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Department of English Language and Literature

House Rules

Power Relations through the Flouting of the Conversational Principle in Popular Culture –

House M.D.

A Thesis Submitted in Partial Fulfillment of the Requirements for the Master's Degree in Applied English Language Studies

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Department of English Language and Literature

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Declaration

I hereby declare that I have completed my dissertation entitled **House Rules: Power Relations through the Flouting of the Cooperative Principle in Popular Culture – House M.D** and I am ready to process towards examination.

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ABSTRACT

This paper studies the flouting of the conversational maxims as means of exercising power in a sample of popular culture; the medical television drama *House M.D.* The study samples scenes from the eight seasons of the series in which its protagonist Dr. Gregory House intentionally, and unintentionally, flouts conversational maxims to redefine rules of power play. To that end, this linguistics study of conversational principles is contextualized within a broad sociological frame work of the theories defining power and a broader frame of the critical discursive analysis of power and language.

The findings primarily demonstrate that uncooperativeness on part of one of the participants and their disregard for conversational principles points towards an imbalance in power relations.

DEDICATION

To wacky, off the wall ideas and those who believe in them.

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CHAPTER ONE: INTRODUCTION

1.1 Introduction to the Study

It is customary in language exchanges for participants to uphold- and to be expected to uphold- certain unwritten rules to maintain the coherence, cohesion and clarity of a meaningful conversation. Such idealistically structured conversations, while frequent, are anomalous. It is often that these rules are either bent or broken, with varying degrees of intentionality, as the level of engagement, interest, or even benefit from the interaction varies from one participant to the other while considering the subject of the conversation and the relation that binds the participants together in a social context. These contextual elements of knowledge and social proximity can often create a sociolinguistic imbalance detectable in the extent of linguistic cooperation participants invest in exchanges.

If one is aware of the constraints of societal norms of political correctness and politeness, imbalances and inequalities can be detected in uncooperative communication. The various shades of uncooperativeness involved in conversations can mark areas of influence, power, dominance and authority in various social settings.

Certain social requirements are required to grant participants more liberty at flexing their socio-linguistic muscles to exert power, regardless of their position in the chain of being. Participants require a degree of familiarity with, if not expertise in, and access to the discourse, to be entitled to a greater disregard of cooperation through the non-observance of the conversational principles in order to set new rules to the power play: The more familiarity, access and control a participant enjoys, the more likely intentional occurrences of flouting are

going to frequent the interaction irrespective of the participant's position in the institutional hierarchy.

1.2 Introduction of the Study Subject

On a check list of the previously suggested prerequisites, Dr. Gregory House, the subject of the study and the protagonist of the American medical drama series, House M.D enjoys a wealth of medical information that he uses and/or abuses on multiple levels of personal and professional interaction. His medical superiority grants him a degree of uncooperativeness, thus enabling him to usurp power that is usually not within his reach as the Head of Diagnostics. While his actions usually speak louder, it is often his use of language that empowers him to maneuver within the institution.

The television show features interactions between Dr. Gregory House, an exceptional lead diagnostician and his team of remarkable doctors; his superior the Dean of Medicine Dr. Lisa Cuddy, and his only friend the oncologist Dr. James Wilson at the fictional Princeton Plainsboro Teaching Hospital. Apart from the hierarchy of the hospital in which interactions range from those with superiors, colleagues, and patients within Dr. House's sphere of diagnostics and clinic hours, the dramatic twists intensify and widen the scope of interactions to include neighbors, spouses of colleagues, policemen, judges, military personnel, and senators in a wider societal spectrum. The show accounts for various exchanges between and/or with different ethnicities, genders, religious backgrounds, as well as age groups thus reflecting a social complexity highly comparable to that of real life situations in which participants are bound to social and linguistic uncooperativeness and to manipulate language to exert power. Attempts at analyzing the show psychologically and philosophically have been made in *House the Wonded*

Healer on Television (2010) and, *House and Philosophy* (2008), but language has never been at the heart of either attempt.

1.3 Problem Statement

The main question the study poses is whether or not the non-observance of conversational principles is a contributing factor to the creation and recreation of power relations.

1.4 Research Objectives

The research attempts an examination of conversational principles in relation to power, and inspects the impact of flouting the principles in the construction, deconstruction and reconstruction of power relations in a context of natural linguistic exchanges.

1.5 Dissertation Structure

While the first chapter introduces the study, its subject and its objectives, the second reviews linguistic, sociological, and discursive literature on which the study is founded. The third chapter outlines the methodology used in collecting and analyzing data before describing and discussing the results in the fourth. In the final chapter, conclusions are drawn and certain recommendations pertaining to the expansion of the study question and potential areas of application are made.

CHAPTER TWO: REVIEW OF LITERATURE

2.1 Literature Review

Whenever power has been examined linguistically, it has been through gauging the extent of what words can do, and what can be done through words. This was evident in the philosophical works of Austin (1975) and Searle (1969) formulating the extensively studied branch of pragmatics known as speech acts theory. Speech acts theory, as the name suggests, studied the way in which one participant in a linguistic interaction influenced the other using the unwitting agent of language in varying forms of directives, assertive, expressive, co missives, and declarations (Searle, 1969). To observe power relations through the use of speech acts required certain linguistic and paralinguistic conditions, including a proper setting, a legitimate authority, and consenting participants: take a wedding ceremony for example. A more subtle observation of power in other areas of study under pragmatics was not packaged in similar conditions, thus implicatures, speaker meaning, and reference did not attract the same attention, while they were equally philosophically oriented.

