



UNIVERSIDAD DE CHILE  
FACULTAD DE FILOSOFÍA Y HUMANIDADES  
DEPARTAMENTO DE LINGÜÍSTICA

TESIS PARA OPTAR AL GRADO DE MAGÍSTER EN LINGÜÍSTICA CON MENCIÓN EN LENGUA  
INGLESA

A STUDY OF SARCASM AND APPRAISAL OCCURRING IN THE EXCHANGES OF  
THE MAIN PROTAGONIST OF THE AMERICAN T.V. SERIES 'HOUSE M.D.'

ESTUDIANTE:  
ISIS NEGRÓN RUBIO  
PROFESOR GUÍA: CARLOS ZENTENO BUSTAMANTE

SANTIAGO, CHILE

2011

## Acknowledgments

Special thanks to Professor Carlos Zenteno for his never-ending academic support, his valuable insight, knowledge, and of course, his patience and admirable disposition. Without his guidance and contributions, the present research would not have been possible.

## Agradecimientos

Se agradece encarecidamente a todos quienes contribuyeron de una u otra manera a la producción de esta investigación, con sus correcciones, comentarios y variados aportes. En esa línea, también se hallan incluidos los creadores de la serie que contribuyó a inspirar este estudio, incluyendo al artista que encarna al personaje en cuestión. Especiales agradecimientos también a todos aquellos investigadores y estudiosos que con sus aportes fomentan la creación de conocimiento complementario y/o novedoso.

*'...Good point. Let's biopsy something safer, like her shoes!*

-House, "Fools for Love", Season 2.

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## 1. INTRODUCTION

Enter a room with twenty or thirty average people in it and ask that those who enjoy watching the American TV series 'House M.D.' to raise their hands. It is very likely that the majority of them will. Then, ask those who think Dr. Gregory House is a sarcastic character to also raise their hands. Again, it is quite possible that most of them will. Finally, ask whether they consider Gregory House a pleasant person. Most hands will remain lowered. It is not difficult to realise that, in spite of the great amount of fans the series has gathered along its current seven seasons, not many fans would describe the protagonist as a 'nice' person. Witty, cool, hilarious, relentless, extremely bright, yes. But not nice. A very interesting phenomenon is that a large number his followers would probably agree to include in their descriptions the notion of sarcasm or irony as a distinctive marker of this peculiar anti-hero.

House's character is so striking, unpleasant and amusing, so anti-social and admirable at the same time that his persona pervades the series. How can a phenomenon such as this be possible?. How can people construct their identities in ways which cannot be ignored, and produce effects cannot be neglected? And in this process, what resources are at use?

As has been established, many — if not all— of House's fans and viewers of the series would agree on the idea that House is an extremely witty and sarcastic character, a person who, by being sarcastic and blunt, often comes to be viewed by his peers as ruthless and mean. Some of them even despise him at times for his reactions. The question is: is he sarcastic...or ironic? More specifically: Is being ironic the same as being sarcastic? And, what does the use of irony or sarcasm imply? What makes people identify certain expressions (linguistic or behavioural) as being sarcastic? Why do we often ascribe one or the other to certain types of attitudes? Why is it that, more often than not, when someone is being sarcastic his personality strikes us so strongly? These questions have constituted the point of origin for the present research. In addition, they have triggered the interest in analysing the ways in which sarcasm may come to play a part in what and how we

communicate with others, and in some of the linguistic options involved in the construction of our identities.

As can be drawn, the main purpose of this research is to carry out a pragmatic and evaluative analysis of the sarcastic utterances in the conversational exchanges occurring in semi-spontaneous oral interaction in a way that allows us to investigate the possible status of sarcasm as a different phenomenon in relation to that of irony in terms of its attitudinal characteristics.

It is interesting to notice the fact that there is plenty of literature on irony and its formal, pragmatic and even phonological characteristics, on its uses and effects on hearers. Traditionally, irony has been viewed as those instances<sup>1</sup> whereby a speaker or writer produces an utterance that expresses the opposite of its literal meaning, often to convey some kind of negative meaning. Several theories (ranging from traditional philosophy and linguistics to more modern approaches which encompass cognitive and scientific elements) have been proposed to explain how verbal irony is produced, its formal characteristics and pragmatic functions, and whether the contrast between what is said and what is implied lies only in negation or on other different processes (linguistic, semantic, pragmatic or cognitive processes). In contrast, there has been little mention of the phenomenon of sarcasm as such, given that this notion has been vastly treated as a synonym of irony (in the Aristotelian tradition, in dictionaries, even in modern linguists, as Attardo (2001) claims) or as a non-defined subtype of it, or simply neglected because it apparently does not bear any significant differences from it in its formal characteristics, pragmatic functions or socio-pragmatic consequences. In fact, a large number of the studies of irony treats sarcasm as an equivalent term. Similarly, there is not a vast production of articles or papers which refer to sarcasm in particular or else as some phenomenon that can be treated separately from that of irony. In spite of the tendency of equating the two phenomena, there seems to be a growing implicit consensus on the idea that sarcasm is, in fact, a means to express derisive attitudes, at a greater and more intense degree than irony. Yet, this does not seem to have implied an elaboration of definition to distinguish the two concepts essentially.

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<sup>1</sup> This research encompasses ‘verbal irony’ and ‘verbal sarcasm’, only. ‘Situational irony’, on the other hand, deals with events that may be viewed as ironic, as will be mentioned further on.



Also, a strong motivation for this research resides on the apparent fuzzy status of sarcasm, which paradoxically and simultaneously appears as a phenomenon lacking relevant distinctive features in relation to irony but presents itself as a specific type of attitude. Being a resource for expressing attitudes of a definite kind, then it is likely to ponder on the possibility of differentiating sarcasm from irony, especially if one comes to consider the possibility that sarcasm may produce certain evaluative effects on the hearer and on the person who produces it; when a person is being sarcastic we may consider him or her as being blunt, or derisive, or as utilising black humour, etc. If a person does any of the above, then they may be expressing a stance of a particular kind in relation to their relations with others (as being superior, dominant, aggressive, etc).

If sarcasm is in fact an attitude, then it is logical to study it in the light of a theory which offers an analysis of evaluative stances and meanings, since by being an attitude sarcasm might have a distinct impact (as compared with irony) in the elaboration of personae. It seems feasible that the concept of sarcasm may involve a process whereby human identities are built and social relations are determined. In the case of irony, Partington (2007) proposes that the type of identity construed is one of affiliation, as irony can be used as a tool for enticing others to belong to a certain belief or group, by means of persuasive discourses. If sarcasm is likely to be a different linguistic, pragmatic, cognitive and evaluative resource which conveys different attitudinal meanings, then it is sensible to examine the consequences of its use at a socio-pragmatic level.

As evaluation is a key concept in the analysis of irony and sarcasm, a theory on the field was required to provide appropriate basis for the analysis of sarcastic utterances. Consequently, the analysis was based on Martin and White's theory of Appraisal, presented in their work 'The Language of Evaluation in English: Appraisal in English', held online since 2001 and published as a text in 2005. These authors propose a particular approach to explore, describe and explain the way or ways in which language is used to evaluate, adopt stances, construct textual personas and manage interpersonal positioning and relationships. Appraisal as a theory seeks to explore how speakers and writers pass judgments on people, other writers and or speakers and their utterances, material objects, events and states of affairs and thereby form alliances with those who share these views and distance themselves from those who do not. At the same time, it studies the means by which

attitudes, judgments and emotive responses are explicitly presented in texts and the different ways whereby they may be more indirectly implied, presupposed or assumed. Similarly, Appraisal theory analyses how the management of such attitudes and judgments is carefully conducted considering the ever-present possibility of challenge or contradiction from those who hold differing views. Martin and White (2005) have developed a thorough model to analyse lexical and pragmatic choices made by speakers to express their views and reflect their attitudes as they make use of different discourse types.

The main interest of this research was to determine the status of sarcasm in relation to irony, both regarding the evaluative uses involved, and the socio-pragmatic consequences at work. Thus, a relatively steady and abundant corpus was needed. Taking into account that sarcasm appears to be a fuzzy concept, it seemed logical to start with a corpus which would offer sarcastic utterances as prototypically interpreted as such by the audience. That is to say, utterances which a large number of hearers would tag as being sarcastic, and then analyse the possible distinctive appraising characteristics of those utterances.

Consequently, the analysis of semi-spontaneous discourse constitutes a useful choice, in that it provides a sufficient amount of utterances that may be considered by audiences unanimously as sarcastic. In consequence, the corpus is composed by some episodes taken from the American TV series 'House M.D', which was the starting point of the interest on the topic at hand. As was previously stated, Doctor Gregory House has been often viewed by audiences as an icon for irony and (or?) sarcasm, and he is frequently described as a confrontational and disrespectful person, a man who is "rude, arrogant and offensive. He never misses a chance to sarcastically pick people apart" (Frappier, in Jacoby 2009).

In sum, Doctor House, as a prototypical sarcastic character, was considered in this study as an appropriate source for the analysis of sarcasm and the implications of its use at pragmatic and evaluative levels.

Concerning its formal layout, the report of this study is organised in ten sections. Section 2 presents the research questions that this study aims at answering. Section 3 the general and specific objectives of the research are stated and explained. Section 4 contains the theoretical framework which constitutes the relevant foundation for the empirical part of the study: Appraisal theory and some viewpoints on the phenomenon of irony are dealt with.

Section 5 introduces the general background on the persona of Doctor Gregory House, which is considered relevant and useful for a better understanding of the object of the study, because the corpus is composed of the exchanges of a fictional character whose distinctive characteristics reflect both inside and outside the series. Thus, in this section, a brief description is made of the story of the character, the relations he establishes with those who surround him, and the status the character has achieved outside the series, in popular culture.

Section 6 presents the research methodological procedures, namely, the description of the corpus, the corpus selection criteria, and the analytical procedures.

Section 7 displays the analysis of the sarcastic utterances found in the episodes under examination.

In section 8, the results obtained are displayed in tables and charts and then discussed.

In section 9, relevant conclusions drawn from the research are presented. Finally, section 10 contains the references used and included throughout the whole study. The complete appendix, namely, the transcriptions of each episode, is presented at the end of this research.

## 2. RESEARCH QUESTIONS

- 2.1 What are the broad pragmatic functions of sarcastic utterances?
- 2.2 What are the main evaluative meanings conveyed by sarcastic utterances?
- 2.3 What pragmatic distinctions can be made between sarcasm and irony?

## 3. OBJECTIVES

### 3.1 GENERAL OBJECTIVES

- 3.1.1 To determine the pragmatic meanings and evaluative functions which distinguish sarcasm from irony.
- 3.1.2 To determine the attitudinal standpoint taken by the speaker in the expression of sarcastic utterances in semi-spontaneous oral exchanges.

### 3.2. SPECIFIC OBJECTIVES

- 3.2.1 To identify the types of sarcastic utterances used in semi-spontaneous oral exchanges, for the expression of appraisal meanings.
- 3.2.2 To quantify and classify the Appraisal expressions employed in sarcastic utterances concerning their pragmatic functions, and the socio-pragmatic effects of their use.
- 3.2.3 To quantify and classify the occurrences of sarcastic utterances in semi-spontaneous oral exchanges in connection to the Appraisal resources in use.
- 3.2.4 To quantify the attitudinal standpoints taken by the speaker in the expression of sarcastic utterances found in the corpus.

## 4. THEORETICAL FRAMEWORK

### 4.1 Irony

#### 4.1.1 Historical Background

Throughout its existence, 'irony' has been analysed from different perspectives and within different fields of study: anthropology, literature, linguistics, philosophy, clinical psychology, cultural studies, mainly. Also, the human activities and domains to which irony relates are many: art, literature, humour, dance, music, media, language, speech, image, thought, cartoons, journalism, theatre, politics, social situations, and many others (Colston and Gibbs, 2007). In view of this fact, presenting an exhaustive compilation of the history of irony and its communicative uses and functions is almost impossible. Therefore, the scope of any study of irony needs to be subjected to some constraints. Thus, the brief historical account to be made in this study will only include a) how it relates, from a modern perspective, to language and thought; and b) only a handful of the vast number of theories which offer an account for verbal irony.

A basic descriptive distinction made by scholars in the vast field of irony is that between 'verbal' irony, which is a linguistic phenomenon, and 'situational' irony, which is a state of the world which is perceived as ironic, e.g. a fire station burning down to the ground (Attardo, 2001). Accordingly, in this research, only verbal irony will be dealt with.

Barbe (2005) suggests that irony has commonly been described as a violation of some communicative or social norm, and as such, irony has been viewed as an exceptional use of language. This, in consequence, can account for the fact that irony was often neglected for a period of time in linguistics (primarily within the era of structuralism) during which meaning did not seem to offer enough formal regularities worthy of description or examination. This lack of interest in the study of irony within the main schools of linguistics persisted around the 1970's. It would be around that time that some language use-based models began to deal with irony, namely, the Speech Act Theory of Austin (1962) and Searle (1976) and the Gricean Theory (1989). A brief historical account of some of the most influential approaches to irony may be helpful in order to understand how it has eventually come to take an influential role within pragmalinguistics.

Barbe (2005) states that in the pre-Socratic dialogues, irony denoted bluffing or denigrating others, as well as conveying negative meanings. Later, Socrates, on the one hand, described irony as a special type of conversation, where a participant would feign ignorance so as to show his/her audience's ignorance. Plato, in turn, considered irony as a kind of vulgar expression, a mischievous criticism, a mocking pretence or a type of deception. Alternatively, Aristotle explained irony as a noble form of joke, whereby ironists amuse themselves and do not necessarily amuse others. He also defined irony as 'saying something but meaning the opposite'. Along similar lines, Quintilian (a Roman rhetorician who was born ca. 35 in Calahorra, La Rioja, Hispania) proposed that irony in speech was used by speakers or writers so as to conceal hidden meanings or motives. He, like Aristotle and Cicero set the tone for subsequent rhetorical treatises of irony, thus influencing its literary use and treatment. The Aristotelian definition of irony would continue to be predominant until these days. It would also become the basis for the classical theory of irony, which suggests that its main communicative function is the expression of disdain, criticism, humour, or praise (Barbe, 2005).

According to Kihara (2005), since Aristotle's proposal, there have been two mainstream approaches to verbal irony: a) one is based on the classical view of irony; and b) a recent one, based on the view of irony as 'echo' or 'pretense'. A brief revision of each is presented in the following sections.

#### 4.1.2 Traditional accounts of verbal irony

The Merriam-Webster dictionary defines irony as 'the use of words to express something other than and especially the opposite of the literal meaning'<sup>2</sup>. The definition encompasses the basis of the traditional account of irony, which views it as a trope, involving an underlying negation (as the Aristotelian definition, saying one thing and meaning the opposite) (Kihara, 2005). Within the specific domain of pragmatics, it is necessary to mention two influential models of irony: Cutler (1974), and Grice (1975).

Cutler (1974) suggests that the meaning of ironic utterances is the reverse of their literal meaning. Also, she explains that there are two types of irony: on the one hand, there is 'spontaneous irony,' which appears from the immediate context, with no use of anaphora.

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<sup>2</sup> <http://www.merriam-webster.com/dictionary/irony>

On the other hand, there is what the author calls ‘provoked irony’. This indicates that the speaker refers to some previous event or utterance<sup>3</sup>. For oral utterances to be interpreted as ironical, a certain intonation should be employed in such a manner that there is, somehow, a cast of a doubt on the literal meaning. Cutler (1974) describes a typical ironical utterance as a simple declarative, always insincere, whose literal reading is approbatory. In this approach, the notion of approbatory readings is what turns to be problematic, because there are utterances which are ironical (and that may or may not make use of background knowledge) but which do not entail approbatory literal readings. For example:

- (1) *At a dinner party, Will is serving lettuce. Hilda, who is allergic to lettuce, initiates the following exchange:*  
*Hilda: Is that lettuce?*  
*Will: Last time I checked...* (Barbe, 1995)

In this exchange, because Will’s utterance is intended to be both literal and ironical, Cutler’s approbation condition cannot be applied; and the literal opposition to the last comment is virtually impossible to find.

Grice (1975) relates irony to one of the definitions attributed to Aristotle — ‘say something but meaning the opposite.’ This is the case when a speaker utters a sentence which they do not believe and the audience or hearer is aware that he or she knows that this is an obvious fact. Thus, as the speaker wants to communicate something else, they flout the Maxim of Quality, ‘Make your contribution one that is true’. In addition, Grice views irony as a means of criticising, or, at times, teasing and trying to appear clever, always involving the flouting of a maxim. According to Grice (1975), for instance, an ironic speaker means something is bad by saying something is good when it is evidently bad (Kihara, 2005).

Unlike Plato’s idea of ‘pretense’, Grice disputes that the ‘ironic tone’ —the tone recognised by hearers only in relation to an ironic remark— exists as a separate entity in relation to ironic expressions. Then, for Grice irony is restricted in its purpose to criticism and expressions of negativity. This account of irony has been criticised for being inadequate, as it can only explain irony as the flouting of one maxim, and most importantly, it cannot

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<sup>3</sup> Utterances can be viewed in a broader sense, as including both oral and written communicative units. In a narrower sense, utterances (i.e., spoken utterances) are distinctive from “inscriptions” (i.e., written, communicative utterances).

clarify those ironic expressions where utterance meaning and speaker meaning convey the same type of meaning. Grice's maxims, as applied to irony, fall short in that they only pertain to one type of discourse, namely, the level involving exchange of information. However, Grice's speaker-based Cooperative Principle may work in many situations, where discourse involves the level of interaction, social roles of the interactants, and contributions must be appropriate, depending on the context. For example, in a lecture, the lecturer, as an information provider, is considered to be sincerely cooperative; irony in this situation could be potentially harmful; but at a dinner party with friends, irony can be used, without necessarily causing offense. Thus, participants in different situations have different expectations of cooperation (Barbe, 1995).

Though Grice's contribution to the study of irony may not be regarded as being fundamental, it has stimulated various debates on the subject. Also, it is worth noticing that Grice's proposals on irony do not shed much light on the following: a) the existing types of irony (do all expressions of irony resulting from the flouting of one maxim mean the same? If not, what makes them distinct? What is the status of sarcasm in this model?); b) the pragmatic and discursive functions of irony (i.e., is criticism the sole purpose of irony?); and c) the issue of irony reception (both regarding reception as experienced on the part of the person to whom irony is directed, and on the part of those who are expected to grasp the ironic meaning involved in the expression).

It is important to point out that Grice's views of irony did not constitute a theory as such. He only described irony briefly in his texts. The Gricean account for irony has been recently modified by such theorists as Giora (1995), whose view involves indirect negation and the graded salience hypothesis, and Attardo (2000), who regards irony as 'relevant inappropriateness'. It is also relevant to notice that, in the traditional view, the scope of irony may be limited not only to a few words but also can cover a whole discourse, or even a whole life (which would correspond to the Socratic type of irony, as it involves the pretense of ignorance of a given topic for pedagogical purposes and which will not be dealt with in the present study (Attardo, 2000)).

The main problems with the traditional theories mentioned in this section, are as follows:

1. They cannot account for all types of irony.
2. They cannot state a clear-cut difference between what is and what is not ironic.



3. They give no insight as to why these perverse ways of communication are allowed to exist in language (Myers Roy, 1977).

These accounts treat irony as a direct opposition between a literal and a figurative meaning, substituting one meaning for another. Therefore, an ironic utterance could communicate a single determinate proposition, which could, if necessary, be conveyed by means of another, purely literal utterance (Sperber and Wilson, 1981). The direct consequence of this view, is that, the traditional definitions do not consider the whole psychological picture involved in irony as a versatile phenomenon which can be used beyond the expression of negation and contrast.

#### 4.1.3 Alternative accounts of irony

A selection of other important alternative approaches will be briefly presented as follows: Sperber and Wilson (1981), Clark and Gerrig (1984), Kumon-Nakamura, Glukberg and Brown (1995) and Partington (2007).

Dan Sperber and Deirdre Wilson (1981) propose the ‘echoic mention’ theory of irony (where the term echoic might prove to be confusing, according to Kihara (2005) as it will be explained further on). This theory was developed in order to challenge what is considered to be the traditional, or standard meaning substitution approach, explained in the previous section.

According to the echoic mention theory view, background knowledge is essential and highly relevant to the communicative event. Most ironic utterances refer to some previously shared event or utterance (Sperber and Wilson, 1981). Participants do not resort to any non-literal meaning to substitute for the literal proposition. Instead, what is at work is that the listener is echoically reminded of some familiar proposition (whose truth value is irrelevant) and of the speaker’s attitude towards it (Colston, 2000). According to (Sperber and Wilson, 1981), when an ironic speaker says, for example, that something is good or positive in some respect, she is repeating previously uttered utterance but which is relevant to the communicative contexts, while dissociating herself from the opinion echoed (Kihara, 2005). Thus, the concept of ‘echoic mention’ signals the expression by which a speaker directly mentions another speaker’s previous comment that has turned out to be inaccurate. For example: A speaker can mention another person’s (or their own) inaccurate prediction

about an event (for instance, if a weather reporter predicted clear blue skies for the day but the weather is cloudy and rainy instead, the present speaker could say: *Yup, 'clear blue skies' today*), or a speaker can repeat another person's description that turned out to be incorrect (for example, repeating a person's earlier comment about how very well-behaved a kitten is after it has shredded a curtain: *Yes, a very well behaved' kitten indeed!*) (Colston, 2000).

Sperber and Wilson's theory has served as a basis for the development of similar approaches, namely Clark and Gerrig's (1984) 'pretense' theory, Kreuz and Glucksberg's (1989) 'echoic reminder' theory and the 'allusional pretense' theory of Kumon-Nakamura et al... (1995).

Clark and Gerrig (1984) state that their approach is based on suggestions made by Grice (1978) in that he viewed irony as involving some kind of 'unspecified pretense', which should be identified by the audience but never made explicit by the speaker. Clark and Gerrig include Fowler's (1975) suggestions as well to elaborate on this 'unexplained pretense' suggested by Grice. Fowler described irony as a form of utterance that postulates a double audience. On the one hand, a party which would hear but would not understand, and on the other hand, another party who would, at the same time, detect both the outsider's incomprehension and the existence of another meaning involved.

Taking these contributions into account, Clark and Gerrig (1984) put forward their pretense theory of irony and explain it as those utterances whereby a speaker is pretending to be an injudicious person speaking to an uninitiated audience. The speaker intends the addressee to discover the pretense and, thereby, interpret his or her attitude towards the speaker, the audience, and the utterance.

Kumon-Nakamura et al.. (1995) have put forward the 'allusional pretense' theory. This approach proposes that ironic utterances have their inherent effects by alluding to a failed expectation. Such effect is normally achieved by flouting pragmatic rules of discourse, primarily, the maxim of sincerity. This violation makes the hearer aware both of the failed expectations and of the speaker's attitudes, which may or may not be negative.

Kumon-Nakamura et al.. (1995) establish a criticism on Grice's (1975) account for irony in two ways as follows: first, the idea of simply inferring the opposite of what is meant fails to provide the motivation for saying the opposite of what one means, and second, it is not

quite clear that expressions such as (2) and (3) uttered in the following situation, are literally the opposite of what was intended: two people approach a door. The first person to reach the door opens it and lets it swing shut behind her. The second person, carrying a heavy box, says:

(2) *Don't hold the door open; I'll just say 'open sesame', or*

(3) *Thanks for holding the door.*

Kumon-Nakamura, et al.. (1995) wonder what, for example, might be the opposite of (4) given that the notion of opposite meanings is applicable only to declarative assertions—assertions that can be valued as either true or false. Consequently, the traditional pragmatic theory fails to account for the ironic uses of other types of expressions, such as requests, offers, or expressions of thanks, among others. In addition, the pragmatic theory also fails in those cases where the assertion is true but is nonetheless intended ironically, as when an annoyed listener says:

(4) *You sure know a lot!* (uttered to someone who is arrogantly and offensively showing off knowledge).

In addition, concerning Sperber and Wilson's (1981) echoic mention theory, the authors point out that, there are many occurrences in which it is not immediately apparent that the speaker is echoing any specific, previously made utterance or even any specific unspoken thought. This becomes evident when taking into consideration the various ways in which irony can be expressed. Kumon-Nakamura et al.. (1995) state there are at least five resources available for the expression of irony: a) counterfactual assertives, b) true assertions, such as (4), c) questions, such as: *How old did you say you were?*, said to someone acting inappropriately for his or her age; d) offerings such as: *How about another small slice of pizza?*, addressed to someone who has just gobbled up the whole pie; and e) over-polite requests, such as: *Would you mind very much if I asked you to consider cleaning up your room some time this year?*, addressing an inconsiderate and slovenly housemate.

True assertions could be construed as an echoic interpretation of the offensive person's view of himself or herself. However, the question, offering, and request examples do not seem to be echoic although, on some instances, they could be. Instead, they seem to be 'allusive': the four examples allude to expectations or norms that have been violated.

It is worth noticing that Kumon-Nakamura et al. (1995) propose that echoic interpretation is not a necessary property of ironic discourse. Instead, they suggest that an allusion to some prior prediction, expectation, preference, or norm is a necessary property of discourse irony. In addition, the authors propose that a second characteristic of discursal irony is also at work: insincerity. When a speaker uses a counterfactual assertion in order to communicate irony, he or she does not sincerely intend to inform the hearer about a state of the world. For instance, saying that the weather is wonderful when in fact it is terrible is an insincere description of the weather. Thus, in such cases, people are typically insincere when they utter a false statement. However, people can also be insincere yet utter a true statement.

Kumon-Nakamura et al. (1995) explain that all ironically intended utterances involve insincerity which is pragmatic, not only semantic (as in Grice's (1975) theory), as speakers intentionally violate one or more of the felicity conditions for well-formed speech acts. This violation occurs not only in counterfactual terms because they do not only say one thing meaning another. That is, they can not only utter false assertions, but they can also make compliments, requests, questions, which are neither true nor false.

Summing up, the allusional pretense theory proposed by Kumon-Nakamura et al. (1995) make two major claims: a) ironic utterances are allusional in that they refer to prior expectations that have been violated in some way, and b) pragmatic insincerity is a criterion feature of ironic utterances. The pragmatic, rather than simply semantic insincerity is more general, therefore, more inclusive.

Alternatively, Partington (2007) presents a different point of view for irony, taking elements from the evaluation theory of Martin and White's (2005). He states that when dealing with irony, it is not possible to simplify the definition by only suggesting that "the speaker's meaning may be other than [rather than the opposite of] the literal content of the

utterance” because this would fail to distinguish irony from other figures of speech, such as metaphor and metonymy. Additionally, he asserts that defeated expectations are not enough to explain irony either, for example, if someone utters:

(5) *I really thought I would pass my exams but I didn't.*

such utterance would hardly be rated as an ironic comment.

Partington (2007) also claims that ideational negation cannot easily account for what is called ‘true-seeming’, or ‘verisimilar ‘irony’. That is, when a speaker utters a statement from which he or she do not dissociate themselves and that appears to be a reflection of their true opinion, as in the following examples:

(6) *Mother (on entering child's room which is untidy): I love children who keep their rooms clean.*

(7) *America's allies—always there when they need you.*

In (6), Partington (2007) explains, the mother is clearly not saying the opposite of what she means ideationally, that is, either I hate children who keep their rooms clean or I love children whose rooms are untidy. But the notion of evaluation reversal would predict quite simply that she is implying (confidently assuming that the child will work out the import via the application of the same implicatures she is using) the evaluation *I don't like children (that is, you) who have untidy rooms.*

Hence, Partington (2007) proposes the existence of a ‘reversal of evaluation’ characterising all irony. In ironic utterances, there are two narratives which are in a state of conflict. As a result, irony can be dealt with as a bisociative phenomenon, where something is overturned or reversed. In consequence, Partington points out evaluation as a key element in irony. He refers to Hunston (2004) and Martin and White (2005) as representatives for models of evaluation. As such, Partington (2007) highlights Hunston's (2004) definition of evaluation as marker that something is good or bad, not only in the moral sense, but also in reference to something that may be treated as being profitable, unfavourable, enjoyable, etc, and simultaneously stresses the importance of the basic dual value underlying evaluation.

Entities, behaviours, people, situations, etc., can be thought of as being good, or positive or bad, or negative, to varying degrees, but evaluation is fundamentally a two-term system. He adds “the highly evaluative nature of irony marks it out as just such a tool for both social censure/control and for persuasion” (p.8). Partington (2007) adds that in all irony the hearer assumes that if the speaker takes the trouble to be non-literal, he or she must also wish to convey an attitude towards some entity in the context which may be the subject matter, some individual referred to, or the hearer. In consequence, it can be used to direct, control, and even manipulate the behaviour of others, generally to the advantage of the individual performing the evaluation.

Though evaluation can be explicit or implicit, still the reversal must be signalled as marked in some way, as being out of the ordinary and therefore worthy of notice, debate or scandal. Partington (2007) suggests that the reversal is often painstakingly emphasised, grammatically, lexically and phonologically. It is not sufficient to state for example, that a person asserts that something went well but another person asserts the opposite. The contrast in evaluation needs to be intensified, especially when protagonists or evaluators in the two narratives are different parties or when in actual fact the contrast might appear a little weak, and has to be expressed via explicit markers of irony (for example, including the adverb ironically). Therefore, in irony exists a reversal of evaluation rather than a reversal of conceptual or propositional or ideational meaning (as in Systemic-Functional Grammar terminology, (Halliday, 1994)).

Partington (2007) presents a study which shows how irony is a bisociative phenomenon in which the speaker constructs a pair of narratives. Both of these are more or less present in the text (‘explicit irony’) or one is apparent and the other is implied (‘implicit irony’). At first sight, he asserts, explicit irony may appear to merely point out the irony pre-existing in a particular situation, but this is far from being the case and both sorts are used creatively and strategically to perform censure and to align the audience with one’s stance (i.e. persuasion). The criticism is not necessarily hostile; according to Partington (2007), irony can be affiliative.

Finally, Partington (2007) supports his view with a study which uses corpus-based real-life data (semi-spontaneous interactive, spoken discourse, spoken interviews and written texts) to examine how explicit irony operates and also explore objective ways for identifying

implicit irony. In the conclusions of such study, he states that there is strong evidence supporting the idea that the principal mechanism driving all irony is an implied reversal of evaluative meaning of the utterance. In addition, the study would also support how irony in discourse always has a strong strategic argumentative point, as irony can constitute a resource with which a speaker may produce in the audience a feeling of attachment or belonging to his or her viewpoints, that is to say, he or she may, through the use of irony, show that something or someone does not represent a positive element for him or her, thus being liable to criticism. As such, the speaker may attract others to believe or support what he or she is saying and see the faults on others as evidenced through irony. Hence, Partington (2007) proposes that, through the expression of argumentative points, irony is affiliative.

## 4.2 Sarcasm

### 4.2.1 A linguistic account

Sarcasm and irony are interrelated, complex pragmatic meanings, so much so that some scholars do not make a clear-cut distinction between them. Other scholars simply treat them as two notions involving different degrees along a common conceptual continuum. Thus, Attardo (2003) uses the terms interchangeably and claims that there is no clear manner to distinguish one from the other. Similarly, Gibbs (1986) acknowledges the difficulty involved in distinguishing between sarcasm and irony. Still, based on the definition appearing in the Oxford English Dictionary he makes this distinction: ironic utterances are generally thought to include “the use of words to express something other than and especially the opposite of the literal meaning of a sentence,” whereas sarcasm involves employing “bitter, caustic, and other ironic language that is usually directed against an individual.” Thus, if a speaker utters:

(8) *You're a fine friend!*

to someone who has hurt the speaker verbally, the utterance is sarcastic.

However, if a speaker says:

(9) *They tell me you're a slow runner...*

to someone who has won a marathon race, the utterance is interpreted as being ironic. According to Attardo (2000), sarcasm is described as an overtly aggressive type of irony, with negative overtones and a victim as generally the hearer. However, he reiterates, there is no consensus on whether sarcasm and irony are essentially the same, with minor differences, or if they differ significantly. Attardo supports the former. Nevertheless, he explains, other scholars propose distinguishing sarcasm from irony. Haiman (1990, 1998) claims that irony does not involve the speaker's intention, whereas sarcasm does. Haiman (1998) further notes that irony may be 'situational' i.e. it may refer to events which appear as contradictory (a police station being robbed, for example), whereas sarcasm may not. In turn, Sperber and Wilson (1981) make a distinction between echoing one's own utterance (irony) and echoing another person's utterance i.e., sarcasm. Schaffer (1982) reports different verbal clues for irony and sarcasm. Perhaps the strongest claim for the differentiation between irony and sarcasm can be found in Brown (1980), who presents the following example:

(10) *A teacher writes: Nice cover. –F, on a student's paper.*

in case he or she really likes the cover, he or she is being sarcastic but not ironic.

According to McDonald (2000), when a speaker makes a sarcastic comment, this is frequently in the form of an assertion that contradicts the true state of affairs. In addition, sarcastic comments are also normally associated with an attitude of derision or scorn towards the recipient of the comment.

Sarcasm has also been said to be related, as irony, to the notion of echoic mention as explained above. Gibbs (1986) offers the following example, suggested by Sperber and Wilson (1983):

(11) When Bob has not assisted Al in doing some task, Al says to Bob: *You're a big help!*



The sarcastic meaning conveyed comes from the fact that Al has echoed some previously uttered statement or belief, or perhaps some unspoken agreement between Al and Bob. That is, Bob might have offered to help Al earlier, or it should have been Bob's job to do so. When Al says *you're a big help* he is, in a sense, quoting this previous statement or verbalising a mutually shared belief. Alternatively, Bob's assistance could refer to an implicit social convention: assuming Al enters a room carrying some heavy packages and Bob remains sitting, or Al is evidently in need for help and Bob can indeed help, or else Al is in some way physically impaired and it is only kind to help him. In any of these scenarios, there is always a social element involved. As pointed out by Sperber and Wilson (1981), there are many different types and degrees of echoic mention; some of them are immediate echoes, and others are delayed; some have their sources in actual utterances, others in thoughts or opinions; some have real sources, others have imagined ones; some are traceable back to particular individuals; however, there might be others of a vague origin.

Along similar lines, according to the echoic mention theory (Sperber and Wilson, 1981) by being sarcastic, a speaker mentions, rather than uses, the literal meaning of his or her utterance. Understanding sarcasm, according to this view, depends on identifying the propositional content and the speaker's attitude towards it. Gibbs (1986) acknowledges a special role of sarcasm by way of relating speakers and hearers through the mention of a previously stated belief or attitude. However, Gibbs asserts that there are instances of sarcasm in which the literal meaning is not related to the speaker's intentions. That is, the intended meaning of a sarcastic indirect request, as in (12) below:

(12) *Why don't you take your time getting the ball?*

is *Hurry up and get the ball*. As such, it reveals the speaker's intention to make this utterance into a sarcastic request (Gibbs, 1983b).

#### 4.2.2 A psychological approach

For the distinction of sarcasm, McDonald (2000) suggests a psychologically-based view. He has conducted several experiments on the detection and comprehension of sarcastic comments in patients suffering from certain brain injuries. He claims that, together with involving the contradiction of some state of affairs in the form of an assertion, sarcastic utterances are normally associated with an attitude of derision or scorn aiming at an interlocutor as a target. McDonald points out that acquired brain damage impairs certain cognitive processes, leaving others intact. As patients who have injuries in the right hemisphere (RH patients) have been reported to have problems interpreting metaphors, proverbs and idiomatic phrases, and have difficulty recognising abstract relations in the appreciation of the punch line of jokes, studying their comprehension on sarcastic utterances should be of interest as well.

In an experiment conducted by Tompkins and Matee (1985), cited in McDonald (2000), reference is on patients with RH temporal lobotomy. These were asked to listen to pairs of vignettes, one bearing a positive mood and another, a sarcastic one, carrying a negative mood by means of prosodic features. These patients were required to make judgments about the appropriateness, or otherwise, of the tone of voice in the given context. In addition, they were asked to answer questions about facts and inferences in the vignettes. The study showed that patients had difficulty judging the appropriateness of the tone employed, or had reported problems for integrating incongruent final comments made in the sarcastic utterances (i.e., in the negative vignettes) as part of their interpretation. Thus, they were unable to answer inferential questions about them.

Tompkins and Mateer (1985) asserted that these results meant that RH patients have difficulties interpreting the emotional moods expressed or implicated in the incongruent or negative vignettes. Not being able to interpret these moods and make attitudinal inferences relevant to comprehend sarcastic utterances would provide a possible relation between sarcasm and attitude. McDonald (2000) refers to two other similar studies (one by Kaplan, et al. (1999) and the other by Brownell et al. (1992)) also conducted on RH patients which showed similar conclusions. First, that RH patients are unable to use information related to the affective relations between speakers which can determine the understanding of sarcastic utterances. Second, and similarly, that these patients are less likely to use the mood of

speakers as a feature to discriminate a sarcastic utterance from other types of utterances (for example, a joke). It is interesting to notice McDonald's (2000) assertion on the plausibility that the loss of sensibility to subtle emotional cues (RH patients attribute incorrect emotions to characters in narratives and have difficulty recalling emotionally charged verbal material, together with trouble tackling intentions and beliefs of other speakers) is the reason for RH patients' difficulties in processing sarcasm.

In sum, according to his research, McDonald concludes that disturbances in emotional processing may account for some of the difficulties RH patients have when interpreting sarcasm. Nevertheless, he warns, this is unlikely to be a sufficient explanation for their performance because there are other aspects of sarcasm that are independent of emotion that have also proven difficult for RH participants.

Similarly, McDonald (2000) explains that patients with traumatic brain injury (TBI) affecting frontal lobe function also find it difficult to comprehend sarcasm. TBI produces various impairments in patients, some very heterogeneous and severe, ranging from memory disfunction, executive control impairments, and other permanent disabilities in both sensorimotor and cognitive functions. Nevertheless, there is a common general ground on the state of TBI patients, as follows: a) aphasia is infrequent but still loss of communication skills is relatively frequent; b) disruption in the capacity of patients to behave adaptively, causing a loss of conceptual and problem-solving skills and impaired ability to regulate behaviour to meet internally generated goals; c) they appear to be able to talk better than they are able to communicate with others, thus they are often described as being over-talkative but inefficient; and d) their conversational styles overlook important social requirements since these patients would display insensitivity to others, self-focused conversation without interest in other people, immature or inappropriate humour, frequent interruptions, blunt manner, overly familiar and disinhibited remarks or advances and inappropriate levels of self-disclosure.

In relation to conversation and discourse processing, McDonald (2000) points out that TBI patients respond to the most concrete and superficial aspect of their environment and are unable to process information beyond its most salient and literal meaning. This type of deficit may intensify their difficulty coping with the social or pragmatic dimensions of conversation. Several studies conducted by McDonald (2000) have shown that TBI patients

would also have trouble understanding sarcasm, as they would be transfixed by the superficial meaning of the sentence, being unable to reinterpret it to make conversational sense. In addition to this, a large number of patients proved to be unable to identify emotional tone of voice. However, though the recognition of emotional parameters may aid in the comprehension of sarcasm, it cannot be said that it is sufficient on its own or, according to the author, even necessary, at least for TBI patients.

As a general conclusion on his study on sarcasm, McDonald (2000) proposes that dissociations in cognitive abilities that occur as a result of specific brain pathology are useful so as to gain further insight in the processes that underlie the competent interpretation of pragmatically laden conversational remarks such as sarcasm. On the one hand, accurate appraisal of the emotional state of the speaker facilitates the comprehension of sarcasm, but is neither necessary nor sufficient for the full pragmatic force of the sarcastic comment to be detected. On the other hand, abilities to think flexibly and conceptually appear to be important prerequisites for drawing inferences from sarcastic comments.

#### 4.2.3 How can sarcasm be identified? Some linguistic and paralinguistic markers

In spite of considering sarcasm practically as equivalent or identical to irony for most purposes, Attardo (2003) offers some useful proposals for the identification of linguistic and paralinguistic markers of sarcasm:

a. Linguistic clues: Phrases and lexis used in utterances which seek to express an evaluative assertion opposed as to what is expected in the context, or that are in opposition with world knowledge but which, in addition, carry a strong demonstration of criticism directed towards a person or a state of affairs (Martin, 1992).

Attardo (2003) states that intonation the most commonly noted index of ironic intent, and refers to the following as possible indicators of irony:

- b. The use of a flat (i.e., neither rising, nor falling) contour.
- c. Question intonation.
- d. The use of a lower pitch.

e. ‘Inverse pitch obtrusion’ (i.e., the utterance of the stressed syllable at a lower pitch than the surrounding material, in English and German). Conversely, Rockwell (2000) found that a higher pitch was a marker of irony.

f. Exaggerated or extreme pitch may mark irony.

g. The use of a marked succession of prominent syllables: the ‘beat clash’. (Uhmann (1996)

h. Exaggerated intonational patterns, singsong melody, falsetto, heavy exaggerated stress and relatively monotonous intonation, and long pauses between the words.

i. The use of ‘softened voice’.

j. The use of rise-fall contours with ironic statements such as *is that so*, or *you don’t say*, and low tones with statements such as *a likely story*, or *I’ll bet*.

k. Nasalisation

l. Stress patterns broader than usual.

m. Speech rate, with syllable lengthening as a possible cue in Chinese and several other languages.

n. Laughter syllables scattered in the utterance have also been reported as markers of irony.

In addition, Attardo (2003) stresses the existence of ‘facial markers’ to indicate irony. Among the facial signals of ironic intent he presents the following:

a) Eyebrows: raised, lowered

b) Eyes: wide open, squinting, rolling

c) Winking

d) Nodding

e) Smiling

f) Blank face

g) The ‘tongue-in-cheek’ gesture (Almansi 1984).

### 4.3 EVALUATION: APPRAISAL THEORY

#### 4.3.1 Historical background

Martin and White’s (2005) model of evaluation evolved within the general theoretical framework of Systemic Functional Linguistics (SFL), M.A.K Halliday et al.’s paradigm. SFL mainly distinguishes three levels of meanings: 1) ideational (related to the construction of experiences), 2) interpersonal (concerned with negotiating social relations) and 3) textual

(related to information flow). Martin and White (2005) focus on interpersonal meaning. It is a descriptive model which includes elements from several analytical perspectives. It is designed to offer different insights for the analysis and interpretation of language in use.

Originally, the work on interpersonal meaning in SFL was primarily more clearly oriented towards interaction than feeling. This was due to Halliday's seminal work on the grammar of mood and modality and the analysis of turn-taking in dialogue. However, in the early 1990s, Martin and White began to develop a lexically-based approach, motivated by the need to better understand interpersonal meaning in monologic texts. At first, they were interested in 'affect' in narrative (broadly speaking, affect is the attitudinal category that deals with registering positive and negative feelings). Later, they moved onto evaluation in literary criticism, the print media, art criticism, administrative discourse and history discourse.

#### 4.3.2 Appraisal resources

Martin and White's (2005) Appraisal model is concerned with interpersonal interaction in language, and the subjective and or objective presence of writers or speakers in texts as they adopt stances towards the material they present and the audience and or hearer. As such, the notion of Appraisal encompasses an interpersonal system at the level of discourse semantics, which then co-articulates interpersonal meaning with two other systems: negotiation and involvement. On the one hand, negotiation complements Appraisal by focusing on the interactive aspects of discourse, speech function and exchange structure. Involvement, on the other hand, complements Appraisal by focusing on non-gradable resources for negotiating tenor relations, especially solidarity. In relation to this, the notion of tenor also bears relevance. According to Halliday (1985), tenor refers to who is taking part, to the nature of the communicative participants, their statuses and roles, the kinds of role relationships obtained, including permanent and temporary relations of different types, both of the speech roles they are taking in the dialogue and the whole cluster of socially significant relationships in which they are involved. Tenor is relevant in the study of Appraisal because Appraisal is treated as a discourse semantic resource which is deployed to construe power and solidarity.

Martin and White (2005) describe Appraisal as a regionalised system of three interacting domains: ‘attitude’, ‘engagement’ and ‘graduation’. Based on the relevance it bears for the present study, the domain of attitude will be presented at a greater detail than the other two, which will be briefly mentioned.

i) Attitude: It is concerned with our feelings, including emotional reactions, judgments of behaviour and evaluations of things. Attitude is in turn subdivided into three regions of feelings comprising aesthetics, emotions and, ethics, namely: appreciation, affect, and judgment. According to the authors, emotion is arguably at the heart of these regions since it is the expressive resource we are born with. The aforementioned areas are as follows:

a) Appreciation looks at resources for construing the value of things, including natural phenomena and semiosis (as either a product or process). Appreciation reworks feelings as propositions about the values of things—what they are worth or not; some of these valuations get formalised in systems of awards (prices, grades, grants, prizes, etc). In general terms, appreciations can be divided into our reactions to things, regarding whether they may catch our attention, or pleases us, their composition, that is, their balance and complexity, and their value, meaning how innovative, authentic or timely they might be. As with the other two regions, affect and judgment, there are positive and negative evaluations. Examples of linguistic resources which can be said to belong to this category are: *dull, boring, tedious, unbalanced, discordant, prosaic, worthless, ineffective, authentic, real, unified, arresting, captivating*.

c) Affect: It deals with resources of construing emotional reactions (horror, worry, anger, etc). It registers positive and negative feelings, it maps reactions to behaviour, text, process and different phenomena. Affect is not only the means by which speakers/writers overtly encode what they present as their own attitudes but it also comprises those means by which they more indirectly activate evaluative stances and position readers/listeners to supply their own assessments. Affect reveals the speaker’s/writer’s feelings and values but also because their expression can be related to the speaker’s/writer’s status or authority as construed by the text, affect also operates rhetorically to construct relations of alignment and rapport between the writer/speaker and the actual or potential respondents. Affect also groups emotions into three major sets having to do with: a) un/happiness, which covers emotions concerned with affairs of the heart, involving the moods of happy or sad, liking or

disliking. It is within this subcategory of Affect where the affectual value of Antipathy is found. The authors claim to have discovered that most values of Appraisal are scaled for intensity in the sense that they are located somewhere on a cline between high and low degrees. This feature can be readily demonstrated in the context of Affect. For instance, when feelings are graded—towards the lower valued end of a scale of intensity or towards the higher valued end; or perhaps somewhere in between. It is logical, or possible at least to expect that most emotions offer lexicalisations that grade along an evenly cline scale: low, median and high. In particular, Antipathy is defined as a deep-seated feeling of aversion, the speaker must choose a low value (*dislike*, for example), a median value (*hate*) or a high value (*abhor*).

As attitude is developed as a discourse semantic system, it is likely to expect that its realisations diversify across a range of grammatical structures, which is true especially for affect. These realisations comprise modifications of participants and processes, affective mental and behavioural processes, and modal adjuncts.

d) Judgment: It is concerned with resources for assessing and evaluating behaviour according to various normative principles, for example, criticism of one political party towards another. It deals with attitudes towards behaviour, which we admire or criticise, praise or condemn. One way to think about judgment (as well as appreciation), is to see it as a set of institutionalised feelings, which take us out of our everyday common sense world into the uncommon sense worlds or sets of shared community values. Thus, judgment reworks feelings in the realm of proposals about behaviour—how we should behave or not; some of these proposals get formalised as rules and regulations administered by church and state.

A crucial distinction between appreciation and judgment (being that both can be associated with institutionalised feelings in different aspects), is that on the one hand, appreciation is restricted to reactions of things (objects and phenomena) and their composition and value. On the other hand, judgment involves the construing of attitudes towards people and what they do. Thus, judgment involves evaluations on human behaviour.

Complementing this, the term judgment can be divided into those judgments dealing with ‘Social Esteem’ and those oriented to ‘Social Sanction’. Social Esteem judgments, on the one hand, have to do with ‘normality’ (how unusual someone is), ‘capacity’ (how capable



they are) and ‘tenacity’ (how resolute they are). Social Sanction judgments have to do with ‘veracity (how truthful someone is) and ‘propriety’ (how ethical someone is). These judgments are more often codified in writing, as edicts, rules, decrees, regulations and laws about how to behave as surveilled by church and state, with penalties and punishments as levers against those not complying with the code. Sharing values in this area sustains civic duty and religious observances. On the other hand, Social Esteem tends to be policed in the oral culture, through chat, gossip, jokes, and stories of various kinds—with humour having a critical role to play. In human interaction, sharing values is critical to the formation of social networks (family, friends, colleagues, etc). Similarly to affect, positive and negative evaluations can be recognised. On the one hand, some examples of linguistic realisations of Social Esteem judgments are: *lucky, fortunate, powerful, mild, stupid, naive, unlucky, impatient, adaptable*. Examples of Social Sanction judgments, on the other hand, are: *truthful, honest, manipulative, rude, discourteous, selfish, polite, caring, kind, bad, immoral, evil*.

The parameters for organising judgment reflect grammatical distinctions in the system of modalisation (Halliday 1994) , in the following proportions—normality is to usuality, as capacity is to ability, as tenacity is to inclination, as veracity is to probability, as propriety is to obligation. Halliday’s work on mood, modality and interpersonal metaphor provides the bridge between interpersonal grammar and Appraisal which underpins these connections.

ii) Engagement: this category includes those meanings which in different manners construe for a text a heteroglossic background of prior utterances, alternative viewpoints and anticipated responses. In sum, engagement represents those meanings by which speakers either acknowledge or ignore the diversity of view-points put at risk by their utterances and negotiates an interpersonal space for their own positions within that diversity. Martin and White (2005) offer a taxonomy for this domain which serves to identify the particular dialogistic positioning associated with given meanings and, in addition, to describe the implications of choosing one meaning over others.

This taxonomy is composed by the following resources: disclaim, proclaim, entertain, attribute.

iii) Graduation: The semantics of this domain is extremely relevant to the Appraisal system. It might be stated that attitude and engagement are domains of graduation which differ according to the nature of the meaning being scaled. Graduation refers to those values by which speakers graduate (raise or lower) the interpersonal impact ('Force'), the extent to which they volume of their utterances, and also by which they graduate (blur or sharpen) the focus of their semantic categorizations ('Focus')<sup>4</sup>.

In sum, Martin and White (2005 and online reference) point out that the purpose of their work is to deal with, among other issues:

- a) The subjective presence of writers and speakers in texts as they adopt stances towards both the material they present and those with whom they communicate.
- b) How writers or speakers approve or disapprove, enthuse and abhor, applaud and criticise.
- c) The construction of by texts of communities of shared feelings and values, and with the linguistic mechanisms for the sharing of emotions, tastes and normative assessments.
- d) How speakers and writers construe for themselves particular authorial identities or personae, with how they align or disalign themselves with actual or potential respondents.
- e) How speakers and writers construct for their texts an intended or ideal audience.

In addition, White (2001) presents the following as some of the questions or issues which an understanding of the linguistic resources of Appraisal enables us to investigate:

- a) The linguistic basis of differences in a writer or speaker's style by which they may present themselves as, for example, more or less deferential, dominating, authoritative, inexperienced, cautious, conciliatory, aloof, engaged, emotional, impersonal, and so on.
- b) How the different uses of evaluative language by speakers/writers act to construct different authorial voices and textual personae.
- c) How different genres and text types may conventionally employ different evaluative and otherwise rhetorical strategies, the underlying, often covert value systems which shape and are disseminated by a speaker or writer's utterances.
- d) The different assumptions which speakers or writers make about the value and belief systems of their respective intended audiences, and how different modes of story-telling can be characterised by their different uses of the resources of evaluation.

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<sup>4</sup> It escapes the purpose of the present research to present in further detail all these concepts and their subtypes. For a greater discussion revise Martin and White (2005).

Consequently, theorising about the use of sarcasm is in direct relation to the theories that deal with evaluative meanings, covert value systems, underlying meanings, belief systems and idiosyncratic positions which are being expressed by different choices in linguistic and cognitive terms.

## 5. BACKGROUND ON THE PERSONA OF DOCTOR GREGORY HOUSE

The elaboration of a fictional character in a TV series that aims at mimicking real life, such as the protagonist of medical drama ‘House M.D.’, resorts to many different sources, such as philosophy, popular knowledge and trends, social conventions and standards. This elaboration should be produced following two main purposes: one, to create a character that is credible for the audience in terms of real life fidelity and second, to build a persona that comes to be memorable and significant. Thus, it is important to bear in mind those aspects that make the character of Gregory House to be defined as he is, what his personality traits are, and how his identity is construed in relation to those who surround him, and finally, how this process determines that a character might become an icon of certain values and behaviour.

Doctor Gregory House, according to the creator of the series, David Shore, is inspired by the fictional character Sherlock Holmes, particularly with regard to drug use and his intense interest and amazing ability to solve the insolvable. House uses Holmesian deductive techniques to diagnose his patients’ problems.<sup>5</sup> Thus Gregory House is a brilliant physician, but interestingly, he has not been depicted as a nice man or doctor. David Shore adds: “What’s widely interpreted as being likable is caring and soft and fuzzy, and I just think that’s boring. People don’t want to watch a guy who’s hateful. That’s a tricky thing to make a guy interesting and difficult and troubled and flawed but not hateful”<sup>6</sup>. As can be seen,

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<sup>5</sup> There are various references to the sleuth range from the obvious (House’s apartment number being 221B) to the subtle (his friendship with Dr. James Wilson and the similarities between the names House and Holmes, and Wilson and Watson). In the very first (pilot) episode the patient’s last name is Adler, and in the last episode of season two, the last name of the man who shot House is Moriarty. House's act of faking cancer in *Half-Wit* (Episode 15 of Season 3) is similar to the Holmes story, *The Adventure of the Dying Detective* in which Holmes fakes a deadly eastern disease to catch a criminal. <http://www.imdb.com/title/tt0412142/trivia>

<sup>6</sup> <http://www.tv.com/david-shore/person/4556/trivia.html>

House's construction as a character involves different aspects, which will be presented in the next subsections.

### 5.1 House's life and personality.

The story of Gregory House, the man and physician is told in an episode called *Three stories*, in which House is forced by his boss, Dr. Lisa Cuddy, to give a lecture to a group of interns about diagnoses. House narrates three medical cases for the students to examine and diagnose correctly. One of these cases, one learns afterwards, deals with his own leg infarction experience: he suffered from muscle death in one of his legs, and was advised by Cuddy (his attending physician at the time) to undergo amputation so as not to risk his life. However, he strongly refused this procedure, and while in excruciating pain, he asked to be put into a temporary induced coma, to endure some of the pain and hoping he would regain full use of his leg. As he was unconscious, his proxy and girlfriend at the time, Stacy, agreed to a middle-ground procedure (which had also been denied by House); not to amputate, but to remove part of the dead tissue and gain some leg use. The fact that the diagnosis had taken too long caused House not to recover complete mobility of his leg, thus he can no longer walk without a cane. In addition, he would suffer from chronic acute pain from there on and House became Vicodin-dependent.

Gregory House works with a team of doctors who help him diagnose rare illnesses other doctors cannot. This team has been hand-picked by House himself, and changes along the series due to different reasons unfolded during the plot. His boss, Lisa Cuddy, the hospital's administrator, is a powerful and brilliant physician who in spite of her position indulges on House's ill manners and disrespect for norms because of his ability to solve puzzles no one else can and save many lives in the process. House is a loner, and he only has one friend: Doctor James Wilson, to whom he describes as "a buddy of mine people say 'Thank you' to, when he tells them they are dying" (episode 21, season 1). After Wilson suffers his third failed marriage, House theorises that Wilson feels a need to fix the vulnerable women he meets, and when they become well-adjusted with Wilson's help, he becomes discontent and moves on. House also describes Wilson as an "emotional vampire" (episode 21, season 1).

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Dr. House and Dr. Wilson have often been compared to Sherlock Holmes and Doctor Watson, as the creator of the series himself has said.<sup>7</sup>

In relation to Gregory House's personality and identity, a good introduction is provided by the actor who impersonates him, Hugh Laurie, and his interviewer, James Lipton, in the program *Inside the Actor's Studio*:

James Lipton: One of the most interesting aspects of the character of Doctor House, is that he is at first plot, the least likely candidate ever, to take the marquee of an American prime time show.

Hugh Laurie: People get sort of upset by him in many ways, and I never did, I always liked him, right from the start. I think it's got something to do with the practice of medicine. I think with that in people's minds there comes the idea that this person must be devoted to my welfare, to doing good, and if this body of knowledge is accompanied by a sarcastically, apparently unfriendly demeanor, that's somehow upsetting...it's almost like a nun...swearing!<sup>8</sup>

House is driven by atheism, pragmatism, a total distrust in human nature and a profound belief in reason. He insists that everybody lies, that humanity is overrated, that being nice is overrated as well, and defends his drug addiction by saying that the pills take away his pain and enable him to do his job, and by saying to Cuddy "the pills don't make me high, they make me neutral", (episode 1, season 1). In spite of his harsh ways, House does not cease to be an interesting, attractive character. Henry Jacoby (2009:1) describes him:

Dr. Gregory House, that brilliant pill-popping bastard, limps along the halls of Princeton-Plainsboro Teaching Hospital, knocking aside medical ethics with a wave of his cane. He tells us that everybody lies, that humanity is overrated, and that it's the nature of medicine that you're going to screw up. [...] House is cool. House plays a mean guitar and a killer piano, and chicks think he's sexy (it's the blue eyes). He even had a pet rat named Steve McQueen—how cool is that? And one more thing: he's brilliant. So who cares if he thinks that seizures are fun to watch but boring to diagnose? What's not to love? [...]

