ladies and
13 gentlemen, that will conclude the testimony for today.
14 If everybody will please calm down
15 over there, we will excuse you until tomorrow morning at
16 9:00 o'clock. Regardless of what you hear on the radio.
17 This court will be here tomorrow morning at 9:00 o'clock.
18 Thank you very much. See you then.
19 All members of the audience will just
20 sit tight or stand tight, please, until the jury leaves
21 the Courthouse.
22
23
24 (Whereupon, the jury
25 Was excused from the

1 Courtroom, and the
2 Proceedings were held
3 In the presence of the
4 Defendant, with his
5 Attorney, but outside
6 The presence of jury
7 As follows:)
8
9 THE COURT: All right. Both sides, by
10 agreement, Mr. Scott has a camera and wants to take some
11 pictures. I'm going to let him up here, so if y'all want
12 your picture taken, they're going to smile nice. As soon
13 as they get out -- the jury clears, and the audience
14 clears, bring him up.
15
16 (Whereupon, the
17 proceedings were
18 recessed for the day,
19 to be resumed the
20 following day,
21 January 9, 1997,
22 In open court, as
23 Follows:)