The study of the cooperative principle and its subordinating maxims has been highlighted by an extensive examination of conversational and conventional implicatures in linguistic interactions. The core interest of the study of implicatures was not focused on the linguistic form of these occurrences, but rather with the mapping out of meaning on those forms, hence the interest in implicature, meaning, and reference. What Grice discussed in *Logic and Conversation* (1975) was not a new area of study, especially in the field of philosophy; Kant for instance set a similar framework in *The Critique of Judgment* (2007), as did Wittgenstein's in *Tractatus Logico-Philosophicus*(1947) and, of more relevance to linguistics, a similar discussion can be

found in *Principles of the History of Language* by Paul (1888). Although Grice has never referred to the subject of his study as pragmatics, the novelty however lay in the examination of certain linguistic aspects involved in the creation of implicatures: the cooperative principle and the conversational maxims.

He explained that for participants to have an effective linguistic exchange not only did they need a general framework of mutual interest, understanding, prospective outcomes, and reciprocity of contributions; he proposed certain guidelines that would enable effective communication, starting with a general principle that required participants to observe elements of setting, plot and purpose by making their contributions "as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange"(45), which he called the cooperative principle (CP henceforward) which he supplements with four maxims that in turn branch into a number of sub-maxims:

Quantity: Give the right amount of information;
(a) Make your contribution as informative as required, and
(b) Do not make your contribution more informative than is required.
Quality: Try to make your contribution one that is true;
(a) Do not say what you believe to be false
(b) Do not say that for which you lack adequate evidence.
Relation: Be relevant.
Manner: Be perspicuous;
(a) Avoid obscurity of expression.
(b) Avoid ambiguity.
(c) Be brief (avoid unnecessary prolixity).
(d) Be orderly.

In a nutshell, quantity could be reduced into informativeness, quality to truth assessment, relation to relevance to the field and subject matter of the contributions, and manner to quasi-linguistic markers of style.

Yet Grice, seemingly disinterested in generating other maxims, acknowledged the possibility of propagating other maxims concerned with the sociability, morality, and aesthetics of participants in contexts of linguistic interactions, thus leaving the door open for further research. Leech (2005) compliments the Gricean principles with a politeness principle (henceforward PP) and a socio-linguistically sensitive set of maxims and sub-maxims, namely the tacit, generosity, approbation, agreement, and sympathy maxims. The PP, Leech stated, was to be viewed in proximity to the Gricean maxim of manner in the sense that it seeks to "minimize (other things being equal) the expression of impolite belief" (100). While Grice's manner seems to be inherently ambiguous, Leech's sociopragmatic principle and its concern with the social phenomenon of face[1] rendered it peripheral to the main focus of this study.

Horn (2006), however, a neo-Gricean scholar, condensed the principles into two main principles of quantity and relation: the Q and R-principles, diminishing the importance of quality and manner. Despite the attempt to develop the manner maxim into an M-principle in Levinson (2000) who proposed a Q- principle, I(informativeness)-principle and M-principle, in that order of importance, it remained a fuzzy area of study while relevance branched into a full-fledged theory. This was developed by Wilson and Sperber in several of their collaborative works. In *The Handbook of Pragmatics* they claimed that relevance of contributions to the general theme of interactions was the locus of cooperative and meaningful conversations on the basis of a cognitive principle of relevance assuming that "human cognition tends to be geared to the maximization of relevance" (255).

While in most cases, participants sought to uphold these principles, Grice did not neglect that possible need for linguistic maneuvers in which participants loosely did or did not abide by the conversational rules. He noted the possibility of a clash of maxims which cornered the

participant into violating one or more of the sub-maxims resulting in mixed messaging, opting out by declaring unwillingness to cooperate, and flouting maxims as admissible linguistic tactics.

In the seventh volume of the *Studies in Language Companion Series*, Leech (1981) noted that "principles (like Grice's Cooperative Principle) were different from rules (like the syntactic rules of negation and integration in English) although both were constraints on linguistic behavior" (413). Grice addressed the problem by stating that he did not seek to prescribe standardized conversations but rather to describe "something that is REASONABLE for us to follow, that we should not abandon"[1] (48). While Grice avoided prescriptivism and its moralistic implications, Habermas (1992), for instance, approached communication moralistically by prescribing four conditions to be upheld to maintain meaningful conversations in his remarks on discourse ethics listing: comprehensibility, truth, transparency, and legitimacy to loosely resemble the four Gricean maxims[2].

To ease the constraints Leech previously suggested, Levinson (2000) revised his theory of generalized conversational implicature (GCI). He noted that Grice's framework was designed to adequately study, what Levinson enumerated as three layers of meaning[3] interactions and the processes of allocating semantic meanings to linguistic expressions and interpreting those meanings pragmatically. To this end Levinson divided his principles into sub-maxims to account for the layers of meaning: speaker's maxim that required a speaker to "specifically, select the informationally strongest paradigmatic alternate that is consistent with the facts"; and receiver's maxims that required the receiver to accept that the speaker "made the strongest statement

[1]Grice capitalized the word in the original text of Logic and Conversation published 1975.
[2]Habermasian truth resembles Gricean quality, while comprehensibility, transparency and legitimacy echo Gricean quantity and manner respectively. The Habermasian conditions presupposed relevance of contributions therefore diminished the importance of relevance as a separate condition.
[3]According to Levinson, the three layers of meaning are speakers-meaning, utterance meaning, and expression meaning.

consistent with what he knows" (76) in the case of the Q-principle. Bach (1999) as well attempted to reexamine the work of Grice by arguing that conversational implicature was an inadequate description of the linguistic phenomenon Grice tried to explain. Thus Bach and Harnish (1979) aimed higher at redefining the conversational principles as a "Communicative Presumption" which they describe as instances where "someone says something to somebody, he intends to be performing some identifiable illocutionary act" (12) that is founded on the "quasi-contractual" nature of interactions as (48) described :

> To flesh out these theoretical ideas, an application of Grice's principals by linking them to Game-Theoretical Semantics (GTS henceforward) is in order. Following the tradition of an academic marriage between mathematics and linguistics, GTS could be viewed as a legitimate child of both areas of study. Hinttika (1999) nurtured the relation between game theory and semantics in a number of his works, and Jaeger (2010) begot yet another relation with pragmatics. Jaeger (1) pointed out a few basic principles to the participation in any game:1. There are at least two players. 2. The players interact, and the interaction results in a certain outcome. 3. Each player has a choice between various courses of action, their strategies. 4. The outcome of the interaction depends on the choice of strategy of each player. 5. Each player has a preference ordering over outcomes.