<sup>7</sup> [http://en.wikipedia.org/wiki/James\\_Wilson\\_\(House\)](http://en.wikipedia.org/wiki/James_Wilson_(House))

<sup>8</sup> <http://www.youtube.com/watch?v=3Jb9TRucvfk&feature=related>

Similarly, Melanie Frappier, in Jacoby (2009, p. 99) describes Gregory House as follows:

He hides when on compulsory clinic duty. His unorthodox and sometimes outright unauthorized, treatments lead to billing problems and lawsuits. [...] House doesn't show any more concern for people than for financial matters. He bursts into other doctors when they are with their patients, or calls them in the middle of the night to discuss *his* cases. Yet, he doesn't listen to their opinions, turning down each of their answers with sarcasm and taking vicious pleasure in humiliating them in front of their peers and patients. An "equal opportunity offender", House is aggressive and demeaning with his own patients.

All of this, however, does not imply that House is a bad or untalented physician. On the contrary, he is the best diagnostician in the country, he is an expert on uncommon, hard to diagnose and rare diseases; he is witty and quick-minded, and is always reading beyond what is evident, both in medicine and human behaviour. Though unconcerned with the well-being of his patients (because solving the puzzle is all that matters to him), he always finds the answer to what most doctors are baffled and clueless about. It is true that he defies authority (Cuddy's, Boggler's (in season 2, a multi-millionaire who controls the hospital with his wealthy donations) Tritter's (a policeman who pursues him in season 3)), but it is also true that thanks to his intelligence, skillfulness and insight he manages to successfully avoid the consequences of his lack of deference towards moral and legal regulations. In the words of Ruff and Barris (in Jacoby, 2009, p. 85):

House's words and actions violate expectations. He speaks unprofessionally, rudely, and apparently irresponsibly. He violates confidences, ignores the wishes of his patients, holds back necessary information from both colleagues and patients, and breaks promises. Paradoxically, the results of these unethical practices are that patients and colleagues discover their true concerns and commitments, or find ways of fulfilling their commitments that weren't available to them before.

In season 1 House works with a team of three doctors (Dr. Allison Cameron, Robert Chase and Erick Foreman) who help him bounce ideas to arrive at a the right diagnose for those cases that no other physician has been able to provide an answer. House hand-picked each

member of his team, but not solely based on their professional proficiency: he claimed to have picked Cameron because of her beauty, Chase because his father is a rich man, and Foreman because in his youth he robbed a car. At the end of season 3, House fires Chase and Cameron quits. Later on, Foreman leaves too, thus in the next 3 seasons House works with different team members (Foreman returns afterwards) after being forced by Cuddy to hire a group. The relation he holds with his subordinates is always distant, sardonic and often disrespectful. He constantly meddles in his employees personal lives. Let us take examine some examples. From season 4 on, Dr. Chris Taub and Dr. Remy Hadley conform his team (Dr Kutner only appears until season 5); Taub is constantly a victim of House's mockery because of his past infidelities. In the end, House contributes to Taub's marital crisis. Regarding Dr. Hadley, she is simply referred to as *I3* (as that was her assigned number back when she was a candidate for the post) and her sexual choices are a permanent topic of jokes. At one point in the story, House tests her for Huntington's disease, even though she had explicitly claimed not wanting to do so.

In sum, the character of Gregory House achieves an effect on audiences which is not at all a mild one. The construction of the character is intended to make audiences associate Gregory House with strong points of view, unconventional attitudes and behaviour and an intense and overwhelming personality. The creator of the series, David Shore dramatically alludes to House's smashing dominance: "It's certainly a very effective tool to tear people apart, to rip them down, to build them up, ... That's what House is all about"<sup>9</sup>. House is not a figure anyone might forget, much less ignore.

## 5.2 House as an authoritative figure.

As was previously introduced, Gregory House is a complex misanthrope who rarely misses the occasion to express his contempt on human beings and the lives they lead, on the one hand, and on the other, an outstanding, eccentric physician in whom, in order for lives to be saved, many must trust. These two sides of House's identity contribute to the projection of an authoritarian character, a character that exerts power not only in the behaviour of others

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<sup>9</sup> <http://www.tv.com/david-shore/person/4556/trivia.html>

at a professional level but also in their interpersonal relationships. In the first case, Kenneth Ehrenberg in Jacoby (2009, Pp. 175 – 177) explains as follows:

House is the consummate authority on medical diagnostics. As such, he represents the form of authority philosophers call ‘theoretical authority’. The reason for this term is quite clear in House’s case. The members of House’s team help him to perform difficult diagnoses by offering their own theories about what is wrong with a patient. But it is always House who makes the call about which theories are worth testing and which are wrong. He is a theoretical authority in the sense that he is in a position to decide which theories are right and wrong. His authority rests upon the fact that we have good reason to believe what he tells us to believe about what’s wrong with us [...]. When it comes to theoretical authority, ultimately, it is still the authority’s greater expertise.

Thus, Dr. Gregory House exerts a position of dominance over the rest of the doctors, as he is the most learned one, and who has the final epiphanies which end up cracking the cases. At the same time, he is also constantly reminding the patients of his authority; he pushes them to make decisions contrary to their wishes, he ridicules their lives, he makes them feel ignorant and as obstacles for getting the right answer. In *Locked- in Syndrome* episode (season 6), House is thrilled that the patient is not able to speak or move (thus he cannot lie nor deceive his attending doctors), and once he regains these abilities he discards him as being no longer worth of his interest. House is permanently mocking his colleagues on what they do, used to do, did once or consider doing, and often tries to put them in awkward positions just to test how they may behave and try to understand why. For example, he constantly reminds Foreman that he once robbed a car in his early teens, he teases Chase because his father was a rich, well-renowned surgeon, he rarely misses the opportunity to ridicule Cuddy resorting to sexual or sexist comments, and he laughs about Cameron’s candid personality and morals. Though those who surround him often regard him as a sour, eccentric and many a time cruel person, they cope with his peculiarities and nasty behaviour. The answer to this tolerance not only resides on House’s superior professional position (on the one hand in expertise, for example in relation to Cuddy and Wilson, and on the other regarding his post as boss, when dealing with his team members) but also on another type of authority which House embodies for his colleagues and



acquaintances. This is the kind of authority that emerges directly from those who are able to express their views with utter conviction, their opinions with intense accuracy and state their positions strongly and directly. Some might consider House an aggressive character, but it may be more precise to describe him as a dominant person who has sufficient insight so as to spot the faults and traits of others and articulate even what they themselves are often unable to.

### 5.3 House's identity

House is seen by those around him as a stubborn, relentless and yet incredibly talented doctor, whose intellectual skills and medical expertise allow him to save far more lives than any other diagnostician in the U.S.A. However, Gregory House is not only a brilliant, maniac genius. He also represents and conveys other values. He is faithful example of what Socrates called living “the examined life [...] the life of a philosopher, a life of reason(...) a person who doesn't use reason, a person who doesn't lead an examined life, isn't realizing his potential as a human being ” (Jacoby (2009), p. 13), and most importantly, he knows how to get his views across so that they are never overlooked by anyone; and neither is he.

It is in this respect where it is worthwhile noticing the importance of the construction of the character of Gregory House as one who is extremely rational, never emotional, antisocial and overall, sarcastic. The importance of the character's outline resides in that all the aforementioned characteristics he exhibits construct his identity (an authoritarian and dominant one, as was explained above). This is true even to the extent that when the character changes, all those salient features are affected as well; in season five the character of House suffers a major change: he tries to overcome his Vicodin addiction (after having suffered from hallucinations produced both by overdosing and having lost one member of his team who committed suicide) as he voluntarily checks himself into a mental hospital for addicts. As a result, the character is portrayed differently: he is less witty, blunt and much less sarcastic. He does not criticise others as much as in the previous seasons because he is weaker, and he tries more adequate in his social interactions. By the end of season six, he has practically taken every piece advice of his psychiatrist has offered. At one point in the

story, House admitted he tried to change everything he is, in an attempt to make his life better:

House: [...] when I first came to you, I told you that I wanted to be happy, and I followed your advice. And instead, I'm just miserable. How is this working for me?

Nolan: It takes time.

House: For a year, I've done everything you've asked, and everybody else is happy. I run on my treadmill. You just sit there and watch. You're a faith healer. You take advantage of people who want to believe. But there's nothing in your bag of tricks.

Nolan: House... [House picks up his jacket and opens the door.]

House: Whatever the answer is, you don't have it. (*Baggage*, episode 20, season 6)

In spite of these doubts, the character does not regain his initial personality traits. In season seven he starts a successful love relation, becomes drug-free, and his life is relatively satisfying. His comments are no longer as acid as before, he is not as half as relentless as in the beginning of the series, and he even jokes less. Apparently, the writers of the series seemed to have thought that Gregory House did not need to be sarcastic anymore, just ironic, and not too much, perhaps to avoid problems in his new love relation, one could theorise. In the view of many fans and critics, the problem is that as he loses his wit, he changes the extreme that the series ceases to be what it used to. As a result, the character is not as interesting as before. As Battaly and Coplan, in Jacoby (2009, p. 237) state:

House fascinates us in part because he is so good at his job and so bad at just about everything else and because these two facts seem related. Would we want House to be a better person? Not if we were suffering from a mysterious ailment. In that case, we would gladly endure his rudeness, his dishonesty, his willingness to break the law.

Interestingly, the latest episodes of the series (recent in relation to the date this investigation was complete) seem to confirm the idea that House who is not sarcastic, distant and witty is not a real House. In *Bombshells*, (episode 15 season 7), Lisa Cuddy addresses him on the subject of his inability to establish close bonds and offer support in crucial human

situations, such as death or grief: “You don’t take Vicodin because you’re scared. You take it so you won’t feel pain. Everything you’ve ever done is to avoid pain — drugs, sarcasm... Keeping everybody at arm's length so no one can hurt you”. At this point of the story, House has taken Vicodin again so as to be able to be a good boyfriend for Cuddy, who is going through hardships. Cuddy’s assertion on House using sarcasm as a tool to distance himself from others and remain emotionally detached is an important element to bear in mind in three respects: a) regarding the importance of the tool itself as a means to achieve the aforementioned effects; b) how the resource helps in fact moulding House’s image; and c) how House is considered even by his peers inside the story as a sarcastic person.

This character, a sarcastic, distant man, in fact chooses to establish his identity as such, and the ways in which he enforces this image might not be at all random.

#### 5.4 House outside the series: the icon

As a TV series, ‘House M.D.’ has received four Emmy Awards, including an award for creator and executive producer David Shore (Outstanding Writing for a Drama Series), 23 Emmy Award nominations, including four for Outstanding Drama Series and five for Hugh Laurie (Outstanding Lead Actor in a Drama Series). It also received the 2006 Humanitas Prize for the episode *Three Stories* and four Humanitas finalist honors, one each for the 2009 episode *Unfaithful*, the 2007 episode *House vs. God* and the 2005 episodes *Everybody Lies* and *Damned If You Do*<sup>10</sup>. In addition, the series has been examined by people from other walks of life: from pop culture fans to philosophers like William Irwin and Henry Jacoby, who edited and compiled 18 articles from different contributors in their book *House and Philosophy* (2009) (part of *The Blackwell Philosophy and Pop Culture Series*). All these articles deal with the figure of Gregory House from different philosophical perspectives: from Socrates, Sartre, Nietzsche and others. One author even equates House’s figure to that of a Zen rhetorician...and another, makes a parallel between House and Sherlock Holmes. What all this implies is that the House as character has had an effect beyond the boundaries of mere fiction: it has come to embody a lifestyle (led by pragmatism, the result is what really matters), a point of view on life— skepticism, logic and reason are the only valid beliefs, and humans— “we are selfish, base animals crawling across the Earth. Because we got brains, we try real hard, and we occasionally aspire to

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<sup>10</sup> <http://www.fox.com/house/>

something that is less than pure evil” (*One day, One Room*, episode 12, season 3), and a genius antihero; a figure whose impact goes beyond the recognition granted by the industry of drama series. House M.D. may very well be regarded as being just another series about doctors saving lives and arriving at the correct diagnosis in the last ten minutes of each episode, and the plot and characters might become more or less predictable (with a few exceptions, take the case of the characters of Amber and Kutner in seasons 4 and 5 respectively) eventually. However, there is one undeniable phenomenon at work (at least fully in seasons 1-5 and partially in season 6, as was discussed above); Gregory House is always the main life force at work, inside and outside the series:

House has a lot to say about philosophy as well [...]. For House, Occam’s Razor holds that the simplest explanation is that almost always somebody screwed up. How about reality? Philosophers argue a lot about that. House says that reality is almost always wrong. And the Socratic method! He loves that. He says it’s the best way we have of teaching everything apart from juggling chainsaws” (Jacoby (2009, p. 2))

Though it is true House will never cease to be a fictional character, his identity transcends the boundaries of fiction as he has become an icon, an antihero, one who comprises a meaningful and yet eccentric way of life and most importantly, unmistakable and bluntly ways to express what he believes.

## 6. METHODOLOGY

### 6.1 Corpus selection and corpus criteria

After examining six of the still continuing seven seasons of the American TV series ‘House M.D.’, seven episodes from seasons two, three, four and five were selected to be analysed in the present research.

‘House M.D.’ is a dramatic TV series which was created by David Shore and is broadcast by FOX Broadcasting Company. The first episode of the program was aired in 2004. It is a medical drama in which its main protagonist is Dr. Gregory House, played by the British actor Hugh Laurie, head of the Diagnostics Department at the (fictional) Princeton-Plainsboro Teaching Hospital. Gregory House is a man who suffered a leg infarction which left him handicapped and in chronic pain. As a result, he became a

Vicodin addict. Professionally speaking, he is a brilliant diagnostician, but socially he permanently clashes with his team and colleagues, rejects close personal relationships, defies his boss and flouts the hospital rules and many a time more than one moral standard. He consistently challenges people's beliefs and makes bitter (yet often hilarious) remarks about those who surround him, the medical profession, society, and human nature. He is a loner who repeatedly expresses his disdain on the human race and its practices. One of his most famous remarks has practically become a motto for the series: "Everybody lies."

The series has been praised by many critics and has high viewer ratings. It was among the top-ten rated shows in the United States from its second through its fourth season; in the 2008–09 season, it fell to the nineteenth place. 'House M.D.' was the most watched television program in the world in 2008. The show has received several awards, including a People's Choice Award, the Peabody Award, the Golden Globe Awards twice, and the Primetime Emmy Awards four times. House's seventh season premiered on September 20, 2010.<sup>11</sup>

From seasons 1 to 5, the character of House M.D. was built as described above, and many would define him as the most sarcastic character ever presented in a series of the kind. Nevertheless, in seasons 6 and 7 his persona changes. He overcomes his drug addiction and seems to have found a steady, fulfilling love relation. As these events take place in the character's life, much is lost of his wit and sarcastic comments. Thus, these last two seasons have not been included in this analysis, on account of the fact that as House is, in fact, a fictional character, and it is this prototypicality what serves best as data. Consequently, as the character loses his original personality –as a loner, sarcastic, extremely bright, witty and detached man- there is then no use in resorting to the exchanges in those seasons for the present research. This does not entail, however, that his personality changes have no implications for this study, as it will be pointed out further on.

The seasons selected for analysis were seasons 2, 3, 4 and 5; season 1 was excluded since most of its episodes were similar to pilot episodes and characters and situations had not been yet fully developed, whereas from season 2 on, there is a detailed representation of the characters' personalities, their stories and the events they are involved in.

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<sup>11</sup> [http://en.wikipedia.org/wiki/House\\_\(TV\\_series\)](http://en.wikipedia.org/wiki/House_(TV_series))

As for the corpus length, a total number of seven episodes shown in seasons 2, 3, 4 and 5 were selected for analysis. The choice of this length met the criterion employed by other previous researches conducted on sarcasm and irony (Attardo, 2003) as expressed in semi-spontaneous oral exchanges on TV series, where a similar amount of corpus was examined.

## 6.2 Data analysis procedures

The data analysis was carried out according to the steps that are described as follows:

6.2.1 Together with collecting the video recordings of ‘House M.D.’ episodes shown in the past seasons, the orthographic transcripts of all the chosen episodes were downloaded from an Internet website<sup>12</sup>, edited and arranged in the form of turns numbered according to each speaker. All the sarcastic utterances produced in each episode by the main character, Dr. House, were identified and colour coded.

6.2.2 The identification of sarcastic utterances was made on the basis of the analytical criteria that are part of the model known as ‘reversal of evaluation’ (Partington, 2007). This involved a close examination of several episodes of the TV series and of each those selected for analysis. The objective was to identify the evaluative and pragmatic meanings underlying those utterances which were viewed as sarcastic. Resorting to some of the descriptive parameters suggested by Partington (2007), Attardo (2003), three criteria were considered and elaborated, to classify an utterance as being sarcastic:

- a) if the intended evaluative meaning was the reversal of the semantic meaning of the utterance;
- b) the utterance constituted an FTA (Face Threatening Act) which was person-oriented, and involved a type of verbal aggression, (see 6.2.4); and
- c) the use of a sarcastic utterance implies the speaker acquires a distinctive attitudinal standpoint (which are detailed in 6.2.4).

Also, the identification of sarcastic utterances was based on a selection of the markers suggested by Attardo (2003) (namely, exaggerated intonational patterns<sup>13</sup> and facial signals<sup>14</sup>)

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<sup>12</sup> <http://clinic-duty.livejournal.com/>

<sup>13</sup> For a further discussion of these, see Attardo (2003).

<sup>14</sup> For time constraints and research scope, these signals have not been individually registered in the analysis.

6.2.3 In accordance with Partington (2007), the sarcastic utterances were identified using the notions of ‘dictum’ and ‘implicatum’. Dictum involves the explicit semantic content of the utterances making up the speaker’s turn in a given conversational exchange, i.e., the literal meaning of the utterance. On the other hand, implicatum constitutes the indirectly conveyed pragmatic meanings intended by the utterer via a given utterance to be interpreted by the intended hearer and/or the audience, by means of an inferential process

6.2.4 The sarcastic utterances were subsequently examined in order to determine: a) type of FTA intended at the Hearer, b) the speaker-based attitudinal standpoint, and c) the evaluative meaning category conveyed in the utterance. The selected FTA aiming at hearer categories were the following:

- a) ‘mockery’, whereby the speaker wishes to ridicule or make fun of the hearer or third person;
- b) ‘disdain’, which involves the speaker’s feeling that someone or something in relation to a person is unworthy of his or her consideration or respect, i.e., the speaker’s scorn; and
- c) ‘criticism’, which is the speaker’s disapproval of the hearer or a third person due to their perceived faults or mistakes<sup>15</sup>.

Similarly, the speaker’s attitudinal stance involves three types of social standpoints:

- a) power, or dominance, whereby the speaker exerts a dominant position over the hearer as they possess a greater degree of knowledge or expertise or by making manifest that the hearer is mistaken;
- b) social distance, or detachment, which involves the speakers’ lack of empathy towards a person or a person’s situation; and
- c) disrespect, which is to do with the speakers’ lack of respect or deference towards the hearer or others.

6.2.5 The analysis of the speaker’s attitudinal standpoint was carried out on the basis of Martin and White (2005)’s Appraisal resources. The analysis focused on the conversational turns of, Doctor Gregory House, as the main protagonist of the series under study. The main focus of the analysis were his utterances labelled as ‘sarcastic’ to the extent that they conveyed, explicitly or implicitly, one of the following attitudinal meanings: a) judgment

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<sup>15</sup> <http://www.wordreference.com/definition/>

(Social Sanction or Social Esteem, either in its explicit or implicit (tokens) realisations) and b) affect, considering only the affectual value of antipathy (high).

6.2.6 The lists of implicatum, dictum, the type of FTA aiming at Hearer and the appraisal meanings referred to above were displayed in the form of tables, thus accounting for the frequency of occurrence of the categories of mockery, disdain, criticism, power (or dominance), distance (or detachment) and disrespect.

6.2.7 The quantitative results drawn from the analysis were organised in charts that summarised the number of occurrences of the categories under analysis.

6.2.8 Finally, the conclusions of the study were stated in relation to the results of the analyses.

### 6.3 Conventions

The following conventions were used in the tables of the present study:

- a) FTA: Face Threatening Act
- b) AS: Attitudinal standpoint
- c) Power/Do: Power, or Dominance (referred to also as Power)
- d) Dist/Dt: Distance, or Detachment (referred to also as Distance)
- e) Disres : Disrespect
- f) EJ: Explicit Judgment
- g) TK: Token of Judgment
- h) Ss: Social Sanction
- i) Se: Social Esteem

### 6.4 Samples of data analysis

The examples below serve to clarify the method of analysis carried out in this research. Five excerpts were taken as samples from episode 5 season 4 named “Mirror, Mirror”.

#### 6.4.1 A descriptive summary of the episode to be analysed

Foreman returns to Princeton-Plainsboro and is assigned to oversee House’s candidates. A man has been mugged and is suffering from a respiratory arrest. Though he has no memories of his identity, he can read the personality of the most dominant person in the room, applying it to himself to create a temporary identity. House becomes intrigued by the



accuracy of this man as a judge of character and manipulates the patient to judge others, while a team member wonders if House is more domineering than Cuddy.<sup>16</sup>

#### 6.4.2 Analysis

As previously explained in 6.2.2, an utterance was considered sarcastic if it complied with three conditions:

- a) it presented a reversal of the evaluative meaning conveyed in the utterance;
- b) it was aimed at the interlocutor and conveyed evidence of some type of verbal aggression via a specific FTA, whose aggressive overtones were intended as either: a) Criticism, b) Disdain, or c) Mockery; and
- c) it ascribed the speaker with a distinctive attitudinal standpoint (Power, or Dominance, Distance, or Detachment, and Disrespect)

For the purpose of illustrating a manner of differentiating a sarcastic utterance and an ironic one, let us consider the exchange below, taken from episode 9 season 5, *Last Resort*. The background is as follows: a desperate man, Jason, takes over Cuddy's office (while she is not in and holds House, Thirteen, and several patients hostages, demanding a diagnosis. He has been examined for several months, but has not received an answer. A few minutes before Jason takes the hostages into Cuddy's office, he asks House (who is sitting at Cuddy's desk and was apparently going through her personal belongings) about Cuddy's whereabouts.

(13) *[Jason enters Cuddy's office]*

*Jason: Excuse me, I'm looking for Dr. Cuddy.*

*House: Well, she's either not here, or she's under the desk. Either way, you're gonna have to wait outside until I'm finished. [Jason starts to leave then turns back.]*

*Jason: Do you know when she'll be back?*

*House: Yes, which is why I need you to get out and leave me alone. [He grabs a pack of Post-Its from the desktop.]*

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<sup>16</sup> [http://en.wikipedia.org/wiki/House\\_\(season\\_4\)#Episodes](http://en.wikipedia.org/wiki/House_(season_4)#Episodes)

*Jason:*           *Sorry. [He closes the office door behind him.][Cut to JASON approaching the nurse's desk. He stands there as the sounds around him begin to sound distorted. He reaches under his overcoat and pulls a gun from his waistband, behind his right hip.][cut to Cuddy's office. The door opens. Thirteen enters, followed by Nikki, Sandra and Bill, Oliver, Mitch, Larry, Regina (a nurse), and, lastly, Jason.]*

*House:*           *Nice try. Love to help.*

*Jason:*           *Shut up! [He closes the office door behind him.][HOUSE sees the gun.]*

One of House's utterance, *Nice try. Love to help*, can be regarded as being ironic, since House's intended meaning is not, to any extent, to express that he is pleased to help Jason, but quite the opposite. However, even if the utterance involves a reversal of evaluation, it is not necessarily regarded as a negative one, not at least in the sense that it is intended as the expression of person-oriented verbal aggression (Criticism, Disdain or Mockery).

Simultaneously, the speaker does not present any of the attitudinal standpoints which relate to sarcastic utterances (as mentioned above: Distance, Power, and Disrespect). Thus, let us examine a different exchange in which an utterance can be clearly identified as a sarcastic one, as it meets the criteria that have been previously explained.

In the same episode, as the previous example, Jason requires proof that a diagnosis and treatment proposed by House is truthful. For the purpose of avoiding being deceived, he demands that another person receive his medicine first:

(14) *House:*           *Roll up your sleeve.*

*Jason:*           *Give it to someone else first.*

*House:*           *You're the only one who needs it.*

*Jason:*           *Give it to someone else. If it goes in okay, you can give a second dose to me. I don't care who. Just pick someone.*

*House:*           *Again, had your brilliant plan included a roomful of hostages that don't have fetuses, bacterial and fungal infections, leaving their immune systems too weak to deal with the metabolic strain, or are already on pain killers that have fatal interactions...*

House's utterance :*Again, had your brilliant plan included a roomful of hostages that don't have fetuses, bacterial and fungal infections, leaving their immune systems too weak to deal with the metabolic strain, or are already on pain killers that have fatal interactions...* conveys a negative evaluation, intended at Jason, as he ridicules his defective planning and decision-making. Also, as House chooses to mock Jason in an aggressive (verbal) manner, his attitudinal standpoint is Disrespect towards the person in control, Jason. In sum, the utterance complies with the three criteria explained above. Therefore, it can be classified as sarcastic.

#### 6.4.2.1

##### a. Relevant context:

Background: Dr. House and the medical internship six applicants (Cole, Amber, Thirteen, Kutner, Brennan, Taub) to become his team members are in the lecture theatre, Dr. House is writing on the blackboard. Dr. Foreman, a former member of his old team, whom he had fired, appears at the beginning of the differential diagnosis.

- (15) *House: Today, we are hunting for the cat burglar of diseases. Causes a healthy man's lungs to fail, leaves no fingerprints.*
- Cole: Respiratory distress could be asthma.*
- House: No hyperinflation on the X-ray.*
- Kutner: Food allergy. Could have eaten shellfish or peanuts.*
- House: No hives. No erythema on the skin. [Cuddy and Foreman walk in.]*
- Thirteen: Pulmonary embolism.*
- House: Embolisms don't magically dissolve. [To Foreman.] What are you doing here?*
- Foreman: Laryngospasm. [Everyone turns to look at him.] Frosty fall air hits his vocal chords, they spasm shut... Choke him out.*
- House: Good idea. You've been tremendously helpful. You can leave.(1)*
- Cuddy: I just hired him.*
- House: Well I fired him. To infinity.*

##### b. Specific analysis:

Dictum: (1) *Good idea. You've been tremendously helpful, you can leave.*

Sarcasm markers: Intonational patterns<sup>17</sup>, facial signals<sup>18</sup> (frowning, sneering).

Implicatum: *You're useless, I don't want you here.*

FTA towards hearer: a) Disdain: House expresses that he rates Foreman and his diagnosis as unworthy, and b) Criticism: House assesses that Foreman's diagnosis is mistaken and therefore, useless.

Speaker-based attitudinal standpoint: Disrespect: House's attitude conveys a lack of deference as he considers Foreman and his medical contribution futile.

Appraisal category: Token of Judgment: Social Esteem: Foreman is regarded by House as undesirable as a person he underrates Foreman's diagnosis.

#### 6.4.2.2

a. Relevant context:

Background: Same as in 6.4.2.1.

(16) *Foreman:* [To Cuddy.] *You didn't tell him I was coming back?*

*House:* *She did, I said no.*

*Cuddy:* *When your extended job interview slash reality TV show killed a patient, you lost your veto power. Everybody, this is Dr. Foreman, he will...*

*Amber:* *Does this mean there's one less slot for us? [Everyone looks at House, House in turn looks at Cuddy. Everyone looks at Cuddy.]*

*Cuddy:* *It's still Dr. House's department. He decides who stays, who goes...*

*House:* *Foreman goes!*

*Cuddy:* *But Dr. Foreman will be my eyes and ears. You do nothing without his knowledge. [Starts to leave.]*

<sup>17</sup> Attardo (2003) refers to the following as possible indicators of irony: a) the use of a flat (i.e., neither rising, nor falling) contour; b) question intonation; c) the use of a lower pitch; d) 'inverse pitch obtrusion' (i.e., the utterance of the stressed syllable at a lower pitch than the surrounding material, in English and German); e) exaggerated or extreme pitch may mark irony; f) the use of a marked succession of prominent syllables: the 'beat clash'. (Uhmann (1996); g) exaggerated intonational patterns, singsong melody, falsetto, heavy exaggerated stress and relatively monotonous intonation, and long pauses between the words; h) the use of 'softened voice'; i) the use of rise-fall contours with ironic statements; j) nasalisation; and k) l. Stress patterns broader than usual..

<sup>18</sup> Facial signals are found in Attardo (2003) to refer to the following facial expressions of sarcasm or ironic intent: a) eyebrows: raised, lowered; b) eyes: wide open, squinting, rolling; c) winking; d) nodding; e) smiling; f) blank face; and g) the 'tongue-in-cheek' gesture

*House: Oh, uh, just in case I need them, where exactly will Dr. Foreman be keeping my balls? (2) [Foreman rolls his eyes and looks at Cuddy, who smiles and leaves.] If you want to keep your jobs, that never happened*

b. Specific analysis:

Dictum: *(2) Oh, uh, just in case I need them, where exactly will Dr. Foreman be keeping my balls?*

Sarcasm markers: Intonational patters, facial signals (frowning, blank face).

Implicatum: *You restriction is ridiculous. I don't care about it.*

FTA towards hearer: Two different types of FTA towards hearer are found, simultaneously:

a) Mockery: House considers Cuddy's attempt to impose her authority a laughable matter;

b) Disdain: House expresses contempt for her intentions to establish discipline.

Speaker-based attitudinal standpoint: a) Power: House regards himself as the domineering figure so he challenges Cuddy's directive in the workplace, and b) Disrespect: House shows a lack of deference towards Cuddy's position as his boss.

Appraisal category: Affect: Antipathy (high): House reveals a mental state of extreme dislike towards having to tolerate Foreman as a member of his staff.

#### 6.4.2.3

a. Relevant context:

Background: Dr. House is instructing the team on the procedures to be followed to study the case of the patient.

(17) *House: Give the patient a methacholine challenge, see if it sets off laryngospasm.*

*Brennan: You want us to stop his breathing?*

*House: Well, only until you can figure out why. After that it'd be irresponsible.(3)*

b. Specific analysis:

Dictum: *(3) Well, only until you can figure out why. After that it'd be irresponsible.*

Sarcasm markers: Intonational patters, facial signals (frowning).

Implicatum: *Don't be dense.*

FTA towards hearer: Criticism: House points out to Brennan that his comment is extremely obvious and unhelpful.

Speaker-based attitudinal standpoint: Power: House clearly states that he is the one in charge and knows what should be done.

Appraisal category: Token of Social esteem: House conveys disapproval towards Brennan's lack of cleverness as expressed in his comment.

#### 6.4.2.4

##### a. Relevant context:

Background: Dr. House discusses with Dr. Foreman his return to the clinic, and expresses his discomfort, disapproval and ill intentions.

- (18) *Foreman: I'm sorry, she didn't have to do that publicly.*  
*House: Yes she did! She had to establish her dominance in front of them, limit my power.*  
*Foreman: There's nothing we can do.*  
*House: Well, that's not the never-say-never Dr. Foreman I know. There's lots we can do.*  
*Foreman: Not really, Cuddy won't...*  
*House: I can make you miserable.*  
*Foreman: That's true.*  
*House: Until you quit, again. So why don't we just skip the middleman?*  
*Foreman: I'm not quitting.*  
*House: My god, not everything's about you, and your little job, and your little world. This is about restoring order in the universe.(4)*  
*Foreman: I'm not quitting.*  
*House: You're going to be miserable.*

##### b. Specific analysis:

Dictum: (4) *This is about restoring order in the universe.*

Sarcasm markers: Intonational patters, facial signals (frowning).

Implicatum: *I don't care about you (only me).*

FTA towards hearer: Disdain: House shows a lack of deference towards Foreman's presence by considering him unworthy to act as his superior.

Speaker-based attitudinal standpoint: Distance: House expresses lack of empathy for Foreman's work situation.

Appraisal category: Antipathy (high): House abhors having Foreman back, especially as a direct representative of Cuddy.

#### 6.4.2.5

##### a. Relevant context:

Background: Dr. Foreman starts leading another discussion on the patient's symptoms and possible diagnosis.

- (19) *Foreman: How do we connect abdominal pain, and numbness in the extremities, with respiratory collapse?*
- Brennan: Dissecting aortic aneurysm.*
- Foreman: Doesn't cover all three. What else? [House walks in, everyone looks at him.]*
- House: Carry on, he's the boss. [Sits down between I3 and Kutner.]*
- Taub: Uh, what about a spinal cord lesion?*
- Foreman: Have to be in the brain stem and it still doesn't explain the lungs.*
- House: Weird, though... That he's the boss. Didn't he quit recently? Was it a money issue? (5)*

##### b. Specific analysis:

Dictum: (5) *Weird, though... That he's the boss. Didn't he quit recently? Was it a money issue?*

Sarcasm markers: Intonational patters, facial signals (frowning, blank face)

Implicatum: *I don't approve the fact that you are here. I don't like you.*

FTA towards hearer: Disdain: House shows a lack of deference towards Foreman's presence by considering him unworthy to act as his superior, and also towards the possible reasons he might have had for returning.

Speaker-based attitudinal standpoint: Distance: House expresses a lack of empathy for Foreman's work situation is put across.

Appraisal category: Antipathy (high): House abhors the fact that Foreman has come back, especially as a higher rank employee.

## 7. DATA ANALYSIS

	"ACCEPTANCE" EPISODE 1 SEASON 2	
LINE	DICTUM	IMPLICATUM
35	Hmm. I didn't know they had a secretarial school.	I believe your work is the same as that of a secretary.
35	Well, (...)some classes in sexual harassment law.	I think you will be mistreated.
35	Does the word "ka-ching" mean anything to you?.	You will perform favours for money.
39	J-Date not working out?.	Your social life is a joke.
48	What was I supposed to do? Ask her to leave?	I don't care if she got uncomfortable.
48	That's just rude.	I intended her to feel unwanted.
54	Nolo? Well, I don't want to say anything (...) doctor.	I am entitled to criticise him.
54	bad about another doctor... [especially a useless drunk].	He is a bad doctor.
58	Oh, good. I'm sure he'll explore all the usual options.	Text-book explanations do not suffice.
58	for why a guy's heart(...) instead of blood.	He will do a bad analysis.
58	Wait a second- there are no usual options!	You are wrong.
72	Tell you what: the three of you work out a list of what medical treatments (...) when I get back.	You are wrong. His crimes are irrelevant. Treat him.
99	You know how people can you can't live without love? Well, oxygen's seven more important.	You are acting stupidly
119	Somebody left this on my chair. Clever (...)down again.	I don't want you here. You are annoying me
123	No, just guessing. It's a new game. If it's wrong, she gets a stuffed bear.	You are acting stupidly by not accepting this situation.
125	I love children. So filled with hope.	You are being ridiculous and naive.
143	When we've got a yachting question, we'll come to you.	You are ignorant on this matter.
164	Right, buff his numbers. Don't bother trying to figure out the underlying cause.	You are neglecting your duty.
166	Mommy and Daddy are having a little fight(...)and play.	I find your concern amusing.
170	God, I hope that was a euphemism.	I'm not interested.
172	I hope that one means what I think it means.	I'm still not interested in what you say.
174	The number was six, by the way.	I'm not taking you seriously.
195	Come on, pretend he loves(...) he's a human being	You are not treating him objectively.
203	Well, you don't have(...)before you come back.	Your way of speaking is ridiculous.
205	Oh, it's a mnemonic. That makes sense, too.	You are doing something ridiculous.
227	Oh, I know this one. Because people are good, decent and caring.	People are worthless.
239	Anyway, those diabetics are all hung up on insulin. They're just gonna have to take more.	Permanent or temporary is irrelevant.
245	Does anybody do their jobs anymore?	You didn't do as I said.
247	Did you even go to the prison or are you just out playing polo?	You didn't do as I said.
256	Thanks. That means a lot.	I don't care.
353	No, you had to tell Cuddy. She's your boss, I get it.	You were dishonest and what you did is wrong.
400	Yeah, that clarified it for you.	You are being dense.
	END OF EPISODE ANALYSIS	



"ACCEPTANCE" EPISODE 1 SEASON 2											
LINE	FTA TOWARDS HEARER			SPEAKER-BASED AS			APPRAISAL ITEM				
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	Ss	Se	Ss	Se	Affect
											Antipathy (high)
35	1			1							1
35	1					1					1
35	1					1					1
39	1			1							1
48		1				1					1
48		1				1					1
54			1	1				1			
54			1	1				1			
58			1	1				1			
58			1	1				1			
58			1	1							1
72			1	1							1
99			1	1							1
119		1			1						1
123			1								1
125	1					1					1
143	1		1	1		1					1
164			1	1							1
166	1				1	1					1
170		1			1						1
172	1	1			1						1
174	1				1						1
195			1	1							1
203	1			1		1					1
205	1			1		1					1
227		1			1			1			
239			1	1							1
245											1
247	1		1	1		1					1
256		1			1						1
353			1		1						1
400			1	1							1
TOTAL	12	7	15	17	8	10	0	5	0	20	7

"TB OR NOT TB" EPISODE 4 SEASON 2		
LINE	DICTUM	IMPLICATUM
19	Selling subscriptions? I heard 20 and you get a new bike.	You are probably doing something useless
25	Good thing he's not the syphilis expert.	His diagnostic skills are biased.
43	Yeah, I know. I saw the concert.	You are annoying.
43	Seriously, let's say (...)another 40 dead, another 40 notes...	You annoy me with your guilt-driven activism.
47	That'll be very useful if(...) to say the words, "I think it's TB."	He is useless in this diagnose.
59	Yeah, doesn't look good if you (...) your shoes sponsor's logo.	You are a hypocrite, you only care about appearances.
61	Wouldn't want that.	I don't care about what you want.
112	Every minute that (...) another, another puppy cries another tear.	His ways are corny and cliché.
131	You don't like to swallow. Not surprised.	You are a frigid woman.
199	Hey, I have feelings. (...) Isn't that enough for you?	I don't care about your opinion.
202	And thank God you (...)stairwell to get his heart racing.	What you did was risky for the patient.
208	Excellent briefing.	You are copying me. It's not useful.
264	Oh, did I hurt the big time oncologist's itty bitty feelings?	You are being over-sensitive.
333	Uh oh, wicked magic box with the moving pictures!	You are a hypocrite.
335	Hypocrite? No, everyone in Africa's got (...)or running water.	He is a hypocrite.
345	Sure, they're dying, but it's got a great beat	He is being over-dramatic.
400	You own a disease?(...)I missed the IPO on dengue fever.	You are being ridiculous.
423	See how smart she looks?	You are not being helpful.
432	She asked, looking clever.	You are acting dense.
	END OF EPISODE ANALYSIS	

"TB OR NOT TB" EPISODE 4 SEASON 2												
LINE	FTA TOWARDS HEARER			SPEAKER-BASED AS			APPRAISAL ITEM					
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	EJ	Se	Ss	TK	Se	Affect
19	1	1				1					1	
25			1	1							1	
43			1			1						1
43		1	1			1						1
47		1		1							1	
59		1	1			1					1	
61		1			1							1
112	1	1			1							1
131			1			1					1	
199		1			1							1
202			1	1							1	
208			1	1							1	
264			1	1							1	
333			1	1							1	
335			1	1							1	
345		1	1		1						1	
400	1		1	1							1	
423			1	1							1	
432			1	1							1	
TOTAL	3	8	14	10	4	5	0	0	0	0	14	5

	"FOOLS FOR LOVE" EPISODE 5 SEASON 3	
LINE	DICTUM	IMPLICATUM
71	Fascinating. Have you considered a career as a memoirist?	I really don't care about your situation.
73	Sorry, I thought you were waiting 2 hours, didn't	Your comment and expectations are irrelevant.
73	know you wanted to chat. Hi, I'm Greg. How 'bout that local sports team?	I don't care how long you've been waiting.
79	Wow, you're like a... detective or something.	You are stupidly stating the obvious.
81	Please stop, it's hard to write through the haze of bitter tears.	I don't care about your situation.
83	Nyeah, I asked for decrappinated coffee.	You're being ridiculous.
226	Sorry, that would make it harder to ignore you.	I don't care about your situation
284	Yes, that keeps me up at night.	I don't care about your situation.
284	That and the Loch Ness monster, global warming, evolution, and other fictional concepts. Although a big (...) change everything.	What you're saying is wrong and absurd.
290	Good point. Let's biopsy something safer, like her shoes.	If you think we shouldn't do this you are an idiot.
292	Why? This guy write with his stomach?	What you say is absurd.
303	Uh, we had a nice chat. Did you know he's a Rotarian?	I don't care about this guy.
319	Great job. Why don't you just shoot him in the head?	You did a terrible job.
331	Good point.	You haven't given any reasons.
335	You do understand it's not really a puppy.	You are being dense.
390	Good. Now, let's hear it again, but now with a more environmental or infectious feeling.	Your theory is wrong.
433	Good plan. You've just got to keep them away from.	Bad plan.
433	doctors, the internet, and anyone who's not a total moron.	What you say is absurd.
437	Noble of you to take that risk.	You are irresponsible.
478	This isn't because I was speeding, it's because I'm Latino.	You are a hypocrite.
	END OF EPISODE ANALYSIS	

"FOOLS FOR LOVE" EPISODE 5 SEASON 3											
LINE	FTA TOWARDS HEARER			SPEAKER-BASED AS			APPRAISAL ITEM				Antipathy (high)
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	EJ	Se	TK	Se	
71		1			1						1
73			1		1						1
73	1	1			1						1
79	1	1				1				1	
81		1			1						1
83			1	1		1				1	
226	1	1		1	1						1
284		1			1						1
284			1	1						1	
290	1		1	1						1	
292			1							1	
303		1			1						1
319	1		1	1				1			
331			1	1						1	
335			1	1						1	
390	1		1	1						1	
433			1	1				1			
433			1	1				1			
437			1	1				1			
478	1		1	1		1		1			
TOTAL	7	7	13	12	7	3	0	5	0	8	7

	"MIRROR MIRROR" EPISODE 5 SEASON 4	
LINE	DICTUM	IMPLICATUM
25	Good idea. You've been tremendously helpful, you can leave.	You're useless, I don't want you here
35	Oh, uh, just in case (...) Dr. Foreman be keeping my balls?	You restriction is ridiculous. I don't care about it.
37	Well, only until you can figure out why. After that it'd be irresponsible.	Don't be dense
47	This is about restoring order in the universe.	I don't care about you. (only me)
80	Weird, though... That he's the boss. Didn't he quit recently? Was it a money issue?	I don't approve the fact that you are here. I don't like you.
82	No that wasn't it, (...) Med plan didn't cover tattoo removal?	He shouldn't be here because he is not worthy.
86	I'm just flattered. In a few short weeks, seems like I've just turned towards the light.	You are a hypocrit
105	Well. If the name was Attila Von Weinerschnitzel, I'd say you might be on to something.	I think you are wrong
116	Do you know another mirror syndrome?	That is a stupid question
132	Good idea. I'll have him sort my mail.	That is a stupid conclusion, he is useless
198	Any country with that low an age of consent and that high a rate of suicide isn't thinking straight.	What you say is not important for me.
273	Well, that'll be a good solace to the widow X.	You are working ineffectively.
401	No need for the heart biopsy. I now know exactly who he is.	You are extremely naive.
401	and what he has. You saved his life.	Your work was useless.
408	Hi. Cuddy called. She needs you to iron her shirts.	You are in my way, I don't want you here.
429	You're a powerful, dominating man, but who knows?	You are not dominant!
	END OF EPISODE ANALYSIS	

"MIRROR MIRROR" EPISODE 5 SEASON 4											
LINE	FTA TOWARDS HEARER			SPEAKER-BASED			APPRAISAL ITEM				Antipathy (high)
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	EJ	TK	Affect		
							Ss	Se	Ss	Se	
25		1	1			1				1	
35	1	1		1		1					1
37			1	1						1	
47		1			1						1
80		1			1						1
82	1		1	1		1				1	
86			1	1						1	
105	1		1	1						1	
116			1	1						1	
132		1	1	1		1		1		1	
198		1			1					1	
273			1	1						1	
401			1	1		1		1			
401			1	1		1		1			
408		1		1	1	1					1
429	1					1		1			
TOTAL	4	7	10	11	4	8	0	4	0	9	4

"LAST RESORT" EPISODE 09 SEASON 5		
LINE	DICTUM	IMPLICATUM
29	That's a bathroom you're barricading.	You are acting wrecklessly.
29	It might come in handy, especially since you've cleverly decided to take a bunch of sick people hostage.	You have stupidly taken sick people hostage.
31	You really think that reenacting "Dog Day Afternoon" is the best way to get diagnosed?	Your idea of taking hostages here is a bad one.
31	I'm sure you've been waiting for hours in an	You are overreacting.
31	uncomfortable chair, but you should watch the movie all the way through.	You don't realise this will end up badly.
33	And all that was missing was the threat of violence.	You solve nothing by taking hostages.
35	It could be something minor. At least compared to life in prison, which is what you seem to prefer to seeing 16 more specialists.	You chose to do something knowing there would be terrible consequences.
38	Symptoms — those are the things you keep whining about.	You are not the expert here.
38	History — shy, quiet kid. Kept to himself Collected comic books and missing children.	You have the profile of a psychopath.
44	Me, I rarely kidnap someone unless I've got a serious health problem.	Your problem doesn't justify taking hostages.
52	Right. You just brush your teeth with coffee grounds.	You are obviously lying about your cigar habit .
55	You figure that two people snuck weapons into the clinic today?	You are being paranoid and absurd.
63	But he seems like a pretty straight arrow to me.	He is unstable.
79	had your brilliant plan included a roomful of hostages that don't have fetuses, (...) fatal interactions...	Your plan is stupid.
117	First rule of triage: Guys with guns go first. Next!	You should realise we have no choice but to obey him.
162	Anybody here got a long-standing case of neuralgia that's killed their nerves so this won't hurt at all?	What you are asking is absurd.
164	You're looking to be the hero?	You are willing to do something stupid.
195	I am going to try to strangle you faster than you can pull a trigger.	You are being paranoid.
243	Of course you do!	You continue asking the same; it's annoying.
246	Take your time. It's not like I've got a gun to my head.	You are wasting time.
250	If I do it, I can't tell Cuddy that it was medically necessary. I'm gonna ask you to piss on her chair next.	Don't be dense, just do as I say.
256	Good idea. Oh, damn. I left my CT machine in my other pants.	Your idea is ridiculous.
262	If so, I apologize for the fact that you are a piece of meat.	I don't care that you are a piece of meat.
343	Would make perfect sense (...)Bedouin.	You are being absurd.
	END OF EPISODE ANALYSIS	



"LAST RESORT" EPISODE 09 SEASON 5											
LINE	FTA TOWARDS HEARER			SPEAKER-BASED AS			APPRAISAL ITEM				
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	Ss	Se	Ss	Se	Affect
29	1		1	1		1					1
29	1		1	1		1					1
31	1		1	1		1					1
31			1	1							1
31			1	1							1
33			1	1			1				
35			1	1			1				
38	1	1		1	1						1
38	1				1	1	1				
44			1	1					1		
52	1					1	1				
55			1	1							1
63			1	1							1
79	1			1							1
117			1	1							1
162			1	1							1
164				1	1		1				1
195			1	1							1
243			1		1						1
246			1		1						1
250			1	1							1
256			1	1		1					1
262		1			1	1					1
343			1	1							1
TOTAL	7	2	18	19	6	7	5	0	1	17	2

"THE SOCIAL CONTRACT" EPISODE 17		
SEASON 5		
LINE	DICTUM	IMPLICATUM
73	You would argue that. You're all persona.	You are a softy.
166	You're not athletic. Run to the end of the hall and back. I'll time you.	You are lying.
269	What does that make you, a quadruple agent?	You did something stupid.
271	Wow. Excellent. Information he wants us to have.	What you did was useless.
END OF EPISODE ANALYSIS		

"THE SOCIAL CONTRACT" EPISODE 17											
SEASON 5	FTA TOWARDS HEARER			SPEAKER-BASED			APPRAISAL ITEM				
				AS			EJ	TK	Affect		
LINE	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	Ss	Se	Ss	Se	Antipathy (high)
73	1			1							1
166			1			1	1				
269			1	1							1
271		1	1			1					1
TOTAL	1	1	3	2	0	2	1	0	0	3	0

"HERE, KITTY" EPISODE 18 SEASON 5		
LINE	DICTION	IMPLICATUM
5	I've been in this room a while, but it's spring now, right?	What you say is absurd.
19	From now on I'm gonna use two colors. Green indicates irony.	I don't like to explain the obvious to you.
23	Welcome, your lordship. We were just preparing your morning briefing.	You are my employee and you are arriving late.
41	So your insight is based on discovering an anti-Alzheimer's drug at an old-age home.	Your reasoning is poor.
43	You ever tried to pee on yourself in public? It's not easy.	You are wrong, you can't explain that. (urinating in public intentionally).
71	Cats make terrible doctors.	Your excuse is ridiculous.
71	Oh no, wait, that's women.	You don't know about medicine.
89	If you're going to kill me and rape me, please do it in that order.	You are annoying me, I don't want you here.
91	Debbie. Sorry, but without a last name...	You are being ridiculous.
93	Can you come back later?	You are annoying me, I don't want you here.
93	I have (...) conducting with the Prince of Nigeria.	You are a fraud.
209	What, you think your bag's gonna die now?	You believe stupid things.
230	Maybe she's "Unchausen".	Your explanation is bad and absurd.
278	Oh my God, the death cat is attacking your legs. You're going to die.	You believe stupid things.
280	Oh my God, the death laser is attacking your legs. You're going to die.	You believe stupid things.
297	You're right. Sulking will solve everything.	Your attitude is not helpful.
END OF EPISODE ANALYSIS		

"HERE, KITTY" EPISODE 18 SEASON 5											
LINE	FTA TOWARDS HEARER			SPEAKER-BASED AS			APPRAISAL ITEM				
	Mockery	Disdain	Criticism	Power/Do	Dist/Dt	Disres	Ss	Se	Ss	Se	Affect
5	1		1	1							1
19	1			1							1
23											
41			1	1							1
43		1	1	1							1
71			1	1							1
71		1				1					1
89		1			1	1					1
91	1		1		1						1
93		1			1	1					1
93			1		1				1		
209		1	1	1							1
230			1	1							1
278		1	1	1							1
280		1	1	1							1
297			1	1							1
TOTAL	3	7	11	10	4	3	0	0	1	13	3

## 8. RESULTS AND FINDINGS

8.1 Table 1: Number of turns analysed

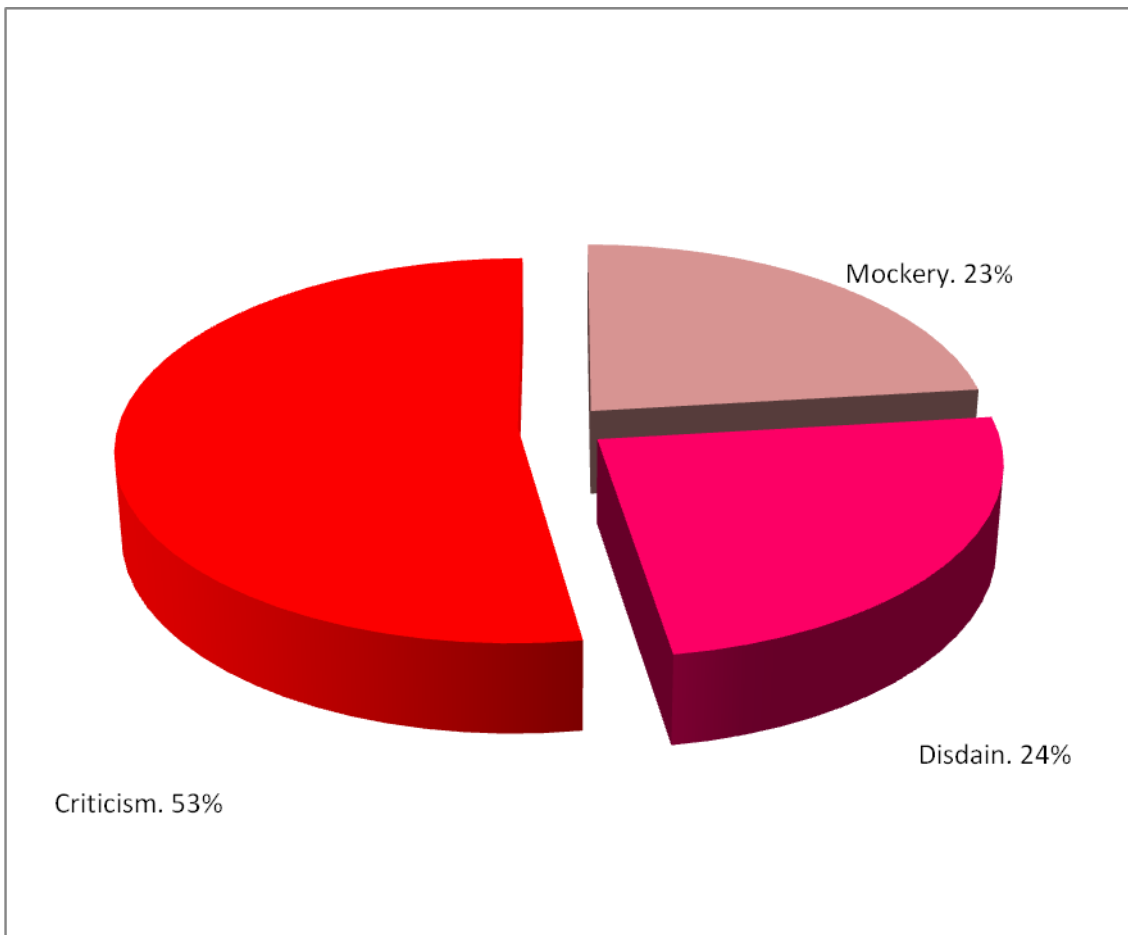
TURNS	
Episode	Turns
ACCEPTANCE	32
TB OR NOT TB	18
FOOLS FOR LOVE	20
MIRROR, MIRROR	17
LAST RESORT	24
THE SOCIAL CONTRACT	4
HERE KITTY	16
TOTAL	130

Out of 7 episodes analysed, a total of 130 turns contained one or more sarcastic utterance.

8.2 Table 2: Number of categories of Face-Threatening Acts aiming at Hearer

FACE THREATENING ACT	AIMING AT HEARER		
	Category		
Episode	MOCKERY	DISDAIN	CRITICISM
ACCEPTANCE	12	7	15
TB OR NOT TB	3	8	14
FOOLS FOR LOVE	7	7	13
MIRROR MIRROR	4	7	10
LAST RESORT	7	2	18
THE SOCIAL CONTRACT	1	1	3
HERE KITTY	3	7	11
TOTAL	37	39	84

8.3 Chart 1. Percentages of types of Face-Threatening Act aiming at hearer

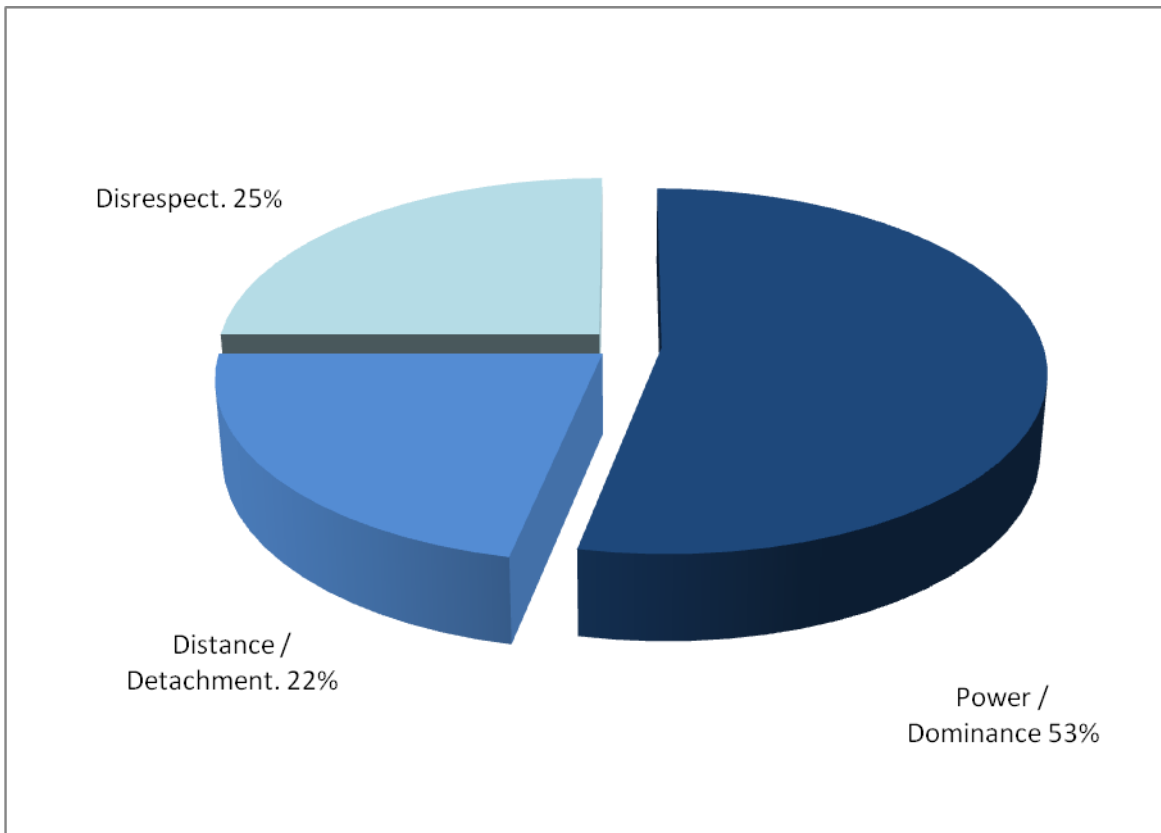


Concerning Face Threatening Acts aiming at hearer, the greatest percentage of occurrence corresponds to Criticism, 53%, followed by Disdain, with 24% and Mockery, 23%.