A typical example would usually revolve around a game of chess, but attempting to simplify the complexity of the concepts; a game of tic-tac-toe would convey the idea more easily. In this game, two players should strategically take turns to align three Xs or Os vertically, horizontally, or diagonally to win. Each player's preference to align three letters before the other motivated their strategy not only to align their letter of choice but also to do so before the other

player did. The simplest of linguistic interactions could take place between two participants who strategically take turns in contributing to a conversation for various reasons corresponding to their preference in starting, maintaining, and ending the conversation.

Ideally, and even moralistically, a conversation was presumed to be a win-win game even in the case of partial disregard to certain maxims while upholding the general principle of cooperation. Let's demonstrate this with an example:

A1: I need some coffee.
B1: You need 42 beans ground into a tablespoon and an ounce of water for 25-30 seconds and you will have an espresso shot.
B2: Coffee causes cancer.
B3: My car is in the garage.

In this scenario, A, whose contribution shall be constant, stated that she needs coffee: a statement that could elicit any number of contributions from participant B in response. In the first instance B's contribution implied that if A needed coffee, an espresso to be precise, she would need to follow through the process he described to make one. B violated the second sub-maxim of quantity which required that the contributions did not exceed a degree of informativeness required by A. The contribution, nonetheless, hinted at a general adherence to cooperation by providing information that may or may not help A get her coffee. While the contribution could be informative to coffee connoisseurs, the volume of information violated the third attendant sub-maxim of the maxim of manner: to be brief.

In the second case, B's response violated the first sub-maxim of quality which required that contributions were substantiated by evidence. In the case of the second contribution, B did not supplement his statement with supporting evidence to verify the validity of the conclusion.

The third contribution, though cooperative in the implication that had B had his car he would have taken A for coffee, violated relevance.

In all possible scenarios above, A had to work her way around the implications of B's contributions who was constantly cooperative. By looking at Grice's general outline of a cooperative conversation of reciprocity of interest, understanding, contributions, and desired outcomes; the interaction or linguistic game above could be referred to as a partnership game[4] employing a Nash equilibrium. As suggested by Nash (1950), an equilibrium aimed at stabilizing systems, otherwise uncooperative and instable, by a change of strategy optimizing the utility and gain of all participants interacting within any given system; in other words, it attempted to find a mutual agreeable resolution to otherwise situations of uncooperativeness. The Nash equilibrium optimized A's preference to fulfill a certain need conveyed in her statement and B's preference to cooperate utilizing a different strategy in each of the scenarios, B's contributions were rewarding to both: both win.

In a zero-sum game, Nash equilibria were abandoned; the participants' preference was accentuated and reflected in their choice of strategy optimizing their individual gain. Considering the example below, A still needs coffee:

A1: I need coffee.
B4: I have nothing to add.
B5: Help yourself.[5]

In B4, B opts-out of the conversation by stating his unwillingness to cooperate with A, and in B5, he did not observe any of the maxims, therefore changing the rules of the game and

[4]A partnership game is a game of cooperation in which participants seek to cooperate with each other to pursue further gains.
[5]Assuming that there is not a coffee maker in the setting of this interaction.

subsequently the outcomes which were bound to be unsatisfactory to A who did not get any closer to getting the coffee she needed.

In all cases, this seemed to indicate that without Nash equilibria interactions suggest an inequality between participants, ergo power imbalances too[6]. Daherndorf (1969) attempted to trace the origin of human inequality, and managed to compress the intellectual and political history of power, sans the ideological bias, in a formula that defined society, in which norms, sanctions, and institutionalized power comprised "the abstract core of all power" (38). While he acknowledged the underlying assumption of inequality through the imperative need for laws: had all been equal, laws would not have been needed. Norms to Dahrendorf were of greater significance sociologically. They were societal prerequisites, against which human behavior could be measured and the degree of the behaviors' compliance to the norm could be sanctioned either positively through rewards, or negatively through punishments[7]. Dahrendorf did not elaborate on the notion of institutionalized power in his *On the Origin of Inequality Among Men* (1969), but the institutionalization seemed to have occurred when a society collectively upheld and adhered to norms. Relevant to Grice's conversational maxims, society collectively upheld a norm of presumed cooperative conversations. The contributions of participants were checked against and ranked on a scale of cooperativeness, and could either result in a win-win for all participants as in partnership games, or play to the advantage of one of the participants in a zero-sum game on a level of individual differences. The possibility of imposing sanctions on a

[6]These suggestions however should not be restricted to hierarchical cases of power relations. As shall be discussed below, power relations do not necessarily occur only in superior-subordinate interactions, but are as frequent in exchanges amongst peers. The coffee example detailed above intentionally neglects any reference to social status and rank to deemphasize the importance of hierarchies in power play.

[7]Norms are societal constructions that seem more authoritative than laws, due to the societal negative sanctions norms entail. These might include, naming and shaming, and social ostracism and outcastedness. Norms are more powerful than individual traits put into good use, like charisma that is controlled by the individual and not by society.

societal level could be traced in Habermasian ethics of discourse (Habermas, 1992) or in the psychological component of exchange theory (Homans, 1985).

While game theory has been primarily employed in the study of economics and politics, sociology has rather gingerly began exploring applications of game theory, whether implicitly or explicitly, in sociological literature almost half a century ago. Homans (1985) experimented with behaviorist sociology as he lamented the negligence of approaching social behavior as an economic interaction, by proposing a revival of an exchange approach to sociology in which behaviors were viewed as an exchange "of goods, material goods but also non-material ones, such as symbols of approval or prestige" (606). Homans, nonetheless, realized that such an approach would not necessarily seek the use of equilibria, and that participants might pursue personal gain irrespective of the preferences of other participants in the exchange.

Bourdieu (2011) as well grasped the resemblance between economics and language and hinted at games in sociolinguistic settings in *Language and Symbolic Power* (66):

> Linguistic exchange (...) is also an economic exchange which is established within particular symbolic relations of power between a producer, endowed with a certain linguistic capital, and a consumer (or a market) and which is capable of producing a certain material or symbolic profit. In other words, utterances are not only (save in exceptional circumstances) signs to be understood and deciphered; they are also *signs of wealth* intended to be evaluated and appreciated, and *signs of authority* intended to be believed and obeyed.

Bourdieu's game consisted of two players: a producer and a consumer whose Xs and Os were "linguistic capital" in an exchange of meaningful utterances. While capital has been usually

used to refer to a wealth, or lack, of economic resources in economic literature, Bourdieu expanded the notion to include the possession of linguistic resources. The significance of such a notion was emphasized in Bourdieu's original text through the use italics. Language, while in itself a system of signs to which sounds and meanings were assigned on a linguistic level, signified wealth and authority on a sociological one. To Dahrendorf (1969), the sociological signification of wealth and authority in the Bourdieusian context served as a foundation of a dual-faceted social inequality amongst equals and within hierarchies. Similar to Dahrendorf's proposition, Bourdieu framed this in *Distinction* (1984 in what is referred to as Filed Theory in which [(Habitus) (Capital) + Field = Practice]. According to this formula, social practices were generated when habitus as a set of a participant's predisposed skills was multiplied by capital: economic, social, and cultural, in a given field. Symbolic power[8], Bourdieu's main interest in *Language and Symbolic Power* (2011), seemed to stem from the symbolic nature of cultural capital including that of language.

Bourdieu's title conjoined the two phenomena by a coordinating conjunction but this does not seem to suffice to capture the embeddedness of language in the reservoir of knowledge. Foucault (1982) proposed the term power/knowledge to describe power as a network of relations and discourse. What Foucault evaded in definitions, he compensated for in volumes describing the manifestations of power/knowledge in various aspects of society. The Foucauldian concept acknowledged the difficulty of separating power from knowledge, hence the creation of a syzygy between both concepts. Foucault's examination of aspects of power in social life could be defined in the term Fairclough suggested in *Language and Power* (2001). Fairclough, as well

[8]Symbolic power marks the territory of a participant in the field. Bourdieu's view builds on the assumption of power relations are only bred in hierarchical settings where an individual has to mark their territory within the institution.

spoke of the deep-rooted dialectical nature of the relationship between language and society describing linguistic phenomena as social and, social phenomena as linguistic. He also recognized two types of power intertwined in language or discourse in general: one that functioned within discourse, "discourse is the site of power struggles", and another that functioned behind it, "discourse is the stake in the power struggles" (61). Power behind discourse was generally what Foucault inspected in his corpus, and what Fairclough sought to achieve through Critical Discourse Analysis (CDA henceforward). Fairclough's analysis which was focused on examining both phenomena, could be summed in his analogy of cultural goods, similar to the Bourdieusian cultural capital, to actual goods. These goods were just as "unequally distributed, so that members of (...) the *dominant bloc*- (the capitalist class, the 'middle class', the professions) have substantially more of them then members of the working class- they are richer in *cultural capital*" (52).

Fairclough's Marxist indoctrination repelled scholars of discourse from taking the budding critical branch as seriously as its proponents wish, as he believed that a critical analysis of power discourses "is nothing if it is not a resource for struggle against domination" (216). Yet in his emancipatory literature, he suggested that one of the methods of detecting power behind discourse was through the access to and control of orders of discourse[9].

Despite their different critical approaches to discourse analysis, all approaches of the field did not escape the leftist influence traced in its interest in inspecting social power, inequality, discrimination, and racism in discourses; access to and control of discourses and capital, were central to Dijk's (2003) socio-cognitive approach to CDA. But rather than analyzing a dialectical relation between discourse and society, Dijk stratified his evaluation into three

[9]Fairclough's order of discourse corresponds to social practices.

layers: cognitive, social, and linguistic. On the three strata, it was possible to place implicature and inference on the cognitive macrostratum, cooperation and power on the social mesostratum, and the details of structure and form on the linguistic microstratum to dissect Grice's magnum opus.

Whether power was in discourse or behind it, real or symbolic, such a concept was rather difficult to specify given the number of taxonomical concepts associated with it such as dominance, authority, violence and influence. Nonetheless, power demanded a definition. The sociological and social psychological study of power was abundant with varying views of the nature, the variations, and the (ab)users of power.