8.4 Table 3: Number of categories of Speaker-Based Attitudinal Standpoint

	SPEAKER-BASED ATTITUDINAL STANDPOINT		
	Category		
Episode	POWER/DOMINANCE	DISTANCE/DETACHMENT	DISRESPECT
ACCEPTANCE	17	8	10
TB OR NOT TB	10	4	5
FOOLS FOR LOVE	12	7	3
MIRROR MIRROR	11	4	8
LAST RESORT	19	6	7
THE SOCIAL CONTRACT	2	0	2
HERE KITTY	10	4	3
TOTAL	81	33	38

8.5 Chart 2: Percentage of categories of Speaker-Based Attitudinal Standpoint

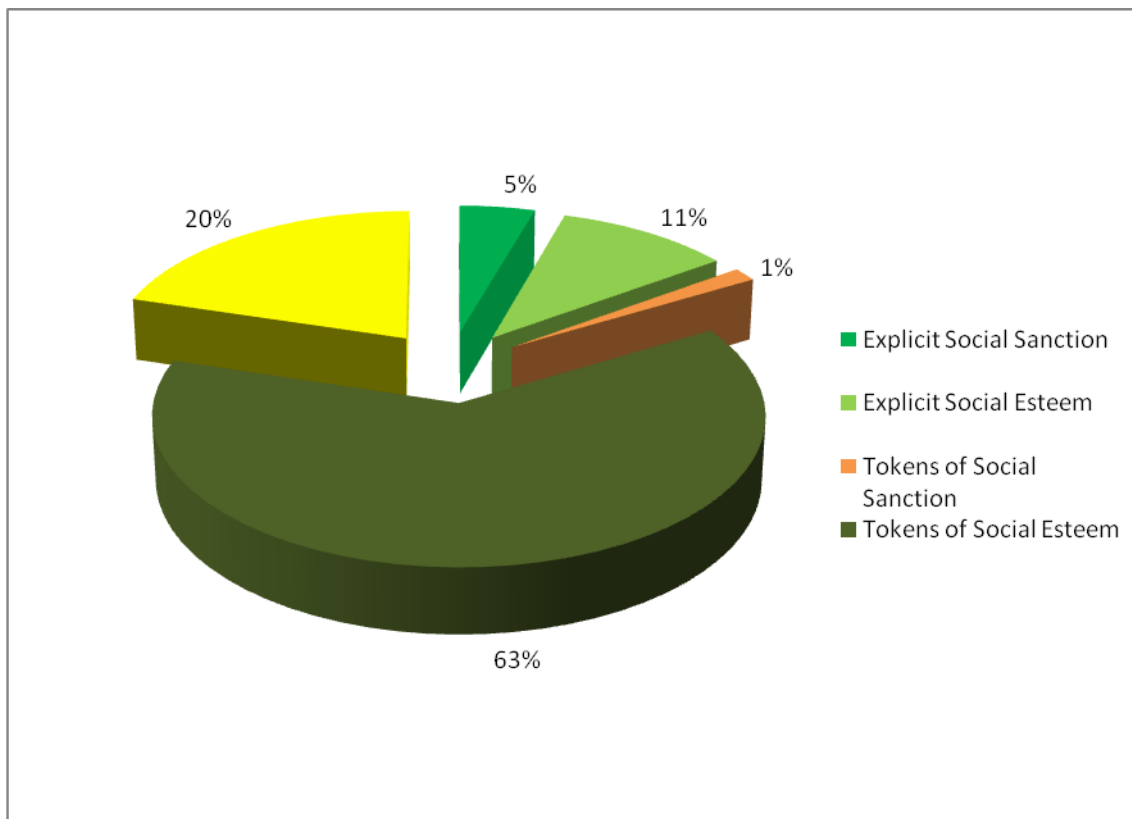


In the Speaker-Based Attitudinal Standpoint category, the Power subtype presented a 53% frequency of occurrence, followed by Disrespect and Distance, with 25% and 22% of frequency occurrences, respectively.

8.6 Table 4: Number of Appraisal items

	APPRAISAL ITEMS				
	Category				
	EJ		TK		Affect
Episode	Ss	Se	Ss	Se	Antipathy (high)
ACCEPTANCE	0	5	0	20	7
TB OR NOT TB	0	0	0	14	4
FOOLS FOR LOVE	0	5	0	8	7
MIRROR MIRROR	0	4	0	9	4
LAST RESORT	5	0	1	17	2
THE SOCIAL CONTRACT	1	0	0	3	0
HERE KITTY	0	0	1	13	3
TOTAL	6	14	2	84	27

8.7 Chart 3: Percentage of Appraisal items





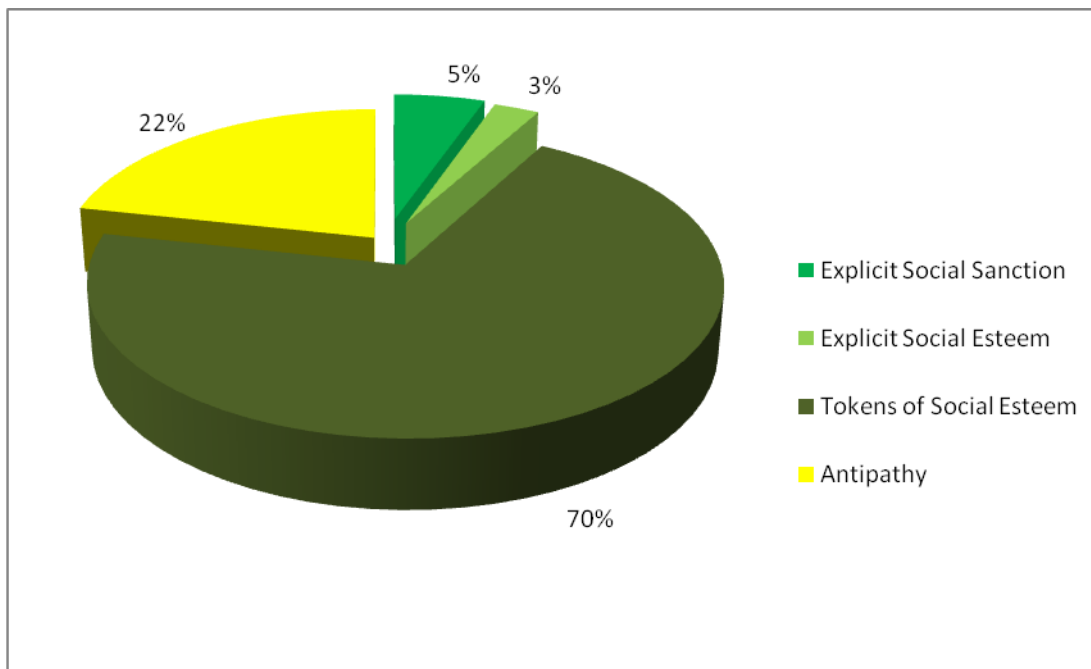
Tokens of Social Esteem condensed the higher frequency of occurrences: 63%. Secondly, the instances of Antipathy added up to 20%, followed closely by an 11% of frequency of occurrence of Explicit Social Esteem. Lastly, the instances of Explicit Social Sanction and Tokens of Social Sanction added up to 5% and 1% respectively.

## 8.8 Appraisal items per category of Face Threatening Act aiming at hearer

### 8.8.1 Table 5: Number of Appraisal items in Mockery

Mockery	37
Appraisal items	
Ss	2
Se	1
Tokens of Ss	0
Tokens of Se	26
Antipathy	8

### 8.8.2 Chart 4: Percentage of Appraisal items in Mockery

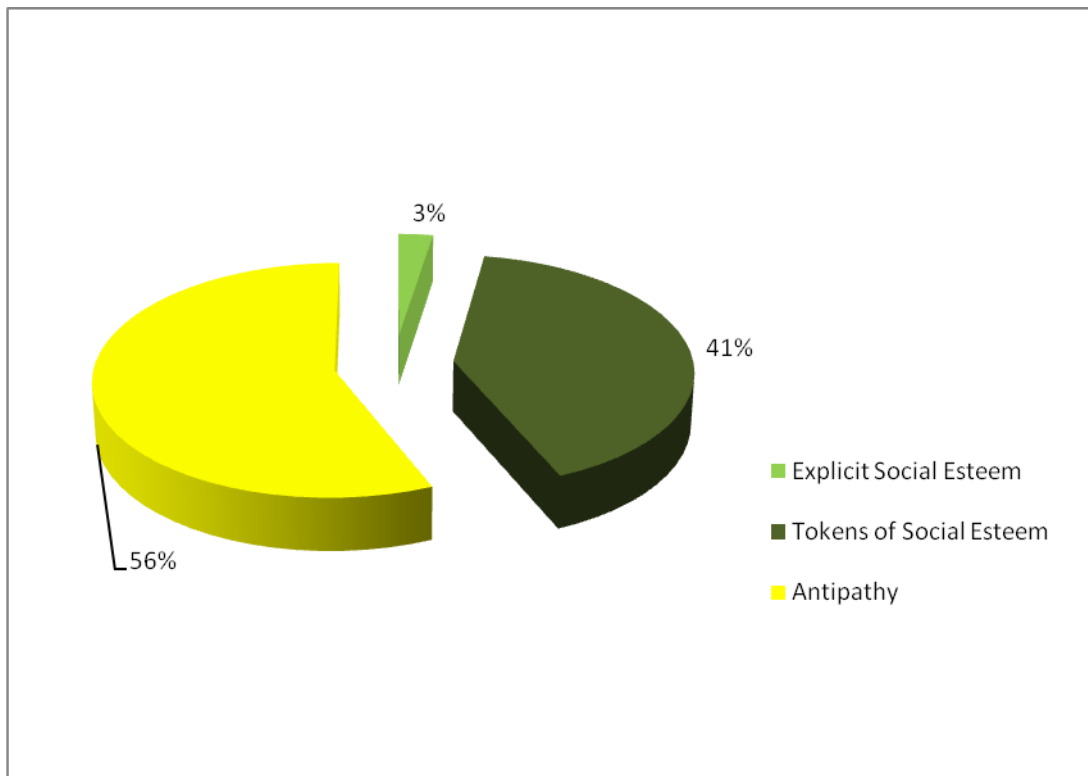


As for Mockery, the expressions of Appraisal can be broken down as follows: Tokens of Social Esteem, 70%, Antipathy, 22%, Explicit Social Sanction, 5% and Explicit Social Esteem, 3% frequency of occurrence. No occurrences of Tokens of Social Sanction were found in Mockery.

8.8.3 Table 6: Number of Appraisal items in Disdain

Disdain	39
Appraisal items	
Ss	0
Se	1
Tokens of Ss	0
Tokens of Se	16
Antipathy	22

8.8.4 Chart 5: Percentage of Appraisal items in Disdain

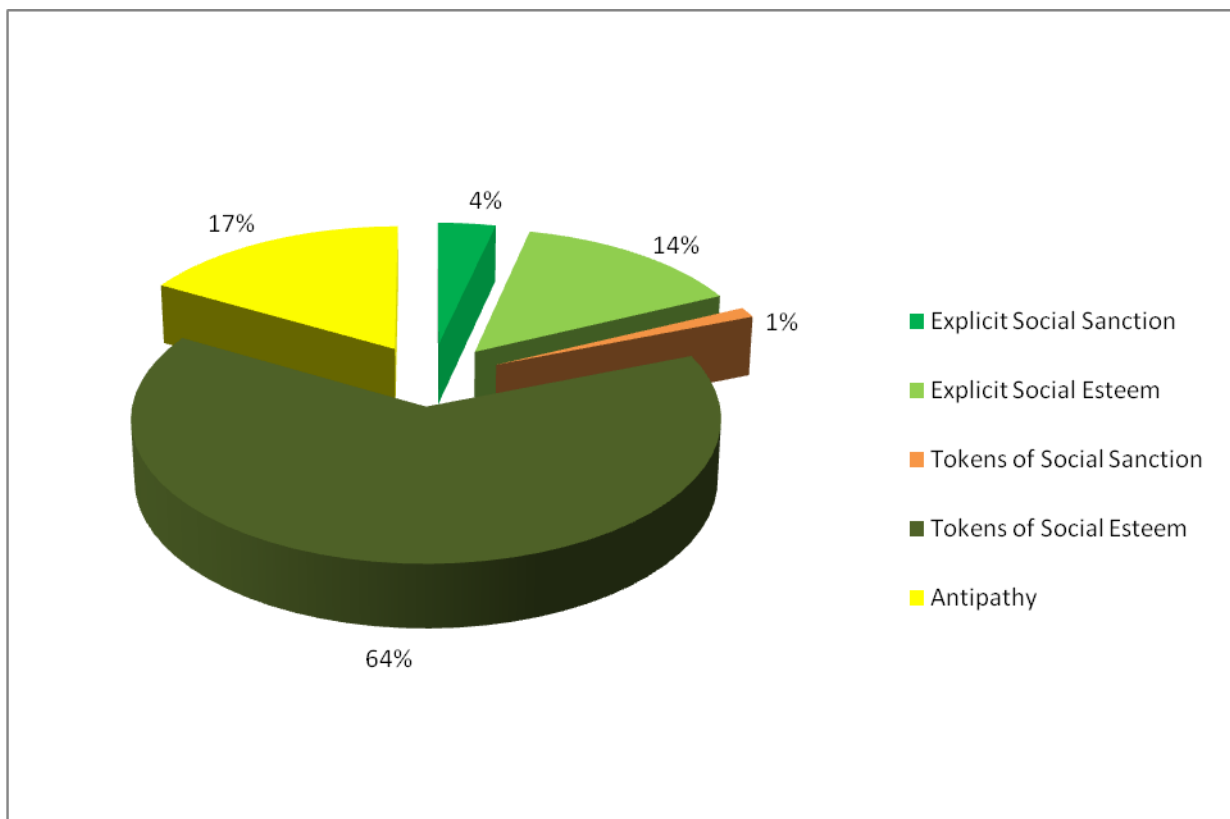


Concerning the Appraisal categories used in Disdain, the first percentage of occurrences corresponds to Antipathy, holding 56%. In the second place, Tokens of Social Esteem presented 41%, and finally, Explicit Social Esteem appears with 3%. No occurrences of any type of Social Sanction were registered as Appraisal categories for the expression of Disdain.

8.8.5 Table 7: Number of Appraisal items in Criticism

Criticism	84
Appraisal items	
Ss	3
Se	12
Tokens of Ss	1
Tokens of Se	54
Antipathy	14

8.8.6 Chart 6: Percentage of Appraisal items in Criticism



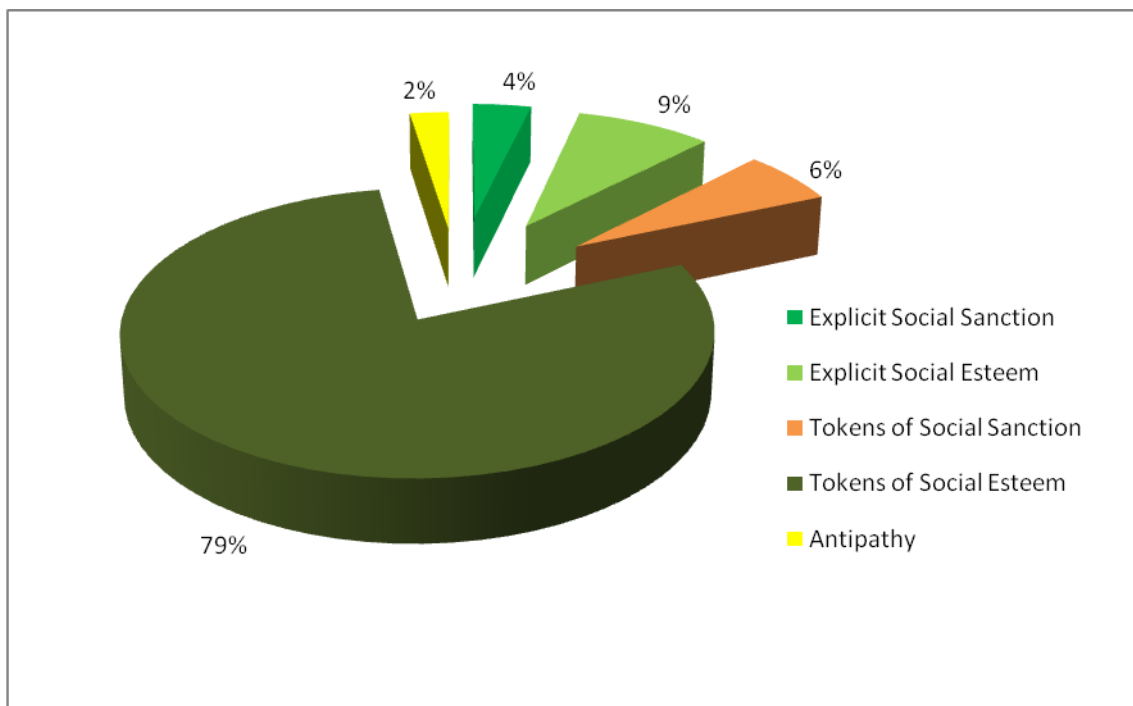
Finally, as for the category of Criticism, the Appraisal category with the highest percentage is Tokens of Social Esteem, 64%. Secondly and thirdly, Antipathy and Explicit Social Esteem displayed 17% and 14% of frequency of occurrences, respectively. In Criticism little percentages of occurrences for Explicit Social Sanction and Tokens of Social Sanction were found, 4% and 1% each.

## 8.9 Appraisal items per category of speaker based attitudinal standpoint

8.9.1 Table 8: Number of Appraisal items in Power/Dominance

Power/Dominance	81
Appraisal items	
Ss	3
Se	7
Tokens of Ss	5
Tokens of Se	64
Antipathy	2

8.9.2 Chart 7: Percentage of Appraisal items in Power/Dominance

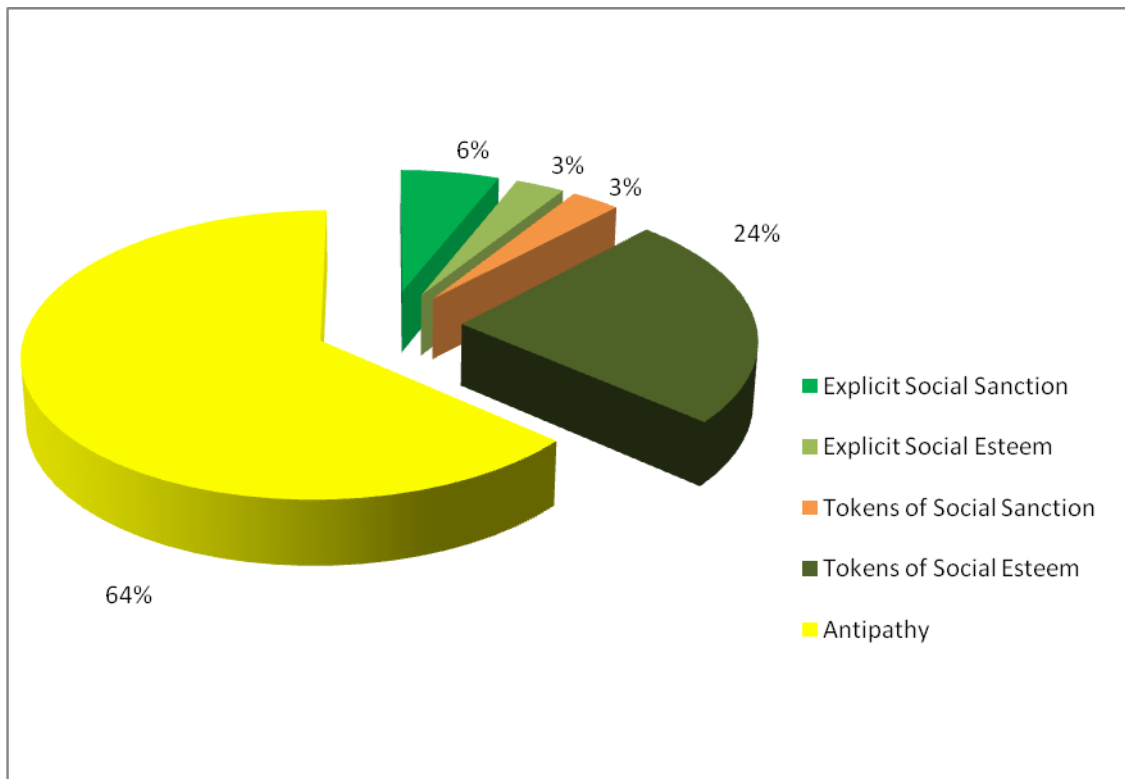


As for the Appraisal categories utilised to convey attitudinal standpoint as expressed by the speaker, Tokens of Social Esteem registered the greatest percentage (79%) of occurrences when Power was at use. In the same category, Explicit Social Esteem presented 9% of occurrences, and Tokens of Social Sanction 6%. The lowest percentages for Power are found in Explicit Social Sanction, 4% and Antipathy, only 2% of occurrences.

8.9.3 Table 9: Number of Appraisal items in Distance/Detachment

Distance/Detachment	33
Appraisal items	
Ss	2
Se	1
Tokens of Ss	1
Tokens of Se	8
Antipathy	21

8.9.4 Chart 8: Percentage of Appraisal items in Distance/Detachment

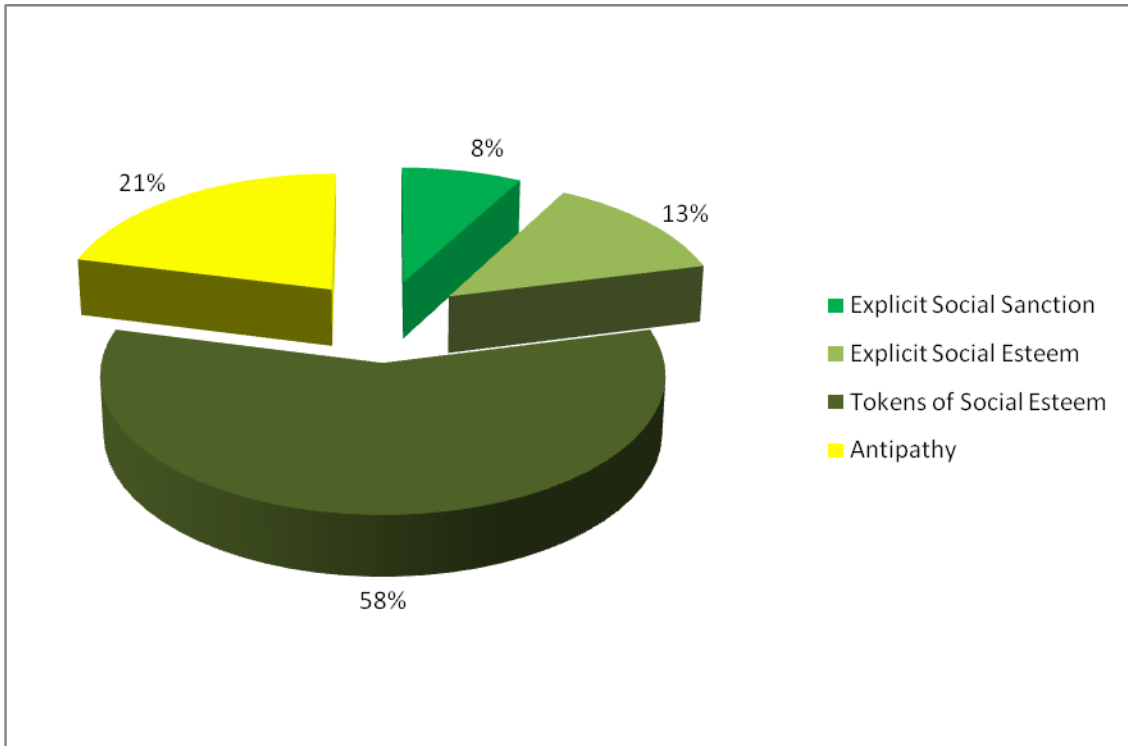


As to Appraisal meanings registered for the expression of Distance, Antipathy was found to represent the highest percentage of frequency of occurrence; 64%. Following this item, Tokens of Social Esteem presented a 24% of frequency of occurrence. A 6% of frequency of occurrences correspond to Explicit Social Sanction. Finally, a 3% of frequency occurrence was found both for Explicit Social Esteem and Tokens of Social Sanction.

8.9.5 Table 10: Number of Appraisal items in Disrespect

Disrespect	38
Appraisal items	
Ss	3
Se	5
Tokens of Ss	0
Tokens of Se	22
Antipathy	8

8.9.6 Chart 9: Percentage of Appraisal items in Disrespect



Finally, the Appraisal items present in the expression of Disrespect are as follows: Tokens of Social Esteem, 58% of occurrence, Antipathy, 21%, Explicit Social Esteem 13%, and Explicit Social Sanction, 8%. No occurrences for Tokens of Social Sanction were registered for Disrespect.

## 9. CONCLUSIONS

### 9.1 General conclusions

In broad terms, the most important conclusion to be drawn from the present analysis is that sarcasm can be thought of as a notion distinct from irony, in view of its pragmatic functions and evaluative meanings. Three criteria contribute to confirm this distinction: a) sarcastic utterances encompass different types of negative evaluations (via reversal of evaluation in the dictum), as expressed by speakers; b) speakers direct these negative appraisal meanings in the form of distinguishable FTA towards hearers, and c) by doing the former, speakers reach definable attitudinal standpoints which disalign them from hearers. All these pragmatic functions seem inherent to sarcasm, not to irony, as it will be explained below.

Firstly, the predominant frequency of occurrence of Criticism among the FTA's aiming at hearer (53%) conveyed by means of sarcastic utterances confirms two claims: a) sarcasm is a pragmatic resource whereby the addresser expresses faults perceived in the behaviour or personality of the addressee or addressees to whom their sarcastic utterances are targeted. In other words, criticism can be said to be a central pragmatic function of sarcasm in the type of data provided by this research.

In conjunction with the expression of Criticism, there are two other pragmatic functions of sarcasm still at work: Disdain and Mockery. Their expressions (24% and 23% of frequency of occurrences, respectively) gives sarcasm a distinctive status as an evaluative resource, one which involves different degrees of verbal aggression. As such, it can be differentiated from irony in that it is no longer viewed as that one unspecified type of irony which only serves to express disapproval.

Complementing this, as Criticism has practically doubled the other two types of FTA aiming at hearer, Disdain and Mockery (53% versus 24% and 23%, respectively). Thus, it



can be observed that sarcasm is used as an expression of aggression towards others. This serves to distinguish once again irony from sarcasm in view of two claims: a) not all irony is negative, nor does it imply person-oriented criticism; and b) all the occurrences within Criticism did constitute disapproval human behaviour or identity.

In addition, the expression of sarcasm, as involving criticism can be said to constitute a 'persona dissociation' factor (that is, as sarcastic utterances serve to point to other people's errors and faults, their use allows for the existence of some degree of social distance between speaker and hearer). As such, sarcasm diverges from irony, as this is said to have the potential to be 'affiliative', thus creating group bonding and sense of belonging (Partington, 2007).

Therefore, the use of sarcastic utterances and its consequent persona dissociation is relevant to determine the type of social relations established between addresser and addressee, because when the addresser utters a sarcastic utterance, they take a specific attitudinal standpoint. This attitudinal standpoint establishes a degree of social distance from others, especially taking into consideration the fact that criticism stresses superiority in knowledge, competences or abilities. At the same time, there is an emphasis on what the speaker considers to be undesirable about the hearer.

The results of this study show that a speaker who constantly uses sarcasm to both spot faults on others and establish the difference of status between him or her and the rest, may employ sarcastic utterances for various purposes, not only to evidence superiority.<sup>19</sup>

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<sup>19</sup> For example, in *Bombshells* (episode 15 season 7) Lisa Cuddy challenges House's manner of interacting with his peers, by saying: *Everything you've ever done is to avoid pain — drugs, sarcasm... Keeping everybody at arm's length so no one can hurt you.*

Thirdly, the almost equal percentages of frequency of occurrence of Disdain and Mockery (24% and 23%, respectively) seem to indicate that the secondary pragmatic functions of sarcasm may vary according to context in which it is employed. In the data under analysis, the main protagonist is a character who portrays a person who has greater knowledge and expertise than those who surround him. As a result, he often confronts them by making his higher status in expertise evident. Thus, his repeated expression of Disdain supports this view. The similar percentages of occurrence of the expression of Mockery also suggest this category is involved in the construction of domineering identities of speakers who probably feel they may exert enough power over others, to the extent of making their behaviour or personality traits subject to laughter.

In addition, the Appraisal item of Tokens of Social Esteem (64%) is predominantly used together with Criticism. This finding is significant to the extent that it indicates, on the one hand, that sarcastic utterances serve for the expression of criticism of human behaviour. On the other, this type of criticism specifically focuses on human capacity, normal behaviour, and resolution for making appropriate behavioural choices on the part of the intended addressee.<sup>20</sup>

Interestingly, the Appraisal items of Antipathy and Judgment in its Social Esteem variant, showed high percentages of occurrence for both Disdain (56% as for Antipathy and 44% as for both Token and Explicit Social Esteem Judgments) —the second most frequent pragmatic function of sarcastic utterances as regarding the FTA aiming at Hearer —and Mockery (where Tokens of Social Esteem added up to 70%, and Antipathy to 22%). From these results, three conclusions can be drawn:

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<sup>20</sup> This responds to the very definition of Tokens of Social Esteem offered by Martin and White (2005): Social Esteem Judgments have to do with normality (how unusual someone is) , ‘capacity’ (how capable they are), and ‘tenacity’(how resolute they are)

a) Sarcastic utterances conveying Disdain point, in the first place, to the hearer's personal incapacities, resolution, and degree of agreement with socially desired values (as interpreted by the speaker). The addresser expresses despise of moral or legal faults as evidenced by the addressee's behaviour or characteristics;

b) Sarcastic utterances which express Disdain are bound to the speaker's personal state of mind and emotional mood which is determined by Antipathy, because what is important for the expression of sarcasm is how the speaker feels towards the hearer; and

c) The function of Mockery in sarcastic utterances is to tease the hearer and also to stress how undesirable the hearer's behaviour is. Complementing this, the use of Mockery reveals the speaker's inner emotional state, who can ridicule the hearer over something that he abhors or considers worthless of attention.

In sum, the expression of sarcasm operates as a two-sided pragmatic phenomenon: a) it is particularly sensitive to the conveying of negative attitudinal meanings regarding expectations on the hearer's social and interpersonal relations, and b) it reflects the speaker's idiosyncratic states of mind and negative affectual values.

Taking into account the nature of the specific corpus under analysis, a possible conclusion to be drawn is that the expression of sarcasm constantly reflects the speaker's attitudinal stance, which may consequently determine how they position themselves in the eyes of their peers (for example in the case of the main protagonist, House, a domineering—yet sometimes despicable for some—figure). Simultaneously, by resorting to the expression of sarcasm, a speaker will straightforwardly (yet not literally) make his or her feelings and thoughts patent to others. In spite of manifesting states of mind that convey negative evaluative meanings in order to make a point on how the speaker regards others and their behaviours, the use of sarcasm prevents the speaker from being fully verbally aggressive (a

sarcastic utterance is not a direct insult), because it works via the reversal of positive evaluation, thus avoiding the use of explicit expressions of scorn, criticism or contempt towards others.

The present data analysis supports that the statistical large number of House's remarks are sarcastic. Therefore, it seems natural to assume that sarcasm is indeed a great contributor for the construction the speaker's persona, namely, House's, in this study. On this point, an interesting fact is that the character of House, in spite of his constant expressions of criticism, scorn and disdain, is still viewed by his peers as a person who is worthy of consideration, patience and respect. From this, it might be asserted that the effect of choosing sarcasm as a vehicle for expressing all of the above is that the issuer of sarcastic utterances maintains his or her face intact.

As a result, it might be argued that evaluating a person's behaviour or actions via sarcasm places criticism in an evident yet not direct way. By being sarcastic, a person criticises and may even insult or ridicule others, but never explicitly. Simultaneously, as the speaker demonstrates that their interlocutor is subject to criticism in some respect, he does so in such a way that it is also obvious that he knows best, that he possesses a better insight, enough to point out other's defects. As he takes this role, he may be consequently seen as a person whose opinion deserves greater consideration. For example, in the presently examined data House rarely overtly insults anybody, and yet he constantly undermines everyone's beliefs, values and behaviour. Nevertheless, he can be seen as an alpha figure, even for those who are above him in rank, for example, Cuddy.<sup>21</sup>

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<sup>21</sup> In relation to this, it is interesting to notice that at a certain point in his personal life (season 7), as House starts to control his addiction, he tries to make changes his way of living. He starts a love relation, and eventually, he stops being sarcastic. He continues to be eccentric in several respects, but he eventually mitigates his comments on other people's behaviour. As such, he becomes less witty and relentless. Instead of being sarcastic the character is depicted simply as a clever, charismatic physician, a bit cranky and humorous, at most. This fact might also be related to the idea that House

With reference to the category of Speaker-based attitudinal standpoint, the fact that Power, presented the highest frequency of occurrence (53%) is also coherent with the idea that sarcastic utterances involve criticism of other human beings. If a person feels entitled to highlight the faults of others, it seems natural to think that this person is primarily superior to the recipients of his or her comments. Thus, this person exerts dominance over them, probably by influencing their lives, directing their behaviours or even by positioning themselves as leaders or, at least, as a figure of authority worthy of being respected.

Concerning the other two subtypes of Speaker-based attitudinal standpoint, the similar number of occurrences of Disrespect (25%) and Distance (22%) also confirm the finding that there are secondary attitudes that are probably context-bound. They provide evidence that, through the use of sarcastic utterances, the speaker makes manifest that they do not need others or their approval (by means of Distance), and project irreverent personalities (by resorting to Disrespect), while the most salient psychological trait being made patent to others is that the character portrays a domineering person.

Regarding the Appraisal items examined in the provided data, another point to be made is that sarcastic utterances constantly convey a distinctive attitudinal meaning. There is always a predominant Appraisal expression present in the sarcastic utterances examined, which conveys an attitudinal meaning. No sarcastic utterance in the data analysis failed to display the presence of Appraisal expressions. More interestingly to this point, the most

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used to be more miserable. Therefore, he used sarcasm for keeping everyone else at a distance thus making himself emotionally unavailable while simultaneously stressing his brightness and erecting his skillfulness as the one thing that made him special. The character's stance no longer needed to express detachment; instead, there was a need to enhance group affiliation; consequently, the use of sarcasm was no longer effective. This idea of a character who is miserable and sarcastic, yet superior and brilliant, as opposed to one who is happier and more sociable is suggested in episode 14 *Recession Proof*, in season 7, when House starts thinking that his relation with Cuddy makes him a worse diagnostician. The character has become less confrontational and coarse, thus his superiority and dominance also start decaying. The character's stance no longer needed to express detachment; instead, there was a need to enhance group affiliation; consequently, the use of sarcasm was no longer effective.

frequently used category was Tokens of Social Esteem (63%), while the percentage of Explicit Social Esteem took third place (11%). These respective frequencies of occurrence confirm the claim that sarcasm is always 'person-oriented', because Judgment is, in fact, the category involved in the evaluation of people's behaviour (instead of situations or other states of affairs).

Accordingly, it is also possible to conclude that sarcastic utterances strongly tend to evaluate the effectiveness, appropriateness, desirability and value of people's actions in a given social context in a negative spirit, for example, professional and personal relations. Therefore, another distinction between sarcastic and ironic utterances is found. On the one hand, ironical ones may convey, as was previously explained in 4.1.3, positive meanings; it may also deal with various referents: appreciation of entities, states of affairs, and situations. On the other hand, sarcastic utterances are constrained in their use to the expression of negative evaluative meanings, particularly oriented to people's behaviour and actions. In sum, sarcasm, unlike irony, seems to be associated exclusively with the expression of negative and person-oriented evaluative meanings.

Regarding the low frequency of occurrence of the values of Social Sanction (either explicit or implicit ones, 5% and 1%, respectively), two explanations may be put forward. The first is that the expression of sarcasm conveys negative evaluative meanings more directly related to a person's traits or characteristics, or criticisms levelled at the hearer's professional faults or personal imperfections. Thus, criticism is based on personal flaws rather than on criticism originated on violations or infringements of law or morally enforced values, which relate more to ethical rather than idiosyncratic characteristics.

The second possible explanation is that the results obtained may obey the context in which the values of Social Sanction appear. That is to say, Social Sanction expressions are highly

context-dependant. For example, in the fifth season episode *Last Resort*, in which a desperate man holds House, Thirteen and a group of patients hostages, a higher number of instances of Social Sanction have been found than in the other episodes. This can be due to the fact that this man's actions go against the law and moral standards. Consequently, House's comments consistently attack his wrong doings. The type of behaviour being evaluated (either personal imperfections, or legal and or moral values) via sarcastic utterances may vary according to the social setting in which the events occur.

Along the same lines, the role of Antipathy is also worth discussing. Its high percentual frequency of occurrences (20%) seems to confirm that the expression of sarcasm constantly encompasses attitudinal meanings. Antipathy is a mental process that constitutes a value of Affect. Hence, by being sarcastic, a person does not only criticise and evaluate someone's behaviour in terms of socially acceptable and desirable norms, but also they make explicit the high degree to which such behaviour does not please them at all (thus experiencing a high value of dislike: abhor). Consequently, sarcastic utterances do not only convey negative evaluative meanings, such as criticism (by censoring the hearer's behaviour), disdain (by playing down their social behaviour), mockery (by ridiculing their behaviour) but also they reveal some of the speaker's complex psychological states, attitudes or feelings.

Therefore, the prominent occurrence of the expressions of Antipathy in the data under research also makes sense in the light of the psychological processes that seem to be at work when speakers convey and hearers comprehend sarcastic utterances. These processes are said to correlate with their emotional mood. Thus affectual values are at stake. Antipathy, as an affectual value, also contributes to the construction of the relation of and disharmony between a domineering speaker and their hearer (for example, between such a

character as House, who is a genius doctor who clearly establishes a social and professional distance between him his fellow doctors). Hence, the use of sarcastic utterances conveying abhorrence may imply the existence of two processes for the speaker: on the one hand, they construct themselves as leaders. Yet, this does not entail affiliation to others; on the contrary, the use of aggressive remarks, which may involve expressions that aim at criticising, or despising the hearer, may allow for a social distance between the speaker and the hearer.

In sum, it can be asserted that sarcasm is a linguistic resource which consistently conveys negative evaluative meanings in relation to a person's behaviour, actions and or personality. In such process, sarcastic utterances do not only convey functions such as criticism, mockery, or disdain (and possibly other similar ones) but they also contribute to the construction of the persona of the speaker who utters these sarcastic utterances. From the point of view of the hearer, speakers who utter sarcastic utterances may: a) be identified as domineering participants; b) distant themselves from their peers; or c) manifest disalignment and/or disharmony regarding the socially and culturally accepted norms and values of human behaviour.

As was said before, what seems to be the most compelling fact about sarcasm is the fact that it appears to hold a unique status as a resource for saying something about someone implying a different evaluative meaning, which may enable us to differentiate it from irony. This could be done mainly by taking into account two relevant characteristics involved in the expression of sarcasm: a) the judgmental values consistently present in sarcastic utterances and b) sarcasm both as a person-oriented expression, as there is always a person who acts as the addressee for some type of indirect verbal aggression.



Proposing a new concept, sarcasm can also be said to constitute a ‘person-driven’ evaluative resource, given the permanent expression of negative evaluative meanings on the part of the speaker. Making use of these notions, it is possible to conclude that, unlike irony (which can serve for group affiliation and persuasion), sarcasm may be said to be, on the one hand, a pragmatic resource or means which can bring about ‘group disalignment’ (as speakers themselves establish distance between them and hearers), unlike irony, which may cause group affiliation. On the other hand, sarcasm may be thought of as an ‘identity-builder’ resource, in the sense that as a speaker resorts to the use of sarcastic utterances he or she may build a person’s stance as being dominant, authoritarian, and detached.

## 9.2 Limitations of the study

Some of the limitations of this study are as follows:

- a) The status of the corpus. The corpus is composed of a number of sarcastic utterances found in semi-spontaneous spoken conversations of an American TV series. The choice is paradoxical: on the one hand, the corpus provides a number of prototypical sarcastic utterances, making the production of prototypical inferences and regularities possible. However, on the other hand, the corpus does not cease to be artificial.
- b) The corpus length: Further studies in larger corpora might provide other types of FTA aiming at hearer conveyed via sarcasm and alternative attitudinal positioning achieved by speakers in doing so.
- c) The status of the speaker. Similarly to the status of the corpus, the persona of Gregory House provides an ideal subject of study as he constitutes one of the most sarcastic characters ever depicted in the history on American TV series. However, the greatest limitation of his persona is that he will always be a fictional character.
- d) The inclusion of the explicit coding of phonological markers and paralinguistic markers of sarcasm might have proved to be of aid in additional ways to support the status of sarcasm as a distinguishable phenomenon in relation to irony.

### 9.3 Further research

Some further studies could support or else broaden the insights provided by the present research:

- a) To conduct a comparative study on the evaluative resources at use taking both spoken sarcastic utterances and ironic ones as corpus, including the coding of phonological and paralinguistic markers of both.
- b) To study the attitudinal characteristics involved in sarcastic utterances taken from spontaneous (off-line) sources.
- c) To study at a greater length in a more natural corpora the way in which sarcasm constructs person-based disalignment.
- d) To further investigate the extent to which irony constitutes an affiliative resource and sarcasm, a group disalignment and identity builder one.

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APPENDIX: ORTOGRAPHIC TRANSCRIPTION OF CORPUS

HOUSE, M.D.

Transcript and storyline of Episode 1 “Acceptance”, Season 2. Transcript Original Airdate (FOX): 13-SEP-2005

Storyline: Clarence, a death row inmate is felled by an unknown disease and House volunteers to investigate, over the objections of most of the staff. House also has to deal with Stacy, who is working closely with him. Cameron takes over some of House's clinic hours, and ends up with her own patient to deal with as she fears to reveal her a terminal condition.[Opens in a prison, on death row.]

1. INMATE: Deep fried shrimp, and lobster. Never had lobster. What, do you boil ‘em or grill
2. ‘em? Which one’s better? Ah, just get ‘em both. And I know I need a strawberry malt, and
3. then there’s those chocolate donuts that come in a box?
4. LAWYER: We’ll do our best to accommodate. Tomorrow you’ll be moved to a holding cell.
5. That’s where you’ll get your last meal. [Close up on other Inmate... let’s call him CLARENCE.] You also have a constitutional right to the spiritual advisor of your choice.
6. INMATE: Naw, I don’t need none of that.
7. LAWYER: One last thing to think about: After I read the execution warrant, you’ll be given an
8. opportunity to make a statement. You might want to take some time and think about what
9. you want to say as your final words. [He leaves.]
10. INMATE: Yo, CLARENCE! You hear that? A spiritual advisor of my choice!
11. CLARENCE: Don’t matter, you goin’ to hell anyway.
12. INMATE: You think I’ll get another stay?
13. CLARENCE: You should. Supreme Court say it ain’t right to kill retards.
14. WARDEN: Cut the chatter! Exercise time. [The guards come and take CLARENCE into a room
15. with no windows, only a basketball hoop. They release him from his handcuffs through a
16. hole in the door.] Be back in an hour. Enjoy. [CLARENCE walks around, and then pretends to
17. shoot some hoops. Suddenly, a woman appears in the room.]
18. WOMAN: Why did you hit me so many times, CLARENCE?
19. CLARENCE: You know why!
20. WOMAN: You could have stopped. [Another person appears.]
21. MAN: You stabbed me in the back, man.
22. CLARENCE: I never st –
23. MAN: You couldn’t fight fair.
24. CLARENCE: Like you did? [A guard appears.]
25. GUARD: I had a wife and three kids.
26. CLARENCE: You are a sick bastard! Open the door! Open the door! [Another man appears.]

27. MAN #2: Hey! What'd I ever do to you, man? [The voices continue as the figures close in on
28. CLARENCE. He gets to his knees. CGI shot into his chest of his heart, which starts to beat at an
29. abnormally fast rate, until he collapses on the ground.] [Cut to HOUSE, walking toward CUDDY's office. He sees STACY talking with her, and pops a Vicodin. He walks in, and--]
30. ASSISTANT: You can't go in there.
31. HOUSE: Who are you, and why are you wearing a tie?
32. ASSISTANT: I'm Dr. CUDDY's new assistant. Can I tell her what it's regarding?
33. HOUSE: Yes. I would like to know why she gets a secretary and I don't.
34. ASSISTANT: I'm her assistant, not her secretary. I graduated from Rutgers.
35. HOUSE: Hmm. I didn't know they had a secretarial school. Well, I hope you took some
36. classes in sexual harassment law. Does the word "ka-ching" mean anything to you? I'm
37. going in now. [HOUSE enters.]
38. CUDDY: Dr. HOUSE, we are in the middle of a meeting.
39. HOUSE: What's with hiring a male secretary? J-Date not working out?
40. STACY: He is cute. Be careful.
41. HOUSE: She's not like you. She can't just walk into a bar and pick up her soul mate in twenty minutes.
42. STACY: I met Mark at a fundraiser that happened to be held at a –
43. HOUSE: You met me at a strip club.
44. STACY: You were the worst two dollars I ever spent. [to CUDDY] We'll catch up later.
45. CUDDY: Stacy, it's HOUSE. I know you can handle it.
46. STACY: Nothing to handle. It's obvious he wants to talk to you alone. [She leaves.]
47. CUDDY: If you have a problem working with STACY you should have said so.
48. HOUSE: What was I supposed to do? Ask her to leave? That's just rude. Death row guy. I want the case.
49. CUDDY: How do you even know about him? You don't have access to the hospital's mainframe.
50. HOUSE: No, but "party pants" does.
51. CUDDY: You stole my password?
52. HOUSE: Hardly counts as stealing; it's a pretty obvious choice.
53. CUDDY: Well, I have already assigned Death Row Guy to Dr. Nolo.
54. HOUSE: Nolo? Well, I don't want to say anything bad about another doctor... especially a useless drunk...
55. CUDDY: You are addicted to pain pills.
56. HOUSE: But I'm not useless. Tell Nolo I'm talking over.
57. CUDDY: Dr. Nolo is a board certified cardiologist.
58. HOUSE: Oh, good. I'm sure he'll explore all the usual options for why a guy's heart starts beating so fast it pumps out air instead of blood. Wait a second – there are no usual options!
59. CUDDY: How badly do you want this?
60. HOUSE: I will give you two more clinic hours this week.



61. CUDDY: Don't bend over for the soap. [She hands him the file.]  
[Cut to HOUSE in the hospital lobby, the Ducklings behind him.]
62. CAMERON: Just the heart, or the patient have any other complaints?
63. HOUSE: The patient's not talking to anybody.
64. CAMERON: Where are we going?
65. HOUSE: You are going to the clinic for two hours.
66. CAMERON: Me? Why?
67. HOUSE: Talk to CUDDY. She's got me going to Mercer State Prison, Capital Sentences unit, I
68. don't know.
69. FOREMAN: Aren't there better ways to spend our time?
70. HOUSE: Good question. What makes a person deserving? Is a man who cheats on his wife more deserving than a man who kills his wife?
71. FOREMAN: Uh... yeah. Actually, he is.
72. HOUSE: What about a child molester? Certainly not a good guy, but he didn't kill anybody. Maybe he can get antibiotics, but no MRIs. What about you? What medical care should you be denied for being a car thief? Tell you what: the three of you work out a list of what medical treatments a person loses based on the crime they committed. I'll review it when I get back. [HOUSE leaves the hospital. CHASE and FOREMAN exit the lobby, which leaves CAMERON to do the clinic hours.] [Cut to the prison.]
73. WARDEN: Your patient shanked one inmate his first month here, broke another one's neck, nearly decapitated one of my guards...
74. HOUSE: Relax, I've got a great bedside manner.
75. Warden: Too dangerous to HOUSE him in the infirmary. You don't have to worry, we've taken every precaution. I've had my men clear from the cell all pens, paperclips and staplers. Any supplies that might be used as a weapon.[We see CLARENCE, shackled to a cot in a cell full of office supplies.] Open her up! For your visit, we've got him cuffed and shackled.
76. HOUSE: And yet, you're staying out there.
77. WARDEN: [nodding, then grabbing HOUSE's cane] Uhp! You're going to have to give me that. Wouldn't want anybody to get hurt.
78. [Cut to the clinic, where a woman is sitting in an exam room.]
79. CAMERON: [entering] Hi.
80. CINDY: Hi.
81. CAMERON: I'm Dr. Cameron. How're you feeling?
82. CINDY: Eh. Little cough, no big deal.
83. CAMERON: Okay, then. What're you doing here?
84. CINDY: I just got a job at the university. They need a health clearance. Apparently I'm a little anemic, so they made me get some more tests.
85. CAMERON: Any family history of anemia?
86. CINDY: Not that I know of. My mom died of cancer when I was a kid, my dad's heart gave out a couple of years ago.
87. CAMERON: Brothers and sisters?
88. CINDY: I'm afraid it's a short family history. That's it. I had a husband once, but... didn't stick. My tests should be back, probably in that file.
89. CAMERON: Probably. [She looks at the lung x-ray, and then looks concerned.]

90. CINDY: Is everything okay?
91. [Cut to Dr. Wilson, looking at the x-ray in his office.]
92. WILSON: Did you redo the x-ray?
93. CAMERON: Twice.
94. WILSON: Well, you don't need a consult. You know the diagnosis.
95. CAMERON: All she has is a cough.
96. [Cut to HOUSE, examining CLARENCE. He shines a light in his eyes, and then looks at his hands.]
97. HOUSE: Bluish tinge to the fingernails, lips... he's hypoxic.
98. WARDEN: What's that mean?
99. HOUSE: He's not getting enough oxygen. You know how people can you can't live without love? Well, oxygen's seven more important. He's got fluid in his lungs, breathing rate of 50... he needs to be intubated and put on a respirator.
100. WARDEN: Don't have a respirator.
101. HOUSE: Better get one in about an hour, or you're gonna lose him.
102. WARDEN: I'll make out a requisition. The state's already sentenced this man to die.
103. HOUSE: [flipping open his cell phone] I think the state was a tad more specific about "how". [on the phone] This is Dr. Gregory HOUSE. I need an ambulance to pick-up at Mercer State Prison.
104. WARDEN: Wasted call, my men will stop them at the gate. No way a Death Row inmate leaves my prison, least not through the front doors. [Cut to HOUSE, walking out of the hospital elevator with CLARENCE tied to a gurney, paramedics, and a lot of guards.]
105. HOUSE: You work fast.
106. STACY: So do you.
107. HOUSE: Is that a shock?
108. STACY: Yeah. It was easy once I convinced the clerk to take it to Judge Markem, he's a sucker for Eight Amendment arguments.
109. HOUSE: Stop, I'm getting turned on.
110. CUDDY: House!
111. HOUSE: [in his best Scooby-Doo imitation] Ruh-roh!
112. CUDDY: It was just a consult? Did you expect us to shut down an entire floor for this guy?
113. HOUSE: Did you do something to your hair?
114. STACY: You said you cleared it with her –
115. HOUSE: Come on. You've known me how long and you still don't know when I'm joshin' ya?
116. CUDDY: Take him back to prison. Now.
117. HOUSE: Can't. Ironically, I'm bound by this court order which your ace attorney got. I have to make him all better before shipping him back for the state to kill him. Is it just me, or is that weird? Anyway, we're walking.
118. [Cut to CAMERON entering HOUSE's office. HOUSE is staring at a file in his hand.]
119. HOUSE: Somebody left this on my chair. Clever - forces me to either deal with the file or never sit down again.
120. CAMERON: Cindy Kramer. I told her you'd see her.

121. HOUSE: You shouldn't have told her that. She's got metastatic squamous cell lung cancer, six months, tops.
122. CAMERON: Have you even looked at the x-ray?
123. HOUSE: No, just guessing. It's a new game. If it's wrong, she gets a stuffed bear.
124. CAMERON: A spot on a x-ray doesn't necessarily mean that she's terminal.
125. HOUSE: I love children. So filled with hope.
126. CAMERON: It could be pneumonia. It could be sarcoidosis.
127. HOUSE: Could be, if she didn't already have swollen hilar lymph nodes on the other lung.
128. CAMERON: Could we at least brainstorm for other ideas? [He takes the x-ray and puts it up on the light board.] Thank you.[He begins to write on the board.] I still think it could be pneumonia and sarcoidosis, but we should check for tuberculosis and definitely rule out congestive heart failure. [She looks to see that HOUSE has written "denial, anger, bargaining, depression, acceptance" on the board.] The five stages of dying.
129. HOUSE: Exactly. Personally, I think it's all just new-age crap, but from your tear-filled, puppy-dog eyes I think I've made my point. Now go tell Cindy whatever-her-name-is that she's dying. [He walks into Diagnostics, where CHASE and FOREMAN are sitting.] Tachycardia, pulmonary edema, likely suspects?
130. CAMERON: [following him in] The Death Row guy? That's who you're working on instead of Cindy?
131. HOUSE: God, I've got to learn not to beat around the bush. By dying, I mean no matter what we do. Very, very soon she is going to be dead. Is it still too subtle?
132. CAMERON: I took an oath to do no harm.
133. HOUSE: Yeah, well, it's not like they make you sign it or anything.
134. CAMERON: We cure your patient, he goes back to Death Row. He goes back to Death Row, they kill him!
135. HOUSE: He stays here and we don't treat him, he dies. And I still don't treat Cindy-lou Who.
136. FOREMAN: Can we get on with this?
137. HOUSE: Yeah, I knew I could count on your help for your homie.
138. FOREMAN: [sarcastically] Exactly, I'm black. I sympathize for guys who grew up in the city kept down by the man.[CHASE smirks.]
139. HOUSE: Makes sense to me.
140. FOREMAN: It's a bunch of crap. You can't blame society for the fact that you chose to become a killer. The guy's probably a heroin addict, which explains the tachycardia, which caused the pulmonary edema.
141. CHASE: How does an inmate on Death Row get his hands on heroin?
142. FOREMAN: Are you serious?
143. HOUSE: The man knows prisons. When we've got a yachting question, we'll come to you. Okay, drugs it is. Test his hair, blood, and urine, the works. [CHASE and FOREMAN get up, CAMERON still has her angry face on. HOUSE makes an "afteryou" motion with his hand.]
144. [Cut to the hallway.]

145. CAMERON: Thanks for getting my back. I thought you seminary boys were against the death penalty.
146. CHASE: I left the seminary.
147. CAMERON: Over their stance on capital punishment?
148. CHASE: I'm against the death penalty in principle. In practice, however, watching a murderer die causes me a lot less grief than annoying my boss. [The three are stopped by guards who pat them down before they can go to see CLARENCE.] [Cut to CLARENCE's room, where the three are getting samples.]
149. CAMERON: Department of Justice statistics show that it's a racially motivated form of punishment. Black defendants are ten times more likely to get a death sentence than whites.
150. FOREMAN: Doesn't mean we need to get rid of the death penalty, do we? It just means we need to kill more white people.[CLARENCE wakes up with a start.] It's okay, you're in a hospital, we're taking care of you. [He starts to move around violently.]
151. CHASE: Stay calm, you're gonna be – push two milligrams Ativan! [CLARENCE pulls the safety rails off of the bed, causing the guards to come in and force him down, but not before he pulls the intubation tube out of his throat (yuk!).]
152. CLARENCE: Water... water. [Cut to Diagnostics, where HOUSE is pouring himself a big red mug of coffee. Enter the Ducklings.]
153. HOUSE: What's the differential for being thirsty?
154. CHASE: He was just a little dehydrated, and out of his mind. We upped his saline drip, he's fine now.
155. FOREMAN: Blood and urine tests came back clean, no sign of opiates in his system. [CAMERON grabs a marker and is about to write on the board, when... ]
156. HOUSE: Don't do that.
157. CAMERON: What, you have some HOUSE theory explaining heroin use despite a negative test?
158. HOUSE: Nope. Only I get to write on the board. So it's not drugs. What else can cause the heart to do wind sprints? Got the bloodwork back, any – [STACY walks into his office and looks at him through the wall] – thing out of the ordinary?
159. CHASE: His bicarb is low.
160. HOUSE: Yeah, but which column? Could be the result of the tachycardia, could be the cause?
161. CAMERON: It's the cause.
162. HOUSE: Why, because you want it to be? Let's see how well that works with your other patient.
163. CAMERON: We're just talking semantics here. We should put him on a bicarb drip and send him back.
164. HOUSE: Right, buff his numbers. Don't bother trying to figure out the underlying cause. I thought you cared about patients.
165. FOREMAN: Our job isn't to make sure he can bounce his grandkids on his lap, our job is to get him healthy enough to go back to Death Row.
166. HOUSE: Our job is to diagnose him. [closing the blinds so he can't see STACY] What? Mommy and Daddy are having a little fight, it doesn't mean we've stopped loving you. Now, go outside and play. Get Daddy some smokes and an arterial blood gas test. [They all exit. As HOUSE leaves, he nearly runs into

- STACY, who does not look amused.] Wow! That was impressive. Okay, what number am I thinking of?
167. STACY: Were you trying to get me fired? If you didn't want me working here, why didn't you just say so?
168. HOUSE: I just don't want you working here, in my office. But anywhere else in the building is fine. It's a big hospital.
169. STACY: I'm a lawyer. You're a jerk. There's gonna to be some overlap.
170. HOUSE: God, I hope that was a euphemism.
171. STACY: CUDDY just reamed me.
172. HOUSE: I hope that one means what I think it means.
173. STACY: For trusting you! She figured when she hired me she'd at least have someone you couldn't walk all over.
174. HOUSE: The number was six, by the way.
175. STACY: I need to know, can I trust you?
176. HOUSE: If I hadn't lied to you about CUDDY's approval, my patient would be dead.
177. STACY: Great. Now I know. Now we can work together. [Cut to FOREMAN, preparing to draw some blood from CLARENCE's thigh.]
178. FOREMAN: I'm drawing some blood from your femoral artery.
179. CLARENCE: From my what?
180. FOREMAN: Runs through your groin.
181. CLARENCE: You think you're gonna stick me in the jewels with that?
182. FOREMAN: It's really closer to your thigh. Technically, at this point, it seems like your jewels are more for display purposes, anyway.
183. CLARENCE: Hold up, hold up. Give me some pain killers, or something.
184. FOREMAN: Tough guy like you don't need 'em.
185. CLARENCE: Forget that, numb me up, man. [FOREMAN gets the painkillers, and starts to inject it. As he does, CLARENCE notices a tattoo on his wrist.] You got some gang ink? Let me see that.
186. FOREMAN: It's a Native American symbol. It means "the force of life."
187. CLARENCE: That's what you tell all these white dudes so they let you play doctor?
188. FOREMAN: Yep. Got 'em all fooled.
189. CLARENCE: For real, how a brother like you go from gang-banger to wearing a white coat?
190. FOREMAN: How's a brother like you go from loving a woman to punching her skull in?
191. CLARENCE: Bitch stepped out. [FOREMAN stabs him with the needle.] Argh! [FOREMAN raises an eyebrow.]
192. FOREMAN: Sorry about that. Guess I didn't use enough lidocaine.
193. [Cut to the team entering Diagnostics.]
194. FOREMAN: Blood gas came back with a pH of 7.28 and decreased HCO<sub>3</sub>.
195. HOUSE: Which means two things. Most importantly, CAMERON was wrong about the bicarb, and less significantly, we have a new symptom. Anion gap acidosis. Who's chubby? Come on, pretend he loves puppies. Pretend he's a human being. What've you got?
196. FOREMAN: I think we should reconsider drugs.