The starting point of the review of power would commence with the underlying premise of speech acts theory that certain linguistic constructions could bring about a change in behavior of one of the participants; at this stage the hierarchical aspect considered in speech acts theory would be overlooked and discussed at a later stage. This premise discounted Weber's (1991) account of power, as he viewed it as an empowering social element. Such a view should not be discredited for allowing a positive outlook towards power, rather than the constant negative perception and connotations allocated to it. Similarly, this positive outlook to power was touched upon by Parsons (1963) who focused his analysis on the facilitative nature of power in a distinction between power to and power over, of which the former functioned positively to facilitate, while the latter functioned negatively to prohibit human behavior.

Lukes (2005) believed that power is prohibitive, and proposed what he called a three-dimensional view of power to overcome the shortcomings of the one-dimensional view presented by Dhal (1957), and the two-dimensional view proposed by Bacharch and Baratz (1970). While

Dahl's view highlighted power relations in social practices involving decision making and Bacharch and Baratz focused on the power play of agenda control, Lukes' radical view introduced alongside the two former views an inspection of power relations in practices including a clash of objective and subjective interests of participants, and dormant conflicts between participants. This he summed up in the formula in which *"A* exercises power over *B* when *A* affects *B* in a manner contrary to *B's* interest" (37). To this effect, Shaw (1981) concurred with Lukes' view by stating that social power suggested "the ability of one person to control or influence another person in some way" (294). While the notion of latent conflict would require a degree of psychological testing, Lukes' view duly deemphasized the asymmetricality usually demanded as a prerequest to detect imbalances of social power and relations as those obvious in hierarchichal institutions. The hierarchy constituted one of many variables, that could be disregarded because power pushes and pulls could be as frequently occurring among equals and as those between superiors and subordinates.

Clegg (1980) made a point on power within organizations in which an organization is analgous to a game of chess in which players "gain their power through their current position through their power to make moves according to the rules of the game" (444). Chess, however, did not fit into the discription of partnership games in which players cooperate through an equilibrium to maximazie gains for all. Yet the creation of power within that game did not escape Clegg, who reiterated that a participant who is able to "rule in his own interest, would in this sense have power". Weber (1947) identified three types of power, and French and Raven (1959) listed five types, and others have recognized more but power *in* discourse should investigate the finer linguistic details that allow A to impact B regardless of B's interest.

To this end, CDA sought to dissect those elements in political and media discourses as primary sources. Yet other discourses did not necessarily reflect discursive power relations as conspicuously as in political discourses that were manufactured to serve as power behind discourse. Everday interactions between participants that are not pulling the strings behind the media or the political scene could be an equally interesting show to observe.

Several studies have been conducted in the area of power and language, specifically within the scope of institutional and organizational discourse which provides so-called authentic data for analysis. These studies cover various types of interactions in the fields of medicine, law, business and education, to name a few. All of which are domains with observable heriarchies of power relations. Fairclough (2001) provides prime examples of such analyses. Fisher and Todd (1986), Clegg (1980, 2006), and The Sage Handbook of Organizational Institutionalism (2013) extensively consider the relation between language and power within a hirarchies.

Relevant to fictional discourses and scripted conversations, a number of studies were conducted in research of occurances of flouting of the cooperative principle and the reasons behind them in cultural exhibits. Similar to the subject of this study, Burhan (2013) discusses the movie *UP!*, Oktavia (2014) studies the movie *Ice Age: Dawn of the Dinasaurs*, Ismawan (2014) study of the *In Time*, Kinasih and Heerawat (2013) studies *The Art of Getting By*, Safril (2012) analysis of *The King's Speech*, Wahyaningsih (2013) and Setiawan (2013) examination of *The Dark Knight Rises*, and several other studies focused on the cooperative principle.

Oktavia (2014) states in the conculsion of her research of flouting in the Ice Age movie that there are several detectable reasons that require characters to resort to flouting, noting cases where characters wish to give detailed explanations, to create comfortable social settings

considerate of ones and others feelings, to hide the truth, and to attempt to convince others. The researcher, however, suggests in the conclusion of the study that future research could examine incidents of flouting within the a discursive context, and/or in relation to speech act theory or politeness. Burhan (2013) who examines the movie *UP!* shares similar findings to those of Oktavia (2014) in which she finds that characters flout the cooperative principle to create comfortable interactions where interlocutors can avoid some taugh questions, but still be able to express their sentiments and exchange information. Kinasi and Heerawat (2013) note in the conclusion of their analysis of the movie *The Art of Getting By,* that the flouting of the cooperative principle allows characters at oppositie ends of the spectrum, the protagonists and the antagonists, to better express the different personalities, attitudes, and emotions, as well as enables them to create either humorous or dramatic situations.

Setiawan (2013) and Wahyaningshi (2013) both studied the cooperative principle in the 2012 movie The Dark Knight Rises. The latter states that "the implicature is related to the the context situation. A different context could make a different implicature", the former reaches the conslusion that flouting "may cause misunderstanding and wrong inference that are probably made by the addressee, if the addressee does not understand the context of situation where the conversation happens".

However, Khan and Bughio (2012) specifically examine the role of the context in conversations in his study of the nunnery scence, an encounter between Hamlet and Ophelia in Shakespear's *Prince Hamlet.* The discursive interpretation of those instances leads the researchers to conclude that while flouting occurs on both the surface level of the utterance and the deeper level of meaning creating implicatures, implicatures give way to more meaningful interactions. And as they derive that the "application of pragmatic concepts of implicature and

cooperative principle can enable us to explore various aspects and facets of conversation", the researchers suggest that understanding the motives of flouting can contribute to a better understanding of the characters in questions as they function against a wider context of interaction.

And while some of these works did not exceed the enumeration of instances of flouting, others looked into the underlying motives of flouting and acknowledged the shortcomings of inspecting the cooperative principle in a contextually reduced environment. These studies have left the door open to further contextual research that can go beyond the study of the cooperative principle as a minscule and isolated ascpect of language, but rather indicative of entagled socio-discursive elements of interaction.