197. CHASE: He already tested negative.
198. FOREMAN: That's why I said reconsider. Back in juvie, I cut up oregano and sold it as pot.
199. CHASE: Is that how you put yourself through med school?
200. FOREMAN: What if CLARENCE thought he was taking heroin, but it was something else?
201. HOUSE: What "something else" could lead to anion gap acidosis?
202. CHASE: Mudpiles.
203. HOUSE: Well, you don't have to ask. Just wash your hands before you come back.
204. CHASE: Methanol, uremia, diabetes...
205. HOUSE: Oh, it's a mnemonic. That makes sense, too.
206. CAMERON: Paraldehyde, INH, lactic acid –
207. HOUSE: Rewind.
208. CAMERON: INH?
209. HOUSE: Yahtzee!
210. FOREMAN: Drugs for tuberculosis.
211. CHASE: Nearly a quarter of the prison population is infected with TB.
212. HOUSE: Clever entrepreneur like FOREMAN here, chops up his meds, passes it off as heroin.
213. CAMERON: INH poisoning would explain all the symptoms.
214. HOUSE: Who wants to head over to the prison and find CLARENCE's secret stash? [No one looks too thrilled.]
215. FOREMAN: Fine, I'll do it.
216. HOUSE: Great, CHASE it is.
217. CHASE: I assume you have a reason beyond wanting to make me completely miserable?
218. HOUSE: You've got a prettier mouth. Better chance the inmates will open up to you. [Cut to... General Hospital lookalike! Oh boy!]
219. Guy with bandages all around his face: Perhaps I'll come out looking just as monstrous? I mean, isn't I deserve? [HOUSE is watching the program in a hospital room, eating lunch, next to a patient who looks very inert. Enter Wilson.]
220. WILSON: The man's in a coma.
221. HOUSE: He didn't mind. I asked.
222. WILSON: You're getting crumbs all over him.
223. HOUSE: Why do you think they put TVs in coma patients' rooms, anyway?
224. WILSON: Some people think they can still hear.
225. HOUSE: So leave them a radio. His eyes are closed; who thinks he can see? [Wilson sits on the opposite side of the bed.]
226. WILSON: You know why people are nice to other people?
227. HOUSE: Oh, I know this one. Because people are good, decent and caring. Either that, or people are cowards. If I'm mean to you, you'll be mean to me. Mutually assured destruction.
228. WILSON: Exactly. You're gonna eat these chips? [He reaches for them, but HOUSE grabs them away.]
229. HOUSE: You gonna get to your point?
230. WILSON: You need people to like you.

231. HOUSE: I don't care if people like me.
232. WILSON: ...Yes. But you need people to like you because you need people. Unless you think you can get the next court order yourself. If STACY can't trust you, you can't use her. [HOUSE offers the chip bag.] And that's not even dealing with the greater agenda – [HOUSE takes the bag back before Wilson can have any] of getting her to dump her husband and fall in love with you all over again.
233. HOUSE: I know you're friends with her, but there is a code. Bros before hos, man. [He sticks his fist out, but his pager beeps. After looking at it -- ] Crap.
234. WILSON: What is it?
235. HOUSE: Death Row guy is dying. [Cut to CLARENCE's room, where he is looking quite inert. There are beeps coming from all over, but FOREMAN is just standing in the corner.]
236. FOREMAN: Bradycardia. His heart rate's dropped to 30, it's not going to hold that much longer.
237. HOUSE: Are you just waiting to call time of death, or are you gonna give him atropine?
238. FOREMAN: Temporary fix?
239. HOUSE: Right. Anyway, those diabetics are all hung up on insulin. They're just gonna have to have to take more. [He starts to push the Atropine into the IV.]
240. FOREMAN: Atropine's only gonna buy you a few hours! We don't even know what's wrong with this guy –
241. HOUSE: Just get out of here. [FOREMAN leaves as CLARENCE's heart rate starts to climb.][Cut to CHASE looking through the storage cell where CLARENCE was being held when he was sick. His cell rings.]
242. CHASE: [on cell] This is CHASE.
243. HOUSE: [from the hospital desk near Diagnostics] Did you beat any confessions out of anybody?
244. CHASE: I haven't spoken to any inmates.
245. HOUSE: Does anybody do their jobs anymore?
246. CHASE: I've decided CLARENCE's life isn't worth risking mine for.
247. HOUSE: I appreciate your candor. Did you even go to the prison or are you just out playing polo?
248. CHASE: I'm searching both CLARENCE's cells. I figure, if he's on something, it's stashed somewhere.
249. HOUSE: Unless he finished it.
250. CHASE: Yeah, that'd be a shame. He could have shoved it anywhere, there's envelopes stacked to the ceiling, bottles of copier toner, boxes of rubber bands [he goes on, but HOUSE has heard enough]
251. HOUSE: Call it off. Come on back.
252. [Cut to HOUSE, entering CLARENCE's room with a wheeled tray. He closes the blinds, takes out two sample jars -- ]
253. CLARENCE: What's going on?
254. HOUSE: You're dying. [ -- and takes out a bottle of rum and pours two shots' worth.] That deserves a last drink.
255. CLARENCE: You're okay.
256. HOUSE: Thanks. That means a lot. [He helps CLARENCE to drink his shot.] [Cut to CAMERON, taking blood from Cindy.]

257. CINDY: All the tests have been inconclusive?
258. CAMERON: Diagnostics is more of an art than a science.
259. CINDY: Should I be worried right now?
260. CAMERON: I work for one of the top diagnosticians in the country. We're pouring all of our energy into figuring this out.
261. HOUSE: [slurred slightly] Thought you convicts knew how to drink. You're at least three shots behind. [He looks as if he's going to offer a shot to CLARENCE, but drinks it himself.] Now you're four shots behind.
262. CLARENCE: You better give me the next one or I'll kill you. [Pause, then they both laugh. CAMERON enters quickly.]
263. CAMERON: HOUSE – [She stops short as she sees HOUSE laughing and pouring shots.] I was just waiting for test results, I was...
264. HOUSE: Little busy right now. Getting my drink on.
265. CAMERON: Unbelievable.
266. CLARENCE: Oof. That's the finest piece I seen in ten years.
267. HOUSE: I coulda hit that.
268. CLARENCE: And you didn't.
269. HOUSE: Eh.
270. CLARENCE: Then you're the one that should be locked up.
271. HOUSE: Tell me something, I've been trying to figure this out. Why does a guy – [He gives CLARENCE another shot] – who's on Death Row suddenly try to off himself?  
I know you drank that copier fluid. It's not as visually dramatic as slitting your wrists with a homemade shiv, but it'll do the trick.
272. CLARENCE: It just hit me all of a sudden. It was like, they tell me when to eat, when to sleep, when to walk, when to talk, everything. I had to take control of something, right? When to die, I figured that was as good as anything.
273. HOUSE: [pouring more rum] And that thought just came to you. Just like that.
274. CLARENCE: Man, I told you. Twenty-three hours a – [HOUSE forces another shot down his throat.]
275. HOUSE: Mmm. Well, look. Here's the good news. The copier fluid you drank contains about 90% methanol, which is very poisonous and you took more than enough to kill yourself. The bad news is the alcohol you drank contains so much ethanol that it's gonna bind with that nasty formic acid raging through your body, and you're just gonna pee it out. Harmlessly.
276. CLARENCE: Man, you are drunk.
277. HOUSE: Yes, I am. I also saved your life. [And, shot for HOUSE! Laughing] At least for now.[Cut to HOUSE entering the hospital, wearing sunglasses.]
278. STACY: Morning! [HOUSE winces at the sound.] Your head hurt?
279. HOUSE: No, you just have a very grating voice.
280. STACY: You always were a lightweight.
281. HOUSE: Why are you talking to me?
282. STACY: Can't it be enough that I want to cause you pain? The patient's okay now, you're going to send him back?



283. HOUSE: Absolutely. [He walks into the elevator. Oh elevator, I've missed you! The door of the elevator almost closes, but HOUSE stops it with his cane, and it opens again.] Can I trust you?
284. STACY: You used to.
285. HOUSE: I still think the patient's sick. I'm keeping him here. Now, either you can do your job and keep the hospital informed, or you can help me make sure the hospital is not informed and buy me some time. [The door closes.][Cut to CAMERON, writing Cindy's symptoms on a corner of the white board.]
286. CHASE: Have you done a CT?
287. CAMERON: Yeah, I have.
288. FOREMAN: Does it have contrast?
289. HOUSE: [entering] She's done everything she needs to do except tell her patient that she's dying. I told you, only I get to play with the markers. [He erases what she wrote.] Our prisoner has a new symptom.
290. CAMERON: I'm not telling Cindy that she's dying until the diagnosis is confirmed.
291. HOUSE: I am not buying that Clarence is trying to take control of his life by suicide. Healthy people don't kill themselves.
292. FOREMAN: Healthy people don't kill other people.
293. HOUSE: Guy just filed an appeal in a state that hasn't actually killed anybody in about 30 years.
294. CHASE: What if it wasn't suicide? What if it was an escape plan? Drink enough methanol to get transferred to a hospital, try to escape from here?
295. HOUSE: Excellent. Explains everything, except the symptom that got him here. His heart went nuts before he got stuck in that storage cell and chugged a toner martini. I think there's something going on in his head. Check for intracraniallesions, brain infections, autoimmune diseases... do a CT, LP, full workup. State's paying, so go nuts. [They all leave, CAMERON in a huff.]
296. [Cut to FOREMAN, who's always the lucky one who gets to do a spinal tap. He's looking at CLARENCE's back, which has a number of scars in addition to the prison tats.]
297. FOREMAN: Where'd you get these scars?
298. CLARENCE: I got shivved my first month in. After I healed up I got my ass. You guys still think I'm sick?
299. FOREMAN: [prepping a needle] Obviously.
300. CLARENCE: Why you care? Why don't you just let me die?
301. FOREMAN: I'm different than you.
302. CLARENCE: Right, you love me like your own mama. That's why the nurse says you kicked her out when my heart nearly stopped.
303. FOREMAN: Take a deep breath. [He sticks CLARENCE in the spine with the needle.] Any family history of mental illness?
304. CLARENCE: I always heard my pa was crazy; I never met the man with my mom, it was the drugs.
305. FOREMAN: Any siblings?
306. CLARENCE: Got a brother, pretty much raised him on my own.
307. FOREMAN: Inspirational story. He doin' time, too?
308. CLARENCE: Hey. He's a good kid. Don't go judgin' what you don't know.

309. FOREMAN: How's his health?
310. CLARENCE: I haven't heard from him since I went inside. Spent 16 years with him, changed his damn diapers. Can you imagine your whole life bein' about the worst thing you ever did?
311. FOREMAN: You killed four people. Somehow, making mac and cheese just the way he wants kind of loses its significance.
312. [Cut to HOUSE entering his office. CAMERON is sitting at his desk.]
313. HOUSE: Oh no. Now you've left your entire body in my chair. What does that mean you want?
314. CAMERON: I need a segmental bronchoalveolar lavage.
315. HOUSE: I take it the CT with contrast came back.
316. CAMERON: They're not definitive.
317. HOUSE: Biopsy would be.
318. CAMERON: Biopsy would be invasive and unnecessary.
319. HOUSE: And definitive. But you don't want definitive, you want to hang on to your delusions as long as you can.
320. CAMERON: A lavage could prove it's not cancer.
321. HOUSE: But you need me to approve the procedure. Must be a bitch. The answer is no.
322. CAMERON: Why? Because it's me? I'm over you. I've jumped on the bandwagon. I hate you, okay?
323. HOUSE: Great. Let's treat her.
324. CAMERON: What is it? You won't help Cindy but you're obsessed with this piece of dirt! Are you just trying to prove that who someone is doesn't matter, that all that matters is your stupid puzzle? Fine. Treat them the same. That's all I'm asking. One test.
325. HOUSE: Wow, that is remarkable. According to those patchouli-oil selling new-agers, it's supposed to be the terminal patient, but you're going through the five stages. You just made a completely seamless transition from anger to bargaining. Cover two more of my clinic hours, you can have your one procedure. [CAMERON nods and leaves.][Cut to CHASE and FOREMAN scanning CLARENCE's brain.]
326. CHASE: No lesions, no aneurysms. Ironically, the mind of a killer looks completely normal.
327. FOREMAN: If someone asks you to describe me to them, what's the first thing you'd tell them?
328. CHASE: Insecure. What are you asking?
329. FOREMAN: Like, if you were setting me up on a blind date. Would you describe me to the girl as the black guy, a neurologist, car thief?
330. CHASE: This guy's really getting to you, isn't he?
331. [Cut to CAMERON, performing the procedure on Cindy. Wonderful CGI shot up Cindy's nose.][Cut to CAMERON looking at the test results with Wilson.]
332. CAMERON: There's no sign of infection.
333. Wilson: You're gonna have to do the biopsy.[Cut to CUDDY yelling at HOUSE in his office.]
334. CUDDY: Your Death Row guy's still here!

335. HOUSE: Yeah, sorry. Just gotta get him stabilized. Probably keep him on fluids for a few more hours, then off he goes.
336. CUDDY: Oh yeah? 'Cause I'm figuring that you still think he's sick.
337. HOUSE: Figuring requires deductive reasoning. I'm figuring that you did no figuring. STACY just ratted me out, right? So much for attorney-client privilege.
338. CUDDY: I'm the client, you moron. STACY has a duty to this hospital.
339. HOUSE: Right.
340. CUDDY: I'm sending him back to prison.
341. HOUSE: Whoa, can't. Court order.
342. CUDDY: Court order says he has to be declared healthy. Doesn't specify what doctor needs to make that declaration.[CUDDY leaves, and HOUSE goes to follow.]
343. [Cut to CLARENCE screaming his head off.]
344. CUDDY: [bored] What is it, CLARENCE?
345. CLARENCE: My gut!
346. CUDDY: Would you describe it as a shooting pain? A throbbing pain? Or maybe an imaginary pain because you don't want to go back to prison?
347. HOUSE: Where does it hurt?
348. CLARENCE: My gut, I feel like I'm getting stabbed! [Screams again.]
349. HOUSE: Well, he'd know. Let me take a look.
350. CUDDY: Oh, so everybody lies except a convicted murderer. [CGI shot of some nasty stuff in CLARENCE's bowels. HOUSE removes the covers to reveal blood flowing out of CLARENCE's nether regions.]
351. HOUSE: I don't think he's faking this stuff. What do you think, Doctor? [CLARENCE screams a lot more [Cut to HOUSE looking at CLARENCE's prison records in his office. STACY enters.]
352. STACY: I didn't have any choice.
353. HOUSE: No, you had to tell CUDDY. She's your boss, I get it. Hitler thought he was doing the world a favor, too.
354. STACY: Yeah, pretty much on that same level.
355. HOUSE: Gandhi didn't march the sea because his buddies asked him too, Pol Pot didn't wipe out the teachers because he wanted to make friends.
356. STACY: You're not making friends right now.
357. HOUSE: I trusted you.
358. STACY: I know.
359. HOUSE: Wilson's a fool. I'm an idiot.
360. STACY: I had to do what I thought was right.
361. HOUSE: It's the only reason anyone does anything.[Cut to Diagnostics.]
362. FOREMAN: The surgery went fine. They removed almost a foot of necrotic bowel. They're shackling him and taking him to recovery.
363. HOUSE: I wonder. I wonder why CLARENCE killed that second inmate.
364. FOREMAN: Fine, I'll bite. What the hell are you talking about?
365. HOUSE: Everything we do is dictated by motive. [As he erases the white board] Why did he kill his girlfriend?
366. FOREMAN: Because he's a maniac!
367. HOUSE: Is that the reason he gave?
368. FOREMAN: She was cheating on him.

369. HOUSE: Jealousy. [He writes it on the board.] That gets him sent to prison, where he kills inmate number one. Why?
370. FOREMAN: Guy attacked him first.
371. HOUSE: Revenge. Who'd he killed after that?
372. CHASE: Prison guard.
373. HOUSE: Got a file full of abuse complaints. Probably been kicking Clarence's ass for months.
374. FOREMAN: CLARENCE is just ridding the world of bad seeds.
375. HOUSE: Call that one "retribution". Then he kills inmate number two. Anybody know why? [CHASE looks through the file.]Nuh-uh. It's not in there. [He draws a giant question mark.][Cut to CLARENCE.]
376. CLARENCE: All of a sudden I got to have a reason?
377. HOUSE: It's an anomaly. Doctors love anomalies. Dark spot on an x-ray, bright spot on an MRI.... Killing that second inmate is the homicidal equivalent of blood in the urine. It doesn't fit. I'm interested in things that don't fit. Tell me why you did it. Your other victims you were almost bragging about. What was different about this guy?
378. CLARENCE: It happened when I was in gen-pop. I was in the library, just readin', and I started feelin' real nervous. This guy was staring at me. I could feel his eyes digging holes in the back of my neck, made me feel crazy. Sweat was pouring down my face. I could hear my heartbeat racing in my ears. I just raged out on the dude.[Cut to HOUSE, FOREMAN and CHASE walking to the elevator.]
379. HOUSE: So what's the differential for raging out?
380. FOREMAN: Excess testosterone, steroids –
381. CHASE: Adrenaline –
382. HOUSE: Prep Clarence for surgery.
383. FOREMAN: Care to share with the class?
384. HOUSE: Oh, come on. Do I have to spell it out for you? Pheochromocytoma. Actually, I'm not sure how you spell it. But you said it yourself, adrenaline. Pheochromocytoma sits on top of the adrenal gland, randomly spits out oodles of the stuff. It's perfect, it explains everything. The tachycardia, pulmonary edema, the vasoconstriction that caused the necrotic bowel –
385. CHASE: Even explains how he had the strength to rip the rail off his bed. [HOUSE enters the elevator.]
386. FOREMAN: But pheo's extremely rare.
387. HOUSE: I love rare. Set up an MRI. Where's Cameron? [They shrug.] Like I don't know.[Cut to Wilson, walking toward Cindy's room. CAMERON is in Cindy's room, talking and laughing with her. Wilson knocks on the glass.]
388. WILSON: Dr. Cameron? Could I borrow you for a consult? [She goes outside.] Bittersweet thing about being head of the oncology department, I get CC'ed on all the biopsy results.
389. CAMERON: Yeah, I know. She's terminal.
390. WILSON: Yeah. So I take it you were in there informing her?
391. CAMERON: Well, I... I hadn't exactly gotten around to that, but I was just
392. WILSON: Doing what? Making friends?
393. CAMERON: Cindy's divorced. She doesn't have any kids, no siblings, both her parents are gone –

394. WILSON: It's not your job to be her friend. Do you understand? And it's not worth it. She feels better her few final days, and you're not the same, maybe for years.
395. CAMERON: You don't think it's worth it.
396. WILSON: I know it's not worth it.
397. CAMERON: My husband w – [She stops, looks at Cindy, and turns back.] I met him just after he was diagnosed with terminal brain cancer. If I hadn't married him, he was alone. When a good person dies, there should be an impact on the world. Somebody should notice. Somebody should be upset. [She goes back in.]
398. [Cut to CLARENCE.]
399. CLARENCE: Pheo-what?
400. HOUSE: I don't even remember. It's just a fancy way of saying small, adrenaline-secreting tumor. Yeah, that clarified it for you. All you need to know is if I'm right, we can fix it. Just need to find it. We need an MRI. It's completely painless for most people.
401. CLARENCE: But not for me?
402. HOUSE: I assume you got those tattoos in prison. Prison tats often contain inks with heavy metals. The MRI's basically a giant magnet. It'd suck those metallic inks right out of your skin.
403. [Cut to CLARENCE being put into the MRI. He looks very anxious. The scan starts, and then we hear screaming, and see him writhing around.]
404. HOUSE: Stop squirming. Don't make us do this again. Big baby.
405. CHASE: Still don't see anything.
406. CLARENCE: Turn it off!
407. HOUSE: There's Waldo. Found it, CLARENCE.
408. CLARENCE: Turn it off! Turn this damn thing off!
409. HOUSE: Keep him in there until you guys see it too. [He leaves.]
410. FOREMAN: Son of a bitch.  
[Cut to FOREMAN entering HOUSE's office at night.]
411. FOREMAN: Looks like they got the pheo out successfully. So what now?
412. HOUSE: Clarence goes back to Death Row.
413. FOREMAN: Just like that?
414. HOUSE: He's cured.
415. FOREMAN: That tumor caused random shots of adrenaline, which obviously led to the rage attacks that made him a murderer in the first place.
416. HOUSE: By God, you're right! Let's call the surgeons, we've got to save that tumor. Put it on the witness stand.
417. FOREMAN: We could testify at Clarence's appeal.
418. HOUSE: [sniffs] You smell that? I think that is the stink of hypocrisy. You wouldn't even consider the notion that Clarence's social upbringing was responsible for what he became, but now you're sprinting to the witness stand to blame everything on a little tumor.
419. FOREMAN: A person's upbringing and their biology are completely different.
420. HOUSE: Yeah. See, you only overcame one of them. Well, let's just give Clarence a free pass, hmmm? Course, you're probably going to piss off all those other pheo sufferers who managed to control their rage attacks and become lawyers,

race-car doctors, and even doctors. Removing that tumor puts a stop to those random shots adrenaline, but it doesn't absolve him.

421. FOREMAN: You want him to be executed?  
 422. HOUSE: That's not what I'm saying.  
 423. FOREMAN: Got an opinion?  
 424. HOUSE: Everyone's got an opinion.  
 425. FOREMAN: I, uh, I think I'm gonna testify at Clarence's appeal.  
 426. HOUSE: You'll do what you think is right. On your own time. [He leaves.][Cut to CAMERON finally telling Cindy that she's dying.]  
 427. CINDY: But it's just a cough. [CAMERON tries not to cry, and gives Cindy a hug.]

[End]

#### HOUSE M.D.

Transcript and storyline of Episode 04 "TB or not TB", Season 2.

Storyline: A famous doctor (Ron Livingston) falls ill when working in Africa, and is sent to House for treatment. Tensions mount when House refuses to believe he has tuberculosis, but everyone else believes so.

[Opens on a plane soaring over Africa. It passes over and lands next to a small villagers. The residents look overjoyed to see the plane. Out of the plane pops Dr. SEBASTIAN Charles.]

1. VILLAGER: Dr. SEBASTIAN! [They hug.]
2. SEBASTIAN: Two pallets of antibiotics for tuberculosis.
3. VILLAGER: We've got six pallets worth of patients!
4. SEBASTIAN: Stoa Tucker needs a math lesson. I'm headed back tomorrow. [SEBASTIAN is overrun by laughing children. The VILLAGER instructs people to unload the plane. We see boxes being unloaded with the label "Stoia Tucker". SEBASTIAN is walking with the children, and takes a box out of his bag.] I've got some very special medicine here; this is from Hershey, Pennsylvania. One per person, one per person. [The kids all grab for the chocolate. SEBASTIAN leaves the children and heads to a hut. Another VILLAGER runs up.]
5. VILLAGER #2: Help, help! Dr. SEBASTIAN, come quickly! My son, he fell. He fell on this rock. We were just waiting for his friends. [They run over to the man's son, who is half lying in a ditch. The man speaks in his native language as SEBASTIAN checks the boy's vitals.]
6. SEBASTIAN: I got no breath sounds on the left – give me that. [He takes a syringe and inflates the boy's left lung.] Yeah, he's gonna be okay.
7. [Cut to SEBASTIAN giving a slide presentation in a cushy boardroom.]
8. SEBASTIAN: The fall didn't cause him to drop a lung, the lung caused him to fall. TB chewed it up. He'll be lucky to live another year. [He changes the slide.] Now, this is Sarni. I picked up the tab for the back brace myself. The funny thing is is that the brace cost more than the medicine that would have prevented her from needing it. It's your medicine. All of the antibiotics that we need are right here in your warehouses, in your factories. [One of the board members speaks up.]
9. JERRY: We provide over 10,000 doses a year.

10. SEBASTIAN: Which is not enough.
11. JERRY: You know we'd love to do more, but our hands are tied.
12. SEBASTIAN: New car, JERRY? I saw it on the way in, looks beautiful.
13. JERRY: Don't make this personal.
14. SEBASTIAN: All the way from Germany, too, I know that's a lot of red tape.
15. JERRY: I'm not like you; I'm not ashamed of making a living.
16. SEBASTIAN: And I know you didn't become a chem. major for the money. Now you want the same things that I want, you just... [He puts a hand to his forehead.] You have to, you just have to push a little, you have to push a little bit harder, harder for them.
17. JERRY: SEBASTIAN? [SEBASTIAN, now leaning on the breakfast table, collapses, taking the table with him. The board members run over.] Call 911! Isn't someone here a doctor? [Ironic close-up on SEBASTIAN's face, and credits!]
18. [CUDDY's office. As HOUSE walks in, CUDDY stands and shows HOUSE a cover of Newsweek with SEBASTIAN's picture on it.]
19. HOUSE: Selling subscriptions? I heard 20 and you get a new bike.
20. CUDDY: Dr. SEBASTIAN Charles collapsed during a presentation at Stoa Tucker.
21. HOUSE: Really? Crushed under the weight of his own ego?
22. CUDDY: Wow. Is there nobody you admire?
23. HOUSE: Well, there was this gal I met in 'Nam who could blow out a candle without using her –
24. CUDDY: He thinks it's TB. [She hands him a chart.]
25. HOUSE: Good thing he's not the syphilis expert.
26. CUDDY: He wants a second opinion.
27. HOUSE: Second to his own. Okay. [Closes chart] It's not TB.
28. CUDDY: What is it?
29. HOUSE: Oh, you want specifics?  
[Cut to SEBASTIAN, who is showing his sob-story pictures to the staff in Diagnostics.]
31. SEBASTIAN: Lemma. Big Knicks fan.
32. FOREMAN: You've never had an episode like this before?
33. SEBASTIAN: No. He died last month. Stupidly tried to share his meds with his cousin, and they only had enough for one. [HOUSE enters.] Dr. HOUSE, I'm SEBASTIAN Charles. [He offers his hand, which HOUSE walks right by.]
34. HOUSE: Patients aren't usually part of the diagnostic process.
35. SEBASTIAN: Well, I'm a doctor.... Listen, I know you guys don't make a lot of money, but –
36. CAMERON: I wrote your people a check last month.
37. SEBASTIAN: Oh, well... write us another one.
38. FOREMAN: Talk to CHASE, he's rich.
39. CHASE: My dad, not me.
40. SEBASTIAN: Every minute 4 people die of TB.
41. HOUSE: [writing on the board] Wow, how can you sleep at night?
42. SEBASTIAN: There's people dying in Africa of a disease that we cured over –
43. HOUSE: Yeah, I know. I saw the concert. Seriously, let's say you sleep six hours, that means every night you kill 1440 people. I guess you gotta get some sleep, but come on, if you'd stayed up another 10 minutes you could have saved 40 lives. Do you send notes to the families in the morning? That's gonna take at least 10 minutes so that's

another 40 dead, another 40 notes.... Why don't you go wrack yourself with guilt in your own room?

44. SEBASTIAN: No, thanks, I'll stay. I'd like to hear the differential.

45. HOUSE: Dr. CAMERON, tell the doctor why it's not a good idea for the patient to be here.

46. CAMERON: He's an immunologist and a TB expert.

47. HOUSE: That'll be very useful if we need somebody to say the words, "I think it's TB." [He sniffs.] What is that?

48. SEBASTIAN: Oh that. I'm sorry, that's my body powder. It's the only thing I've found that works in the Sahara. I, I'm kinda used to it, I don't even notice it.

49. HOUSE: Who thinks it smells like an elephant dung smoothie?

50. CAMERON: It smells okay to me. [SEBASTIAN laughs.]

51. HOUSE: That is exactly why the patient shouldn't be in the room. If you can't tell a man that his cologne makes you want to puke, how are you going to tell him that he's an idiot?

52. CAMERON: He's not an idiot.

53. HOUSE: Sure, you say that now, while he's in the room.

54. SEBASTIAN: Look, I don't have time for this. It's TB.

55. HOUSE: Nope. The symptoms are too varied.

56. SEBASTIAN: Well, if you haven't seen 10,000 cases I'd agree that's what you'd think.

57. HOUSE: Told you he's an idiot. You said you wanted a second opinion.

58. SEBASTIAN: No, actually. My backers wanted a second opinion.

59. HOUSE: Yeah, doesn't look good if you drop dead while wearing your shoes sponsor's logo.

60. SEBASTIAN: It's TB, and I'm not dying. I'm gonna want you to plan a PPD and induce a sputum to confirm the TB. [HOUSE nods to CHASE and FOREMAN, who stand up. SEBASTIAN follows.] Imaging studies'll determine the progress, and I think we should probably take a CT scan of my lungs just so that nobody second-guesses us?

61. HOUSE: Wouldn't want that. [SEBASTIAN's cell rings. He answers it.]

62. SEBASTIAN: [on phone] Hello? No, I'm feeling much better. [SEBASTIAN leaves the office, but goes the wrong way down the hall.] Well, what you can do is you can get your board to approve the increased med shipments that – [CAMERON runs down the hall to shepherd SEBASTIAN the right way.] No, no, no, no, don't try. No, no, don't do your best. Just get it done, okay? [He hangs up by the elevator.] That's StoiaTucker, and they're the nice pharmaceutical company.

63. CAMERON: I'm sorry, but it's against hospital regs. [She holds out her hand.]

64. SEBASTIAN: Oh, I need the phone. [CAMERON's beeper goes off.]

65. CHASE: Why don't we focus on getting you better right now? [CHASE's beeper goes off.]

66. SEBASTIAN: What are you gonna do, throw me out?

67. FOREMAN: No, just the phone. [FOREMAN grabs it as his beeper goes off.]

68. CHASE: Sorry, we've got an emergency. [CHASE and FOREMAN run off.]

69. CAMERON: There's a phone in your room.

70. SEBASTIAN: Yeah, I figured that there would be.



71. CAMERON: Right, I just thought, it's not like the hospitals that you might used to in Africa. [SEBASTIAN gets in the elevator; CAMERON stops the door from closing on her.] I don't know what the facilities were like...
72. SEBASTIAN: Thank you.
73. CAMERON: You're welcome.
74. SEBASTIAN: And thanks for that check. [CAMERON's beeper beeps again.]
75. CAMERON: [smiling very broadly] I should go.
76. [Cut to FOREMAN and CHASE entering HOUSE's office.]
77. HOUSE: The nameless poor have a face, and it's a pompous white man. [CAMERON enters.]
78. CAMERON: Yeah, what a jerk, saving all those lives like that.
79. FOREMAN: What's the emergency?
80. HOUSE: [looking at his yo-yo] I can't remember how to do Walk the Dog. The guy's sick, he may be dying. We've forgotten all about doing a differential diagnosis.
81. CAMERON: You just sent us off to test him for –
82. HOUSE: I had to get him out of there. Now we can all sit around and call him an idiot. Who wants to go first?
83. CAMERON: He's right! Tuberculosis could present in hundreds of different ways!
84. HOUSE: Well, by that logic, everyone in the hospital should be treated.
85. FOREMAN: Not everyone in the hospital's been exposed to it for the last 20 years.
86. HOUSE: TB takes years to kill you. 2 weeks ago he was perfectly healthy, now he's got a white board full of symptoms.
87. CHASE: What about something metabolic?
88. HOUSE: Welcome aboard the GoodShip Asskisser. [CHASE glares.] Nice day for a sail. Pucker up, me hearties.
89. CAMERON: It's not metabolic. Kidney, liver and thyroid are all normal. No diabetes.
90. CHASE: What about his heart?
91. HOUSE: Obviously big as all outdoors.
92. CHASE: Abnormal heart rhythm. White form showed P-R variability.
93. HOUSE: It's subtle, but it's there.
94. FOREMAN: You think it's his heart? Sick sinus syndrome?
95. HOUSE: Loose throttle. Sometimes beats too fast, sometimes too slow.
96. CHASE: Causing him to pass out.
97. CAMERON: It would account for the episode. I'll put him on telemetry, do a stress test and an echocardiogram.
98. HOUSE: Treat him like every other hospital patient. I want to see that pious, body powered toosh hanging out of his gown.  
[Cut to SEBASTIAN struggling with his hospital gown.]
100. SEBASTIAN: Could you give me a hand with this thing? I don't recall asking for a stress test or anechocardiogram.
101. CAMERON: What are you gonna do, walk out? Corporate sponsors aren't going to like that. I need your forearm. [She prepares his arm for a shot.]
102. SEBASTIAN: What's HOUSE thinking?
103. CAMERON: Sick sinus syndrome.
104. SEBASTIAN: Well, that's a lot more serious than TB. [CAMERON sticks him... slightly.] Is that a PPD?

105. CAMERON: If it changes color in the next 48 hours –
106. SEBASTIAN: Yeah, uh, if HOUSE doesn't think it's TB why would he have you test for that?
107. CAMERON: Just covering all his bases, I guess.
108. SEBASTIAN: Uh huh. He doesn't seem like a guy who, who does that. [CAMERON smiles.]
109. CAMERON: We have you scheduled for a 10:30 echo.
110. SEBASTIAN: Good for you. [He chuckles as she wheels him out of the room.]
111. [Cut to the elevator.]
112. HOUSE: Every minute that we refuse to love one another, another puppy cries another tear.
113. WILSON: You're just mad that he's closer to a Nobel Prize than you are.
114. HOUSE: And yet I've nailed more Swedish babes. Crazy, crazy world.
115. WILSON: It's not just a trip to Stockholm, you know. It comes with a cash prize.
116. HOUSE: Seriously? No wonder everyone's going after that peace thing. [The elevator dings, and they walkout into the hospital lobby.]
117. WILSON: He cures thousands of people every year, you cure, what? 30?
118. HOUSE: McDonald's makes a better hamburger than your mother because they make more?
119. WILSON: Oh, I see! So you hate him because the lives he saves aren't as good as the lives you save.
120. HOUSE: Yup, that's the reason. Nobel invented dynamite. I won't accept his blood money. [Cut to HOUSE in the clinic.]
122. MANDY: The top of my head's killing me. [She puts her hand on her head to demonstrate.]
123. HOUSE: Hmm. We spent a week doing 'top of head' in Anatomy. I know just where it is. [He sticks his fingers right against her sinuses, and she flinches. (Ed. – And I flinch in sympathy.)]
124. MANDY: Ow! That is not the top of my head!
125. HOUSE: Eh, close enough for clinic. Your sinuses are clogged. Judging by the scratches on your hands, I'm guessing a new cat.
126. MANDY: It was my mother's. She's dead.
127. HOUSE: You keep a dead cat?
128. MANDY: No. My mother's dead.
129. HOUSE: Oh. Poor cat. You're allergic. We can control it with antihistamine, one pill a day.
130. MANDY: Pills?
131. HOUSE: You don't like to swallow. Not surprised. Forget the pills. I'll give you a nasal spray.
132. MANDY: Steroids? Is there something else you can give me?
133. HOUSE: Well, if you lived by the river, I've got a bag [Cut to HOUSE leaving the clinic.]
135. FOREMAN: Hey, stress test was normal.
136. HOUSE: But his EKG was not normal.
137. FOREMAN: Echo's normal.
138. HOUSE: Two for you, one for me. We need a tie-breaker.
139. FOREMAN: Echo and stress test are more reliable.

140. HOUSE: Tilt-table test.
141. FOREMAN: Never works.
142. HOUSE: Bet you a week's clinic duty it does.
143. FOREMAN: Hah hah, you're on.
144. [Cut to SEBASTIAN, looking oh-so-amused strapped to a table. He goes down.]
145. HOUSE: You like this guy? [And up.]
146. FOREMAN: You always tell us our opinion of the patient is irrelevant.
147. HOUSE: Medically, it's irrelevant.[Down.] That says something about you. [Up.]
148. FOREMAN: You figure that anybody that gives a crap about people in Africa must be full of it?
149. HOUSE: Yes. There's an evolutionary imperative why we give a crap about our family and friends. And there's an evolutionary imperative why we don't give a crap about anybody else. If we loved all people indiscriminately, we couldn't function.
150. FOREMAN: Hmmm. So, the great humanitarian's as selfish as the rest of us.
151. HOUSE: Just not as honest about it.
152. FOREMAN: You also always tell us motives are irrelevant. [And SEBASTIAN is still going up...] Dr. Charles, your heart's handling the changes in orientation just fine. No pauses on your EKG. And HOUSE drives up for the lay-up and oh, rejected! [Heh, those doctors and those sports metaphors.]
153. HOUSE: What does this knobby thing do?
154. FOREMAN: I'm within protocol range, you're not going to get a different result.
155. HOUSE: The way I figure it is, if this could show you problems at 6, imagine what could happen if you crank it to 10. [The table starts going up and down much faster.]
156. SEBASTIAN: HOUSE, is that you?
157. HOUSE: Does it go to 11?
158. FOREMAN: Would you stop? You lost. I'm scheduled for clinic duty Thursday and Friday.
159. SEBASTIAN: [up, down, up] All right, I'm beginning to feel nauseous.
160. FOREMAN: Would you turn the damn thing off before you break it? [He slaps HOUSE's hand away.]
161. SEBASTIAN: Okay, I'm getting dizzy, I can't see, I'm gonna pass out.
162. HOUSE: I win.
163. FOREMAN: At those speeds astronauts throw up.
164. HOUSE: I'm not talking about the nausea. [He points to the screen with the readout.][Cut to FOREMAN discussing the results in SEBASTIAN's room.]
166. FOREMAN: The test revealed a problem.
167. SEBASTIAN: Yeah? HOUSE is insane? What he just did –
168. FOREMAN: Abusive and unprofessional. If he hadn't done it, we wouldn't have seen the problem. You've got an abnormal P-R interval. It could be dangerous, possibly fatal, particularly if you're in Africa away from advanced medicine.
169. SEBASTIAN: I'm gonna need a pacemaker?
170. FOREMAN: You're scheduled for surgery this afternoon. [Cut to CAMERON and SEBASTIAN waiting for the elevator.]
172. CAMERON: You'll be able to maintain your pacemaker from anywhere, you just need to get yourself to a phone line every few months.
173. SEBASTIAN: Better yet, you could join me at one of my clinics.
174. CAMERON: I'm kind of spoiled.

175. SEBASTIAN: Well, we'll get you a hut with a view. You like sand?
176. CAMERON: I meant medically. No PETscans, no MRIs...
177. SEBASTIAN: This is ridiculous. [He gets out of the wheelchair.]
178. CAMERON: Dr. Charles, wait –
179. SEBASTIAN: I know, I know, hospital regulations. Darling – [he calls to an old woman walking by with a walker] – have a seat. [to CAMERON] Come on.
180. [Cut to CAMERON and SEBASTIAN starting down the stairs.]
181. SEBASTIAN: You're smart, you'll adapt... we going up or down?
182. CAMERON: Basement.
183. SEBASTIAN: All right. You might even find that without the technological crutches you become a better diagnostician. My heart can handle this, right?
184. CAMERON: So far just carnival rides have set you off.
185. SEBASTIAN: When you meet these people it changes you. We should talk about it over dinner.
186. CAMERON: Are you asking me to Africa or on a date?
187. SEBASTIAN: Oh, I can ask you halfway across the world, I can't ask you to a restaurant a block away?
188. CAMERON: Well, one's a job, and the other's...
189. SEBASTIAN: Yeah, hospital regs, you can't date patients, right, I wouldn't want to risk your precious objectivity. You haven't answered either question, by the way.
190. CAMERON: You don't think objectivity's important?
191. SEBASTIAN: I think doctors like HOUSE cling to objectivity like a three-year-old to a blanket; don't get too worked up, stay calm, stay cool and maintain that correct perspective. The only flaw in their argument is when you have millions of people dying the correct perspective is to be yelling at the top of your lungs. Sorry, my head is killing me.
192. CAMERON: Here, sit on the step. [She takes his pulse.]
193. SEBASTIAN: So, you gonna go out with me or not?
194. CAMERON: Your heart rate's normal.
195. SEBASTIAN: Yeah, of course it is, it's one flight of stairs. I'm gonna be fine. My hand's a little – [And with that he vomits and collapses on top of CAMERON.]
196. CAMERON: Call a code! Second floor stairwell! [Cut to Diagnostics.]
198. CAMERON: You were wrong.
199. HOUSE: Hey, I have feelings. I'm trying my best. Isn't that enough for you?
200. CHASE: [waving the paper] The abnormal EKG was real...
201. CAMERON: It's not sick sinus syndrome.
202. HOUSE: Well, thank God we found out before we put the pacemaker in. And thank God you dragged him into a stairwell to get his heart racing.
203. CAMERON: We were taking the stairs, they keep them in the stairwell.
204. CHASE: The guy's a selfish jerk, why would you –
205. CAMERON: Why would you say he's selfish?
206. HOUSE: Because he's been talking to FOREMAN. [The phone rings.]
207. CHASE: No I haven't, I'm just giving my opinion. This kind of altruism doesn't just naturally –
208. HOUSE: Excellent briefing.

209. FOREMAN: Hey, the guy's still sick. Can we talk about that? The headaches point to a neurological problem. Acoustic neuroma. Brian tumor causes dizziness, loss of consciousness, messes with breathing patterns, heart rhythms –
210. HOUSE: Get an MRI. [picks up phone] Hello? Oh, I'm sorry, I'll be right down. No problem, I'll do an extra hour to make up. I'm late for my clinic duty. Here, go be me for a couple hours. [He tosses FOREMAN his nametag, looking smug.]  
[Cut to an impatient looking woman in the clinic. FOREMAN enters talking.]
212. FOREMAN: Explosive diarrhea, fever... it's probably the flu.
213. CECILIA: Wow, you're good. You a Harvard boy?
214. FOREMAN: You're not Hale, Oliver?
215. CECILIA: No. Carter, CECILIA.
216. FOREMAN: They put you in the wrong room, CECILIA.
217. CECILIA: Mrs. Carter.
218. FOREMAN: Sorry. I'll just be a few minutes, don't take these in order and everything falls apart.
219. CECILIA: I have cancer. [FOREMAN turns to look at her.] I felt a lump.
220. FOREMAN: I'll go get a nurse.
221. CECILIA: Yeah, see you in an hour or two.
222. FOREMAN: Lie flat. Lift your left arm up and under your head? [She does so, after unbuttoning her blouse.] Right there?
223. CECILIA: Yeah, I felt it this morning. Oh, my cousin had the same thing.
224. FOREMAN: It's nothing. We should check it again on your next cycle, but you really don't have anything to worry about.
225. CECILIA: That's what they told Donna. She was dead in six months.
226. FOREMAN: Look, the edges are smooth, it has mobility, it has all the earmarks of a benign --
227. CECILIA: Why should I believe you? Because you're trying to rush me out of here?
228. FOREMAN: The risks of a false positive on a biopsy outweigh –
229. CECILIA: Either you do the biopsy or I talk to your superior. Which is it – [looks at nametag] Dr. House?
230. FOREMAN: I'll arrange the biopsy.
231. CECILIA: Thanks.
232. [Cut to SEBASTIAN entering the MRI. He doesn't look good.]
233. CAMERON: He asked me out.
234. CHASE: I'm shocked. I'm shocked when patients don't ask you out.
235. CAMERON: He also asked me to come to Africa.
236. CHASE: Boy, he moves fast.
237. CAMERON: I think the two questions had two different objectives.
238. CHASE: Well, do you like him?
239. CAMERON: Good looking single guy, genius doctor, cares about the world...
240. CHASE: I take it you said no.
241. CAMERON: You think I'm that hung up on rules and –
242. CHASE: He's not House. There's nothing there. [Indeed the MRI is spotless. However, SEBASTIAN's arm does have a spot...]
243. CAMERON: Yeah, there is. [Cut to HOUSE in his office.]
245. HOUSE: Did I ask you to plant a PPD?

246. CAMERON: It was positive, he's got TB!
247. HOUSE: Well, of course he's got TB! The guy's been in the jungle for 20 years! If he tested positive for pink-eye would you think that was his big problem?
248. CAMERON: I did a test, it was positive, why is that a problem?
249. HOUSE: Because now he's got the big red target on his arm, the stubborn jerk thinks he's right! He won't let us do any more tests.
250. CAMERON: Well, maybe he's not the only stubborn jerk. [HOUSE does an exaggerated "what, me?" kind of gesture.] I did an LP2: low glucose and he has an increased sed rate. Everything screams tuberculosis!
251. HOUSE: Not everything!
252. CAMERON: If any of the symptoms are caused by the TB it would throw off our diagnosis.
253. HOUSE: You're right. Gotta treat the TB.
254. CAMERON: Who knows, maybe he'll just get better.
255. HOUSE: You'd like that, wouldn't you? [CAMERON leaves.] [Cut to the cafeteria lunch line.]
257. WILSON: So it's TB, but not TB?
258. HOUSE: I'm complicated.
259. WILSON: The guy does know tuberculosis. If he says it can manifest itself –
260. HOUSE: He's not even a real doctor, he's a human telethon.
261. WILSON: Is that your problem with him? You see hypocrites every day, why is this guy so special?
262. HOUSE: You think I have a hypocritical attitude to hypocrisy? The problem is there are 26 letters in the alphabet and he only uses two of them. He treats thousands of patients with one diagnosis. He knows the answer going in. It's cheating.
263. WILSON: So it's all because he's one of them useless specialists?
264. HOUSE: Oh, did I hurt the big time oncologist's itty bitty feelings? [HOUSE, at this point, start covering his steak with salad greens.] You're a big help to patients who actually have cancer. Other times you're just annoying. [CUDDY walks up.]
265. CUDDY: You've outdone yourself.
266. HOUSE: I'll say. My salad's covering a free t-bone steak.
267. CUDDY: CECILIA Carter, remember her?
268. HOUSE: Last week they said it was "Mystery Stew", they owe me.
269. CUDDY: She was just in my office crying because of the way you treated her.
270. WILSON: That doesn't sound like you!
271. HOUSE: Then it probably wasn't.
272. CUDDY: I get that you like to shock people. Stun them out of complacency, out of stupidity. But this woman thought she had cancer, she had a lump in her breast! What were you trying to accomplish?
273. HOUSE: Let me ask you something :if this were another doctor, if this patient were complaining about, let's say, I don't know, FOREMAN, you'd just dismiss this as the paranoid bitching of another paranoid bitch and file it under 'P' for –
274. WILSON: Paranoid?
275. HOUSE: Am not.
276. CUDDY: You're right.
277. HOUSE: Good.

278. CUDDY: Apologize to her before the end of business today. [She leaves.]
279. WILSON: What did you do to Ceci?
280. HOUSE: I have no idea. [to theregister] Just a salad today, big breakfast.  
[Cut to CAMERON entering SEBASTIAN's room.]
282. SEBASTIAN: Hey. [CAMERON gives him a little cup of pills, which he looks at.]  
Levofloxacin?
283. CAMERON: You have a resistant strain of TB.
284. SEBASTIAN: Wow, you just walk right in with these.
285. CAMERON: That's what we doctors do. We write down the name of some medicine and someone gives it to us.
286. SEBASTIAN: You know, there's parts of the world where you get knifed walking around with this. I mean, regular stuff's bad enough, but treatment for the resistant strain? [holds up a pill] I could get \$6 a tablet for that one. And I'd take it for two years. Streptomycin, now that's two grand... ten grand, cure one person. I had a patient in Jani once. It was a mother, had three little boys. She had resistant TB, she couldn't afford these. She couldn't afford bread. We gave her the regular stuff, but no surprise she died.
287. CAMERON: I'm sorry.
288. SEBASTIAN: I'm not taking these pills.
289. CAMERON: Because she couldn't get them you're not going to take them? That's insane!
290. SEBASTIAN: Why, because I'm better than her?
291. CAMERON: Because letting her die was wrong but letting you die is just as wrong.
292. SEBASTIAN: Well, maybe I won't die. Maybe somebody'll pay a little more attention to my story.  
[Cut to HOUSE's office.]
294. CAMERON: He figures the pharmaceuticals need something big to force them into action. This'll get a lot more media play than a thousand African VILLAGERS dying.  
[The phone rings. CHASE checks the caller ID – it's Newsweek!]
295. HOUSE: So he won't take the pills.
296. CHASE: Newsweek's calling you!
297. HOUSE: And he won't agree to anymore tests.
298. CAMERON: He has his diagnosis.
299. HOUSE: See what happens when you don't listen to me?
300. CAMERON: Maybe millions of lives get saved –
301. HOUSE: Yeah, that's my point. Increased heart rate, night sweats, loss of consciousness... besides rough sex, what do they all have in common?
302. CAMERON: T –
303. HOUSE: It's not TB!
304. CHASE: His autonomic nervous system?
305. CAMERON: We know that it's not a brain tumor.
306. CHASE: So what else could be eating his nerves?
307. FOREMAN: Fabry's, autonomic dysregulation syndrome, shy-drager syndrome, it doesn't matter. He won't let us test him. [The phone begins to ring again. HOUSE picks up.]
308. HOUSE: [on phone] In my opinion, Dr. SEBASTIAN Charles is an idiot. Yeah, you can quote me. C-u-d-d-y. [CHASE and FOREMAN laugh to themselves.]

[Cut to CUDDY's office.]

310. HOUSE: SEBASTIAN is refusing life-saving treatment.

311. CUDDY: He's refusing TB treatment. You don't think he has TB, ergo you should care less.

312. HOUSE: He won't let me test him.

313. CUDDY: And what do you want me to do about it?

314. HOUSE: Hold him down.

315. CUDDY: Have you apologized to CECILIA Carter yet?

316. HOUSE: Trust me, she doesn't want to hear it from me. Look, the guy is killing himself, am I the only one who realizes this is a bad thing? [CUDDY begins to put on lipstick.] If he was a Christian Scientist refusing meds we'd have 18 attorneys.... You're putting on make-up. That's not a good sign for my side, is it?

317. CUDDY: SEBASTIAN has called a press conference for 3. He's asked me to be there to confirm the diagnosis on the prognosis.

318. HOUSE: You are as big a media whore as he is.

319. CUDDY: Of course I am. It couldn't possibly be that I think he's right and I'd like to be a small part of what he's doing.

320. HOUSE: Oh, whores can like the sex. Doesn't mean they're not whores. And with that eyeshadow... I am totally screwed, aren't I?

321. CUDDY: Totally. [She leaves.] [Cut to SEBASTIAN's room.]

323. CAMERON: How're you feeling?

324. SEBASTIAN: A little weak.

325. CAMERON: You're having a good day. The symptoms will quickly focus more and more on your lungs, you'll find it difficult to talk and eventually breathe at all.

326. SEBASTIAN: I think I know what I have to look forward to.

327. CAMERON: I know. I just came to ask if you'd be willing to accept any treatment.

328. SEBASTIAN: Naw, if you're trying to scare me into any –

329. CAMERON: No. Palliative treatment. Narcotics, Fentanyl patch, morphine drip, whatever it takes. We can make your last days fairly comfortable. And if you have another good day, maybe dinner.

330. SEBASTIAN: [takes CAMERON's hand] Thank you. [HOUSE notices the cozy scene and decides to intervene.]

331. HOUSE: You want third-world treatment? [turns up the thermostat] You got it. Boy, is it hot here in Jani!

332. CAMERON: What are you doing?

333. HOUSE: What am I doing? [He knocks all of SEBASTIAN's things off of the tray of the bed.] Putting everything on the floor of the hut. Uh oh, wicked magic box with the moving pictures!

334. CAMERON: You think he's a hypocrite?

335. HOUSE: [unplugging the TV] Hypocrite? No, everyone in Africa's got cell phones or running water. [Speaking of cell phones, it just got dropped in the toilet. It's a tight fit, though, so HOUSE prods it down the hole with his cane.] Hah, this thing just will not flush.

336. SEBASTIAN: Do you really think that if you come in here and make it a little hot, make it smell a little, that I'm just going to fold and abandon everything that matters to me?



337. HOUSE: [wiping his cane on SEBASTIAN's blanket] Lousy sanitation over there, too. You are not the same as them; your life is not the same. And you are cheapening everything they're going through by pretending you are.
338. SEBASTIAN: I am the same, I'm not special.
339. HOUSE: You can't demand to be treated like any third-world sick person and call a press conference!
340. SEBASTIAN: They treat me special! That doesn't mean I am! Now what kind of selfish jerk wouldn't take advantage of that fact? [Cut to the press conference.]
342. SEBASTIAN: It's all preventable. Stoia Tucker makes medications right here, in New Jersey. They have warehouses full of the stuff; there's more than enough to go around. So if I can get them, why can't Lemma? Why can't Quesmo? And why can't Sarni? [He snaps.] Another person just died. Where is your outrage? [Cut to HOUSE snapping as he watches the TV with WILSON in the coma patient's room.]
344. SEBASTIAN: [on TV] No, I have no intention of martyring myself, I'm just putting myself...
345. HOUSE: [keeps snapping] Sure, they're dying, but it's got a great beat.
346. WILSON: Must be hot as hell under those lights.
347. HOUSE: Yup. [FOREMAN enters.]
348. FOREMAN: Hey, why the page? He okay?
349. HOUSE: He's in a coma. I need you to apologize to Ceci, Cecily...
350. FOREMAN: Mrs. Carter? For what?
351. HOUSE: For whatever I did.
352. FOREMAN: You didn't do anything.
353. HOUSE: That has been my position all along.
354. CUDDY: [on TV] X-rays are negative, so he's not contagious at this point, his condition's currently stable –
355. HOUSE: D'you notice how all the self-sacrificing women in history – Joan of Arc, Mother Theresa, can't think of any others – they all die alone. The men on the other hand get so much fuzz it's crazy.
356. WILSON: It's an unfair world.
357. FOREMAN: HOUSE, she was scared and unreasonable.
358. HOUSE: Insulting a woman with breast cancer – that's a move best left to the pros. Frankly, you don't have the chops.
359. FOREMAN: I didn't insult her! I did the unnecessary biopsy, like she wanted. [HOUSE moves to change the tint on the TV.] It was negative, like I knew it would be.
360. HOUSE: What did you do, call 'em perky? You are years away from mad skills like that. I need you to apologize.
361. FOREMAN: You know, CUDDY's only doing this because she thinks it's you.
362. HOUSE: Welcome to the world. Everyone's different, everyone gets treated different. You try fighting that, you end up dying of TB. [HOUSE hits the TV.]
363. WILSON: What are you doing?
364. HOUSE: Testing the patient's autonomic nervous system.
365. WILSON: Of course.
366. HOUSE: His internal heating and ventilation should be off, shouldn't be able to sweat. That's why he's got that awful body powder. Take it away, crank up the heat, stick him under the lights, can't cool himself. He should be turning bright red.

367. WILSON: The picture's fine. [HOUSE looks puzzled, and then leaves, leaving a puzzled FOREMAN and WILSON.][Back to the press conference.]
369. SEBASTIAN: I'm asking Stoa Tucker to save these lives, millions of lives. Including my own. [HOUSE barges in.] Dr. HOUSE, I would appreciate it if you left us alone. [HOUSE grabs a TV light and shines it in SEBASTIAN's face.] Get that out of my face. [Back to the TV room.]
371. CUDDY: What are you trying to prove, HOUSE? [FOREMAN takes HOUSE's chair and grabs some of WILSON's chips.][Press conference.]
373. SEBASTIAN: Dr. HOUSE, I would appreciate it if you left the room.
374. HOUSE: He's sweating like a pig.
375. CAMERON: It's a hundred degrees in here, HOUSE, because you turned up the thermostat.
376. SEBASTIAN: Did they hear me? The media, did they listen?
377. HOUSE: He's disoriented.
378. SEBASTIAN: They, they have to hear me.
379. HOUSE: His arteries are clamping down. [A monitor starts beeping.]
380. CUDDY: I want everybody out of here, now!
381. HOUSE: Get the crash cart, he's having a cardiac arrest! [More beeping.]
382. CUDDY: Get them out! Everyone, I want everyone out of here now! [Nurses rush in, having to maneuver past the TV cameras. CAMERON gets the paddles.]
383. CAMERON: Clear. [She shocks him. CUDDY shakes her head.] Come on, SEBASTIAN. Clear! [Another shock.]
384. CUDDY: I've got sinus rhythm.
385. HOUSE: [in the camera's face] That is not TB! [TV room.]
387. WILSON: Compelling television.[Cut to SEBASTIAN's room, now camera free.]
389. SEBASTIAN: Do whatever tests you want.
390. HOUSE: I want to treat you for TB. Dr. CAMERON found low sugar in your cerebrospinal fluid. It's a classic finding of TB.
391. SEBASTIAN: And now you think TB's the problem?
392. HOUSE: Nah. TB caused cardiac arrest on a hot day, your work in Africa would be even more futile than it already is.
393. SEBASTIAN: Can you get to your point, please?
394. HOUSE: That white board in my office, we're up to about a dozen symptoms now. Cardiac arrest, clearly not TB. CSF sugar clearly is TB. The rest of them could go either way. Unless we know which ones are which I can't diagnose you. [He holds out the pills, which SEBASTIAN takes and places on the tray next to him.]
395. SEBASTIAN: I'll take any other tests or treatments you might want to prescribe.
396. HOUSE: So you're not special, but TB is.
397. SEBASTIAN: People die of TB because we let them, it's our choice.
398. HOUSE: People die of malaria because we let them, they die of dysentery –
399. SEBASTIAN: Nah, TB's my disease.
400. HOUSE: You own a disease? Well, I'm sorry I missed the IPO on dengue fever.
401. SEBASTIAN: Look, I know I have away about me. I know I piss a lot of people off, and a whole lot more I just annoy. But you're the first person that I've ever met who I think is actually annoyed by what I do. Do you think I'm not saving any lives, or is that a bad thing?
402. HOUSE: Right now, I'm just trying to save your life.

403. SEBASTIAN: Or do you just have a problem with hope? [HOUSE rolls his eyes.] You know, the difference between our jobs is not numbers or styles. It's that I know I'm gonna fail. Even if I save a million people there's gonna be another million. You couldn't handle that. I think you resent anyone who can.
404. HOUSE: Can't we just agree that you're incredibly annoying? Take the pills or I let you die, do an autopsy, call my own press conference, and make sure the world knows that you didn't die of TB. Corporate sponsors will be disappointed, but they'll find another disease.
405. SEBASTIAN: Why would you do that?
406. HOUSE: Because I'm just a mean son of a bitch. [HOUSE leaves, and SEBASTIAN takes the pills.][Cut to various scenes of SEBASTIAN taking his medication like a good boy, various medical tests performed by the Ducklings, and symptoms being crossed off or circled on the white board.] [Cut to Diagnostics.]
409. HOUSE: So we still have to explain P-R variability, syncope, headaches, and... low sugar?
410. FOREMAN: That was classic TB.
411. CHASE: Apparently not.
412. CAMERON: You've rerun the test?
413. CHASE: Yeah.
414. HOUSE: This is good!
415. FOREMAN: Good? This is bizarre.
416. HOUSE: Bizarre is good! Common has hundreds of explanations. Bizarre has hardly any.
417. CAMERON: What else could cause low CSF sugar?
418. HOUSE: Uh-uh. I get to ask the questions. I've found you look a lot smarter asking the questions than dumbly not answering.
419. CHASE: High insulin levels in his blood.
420. CAMERON: They'd have to be very high.
421. CHASE: Okay, very high insulin levels in his blood.
422. CAMERON: How could he get high insulin levels? We've checked daily blood sugars, all normal!
423. HOUSE: See how smart she looks? Cause she asked the question.
424. CAMERON: And it's not glucagonoma because he has no rash. It's not self-induced because he's not an idiot, and it's not a tumor because the CT and the MRI were both negative.
425. HOUSE: Which just leaves tumor. [He leaves, they all follow.]
426. CAMERON: Why do you do this? Why do you ignore what I say like I'm not even
427. HOUSE: Small tumor. Really, really tiny. So small we can't see it. Nesidioblastoma.
428. CHASE: An abnormal growth of the insulin-secreting glands of his pancreas?
429. FOREMAN: It only intermittently secretes insulin.
430. HOUSE: It responds to stress. Like if, oh, I don't know, if someone accidentally puts the mechanical bull on 11. [They pile into the elevator.] Easily removed by surgery.
431. CAMERON: Except, if it's so small we can't see it, how're we even going to prove it's there?
432. HOUSE: "She asked, looking clever."
433. CAMERON: We just start hacking away at his pancreas until he gets better?

434. HOUSE: How do you prove something exists when you can't see it? Does God exist? Does the wind blow?
435. FOREMAN: We know because the leaves move.
436. HOUSE: Look for effects. [They get out of the elevator, where CUDDY and CECILIA are moving toward them.]
437. FOREMAN: Uh, we should look the other way. It's CUDDY with your patient.
438. HOUSE: Dr. HOUSE has an emergency.
439. FOREMAN: We can't avoid her forever.
440. HOUSE: Eventually she'll die. You sure she doesn't have breast cancer? [Cut to SEBASTIAN lying on the OR table.]
442. HOUSE: We think you have a tumor, easily removed surgically. We're going to poke it with a stick.
443. SEBASTIAN: And if there's no tumor?
444. HOUSE: Nothing happens. Splenic artery, it's a hard left off the celiac. [CHASE goes for the artery.]
445. SEBASTIAN: If there is a tumor?
446. HOUSE: What usually happens when you poke something with a stick? It pokes back.
447. CAMERON: He's stuck in the superior mesenteric.
448. HOUSE: I knew we should have stopped for directions. Men.
449. CHASE: I'm there.
450. HOUSE: We're going to inject calcium into your pancreas. The beta cells will release insulin. If there are too many beta cells because of a tumor, your blood sugar will drop precipitously.
451. SEBASTIAN: How do we know it won't go too low?
452. HOUSE: Fingers and toes crossed. [to CHASE] Go ahead. [CHASE injects the calcium. CGI shot of it entering the artery.]
453. CAMERON: Glucose is holding steady at 75.
454. HOUSE: No leaves rustling. Blow harder.
455. CHASE: I already gave him 1 amp.
456. HOUSE: Well, I guess now would be the time to give him more than 1 amp. [CGI of more calcium entering.]
457. CAMERON: 50. It's starting to drop. 45.
458. SEBASTIAN: I think my arm's shaking.
459. FOREMAN: I'm gonna start him on a glucose drip. He's gonna seize
460. HOUSE: Not yet.
461. FOREMAN: He's continuing to drop.
462. HOUSE: Not fast enough. [Monitor beeps.]
463. CAMERON: He's seizing.
464. CHASE: We've got to reverse this.
465. CAMERON: He's at 40, 38, 35...[Monitor gets to 30, before -- ]
466. HOUSE: Push an amp of D-50, you want to kill the guy? [CGI of the meds entering the system.]
467. CAMERON: We're back to 40.
468. HOUSE: Congratulations, you have a tumor.
469. [Cut to HOUSE and CAMERON leaving the elevator into the lobby.]
470. HOUSE: Are you gonna go out with him?

471. CAMERON: Is that any of your business?
472. HOUSE: Nope.
473. CAMERON: I don't think so.
474. HOUSE: Two days ago you were holding his hand. What's changed?
475. CAMERON: He practically lives in Africa, there's no future.
476. HOUSE: On the other hand, may be there's too much of a future now. You weren't attracted to him because he was prepared to die for a cause, you were attracted to him because he was actually doing it.
477. CAMERON: Right. It's that simple.
478. HOUSE: That was simple?
479. CAMERON: I put a label on them and go from there.
480. HOUSE: Everybody does it. We are who people think we are. People think he's a great doctor so they give him stuff.
481. CAMERON: He is a great doctor.
482. HOUSE: The reality is irrelevant. [HOUSE looks into the clinic and sees CECILIA sitting there.] I'll prove it. People who know me see me as an ass, treat me as an ass. People who don't know me see a cripple, treat me as a cripple. What kind of selfish jerk wouldn't take advantage of that fact? [He enters the clinic, and walks by CECILIA, deliberately leaning his cane on her boot.]
483. CECILIA: Ow!
484. HOUSE: Oh, my goodness, are you okay?
485. CECILIA: Yeah. [CUDDY comes to her door.]
486. HOUSE: [exaggerated, toward CUDDY] I am so sorry. It was completely my fault.
487. CECILIA: It's nothing, I'm fine.
488. HOUSE: Well, I'm very relieved, I feel terrible.
489. CECILIA: Don't worry about it, I'm fine.
490. HOUSE: You sure? Okay. [They shake hands. CUDDY and HOUSE make faces at each other. As HOUSE leaves, CUDDY walks through her office door to CECILIA.]
491. CUDDY: How's everything?
492. CECILIA: I'm gonna go. My foot's killing me.
493. CUDDY: Oh, what did you do?
494. CECILIA: It was nothing, it was all my fault. [She leaves.]
495. [Cut to SEBASTIAN's room, where he is packing and talking on a (new?) cell phone.]
496. SEBASTIAN: [on phone] Yeah, listen Fugawi, relax. I'm gonna be back on Tuesday. Tell Sarni I'm gonna bring her a new brace. All right. [He hangs up. CAMERON comes in with a wheelchair.] You get 'em?
497. CAMERON: Six month supply. Should fix you right up. See you when you come back for a refill?
498. SEBASTIAN: Yeah, I'll be back in two months.
499. CAMERON: You're gonna give them away?
500. SEBASTIAN: Well, you know how these things happen, you leave a bag in the airplane, drop some pills down the drain... I have an idea. You could bring me the refill in Africa.
501. CAMERON: I don't think so.
502. SEBASTIAN: You actually like working for HOUSE, you find this satisfying? [He nods, gives her a little kiss on the cheek, and they hug. Aww. SEBASTIAN leaves as the

closing music starts.]503. [Cut to SEBASTIAN leaving the hospital, and meeting the press outside.]

504. SEBASTIAN: Thank you, thank you, I appreciate that. I appreciate the support.

505. [Cut to HOUSE and WILSON watching from the balcony.]

506. HOUSE: It's not about the kids dying every 8 seconds, it's about the media stroking. Adulation and pats on the head.

507. WILSON: That's your problem with him, isn't it?

508. HOUSE: Look at him, he loves it. Eats it up.

509. WILSON: Yeah, the man actually enjoys what he does. [Pointed look.]

510. HOUSE: Listen, I saved his life. That means I get credit for every life he saves from here on out.

511. WILSON: I'll make sure Stockholm knows.[He leaves.]

[End]

HOUSE, M.D.

Episode 05 "Fools for love", Season 3.

Storyline:

House takes the case of a young woman who is rushed to the hospital with problems breathing and severe stomach pain, after she and her husband are robbed. But when her husband collapses, the team believes the couple's illnesses are related. Meanwhile, clinic patient Michael Tritter causes problems for House.

Transcript:

1. WAITRESS: Here you go.
2. TOUGH GUY 1: Fried crap will kill ya. [Second guy starts coughing] See?
3. [They both start looking around the diner warily]
4. TOUGH GUY 1: Dynamite the doughnuts. [Second guy brings out a pair of guns and they both stand up]
5. TOUGH GUY 2: Hands in the air right now!
6. TOUGH GUY 1: Get up! Let's go!
7. TOUGH GUY 2: Move it![The WAITRESS and WAITER both look shocked and put up their hands. TRACY and JEREMY (a young couple) are CHASED away from their booth to stand next to the counter]
8. TOUGH GUY 2: All your wallets, I want them on the counter! Right now!
9. TOUGH GUY 1: You! Your watches, your jewellery, take it all off! [Second guy whispers something into the first guy's ear]
10. TOUGH GUY 1: We're moving into the backroom, go, go!
11. TOUGH GUY 2: Move it! Come on. [He tugs TRACY and holds her back] Not you.
12. JEREMY: Hey! Hey!
13. TOUGH GUY 2: She's staying right here. [he points his gun at JEREMY to make sure JEREMY doesn't interfere]
14. JEREMY: I'm not going to let them do this!
15. WAITER: Woah! [he holds JEREMY back] [TOUGH GUY 1 cocks his gun and puts it under JEREMY's chin]
16. TRACY: No JEREMY, please, just do what they say, please.
17. JEREMY: Okay, okay.

18. TOUGH GUY 1: Move! [The other 3 start moving into the back room and second guy starts leering at TRACY before he starts coughing uncontrollably. JEREMY takes his chance and picks up something heavy to cosh the first guy while he's not paying attention. He then tackles the second guy to the ground and starts pounding the guy's head against the ground]
19. JEREMY: Son of a bitch, you thought I was going to let you hurt my wife?![Second guy's eyes are starting to glaze out when the WAITER stops JEREMY]
20. WAITER: Hey mister! Your wife. [Camera pans to the corner where TRACY was flung after the tackle. She's sitting up but looks like she's gone into anaphylactic shock and can't breathe]
21. JEREMY: What did he do to her?
22. WAITER: Nothing.[Camera zooms into her throat where CGI takes over and we see her throat closing up. JEREMY takes TRACY in his arms]
23. JEREMY: TRACY!
- (A shot of TRACY in a hospital bed with JEREMY comforting her beside her before we see a close-up shot of TRACY's case file in HOUSE's hands. We're back to the Diagnostics conference room)
24. CAMERON: 20-yr-old married African-American female couldn't breathe. Anaphylaxis-like throat-swelling.
25. HOUSE: Children?
26. CAMERON: You think pregnancy would explain the--
27. HOUSE: It explains the marriage. Who the hell gets married at 20?
28. FOREMAN: I'm guessing people in love?
29. HOUSE: Show me a 20-yr-old who's not in love. You get married at 20 you're going to be shocked at who you're living with at 30. [He looks out the glass wall to find WILSON chatting up a pretty nurse]
30. CAMERON: Not allergies, negative on the skin test - 4 days of antihistamines and steroids.
31. HOUSE: Who's he talking to?
32. CAMERON: What?
33. HOUSE: It's got an ass, technically that makes it a who.
34. CAMERON: Uhh... new nurse in Peds. WENDY something. Swelling just started to go down.
35. HOUSE: You seen her here before?
36. CAMERON: Couple times. I tried following her home, but she gave me the slip.
37. CAMERON: Swelling's--[HOUSE suddenly walks out of the room to join WILSON and WENDY. WENDY is laughing at something WILSON said again]
38. HOUSE: You think that's funny, ask him about the time he sabotaged my cane.
39. WENDY: [laughs] You serious?
40. WILSON: There was a point to it. WENDY, this is HOUSE.
41. HOUSE: Something about not getting too uppity with normal folks who walk good.
42. WENDY: You're everything I'd heard. Nice to meet you. [she walks off]
43. WILSON: [grimaces at HOUSE] Why so rude?
44. HOUSE: You sprinted through 3 bad marriages, into an affair with a dying patient - now a naughty nurse? How many more failed relationships are we both going to have to deal with before you learn to love yourself? And I mean that in a literal way.

45. WILSON: It's amazing how you can not only know it's a relationship but that it's a bad relationship based on nothing but... nothing.
46. HOUSE: I know you.
47. WILSON: I'm not with her, not even trying.
48. HOUSE: You're lying to me, that's interesting.
49. WILSON: [walking towards his office] Well, as long as it's interesting.[HOUSE walks back into the conference room]
50. CAMERON: Swelling is--
51. HOUSE: Why is she hanging out here?
52. CAMERON: Anyone interesting in what happened with the swelling?
53. HOUSE: She's in Peds, it's the next wing over.
54. CAMERON: If you're wondering if WILSON's dating her, ask WILSON.
55. FOREMAN: Clearly he did and WILSON denied it, and HOUSE doesn't believe him. It's gotta hurt, that's why it pays to have more than one friend, HOUSE.
56. HOUSE: If he's not hitting that then why's she here?
57. CAMERON: Because I'm hitting that and it's totally hot. [HOUSE, CHASE and FOREMAN look at her shocked for a moment] Swelling took 4 days to resolve, patient has unexplained intensive abdominal pains.
58. HOUSE: So explain them. Wake me when they've done an exploratory laparotomy. Anybody know her? Know her story?
59. CAMERON: Up an' at 'em. [she spreads the case file on the table in front of HOUSE] They did a laparotomy. Liver, bowel, gall bladder, appendix all clean.
60. HOUSE: Belly pain plus throat swelling.
61. CHASE: She was in some sort of assault right? Simple neck trauma.
62. CAMERON: He says they didn't touch her neck and if they did it would have been resolved by now.[HOUSE sits down at the table to look at the file]
63. FOREMAN: Didn't need to touch her, some guy coughed on her right?
64. CAMERON: He's in jail and he's completely healthy except for the broken head he got from the beating he took. [CHASE gets up and comes to stand behind HOUSE so he can look at the case file. HOUSE closes the file and looks up at CHASE]
65. CHASE: There's pot. On the tox screen. [HOUSE opens the file again] Salmonella from the pot would explain the stomach pains.
66. FOREMAN: At a stretch, she'd have a fever.
67. CHASE: She's on steroids from the swelling therefore no fever. And the smoking explains the throat.
68. FOREMAN: Sorry, take it back, that's a stretch.
69. HOUSE: Got a better idea? [Silence] Then stretch away. Start her on floroquinolone for the salmonella. (Next scene, HOUSE enters the clinic. A patient - Michael TRITTER stands there waiting)
70. TRITTER: I was waiting 2 hours out there. [He puts a piece of gum in his mouth and HOUSE closes the door]
71. HOUSE: Fascinating. Have you considered a career as a memoirist? [He sits down on the stool] Let's see it.
72. TRITTER: You don't to introduce yourself? [He starts unzipping his pants]
73. HOUSE: Sorry, I thought you were waiting 2 hours, didn't know you wanted to chat. Hi, I'm Greg. How 'bout that local sports team? [He checks out TRITTER's crotch as TRITTER pulls his pants down] It's not an infection.



74. TRITTER: How can you tell--
75. HOUSE: You want me to touch you? It's your private place. You're chewing nicotine gum which causes dehydration which causes wear and tear. Try a lubricant or foreplay if you're cheap.
76. TRITTER: Just take a swab and get it tested, ok?
77. HOUSE: Sorry, already met this month's quota of useless tests for stubborn idiots.  
[He pops a vicodin]
78. TRITTER: You're rude.
79. HOUSE: Wow, you're like a... detective or something.
80. TRITTER: And you're smart, and you're funny but you are bitter. [He starts pulling up his pants] And you're lonely, so you treat everyone around like they're idiots and you get away with it because of your cane.
81. HOUSE: Please stop, it's hard to write through the haze of bitter tears.
82. TRITTER: But you're not actually getting away with it. Last nurse you made fun of, she probably slipped some crap into your coffee.
83. HOUSE: Nyeah, I asked for decrappinated coffee. [He takes his cane and is about to walk out when TRITTER deliberately kicks at his cane. HOUSE loses balance and falls against the door. He looks back in surprise]
84. TRITTER: Treat people like jerks, you get treated like a jerk.[HOUSE walks back to the stool wearing a resigned look. TRITTER pulls his pants back down and HOUSE takes a swabbing]
85. TRITTER: Thank you.
86. HOUSE: Bend over. [TRITTER smiles like it's a joke]
87. TRITTER: You're kidding me.
88. HOUSE: If you have an infection, you'd have a fever. You're chewing nicotine gum which messes with the weather in your mouth so I need to [he shows the thermometer] vacation elsewhere. [TRITTER pulls down his pants a bit more and bends over. HOUSE shoves the thermometer up and TRITTER gives a little yelp of pain]
89. HOUSE: And wait 'til I put the thermometer in. [TRITTER tries to look back to see what HOUSE is doing] Uh uh, you break it, you bought it. [Leaving the thermometer where he shoved it, he walks out of the clinic room to the nurse's counter]
90. HOUSE: Leaving early today. [He returns TRITTER's file] Did you ever get that thing where you're sure you've forgotten something but you can't figure out what? [Nurse shakes her head] Guess it can't be that important. [He throws away the swabbing test he did on TRITTER and walks off]
- (FOREMAN is talking to TRACY and JEREMY)
91. FOREMAN: Salmonella's a bacterial infection that you can get from pot plants, causes stomach pain.
92. TRACY: And my throat?
93. FOREMAN: The thinking is it's an inflammatory reaction to the smoking.
94. JEREMY: How much would you need to smoke for your throat to go nuts like that?
95. FOREMAN: Most cases a lot.
96. JEREMY: We don't smoke a lot.
97. FOREMAN: Let's just start the treatment.
98. JEREMY: You think we're liars as well as druggies?

99. FOREMAN: Actually I'm wondering if you'd mind getting her a cup of ice chips.
100. JEREMY: You're not going to get any different answer from her.
101. TRACY: No, no, he can stay. No offence but this place is scary, I feel better when he's around.
102. FOREMAN: TRACY, I need to talk to you.
103. TRACY: We don't do a lot of drugs.
104. FOREMAN: I need to know your answers aren't being pressured. [JEREMY looks annoyed]
105. TRACY: Look, if you think the antibiotics are a good idea, you can give them to me.
106. FOREMAN: Okay. [Hangs up the drip] Worse case scenario, it'll help us rule out a few things. [JEREMY makes a noise of disbelief]
107. TRACY: He's a good guy, he just has a hard time holding in his emotions.
108. JEREMY: You don't have to apologise for me.
109. TRACY: That mean you're going to do it for yourself?
110. JEREMY: I got nothing to apologise for.
111. TRACY: [sighs] He's young. [she starts scratching at her arm] Itchy. [FOREMAN takes a look at the arm](CHASE and FOREMAN talking to HOUSE as he signs something at the nurse's station)
112. FOREMAN: Allergic reaction to the floroquinolone.
113. CHASE: We should switch her to a different antibiotic.
114. HOUSE: Why?
115. CHASE: We can't treat the salmonella unless--
116. HOUSE: Salmonella? That was a total stretch.
117. FOREMAN: Man, why does that sound so familiar? You think it's 'coz I said it an hour ago?
118. HOUSE: Then it was a dumb thing to say, now it's smart. She's got the rash so we know she's unusually susceptible to allergic reactions so that's what brought her in. Probably the peanut butter in her sandwich.
119. CHASE: Stick test was negative for peanuts.
120. HOUSE: That's because you foolishly tested her while she was lying down.
121. FOREMAN: Exercise-based anaphylaxis? Think that requires exercise. When her throat closed they'd just got done eating, not even competitive eating.
122. HOUSE: And getting robbed. Always gets my heart rate up. Give her the same food she ate at the diner and stick her on the treadmill.
123. FOREMAN: Better yet put a good to her head, threaten to rape her.
124. HOUSE: You don't think I'm going to get a response?
125. FOREMAN: No.
126. HOUSE: You're on, 50 bucks.
127. FOREMAN: I'm not betting on a patient's--
128. HOUSE: A hundred bucks? If you say so. [He walks into a room and CHASE and FOREMAN exchange a look before walking off together] (TRACY is running on the treadmill.)
129. FOREMAN: TRACY, I'm increasing the speed a little.
130. TRACY: My stomach really hurts! JEREMY, you out there? Talk to me!
131. JEREMY: You're doing great! Isn't this enough?
132. FOREMAN: We're not getting any allergic response yet.

133. JEREMY: Come on, shut it off.
134. FOREMAN: We don't complete the test, my boss will just come down here and do it himself; you do not want that.
135. JEREMY: She's in pain – look at her!
136. FOREMAN: I don't want to have to ask you leave.
137. JEREMY: You're gonna ask me to leave, are you kidding me? This is my wife! You guys aren't helping her, you're just hurting her! What? You guys have all this equipment here, and you're not doing anything! You can't even figure out what's wrong – ah! [He screams and clutches his stomach.] God, it hurts!
138. FOREMAN: Where?
139. JEREMY: My stomach and my chest. Ah!
140. FOREMAN: [picking up the phone] It's FOREMAN: get me a wheelchair!  
(Short shot of JEREMY and TRACY in a room, then cut to the hallway in front of Diagnostics.)
141. FOREMAN: He's as sick as she is, now.
142. HOUSE: Told you it would work.
143. FOREMAN: It worked on the wrong patient.
144. HOUSE: We can spend all day arguing right and wrong. Give me the hundred bucks.
145. FOREMAN: We didn't bet!
146. HOUSE: We could spend all day arguing whether we bet or not. Give me the hundred bucks.
147. CHASE: Come on FOREMAN, pay up. He won! Or he just never finished the DDX.
148. FOREMAN: [pays up as they enter the locker room] Husband's test showed no MI. No aortic dissection. It's not his heart, it's just nonspecific chest and abdominal pain.
149. HOUSE: So, psychosomatic? Panic attack? [HOUSE takes CAMERON's stethoscope and begins to break into a locker.]
150. CAMERON: Pain persisted after he got Lorazepam and morphine. Who's locker is that?
151. HOUSE: Mine. Chest, stomach, throat. What does it all mean?
152. CAMERON: We're in the nurses' locker room!
153. HOUSE: I know that. [The locker opens.] Oh, that is so annoying! WILSON's girlfriend's left her stuff in my locker again.
154. CHASE: Great, I hadn't committed any felonies yet today.
155. HOUSE: Relax, you know they're going to blame...
156. FOREMAN: HOUSE, you wanna mess with WILSON, no problem. But you've got no reason to screw around with –
157. HOUSE: Can we get back to the medicine?
158. FOREMAN: Okay. Why assume one disease? His chest, her throat.
159. HOUSE: So it's just a coincidence that they both got crippling stomach pains. Wow, they really are a great couple. So much in common. One blue shoe – what do you think that means?
160. FOREMAN: It means you're insane! WILSON's not dating her.
161. HOUSE: You feeling luckier?
162. FOREMAN: It doesn't matter what I answer?

163. HOUSE: Two hundred it is.
164. CAMERON: If they're married and caught the same disease, then it means they--
165. HOUSE: Aha! Brochure to a jazz festival in the Poconos this weekend.
166. CHASE: WILSON likes jazz. FOREMAN, pay the man.
167. HOUSE: Four, five, six novels, no music. What does that mean?
168. FOREMAN: She's literate.
169. HOUSE: It means she spends her time reading, not listening. She'd only want to go and watch jazz if the only person wanted to go. She has a martyr complex. Issues of inferiority.
170. CAMERON: Married couple. Same disease. They either got it from each other, or in the same place.
171. HOUSE: Infectious or environmental. All you have to do is check out parasites, viruses, bacteria, fungi, prions, radiation, toxins, chemicals, or it's internet porn related. I'll check the internet, you guys cover the rest of the stuff.  
(The team checks out TRACY and JEREMY's home).
172. CHASE: If they can live here without killing each other, they must really be in love. It's tiny.
173. FOREMAN: Then how come it's taking you so long to search it?
174. CHASE: Box of condoms in his jacket.
175. FOREMAN: I know you're poor now, but buy your own.
176. CHASE: She's on the Pill – why would they need condoms?
177. FOREMAN: No, no, put that back.
178. CHASE: Why?
179. FOREMAN: We show that to HOUSE, he'll just call the guy a cheating bastard. Look how he is with WILSON!
180. CHASE: He'd be right. Could be an STD.
181. FOREMAN: One that doesn't give him any symptoms in his sexual organs? He never mentioned anything.
182. CHASE: Maybe they're embarrassed. What else could it be? You think they just like the sexy feel of latex against their genitals?
183. FOREMAN: Maybe the wife just wants to be extra cautious?
184. CHASE: Come on, you really believe that?
185. FOREMAN: Yeah.
186. CHASE: Good. Then I'm sure you'll have no problem convincing HOUSE. (A hallway.)
187. HOUSE: That cheating bastard!
188. FOREMAN: He loves her!
189. HOUSE: Right, I bet he told you that she's the love of his life.
190. FOREMAN: People lie, I get it, but they don't go up against two armed gunmen to save someone unless –
191. HOUSE: There's a reason that we don't let kids vote or drink or work in the salt mines. They're idiots! 20-year-olds fall in and out of love more often than they change their oil filters. Which they should do more often.
192. FOREMAN: Sorry! Ridiculous of me to draw a conclusion based on actually observing them. I should have just depended on your misanthropic view of human nature.

193. CHASE: Gonorrhea explains all their symptoms. Fitz-Hugh Curtis syndrome for her belly pain, Costochondritis and bladder infection for his chest and abdominal pain.
194. HOUSE: Good. Now go rub their lying, cheating privates with a cotton swab. (TRACY and JEREMY's room.)
195. JEREMY: Why would you want to look at our –
196. TRACY: Is this because of our condoms? You found them in his jacket, figured he hiding something from me. I thought I was pregnant last month, kinda freaked me out. I'm way too young to have kids.
197. FOREMAN: So you just wanted to be extra cautious.
198. CHASE: Wish one of us had figured that out, stuck to his guns. Still, we're gonna check you both.
199. JEREMY: She's the only girlfriend I've ever had. She's the love of my –
200. FOREMAN: Please don't say it.
201. JEREMY: I can't say I love my wife?
202. FOREMAN: We're still gonna test ya.
203. JEREMY: Why is it? I'm white?
204. FOREMAN: Yeah, that's it.
205. TRACY: JEREMY, I wish you would stop it. You're really embarrassing.
206. JEREMY: Everybody thinks they're so liberal, but I see how they look at us, white and black. Especially black. I'm sorry, Trace, but it's true.
207. FOREMAN: Great. Prove us all wrong.(Hallway.)
208. FOREMAN: No scarring, no purulent discharge, and the NATs were negative. They don't have an STD.
209. HOUSE: What's that, you say? You have a problem with interracial couples?
210. FOREMAN: Thank you, CHASE.
211. HOUSE: No! Haven't any of your shorties ever been whities?
212. FOREMAN: Not sure I understand your ghetto slang, Dr. HOUSE. How many black women have you dated, by the way?
213. HOUSE: I don't care about color. As long as they can help me breed a superior race.
214. FOREMAN: Yeah, my exes have usually been black, so what? It's not a racial thing, it's cultural. I have more in common with them, like I assume you only date emotionally stunted bigots.
215. HOUSE: Sorry, you're right. That kind of prejudice is totally fine.
216. FOREMAN: The abdominal pain's getting worse. We've had to up their morphine twice.
217. HOUSE: Take the wife off the steroids. If she spikes a fever, we'll know it's an infection. If she doesn't, it's environmental. (CUDDY's office.)
218. HOUSE: He got off easy. I almost gave him a colonoscopy.
219. CUDDY: That was one of the stupidest things you have ever done, and there is heavy competition for – [HOUSE is rifling around in something.] What are you doing?
220. HOUSE: Hmm, only ate half your breakfast. Feeling a little sick this morning?

221. CUDDY: I'm not pregnant, they burnt my omelet. You need to apologize to this guy.
222. HOUSE: I'm a man of principle. I don't care how much time and money it costs you to defend me.
223. CUDDY: He wants to kill you.
224. HOUSE: No empty coffee cups. Off the caffeine. Good for baby.
225. CUDDY: Cup's in the other wastebasket, baby's in your mind! You can berate patients all you want. Shoving objects into their rectums is assault. Pay attention to me.
226. HOUSE: Sorry, that would make it harder to ignore you. Can't ignore that rapidly expanding first trimester ass, though.
227. CUDDY: Sometimes an ass is just an ass. You are not always right, HOUSE. Apologize to the guy.
- (TRACY is dreaming in her bed, tossing and turning. She wakes up to see a man towering over her bed.)
228. TRACY: What are you doing here?
229. JEREMY's dad: Stay away from my son.
230. TRACY: How did you find us?
231. JEREMY's dad: Stay away from that girl. [He begins to twist JEREMY's arm. JEREMY and TRACY both scream. Across the hall, FOREMAN and a nurse run in. It is a hallucination, and JEREMY has rushed to TRACY's side.]
232. FOREMAN: What happened?
233. JEREMY: She's dreaming! She started screaming.
234. TRACY: They're breaking JEREMY's arm, please!
235. FOREMAN: No one's hurting him.
236. JEREMY: Baby, it's me, it's JEREMY. TRACY, TRACY... She's okay. Baby, it's just a bad dream, everything's okay, TRACY. TRACY? [TRACY makes no answer. FOREMAN gazes into her eyes, which make no reaction.]
237. FOREMAN: It was an acute delirium.
238. JEREMY: Well, she's talking, right? I mean, she's coming out of it.
239. FOREMAN: Well, she's not really talking. She's just making sounds.
240. JEREMY: Okay, when's she gonna come out?
241. FOREMAN: JEREMY, she's in a coma.
- (TRACY is undergoing an MRI, and FOREMAN talks to JEREMY in his room.)
242. FOREMAN: So her vitals are pretty stable, but her response to stimuli is getting weaker, which means the coma's getting worse. The brain is slowly shutting down.
243. JEREMY: Can I see her?
244. FOREMAN: We're getting more images to check for masses or infection. [JEREMY groans.] I'll increase your morphine.
245. JEREMY: Her hallucination. If you knew what it was, would that make any difference? Medically, I mean.
246. FOREMAN: Not usually. In some cases, the form of the hallucination can tell us what part of the brain is being hit.
247. JEREMY: I think it was about my dad.
248. FOREMAN: Your dad was breaking your arm?

249. JEREMY: He was a drunk, pill-popping racist. He caught me sneaking into her HOUSE when we were thirteen. She lived next door. He broke my arm and threatened to hurt her. We ran off when we were sixteen.
250. FOREMAN: You still in touch with him?
251. JEREMY: Killed himself a couple of years ago.
252. FOREMAN: Hmm. It's not medical, I just thought blacks were the racist ones.
- (The doctors are looking at the MRI of TRACY's brain in HOUSE's office.)
253. CHASE: Some generalized edema throughout and areas of increased signal here, here, here, and here.
254. CAMERON: Damn. All over her brain stem.
255. CHASE: It could be plaques, hyperdensities from the edema...
256. FOREMAN: Or tumors or anything.
257. HOUSE: You add brain involvement to the chest, stomach, throat, what've you got?
258. FOREMAN: Didn't spike a fever when we took her off the steroids, so it's not an infection.
259. HOUSE: Leaving environmental. What flavor?
260. CAMERON: Environmental doesn't make sense, either. If it were toxin, we'd see it in their livers. None of their neighbors are sick, no coworkers –
261. HOUSE: They both got it, meaning it's infection or environmental, and since it's not an infection...
262. FOREMAN: What if they didn't both get it? Maybe we got our basic assumption wrong and it's two different diseases?
263. HOUSE: Maybe we didn't and it's sarcoidosis.
264. FOREMAN: Sarcoidosis isn't infectious or environmental.
265. HOUSE: Tell that to the clusters of sarcoidosis cases.
266. CHASE: Firefighters and residents of pine tar forests?
267. FOREMAN: I did see these two putting out that blaze in the Pine Barrens.
268. HOUSE: If sarcoidosis has two environmental causes, it has environmental causes. We just don't know all of them yet. Husband's chest. He has slightly enlarged hilar lymph nodes. Sarcoidosis explains almost all of their symptoms, including her getting worse off the steroids.
269. CAMERON: It doesn't explain his throat swelling.
270. HOUSE: That's what 'almost' means.
271. CAMERON: 90% of sarcoidosis cases have lung scarring.
272. HOUSE: Oh, 90%?
273. CAMERON: Oh, almost.
274. HOUSE: Fine, I'll consult a specialist. [He climbs over the balcony wall and into WILSON's office.]
275. WILSON: If this is more dating advice...
276. HOUSE: Love to gossip, but I've got work to do. Is this sarcoidosis?
277. WILSON: It's pretty nonspecific. Could be granulomas, could be plaques. What's this? Oh, oh, you stole WENDY's personnel file?!
278. HOUSE: In a way, aren't we all guilty of bribing the janitor of taking the file and giving it to me? Yes, I take my share of the blame, but society's also –
279. WILSON: First of all, I am not dating her.

280. HOUSE: She is so wrong for you. You know, she filed a form so the hospital would take extra withholding. Who does that?
281. WILSON: She's much too cautious for me. Point taken, I'll start dating her so I can break up with her and start dating a stripper. You're a miserable jerk who can't stand to be alone.
282. HOUSE: I didn't try to break up your marriages; you did that yourself.
283. WILSON: My marriages were so crappy I was spending all my time with you. Your real fear is me having a good relationship.
284. HOUSE: Yes, that keeps me up at night. That and the Loch Ness monster, global warming, evolution, and other fictional concepts. Although a big, romantic weekend in the Poconos could change everything. [WILSON is very confused. They make eyes at each other, and points to HOUSE and himself a few times in apparent disbelief.]
285. WILSON: You don't... no. I don't think it's sarcoidosis. [HOUSE walks back.]
286. HOUSE: He says it's sarcoidosis. Start them both on methotrexate.
287. FOREMAN: And if you're wrong?
288. HOUSE: If WILSON's wrong. We'll biopsy her just to be sure.
289. CHASE: The brain stem? Brain damage is not only possible, it's likely!
290. HOUSE: Good point. Let's biopsy something safer, like her shoes.
291. CAMERON: The husband, he'd have to give consent. He can't right now.
292. HOUSE: Why? This guy write with his stomach?
293. CAMERON: He has a conflict of interest. It's not his brain we're cutting open, but he's getting all the benefit. He'd do it just to save himself.
294. HOUSE: Or to save her. She's the love of his life, remember?
295. FOREMAN: He never said that.
296. CAMERON: She needs a guardian ad litem. I can't let you do this.
297. HOUSE: How're you going to stop me? Call Cuddy? (Clinic.)
298. CUDDY: Cameron's right, there's a conflict.
299. HOUSE: No, there isn't! Not unless one of them wants to die a horrible, painful death.
300. CUDDY: I'm sure the guardian will figure that out.
301. HOUSE: In a couple days! Will the guardian convince the disease to hold off eating her brain until we can get the legalities worked out?
302. CUDDY: I just don't want some plaintiff's lawyer owning my hospital. Legalities help. Speaking of which, did you get your thermometer back yet?
303. HOUSE: Uh, we had a nice chat. Did you know he's a Rotarian? Listen, she'll die without the biopsy.
304. CUDDY: I need to cover the hospital's ass. You're too biased. I send you in there, you'll steamroll over him. Something goes wrong, he'll sue us for not disclosing the risks.
305. HOUSE: Then have Wilson talk to the husband. Wilson kills people left and right, no one ever sues him.
306. CUDDY: Fine, but only if you apologize to the clinic guy.
307. HOUSE: Nah, probably better to just let that couple die.
308. CUDDY: I don't care if you mean it. Just do it. (WILSON is talking to JEREMY.)



309. WILSON: Unfortunately, we don't see any way around a biopsy. We'll do all we can to minimize any damage.
310. JEREMY: No.
311. WILSON: The methotrexate isn't showing any effects, yet. You could both be--
312. JEREMY: She's brilliant. All A's in college while working full-time. I can't do that to her.
313. WILSON: And if you both die, you think she'd want that?
314. JEREMY: Do it on me instead.
315. WILSON: It's not in your brain.
316. JEREMY: It will be. It's the same disease, right? Do it then.
317. WILSON: She could die before you show the symptoms.
318. JEREMY: Then stop treating me. (Outside the room.)
319. HOUSE: Great job. Why don't you just shoot him in the head?
320. WILSON: Hold on, that gives me an idea. You know what could save this couple, lots of misdirected sarcasm.
321. HOUSE: They're dead. Yelling at you might prevent you from screwing up like this --
322. WILSON: I didn't screw up. I did my job!
323. HOUSE: Your job was to get me the biopsy.
324. WILSON: No, it was to present the patient with his options.
325. HOUSE: Two options: biopsy or no biopsy. He chose the third, no treatment. How do you even do that?
326. WILSON: Remember when you used to just weave elaborate conspiracy theories about my love life? Those were such good times. (Diagnostics.)
327. HOUSE: How much morphine is the husband on?
328. CHASE: We can't increase it any more, his respirations are depressed.
329. HOUSE: Decrease it! Drugs cloud peoples' judgment. Cold turkey, you sucker.
330. FOREMAN: Uh, no.
331. HOUSE: Good point. (HOUSE is poking around a cart.) Did I ask you guys to follow me?
332. CAMERON: No, which made us nervous.
333. HOUSE: They'll catch on if they notice that he's off the morphine drip. Shoot him up with one of these puppies instead.
334. CAMERON: No!
335. HOUSE: You do understand it's not really a puppy.
336. CAMERON: It's naloxone.
337. FOREMAN: An opiate blocker? It'll feel like he's swallowing a bonfire. That's pretty unethical, even for you.
338. HOUSE: How is that unethical? It'll lead to a diagnosis!
339. CAMERON: It's leading to the torture of the husband on the off chance he'll allow a procedure on another person!
340. HOUSE: Which will lead to a diagnosis, didn't I just say that?
341. CHASE: Give it up. Foreman and Cameron are too ethical, and I'm too scared of getting sued.

342. HOUSE: Fine. Now I'm just going to find someplace safe to hide this, where I won't be tempted to use it.
343. FOREMAN: You're not doing it, either. What, you're gonna run for it?
344. HOUSE: If they die now, they'll never be able to grow old and tired of each other. [He hands the meds to FOREMAN and leaves.]
345. CHASE: We can't babysit HOUSE all day.
346. CAMERON: I'll tell CUDDY to put a nurse by his room. [FOREMAN looks at the meds HOUSE gave to him.]
347. FOREMAN: Damn it! [He runs off, throwing the tube to CHASE.]
348. CHASE: Atropine? What happened to –
349. CAMERON: He knew we'd stop him. He stuck both of them in his pocket.
350. CHASE: That's actually pretty clever. (FOREMAN runs into JEREMY's room to find HOUSE injecting the naloxone.)
351. HOUSE: Guess I can't use that trick again, huh? [FOREMAN tries to open the cart, but it's all locked up.]
352. JEREMY: Oh! Ow, my stomach, ow!
353. HOUSE: It's a pretty smart plan, Jerry, but I'm on to you. There's only one good reason to kill the biopsy. You poisoned your wife, and don't want the coppers to get wise.
354. JEREMY: No!
355. HOUSE: Oh. Then you're just a moron!
356. JEREMY: Biopsy me!
357. HOUSE: Only if this thing hits your brain, you moron! I can't stress that moron thing enough. You're killing your wife!
358. JEREMY: She is the love of my life!
359. HOUSE: Careful. Once you say that and you're on wife #2, you're gonna feel real guilty about saying that. Feel that? Get used to it, the pain's gonna get a lot worse.
360. FOREMAN: No, it won't. The morphine just isn't working right now for some reason. I'm putting you on a tranquilizer in the mean time. It'll work again soon.
361. HOUSE: Wanna bet?
362. JEREMY: I don't care about the pain. I need to be in pain, so I can get worse. That means you can do the biopsy on me!
363. HOUSE: Dude, she's in a coma. Who're you trying to impress?
364. JEREMY: I'd die for her.
365. FOREMAN: Give up. Or we can wait for him to grow up and get all cynical. (Clinic)
366. CUDDY: I was just going to call you.
367. HOUSE: I need a court order to biopsy this woman's brain.
368. CUDDY: Speaking of litigation... [They enter CUDDY's office. TRITTER is sitting inside.] Michael Tritter, you know Dr. House. You guys can talk here. [She leaves.]
369. TRITTER: I don't want to sue you.
370. HOUSE: Good.
371. TRITTER: I want to beat the crap out of you.
372. HOUSE: Less good.

373. TRITTER: I'll tell you why. You're a bully. And bullies, they don't back down until they run into someone stronger and meaner.
374. HOUSE: But you'll accept an apology.
375. TRITTER: Yes.
376. HOUSE: Not really a recipe for sincerity.
377. TRITTER: I'm not looking for sincerity. I'm looking for humiliation. Something that will make you think twice before you treat the next patient like crap.
378. HOUSE: Here's what's gonna happen: you go brag to your friends about how you made the big, nasty doctor go poop in his pants, I get Cuddy off my back by telling her I humiliated myself, here's the catch – we're both gonna be lying. I'm not apologizing. If anything, you deserved a bigger thermometer. [He leaves CUDDY's office to find FOREMAN and CHASE.] What's wrong?
379. FOREMAN: JEREMY's worse.
380. HOUSE: Then that's what's right. You cut the stubborn jerk's head open and take a slice.
381. FOREMAN: It's not his brain. Lactic acid's up to 39, his intestines are rotting.
382. CHASE: This isn't sarcoidosis.
383. HOUSE: He'll get his wish. He's dying, just not in a way that's going to help his wife. (Diagnostics.)
384. CAMERON: Worse. She's losing response to stimuli, he's vomiting blood and his lactic acid's 45.
385. CHASE: He's got isochemic bowel.
386. HOUSE: So what?
387. CHASE: Well, let's see. Lack of blood flow's causing his guts to die, which will cause him to die unless we cut out a few feet of small intestine and reattach the ends. I don't know, seems like a match.
388. HOUSE: Why does he have it? What does it tell us?
389. CAMERON: Small cell vasculitis?
390. HOUSE: Good. Now, let's hear it again, but now with a more environmental or infectious feeling.
391. FOREMAN: Or, like I said before, it might not be environmental or infectious. He has vasculitis, she has porphyria. Belly pain plus hallucinations, classic symptoms. Can even cause a coma.
392. HOUSE: Fine. Start her on hematin for porphyria.
393. CAMERON: What about him?
394. HOUSE: Take out the dead bowel, it's all we can do. And biopsy it. If FOREMAN's right, it might save him. If Foreman's wrong, it might save both of them. (Lab.)
395. FOREMAN: The bowel's not dead.
396. HOUSE: Unless he's been tossing down cans of frosty lactic acid, the bowel is dead. What we're looking for is a reason it's dead.
397. FOREMAN: The bowel's not dead. Just general swelling and edema. The high lactate was probably from stress. We just sliced him open from chest to pubic bone for nothing.
398. HOUSE: Nothing's something. Forget the isochemia. Add the edema and swelling.

399. CHASE: Probably from cutting him open.
400. HOUSE: Probably, not definitely. Okay, back to the beginning. What did we talk about? Anything, I want to hear it all again.
401. CAMERON: Allergies, doesn't fit at all now.
402. CHASE: STDs, maybe we got the wrong one. What about syphilis, neurological symptoms –
403. FOREMAN: He wasn't cheating on her.
404. HOUSE: Yeah, yeah, yeah. Love of his life. Don't you have to wait 'till he's dead to make that determination?
405. FOREMAN: She's his only girlfriend ever. They grew up next door. They ran off together as teenagers. Sarcoidosis. We only ruled it out because we thought he had isochemic –
406. HOUSE: Why did they run off?
407. CAMERON: What difference does it –
408. HOUSE: Kids talk about running off, not many do it. What was the reason?
409. FOREMAN: They were trying to escape his evil, pill-popping, racist dad. You would have liked him. We should do another biopsy.
410. HOUSE: How'd you know the dad was racist?
411. FOREMAN: He beat up his son for dating a black girl. Extrapolated from that –
412. HOUSE: You see racism everywhere. Maybe he just didn't like this black girl.
413. CAMERON: It's not sarcoid. We would have seen granulomas in –
414. HOUSE: She has pretty eyes. Forget infectious. Forget environmental. Defective DNA is keeping them from making a critical protein, hence the fluid build-up. Hits the throat, stomach, chest, and brain.
415. CAMERON: Angioedema?
416. HOUSE: Hereditary Angioedema. Symptoms fit perfectly.
417. CHASE: It's an incredibly rare disease. They would both have to have a parent–
418. HOUSE: Is it a coincidence that your sister has great hair, or that these two have green eyes?
419. FOREMAN: You're not saying... they're not brother and sister?
420. HOUSE: Ew, God, no! That would be sick. Half-brother and sister. Different moms. Dad must have had an affair with her mom. That's why he flipped out when the kids started dating, he had it himself, probably why the pills.
421. FOREMAN: You won't know for sure –
422. HOUSE: Test them for HAE or paternity. It's going to take a day. She doesn't have a day. Start treating and see what happens. (TRACY's room.)
423. CAMERON: Any change?
424. FOREMAN: Her response to stimuli is still just as weak.
425. CAMERON: I almost hope she stays in a coma.
426. CHASE: That's sweet, Cameron.
427. CAMERON: I'd like to avoid shattering both of their lives.
428. CHASE: You don't think dying will do that? [TRACY moves her finger, and the oximeter falls off her finger.]
429. FOREMAN: It's just her oximeter.

430. JEREMY: Tracy, Tracy, she's awake. Oh God, baby, it's going to be okay.  
(HOUSE's office.)
431. HOUSE: Awesome, can I tell them?
432. FOREMAN: We've obviously got to let them know what's wrong, but the cause, the brother-sister thing...
433. HOUSE: Good plan. You've just got to keep them away from doctors, the internet, and anyone who's not a total moron.
434. FOREMAN: Yesterday he was willing to die to save her. You've got to give him time to recover –
435. HOUSE: He might be a little vexed that you kept letting him hump his sister in the mean time.
436. FOREMAN: Unless their dad was also the product of an incestuous union, the chances of serious complications are minimal.
437. HOUSE: Noble of you to take that risk. Tell them, or I will. (TRACY and JEREMY's room.)
438. JEREMY: So we just need to take these pills?
439. FOREMAN: Twice a day. Angioedema's very treatable, you'll be fine.
440. JEREMY: So, what, we caught this from each other, or...
441. FOREMAN: No, it's a condition you both always had. The onset of symptoms are sometimes caused by stress or trauma – the incident at the diner.
442. TRACY: So we got it as kids?
443. FOREMAN: It's, um, it's a genetic disease. It's, uh, there's no good reason two unrelated people would get it. We think you guys should take a DNA test.
444. JEREMY: How can we be related?
445. FOREMAN: We think you have the same dad. But we don't know for sure until we do the tests.
446. TRACY: Oh, God. Oh, your father!
447. JEREMY: No, no, this can't be true!
448. TRACY: Jer, Jer, I'm lighter. I'm lighter than both my parents, and our eyes! Everyone always talks about how we have the same eyes!
449. FOREMAN: You're not really siblings.
450. TRACY: We have the same father!
451. FOREMAN: You didn't fight in the back seat on car trips, you didn't change each others' diapers, you just met and fell in love. The way you feel, that hasn't changed.  
(Diagnostics. HOUSE is playing video games while CHASE and FOREMAN pack up.)
452. CHASE: Hey, Foreman, can you wear the beeper for a couple hours this weekend? What?
453. FOREMAN: We just destroyed two peoples' lives.
454. CHASE: I'm not allowed to run errands any more?
455. FOREMAN: I'd like to see some sign that it affects you, or that you recognize that it affects other people.
456. CHASE: So are you going to wear the beeper or not?
457. FOREMAN: Sorry, can't.
458. CHASE: You just want to punish me.
459. FOREMAN: I'm busy.

460. CHASE: With what?
461. FOREMAN: I'm going out of town.
462. HOUSE: Doing what? Foreman, you're not missing a blue shoe, are you? Come – you can't be when you know the answer beforehand!
463. FOREMAN: We can spend all day arguing whether you can bet when you know the answer beforehand. Give me the two hundred bucks.
464. HOUSE: What? [FOREMAN leaves, and meets up with WENDY in the hallway.]
465. FOREMAN: Hey.
466. WENDY: Hey. [And smooch!] You okay?
467. FOREMAN: I was just wondering, you really like jazz?
468. WENDY: I love it.
469. FOREMAN: You lying?
470. WENDY: I'm lying. I wanna spend time with you. Is that so terrible?
471. FOREMAN: No.
472. WENDY: Maybe we shouldn't walk out together. People see us leaving, and –
473. FOREMAN: Well, they gotta find out sometime. [He stops her by TRACY and JEREMY's room.] Let me just meet you at your place. [He goes in.]
474. JEREMY: She got her own room.
475. FOREMAN: She just needs some time alone. You want me to hang out here a bit? [JEREMY nods tearfully.]
- (End montage. WILSON walks into his hotel room and sits on the bed – all alone. CUDDY peers at the “neg” on her pregnancy test. FOREMAN comes to sit next to JEREMY. And HOUSE speeds home on his motorbike. He is pulled over by a cop, and gets off the bike.)
476. HOUSE: If you've come to return the thermometer, don't bother. I've moved on.
477. TRITTER: If you'd actually read my chart, you'd know that I'm a cop. You were going 40 in a 25 zone.
478. HOUSE: Oh, come on. This isn't because I was speeding, it's because I'm Latino.
479. TRITTER: License, registration, proof of insurance.
480. HOUSE: Sorry, cool jacket. Only pockets for important stuff.
481. TRITTER: That's a shame.
482. HOUSE: 50 buck ticket. Is that your way of beating me up, or is that the price for sticking something in you?
483. TRITTER: You took a pill while examining a patient, that's serious addictive behavior. I'm betting that you're holding right now.
484. HOUSE: I wasn't weaving, I'm not drunk, you've got no reason to –
485. TRITTER: Pupils dilated, appear to be under the influence of a narcotic. Would you mind turning around, please, and putting your hands behind your head?
486. HOUSE: Does that polite crap ever work on people? [TRITTER grabs him and does the above for him.]
487. TRITTER: Most people realize that there's only one answer. [He reaches into a pocket and finds some Vicodin.] Got a prescription?

488. HOUSE: I'm a cripple who works in a hospital. You don't think I've got a valid prescription?

489. TRITTER: Arrogant son-of-a-bitch like you? Oh, I bet you didn't bother. You are under arrest for possession of narcotics. [He cuffs him.] You have the right to remain silent, which you should take advantage of for once in your life. If you give up the right to remain silent, anything you say can and will be used against you in a court of law.

[END]

HOUSE, M.D.

Transcript and storyline of Episode 05 "Mirror mirror", Season 4.

Storyline:

Foreman returns to Princeton-Plainsboro and is assigned to oversee House's candidates. A man is mugged and suffers from a respiratory arrest. Though he has no memories of who he is, he can read the personality of the most dominant person in the room, applying it to himself to create a temporary identity. House becomes intrigued by the accuracy of this judge of character and manipulates the patient to judge others, while a team member wonders if House is more dominant than Cuddy.

Transcript:

[Opens to a dark alley where two young guys are hiding.]

1. GUY 1: Grandma's got some cash, we can steal that.
2. GUY 2: What kind of creep are you? We steal from strangers.
3. GUY 1: Yeah, grandma's not going to call the cops.
4. GUY 2: Look... Either you start doing this, or you get a job. [Turns and sees a man walking out of a bar.] That guy. You're going to remember that guy for the rest of your life.  
[They quickly walk up to the man.]
5. GUY 1: Hey, how you doing? [The man turns and looks at him and then continues walking.] I said, hey, give me all your cash!
6. MAN: Why? Want to buy yourself a pretty dress, you little bitch?
7. GUY 2: [Getting in the man's face.] He ain't kidding, man. Where's your wallet?
8. MAN: On your sister's nightstand. Forgot it after I paid her.  
[Guy 2 pulls out a knife and holds it up to the man's neck.]
9. GUY 1: Woah, Tony!
10. GUY 2/ TONY: You want to die tonight? I said where's your wallet?  
[The man starts coughing.]
11. GUY 1: I think he's sick. Maybe you shouldn't...
12. TONY: He's faking. Go in his pockets, grab his wallet. [Guy 1 does as he's told while the man continues to cough.] Good, let's go. [They start to run off, the man falls to his knees struggling to breathe.]
13. GUY 1: [Turns around.] You all right, man?
14. TONY: He's fine, he's faking it. [Tries to drag Guy 1 away but fails.]
15. GUY 1: [Dials 911.] Yeah, I need an ambulance. At Maple and Fourth. It's a really sick guy. I think he got mugged. [Tony whacks him on the back of the head.] What?

16. TONY: Are you happy? Let's go! [They run off.]  
[Opening credits.] [Cut to House and the six remaining numbers in the lecture theatre, House is writing on the blackboard.]
17. HOUSE: Today, we are hunting for the cat burglar of diseases. Causes a healthy man's lungs to fail, leaves no fingerprints.
18. COLE: Respiratory distress could be asthma.
19. HOUSE: No hyperinflation on the X-ray.
20. KUTNER: Food allergy. Could have eaten shellfish or peanuts.
21. HOUSE: No hives. No erythema on the skin. [Cuddy and Foreman walk in.]
22. 13: Pulmonary embolism.
23. HOUSE: Embolisms don't magically dissolve. [To Foreman.] What are you doing here?
24. FOREMAN: Laryngospasm. [Everyone turns to look at him.] Frosty fall air hits his vocal chords, they spasm shut... Choke him out.
25. HOUSE: Good idea. You've been tremendously helpful, you can leave.
26. CUDDY: I just hired him.
27. HOUSE: Well I fired him. To infinity.
28. FOREMAN: [To Cuddy.] You didn't tell him I was coming back?
29. HOUSE: She did, I said no.
30. CUDDY: When your extended job interview slash reality TV show killed a patient, you lost your veto power. Everybody, this is Dr. Foreman, he will...
31. AMBER: Does this mean there's one less slot for us? [Everyone looks at House, House in turn looks at Cuddy. Everyone looks at Cuddy.]
32. CUDDY: It's still Dr. House's department. He decides who stays, who goes...
33. HOUSE: Foreman goes!
34. CUDDY: But Dr. Foreman will be my eyes and ears. You do nothing without his knowledge. [Starts to leave.]
35. HOUSE: Oh, uh, just in case I need them, where exactly will Dr. Foreman be keeping my balls? [Foreman rolls his eyes and looks at Cuddy, who smiles and leaves.] If you want to keep your jobs, that never happened. The only way to get the cat burglar is to catch him in the act. Give the patient a methacholine challenge, see if it sets off laryngospasm.
36. BRENNAN: You want us to stop his breathing?
37. HOUSE: Well, only until you can figure out why. After that it'd be irresponsible. [The numbers leave, Foreman stays.] You and I should talk.  
[Cut to House and Foreman walking down the corridor.]
38. FOREMAN: I'm sorry, she didn't have to do that publicly.
39. HOUSE: Yes she did! She had to establish her dominance in front of them, limit my power.
40. FOREMAN: There's nothing we can do.
41. HOUSE: Well, that's not the never-say-never Dr. Foreman I know. There's lots we can do.
42. FOREMAN: Not really, Cuddy won't...
43. HOUSE: I can make you miserable.
44. FOREMAN: That's true.
45. HOUSE: Until you quit, again. So why don't we just skip the middleman?
46. FOREMAN: I'm not quitting.