CHAPTER THREE: METHODOLOGY

3.1 Research Approach

The title of the study, *House Rules: Power Relations through the Flouting of Conversational Principles in Popular Culture*, indicates an intersection of three major areas of influence, and, therefore, calls for a multifaceted approach to answer the multilayered problem the research wishes to examine. This discursive approach takes into consideration the versatility of the study as it looks into language, society, and discourse.

To break down the study question, I seek to inspect the linguistic element of the study by drawing attention to instances of the flouting of conversational principles in relation to the concept of power as the second element of the study. Both phenomena do not occur in a vacuum, but can be traced in discourses, and linked in a relationship of causality or symbiosis, which constitutes the third element of the research: CDA and the relation between language and power.

While the study is at its core a study of linguistics, enumerating isolated instances of successful flouting adds no value to the general study of pragmatics; speculating over the function of flouting in various discourses might. Examples of uncooperativeness continue to be examined pedantically to assess whether or not participants adhere to decontextualized rules of interaction. The research tries to move away from looking into how things happen to why they do.

The sociological literature, on the other hand, supplements the study with comprehensible definitions of power that can be demonstrated linguistically, against which examples of flouting conversational principles in power play can be checked.

Both language and sociology can be incorporated within the elasticity of CDA, hence the use of the socio-cognitive approach. Participants' wealth of knowledge and the degree of access and control of that knowledge can be reflected in the extent of cooperation they invest in the interaction. Given the social context of the exchange, these factors can be instrumental in wielding power in favor of one participant over the other.

3.2 Strategy and Method

While the study seeks to investigate the effective use of flouting in power play, two subordinating questions were posed to focus the scope of the research: which of Grice's conversational principles are being violated and how does the violation redefine the rules of the power play?

To answer those questions, the study resorts to a mixed strategy of sampling and surveying as well as documentation to accommodate the mixed sets of data at hand, in order to overcome the short comings of individual approaches, and account for qualitative validity and reliability of the data and the analysis.

Corresponding to the strategy, the method consists of documenting and transcribing video minutes providing relevant research material.

3.3 Data Collection

Over the span of three months, eight seasons of House M.D were viewed with the intention of collecting research material. The process of data collection was spread over two phases commencing with a phase of viewing the footage and selecting data relevant to the study,

followed by a stage of data reduction in which the data was sifted and verified against the transcription of the minutes selected.

To ensure the randomness of the samples, the number of episodes in each season was divided by two. Odd numbered episodes were used to extract study samples from seasons one, six, seven, and eight; while even numbered episodes from seasons two, three, four, and five.

While the data is sensitive to its immediate context, the study duly neglects the larger plot of the episodes and by extension of the overall series and the psychological development of the characters. It is important to note as well that with the progression of the series and the development of a dramatic plot, the quantity and quality of data witnessed a significant decline when compared to the first few seasons.

3.4 Data Analysis

Using a document analysis technique the data was subjected to a twofold test to account for the linguistic and discursive aspects of the study. The data gathered was tested against the Gricean conversational principles to confirm flouting. Incidents of successful flouting were then examined against the immediate context of the occurrences to gauge the power shift in the sociological environment.

3.5 Reliability, Validity, Generalizability and Limitations

Considering the use of a TV series as a study sample can propagate questions of reliability, validity and generalizability. It, however, provides a controlled environment to analyze the frequently occurring, yet otherwise evasive, phenomenon of flouting. It also allows for an examination of language in a quasi-realistic setting of social interactions, with a great

resemblance to natural unscripted linguistic exchanges, unlike prefabricated examples often used to highlight the use, abuse or lack of cooperation.

The nature of the study sample should not diminish the validity of the research as it does not deviate from its main focus: to examine a linguistic phenomenon and determine its impact on a social context. As previously stated, the setting and manner with which language is used is highly credible in comparison to real life verbal communication.

Nonetheless, the results of the analysis are restricted to the study sample of this particular series. General outlines can be drawn as to the employment of uncooperativeness in the establishment and maintenance of power relations.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Note on the presentation of findings

A typical approach to the presentation of results would present the findings relevant to each principle individually; I will, however, display and discuss the findings as comprehensive instances of discourse, containing one or more examples of uncooperativeness. This approach will help, rather than hinder a holistic view of the findings and maintain the coherence of the subject of the study. Having previously discussed the elements of the study in the literature review, it is essential at this stage to restate the three components of the analysis of the results:

As a study of conversational principles, Grice's module of cooperative communication is at the heart of the study:

> Quantity: Give the right amount of information;
> (a) Make your contribution as informative as required, and
> (b) Do not make your contribution more informative than is required.
> Quality: Try to make your contribution one that is true;
> (a) Do not say what you believe to be false
> (b)Do not say that for which you lack adequate evidence.
> Relation: Be relevant.
> Manner: Be perspicuous;
> (a) Avoid obscurity of expression.
> (b) Avoid ambiguity.
> (c) Be brief (avoid unnecessary prolixity).
> (d) Be orderly.

Lukes' (2005) simplistic, yet condensed view of power will serve as a point of reference to the analysis: "A exercises power over B when A is affecting B in a manner contrary to B's interest" (37). This definition frames Lukes' Three-Dimensional view of power in which, as discussed in chapter 2, Lukes incorporates decision-making, issues and potential issues,

observable latent conflict, and subjective real interest as areas of traceable power play. While the three dimensional approach of Lukes does not neglect agenda control as a manifestation of power, I refer to the notion of access and control in the analysis as presented by van Dijk (2003) simply to mean "that those groups who control most influential discourse also have more chances to control the minds and actions of others" (355). All elements of the analysis can be viewed on a widescreen of game theory.