47. HOUSE: My god, not everything's about you, and your little job, and your little world. This is about restoring order in the universe.
48. FOREMAN: I'm not quitting.
49. HOUSE: You're going to be miserable.
50. FOREMAN: I already am miserable. [Leaves.] [Cut to the patient running on a treadmill, Amber and Brennan are running the test.]
51. AMBER: Cuddy obviously thinks we're idiots, she's not going to let House hire any one of us.
52. BRENNAN: Tidal volume's holding at 1.2 litres. Increase the dose.
53. AMBER: So which master do we serve? Whose ass do we have to kiss to get this job?
54. BRENNAN: You really want this job so bad? How about you try doing this job? Double the dose to 16 milligrams per millilitre.
55. PATIENT: [Spits out the tube in his mouth.] My foot's tingling. Is that normal?
56. BRENNAN: [Talks into the microphone.] No. What exactly does it...
57. PATIENT: And my stomach's killing me. Could this test cause that stuff?
58. AMBER: [In the microphone.] No.  
[Cut to Chase in the nurses station handing a ticket to someone.]
59. AMBER: Test was a bust.
60. CHASE: Amber has moved down to even money.
61. AMBER: We found two new symptoms.
62. CHASE: Oh. Back to 2-1.
63. AMBER: What's going on?
64. KUTNER: You're the favourite.
65. AMBER: House's?
66. KUTNER: To get fired.
67. CHASE: You can bet against yourself. Lovely parting gift.
68. AMBER: What's the limit?
69. CHASE: Isn't one.
70. AMBER: 500 on Kutner.
71. KUTNER: Oh, 1000 on Amber.
72. AMBER: Do you take cheques?
73. CHASE: No.  
[Cut to Foreman writing on the blackboard in the lecture theatre.]
74. FOREMAN: How do we connect abdominal pain, and numbness in the extremities, with respiratory collapse?
75. BRENNAN: Dissecting aortic aneurysm.
76. FOREMAN: Doesn't cover all three. What else? [House walks in, everyone looks at him.]
77. HOUSE: Carry on, he's the boss. [Sits down between 13 and Kutner.]
78. TAUB: Uh, what about a spinal cord lesion?
79. FOREMAN: Have to be in the brain stem and it still doesn't explain the lungs.
80. HOUSE: Weird, though... That he's the boss. Didn't he quit recently? Was it a money issue?
81. FOREMAN: Lungs, stomach, numbness?
82. HOUSE: No that wasn't it, it was something else... Was it bling account? Med plan didn't cover tattoo removal?
83. FOREMAN: We have to unify these symptoms.

84. HOUSE: Oh! I remember. You don't want to turn into me. Right? You didn't want to become evil.
85. FOREMAN: Can we stick to the medicine here?
86. HOUSE: Absolutely. I'm just flattered. In a few short weeks, seems like I've just turned towards the light. I mean... either that or you've sold your soul.
87. FOREMAN: Multiple marantic emboli could...
88. HOUSE: Get a raise? 'Cause then you're a whore. Or didn't you? Cause then you're a stupid whore. [House's pager goes off.] Patient just crashed. [Everyone just sits there.] Can they go, boss? [Foreman nods. They run off.]
89. FOREMAN: You're right.
90. HOUSE: But?
91. FOREMAN: No but. You're right about all of it.
92. HOUSE: Well, then, I'll see you at the reunion. [Stands up to leave.]
93. FOREMAN: It seems I didn't get out of here soon enough. The world thinks I've been corrupted, so no one will hire me. I hate being here. I'd love to quit... but I can't. [Foreman leaves.][Cut to the numbers running up to the patient who is on the floor.]
94. 13: He's got a pulse.
95. KUTNER: Must be another respiratory collapse. Means this is our chance to prove laryngospasm.
96. AMBER: We need to tube him and bag him.
97. KUTNER: We will, right after we figure out...
98. AMBER: If we just let him die, it doesn't matter what he has.
99. KUTNER: Brennan, tilt his head back so I can get a straight shot.
100. AMBER: Okay, while you're killing him... I'll get the intubation kit. [House walks up to Foreman who is watching the numbers.]
101. HOUSE: I decided you're right. You're obviously in an impossible position. There's no point in me humiliating you.
102. FOREMAN: Thanks.
103. HOUSE: So I'm going to humiliate Cuddy, until she fires you.
104. FOREMAN: Guy's faking. It's Munchausen's. You notice the EMT run sheet? [Hands a file to House.] Paramedic who brought him in is also named Martin Harris.
105. HOUSE: Well. [Cole runs past.] If the name was Attila Von Weinerschnitzel, I'd say you might be on to something.
106. FOREMAN: Look. [Points to the white board listing all the patients.] Room 406, abdominal pain. Room 403, left-sided numbness. 402, syncope. He's copying his neighbours' symptoms.
107. HOUSE: [Studies the board.] No.
108. FOREMAN: Yeah, coincidence is much more likely than you being a stubborn jerk.
109. HOUSE: Munchausen's patients create symptoms, not names.
110. FOREMAN: Munchausen's patients have medical histories they don't want us reading.
111. TAUB: No laryngeal spasm.
112. 13: Breathing's resumed normal rate. Without intubation.
113. FOREMAN: See? Nothing's wrong with him.
114. HOUSE: He's in a lab coat. Munchausen's pretend to be patients, not doctors. He's got mirror syndrome.

115. FOREMAN: Giovannini's?
116. HOUSE: Do you know another mirror syndrome? Brain's got no idea who he is, where he is or what he is. But it fills the holes with whatever dirt's lying around. He reads a name tag, he's got a name. Sees a doctor, he's got a job. Sees symptoms, he's got a problem.
117. FOREMAN: My explanation's simpler.
118. HOUSE: Well if it's simple, then we discharge the nut bar. But if it's complicated, then the nut bar has got brain damage.
119. FOREMAN: So we let him jerk them around for a few days until we're sure?
120. HOUSE: No, we let him jerk you around. There's a faster way.  
[Cut to House entering the OR in scrubs with the patient, also in scrubs.]
121. HOUSE: Mind if we play through?
122. WILSON: Sure, what could possibly go wrong?
123. HOUSE: What's going on here, Martin?
124. PATIENT: Operation?
125. WILSON: House, who is this guy?
126. HOUSE: Excellent question. Who are you, Martin? [Patient opens his mouth to talk but says nothing.] He just likes to watch, do stuff.
127. WILSON: Number ten scalpel for initial incision. Glad you're here, House.
128. HOUSE: Of course you are. [To the patient.] It's lecture time.
129. WILSON: Yeah, it is. Stop worrying about the power play.
130. HOUSE: Was that it? I think you can go a lot deeper here. I mean, WHY am I so obsessed by all of this?
131. WILSON: You're threatened by Foreman and feel the need to impress Cuddy. The only thing that's relevant is Foreman is a good doctor. He can help you, lighten the load.
132. HOUSE: Good idea. I'll have him sort my mail.
133. PATIENT: Sure! Deflect.
134. WILSON: Who is this guy?!
135. HOUSE: I think we just found out.
136. PATIENT: It's all about Cuddy. Got to be the alpha dog. [House smiles.] Can almost smell the pheromones now, huh?
137. WILSON: I like him.
138. PATIENT: Hah.
139. HOUSE: [Looks up at Foreman in the observation room as the patient grabs a scalpel.] Told you I didn't need you.
140. FOREMAN: House! [House stops the patient just before he starts operating on the person. House notices something wrong with the patient's hand and pulls off the glove. The hand looks freaky, can see all the veins through the skin.]
141. WILSON: House, what is going on?  
[HOUSE Cuts the patient's hand with a scalpel]
142. PATIENT: Owww! [Cut barely bleeds.]
143. HOUSE: Your blood's turned to sludge. If we don't heat you up, you're going to die. [Looks up at Foreman.] Can't fake that!  
[Cut to House followed by Foreman and the numbers exiting the elevator.]

144. HOUSE: Mirror syndrome patients have no agenda, no axe to grind. They can read you because they have to. Moods, attitudes, everything. They're like mind readers. Except they can read your mind.
145. FOREMAN: Where are we going?
146. HOUSE: Unfortunately, we have to cure him. His hand wasn't black when he came in, the operating room was sterile, the only thing different was the temperature. Cold agglutinins means...
147. AMBER: It's got to be some kind of infection.
148. COLE: No fever, so it's got to be a tiny infection, hard to find.
149. HOUSE: You'd better find it fast. This guy feels another cool breeze, his blood turns to slop and he drops. [Walks into the cafeteria.] I need three ways to pinpoint infection.
150. KUTNER: Blood cultures.
151. HOUSE: Blood's clumpy. Nothing you can do with it.
152. KUTNER: Unless we soak him in warm water before we draw it.
153. HOUSE: Good, what else?
154. TAUB: Ultrasound his abdomen, look for an abscess.
155. HOUSE: Good. [House stands on a chair.] Uh, ladies and gentlemen, I have a regrettable announcement. Kitchen has just learned that our annual shipment of mayonnaise was improperly stored, so anybody who ate... well, the food, should head across the lobby to the clinic right away. Ask for Dr. Cuddy. [Everyone starts to leave.]
156. FOREMAN: You're not punishing Cuddy, you're punishing every doctor in the building.
157. HOUSE: It's her building, her doctors. Still need one more.
158. COLE: Well, we need to find out his history. Where he's been, what he's done.
159. BRENNAN: Yeah he has no memory, but his bio's tattooed to his rear?
160. FOREMAN: [Gets up on the chair.] The mayo is fine. You can stay where you are. I'm a doctor.
161. HOUSE: Mail order. I've seen the diplomas. Two N's in university. [Everyone continues to leave.] Big Love was right. History's the key.
162. BRENNAN: No ID, no wallet. No missing persons report filed for a hundred miles.
163. HOUSE: The key is the key. He had car keys in his pocket when he was admitted. [To Amber.] Keep him in the isolation room, so he doesn't pick up extreme bitch syndrome from one of the nurses. [To 13.] Run the ultrasound [To Taub.] and the blood cultures.
- 164.
165. KUTNER: The cultures were my idea.
166. HOUSE: No one's keeping score... You're losing. [To Cole.] Search the street where he was mugged, find the car and the registration.
167. COLE: There could be thousands of cars. Why do I get this assignment?
168. HOUSE: Because if you deal with the patient, he's going to wind up singing Osmond songs and proposing to five nurses at once.
169. 13: I'll go with Cole.
170. HOUSE: Ooh. We have a love connection. [House leaves.]  
[Cut to Amber with the patient in ICU.]
171. AMBER: Make a fist... Little pinch. [Starts to draw blood.]
172. PATIENT: Wow, that's a strong pinch.

173. AMBER: This thing works, you're lucky you've got me. My colleague wanted to cook you in boiling water. [Pulls out the vial of blood and looks at it.]
174. PATIENT: That's right, baby. My blood's that good.
175. AMBER: That's supposed to be me, right?
176. PATIENT: No. That's me. I'm always right. Got to be.
177. AMBER: I don't think I'm always...
178. PATIENT: If they don't like you, you got to be right, or you're not worth anything.
- [Cut to Taub doing an ultrasound.]
179. TAUB: Infections can hide deep beneath the skin. This will find them.
180. PATIENT: Who was that last doctor?
181. TAUB: Dr. Amber Volakis.
182. PATIENT: Don't really need her name.
183. TAUB: [Smiles, looks at the screen then back at the patient.] Wait. You saying that... You... I want--her?
184. PATIENT: Don't know what you want. Don't care what you want.
185. TAUB: I'm married.
186. PATIENT: So am I.
187. TAUB: Even if I wasn't, She's a little too, uh... aggressive for me.
188. PATIENT: Hey. Aggressive is never a bad thing.
189. TAUB: [Smiles.] Yeah, true. [Patient laughs and gives Taub a high five. Taub sees something on the screen.] I'm done.
190. PATIENT: You okay?
191. TAUB: Yeah. We've got to run some more tests. You can clean yourself up. [Hands him a cloth.]
- [Cut to House and Wilson exiting the elevator.]
192. WILSON: Lesion on the liver. Cystic or solid?
193. HOUSE: Solid.
194. WILSON: Well, you certainly did the right thing by coming to me.
195. HOUSE: Yes, I needed a smug oncologist...
196. WILSON: An authoritative oncologist.
197. HOUSE: I hate you. Tell me why.
198. WILSON: I've been scanning literature, very interesting study in Sweden. Apparently, Giovannini's patients mimic whoever they think's in charge.
199. HOUSE: Any country with that low an age of consent and that high a rate of suicide isn't thinking straight.
200. WILSON: I am in charge of our relationship.
201. HOUSE: It was a surgery. You were the surgeon. In that setting...
202. WILSON: You would pick up my laundry if I asked you to.
203. HOUSE: Go ahead, ask.
204. WILSON: Oh, I wouldn't do that to you.
- [They walk into the lecture theatre which is empty. On the whiteboard is Clinic written backwards.]
- [Cut to House entering the Clinic which is very busy.]
205. HOUSE: I want all my personal private doctors back right now. Except for Foreman.
206. CUDDY: Your team, Foreman included, is dealing with the great mayonnaise panic of 2007. Frankly, I'm worried it might spread to other continents.

[House goes looking for his team, opens exam room one where Kutner is examining a woman.]

207. HOUSE: Lesion on the liver. Possibility... Why are you doing a pelvic for food poisoning?

208. KUTNER: She said her hoo hoo burned. [House leaves and opens exam room two, Amber is examining an old guy with his shirt off.]

209. HOUSE: Lesion on the liver, ideas?

210. AMBER: Start with a biopsy to rule out cancer.

211. KUTNER: [From the other room.] Could be an abscess.

212. AMBER: Needle works for that too.

213. BRENNAN: [Walking past.] Unless it's a vascular hemangioma. Aspirate that, he'll bleed out, we'll kill him.

214. HOUSE: If he bleeds out we'll know what he had.

215. AMBER: Had?

216. HOUSE: Two diagnoses out of three he lives. We do nothing three out of three he dies. [To Brennan.] Go stick his liver.

217. TAUB: Where's Foreman? We should...

218. HOUSE: You need him to draft your letter of resignation?

219. TAUB: You risking our patient's life to get back at Cuddy?

220. HOUSE: What? No, that would be childish. This is what I'm doing to get back at Cuddy. [Turns around to the clinic full of people.] Who here doesn't have any health insurance? [A bunch of people stick up their hand.] Michael Moore was right. MRI's, pet scans, neuro-psych tests, private rooms for all these patients. Fight the power!

[Cut to Brennan sticking a large needle into the patient.]

221. BRENNAN: Sorry, I missed. [Pulls the needle back out.] I have to reposition the needle. You're going to feel another pinch. [Patient groans.] You still with me?

222. PATIENT: I'm here.

223. BRENNAN: You feeling faint?

224. PATIENT: No.

225. BRENNAN: What's wrong?

226. PATIENT: It's personal.

227. BRENNAN: [Raises his eyebrows.] You got personal problems? You've got no memory.

228. PATIENT: I'm in a hospital. I don't want to be in a hospital. [Brennan sticks the needle back in.]

229. BRENNAN: Well... you're sick, so...

230. PATIENT: I'm bored. You ask what's wrong, then you ignore the answer, just go on with what you're doing. You think everything's okay as long as you don't think about it, don't deal with it. [Brennan stares at the fluid in the syringe.] Is that blood?

231. BRENNAN: I think it's pus from a fungus.

232. PATIENT: I have fungus in me?

233. BRENNAN: If you've been in the tropics in the last few months. I saw this in tsunami survivors. Their skin grafts would ooze black pus, sometimes weeks later. Traced the fungus back to the sand in the tsunami tides.

234. PATIENT: [Impressed.] That's so cool.

[Cut to Brennan in House's office.]

235. BRENNAN: I think the black pus is fungal. If I'm right, that's where the cold agglutinins are coming from, that's what's driving his memory loss. Amber's putting him on amphotericin, it will cure him.
236. HOUSE: This makes no sense.
237. BRENNAN: I'm doing blood tests to be sure, but the sooner we get him on...
238. HOUSE: I'm not talking about the infection. I'm talking about you letting Tonya Harding administer the treatment.
239. BRENNAN: I'm out of the game.
240. HOUSE: Why?
241. BRENNAN: A couple of weeks ago you named me grumpy, said I didn't want to be here, I wanted to be back in the Third world.
242. HOUSE: And you realised I'm right just now?
243. BRENNAN: I got a confirmation.
244. HOUSE: The patient's nuts.
245. BRENNAN: The patient's... unbiased. The patient has no axe to grind.
246. HOUSE: The patient is nuts.
247. BRENNAN: I miss my old life helping people who barely have clean water, let alone the kind of medicines we waste by the SUV load.
248. HOUSE: You're nuts. You're going to be miserable, at home, at work, somewhere. The goal in life is not to eliminate misery, it's to keep misery to the minimum.
249. BRENNAN: Oh, that's inspiring.
250. HOUSE: You said you came back to get married. What does your fiancée do?
251. BRENNAN: She's a court reporter.
252. HOUSE: Uh-huh, well I'm sure Thailand will have courts any day now. Someone's going to be miserable sometime. Accept it. It's how I stay so happy.
253. BRENNAN: Why do you care if I stay?
254. HOUSE: You're good. Don't screw it up just because you're miserable.
255. BRENNAN: I'm going to--stay until the patient's cured. Which should be in about... an hour. [Leaves.] [Cut to Kutner and Amber with the patient.]
256. KUTNER: You okay?
257. PATIENT: Not okay.
258. AMBER: Which one of us is he mirroring?
259. KUTNER: Well if it was you, he'd be inflicting pain on someone else, so... [Pulls the sheets off his bed. The patient's legs look like his hand did earlier in the OR.] I'd say he's mimicking whichever one of us happens to be dying. [Patient groans.][Cut to view of patient sitting in a hot tub, then to everyone in the lecture theatre.]
260. KUTNER: Heating blanket wasn't keeping him warm enough. Ordered a whirlpool, got his blood flowing. So far, it's keeping his rash at bay.
261. HOUSE: Rash worse equals cold agglutinins worse. Means what was in his liver wasn't fungus.
262. BRENNAN: Yeah, labs confirmed...
263. AMBER: That it wasn't even pus, it was just coagulated blood caused by the cold agglutinins.
264. HOUSE: Which you [Points at Brennan] mistook for a cool fungus that you saw after the tsunami.
265. BRENNAN: Same consistency...

266. HOUSE: You saw what you wanted to see, not what was there. Wait a second. Didn't you quit?
267. BRENNAN: I spoke to my fiancée, I'm staying.
268. HOUSE: Of course you are. Because you're the exact right amount of miserable.
269. FOREMAN: Broad spectrum antibiotics aren't working. It's got to be viral or exotic bacteria.
270. TAUB: There are a thousand microbes it could be.
271. KUTNER: We could repeat all the cultures, maybe we just missed it.
272. HOUSE: Or... we can get an accurate history. [Dials a number on his phone.]  
[We see 13 and Cole standing outside a car impound. Two dogs are standing on the other side of the fence barking at them. Cole is hiding pills in some ground beef. 13 answers the phone.]
273. 13: We're working on it.
274. HOUSE: Well, that'll be a good solace to the widow X.
275. 13: His car was towed and the tow gate's locked. The guys must be out on a run.
276. HOUSE: That's why I sent two of you. One of you breaks in, the other posts bail.
277. 13: Getting arrested is not what I'm worried about.
278. HOUSE: Not a problem. You know how to kill dogs, right?  
[They both hang up, Cole throws the meat over the fence, the dogs run after it. Cut back to the lecture theatre.]
279. FOREMAN: So, back to repeating all the cultures.
280. HOUSE: Or... we get an accurate history.
281. TAUB: Didn't we just rule out that possibility?
282. HOUSE: You guys ever heard any of my metaphors yet? Come on. [Sits down on the edge of the desk.] Sit on grandpa's lap as I tell you how infections are criminals, the immune system's the police... Seriously, grumpy, get up here. [Pats the desk beside him.] It'll make us both happy. [Brennan looks unsure of whether to go or not but stays put.] Anyway, cops don't just let crooks run free. They keep fingerprints, mug shots. The immune system does the same thing, only it calls them antibodies. We find out what diseases he's had in his life, good chance that'll tell us where he's been in his life. Alice. [Points to Kutner.] Your turn through the looking glass. Draw blood and CSF.  
[The fellows all start to leave.]
283. FOREMAN: Wait, guys. I haven't signed off on this. [Everyone stops, looks at Foreman, then looks at House, who is ignoring them, then they leave, except for Taub who walks up to Foreman.]
284. TAUB: You seem like a good guy, Cuddy seems decent. House... doesn't. It means either you're going to give in, or Cuddy is. Either way... I'm sorry. [Leaves.]  
[Cut to Cameron pulling a bullet out of someone's thigh in ER.]
285. FOREMAN: Your boyfriend has me at even odds.
286. CAMERON: So... Talk to him.
287. FOREMAN: I did. He said he's just responding to market forces.
288. CAMERON: He is. I got a hundred on you. [Foreman rolls his eyes and starts to walk away.] What do you care what other people are betting on?
289. FOREMAN: If he's trying to screw with me because he's jealous Cuddy didn't ask him to take this job...
290. CAMERON: Right. You're figuring he's jealous of your misery.



291. FOREMAN: He's messed up enough to...
292. CAMERON: The problem is you're not miserable.
293. FOREMAN: Then House has been wasting a lot of time.
294. CAMERON: You've been humiliated, treated like crap. You've every right to be miserable, but you're not, because even though this job is insane and House is insane, you like it. You always have.
295. FOREMAN: You know what's worse than a sanctimonious speech? A sanctimonious speech that's dead wrong.
296. CAMERON: See? You belong with House. [Cut to Kutner sticking a needle into the patients back who is in a hot tub.]
297. KUTNER: We're going to use your spinal fluid to tell us where you lived.
298. PATIENT: Cool.
299. KUTNER: Not really. It's a poor substitute for an actual history, and without...
300. PATIENT: Nah, it's cool.
301. KUTNER: [Smiles.] Yes, it is. I need you to stay as still as possible. Ignore the pain.
302. PATIENT: Bring the pain. [Grimaces.]
303. KUTNER: I'm not a masochist.
304. PATIENT: Neither am I.
305. KUTNER: I know, but I was responding to you responding to... Never mind. I just like experience. If it's new, it's interesting.
306. PATIENT: Yeah? Not me. I don't just like new. I've got to have new. If it's not there, I make it there.
307. KUTNER: Really, I'm just easily bored.
308. PATIENT: There are 300 million people in this country. If I'm doing exactly what everyone else is doing, then who the hell am I? You know what I mean?
309. KUTNER: I'm just about finished.
310. PATIENT: I like hot tubs. They're nice.[Cut to Cuddy in House's office looking for House's Vicodin stash, Wilson walks in and makes her jump.]
311. CUDDY: You don't knock?
312. WILSON: Are you putting KY jelly on his phone receiver? An exploding snake in his drawer?
313. CUDDY: No. I'm replacing his Vicodin stash with laxatives.
314. WILSON: Don't. Don't stoop to his level.
315. CUDDY: Why? Because he's suddenly going to realise he's no longer 14? Either I take his garbage forever, or I give him a reason to stop.
316. WILSON: You don't have to make him miserable. Just... make him think that he's won.
317. CUDDY: I'm not going to fire Foreman.
318. WILSON: I said THINK he's won. Find some other way to soothe his ego. The thing's big enough. You must be able to find some corner to polish.
319. CUDDY: [Putting away the pills.] Where were you two hours ago?
320. WILSON: Where were you? [Cut to sound of toilet flushing and House walking out of the toilet. Brennan and Foreman are waiting for him.]
321. HOUSE: What do you have?
322. BRENNAN: High titers to histoplasmosis.
323. HOUSE: Probably lived in the Ohio river valley.
324. BRENNAN: Also weakly positive on coccidiomycosis.

325. HOUSE: Weak means older. Means he moved to Ohio from the San Joaquin valley.
326. FOREMAN: Or he happened to visit California.
327. BRENNAN: He's also positive for Chagas disease.
328. HOUSE: Central America.
329. FOREMAN: Or he kissed his maid from El Salvador. Or he sat next to someone from Belize on a flight to Weehawken or he ate lettuce from Honduras...
330. HOUSE: Yes! You're right, buzz kill. This tells us next to nothing. But since that's on the something side of nothing, thought we'd go with it.[Kutner walks up to House.]
331. KUTNER: His rash is back. Hot tub isn't hot enough to keep his body warm.
332. HOUSE: So we take his body out of the picture. Let's hit it from the inside. Lipopolysaccharide. [Kutner and Brennan leave to give the treatment, House quickly walks back to the toilet.][Cut to Foreman standing outside the cubicle.]
333. FOREMAN: LPS won't just give him a fever. He could hit 110, fry his brain.
334. HOUSE: Or make him just toasty enough to keep his blood flowing free. Like my bowels. You smell that? Not going to get sweeter.
335. FOREMAN: You nailed Brennan for seeing what he wanted to see. You're no different.
336. HOUSE: But you are. You used to like this stuff. You left here because you didn't like what you were turning into. You like who you are now? You like being Cuddy's errand boy? [Flushes as Foreman leaves.] That was just a courtesy flush. I'm not actually done.[Cut to Cuddy and House in the hallway.]
337. CUDDY: You want to induce a fever?
338. HOUSE: Unless you're willing to don a white T-shirt and hop into the hot tub with him, I need another way to keep him warm, or he dies.
339. CUDDY: You could maim him.
340. HOUSE: I could cure him.
341. CUDDY: I'm not letting you do it.
342. HOUSE: Are you going to fire me?
343. CUDDY: No. [House walks away.]
344. HOUSE: Wait a second. What the hell was that? You were won over by my soaring rhetoric? I basically just threatened to hold my breath... You never intended to stop me. You just pretended to stop me, so you could pretend to fail to stop me, so you could stroke my ego. Uh-Uh. War doesn't end till Foreman's gone.
345. CUDDY: Foreman's not going anywhere.
346. HOUSE: And... I know when my Vicodin isn't Vicodin. Do you know when your birth control pills aren't birth control pills? [Leaves Cuddy looking worried.][Cut to Foreman with the patient who is still in the hot tub.]
347. FOREMAN: If we can keep your fever up, we can get you back on dry land. You feeling okay?
348. PATIENT: Surprisingly, yeah, I feel pretty good.
349. FOREMAN: That's not the way fevers usually work.
350. PATIENT: Nothing around here works the way it's supposed to work.
351. FOREMAN: No kidding.
352. PATIENT: You're giving me a fever. Doctors don't give people fevers.
353. FOREMAN: It was necessary to keep your blood flowing.
354. PATIENT: Yeah. It was necessary. And that was all that mattered. It's exciting, isn't it?

355. FOREMAN: You're happy?
356. PATIENT: [Laughs.] Why wouldn't I be? [Collapses. Monitors go off.]
357. FOREMAN: Oh hey. [Feels for a pulse.] Hey, you with me? [Runs to the door.] I need help in here! [Two nurses, Taub and Kutner come running in.] V-fib. We've got to shock him.
358. TAUB: Get him out of the water.
359. KUTNER: How long's he been out?
360. FOREMAN: Just a few seconds. [They pull him out of the tub and onto the bed and start trying to dry him.]
361. KUTNER: He's dry enough.
362. TAUB: Not yet!
363. KUTNER: Dry faster.
364. FOREMAN: Ten more seconds.
365. KUTNER: He'll get brain damage, you need...
366. FOREMAN: Kutner, you'll arc it...
367. TAUB: Wait.
368. KUTNER: He's dry enough. Clear. [Shocks the patient and goes flying backwards.]
369. TAUB: [Feeling the patient for a pulse.] It worked.
370. FOREMAN: For one of them. [Looks at Kutner who is unconscious on the floor.][Cut to the lecture theatre.]
371. TAUB: Cardiac arrest. We were able to shock him back to a normal sinus rhythm and Kutner nearly into a coma.
372. HOUSE: So now you've electrocuted yourself and set a patient on fire. I like the dedication.
373. KUTNER: Thank you.
374. TAUB: It wasn't a compliment.
375. HOUSE: Yeah, it was. The insult comes now. You're insane! You either have an aversion to towels, or you want pain. I think both. I'm thinking it goes back to high school gym...
376. FOREMAN: Anybody think we should discuss which infection is causing the cold agglutinins before they stop his heart again?
377. HOUSE: Sure, why not?
378. TAUB: Until they find his car, we have to assume he's travelled to Ohio, California, Central America, and possibly Weehawken.
379. AMBER: Nothing on the blood cultures.
380. HOUSE: Do them again. Quadruple run time. [Everyone starts to get up.]
381. FOREMAN: We know the infection is in his heart. We do a biopsy, we see polys, we got bacterial. Lymphs, we got viral.
382. BRENNAN: He just had a heart attack. Ripping out a piece might kill him.
383. FOREMAN: Yeah, yeah... We biopsy his toe instead!
384. HOUSE: No! That's a terrible idea. Won't tell us anything. Biopsy his heart. Come on, I'll join you.[House and Foreman leave.][Cut to House and Foreman in the elevator.]
385. HOUSE: I got you a job. Mount Zion hospital in Boston.
386. FOREMAN: They have a great diagnostics department.
387. HOUSE: Gilchrist said he'd take you anyway.
388. FOREMAN: That was... Very nice of you.

389. HOUSE: Oh, god. Does everything have to be about you? It's simple math. I'm not going to back down. You're not going to back down. Cuddy's not going to back down. No one's going to be happy here. And Cuddy's going to end up pregnant. [Elevator dings.]
390. FOREMAN: What? [The exit the elevator.]
391. HOUSE: Doesn't matter.
392. FOREMAN: Are you saying? What does you having sex with...
393. HOUSE: Starts Monday. I could help you pack.
394. FOREMAN: I don't want the job. [House stops walking.]
395. HOUSE: What? Why not? You're miserable.
396. FOREMAN: Apparently not.
397. HOUSE: Well, you're gonna be. [Foreman smiles.] Are you smiling?
398. FOREMAN: No.
399. HOUSE: Do your own stupid biopsy.[Foreman smiles as he walks off.][Cut to House entering his office where Cole and 13 are waiting for him.]
400. 13: His name's Robert Elliot. He's from Hamilton, Ohio.
401. COLE: Here's everything he had in his trunk and in his glove box.
402. HOUSE: [Looks inside the box.] No need for the heart biopsy. I now know exactly who he is and what he has. You saved his life.
403. COLE: Really?
404. HOUSE: No, you idiot. It's vapour rub and lunch receipts.
405. COLE: We have his name. We can find his doctor, get his medical records.
406. HOUSE: It's 8:00 at night. The biopsy will be faster. Not fast enough to save him, but that's hardly the point. [13 and Cole start to leave.] Thirteen. [They both turn around.] [To Cole.] Is your name Thirteen? [Cole leaves.] Why did you volunteer to go street walking?
407. 13: I thought I could help that way.
408. HOUSE: A black Mormon could help that way. There's no reason for you to want to be there. Which means there's a reason you didn't want to be here? Didn't want to look in the mirror?[House leaves, 13 follows.][Cut to House and 13 entering the patients room while Foreman is doing something.]
409. HOUSE: Hi. Cuddy called. She needs you to iron her shirts. We'll take over. [Pushes 13 forward.] Go ahead. [Motions for Foreman to leave. He does so. 13 moves close to the patient while still putting her gloves on.] Talk to him.
410. 13: Uh... you might feel a little tug when the catheter's in the heart.
411. HOUSE: Come on. Make him feel comfortable.
412. 13: I've done this procedure dozens of times. It's completely...
413. PATIENT: My god. You are incredibly hot.
414. HOUSE: I'm not here, deal with her. [13 smiles.]
415. PATIENT: Are you an idiot? Do you not think she's hot?
416. HOUSE: I'm not the alpha here. She is. She's my boss.
417. 13: [Looking at the patient hand.] The rash is back.
418. HOUSE: Increase the drip. If... you think that's the right thing to do.
419. PATIENT: This is so frustrating.
420. 13: I don't think that's me.[House leaves the room and walks over to Kutner.]
421. HOUSE: Hey. Get in there, see how he's doing.
422. KUTNER: You were just in there.

423. HOUSE: Well, apparently, it's impossible to see anything else while I'm in there. I'm a blinding white hot light of power.[Cut back to 13 with the patient.]
424. 13: Got it. Pink. Good size. Nice specimen.
425. PATIENT: I'm scared.
426. 13: It's okay, it's going to be okay.
427. PATIENT: No. No, it's not. [Cut back to House and Kutner still outside the room.]
428. HOUSE: No, I'm not interested in how he's doing. I'm interested in how she's doing. So get in there and tell me how he's doing.
429. KUTNER: You think he'll mimic her if I'm in there with her?
430. HOUSE: You're a powerful, dominating man, but who knows?
431. KUTNER: So I'm going to get fired before her.
432. HOUSE: Yes, you're going to get fired right now unless you get in there... [13 walks out.]
433. 13: Nothing on the biopsy.
434. HOUSE: And how is he?
435. 13: His fever's at 106...
436. HOUSE: I know. But how is he? Bitter? Sexually frustrated?
437. 13: He's delightful. Loves the smell of freshly baked rhubarb pie and isn't afraid to love. Also, his rash is coming back.
438. KUTNER: He needs the meds and the tub. Just to keep him stable.
439. HOUSE: Fine. Soak him again.
440. KUTNER: He'll be happy. Loves hot tubs.
441. HOUSE: No, you love hot tubs. Find the rest of the gang, tell them to meet me at the lecture hall.
442. KUTNER: [Mumbles.] Hate hot tubs.
443. HOUSE: What did you say?
444. KUTNER: I hate...
445. HOUSE: He likes. Who else was in there?
446. KUTNER: No-one.
447. HOUSE: You didn't think to mention that?
448. KUTNER: The guy likes warm, swirling water. I didn't know that was diagnostic.
449. HOUSE: It's not. What it is, is the water hit him and he had a thought. Not about you, but about him. We need to splash him some more.  
[Cut to House walking in to the patient's room dressed in the patient's clothes, polished leather shoes, brown pants, a sports jacket. Hair brushed, no cane. Twirling the patients car keys and carrying the box of stuff they got from his car.]
450. PATIENT: Do I know you?
451. HOUSE: You look familiar.
452. PATIENT: You too.
453. HOUSE: My name's Robert Elliot. I'm from Hamilton, Ohio.
454. PATIENT: Me too. What do you do?
455. HOUSE: Stuff.
456. PATIENT: Me too.
457. HOUSE: What brings you to New Jersey? Is it work or vacation?
458. PATIENT: Uh... Work.
459. HOUSE: What type of work?
460. PATIENT: I'm tired.

- [House looks down at the patients hand, the rash is back. Looks at the monitor, it shows his fever is at 107.]
461. HOUSE: I eat out a lot. In a lot of restaurants. [Opens the box starts pulling out receipts.] Knotty Pine. Ritchies.
462. PATIENT: I know those places.
463. HOUSE: They're good, huh?
464. PATIENT: They're convenient.
465. HOUSE: For what?
466. PATIENT: They're on the road.
467. HOUSE: You on the road a lot?
468. PATIENT: No more than you I suppose.
469. HOUSE: [Pulls out the vapour rub.] You ever use this stuff? I use it all the time. [Smells it.]
470. PATIENT: I use it all the time.
471. HOUSE: Yeah. I just said that. You know, the cool thing about this stuff is... You can do a lot with it. Soften your skin, treat scrapes. Naughty stuff. [House holds it out for the patient. The patient takes it and rubs some under his nose then breathes in deeply.] Why did you do that?
472. PATIENT: Because... It doesn't smell like dung.
473. HOUSE: You're saying you like the smell?
474. PATIENT: Not really. Just doesn't smell like dung.
475. HOUSE: Something else does smell like dung?
476. PATIENT: Yeah. Dung. [Cut to House leaving the patients room. Looks at Foreman, 13 and Kutner, who are waiting for him.]
477. HOUSE: You guys ready? Now is the time you stare at me, in slack-jawed amazement. He sells farm equipment. [They look surprised.] See? Pig lagoons, pig farms. [Takes off the jacket.] And, as every child knows, where you have pigs, you have pig poo. [Roughs up his hair.] But as very few children know, where you have pig poo, you have eperythrozoon infection.
478. 13: We'll start him on clarithromycin. [Hands House his cane.]
479. HOUSE: This time tomorrow, he'll be back to his old self. Whoever that might be.[Everyone but Foreman start to go.]
480. FOREMAN: It can wait.
481. KUTNER: He has a temperature of 107.
482. FOREMAN: It can wait 15 minutes. [To House.] You know where Cuddy is?[Cut to House and Cuddy in the patients room.]
483. CUDDY: Hi, I'm the Dean of Medicine.
484. HOUSE: Hi, I'm the guy who saved your life.[Wilson, Foreman and the numbers are watching through the window.]
485. WILSON: So what if it's House?
486. FOREMAN: Then I take the job at Mount Zion.
487. WILSON: There is no job at Mount Zion.
488. FOREMAN: House said that...
489. WILSON: Well if House said it, it must be true.[Back inside.]
490. CUDDY: I can fire him. I can fire him now. I can fire him tomorrow. I don't even need a reason.
491. HOUSE: She doesn't fire me, she never will fire me, she needs me.

492. CUDDY: He's a good doctor. That's all. I respect his expertise, and I...
493. HOUSE: She's hot for me. Always...
494. PATIENT: Shut up!
495. CUDDY: Well, that could have been either of us.
496. PATIENT: [Looks at Cuddy.] You have great yabos. [House looks at Cuddy.]
497. CUDDY: That still could have been either of us. [Looks at House.]
498. HOUSE: You lose.
499. CUDDY: Seriously... [House starts celebrating.] I have always thought my breasts were one of my best features.
500. FOREMAN: Damn. [House continues celebrating.]  
[Cut to House addressing the numbers in the lecture theatre. While practically the whole hospital watches on at the back.]
501. HOUSE: You all suck. The two of you, [Points to Cole and 13] took 14 hours to find a car. You, [Kutner.] forgot to mention that the guy with no memory, had memories. You [Brennan.] keep on thinking, that insane guys have hidden wisdom. You're going to wind up shooting people on the subway. [Looks at the other two.] Something.
502. TAUB: So, which one of us sucks the most?
503. HOUSE: It's a tie.
504. AMBER: Between?
505. HOUSE: All of you.
506. AMBER: We're all fired?
507. HOUSE: None of you are fired. [The numbers breathe a big sigh of relief. Everyone standing at the back leaves disappointed, except Chase who smiles.][Cut to House leaving, Foreman follows.]
508. FOREMAN: That was nice of you.
509. HOUSE: Sure.
510. FOREMAN: Why didn't you fire anyone?
511. HOUSE: They're good doctors.
512. FOREMAN: Right, why didn't you let Brennan quit?
513. HOUSE: He's a good doctor.
514. FOREMAN: Right... By not letting anyone go, you made six people happy and one person happy and rich. Chase won every one of those bets, so either you're just really nice or what's your cut?
515. HOUSE: 50%... How bad you want to keep your job?
516. FOREMAN: I'll keep my mouth shut
517. HOUSE: Hey.. You actually do want to stay, don't you?
518. FOREMAN: I think I do.
519. HOUSE: Every one of those idiots got some insight about themselves from the pig salesman. Not one of them did anything about it. People don't learn, they don't change, but you did. You're a freak! [Foreman laughs.]  
[End.]

HOUSE, M.D.

Transcript and storyline of Episode 09 "Last resort", Season 5.

Storyline: A man takes over Cuddy's office and holds House, Thirteen, and several patients hostage, demanding a diagnosis. To make sure that the doctors are not giving him poor

treatment, he forces Thirteen to act as a guinea pig for his treatments. House has to find a way to end the standoff before Thirteen becomes incredibly ill, and before a SWAT team opens fire.

1. LARRY: [to THIRTEEN as she comes from an exam room] Excuse me. I've been waiting here for over an hour. All I need is a refill on my migraine medication.
2. THIRTEEN: We'll get to you as soon as we can.
3. LARRY: You can get to me now. It'll only take you two minutes.
4. THIRTEEN: You're not an emergency.
5. LARRY: This isn't an emergency room.
6. THIRTEEN: And it's not gonna go any faster by pissing me off.  
[He makes a rude but not obscene gesture as he gives up and walks off. FOREMAN approaches.]
7. FOREMAN: Got a minute?
8. THIRTEEN: No. [to the nurse in charge] A routine checkup can wait. What else you got?
9. FOREMAN: I'm consulting on some clinical trials that involve CNS compounds.
10. THIRTEEN: While it's true that no sometimes means yes, in this context...
11. FOREMAN: One's a new Huntington's drug. Phase three trials are showing real results delaying neuronal degeneration. Probably get you in.
12. THIRTEEN: [turns to face him] No, thanks. [walks away]
13. FOREMAN: [following her] Are you doing anything about your disease, following any kind of program?
14. THIRTEEN: No. Nor am I looking for a consult.[She walks off. FOREMAN walks away, revealing JASON who is still sitting there while the people mill around him. He looks to his right and sees "Lisa CUDDY, M.D. Dean of Medicine" on her office door. HOUSE is there, behind her desk.][Cut to CUDDY's office. There's a rap on the door glass. HOUSE, who was leaning over the desk drawer, sits up. JASON enters.]
15. JASON: Excuse me, I'm looking for Dr. Cuddy.
16. HOUSE: Well, she's either not here, or she's under the desk. Either way, you're gonna have to wait outside until I'm finished.[JASON starts to leave then turns back.]
17. JASON: Do you know when she'll be back?
18. HOUSE: Yes, which is why I need you to get out and leave me alone. [He grabs a pack of Post-Its from the desktop.]
19. JASON: Sorry. [He closes the office door behind him.][Cut to JASON approaching the nurse's desk. He stands there as the sounds around him begin to sound distorted. He reaches under his overcoat and pulls a gun from his waistband, behind his right hip.][cut to Cuddy's office. The door opens. Thirteen enters, followed by Nikki, Sandra and Bill, Oliver, Mitch, Larry, Regina (a nurse), and, lastly, Jason.]
20. HOUSE: Nice try. Love to help.
21. JASON: Shut up! [He closes the office door behind him.][HOUSE sees the gun.]
22. HOUSE: [calmly] You wanted to see doctor —
23. JASON: I said shut up. I'm sick, and I want to know why. I want the best doctor in this hospital here, now... Or I'm gonna start killing people.[The hostages on the left side of the room — Sandra, Nikki, OLIVER and Sandra's husband — are breathless, almost hyperventilating. Those on the right — LARRY, Mitch, and



- Regina — are breathing better but are more fidgety. THIRTEEN, who is with the group on the right, is calm. She is the nearest to HOUSE and she looks at him.]
24. HOUSE: [conversationally] What seems to be the problem?[Opening Credits]
25. JASON: [gesturing to Mitch with the gun] Close those blinds. [to Larry] You, push the sofa in front of that door. [to Sandra's husband] You, move that table in front of the other door. [shouts] Now!
26. SANDRA'S HUSBAND: Okay, okay. [to Oliver] Just move it. [As he and Oliver move the table] You know, you don't have to point the gun, man. We're gonna do whatever you want.
27. HOUSE: [not moving and not looking away from the gun] No, we're not.[JASON turns to point the gun at HOUSE.]
28. THIRTEEN: House...
29. HOUSE: That's a bathroom you're barricading. It might come in handy, especially since you've cleverly decided to take a bunch of sick people hostage.
30. JASON: [pointing the gun again] Do it! [He pulls a file about 8" thick from his briefcase.] My medical records. I need you to read them.
31. HOUSE: [standing, very slowly] You really think that reenacting "Dog Day Afternoon" is the best way to get diagnosed? I'm sure you've been waiting for hours in an uncomfortable chair, but you should watch the movie all the way through.
32. JASON: I've been to 16 doctors in the last two years. Had three full-body CTs and two MRIs, seven blood panels, and one homeopathic consult.
33. HOUSE: And all that was missing was the threat of violence. [He starts slowly approaching JASON.]
34. JASON: What's missing is an answer! I can't breathe! I'm tired... all the time. I get skin rashes, and heart palpitations, and insomnia.
35. HOUSE: That's a cool constellation of symptoms. It could be something minor. At least compared to life in prison, which is what you seem to prefer to seeing 16 more specialists.
36. JASON: Shut up and do your job.[He shoves the file at HOUSE and takes the cane, which he tosses to one side.][Cut to the lobby. PPTH's crack security team is herding people out the door. Some patients are being wheeled by nurses. Against the flow, CUDDY enters, holding a cell phone.][Cut to CUDDY's office. JASON is sitting down. HOUSE is listening to his chest with a stethoscope.]
37. JASON: You barely looked at the file.
38. HOUSE: No need. Symptoms — those are the things you keep whining about. Tests — negative, or you wouldn't be here. History — shy, quiet kid. Kept to himself. Collected comic books and missing children.
39. BILL: Excuse me, my wife feels sick to her stomach.
40. HOUSE: Next time pack some heat, and maybe we'll look into it.
41. SANDRA: [quietly] I'll be okay.[The phone rings. JASON jumps up. HOUSE leans to one side, out of the line of fire. JASON goes to the desk, picks up the receiver and hangs it up again. He grabs the phone and heads back to HOUSE.]

42. HOUSE: If you ask me, keeping an open line of communication is the best way to resolve conflict. [JASON puts the phone on the chair next to him.] What kind of breathing problems?
43. JASON: Shortness of breath. And sharp pain when — when I inhale. [He sits, keeping his hand on the receiver.]
44. HOUSE: So you figured your wife left you because you couldn't breathe, right? Me, I rarely kidnap someone unless I've got a serious health problem. Since you're not almost dead, it means you're armed because you're blaming something other than your health on your health.
45. JASON: I've never been married.
46. HOUSE: Oh. Got a match?
47. JASON: Why?
48. HOUSE: Because I'd rather not stand here while you try and negotiate a hostage trade for an incentive spirometer.
49. THIRTEEN: I'll look in Cuddy's desk.
50. HOUSE: Stay out of the desk! Cuddy doesn't smoke. But he does. [gestures toward Mitch]
51. MITCH: No, I — I don't.
52. HOUSE: Right. You just brush your teeth with coffee grounds.
53. MITCH: [placating, to JASON] Look, sir, I've never smoked in my life, okay? [mutters] Jerk.
54. JASON: [rising and pointing his gun at OLIVER who is reaching into his jacket pocket] Hey![OLIVER puts both his hands in the air.]
55. HOUSE: You figure that two people snuck weapons into the clinic today?
56. OLIVER: I'm sorry. It's just... I got a lighter.
57. JASON: Slowly.[OLIVER gives the lighter to HOUSE who gives it to JASON.]
58. HOUSE: Hold it out as far as you can. Try to blow it out. [JASON wheezes as he blows. The Bic flickers but doesn't go out. The second time, it doesn't even flicker.] Decreased lung volume. Heart palpitations, fatigue, stomach pain. An intermittent rash — could be 100 things. If you add on that final symptom, it can only be pulmonary scleroderma.
59. JASON: What final symptom? Those were all my symptoms.
60. HOUSE: Last one is the 16 doctors who missed it. Simple alkylating agent, case solved. See you on visitor's day.[Everyone stares. The phone rings. JASON backs up. He hands the entire phone to HOUSE who answers it.]
61. HOUSE: Crime scene!
62. CUDDY: [at the front desk] House, what's going on in there? Is everyone all right?
63. HOUSE: About to be. Assuming he's not lying. But he seems like a pretty straight arrow to me. [He winks broadly at JASON who pushes the speakerphone button. HOUSE speaks louder and hands the receiver to JASON.] I'm gonna need some propofol to prove that it's pulmonary scleroderma. Then we all get to go home.
64. CUDDY: Propofol? You sure —
65. HOUSE: Have one of the guards bring it in.
66. JASON: No, no guards. No cops.
67. Mitch: Uh, I'll go get it.

68. JASON: No one is leaving. [He sees a picture of Cuddy on the bookshelf.] She's not a cop? Dr. Cuddy brings in the drugs. Alone.
69. HOUSE: She might be armed. I'd have her deliver it shirtless.[Cut to later. Most of the hostages are lined up behind the desk. HOUSE is in a chair, rubbing his thigh. JASON is standing behind Regina with the gun barrel resting on her shoulder. She sobs quietly. There's a soft knock on the door. JASON turns the gun on HOUSE.]
70. HOUSE: Who is it?[Cut to HOUSE walking through CUDDY's secretary's area and unlocking that door. CUDDY can see Regina and JASON through her office door.]
71. CUDDY: Oh, God, House. Maybe we should wait for —
72. HOUSE: Guys with even bigger guns?
73. CUDDY: Who know how to talk to armed —
74. JASON: [calling from the office] Say good-bye or I shoot her.[Something rustles as HOUSE takes it from CUDDY. He closes the door and locks it.][Cut to the office. HOUSE fills a syringe and taps it twice with his fingernail.]
75. HOUSE: Roll up your sleeve.
76. JASON: Give it to someone else first.
77. HOUSE: You're the only one who needs it.
78. JASON: Give it to someone else. If it goes in okay, you can give a second dose to me. I don't care who. Just pick someone.
79. HOUSE: Again, had your brilliant plan included a roomful of hostages that don't have fetuses, bacterial and fungal infections, leaving their immune systems too weak to deal with the metabolic strain, or are already on pain killers that have fatal interactions...
80. JASON: [pointing the gun toward LARRY] He's not on pain killers. I heard him tell her in the clinic.
81. LARRY: Aw, come on, man. Don't take it out on us. You got a problem with doctors? Take it out on the doctors. [points to THIRTEEN] Give it to her.
82. HOUSE: She's sick. [to LARRY] You are a very large creep. Take off your shirt. [He injects LARRY, who grunts.] Satisfied?
83. JASON: [standing] Fine.
84. HOUSE: [to JASON] Roll up your sleeve.
85. [JASON starts to do so. LARRY keels over in the background.]
86. JASON: You think I'm an idiot? Huh? That's what you think?
87. HOUSE: I thought I had a little more time with a guy that size. [JASON primes the gun and points it at HOUSE.] You're not gonna do anything. You still need me.[JASON turns and points the gun at Mitch, who crouches.]
88. Mitch: Hoh. Come on!
89. HOUSE: What are you doing? He didn't do anything.
90. JASON: You're right. I need you. I also need you to know you can't screw with me.[He shoots Mitch in the hip. Mitch grabs his hip and howls. He looks at his hand, which is covered with blood. The phone rings. Everyone freezes.]
91. HOUSE: [to JASON] It's for you.  
[Cut to the office, later. Mitch is on the sofa with his leg on the coffee table. THIRTEEN is tending to his wound. The phone is ringing. HOUSE is playing with a baseball cap while JASON decides whether or not to answer. He reaches for the phone

and hangs it up. It immediately starts ringing again.][Cut to the lobby. A police officer approaches CUDDY who is on the phone.]

92. BOWMAN: Lieutenant Bowman, Princeton SWAT.

93. CUDDY: Dr. Lisa Cuddy, Dean of Medicine. We just heard a gunshot, but I haven't been able to make contact.

94. BOWMAN: [taking the phone from her and hanging up] We'll handle that once we secure our perimeter and set up our positions.

95. CUDDY: By "perimeters", I assume you mean snipers? We have to put an end to this.

96. BOWMAN: Got a husband in there or a loved one?

97. CUDDY: Uh, no.

98. BOWMAN: Don't worry, we'll decide when to start shooting. [He hustles her away from the desk.][Cut to double doors opening on a hallway lined with patients. Chase, TAUB, KUTNER and Cameron are working.]

99. TAUB: HOUSE is gonna get someone killed.

100. KUTNER: The guy's ready to kill for a diagnosis, I can't think of a better doctor to be trapped in there with him.

101. CAMERON: How 'bout someone who's not gonna keep pushing the whack job's buttons until he cracks?[KUTNER's beeper goes off. He looks at it.]

102. KUTNER: It's House.[Cut to the office. House's cell phone rings.]

103. HOUSE: Joe's Bar and Grill.[Intercut with the Diagnostics Conference Room. Both the old and new teams are there.]

104. FOREMAN: It's FOREMAN, and every fellow you've had in the last five years.

105. HOUSE: [turning on the speakerphone and putting the phone on the desk] What causes low lung volume, heart palpitations, fatigue, stomach pain, insomnia, and a rash?

106. CHASE: This is pathetic. If I strap a bomb to my chest, do I get seven doctors attending to me?

107. HOUSE: Dr. Robert Chase. On the off chance you have some brilliant escape plan and are the vengeful type.

108. CHASE: Do you think he's the only guy in New Jersey with an unsolved illness and a pistol? I'm not playing this game.

109. HOUSE: Seriously? You're walking out? [Chase leaves.]

110. CAMERON: No, he's just kidding. He's right here.

111. HOUSE: [taking a picture off the wall and gesturing to OLIVER] Throw me that marker, will you? [He does.]

112. FOREMAN: Chest pain, the lung problems, fatigue, rash. Sounds like chronic lung infection.

113. THIRTEEN: Heart palpitations and fatigue — could be a cancer that's spread from the lungs.

114. HOUSE: [writing on Cuddy's wall] Next!

115. CAMERON: If his diaphragm's not working, maybe his nerves are freezing up.

116. REGINA: [referring to Mitch who is stretched out on the floor] I think he's going into shock.
117. HOUSE: First rule of triage: Guys with guns go first. Next!
118. KUTNER: The shortest distance between stomach pain and insomnia is bad circulation. Plus troubled breathing. Could be a heart defect.
119. BILL: You needed to write four things down to remember 'em?
120. HOUSE: It's not my wall. You're gonna get some special deliveries. Foreman, we're gonna draw blood. Run tests for infection and cancer. Cameron, comb through his medical records. See if any of his past 900 medications could have screwed up his heart. Taub and Kutner, go to his apartment, check for neurotoxins.
121. JASON: 873 Marshall, South Brunswick. Back window's unlocked.
122. HOUSE: Giving out your address. Clearly you're not going back there. Means you do have an end game.[Cut to the lobby. The phone rings. Bowman answers.]
123. BOWMAN: I'm Lieutenant Bowman. How's everyone doing in there?[Regina is drawing blood from Jason.]
124. HOUSE: Got one lower limb flesh wound, another guy unconscious. Unfortunately, not the guy we hoped. We're gonna need someone to deliver his blood. [JASON disconnects the call.] It's gonna be hard to play doctor —
125. JASON: Shut up. [He gestures to Nikki with the gun.] Open that blind. Just a few inches.
126. NIKKI: Why me?
127. JASON: Just open it. Open it!
128. NIKKI: Why me? Anyone can do it. Why pick me?[He points the gun at her again. She promptly leans over and pukes behind the desk. Thirteen goes to the blind and pushes it open slightly. Members of the SWAT team can be seen in the courtyard.]
129. JASON: Get back! Get back! [He runs to the wall next to the window THIRTEEN is in front of.] I will kill her unless you back the hell out of there now!
130. HOUSE: Interesting. Anybody else hear those guys outside? [pause] Anybody? He's got hyperacusis.
131. JASON: What does that mean?
132. HOUSE: It means we have a favorite. It's nerve related.
133. THIRTEEN: Amped-up hearing could be linked to nerve palsy.
134. HOUSE: Puff out your cheeks. Come on. [HOUSE demonstrates and JASON imitates him.] Now big mug shot smile.[JASON grins. Only the right side of his mouth goes up.]
135. THIRTEEN: Left side facial weakness.
136. HOUSE: Seventh nerve palsy. Plus intermittent rashes. Plus migraines. It's post-herpetic neuralgia.
137. JASON: Herpetic? You think I have herpes?
138. HOUSE: I'm not judging here. This thing is just as likely to be caused by chicken pox.
139. JASON: I need proof now.

140. HOUSE: There is a test. It's dangerous and painful while the treatment is safe and painless. But you make a good point. You need proof now. I'll order up the test. If you have neuralgia, you won't feel it going in.
141. JASON: It only hurts if your diagnosis is wrong?
142. HOUSE: Win-win.[The phone rings. JASON gestures for HOUSE and THIRTEEN to move out of the way. He picks up the receiver. In the lobby a policeman nods to Bowman who picks up the phone on that end.]
143. BOWMAN: JASON, don't hang up the phone again.
144. JASON: You're gonna send in... [He gestures to HOUSE with the gun.]
145. HOUSE: Capsaicin. 200 micrograms.
146. JASON: And two syringes this time.
147. THIRTEEN: And we'll give you the blood and his records.
148. BOWMAN: No more meds, JASON, and no deliveries without something in return. You've gotta give us a hostage.
149. JASON: You can have two.
150. BOWMAN: Great. Then I'll send an officer right in with the transfer.
151. JASON: Everything gets brought in by Dr. Cuddy.
152. BOWMAN: Jason, I'm not gonna let her do that.
153. HOUSE: First — don't use his name so much. It doesn't sound reassuring, it just sounds creepy. Second — come on, he's not gonna shoot the one person he trusts to bring in his medication. He's gonna shoot the hostages if she doesn't bring it in.
154. BOWMAN: I'll get back to you.[He and JASON both hang up. Bowman turns to CUDDY.]
155. BOWMAN: The guy's demanding that you do all the transfers.
156. CUDDY: [quietly and slightly breathless] Okay.
157. BOWMAN: Okay?
158. CUDDY: What am I supposed to say?
159. BOWMAN: You're supposed to say no. It's not your job. If you got a conflict here, if you have stakes in this that you're not telling me about, then I can't trust you.
160. CUDDY: Got it. I'm okay. Can you tell him I'm coming in now?  
[Cut to time-lapse of CUDDY pushing a wheelchair into her outer office. CUDDY and HOUSE exchange medicine and records. THIRTEEN and Regina are also there. They have put Mitch in the wheelchair. CUDDY wheels Mitch out. LARRY stumbles alongside. As soon as they reach the lobby, a police officer helps him walk. In the outer office, HOUSE, THIRTEEN, and Regina of turn back in.][Cut to the office.]
161. JASON: Who's taking the first dose?
162. HOUSE: [talking through the cap of the syringe which is in his mouth] Anybody here got a long-standing case of neuralgia that's killed their nerves so this won't hurt at all?
163. OLIVER: How bad does it hurt?
164. HOUSE: You're looking to be the hero?
165. OLIVER: Well, I've been beaten up a lot, and I can handle pain.
166. REGINA: How old are you?
167. HOUSE: The guy's got a gun. I think that covers the parental consent issue.

168. REGINA: And that stuff can also cause nerve and muscle damage.[OLIVER seems to have second thoughts. After a moment, HOUSE mashes his nose with his finger. OLIVER, Nikki, Sandra and, with a sigh, Regina follow suit. Sandra whacks Bill in the arm.]
169. BILL: Ah. No way am I taking that crap. Come on.
170. HOUSE: You have to. It's the rules.
171. THIRTEEN: I'll do it.[Cut to HOUSE injecting THIRTEEN in the upper gluteus maximus. He talks quietly to her.]
172. HOUSE: This is a level of risk taking beyond anonymous girl-on-girl action.
173. THIRTEEN: They're patients. I'm a doctor.
174. HOUSE: With a degenerative, drug-unfriendly illness.
175. THIRTEEN: Everything's not some fascinating character flaw.
176. HOUSE: This is a genetic flaw. This is your Huntington's speaking. This is you waving a white flag at the world.
177. THIRTEEN: Yes, I have a shortened life span. Another reason why I'm objectively the right choice. [She gasps and doubles over in pain.]
178. HOUSE: Wow! I would have laid money you had herpes. [to JASON] Your turn. So why are we here? We've ruled out immediate risk of death, lost love. That just leaves... work? You're defined by your work. But you kept seeing doctors, kept missing time. Couldn't focus. [injects him] Maybe you made a huge mistake... got fired.
179. JASON: I just want an answer.
180. HOUSE: I know. I'm asking why.[JASON sits down, grunting in pain. HOUSE goes to the wall and draws a line through "nerve paral."][Cut to JASON's apartment. TAUB and KUTNER enter through the door. A policeman waits in the hall.]
181. TAUB: Guy knew he wasn't coming back. Everything's laid out for us. I'll check for toxins in the kitchen. [He puts on gloves.]
182. KUTNER: [looking at JASON's desk] He must have \$6,000, \$7,000 in unpaid medical bills.
183. TAUB: I've got debt too — you don't see me acting like a lunatic.
184. KUTNER: There's no excuse for what he's doing, but you've got millions of people, thousands of dollars in debt because they're sick — At least one of them's gonna do something inexcusable. Especially if it works.[Cut to the lab. FOREMAN and Cameron are doing the labs.]
185. FOREMAN: White blood cell count's normal. It's not infection.[Cut to HOUSE drawing a line through "lung infection."]
186. HOUSE: So either his heart's on the fritz, or he's got cancer.[Intercut between the office, the lab and JASON's HOUSE.]
187. KUTNER: Found a picture of his mom. She's got a droopy eye, fat face, thick neck.
188. Cameron: Classic signs of an upper-lobe tumor.
189. HOUSE: Or she's just ugly.
190. KUTNER: There are also classic signs of an adrenal problem.
191. THIRTEEN: [sitting on the floor, near JASON] It's his heart.
192. HOUSE: You can't be sure what —

193. THIRTEEN: His neck. Distended jugular.[She leans on a chair to stand.  
HOUSE limps over to JASON and reaches for his neck.]
194. JASON: What are you doing?
195. HOUSE: I am going to try to strangle you faster than you can pull a trigger.
196. THIRTEEN: He needs to check your pulse.
197. HOUSE: It's racing. 160.
198. THIRTEEN: We need to get paddles.
199. BILL: Or maybe we could just do nothing.
200. JASON: If I get any weaker... And they don't fix it... I'll shoot... you![He points the gun at Bill. Bill and Sandra hug each other.]
201. SANDRA: Don't. He didn't mean to —
202. HOUSE: Shut up! All of you. [He listens to JASON's heart with the stethoscope then removes it and reaches for JASON's neck again.]
203. JASON: What are — what are you doing? What are you doing?
204. HOUSE: Carotid massage... gotta slow your heart. It's 200.
205. JASON: Well, get the paddles.
206. HOUSE: Uh-uh. Whole point of those things is to make your muscles contract. They don't discriminate against trigger fingers.
207. JASON: Nobody gets my gun. [He yells toward the phone, which is on speaker.] Send in paddles!
208. HOUSE: [equally loud] Don't!
209. JASON: Get the damn paddles! Or I'll shoot you.
210. HOUSE: Threatening to shoot the guy who's diagnosing you makes a lot of sense. Actually doing it, not so much.
211. REGINA: Give him your gun so he can save you.
212. BILL: Just let him die.
213. SANDRA: Bill, stop.
214. THIRTEEN: We can cardiovert chemically.
215. HOUSE: If we don't know what kind of heart rhythm it is —
216. THIRTEEN: If we don't try something, he's gonna kill someone. I'm gonna get the drugs.
217. JASON: No one goes anywhere!
218. HOUSE: If she doesn't come back, you've got plenty of other people you can shoot.
219. JASON: [gesturing toward OLIVER] You... come here. [to THIRTEEN] All right... 30 seconds.[Cut to THIRTEEN running into the clinic. She unlocks a drug cart and pulls out the syringes she needs. In the background, two members of the SWAT team knock on the clinic door. She starts and looks around.][Cut to the office.]
220. HOUSE: She's gonna go.
221. REGINA: She's gonna come back.
222. HOUSE: She should go.
223. REGINA: [referring to OLIVER] He'll kill him.
224. HOUSE: But not her.
225. REGINA: That your version of morality?



226. HOUSE: If you don't think your life is worth more than someone else's, sign your donor card and kill yourself.[JASON keeps checking his watch. All the remaining hostages look especially nervous. At the end of 30 seconds, he takes aim at OLIVER who bows his head and covers his ears.]
227. REGINA: [impulsively] Shoot me.
228. JASON: You really want —
229. REGINA: Yes.[He turns the gun on her. HOUSE watches, fascinated.]
230. REGINA: No, no! She just needs time! She just needs more time to find you the right — the right drug — time, she needs time. [The door bursts open.]
231. THIRTEEN: It's me. [She closes the door.][OLIVER and Regina both look extremely relieved.][THIRTEEN gives HOUSE the syringes. JASON gestures nervously toward her.]
232. JASON: She takes it first.
233. HOUSE: Adenosine slows the heart. Which is fine, if it's beating fast like yours. Not fine if it's normal, like hers. Following the math on this?
234. JASON: She takes everything I take. I don't want anything that cross-reacts. [THIRTEEN has tied a tourniquet on her arm. She injects herself and removes the tourniquet. She collapses on the floor. HOUSE kneels down beside her, as does Regina]
235. HOUSE: The martyr's heart is beating dangerously slow. Are we good to go? [He injects JASON while Regina tends to THIRTEEN.] [HOUSE feels for JASON's pulse.] Your heart's back to normal. No tachycardia. No sign of a heart defect at all. [pause] But you're sweating.
236. JASON: I nearly had a heart attack. You're surprised I'm sweating?
237. HOUSE: On one side of your face, but not the other.
238. JASON: What does that mean?
239. HOUSE: A tumor is pressing on your sympathetic nerves. You have lung cancer.[Cut to the office, later. THIRTEEN is on the couch. Regina is next to her.]
240. REGINA: Pulse is down below 50.
241. HOUSE: So's her IQ. Help her up. Get her heart going faster. [He looks at OLIVER who goes over to help.]
242. JASON: I need proof it's cancer.
243. HOUSE: Of course you do! [He dials his cell phone as Regina and OLIVER start walking THIRTEEN around the room.][Cut to an ICU or recovery room. WILSON is checking on a patient. His phone rings. He takes it out, looks at the caller ID and answers.]
244. HOUSE: It's gotta be a Pancoast tumor. Patient's got dyspnea, seventh-nerve palsy. He's sweating on one side of his face.
245. WILSON: Everything okay in there?
246. HOUSE: Take your time. It's not like I've got a gun to my head.
247. WILSON: Lung cancer usually shows up lower than the seventh nerve. Did you check his throat?
248. HOUSE: [to JASON] Spit on the floor.
249. JASON: What?
250. HOUSE: If I do it, I can't tell Cuddy that it was medically necessary. I'm gonna ask you to piss on her chair next. [JASON tries to spit. Nothing comes out. He coughs.] Dry mouth. His parotid glands aren't working.

251. WILSON: If there's swelling, it's a Pancoast tumor that's metastasized.[HOUSE hangs up and goes to JASON. He puts his hand under JASON's jaw.]
252. HOUSE: Feel that. Right there.
253. JASON: [feeling it] If it's cancer, there must be a test.
254. HOUSE: You just did it.
255. JASON: What about an X-ray or something?
256. HOUSE: Good idea. Oh, damn. I left my CT machine in my other pants.
257. JASON: How many hostages do you think it would cost me for a trip to radiology?[Cut to the lobby. Nikki and Sandra come out. The cops hustle them away.][Cut to the office. The remaining hostages are tying themselves together. THIRTEEN looks unsteady.][Cut to the now empty lobby. The remaining hostages — HOUSE, THIRTEEN, Regina, Bill and OLIVER are tied in a circle around JASON. They shuffle across to the elevator. HOUSE pushes the button]
258. HOUSE: So... what made you snap? HMOs?
259. JASON: Shut up.
260. HOUSE: Nah, you saw 16 doctors. How bad could they have been?
261. JASON: Shut up![The elevator arrives and they shuffle in.]
262. HOUSE: Humiliation? Doctors treating you like a piece of meat? Too many fingers and tubes up your holes. You hate doctors. You want to take back control. If so, I apologize for the fact that you are a piece of meat.
263. JASON: I just want an answer. That's all.[The elevator arrives. Time lapse photography as they shuffle down the empty halls. Electric doors open as they approach and close behind them.][Cut to Radiology. JASON locks the door.]
264. JASON: Everyone stays in here with me.[Cut to the SWAT team creeping down the halls the hostages just traveled.][Cut to Radiology. The hostages are no longer tied together. JASON checks the observation booth.]
265. JASON: If you need anything from in there, get it now.[HOUSE, with a look at THIRTEEN, limps to the booth. He puts a monitor and other equipment on a cart and rolls it out. JASON is on the CT bed. He gestures toward OLIVER, Regina and Bill.]
266. JASON: Move around. [He lies down with his head in the headrest.] Anyone moves... I fire.[HOUSE starts the computer and nods to THIRTEEN who starts the CT.]
267. HOUSE: That's not all. Curiosity's not enough. There's gotta be a deeper reason.
268. JASON: You never did anything just because you had to know?
269. HOUSE: Never shot anyone.
270. JASON: You're not me. This is my body. This is my life. And there's a truth out there. I'd rather rot in jail knowing than... I can't handle not knowing. [The gun, which is facing Regina, quivers.]
271. HOUSE: Yeah. [HOUSE looks at the monitor and makes a face. He stops the CT and jerks his head toward THIRTEEN to reverse the carriage and bring JASON out. HOUSE picks up a pad and writes on it. He hands the pad to OLIVER.] Hold that. [to JASON] You want your answer, you gotta give me the gun.

272. [JASON looks at him. HOUSE turns the monitor around. There's an image of the interior of the CT with bright white streaks all over in, radiating from a central point.]
273. HOUSE: What's this?
274. THIRTEEN: Starburst artifact. The metal from the gun is ruining the image.
275. HOUSE: [to OLIVER] Show him.
276. OLIVER: [turning the pad around] Starburst.
277. HOUSE: Now, unless you think we pre-arranged that, just in case we were ever held hostage by a guy who needs a CT, we're not lying. So you have two choices. You can give me the gun and get your answer. Or you can shoot me. [There's a long pause as JASON thinks. He points the gun at HOUSE.]
278. JASON: I'm not gonna give you the gun.[Cut to the clinic waiting area and shots of all the chairs the hostages were sitting in at the beginning of the episode. Their hats and coats are still on the chairs][Cut to the hallway outside Radiology. There are SWAT team members on both ends, mostly behind the desk at the far side. The doors open. Bill and Regina run out. They run toward the desk. CUDDY goes to Regina.]
279. CUDDY: Why did he release you?
280. Regina: HOUSE got him to give up his gun. We just ran.[Cut to Radiology. HOUSE is typing on the keyboard. The gun rests on the table next to him. OLIVER comes up behind him. The phone starts ringing.]
281. HOUSE: [looking back at OLIVER] Why are you still here?
282. OLIVER: Curious. It's safe now, right? [HOUSE types a little more. THIRTEEN reverses the CT carriage and JASON comes out and sits up.]
283. JASON: They're gonna be through that door any moment. Just show me the tumor.
284. HOUSE: There isn't one. I don't know what you have.[THIRTEEN goes behind HOUSE to look at the screen herself.]
285. JASON: So... It's over. Thanks for trying. [He hops off the CT bed and puts on his suspenders.][HOUSE puts his hand on the gun. He thinks for a moment then stands and gives JASON the gun. OLIVER and THIRTEEN look on in disbelief.][Cut to later. JASON is on a chair. THIRTEEN is sitting on the CT bed with her legs dangling off. HOUSE is pacing. The phone is still ringing.]
286. JASON: You had four theories. You ruled out four theories. Maybe no one can cure me.[HOUSE grabs the phone.]
287. HOUSE: He overpowered me and got the gun back. [He hangs up.]
288. THIRTEEN: [to HOUSE] You're a coward. You need to know everything because you're afraid to be wrong. You're so afraid of being ordinary, of being just another doctor, just another human being, that you'll risk other people's lives.
289. HOUSE: I'm arrogant. You're the coward. You're terrified of death. You just want to cheat it by making it come sooner. Gives you the illusion of control.
290. OLIVER: [standing in the corner behind THIRTEEN] Can I go?
291. HOUSE: Sorry. We might need you. [The phone starts ringing again. HOUSE picks it up and slams down the receiver.] How do they expect me to think?[Cut to the desk. CUDDY and Bowman are talking.]

292. BOWMAN: Is he lying?
293. CUDDY: Why would he do that?
294. Bowman: Over time, hostages start to root for the captor.
295. CUDDY: House isn't the rooting kind.
296. BOWMAN: No, he's the obsessive, defiant kind. [into his communications headset] Mic the door. Get a frame charge. [to CUDDY] I hope your boyfriend knows what he's doing.[Cut to HOUSE's office. WILSON is leaning against the wall. FOREMAN and TAUB are pacing. Cameron is sitting next to the desk. KUTNER is in the Eames chair. The phone rings. WILSON puts it on speaker. Intercut between HOUSE's office and Radiology.]
297. WILSON: Are you insane?
298. HOUSE: He's quick for a sick guy. Dyspnea, anemia, seventh-nerve palsy, tachycardia. [He puts his cell phone on speaker and drops it on the counter.] Long passes. Anything. Go.
299. FOREMAN: I don't believe it. Chase was right. You're gonna kill someone. I don't want to be a part of it. [He leaves.]
300. TAUB: Loa loa filariasis.
301. HOUSE: You ever been to Cameroon or on the Ogowe River? Next.
302. CAMERON: Could be Q fever if he's had exposure to goats.
303. JASON: No goats.
304. KUTNER: [getting up and approaching the desk] Histiocytosis X explains the lung involvement and —
305. HOUSE: [getting up and approaching JASON] Whoa, whoa, whoa... We have a new symptom. He is turning his head, favoring his left ear. Means he's partially deaf in the right.
306. WILSON: Three hours ago, he had superhero hearing.
307. CAMERON: Cushing's causes fatigue, breathing problems, fluctuating hearing.
308. KUTNER: Even increased aggression and risk-taking.
309. JASON: I'm doing this by choice. It's not a symptom.
310. HOUSE: We'll keep that between us till you talk to your lawyer. [He picks up the wall phone and pushes the intercom and speakerphone buttons. He speaks to Bowman] I need dexamethasone and enough time to provoke a respiratory reaction and confirm Cushing's syndrome.
311. BOWMAN: [voice over] You need more time? House, we're not negotiating with you. Actually, we're through negotiating.
312. JASON: [standing up and shouting] I've still got three hostages left. I'll give you one.
313. BOWMAN: And no more testing drugs on a sick doctor.
314. JASON: Fine. Send in the drugs.[Cut to the door. OLIVER rushes out the door past CUDDY who is giving HOUSE the drugs. A member of the SWAT team calls to him.]
315. COP: Son, come here, come here.
316. CUDDY: HOUSE, you can't —[He closes the door in her face. The lock clicks.][Cut to Radiology. HOUSE prepares a syringe.]
317. HOUSE: If you have Cushing's, this will slow your breathing.

318. JASON: Give it to her first.
319. HOUSE: Those were not the terms.
320. JASON: [pointing the gun] I lied. These drugs could be fake.
321. HOUSE: Why would I do that? I gave you back the gun!
322. JASON: You wouldn't. They would.
323. HOUSE: She has Huntington's. If these drugs are real, it could screw up her liver.
324. THIRTEEN: [grabbing the syringe and injecting herself in the hip] The chances are slim. Chances of him shooting one of us, on the other hand —
325. HOUSE: Don't do — [HOUSE glares at THIRTEEN.]
326. JASON: How long do you have to live?
327. THIRTEEN: Eight, ten years.
328. HOUSE: Killing her is your chance to get personal?
329. JASON: Huntington's doesn't have — [He gasps as HOUSE injects him.] doesn't have a cure?
330. THIRTEEN: No.
331. JASON: So if we get out of here —
332. HOUSE: If she were clinging to hope, she wouldn't be standing in line waiting for you to order up more drugs. [He puts on a stethoscope and goes to JASON.] Take a deep breath. [JASON takes a couple of breaths.]
333. JASON: Not knowing what was wrong with me... made me miserable. Maybe that's insane. Doing this... Yeah. Insane. But I had something to gain. You can't take risks with no upside at all.
334. HOUSE: [removing the stethoscope] I can't decide which is riskier, taking crazy risks or taking advice on crazy risks from a crazed risk-taker. [He goes to THIRTEEN and feels for her pulse.] Heart's racing. Fever. [He lays her down on the CT bed and turns to JASON.] And your breathing's unchanged.
335. JASON: Does that mean she...
336. HOUSE: Means I was wrong. Her kidneys are shutting down because of the meds you made her take. [Cut to Radiology, later. HOUSE touches THIRTEEN's side and she cries out in pain.]
337. HOUSE: We have to get her out of here. [He opens his cell phone.] The dexamethasone is making THIRTEEN's kidneys fail, but not the patient's — why? [Intercut between HOUSE's office and Radiology.]
338. CAMERON: This guy's been on 50 different medications. Maybe his kidneys should be failing, but something's protecting them.
339. HOUSE: [to JASON] I need to slap you. For diagnostic purposes. [JASON points the gun at him.] Seriously. If I was jerking you around, I'd say I needed to kick you in the groin. [JASON lowers the gun and HOUSE slaps him across the face.] That twitch is Chvostek's sign. Don't ask me how Chvostek's discovered it. [into the phone] He has calcium deficiency. Drugs that block calcium tend to shield against kidney damage.
340. CAMERON: He's been on protein pump inhibitors for years for his stomach pain.
341. HOUSE: Those drugs have been protecting his kidneys for years. He has something that has a long incubation period. Something that should have wrecked

- his kidneys. Something that explains breathing problems, heart problems, jumpy nerves, and weak blood.
342. TAUB: Leishmaniasis.
343. HOUSE: Would make perfect sense if our patient was an Arabian Bedouin.
344. CAMERON: Melioidosis. Bacteria gets into the lungs, spreads to the heart. It explains everything.
345. HOUSE: Except that if you read the history, you'd know that our patient has never been to a tropical climate!
346. CAMERON: Is he absolutely sure of that? Mexico. Costa Rica. You've never been —
347. JASON: I've never been anywhere south of Florida.[HOUSE turns slowly. In the office, Cameron, TAUB and KUTNER all look at each other.]
348. HOUSE: You idiot.
349. JASON: Florida counts?
350. HOUSE: Well, not to the Supreme Court. But it's warm enough for germs. [He closes his cell phone and walks over to the wall phone.] You keep blaming doctors when you can't even give a halfway decent history.[He pushes a button on the wall phone. Bowman answers.]
351. BOWMAN: Negotiation's over.
352. HOUSE: It will be as soon as you get us three grams of ceftazidime.
353. BOWMAN: He comes out, he gets all the medicine he wants.
354. JASON: You can have Dr. House.
355. HOUSE: [disconnecting the call] Why are you getting rid of me?
356. JASON: I need to trade you for the answer.
357. HOUSE: You're gonna give her the meds.
358. JASON: No...
359. HOUSE: Come on, give 'em to me instead.
360. JASON: [apologetically] She's taken everything I've taken. The combination of meds could knock me out.
361. HOUSE: [angrily]Her kidneys are failing. You give her those drugs, she'll be dead by the time they get the cuffs on you.
362. JASON: I need my answer.
363. HOUSE: Your obsession is gonna kill her!
364. JASON: Your obsession gave me back the gun! [He points the gun at HOUSE.]
365. HOUSE: [calmer now] It is pointless to give her those drugs. Even if they are screwing with you, this is your last diagnosis.
366. JASON: Only if you're right.
367. THIRTEEN: [pushing herself to a semi-sitting position] House, get out of here.
368. HOUSE: Shut up. I'm not leaving.
369. THIRTEEN: Who's the martyr now? Either the drugs kill me or he kills me. Doesn't seem to make a lot of difference.[Cut to the desk. CUDDY gives the drugs to a cop. He and a backup creep down the hall. The door to Radiology opens. HOUSE comes out slowly. The cop tosses the meds in. The door lock clicks.][Cut to Radiology. THIRTEEN prepares the syringe.]
370. THIRTEEN: You really don't feel bad about killing me?

371. JASON: Not if you don't feel bad about killing yourself.
372. THIRTEEN: I don't want to die.
373. JASON: Yeah, you do. You just don't have the nerve to actually do it. You just want it out of your control. Well, it is. 'Cause I've got a gun. [He points it.][Insert of the hallway. The SWAT team moves into place, setting the frame charge.][Cut to THIRTEEN getting ready to inject herself. She stops.]
374. THIRTEEN: Don't do this.
375. JASON: Either I do this with you alive, or...[Insert of SWAT team connecting wires.]
376. THIRTEEN: Please. Sometimes you just have to trust people.[Insert of SWAT team finishing the job.][THIRTEEN gets ready to inject herself. JASON keeps the gun aimed at her. His hand is shaking.]
377. THIRTEEN: I don't want to die! I don't want to die![Insert of SWAT team member pushing a button.][JASON grabs the syringe and injects himself as the far wall blows apart. He and THIRTEEN are thrown to the floor.][Cut to HOUSE still standing in the hallway. The camera returns to slow motion. He winces as the blast blows open the doors behind him. CUDDY, behind the desk, straightens up as the blast blows her hair around.][Cut to Radiology. All the dust from the blast makes it look foggy. Two flashlights shine. They turn out to be lighted scopes on the SWAT team's rifles. One of them reaches JASON and turns him over.][Cut to the hallway. HOUSE turns and enters Radiology.][Cut to Radiology. The camera returns to real time as HOUSE limps to THIRTEEN and turns her over. The cops cuff JASON and take him out.]
378. HOUSE: Why are you still alive?
379. THIRTEEN: He didn't make me take it.[Cut to HOUSE and many cops in riot gear getting off the elevator in the lobby. CUDDY is leaning on the front desk. She straightens up when she sees him. HOUSE takes a pill. JASON is behind him with some cops. HOUSE takes a deep breath with his hand on his diaphragm. JASON takes the hint, straightens up and takes a deep breath. HOUSE nods imperceptibly and JASON smiles slightly at him. The cops take JASON away.][Cut to THIRTEEN's hospital room. FOREMAN is at her bedside.]
380. FOREMAN: A week of temporary dialysis, your kidneys will be okay. [she sighs] I'm sorry I backed out of the differential.
381. THIRTEEN: About that Huntington's drug trial... [She smiles at him.][Cut to CUDDY's office. She looks around at all the destruction; the writing on the wall, plants and books, knocked over, blood on the floor. HOUSE, wearing his coat, limps in, looking around for his cane.]
382. HOUSE: Test confirmed melioidosis. Easy to miss on a stain. [He retrieves his cane.] Scans and X-rays vary widely.
383. CUDDY: Is that all you care about? A moron storms the clinic, bullies his way into life without parole, you enabling him every step.
384. HOUSE: If he hadn't done what he did, he'd be dead. Good thing you enabled my every medical move. [He moves to stand closer to her.]
385. CUDDY: You think I handled this differently because you were in here?
386. HOUSE: I don't know. Let's try it again without me.
387. CUDDY: This is why you and I can't be a... thing. [CUDDY turns around and walks back behind her desk.]

388. HOUSE: If you're suggesting that you screwed up because of a non-relationship with me, I don't know how I can help you. 'Cause the only change you can make from a non-relationship is...
389. CUDDY: You want a relationship?
390. HOUSE: God, no. Just trying to follow your logic. [She looks at him. He starts to leave. She sits at her desk, pulling out the center drawer, which HOUSE was booby-trapping at the beginning of the episode. HOUSE hesitates at the sound, and gives a satisfied grin as the drawer breaks apart and everything falls out. HOUSE strides out of the hospital.][Cut to aerial view of PPTH at dusk]  
[End]

#### HOUSE, M.D.

Transcript and storyline of Episode 17 "The social contract", Season 5.

#### Storyline:

House and the team take on the case of Nick Greenwald (Jay Karnes), a book editor who loses his inhibitions and starts insulting co-workers at a dinner party one night before falling ill. The team realizes Nick has frontal lobe disinhibition, which has caused him to lose his filter and vocalize all of his innermost thoughts, resulting in extremely insulting outbursts. As Nick's free speech leads to some amusing and insightful comments regarding the team, he must deal with the consequences of being unable to lie to his wife and everyone else important in his life. Meanwhile, House suspects Wilson and Taub are keeping something from him when he catches them both in a lie.

1. TIM: (the author of the book) Am I gonna have to give a speech? You're the publisher. Can't you do it?
2. ELAINE: I can warm them up. But you are gonna have to get over this fear of public speaking before the book tour. Everybody. Can I have your attention? Thank you. TIM has a few words to say. There you go, TIM. They're warmed up.
3. TIM: Well, what do you say at a TIME like this? Seriously, what do you say?
4. NICK: (TIM's editor) You could thank people for coming.
5. TIM: Thank you, NICK. Actually, I'm always thanking NICK, a man famous not only for his ruthless editor's pen, but his patient hand-holding of crazy authors. You'd think that after three novels, I'd start to develop a little confidence, but...
6. ELAINE: For a book like this, we are happy to supply the confidence. Best-seller.
7. NICK: Well that's not gonna happen.
8. TIM: What?
9. NICK: Come on. Short stories don't make money. Short stories weren't making money back in 1908. You'd have to be mathematically illiterate to think they'd do as well as a novel.
10. ELAINE: Okay, NICK, let's step away from the champagne before somebody gets hurt.
11. TIM: You slaved over this book right next to me. Why would Northrop even publish it if it's only going to tank?
12. NICK: Have you failed to notice you're our star author? Obviously, ELAINE wouldn't want to offend you.
13. AUDREY: (NICK's wife) Uh, honey.
14. NICK: I -- I'm sorry. I don't — I don't know why I said that.



15. ELAINE: He's joking. NICK knows as well as anyone what you have done is art.
16. NICK: So is folding paper into animal shapes, but you don't expect to make a living off it.
17. ELAINE: What the hell is wrong with you?
18. NICK: (talking about ELAINE) You really think someone who goes through ten assistants a year and doesn't return her own children's phone calls would give a damn about the state of the American short story?
19. AUDREY: Please, be quiet. [NICK wipes his nose and comes up with blood on his hand]
20. NICK: (looking at the blood on his hand) I think something's wrong. That title was a mistake too. People are gonna compare you to Salinger, and (laughs), boy, are you gonna come up short on that one.  
[NICK looks dazed. He pivots and falls out of his chair onto the floor]
21. AUDREY: Honey!
22. TIM: Call 911. Help! We need help!  
[Scene opens on the Department of Diagnostics conference room. HOUSE walks in heading toward his office. The rest of the team is already there]
23. FOREMAN: (holding out a file) Cameron brought this up from the ER.
24. HOUSE: Doesn't look like a friendship bracelet. [He pauses, tosses his backpack into his office and turns back to the team]
25. KUTNER: It's Phineas Gage, the most famous case study in medical history.
26. HOUSE: You're telling me this patient got a railroad spike drilled through his frontal lobe? (He takes the patient file)
27. FOREMAN: No. No trauma, but he does have frontal lobe disinhibition. Just like Gage.
28. THIRTEEN: Gage was a different person after the spike. Argumentative. Impulsive.
29. HOUSE: Whereas our guy became a different person after Chardonnay.
30. TAUB: He was sober when they brought him in. There's also the nosebleed, the collapse.
31. HOUSE: (to FOREMAN) MRI show anything?
32. FOREMAN: (smiling) Nothing.
33. HOUSE: Good. What fun would that be? So the tumor's not in the cool neighborhood. It's cool neighborhood adjacent.
34. THIRTEEN: A well-placed tumor in the nasal cavity eroding into the brain could do the damage.
35. HOUSE: (handing the file to FOREMAN) Go stick a scope up Phineas's nose. See what you find. (The team leaves)  
[Cut to NICK's hospital room. He is playing cards with his daughter on his bed. His wife is on her cell phone]
36. MARIKA: Daddy, I'm always gonna win if you keep telling me what your cards are.
37. NICK: Well, then suppose I tell you... while I tickle you. (He tickles her and she giggles)
38. TAUB: Mr. Greenwald, I'm Dr. Taub. This is Dr. Kutner.
39. KUTNER: We're here for another test. Sorry about that.
40. NICK: You don't look sorry. Um, no offense. Although you do look kind of cheerful. It's a little creepy. Should I want a doctor who's excited about how sick I am?

41. KUTNER: I'm not —
42. TAUB: We're going to put this up your nose, scan for any problems. I can assure you that we are completely unexcited about that. (to Marika) Excuse me, sweetie.
43. AUDREY: (into her phone) Hold on. (to Taub) She has an auditory processing disability.
44. NICK: Marika-beleeka, you have to get off the bed.
45. TAUB: (preparing to do the test) This might be slightly uncomfortable.
46. AUDREY: Honey, do you mind if I step out? I have to make sure the final arrangements are in place for the breast cancer walk.
47. NICK: Yeah, you do that. I'll pretend to be macho while a guy stuffs three feet of plastic up my nose. (to Taub) It's too bad it's not your nose. Lots more room to maneuver.
48. AUDREY: I guess the walk can wait ten minutes.
49. NICK: Or in a sensible world, even longer. Just how does tying up traffic for six hours stop breast cancer?
50. AUDREY: You know how it works. People donate —
51. NICK: Why not spend six hours building houses for habitat for humanity? Or is it wrong to help two groups of people at once? I bet there are those who have breast cancer and no home.
52. AUDREY: It's my job, Nick. You walked yourself last year.
53. NICK: To be supportive. And because I knew you wouldn't have sex with me if I didn't.
54. AUDREY: I'm gonna make my call.
55. NICK: Make this go away. (to Taub, as he prepares to put the tube up Nick's nose) God, that honker really is huge, isn't it?
- [Cut to WILSON and HOUSE walking down a hospital corridor]
56. HOUSE: Wednesday night. Low-down-blue-meanie versus the Incinerator.
57. WILSON: I can't.
58. HOUSE: Let me rephrase. Low-down-blue-meanie —
59. WILSON: I understand monster truck code. Do you understand "can't"?
60. HOUSE: Not when it follows "low-down-blue-meanie." Is the world coming to an end Tuesday night? Otherwise, Wednesday—(they stop)
61. WILSON: All right, it's not "can't." It's "don't want to." The fact is, I just don't like monster trucks.
62. HOUSE: Yes, you do.
63. WILSON: No, I don't.
64. HOUSE: You've always liked monster trucks.
65. WILSON: No, you've always liked them. I've tolerated them. Seriously, I can only watch so many hyped-up dune buggies crush so many motor homes without feeling the urge to go see La Boheme. And I hate opera too.
66. HOUSE: What are you hiding?
67. WILSON: I'm not hiding it. I'm saying it loud and proud. Death to monster trucks. (Kutner approaches)
68. KUTNER: No nasal cancer. And no marriage either if our patient keeps saying everything that comes into his head without regard for the consequences.
69. WILSON: You always led me to believe you were one of a kind.
70. KUTNER: Luckily jerkiness is a temporary condition for this guy.

71. HOUSE: No, it's not. We may be able to fix his impulse to say his thoughts out loud, but he always gonna be the guy who thinks them.
72. WILSON: But he's also gonna be the guy who doesn't say them. If he spent his whole life constructing this nice guy persona, isn't that as much who he really is as anything else?
73. HOUSE: You would argue that. You're all persona.
74. KUTNER: I agree with Wilson. This guy's a Harry Potter. (HOUSE and WILSON look at him questioningly) The sorting hat was going to put Harry in Slytherin based on his nature. He refused, so he ended up in Gryffindor, through choice.
75. HOUSE: There's damage somewhere in his brain. Go find it. (KUTNER leaves)  
[Cut to FOREMAN and THIRTEEN with NICK in Radiology]
76. THIRTEEN: Are you sure you understand?
77. NICK: No, I'm lying. Except I can't. (NICK gets out of the wheelchair and hops up onto the MRI table) You ask questions. While I talk, you look at my brain activity to see where it's screwed up. Then you're gonna cut the screwed up part out to test it. It's depressing, but it's not rocket science.
78. FOREMAN: I think he understands.
79. NICK: (to THIRTEEN) I don't mean to be abrasive. Especially since you're such a pleasure to image naked. Again, sorry.
80. THIRTEEN: It's okay.
81. NICK: Thank you for understanding. I do, you know. Really, my apologies. This stuff just comes out.
82. THIRTEEN: It's okay.[CUDDY walks in]
83. CUDDY: House paged.
84. NICK: Whoa, I would do her in a minute with fudge and a cherry on top. Would someone please explain to this woman? There's only so many apologies —
85. THIRTEEN: He has frontal lobe disinhibition.
86. NICK: (to CUDDY) I've already embarrassed myself with one doctor, whom I am at this moment imagining, with you in a king-sized bed, with a mirror on the ceiling. I am so, so sorry. But if I couldn't have both of you together, you would definitely be my first choice.
87. CUDDY: Where's HOUSE?
88. NICK: It's like trying not to think of an elephant. Not that you're an elephant. Your breasts, in fact, are all homo sapiens —
89. FOREMAN: (laying NICK down on the MRI table) House isn't here.
90. CUDDY: Oh, he wouldn't have paged me if he couldn't watch and enjoy the—  
[CUDDY peers into the control room. The light in the control room goes on and we can see HOUSE sitting there][CUDDY turns to leave, but pauses at the door as NICK speaks again]
91. NICK: Your tush is like the pistons in a Ferrari.  
[CUDDY leaves][HOUSE gets up and follows CUDDY out the door. THIRTEEN smiles at him as he leaves] [Cut to the hallway outside of radiology. HOUSE is following CUDDY down the hall]
92. HOUSE: You're welcome.
93. CUDDY: That was for my benefit?
94. HOUSE: You're 40 years old...
95. CUDDY: 38.

96. HOUSE: The administrator of a hospital...
97. CUDDY: Dean of medicine.
98. HOUSE: People don't get personal with you. Except for me, and you dismiss me as a jerk who's jerking you around. (They stop at the elevator) But that guy can only tell the truth. And he prefers your body to that of a smoking young hottie.
99. CUDDY: So that was your way of saying I look good today.
100. HOUSE: You didn't get the slightest kick out of that?  
[The elevator door opens and CUDDY steps into it]
101. CUDDY: (trying very hard not to smile) Don't be ridiculous, HOUSE. (She smiles as HOUSE turns away and the elevator doors close)  
[Back to radiology. THIRTEEN and FOREMAN are in the control room. NICK is in the MRI machine]
102. FOREMAN: I hope you know your pistons are second to none.
103. THIRTEEN: I'm okay. I'm not jealous of CUDDY's pistons. (talking about the test) Starting baseline activation.
104. FOREMAN: You sure? You looked upset.
105. THIRTEEN: What he was saying was obnoxious.
106. FOREMAN: You've never been called attractive?
107. THIRTEEN: He didn't call me attractive. He cast me in his mental porno.
108. FOREMAN: (laughing) That's what attractive means. It means "I'm attracted to you, sexually."
109. THIRTEEN: Attracted can also mean "I'm attracted to the whole package, to who you are." (referring to the scan) Slight elevation at transaxial 60.
110. FOREMAN: It could. It never does. It's what women choose to hear, not what men say.
111. THIRTEEN: Actually, it's exactly what men say if they have any brains. All right, we have enough for a baseline. What can we ask him that's indiscreet, but that he won't hate us for knowing?
112. FOREMAN: (speaking into the microphone) NICK, do you vote the same way as your wife?
113. NICK: (speaking from the MRI machine) God, no.
114. THIRTEEN: Good. He's spiking at 30.
115. NICK: She believes I voted for Hillary Clinton in the primary and Obama in the General. You're thinking I'm secretly a Republican, right? Wrong. I secretly don't vote. Ever.
116. THIRTEEN: (speaking into the microphone) Wait, you're 46, and you've never voted?
117. NICK: Your voice is no longer attractive to me with that note of disapproval. Although I'm sure that will pass.
118. FOREMAN: Look at that. (pointing to the screen) There's a spot in the cingulate gyrus that's not lighting up.
119. NICK: One vote makes a difference? Not mathematically true.
120. THIRTEEN: Okay, NICK. We've got what we need. We can't biopsy that. It's too close to the brainstem.
121. FOREMAN: Could be neurosarcoidosis. At least it's treatable.
122. THIRTEEN: So we give him steroids, and if we're right, we should start seeing his symptoms improve within half a day.

[She gets up and starts to walk out the door, than pauses and looks back at FOREMAN]

123. THIRTEEN: What are you looking at?

124. FOREMAN: I find your strong attachment to a working democracy to be extremely sexy.

125. THIRTEEN: Ooh, you smooth talker. [Cut to TAUB and KUTNER in the cafeteria line]

126. TAUB: Do you think my nose is too big?

127. KUTNER: Relax, he also implied my bedside manner was a little off. You don't agree with that, right?

128. TAUB: No.

129. KUTNER: No one's ever mentioned your nose before? You're a plastic surgeon.

130. TAUB: They tell me it suits my face.

131. KUTNER: It does.

132. TAUB: Maybe. Maybe that's just the social contract. You tell me I look great. I tell you you're a people person. How can you know the truth?

133. KUTNER: You could ask for the truth.

134. TAUB: (to the cafeteria worker) What do you think of my nose? Please tell me the truth.

135. Cafeteria worker: It's fine. It's a nose.

136. TAUB: Just proving a point.

[As they head to find a table we see HOUSE moving across the room to where WILSON is sitting eating his lunch. HOUSE is carrying an empty plate]

137. HOUSE: Anyone sitting here?

138. WILSON: Just my persona.

139. HOUSE: You know, it's amazing the way people cling on to insults. Or what they think are insults. (He takes a sandwich and fries off of WILSON's plate and puts them on his own)

140. WILSON: So that wasn't an insult?

141. HOUSE: I'm not suggesting that, like our patient, you're hiding a dark, sarcastic core beneath a candy shell of compulsive niceness. (HOUSE has pulled a fork out of his breast pocket)

142. WILSON: I'm not always nice. I'm not nice to you.

143. HOUSE: Because you know nice bores me. Hence, still nice. No, I'm suggesting that you have no core. You're what whoever you're with needs you to be. Okay, I guess that could be insulting. The interesting question is why. Why do you think the world will end in chaos and destruction if you're not there to save it? (He starts eating WILSON's lunch)

144. WILSON: Because when my parents put me in the rocket and sent me here, they said, "James, you will grow to manhood under a yellow sun."

145. HOUSE: And why'd you lie about monster trucks?

146. WILSON: I didn't.

147. HOUSE: I checked your appointment book. You got tomorrow night marked off, but you didn't put down what you were doing. So you thought someone might look at the book—

148. WILSON: I'm playing racquetball tomorrow night, with Taub.

149. HOUSE: Why would you hide that?

- 150.WILSON: Because the world revolves around you. I devote time to anyone else, you'd end up stalking me and harassing them.
- 151.HOUSE: You say that as though it wouldn't be fun.
- 152.WILSON: And maybe I didn't want to rub your nose in the fact that we'd be doing something you can no longer do. Because I'm nice. (He picks up his lunch tray and leaves)
- [Cut to NICK's hospital room. NICK is breathing hard. FOREMAN rushes in]
- 153.AUDREY: I thought you said the steroids were gonna help him. What — is it his heart?
- 154.FOREMAN: EKG says heart's fine. It's gotta be the kidneys. I need to get him on dialysis.
- [Cut to the conference room. HOUSE and the entire team are there]
- 155.FOREMAN: He's on dialysis, and he's stable.
156. THIRTEEN: We know it's not systemic sclerosis.[TAUB, who is getting coffee, is looking at a distorted reflection of his nose in a spoon]
157. HOUSE: (to TAUB) Hey, Cyrano de Berkowitz. Let it go.
- 158.TAUB: (sitting down at the table) Chronic lymphocytic leukemia could explain brain and kidney problems.
- 159.FOREMAN: The CBC showed normal white blood cells.  
[HOUSE is standing, holding his cane over his shoulder]
- 160.HOUSE: (to TAUB) So how long have you been playing racquetball with WILSON?
- 161.TAUB: Four or five times.
- 162.TAUB: Could be diabetes.
- 163.KUTNER: Or a congenital metabolic disorder.
- 164.TAUB: Congenital disorders generally don't wait till you're 46 to manifest.
- 165.KUTNER: So he's a late bloomer. His daughter has a neurological condition.
- 166.HOUSE: (swinging his cane like a tennis racket) First of all, Wilson played tennis on his college team, and you are a Jew. You're not athletic. Run to the end of the hall and back. I'll time you.
- 167.TAUB: Sandy Koufax is Jewish. Greatest left-handed pitcher of all time.
- 168.HOUSE: Sandy Koufax is all you Jews go on about. Sandy Koufax, and the holocaust. (he sits down) Gets old.
- 169.FOREMAN: There are dozens of congenital conditions that fit our parameters. We can't spend time gene testing for all of 'em, especially when we're only guessing it's congenital.
- 170.HOUSE: (to TAUB) Is a z-shot offensive or defensive?
- 171.TAUB: It's both.
- 172.HOUSE: You suspected that was a trick question.
- 173.TAUB: But I could have said neither. Diabetes makes more sense.
- 174.HOUSE: We can narrow the testing down to 40 likely candidates. Test for peripheral nerve damage.
- 175.THIRTEEN: He's got brain damage. He's likely to have peripheral nerve damage no matter what the cause.
- 176.HOUSE: Yes, that's why we should not test him for it. Test the daughter. KUTNER runs the nerve test. TAUB, you may be right about the diabetes. Take supper away

from our patient and run a glucose tolerance test. Oh, and the nurses have been working so hard. You can do the blood draws yourself.

177.TAUB: They have to be done every couple hours. You're punishing me because you're jealous that I'm spending time with your best friend.

178.HOUSE: That would be petty. I'm punishing you because now you've joined my best friend in lying to me. Let me know when you're ready to confess everything.  
(The team leaves)

[Cut to a testing room. KUTNER is putting sensors on MARIKA's feet and wrists]

179.KUTNER: This can become either hot or cold. As soon as it starts to feel uncomfortable, I want you to tell me.

180.MARIKA: But you don't think there's something wrong with me.

181.AUDREY: No, baby, they're testing you to help daddy.

182.KUTNER: Yes, what you're doing is very important. It's like the better you do, the better we know your dad is. (KUTNER and AUDREY go into the control room) (to AUDREY) I'll start with heat.

183.AUDREY: I know it's not his fault. I know what he says is involuntary, but, it doesn't help.

184.KUTNER: Inside, he's still the same man.

185.AUDREY: That's the problem. Apparently he's been thinking this stuff all along. Whoever that "same man" is, it's not the person I thought I was married to.

186.KUTNER: (to MARIKA) You okay? (to AUDREY) She should be feeling something by now.

187.AUDREY: What does that mean? Is she sick too?

188.[MARIKA starts shrieking. AUDREY and KUTNER run into the room]

189.AUDREY: MARIKA! Honey!

190.KUTNER: You're burned. Why didn't you tell me it started to hurt? (He turns off the machine and takes the sensors off of MARIKA)

191.MARIKA: I wanted to help daddy. You said the better I do, the better daddy has to be.

192.KUTNER: (to AUDREY) Sorry.

[Cut to NICK's hospital room. TAUB is preparing to do the glucose tolerance test]

193.NICK: I'm starving.

194.TAUB: (while doing the test) It's the only way we can do the test.

195.NICK: Good thing it's you and not Dr. Hadley. Could you keep her away from me? I have a rich imaginative life. I'd rather not share it.

196.TAUB: We all have thoughts.

197.NICK: I know we all have sexual thoughts. We have ignoble thoughts. I just don't want those to be who I am to people, especially not to my wife.

198.TAUB: I understand. I don't think it would be fair to define me by my passing thoughts.

199.NICK: My real choices are my actions. And I've never done anything to hurt her. I've never cheated. You're kidding me. You've cheated?

200.TAUB: What? No. Why would you say that?

201.NICK: Because you look guilty as hell.

202.TAUB: Are you serious? Of course you're serious.

203.NICK: Yes, everyone knows. God, they must think you're a creep. (TAUB walks out, NICK is calling after him) They might not know. They might be idiots. I just say these things.

[Aerial view of PPTH then a cut to the morgue, where HOUSE is lying on gurney tossing a small red ball into the air]

[There is a body lying on a table in the room. TAUB walks in]

204.TAUB: Why'd you page me here?

205.HOUSE: (still tossing the ball) I need you to update me on the patient's condition.

206.TAUB: Seems to be dead. Why'd you page me here?

207.HOUSE: I need you to update me on the patient's condition (he sits up and holds up the ball) while hitting this against the wall. (HOUSE tosses the ball to TAUB who catches it) This is the only place we can do both.

208.TAUB: I finished the last blood draw.

209. HOUSE: I expect the people who work for me to rise to a challenge. Unless they don't expect to work for me. [TAUB picks up a squash racket from a nearby table. HOUSE sits back preparing to observe]

[TAUB bounces the ball once and hits it against the back wall. Most of this conversation takes place while TAUB continues to hit the ball against the wall]

210.TAUB: Last blood draw was at 6:00 AM. Sugar levels never rose above 120 all night. (TAUB misses and has to CHASE down the ball and start again)

211.HOUSE: So the glucose was normal. Means you were wrong about diabetes.

212.TAUB: (hitting the ball again) I still think it's the endocrine system. Maybe I just got the wrong gland.

213.HOUSE: So you're going for thyroid instead pancreas? Makes sense.

[TAUB hits the ball too hard and when trying to hit it again, ends up knocking things off of a shelving unit]

214.TAUB: Fine. I'm not playing racquetball with WILSON. I was never playing racquetball with WILSON. (pause) I thought it would be helpful if a Department Head owed me a favor. But it's not worth this.

215.HOUSE: (nods) Not bad. You put on a good show. You studied up. Wilson actually booked a court. If you were really a racquetball player, you'd know that you were holding a squash racket. (pause) Tell KUTNER to do a thyroid reuptake scan, I'll go grab a nap in one of the on-call rooms. (He gets up and heads out the door)

[Cut to NICK's hospital room. His wife is by his bed, his daughter is drawing at a table]

216.KUTNER: We're taking you to do a thyroid reuptake scan. We think your —

217.NICK: I'm not going anywhere until you explain why my daughter has a bandage on her hand. You just said you wanted to run some test. I'd known it would involve pain, I'd have said, "hell, no."

218.KUTNER: It's a mild burn. Since MARIKA has a neurological disability like you, we needed to make sure —

219.NICK: She has no disability.

220.AUDREY: NICK, you know about her problem with auditory processing.

221.NICK: "Auditory processing." That's code for "I can't stand thinking my daughter's not perfect."

222.AUDREY: The therapist said MARIKA's test scores —



- 223.NICK: Were indeterminate. She doesn't have a disability. She daydreams. She gets below-average marks in school because she's below average. Every parent thinks their child's "above average."
- 224.AUDREY: NICK!
- 225.NICK: Do you have any idea what the word average means? Somebody has to be under it.
- 226.AUDREY: (walking over to stand by her daughter) NICK, shut up.
227. NICK: (Realizing the MARIKA has heard him) Oh, honey... I'm not saying you're stupid. Your mother's not the sharpest crayon in the box, and she does great. See, this is, this why I told your mother to keep you at home. Didn't want you here. [MARIKA pushes her crayons and paper off the table and runs out of the room]
- 228.NICK: MARIKA! MARIKA, wait! Get her... (He starts coughing)
- 229.KUTNER: (feeling his forehead) You're burning up. And your lungs are full of fluid. We need to get it out. (He calls to the nurses) I need 200 milligrams of furosemide and two milligrams of morphine, stat.
- [Cut to HOUSE and the team sitting around the conference table]
- 230.KUTNER: His temperature is 103.
- 231.TAUB: infection.
- 232.THIRTEEN: The steroids must have forced it into the open.
- 233.FOREMAN: What kind of infection? It could be anything; Staph aureus, tuberculosis, strongyloides...
- 234.HOUSE: Go back to Phineas, get a history.
- 235.KUTNER: We've got a history. He hasn't been out of the country.
- 236.HOUSE: Get a detailed history.
- 237.KUTNER: No one at home is sick. No one at work is sick. There's no sign of ticks or mosquitoes.
- 238.HOUSE: Get a more detailed history. Ask him again. And again until he remembers something. (TAUB starts to leave)
- 239.HOUSE: (to TAUB) Not you. KUTNER can do it. You're gonna be busy with something else. (KUTNER leaves)
- [Cut to TAUB poking his head into WILSON's office. WILSON is sitting at his desk]
- 240.TAUB: I'm here to invite you to lunch.
- 241.WILSON: Uh, why?
- [TAUB comes into the office and shuts the door behind him]
- 242.TAUB: I've been made. HOUSE sent me back to you as a double agent.
- [WILSON sighs and puts his head in his hands]
- [Cut to NICK's hospital room. KUTNER is examining his eyes]
- 243.NICK: Anything wrong?
- 244.KUTNER: Eyes are a little red.
- 245.NICK: There's a shocker. I haven't had a good night's sleep since this thing started. (to AUDREY, who is sitting in a chair by the window) You should get some rest yourself.
- 246.KUTNER: That's a good idea. This is going to take some TIME. It'll be pretty exhausting.
- 247.AUDREY: (to NICK) Are you afraid of what you might say while I'm here?
- 248.NICK: Yes.

- 249.AUDREY: Are you telling me there's something worse than what I've already heard?
- 250.NICK: No, I — I don't know what I'm gonna say. I don't know how I'm gonna hurt you next. I think we should be around each other as little as possible right now.
- 251.AUDREY: (getting up and gathering her purse and coat) This is pathetic.
- 252.NICK: I know. Tell MARIKA I love her very much.
- 253.AUDREY: She understands that.
- 254.NICK: I don't think she does. You're just saying that to make me feel better.
- 255.AUDREY: Yeah. (she leaves)
- [Cut to HOUSE standing against the wall outside WILSON's office, twirling his cane. KUTNER walks up from behind him]
- 256.KUTNER: Guy leads a boring life. They stay home a lot. No travel, no exotic pets, no nearby standing water.
- 257.HOUSE: You sound pleased about something. Can we get to that part?
- 258.Kunter: His wife rescues dogs. Among others, a big rottweiler who's taken over the HOUSE. Our patient hates it.
- 259.HOUSE: Was the wife there to hear this?
- 260.KUTNER: No.
- 261.HOUSE: Too bad. Keep going.
- 262.KUTNER: The dog marks his territory all over the living room. I asked what the odds were that he would have put down food or drink where the dog could reach. He said he put a glass of juice on the floor while he was fixing the television.
- 263.HOUSE: The dog was fixing the television?
- 264.KUTNER: Yes.
- 265.HOUSE: The patient's eyes red?
- 266.KUTNER: Yeah. I'm thinking Weil's.
- 267.HOUSE: Bacterial. He lucked out. Start him on doxycycline. If he improves, we'll know we were right.
- [TAUB comes out of WILSON's office and he and HOUSE head down the hall together]
- 268.TAUB: I told Wilson you sent me to get information.
- 269.HOUSE: And now you're telling me. What does that make you, a quadruple agent? (They walk into HOUSE's office)
- 270.TAUB: He let me print out his e-mails.
- 271.HOUSE: Wow. Excellent. Information he wants us to have. Did he let you print out his deleted e-mails?
- 272.TAUB: No.
- 273.HOUSE: Then go back there —
- 274.TAUB: As long as I was sitting there, I thought I'd print 'em anyway. (He hands a stack paper to HOUSE) Top one's the one you're looking for.
- 275.HOUSE: (reading the email) Writing to confirm Wednesday at 7:00 PM.  
[HOUSE sits down at his computer and starts typing]
- 276.TAUB: It's out going to jgonzalez@nymercy.net. There's a Joan Gonzalez in oncology. It's a consult.
- 277.HOUSE: Secret consult, 7:00 PM. (He finds a picture of Joan Gonzalez online) Oh, Joan is perky.
- 278.TAUB: You're wrong. There was a patient file attached.

- 279.HOUSE: Where? (He holds out his hand for the file)
- 280.TAUB: It was password-protected.
- 281.HOUSE: No. WILSON doesn't password-protect his patient files. I'm the only one he'd expect ever to look there, and he knows there's only one patient I'd want to check on.
- 282.TAUB: You think WILSON's sick?
- 283.HOUSE: (typing again) If WILSON had cancer, there'd be no reason for him to drive three hours to Manhattan. He could pull strings here and get the best treatment. (He pulls up a list of articles on his computer screen) Six articles by Gonzalez. "Managing suicidal thoughts in oncology patients," "Suicidal ideation in children with leukemia."
- 284.TAUB: I don't want to ask this, but, have you ever had reason to think he might be depressed?
- 285.HOUSE: (turning to look at TAUB and speaking very curtly) No. Get out of here. (TAUB leaves, HOUSE looks worried) [Cut to KUTNER and FOREMAN talking to NICK in his room]
- 286.KUTNER: Your fever's down and your lungs are clearing.
- 287.NICK: How long before this brain thing goes away?
- 288.FOREMAN: The infection's gone, but the damage the infection did; you'll have to live with.
- 289.NICK: You're telling me you can't fix this? There's, there's gotta be a way.
- 290.KUTNER: We'd need to remove the damaged area in your cingulate gyrus, but it's too close to the brainstem to risk surgery.
- 291.NICK; You can't risk it. But I could shop around, and maybe some better doctors at a better hospital —
- 292.FOREMAN: The brain stem controls the body's involuntary systems. The slightest mistake could kill you. Even if you survive, you may never be able to breathe on your own again. You may never—
- 293.NICK: I get it.
- 294.FOREMAN: I know this seems like a lot to deal with right now. But people have adapted to living with all kinds of neurological deficits.
- 295.KUTNER: Hey, at least we can promise you it won't get any worse.
- 296.NICK: Get the hell out of my room. (KUTNER and FOREMAN leave)  
[Cut to WILSON entering the hospital. His shoulders are hunched from the cold. He goes to the desk to sign in, HOUSE is sitting on a bench waiting for him]
- 297.HOUSE: (getting up and approaching WILSON) Your assistant said that you were out of the hospital, taking a walk.
- 298.WILSON: Is there an emergency?
- 299.HOUSE: I don't know. Is there? You never take a walk unless you've got something you need to think about.
- 300.WILSON: (reading his messages) Maybe you just don't have a good statistical sampling of my walks.
- 301.HOUSE: The other thing you do when you need to think is you come to my office. (WILSON turns away from HOUSE) Apparently, this is something you can only discuss with Gonzalez at New York Mercy. (WILSON pauses and turns to face HOUSE)
- 302.WILSON: TAUB. another graduate of the HOUSE school of being a dick.