4.2 Results and Discussion

The audiences' first encounter with the Dean of Medicine Dr. Lisa Cuddy, in the pilot episode *1:1 Everybody Lies*, is when she finds Dr. House leaving the hospital avoiding a meeting with her. This encounter between two of the main characters sets the pace for the conflict of interests in the relationship that is over-stretched throughout the eight seasons of the series. House banks on a non-observance of the quantity, manner and relevance of his responses to Cuddy's questions:

> [Cut to House standing at the elevator, he sees Cuddy and presses the down button twice]
> Cuddy: I was expecting you in my office 20 minutes ago.
> House: Really? Well, that's odd, because I had no intention of being in your office 20 minutes ago.
> Cuddy: You think we have nothing to talk about?
> House: No, just that I can't think of anything that I'd be interested in.
> Cuddy: I sign your paychecks.
> House: I have tenure. Are you going to grab my cane now, stop me from leaving?
> Cuddy: That would be juvenile.
> [Both enter the elevator]
> Cuddy: I can still fire you if you're not doing your job.
> House: I'm here from 9 to 5.
> Cuddy: Your billings are practically nonexistent.
> House: Rough year.
> Cuddy: You ignore requests for consults.
> House: I call back. Sometimes I misdial.
> Cuddy: You're 6 years behind on your obligation to this clinic.
> House: See, I was right, this doesn't interest me.

Cuddy: 6 years, times 3 weeks; you owe me better than 4 months.
House: It's 5:00. I'm going home.
Cuddy: To what?
House: Nice.
Cuddy: Look, Dr. House, the only reason that I don't fire you is because your reputation still worth something to this hospital.
House: Excellent, we have a point of agreement. You aren't going to fire me.
Cuddy: Your reputation won't last up if you don't do your job. The clinic is part of your job. I want you to do your job.
House: Well, like the philosopher Jagger once said, "You can't always get what you want."

While his contributions *"I'm here from 9 to 5"*, *"Rough year"*, and *"I call back. Sometimes I misdial"* are relevant to Cuddy's contributions; they are too brief to adequately answer her concerns. The brevity of his contributions violate the sub-maxim of quantity, as they are not as informative as the other participant wishes them to be. They are sufficient enough to maintain a conversation, however uncooperative, but remain open to further semantic interpretations that might vary according to speaker and hearer. When the tit-for-tat exchange does not help House escape the situation, he resorts to irrelevance, when he states in response to Cuddy's*"6 years, times 3 weeks; you owe me better than 4 months"* , by making his unwillingness to cooperate even more obvious by saying that *"It's 5:00. I'm going home"*. Furthermore, he ends the conversation by partial ambiguity, while not completely irrelevant, quoting Mick Jagger the lead singer of the Rolling Stones, as a philosopher.

Cuddy's attempts to keep up the pace with House eventually fail and he manages not only to win the game verbally, by not cooperating, but also he leaves the hospital without having to sit in a meeting with his superior. This example of observable overt conflict between House and Cuddy is reflected in House's linguistic choices.

As much as he detests clinic duty, House fills in a few hours to keep Cuddy from complaining. In this scene in episode *1:3 Occam's Razor*, House interacts, or does not, with a

patient in a clinic examination room while he awaits Cuddy's consultation. This is again an example of House's power over Cuddy through a conflict of interest.

An extra-linguistic sign of uncooperativeness is playing a Gameboy while the patient waits to be diagnosed. House's interaction with the patient flouts relevance, and quantity, and as soon as Cuddy enters the scene he disregards quality to justify his need for a consultation.

> [Cut to the clinic, where House is very involved in his Gameboy.]
> Clinic patient: What are you doing?
> House: Level 4.
> Patient: No, I mean –
> House: I know what you meant. We're waiting.
> Patient: My throat hurts.
> House: So you said.
> Patient: How long are we waiting?
> House: Two minutes less then when you asked me two minutes ago. [Cuddy walks in.]
> Patient: Hi.
> Cuddy: Hi. I'm Dr. Cuddy. Nice to meet you.
> House: Dr. Cuddy, thanks for the consult. [He closes the Gameboy.] His throat seems to have some condition.
> Cuddy: Say "Ah".
> Patient: Ah.
> Cuddy: He has a sore throat.
> House: Of course! Yes, why didn't I... I mean, because he said that... it hurt, and I, I should have deduced that meant it was sore...
> Cuddy: I was in a board meeting.
> House: Patients come first, right?
> Cuddy: Wouldn't want to prescribe a lozenge if there was any doubt about its efficacy, huh?
> House: You once asked why I think I'm always right, and I realized that you're right... at least, I think you're right. I don't really know now, do I? [Cuddy smiles.]
> Patient: Hey! I'm here.
> Cuddy: Go home. Drink some hot tea. [She leaves.]

The patient asks a question expecting a medically relevant response; House flouts relevance and updates the patient on his progress in the game. He flouts quantity by giving his

patient less information than is required to answer his inquiry *"We're waiting"*, and by not adhering to manner in *"Two minutes less then when you asked me two minutes ago"*, and continues to play his video game. His attention soon shifts to uncooperativeness with Dr. Cuddy when she enters the examination room under the pretense of House's need for a consult. Knowing well that the patient has a sore throat, he flouts quality when Cuddy confirms the diagnosis "Of *course! Yes, why didn't I... I mean, because he said that... it hurt, and I, I should have deduced that meant it was sore"*.