- 303.HOUSE: Private dick.
- 304.WILSON: Look, I'd love to stay for the full inquisition, but I need some hot coffee.  
[WILSON goes into the cafeteria. HOUSE follows him]
- 305.HOUSE: Of course you need hot coffee. It's 45 degrees outside, and you left your coat upstairs. Why?
- 306.WILSON: (getting his coffee) You're going to tell me why I forgot my coat?
- 307.HOUSE: Once you get outside, the cold would have reminded you. You could have come back, but you didn't. You chose to be uncomfortable. Now, why would someone choose that? Because they hate themselves?
- 308.WILSON: (angrily) Has it ever occurred to you that when I don't share something, it might not be meant as a challenge? It might just mean that I'd like there to be one molecule of my life that goes unexamined by Gregory HOUSE. (WILSON leaves)  
[Cut to aerial view of PPTH (dayTIME) and then to NICK waiting for HOUSE in his office]
- 309.NICK: (HOUSE walks in and NICK approaches him) NICK Greenwald. I hear you're the guy in charge. I'm the patient with the disinhibition.
- 310.HOUSE: If you're here to say thanks, you're welcome. Now go away.
- 311.NICK: Oh, I'm not thankful. I'm pissed.
- 312.HOUSE: Oh, all the more reason to go away.
- 313.NICK: They're talking about sending me home. To what? A life where I'll continually drive away anyone who might for a second care about me?
- 314.HOUSE: Those are the breaks. (He walks over to his desk)
- 315.NICK: You could operate.
- 316.HOUSE: You could die.
- 317.NICK: So I'm either better or dead? I'm okay with that. (he moves to face HOUSE on the other side of his desk) I — I've always been kind of a... an impatient guy. But I've worked hard to keep my mouth shut. I've made my wife happy. I've made my little girl happy. I want that back. Otherwise, it's no life.  
[The look on HOUSE's face is one of connection and understanding]  
[Cut to the doctor's locker room. As CHASE shuts his locker, he finds HOUSE standing there]
- 318.HOUSE: (handing NICK's file to CHASE) I want you to remove a small problem.
- 319.CHASE: taking the file and glancing at it) I'm not a neurosurgeon.
- 320.HOUSE: But your boss is. You could assist. I'm sure you'd like to add to your resume.
- 321.CHASE: It's too near the brain stem. Nobody's gonna touch it.
- 322.HOUSE: Your boss would. He's an egomaniac. I know 'cause I keep seeing him at the club. He just needs a little push. I'm sure by now you've kissed his ass sufficiently. (CHASE laughs and turns to put the clothing he is holding and the file on the sink. He takes a sip from a coffee cup on the counter) Would you like me to phrase it as "you're politically gifted"? I can do that.
- 323.CHASE: You want me to help you? (He turns to face HOUSE) Tell me why.
- 324.HOUSE: Why what?
- 325.CHASE: Why you care. The puzzle's solved. The guy's alive. And the odds of coming out of this surgery with that same status aren't that great.
- 326.HOUSE: My patient has a quality of life issue.
- 327.CHASE: He says awful things, hardly a medical condition.

- 328.HOUSE: (with eyes downcast, not making eye contact with CHASE) When, he leaves here, he's going to lose his family. He's gonna alienate the people he works with. And if he ever finds a friend who's willing to put up with his crap, he'll be lucky. Until he drives them away too. (He glances sideways at CHASE who has realized how personal this has become for HOUSE. HOUSE is speaking as much about himself as he is about NICK)
- 329.CHASE: (giving a slight nod) I'll see what I can do.  
[The camera pans to the mirror beside CHASE where we see HOUSE as a reflection. HOUSE nods and leaves the locker room]  
[Cut to NICK lying on an operating table. The camera focuses on CHASE for a moment and then pulls up and back to reveal HOUSE watching from the observation room. WILSON walks in and sits down beside HOUSE. WILSON is wearing his coat]
- 330.HOUSE: (looking at WILSON) You've apparently got this whole coat thing backwards.
- 331.WILSON: I may have overreacted.
- 332.HOUSE: You definitely overreacted.
- 333.WILSON: I knew you'd meet me halfway.
- 334.HOUSE: It made me think. You only snap on one subject: losing people. So I went back to the intel. It's true there's only one doctor named Gonzalez at New York Mercy, but there's a Javier Gonzalez who's a nurse in the psych ward. And who could you lose who'd end up there?
- 335.WILSON: Maybe the reason I don't always open up to you is because it's redundant.
- 336.HOUSE: Daniel Wilson. (pause) Once you got a name, it's amazing how much stuff you can learn on the phone. I mean, if you're a doctor and you lie freely. They found your brother sleeping in the lobby of an office building in Manhattan. Got aggressive when they asked him to leave, and the cops took him to the Mercy psych ward.
- 337.WILSON: There have been new anti-psychotics developed since he ran away. He's been on them for a couple of days, and by tonight, he should be in shape to talk to me.
- 338.HOUSE: But you're not sure if he wants to.
- 339.WILSON: I'll be in New York in a few hours, and I guess I'll find out.
- 340.HOUSE: Why wouldn't you tell me this?
- 341.WILSON: HOUSE, you and I... We don't have the normal social contract. I don't expect you to tell me the lies —
- 342.HOUSE: I am fully capable of lying to you. I've lied plenty of times.
- 343.WILSON: I mean, collaborative lies. Giving someone a hand who maybe needs to deceive themselves, just a little. (WILSON gets up) For two days I've been thinking about how Danny's gonna react when he sees me. If I said that to anybody else, they'd say, "don't worry, it'll all be all right." You wouldn't.
- 344.HOUSE: Because it might all go horribly wrong.
- 345.WILSON: (he laughs) Yeah. Yeah, it might. (He turns to leave)
- 346.HOUSE: In which case, you might want some company. (WILSON walks back toward HOUSE as if he cannot believe what he just heard)  
[Cut to NICK in the OR post-op facility. FOREMAN, TAUB, and AUDREY are there]
- 347.FOREMAN: Your heart's beating. First hurdle past. Now we need know if you can breathe for yourself. (He slowly pulls out the ventilator tube)
- 348.AUDREY: (sighing with obvious relief) Oh, thank God. (She grips NICK's hand)

- 349.TAUB: Now, do you know who you are?
- 350.NICK: NICK Greenwald. Former SOB. Thank you. Now I can go back to my beautiful life with my beautiful wife. Maybe she'll stop whining and cut me some slack now that I've risked my life. (AUDREY, FOREMAN, and TAUB all look puzzled)
- 351.FOREMAN: Doesn't make sense. We removed the problem.
- 352.TAUB: We removed the damage. Maybe we were wrong about the problem.
- 353.NICK: (to AUDREY )I need to believe we can get through this.
- 354.FOREMAN: Temperature's 94.5
- 355.AUDREY: (upset now) Do you really think I'm stupid?
- 356.NICK: Honey, you're not stupid. You just — please don't do this.
- 357.TAUB: It could be the effect of the surgery.
- 358.AUDREY: Do you at least respect me, NICK, what do you think of what I do for a living?
- 359.NICK: I think people who publicize important things are people who can't do important things themselves. (AUDREY puts her hand to her face and sniffles, she is on the verge of tears) Honey, stop. Don't.
- 360.AUDREY: Do you regret marrying me?
- 361.TAUB: 94.2
- 362.NICK: Sometimes. Everybody wonders —
- 363.FOREMAN: (to the nurses) Get me a heating blanket.
- 364.AUDREY: Do you even love me?
- 365.NICK: Yes.
- 366.AUDREY: I don't know why.
- 367.NICK: AUDREY, wait. Let me — (Machines begin beeping and AUDREY starts to back away. NICK is clearly not okay)
- 368.FOREMAN: V-tach. Get me the paddles. (a nurse wheels in a defibrillator and AUDREY leaves) Clear.
- [Cut to the conference room. TAUB is on his cell phone, FOREMAN and THIRTEEN are standing, KUTNER is sitting at the head of the table]
- 369.FOREMAN: Echo says his heart is structurally fine, but his temperature is still dropping. He's headed for hypothermia.
- 370.TAUB: I can't reach HOUSE. It just goes to voicemail.
- 371.THIRTEEN: It means we were wrong about infection. His temperature's just going up and down because something's playing with his thermostat.
- 372.KUTNER: Which means the brain damage is spreading.
- 373.FOREMAN: What causes brain damage and nosebleed and involves the lungs, heart and kidneys?
- 374.TAUB: Cancer? We could text him.
- 375.FOREMAN: It's not cancer. Normal PSA, normal blood smear, colonoscopy normal. Do a full body scan.
- 376.KUTNER: HOUSE hates full body scans.
- 377.FOREMAN: HOUSE isn't here.
- 378.TAUB: HOUSE is right. Everybody's got three or four meaningless anomalies that'll come up on a scan. Chasing each one will take TIME we don't have.
- 379.FOREMAN: Feel free to send him an IM.

[Cut to NICK sliding into the MRI machine][Cut to HOUSE and WILSON in the waiting room of the institution where Daniel WILSON is being held. WILSON is antsy, tapping his feet and his fingers as he sits in a chair. HOUSE is getting coffee for both of them]

- 380.HOUSE: (handing WILSON his coffee and sitting down across from him) You told me you saw your brother once. After he disappeared.
- 381.WILSON: 13 years ago. I used to go to Princeton whenever I could. I must have hit every homeless shelter in town. And then one day, I'm just sitting at this deli, having a sandwich, I look out the window, and there he is. He was gone by the TIME I got outside.
- 382.HOUSE: That's why you were so eager when I told you there was a job at Princeton. I thought it was just my charm.
- [HOUSE's cell phone goes off with MMMbop by Hanson]
- 383.WILSON: That's the team. Shouldn't you answer?
- 384.HOUSE: They already texted me to say they're doing something stupid. (WILSON smiles)[Cut to the team viewing NICK's scans]
- 385.FOREMAN: There's a small abdominal aneurysm.
- 386.TAUB: Irrelevant. What else you got?
- 387.KUTNER: Cyst in the pleura around the lungs.
- 388.THIRTEEN: Also irrelevant. Couldn't cause any of the symptoms.
- 389.FOREMAN: There's a density in the liver. Could be a vascular malformation.
- 390.TAUB: If he's got multiple AVMS, screwed-up blood flow would explain everything.
- 391.FOREMAN: We can only spot them with angiography. We'll have to do targeted scans with contrast and then embolize each one.
- 392.TAUB: Can we do that before he freezes?
- 393.KUTNER: We'll find out. (They leave)
- 394.[Back to the mental institution waiting room. WILSON is pacing, but stops when HOUSE starts talking]
- 395.HOUSE: The spell-correct on KUTNER's phone has got a hair trigger. Either that, or the patient has a "cyclone in the floral of his lungs." (He closes his phone) You took a walk in 45-degree weather, and you left your coat behind.
- 396.WILSON: Go ahead.
- 397.HOUSE: I think you were punishing yourself. I think you wanted to feel what it would be like be homeless in a New Jersey winter. That tells me, guilt. That tells me, something happened.
- 398.WILSON: The schizophrenia started when he was a teenager. When he was in college... He was on meds, but he'd still think a professor was out to get him because he got a B, or he'd fight with his roommates because he never showered.
- 399.HOUSE: Where were you?
- 400.WILSON: Med school. He, called me, every day. Talked for hours. I didn't have hours.
- 401.HOUSE: Interesting. Later for that. Go on.
- 402.WILSON: I was tired of being the guy that everybody counted on, so one night, Danny called — One night, Danny called, crying, upset about something. I had to study for an exam. So I — I hung up... Took my things. I went to the library so I wouldn't have to hear the phone ring.

- 403.HOUSE: I wonder how that turned out?
- 404.WILSON: My mother called me the next day. Danny had run away and left his meds behind. Which I knew meant that he would never be able to choose to come back, because he'd be so detached from reality.
- 405.HOUSE: So you made your one effort to live a normal, selfish life, and the universe immediately smacked you down. And because we're wired to find meaning in semi-random events, you decided never to be that careless again.
- 406.WILSON: You don't think that's a little facile?
- 407.HOUSE: Actually, I don't. I think you did it consciously. You developed your people-pleasing talents (HOUSE gets up and faces WILSON) the way an Olympic athlete develops his muscles. Talk about an overreaction to a single event.
- 408.WILSON: It was a pretty big event.
- 409.HOUSE: Hanging up the phone? That's what you're blaming all this on. That's the behavior you've been trying to correct. As though nothing else went wrong in your brother's life. Of course, he overreacted too but... (talking more to himself than to WILSON) His glucose was normal? (the aahha moment)
- 410.WILSON: We're not talking about my brother anymore, are we?  
[HOUSE dials a number on his cell phone just as an attendant comes into the waiting room. HOUSE is now talking on the phone. He is focused on the medicine and WILSON has been forgotten]
- 411.HOUSE: It's House. ADMs don't explain his glucose.
- 412.WILSON: Since this is a significant moment in my life and all, I... (he shrugs)
- 413.HOUSE: (into the phone) Yeah.
- 414.WILSON: (talking to HOUSE who is not listening) I think I'll just go in then.
- 415.HOUSE: (still talking on his phone) Explain that.
- 416.WILSON: Right. (He picks up his coat and follows the attendant out of the waiting room. HOUSE is too focused to notice)
- 417.HOUSE: You'd given him steroids. His glucose should have been elevated. That wannabe cyst you found in the whole body scan; without the glucose, it's an irrelevant cyst. With the glucose, it's a relevant fibroma. He has Doege-Potter syndrome.  
[The scene is bouncing back and forth between HOUSE and the team]
- 418.KUTNER: His fibroma is secreting human growth hormone, which acts like insulin, lowering his glucose.
- 419.FOREMAN: It doesn't explain the organ failure or the brain damage.
- 420.HOUSE: This whole thing is an overreaction. That one small fibroma. It's benign, but his body's acting like it's an invader. His antibodies went to war against it and got carried away, attacked his other systems. Take out the fibroma, he'll be a happy hypocrite again in no time. (HOUSE puts away his phone and turns to find that WILSON is no longer there)  
[Aerial view of PPTH, daytime] [Cut to NICK getting ready to leave. TAUB is there filling out paperwork]
- 421.NICK: Maybe I should call a cab.
- 422.TAUB: Your wife's probably just late.
- 423.NICK: Yeah. (pause) I'm sorry about... You know... the things I said.
- 424.TAUB: I have a conspicuous nose.
- 425.NICK: It suits your face. (He starts to put on his coat)



- 426.AUDREY: (entering the room) I'm sorry I'm late. Traffic. (pause) I have some good news. I was gonna tell you, and then you got sick. It didn't seem like the best time. I've been offered a better position. I'd be coordinating cancer awareness walks in three cities.
- 427.NICK: That's great. Congratulations! I know you've worked hard for this.
- 428.AUDREY: Thank you. (She moves to her husband and puts her hand on his chest)
- 429.NICK: Is MARIKA okay?
- 430.AUDREY: I'm sure she's moved on. (NICK sits in a wheelchair and AUDREY wheels him out of the room) Kids are so resilient.  
[Cut to HOUSE, with his coat on, leaving his office. WILSON is waiting for him outside his office and they walk to the elevator together]
- 431.HOUSE: You okay?
- 432.WILSON: I'll be seeing Danny again next week. I'd like you to meet him.
- 433.HOUSE: Sure. He sounds interesting. (knowing that WILSON has more to say) Go on.
- 434.WILSON: I thought seeing him again would change everything. It would be wonderful or terrible. Instead... we're just strangers. It's kind of, anticlimactic.  
[The elevator arrives and they step in]
- 435.HOUSE: Which is better than terrible.  
[HOUSE sighs and WILSON knows that HOUSE has more to say also]
- 436.WILSON: Go on.
- 437.HOUSE: Does it bother you that we have no social contract?
- 438.WILSON: (laughs) My whole life is one big compromise. I tiptoe around everyone like they're made of china. I spend all my TIME analyzing: What will the effect be if I say this? Then there's you. You're a reality junkie. If I offered you a comforting lie, you'd smack me over the head with it. Let's not change that.
- 439.HOUSE: Okay.
- 440.WILSON: No, see, this — if you were implementing the social contract, you'd say that, but only because... It makes me feel better...
- 441.HOUSE: It is kind of fun watching you torture yourself.
- 442.WILSON: Do you think things will work out with my brother?  
[The elevator arrives at the ground floor. HOUSE and WILSON step out and head toward the exit]
- 443.HOUSE: No. But when it does go wrong, it won't be your fault.
- 444.WILSON: Thanks, HOUSE.
- 445.HOUSE: You do actually like monster trucks?
- 446.WILSON: Absolutely.  
[The camera follows them as they walk out the doors of the hospital]
- [End].

HOUSE, M.D.

Transcript and storyline of Episode 18“Here kitty”, Season 5.

Storyline: Nursing-home worker Morgan (Judy Greer) fakes illness to get House's attention after the home's pet cat, Debbie, sleeps next to her. It seems that Debbie only pays a visit to people if they are about to die and does so with alarming accuracy. While House dismisses

Morgan as a nut job, he is intrigued by her theory on the kiss-of-death cat, and sets out to disprove it. When Morgan falls seriously ill, he and the team are forced to get to the bottom of both mysteries. Meanwhile, Taub struggles with his finances and reconnects with an old high school friend at the clinic whose business successes present Taub with an entrepreneurial opportunity he had not previously considered.

1. CUDDY: You have a patient waiting, see? [She indicates Morgan West who is standing behind her in the exam room door.]
2. HOUSE: I'm waiting for a follow-up.
3. CUDDY: If you're talking about Mr. Kazden, he has a deceased sticker on his file. As do all the other follow-ups you have scheduled for today. [She hands him a file and pulls a piece of the "track" from an IV stand.] Whoops. [She leaves.]
4. MORGAN: I had colds all winter.
5. HOUSE: I've been in this room a while, but it's spring now, right? [He climbs off the table he was standing on.]
6. MORGAN: I feel run-down like maybe something big is coming on.
7. HOUSE: Run-down. Come on, give me something. Sore throat?
8. MORGAN: No.
9. HOUSE: Runny nose?
10. MORGAN: No. I know it sounds weird, I'm a nurse, but could you run maybe a CBC or thyroid up —  
[She falls to the floor and starts seizing. HOUSE looks annoyed as he gets up, steps over her and opens the door.]
11. HOUSE: [loudly] Dr. CUDDY, I need a consult. [CUDDY enters.] Until she stops seizing, I may as well go back to my office and get my diagnosis on.
12. CUDDY: She's urinating on herself.
13. HOUSE: She's having a seizure. If she hadn't peed it would...
14. CUDDY: It's green.  
[MORGAN's white nurses' uniform is stained light green around the crotch.]
15. HOUSE: Interesting.[Opening Credits] [Cut to the Diagnostics Conference Room. HOUSE is writing on the white board. THIRTEEN, FOREMAN and KUTNER are at the table.]
16. HOUSE: 35-year-old woman. Head of nursing at an old age home.  
[The white board has NEURO written on it. Below that is the letter P.]
17. KUTNER: Neurological symptoms and "P"? Oh, green pee. I get it. Nice.
18. THIRTEEN: "Neuro" is also written in green. Does that mean she has green neurological symptoms as well? [Taub enters and sits down.]
19. HOUSE: From now on I'm gonna use two colors. Green indicates irony.
20. FOREMAN: Pseudomonas infection.
21. THIRTEEN: She'd have a fever. Toxins?
22. TAUB: Why are we taking this case?
23. HOUSE: Welcome, your lordship. We were just preparing your morning briefing.
24. TAUB: Sorry I'm late. And, yes, green pee does meet the only diagnostic requirement you care about... it's interesting. But is it worth us taking this case?
25. HOUSE: "Us" aren't taking anything. I'm taking. You're accepting.
26. TAUB: Okay, I accept. She has adult-onset epilepsy, and she really likes those Saint Patrick's Day beers.

27. HOUSE: [looking away] Go check out the house and the office for toxins and infections.
28. TAUB: Her neuro exam was normal. No subsequent seizures. It's not life-threatening. It's not important.
29. HOUSE: Luckily, neither are you.  
[Cut to the nursing home where MORGAN works. KUTNER and TAUB are in her office.]
30. KUTNER: You okay?
31. TAUB: I'm fine.
32. KUTNER: You and House this morning, the way you were arguing.
33. TAUB: Airing disagreements doesn't qualify as arguing.
34. KUTNER: Come on, man. I'm just trying to help. We're friends.
35. TAUB: There are 400 Japanese teenagers you were playing Halo with last night you're better friends with. Your avatar should ask their avatars how they're doing.
36. KUTNER: I consider you a good friend even if we don't hang that much outside work.
37. TAUB: I wasn't arguing with him.
38. KUTNER: You kinda were.
39. TAUB: Fine, I was. [He picks up a bottle of pills.] And you know what, I was right.[Cut to HOUSE's office. TAUB hands him the pills.]
40. TAUB: You got conned. Methylthioninium chloride. Notable side effect, green urine. She's a nurse. She knows the dosage. Knows how to fake a seizure. She pees pea soup and gets the warm attention of doctors all week long. She's a Munchausen and you're her mark.
41. HOUSE: So you're insight is based on discovering an anti-Alzheimer's drug at an old-age home.
42. TAUB: No good reason it'd be sitting in her desk.
43. HOUSE: You ever tried to pee on yourself in public? It's not easy.
44. TAUB: Sorry, I rushed the Jewish frat. We peed in private.
45. HOUSE: For good reason. I can spot a fake seizure. Which means this was real. Which means her problem is phenol.
46. TAUB: Carbolic acid? Yeah, maybe she accidentally inhaled some at a gout treatment facility circa 1890.
47. HOUSE: It's still in some antiseptic throat sprays. She's been chugging it all winter for her colds. Phenol explains the seizure and the urine.
48. TAUB: She'd have to drink five bottles a day.
49. HOUSE: Which is why I'm sure you won't have trouble discovering evidence of it when you search her house. Bye. [TAUB leaves. To KUTNER] And you can start her on charcoal hemoperfusion for the phenol poisoning. [KUTNER starts to leave.] Seriously?
50. KUTNER: Oh, you were lying about the throat spray. That does make more sense. So why are you wasting Taub's time?
51. HOUSE: Because I don't want him to know that I'm wasting my time disproving his fake seizure theory. [He indicates zipping his lip.] Zip.[Cut to the lobby. KUTNER is leaving. NEIL Zane approaches him.]
52. NEIL: Chris? Chris TAUB, right? NEIL Zane. I was two years under you at Collegiate High, remember?

53. TAUB: Sure.
54. NEIL: So you're some big doctor here now?
55. TAUB: I'm a doctor. You?
56. NEIL: I was speaking at an econ course over at the university. I tripped and banged my leg.
57. TAUB: I have some time. Come with me. [Cut to MORGAN's room. HOUSE enters.]
58. MORGAN: Hi. Tests back?
59. HOUSE: Head CT was negative.
60. MORGAN: What about a thyroid uptake or abdominal ultrasound?
61. HOUSE: Sure. How about I flash some lights in front of your face first?
62. MORGAN: You want me to have another seizure?
63. HOUSE: We're gonna have to give up the room unless we can confirm a problem.
64. MORGAN: Okay.
- [He holds an instrument which strobes white light at her. After a few moments, MORGAN's eyes roll back and she begins to convulse. He turns off the light and picks up her arm and lets go. Just before she hits herself in the face, she stops her arm from falling.]
65. HOUSE: Dammit.
66. MORGAN: Please forgive me, I'm so sorry.
67. HOUSE: What are you worried about? You have maybe a night in jail for fraud. I have to go tell one of my employees he was right.
68. MORGAN: I'm not a Munchausen. I'm gonna die unless you help me.
69. HOUSE: You'll have to come up with something more original.
70. MORGAN: A cat predicted my death.
71. HOUSE: Cats make terrible doctors. Oh no, wait, that's women. You're screwed.
- [He leaves.][Cut to the clinic. TAUB is bandaging NEIL's knee.]
72. TAUB: How'd you slip?
73. NEIL: Oh, I've had this dizziness problem for a while now.
74. TAUB: You get checked for labyrinthitis?
75. NEIL: On antibiotics for a week. No difference.
76. TAUB: Lie down a sec.
77. NEIL: Whoa, whoa, I'm dizzy.
78. TAUB: That's normal. [Turning NEIL's head from side to side.] So what are you teaching?
79. NEIL: Entrepreneurship. I'm a CEO, Ost Tech Industries. We make medical devices.
80. TAUB: All right, you can sit up.
81. NEIL: So did that tell you anything? Did I... [He flexes his jaw and moves his head.] Oh, my God. The... you just cured me.
82. TAUB: I figured you had a tiny calcium deposit in your inner ear. I just shifted it around.
83. NEIL: I've seen three doctors for this. I'm buying you dinner.
84. TAUB: Forget it.
85. NEIL: Come on. I'm also an investor in a club. We'll make it a night out.
86. TAUB: No, I'm married. Boring.
87. NEIL: I know some married people who aren't boring.

88. TAUB: A few years back, I was one of them. Good luck, NEIL.[He leaves. NEIL continues to move his jaw and shake his head.]  
[Cut to HOUSE getting off the elevator. MORGAN approaches him, carrying a pet carrier.]
89. HOUSE: If you're going to kill me and rape me, please do it in that order.
90. MORGAN: This is the cat, Debbie. Have you heard of her?
91. HOUSE: Debbie. Sorry, but without a last name...
92. MORGAN: She was in the news. We found her as a kitten. She lives in the nursing home. She only sleeps next to people when they're about to die. [HOUSE enters his office and closes the door in her face.] Ten patients in the last year. And then yesterday she did it to me while I was sitting on my couch. Please, the whole staff, the doctors even, we all know this is real.
93. HOUSE: [calling from his desk] Can you come back later? I have some business I'm conducting with the Prince of Nigeria.
94. MORGAN: Just watch this video. [She holds a tape against the door.] It'll prove I'm not lying. Dr. HOUSE, I am begging you. [She starts to gasping loudly and drops the tape. She puts down the carrier as she sinks to the floor.] Chest.[FOREMAN sees this from the conference room, grabs his stethoscope and goes to her.]
95. HOUSE: Quick! Before she goes without attention for eight seconds.
96. FOREMAN: House!
97. HOUSE: [He gets up, goes to the door but doesn't open it.] She's faking. The cat told me.
98. FOREMAN: Listen. [HOUSE comes out and takes the stethoscope.] Soft breath sounds. Means it's bronchospasm. Can't fake that.
- [Cut to the video tape which HOUSE and CUDDY are watching in her office.]
99. TV ANNOUNCER: Debbie the cat spends most of her time just prowling the halls, the queen of her own private world.
100. HOUSE: Gotta say, I don't think the changes they've made to American Idol really work for me.
101. MORGAN: [on TV] When Debbie climbs on a patient's bed and goes to sleep, we call the loved ones and tell them to come in.
102. CUDDY: You want to treat her? She's a nut job.
103. HOUSE: Don't we all have quirks? Aren't those eccentricities what make us human?
104. MORGAN: [on TV] It's like Debbie's here on earth to bring people to the other side.
105. TV ANNOUNCER: The doctors we spoke to also agree...
106. HOUSE: Nut jobs get sick too.
107. CUDDY: So you think this cat story is nonsense. And you admit she faked her earlier symptoms. But you still think she's actually sick now?
108. HOUSE: Well, anything would sound ridiculous if you said it in that voice.
109. CUDDY: Confirm she's faking or I'm gonna have to kick her out.
110. HOUSE: There's that voice again.
111. CUDDY: I'll give you 24 hours.
112. HOUSE: Consecutive?[Cut to Diagnostics Conference Room.]
113. KUTNER: What are you doing?

114. HOUSE: [holding Debbie] No, Mister Bond, I expect you to die. Bronchospasm, go.
115. FOREMAN: Bronchitis.
116. THIRTEEN: No cough, no fever, and Blofeld didn't smoke a cigar.
117. HOUSE: He might have. Dude had a lair. Means he was rich. [He puts Debbie on the floor.] Rich people enjoy a good stogie, sometimes send them as gifts. Hey, Taub! Did that sound like I was awkwardly trying to segue into making a point?
118. TAUB: Yes.
119. THIRTEEN: Emphysema.
120. FOREMAN: Lungs were clean on the CT. Dogs can be trained to predict diabetic comas, epileptic seizures; they can smell cancer. It is possible there's something in this cat.[TAUB goes to HOUSE's desk.]
121. HOUSE: It's more possible that it was just a coincidence. 10 million nursing homes. 100 million pet cats. One of them was bound to pick a few winners.
122. THIRTEEN: Debbie was able to predict there was something wrong with the patient before you were. Is that a coincidence too?
123. FOREMAN: Maybe the cat didn't predict anything. Might have caused the deaths.
124. HOUSE: We shoulda listened to Ted Nugent.
125. FOREMAN: Yeah, it could be cat scratch fever or visceral larva migrans. Maybe he didn't kill everyone at the nursing home, but it may be killing Morga.
126. HOUSE: The worms hop from the cat to the cat lady's lungs. I could buy that.
127. TAUB: [pulling an empty cigar box from HOUSE's trash] Those cigars were for me.
128. HOUSE: Hey, that reminds me, why is some fancy CEO sending you a box of Cuban cigars? Is it related to your money worries?
129. KUTNER: What money worries?
130. HOUSE: Extrapolating from the fact that he's been skipping his morning muffin, I'd say that he lost almost all his money on the market last year.
131. TAUB: I'm on a diet.
132. HOUSE: I'm also extrapolating from the online portfolio you forget to log off. But it's mostly the muffins. Scope her for worms in the lungs.[Cut to hall outside treatment room. THIRTEEN and FOREMAN are with MORGAN. KUTNER and TAUB watch through the blinds.]
133. KUTNER: We could help out in there.
134. TAUB: Yeah, it takes at least four people to look inside a crazy woman's lungs for imaginary worms.
135. KUTNER: So you're in a good mood again. You need another speech about what a great friend I am?
136. TAUB: I'm telling my wife we don't need to downsize, but maybe we do.
137. KUTNER: You really lost all that money?
138. TAUB: I don't care about the money. I just feel bad for Rachel.
139. KUTNER: She married a guy in one situation and ended up with another. That's hard on anyone.
140. TAUB: Thanks. Makes me feel much better hearing my wife's a gold digger.

141. KUTNER: No, I just meant she married this master of the universe, successful surgeon, and now he's basically, you know, a flunky for this mad scientist... who saves lives, so that's good.[THIRTEEN comes out of the room.]
142. THIRTEEN: There are no worms in the lungs.[Cut to HOUSE and the team walking down the hall.]
143. HOUSE: What else could cause bronchospasm?
144. FOREMAN: Severe acid reflux.
145. THIRTEEN: No esophagitis. It's not reflux.
146. KUTNER: Why are you pushing a crash cart?
147. HOUSE: Because patients sometimes crash, and they haven't yet invented a crash tractor for me to drive wildly around the hallways.[Cut to a room with four beds lined up.]
148. KUTNER: Why are we in the coma patients' room?[HOUSE opens the bottom drawer of the crash cart and takes Debbie out.]
149. THIRTEEN: You actually think the cat is going to predict someone's death?
150. HOUSE: No, I know the cat is not going to predict anyone's death. Then I will have scientifically disproved...
151. KUTNER: You didn't keep this patient despite the cat, you kept this patient because of the cat. You're scared there's something to it.
152. HOUSE: If I could prove the non-existence of an omniscient God who lovingly guides us to the other side, I would. Cat version will have to do. [He shoves Debbie toward KUTNER who pulls back slightly.] Are you scared?
153. KUTNER: Cats brains are always in alpha mode. The few scientific tests that have seemed to confirm psychic phenomena, that's where it takes place.
154. HOUSE: Please tell me that you were kidding so I won't have to fire you.
155. KUTNER: I was kidding.
156. FOREMAN: We still have a human patient, right? Airborne allergens possible?
157. THIRTEEN: Skin test was negative.
158. FOREMAN: Lungs may be more sensitive.[HOUSE puts Debbie on the first bed.]
159. TAUB: Or House just screwed up. If you misinterpreted the breath sounds as soft instead of loud, it's laryngospasm instead of bronchospasm, which you can get from a simple panic attack, which she was having.
160. FOREMAN: I also heard the lung sounds too, Taub. You saying I screwed up?
161. TAUB: "Screwed up" is maybe too harsh, but yes.[HOUSE picks up Debbie to put her on the second bed.]
162. THIRTEEN: Don't you want to check their charts?
163. HOUSE: Of course not. This is a double-blind. I don't want to even subconsciously signal to Teddy which one's the sickest.
164. KUTNER: Her name's Debbie. [TAUB goes to the first bed, which Debbie already visited.]
165. TAUB: Are those welts on that guy's arm?
166. FOREMAN: Were they here when we got here?

167. THIRTEEN: [checking the chart] He has a severe cat allergy.
168. HOUSE: [injecting the patient with something] That never happened.
169. KUTNER: Look at Debbie.[She's lying down on the third patient's bed.]
170. HOUSE: Good news, Mister... Limpert, when you don't die tonight you will finally have done something good for the world as opposed to your life as a... fireman. Foreman's airborne allergen theory makes the most sense. Do a methacholine challenge on Catgirl to check it out.[Cut to litter box in HOUSE's office. CUDDY enters.]
171. CUDDY: I told you to get rid of "death cat."
172. HOUSE: Do you see a cat?
173. CUDDY: I see a litter box.
174. HOUSE: [brandishing his cane] This is a disability, Dr. Cuddy. Can't make it to the men's room on time.
175. CUDDY: You pee on the mice too?
176. HOUSE: Well, now you see the mice actually prove that I don't have a cat. [There's a tank of mice in the corner.]
177. CUDDY: Are these... are these the genetically modified lab mice from oncology?
178. HOUSE: Genetically modified for tastiness. [He smacks his lips together several times.]
179. CUDDY: [taking the mice] Get rid of the cat and get rid of your patient.
180. HOUSE: My team's doing a methacholine challenge.
181. CUDDY: Your team just completed a methacholine challenge, which came up negative.
182. HOUSE: Who told you about the test? Taub?
183. CUDDY: I'll never say. But yes.
184. HOUSE: Her airways clamped down. I heard it. We kick her onto the street, it could happen again. I wish there was a lawsuit cat. It could warn you.
185. CUDDY: I'm sorry, but if you won't escort her out, I'll have to get security to do it. [She leaves.][Cut to HOUSE and MORGAN outside the hospital. He's pushing her in a wheelchair.]
186. HOUSE: You're joining me for a good-bye smoke.
187. MORGAN: I don't smoke.
188. HOUSE: Fine. If you don't want the seventh graders to think you're cool. [He lights a cigar and blows the smoke at her.] I went through your purse. Horoscopes. Good luck charms. You went to a good college, good nursing school. So you weren't always a superstitious idiot.
189. MORGAN: I'm not a super...
190. HOUSE: How 'bout four years, that sound right? That's when you switched from a family insurance plan to the one you're on now.
191. MORGAN: I was married. I got divorced.
192. HOUSE: Two years before that, you got chicken pox shots, which you only get in adulthood when you have a kid. Or I should say when you had a kid because no kid has come to visit you. Which all makes me think something bad happened.
193. MORGAN: It was my stepson, Timothy. [She coughs as HOUSE continues to blow smoke at her.]



194. HOUSE: What happened?
195. MORGAN: He was in school. He was having his morning snack. And he choked. And the teacher saw it and they did everything that they were supposed to. He shouldn't have died.
196. HOUSE: You want to make it make sense.
197. MORGAN: [crying] What's wrong with that?
198. HOUSE: It's meaningless, is what's wrong. What's wrong is that it doesn't do a thing to bring your kid back, or put you and your ex together again. [MORGAN starts coughing.] Rash on your neck. Probably not enough for Cuddy. [He puffs harder, blowing the smoke at MORGAN.]
199. MORGAN: I can't breathe.
200. HOUSE: Hey, doc. [He calls over a doctor who is nearby.] Breath sound soft to you, doc? [The doctor listens to MORGAN's chest and nods.] Hooray! You're officially sick.[He starts wheeling her back.]
- [Cut to Diagnostics Conference Room. The white board says "bronchospasm" and HOUSE adds "rash."]
201. HOUSE: Churg-Strauss fits best. Here's the plan... Taub, change the litter box.
202. TAUB: This is pathetic. You're still punishing me for calling you out on the green urine lady?
203. HOUSE: Nope, this is for ratting me out to Cuddy. I'm not asking you to apologize, just scoop some poop out of a box.
204. FOREMAN: Just clean it.
205. TAUB: Let House do it.
206. FOREMAN: Yeah, that'll happen. He won't just continue to let our room smell like cat pee. I'll clean it next time.
207. TAUB: I'm outta here.
208. KUTNER: Now that you've delivered that important lesson, I'm gonna go test the patient.
- [He grabs his backpack from a chair. It meows. KUTNER jumps back as he drops it. Debbie runs out of it.]
209. HOUSE: What, you think your bag's gonna die now?
210. KUTNER: Now you're punishing me because you think I'm superstitious? What do you care?
211. HOUSE: It's not so much about me caring per se. It's more about me wondering why you're such a credulous idiot. Thirteen, start the patient on steroids for the Churg-Strauss. Unless we have something we need to argue about.[She leaves.]
- [Cut to an office with a great city view. TAUB and NEIL are there. They're drinking brandy.]
212. TAUB: This is good stuff.
213. NEIL: The best. It's made from the distilled sweat of recently laid-off hedge fund managers. Aren't you happy you came out tonight?
214. TAUB: Yeah. I wasn't actually going to, but not the greatest day at work. I used to have an office like this.
215. NEIL: Used to?

216. TAUB: When I was a plastic surgeon. But one day I took stock of my life and ... Uh, screw it. I had an affair with the daughter of one of my partners. They signed a non-disclosure. I signed a non-compete. And the funny thing is I wound up telling my wife anyway. You like your job?
217. NEIL: Same as you. Same as everyone. It has its ups and downs.
218. TAUB: You're lying to make me feel better.
219. NEIL: Yeah, it's the best. I'm in charge, you know? I'm a kid with toys. Speaking of which, what do you think of the prototype?
220. TAUB: [picking up a tool] It's amazing. Gotta make it a half-inch smaller though.
221. NEIL: You serious?
222. TAUB: I got small hands, 6.5 gloves, like women surgeons, which are your fastest-growing market. Meaning the girls would have to use two hands to hit the switch.
223. NEIL: Why do I bother paying the idiots that work for me? Put down that crap you're drinking, because I am breaking out the really good stuff.[TAUB stares out the window.][Cut to THIRTEEN entering MORGAN's room.]
224. THIRTEEN: What's wrong?
225. MORGAN: I went to the bathroom. My urine...
226. THIRTEEN: Green again?[THIRTEEN looks in the toilet.]
227. MORGAN: It's brown. I didn't do anything, honest. [Cut to the Diagnostics Conference Room. There's a ladder leaning against the wall by the door. HOUSE enters, singing Ado Annie's song from Oklahoma.]
228. HOUSE: I'm just a girl who can't say no.
229. THIRTEEN: It is possible she's still faking.
230. HOUSE: [hanging his cane on a bookshelf] She didn't fake the bronchospasm. You think she's faking some stuff but not other stuff? Maybe she's "Unchausen".
231. THIRTEEN: I'm just saying the brown urine doesn't make sense. [HOUSE has an umbrella in his other hand. He opens it "at" KUTNER and then rapidly opens and closes it to shake off the rain.]
232. KUTNER: What?
233. HOUSE: Nothing.
234. THIRTEEN: We've ruled out every possible cause for brown urine. No blood in the urine. Liver and kidneys fine.
235. HOUSE: Brown could be fecal. A fistula...
236. THIRTEEN: We checked.
237. FOREMAN: How do we know the urine is still brown?
238. HOUSE: Had to be. Once you've gone brown...[THIRTEEN rolls her eyes.]
239. FOREMAN: If we've ruled out everything that can make the urine brown, what if it just looked brown? If the green dye never left her system, what plus green makes brown?
240. HOUSE: [sitting] Purple. Strep bovis infection from colon cancer. Paraneoplastic syndrome would explain the bronchospasm.
241. THIRTEEN: We scoped her when we checked for the fistula. There's no tumor.

[HOUSE puts a salt shaker on the table. He knocks it over. The top falls off and salt spills over the table.]

242. HOUSE: Oh, no.
243. KUTNER: I wasn't scared by the umbrella either.
244. HOUSE: What? Not everything's about you, Kutner.
245. KUTNER: I realize it's stupid. I just... I don't know everything. I don't want to invite...
246. HOUSE: Great, 'cause I thought your superstitiousness had to do with your folks being killed. But "you're stupid" works just as well. [He cracks a hard boiled egg against his forehead and starts peeling it.]
247. TAUB: [entering] Why is there a ladder here?
248. HOUSE: Oops. Forgot that one. [He picks up the ladder and repositions it diagonally across the doorway.] Scopes don't work as well as pillcams. Give her one. Find the tumor. Come with me, tiny Taub. [He heads for his office and shoos Debbie off his desk chair. KUTNER grabs a pinch of salt and tosses it over his shoulder. He edges his way around the ladder to leave. HOUSE, watching from his office, smiles.]
249. TAUB: Sorry I was late again. I've got a long commute from the poor house.
250. HOUSE: Knew it when I hired you. You'd eventually miss the money, being the big shot like your new CEO friend, if that night club stamp on your hand is any indication.
251. TAUB: Don't worry, I'm not quitting.
252. HOUSE: I know. Guy who signs a non-compete instead of just telling his wife that he cheated doesn't have the guts to quit.
253. TAUB: Bad example. I did tell her.
254. HOUSE: From guilt, not from courage. And bravely running to Cuddy behind my back. Arriving heroically late every day. Cowards make lousy employees. Maybe you're a coward, maybe you're quitting. Either way, I'm screwed. [He leaves.]
- [Cut to HOUSE wheeling MORGAN into the coma patients' room. Debbie is resting on the same bed she picked the day before.]
255. HOUSE: You will note how "Faster, Pussycat! Kill! Kill!" has snuggled up by Coma Guy over there. And more importantly, she did yesterday as well. And he's still breathing. We done?
256. MORGAN: [standing and walking to the bed] Thank you for showing me this. But maybe she's just confused in this new environment.
257. HOUSE: In 1844 a preacher in upstate New York added up some dates in the bible and predicted Jesus' return. His followers gave away all their possessions and showed up in a field. Guess who didn't show. So the preacher said that he miscalculated, and they went right back the next month but with more followers. Every time he was irrefutably proved wrong, it redoubled everyone's belief.
258. MORGAN: I know I sound just like them, but I also know you're wrong. Something terrible's gonna happen to me.
- [Cut to HOUSE leaving the coma patients' room with his backpack under his arm. WILSON is waiting in the hall.]
259. WILSON: You're trying to prove to her she's not dying?

260. HOUSE: That would be dumb as she might be dying.
261. WILSON: This woman lost her kid. Why are you attacking beliefs that give her a little bit of comfort?
262. HOUSE: I don't care if her superstitions make her feel better. I just want her to think more clearly.
263. WILSON: Oh. Maybe that could make her as happy as you are. [The elevator arrives and they step inside.] Where are we going?
264. HOUSE: Experimenting. [The "backpack" yowls. Another doctor in the elevator looks around.] Stop it, Dr. WILSON. It's just not cute anymore!  
[The elevator doors close as WILSON stands there with a frozen expression on his face.][Cut to the Oncology wing and HOUSE and WILSON get off the elevator.]
265. WILSON: You already experimented on the coma guy. Haven't you proved your point?
266. HOUSE: Not to the patient. And not to the millions of idiots who drooled over that news item about the magic cat.
267. WILSON: Why are you so obsessed with this? Can't you just call her an idiot and leave everyone alone?  
[They enter the children's play area. HOUSE sits down.]
268. HOUSE: Hey, look, kids, therapy cat.
269. BILLY: You're a liar. Therapy animals are dogs, not cats.
270. HOUSE: Aren't you feisty? This one's special. If she likes you interesting stuff happens.
271. WILSON: No, okay. Uh, kids, playtime's over. [The kids leave.] You know what, this is a good thing. Because either you're starting to doubt yourself, which is healthy, or —
272. HOUSE: I don't believe in the legend of goodbye kitty.
273. WILSON: Or, you're starting to give a crap what other people think. Which is just another way of saying you give a crap about other people.  
[HOUSE's phone rings.]
274. HOUSE: I'd love to hear more of your theory, but I don't give a crap. [He checks the message on the phone] Also, the pillcam's back.  
[He closes the backpack. Debbie yowls.][Cut to HOUSE's office. KUTNER and THIRTEEN are watching the film from the pillcam with him. HOUSE is highlighting areas of the image with a laser pointer.]
275. HOUSE: Polypoid. Raised edges.
276. THIRTEEN: Raised edges are actually necessary, since that's the opening to the appendix.
277. KUTNER: How many times are we gonna watch this? There's no tumor.
278. HOUSE: Oh my God, the death cat is attacking your legs. You're going to die.
279. KUTNER: Maybe it has something to do with that little red dot dancing around down there.
280. HOUSE: [continuing to point the laser at KUTNER's feet] Oh my God, the death laser is attacking your legs. You're going to die.
281. THIRTEEN: We're wasting time looking for cancer. She's still walking around. She's still pretty healthy. Maybe it's something minor.

282. KUTNER: Maybe we're not wasting time. We wouldn't have seen a flat lesion.
283. HOUSE: Skin cancer could have metastasized to the intestines. Cool. Check for melanomas. [HOUSE and THIRTEEN leave. KUTNER takes the file but sees Debbie sitting in the doorway. He backs up and calls her.]
284. KUTNER: Here, kitty, kitty, kitty. Come here. Here, kitty. [He opens the door to the conference room. She meows once but doesn't move. KUTNER leaves through that door, instead.][Cut to HOUSE's bedroom. He's asleep. The phone rings.]
285. HOUSE: What?
286. KUTNER: It's not cancer. We found spider veins on her back. They weren't there when she came in.
287. HOUSE: Spider veins means Cushing's. Could cause an abdominal disturbance, brown urine...
288. KUTNER: But the bronchospasm?
289. HOUSE: Cushing's myopathy. It's uncommon but... [He turns on the light and winces.] Wait a second. You didn't wake me up to tell me a symptom that's not killing her. What else is going on?
290. KUTNER: I think she's dying.
291. HOUSE: I just told you it's Cushing's. We treat...
292. KUTNER: I don't mean because of the spider veins. Mr. Limpert died.
293. HOUSE: If that's my high school gym teacher...
294. KUTNER: It's your coma patient. He was stable for a year and a half, and he just died. The cat was right, House.
- [Cut to the grounds of PPTH. THIRTEEN and KUTNER are looking in the bushes.]
295. HOUSE: Here, puss, puss, puss, puss, puss.
296. FOREMAN: [standing with his hands in his pockets, not searching] Say "puss" one more time. It's the sixth "puss" that really does it.
297. HOUSE: You're right. Sulking will solve everything. That cat sat on my lap, and that cat knows something.
298. KUTNER: You believe it now?
299. THIRTEEN: Yesterday it was all a coincidence.
300. HOUSE: Yesterday it was until I unintentionally proved it wasn't.
301. FOREMAN: Patient must have Cushing's. We have to figure out whether it's based in...
302. KUTNER: Cat's nose is powerful. It could smell liver or kidney failure.
303. HOUSE: Exactly, except if you'd glanced at the nursing home files I had faxed over this morning, you'd know that most of the patients' livers and kidneys were fine; what else?
304. FOREMAN: MRI's aren't telling us if the Cushing's in her adrenals or her brain.
305. HOUSE: So check her ACTH.
306. KUTNER: A cat's vision is at the blue end of the spectrum.
307. FOREMAN: ACTH is 11.7. It's too close to tell. We can't treat the wrong organ 'cause that won't solve anything. She could have a cortisol storm. Could kill her.

308. HOUSE: Well, maybe as the senior fellow you could have made sure that my doors were closed, so that I could be concentrating on the cat instead of looking for the cat. [He starts breathing heavily. He takes a sip from his coffee cup then stumbles onto a bench.]
309. KUTNER: You all right? Your nose.[He goes to HOUSE who turns and spits on him. It's red. As the others approach, HOUSE whispers in KUTNER's ear.]
310. FOREMAN: What'd he say?
311. KUTNER: Sounds like he said "do you like cranberry juice?" [He checks the red stuff on his lab coat.] Crap.
312. HOUSE: Cheaper than fake blood. And more cran-tastic. Don't ever leave my door open like that again.
313. FOREMAN: You're playing pranks and this woman could be dying.
314. HOUSE: So have Chase do a venous sampling in her brain. If he finds something, it's there. If he finds nothing, it's the adrenals.[Cut to TAUB and NEIL having lunch at an outdoor restaurant.]
315. TAUB: I'm not who I used to be. I'm scared. That's not a way to live. I want to come work for you.
316. NEIL: Jeez, Chris, you didn't think... I didn't mean to imply that I could hire you right now.
317. TAUB: You said you needed guys like me.
318. NEIL: I know, but... You don't have an MBA. And I just hired a chief medical officer.
319. TAUB: Let me invest in that laser scalpel start-up. I got money saved. Not a ton but...
320. NEIL: We put in a \$2 million minimum for the first round financing. Look, I guess I could take you on at a smaller number. But you have to understand, it wouldn't be some quick payoff.
321. TAUB: Yeah, I know. I know it's not gonna change my life overnight. I just need to start changing it.
322. NEIL: Okay then, let's start.[Cut to the morgue. HOUSE is getting ready to do an autopsy. WILSON looks on.]
323. WILSON: What exactly are you hoping to find inside your dead coma guy?
324. HOUSE: Catnip. Chew toy. I don't know. That's why I'm looking...
325. CHASE: [enters with FOREMAN] Your patient had cardiac arrest during the venous sampling. We got her back, but her heart's still tenuous.
326. HOUSE: That tell us anything?
327. FOREMAN: She's weak, possibly dying.
328. HOUSE: So nothing. What about the ACTH?
329. CHASE: Slightly elevated.
330. HOUSE: That confirms the Cushing's is in the brain... go.
331. CHASE: Are you sure that it's Cushing's? You'd expect central body obesity. She's in good shape.
332. HOUSE: If it had a normal presentation, there wouldn't be a cat involved.
333. FOREMAN: So it's the brain. That means the next question is whether to remove the pituitary right now...
334. HOUSE: That's not a question for me. That's a question for the patient. You'll present both sides and let her decide.

335. CHASE: All right. [He and FOREMAN leave.]
336. WILSON: I've got to stop telling you my theories. You always just try to prove me wrong.
337. HOUSE: You mean the theory about Cuddy's ass getting bigger at the full moon? I confirmed that one. Photo's on my blog.
338. WILSON: Normally, you'd be up in the patient room hectoring her on what to do. Instead you're up to your elbows in some irrelevant dead guy who may or may not be connected to a magic cat because you want to prove to me that you don't care.
339. HOUSE: Case is over. I'm exploring a scientific mystery.
340. WILSON: I put up with your obsessions. I even encourage them for one reason: they save lives. I don't know what you're doing now. [He leaves. HOUSE makes the first incision on the body.] [Cut to MORGAN's room.]
341. CHASE: Cushing's means your body's overproducing a hormone called cortisol. The recommended course of action is to suppress it with drugs.
342. MORGAN: And that will cure it?
343. CHASE: Just treat it. It could come back. The only permanent solution is to cut into your brain and remove your pituitary gland, but the surgery's dangerous. Your heart stopped on the table once already.
344. MORGAN: I want the surgery. This thing is gonna kill me if I don't kill it first.
345. CHASE: Because of the cat?
346. MORGAN: Do you want to tell me what an idiot I'm being?
347. CHASE: No. I really believe that there are things that science can't understand. That there is a role for faith and prayer. But it's in the waiting room. Not the O.R.
348. MORGAN: There's a reason I got sick. There's a reason for all the bad things that have happened to me. I don't know what that reason is. But I know that if there isn't one... If there's no greater purpose in the world. Then it's not a world I want to live in.
349. CHASE: I'll schedule an operating room.[Cut to the OR. They're starting MORGAN's anesthesia.][Cut to Diagnostics Conference Room. TAUB is sitting there, twisting his hands. HOUSE enters.]
350. HOUSE: Early.
351. TAUB: I'm not staying long. I'm quitting.
352. HOUSE: You got a new job?
353. TAUB: No.
354. HOUSE: Well then, you're not quitting. See you back here tomorrow.
355. TAUB: You're not accepting my resignation?
356. HOUSE: Easier this way. It avoids the whole thing where you panic, run back and grovel, and I punish you and then take you back.
357. TAUB: Bye.
358. HOUSE: Bring donuts. Everyone loves those bear claws.[TAUB leaves.] [Cut to HOUSE's office, later. He's reading and checking his computer monitor. He takes off his glasses and looks at the TV. There's a freeze-frame of Debbie's news story. She's sitting on a nursing home patient's bed. HOUSE looks over and Debbie is in the doorway. He gets up slowly and calls her.]

359. HOUSE: Here, puss, puss, puss, puss, puss. Puss?[Debbie purrs and jumps on his desk. She lies down on his open laptop. HOUSE sits and pets her. She purrs. He thinks for a moment then puts his hand on the keyboard. He looks back at the TV, grabs the remote and zooms in on Debbie's picture. He smiles.]  
[Cut to Ost Tech Industries. TAUB is in a chair in the waiting room.]
360. SECRETARY: Mr. TAUB.
361. TAUB: I've been waiting 15 minutes. Where's Neil?
362. SECRETARY: Neil doesn't work here anymore.
363. TAUB: He's the CEO.
364. SECRETARY: I'm sorry. I wish I could help you. Sorry.
365. TAUB: This is crazy. I'm investing with his company.
366. SECRETARY: He doesn't have a company. He worked here, but he was a receptionist, a temp.
367. TAUB: Where is he?
368. SECRETARY: He's in custody. I really am not supposed to say anything else.
369. TAUB: I went to high school with him.
370. SECRETARY: That's what everyone else thought too. I'm guessing you also cured his ear problem. Did you give him the money yet?
371. TAUB: No.[She leaves. He looks at a manila envelope in his hand and puts it back in his jacket.] [Cut to WILSON's office. HOUSE enters.]
372. HOUSE: I was right. And more satisfyingly, you were wrong. It was a coincidence. The cat was not predicting deaths. It was just trying to keep warm.
373. WILSON: Yes, dead people are renowned for their warm glow.
374. HOUSE: They are if they're feverish, like three of the patients were. Or if they're wasting away, like the other eight.
375. WILSON: Wasting doesn't...
376. HOUSE: Yeah, it does. If it means someone sticks a heating blanket on you.
377. WILSON: Congrats. Because of your crazy obsession with this cat, you've solved a completely trivial mystery.
378. HOUSE: Completely trivial. My God. It's clearly only partially trivial. Debbie climbed on Morgan too, which means she was overheated. So what causes flushing and mimics every Cushing's symptom except central body obesity?
379. WILSON: Cancer. A corticotropin-producing carcinoid tumor of the intestine. But your pillcam didn't find anything.
380. HOUSE: Means it must be somewhere the pillcam couldn't go.
381. WILSON: The appendix. Congratulations, you probably saved her life. You definitely saved her needless surgery.
382. HOUSE: Yes, I did. [grabs the phone] What's the O.R. extension number? Just curious.[Cut to MORGAN's room. She's packing up. HOUSE enters.]
383. MORGAN: Thank you.
384. HOUSE: I wouldn't come here for thanks. That would be ungracious. It's more about gloating. You were about to cut out a piece of your brain just to chase some crazy superstition.
385. MORGAN: But I didn't.
386. HOUSE: You "didn't" didn't do anything. I stopped it.
387. MORGAN: And what made you do that?



388. HOUSE: Science. Logic. Reason. Pick any three.
389. MORGAN: A cat chooses that exact moment to sit on your computer. Maybe that's science and logic and reason or maybe it's something else.
390. HOUSE: You're an idiot.
391. MORGAN: I looked up the preacher from New York State. His followers never faded out. They became the Seventh Day Adventists. A major religion. That man changed the course of history.
392. HOUSE: Because his followers were as deluded as he was.
393. MORGAN: Maybe he just gave them something to live for.
394. HOUSE: Feel better. [He leaves.][Cut to HOUSE's office. He sits in his Eames chair and takes two toy cars out of his backpack. Suddenly he jumps up. He touches the chair then smells his hand.]
395. HOUSE: KUTNER! [KUTNER comes in from the conference room.] Cat pee on my chair?
396. KUTNER: Blood on my face?
397. HOUSE: Fake blood! [KUTNER just stares at him.] You pay for the dry-cleaning. [He picks up his cars and his backpack and leaves.]
398. THIRTEEN: Why are you still alive?
399. KUTNER: I'm not sure.
400. THIRTEEN: I guess he was impressed that you stood up to him — and got a cat to pee on his chair.
401. KUTNER: [enunciating clearly] Yeah, a cat!  
[He goes back to the conference room while THIRTEEN stands in the doorway, mouth open.][Cut to the hallway. HOUSE walks toward the elevators. The doors open and TAUB comes out, carrying doughnuts.]
402. HOUSE: See you tomorrow.
403. TAUB: Yeah. [HOUSE watches TAUB drop the doughnuts in the conference room then sit at the table, head in hand. He gets on the table. TAUB starts when Debbie jumps on the table. They stare at each other.  
[End]