In episode *1:15 Mob Rules*, the personal and professional power of Mr. Bill Arnello, the brother and the lawyer of Joey Arnello, a hospitalized mobster who is about to go into a witness protection program, does not deter House from disregarding relation and quantity to try to find the upper hand in an interaction with a member of the mafia:

> Bill: Dr. House, Bill Arnello. [He shakes House's hand.] I'm a lawyer, I represent Mr. Smith. What's wrong with him?
> House: Do I come to you with my problems?
> Bill: He's also my brother.
> House: What, you changed your name? "Smith" wasn't good enough for you?
> Bill: His name's Joey, he's my only brother.
> House: He's important to you, got it. So, no placebos for him, we'll use the real medicine. [Elevator dings, House gets in.] Well, this was fun, let's do it again soon. [Bill follows him in.] Brother in the Mafia? [Door closes.] So, just Joey? I was hoping for a nickname. Joey Mango. Joey the Wrench. [Bill hits the emergency stop.] People know where I am.
> Bill: I want you to do your job. Diagnose him, fix him, and keep him here.
> House: We're a bit of a specialized hospital. We generally only deal with patients when they're actually sick.
> Bill: If you release my brother to the government, and he does what they want, even if you fix him, he's dead. I need time to convince him of that. [He shuts off the stop.] Good news is, if you screw up you don't have to worry about a malpractice suit. If he's dead, one by one, I'll take away the things you love 'till there's nothing left. [Elevator opens. House leaves.]
> House: So, on the Mafia thing, that's a yes.

A greater conflict of interest occurs in this scene, Arnello intends to keep his brother in the hospital after he is treated in order to convince him not to join a witness protection program, an interest that contradicts that of House, and the *raison d'être* of hospitals: to treat and discharge patients. Both participants in the interaction make the contradiction of their interests obvious to one another as Arnello states *"I want you to do your job. Diagnose him, fix him, and keep him here"*, to which House responds *"We generally only deal with patients when they're actually sick"*.

Uncooperativeness between the two starts earlier in the interaction as House ignores Bill Arnello's introduction, and starts by violating relation *"Do I come to you with my problems?"* To Arnello's introduction of his relationship to the patient, House flouts quantity by contributing with more than is required both medically and personally such as inquiring after the brothers' connection to the Mafia, and whether or not Joey has a nickname. Arnello does not take House's logorrhea lightly and implicitly threatens House not only verbally but by stopping the elevator for them to talk about Joey's case. Challenging Arnello's power, House maintains his uncooperativeness by flouting relation in response to Arnello's last contribution.

Another example of flouting can be observed in *3:2 Cane and Abel* when Dr. Chase rushes to House as his patient has disappeared from his hospital room. House is seen making his way out of the hospital when the exchange occurs. He brushes off the urgency of the matter by non-observance of quantity, and by irrelevance which lies in the cultural reference of his contribution to the Star Wars movies:

> Chase: House! Clancy's gone missing.
> House: Oh, no! Well, you take Alpha Centauri, Foreman can look on Tatooine, and Cameron can set up an intergalactic checkpoint. Let's pray he hasn't gone into hyperdrive! We'll never catch him.

Not much of a power conflict occurs in the scene above, but it is clear that House, who is seen leaving the hospital, has no interest in chasing up a missing child in the hospital regardless of his medical status.

Although House believes that everybody lies, he seldom relies on the flouting of the maxim of quality. Yet desperate times call for desperate measures. As his addiction to pain killers overtakes him, he neglects quality and quantity in order to obtain some pills in this interaction with a pharmacist in *3:10Merry Little Christmas*. Despite the potential legal repercussions of his actions, House's uncooperativeness and exercise of power over the suspecting but easily convinced pharmacist secures his temporary access to medication:

> Pharmacist: Sign the book.
> House: Picking up a script for Zebalusky.
> Pharmacist: This is err... doctor Wilson's patient.
> House: Yeah, Wilson's busy right now what with Mr Zebalusky dying in agony on account of his metastatic lung cancer and not having the pills to relieve that agony because of some moron pharmacist.

This interaction, in *3:18Airborne*, witnesses a non-observance of quality as he tests his sociological rather than medical theory on the passengers on a plane including Dr. Cuddy. The passengers were convinced they have contracted an exotic illness flying out of Singapore. House's control of information and the passengers' acknowledgement of his superiority as a doctor enable him to instantly manipulate them into believing that they are actually critically, if not terminally, infected before he decides to burst the bubble:

> HOUSE: [to Air Cameron] Hold this.
> [He hands her the shot glass. She looks less than thrilled to hold it, despite not knowing what it is. He picks up the receiver to the PA system to address the anxious passengers.]

HOUSE: [over PA system, somberly] Ladies and gentlemen, we have a passenger with a confirmed case of bacterial meningitis.
[Shocked murmurs all around.]
HOUSE: [over PA system] And even if we land as soon as possible, the passenger will not survive. It's very likely that some of you have been infected as well.
[Some passengers start to break down.]
HOUSE: [over PA system] As soon as you start feeling symptoms, we need to isolate you in the first class cabin.
[Some people start coughing.]
HOUSE: [over PA system, rattling off the symptoms] Fever, rash,...
[Some passengers start looking for rashes on their bodies.]
HOUSE: [over PA system, continuing]... nausea, and in the late stages...
[He waits a beat. The passengers brace for the last symptom.]
HOUSE: [over PA system]... tremor in the left hand.
[People start panicking heavily, their left hands trembling visibly.]
FRIGHTENED PASSENGER 1: I have that!
JOY: [watching her own trembling left hand] Oh, god.
FRIGHTENED PASSENGER 2: [watching his left hand shake] No!
[The passengers generally start to go to pieces.]
KEO: [worried, to House] What do we do?
HOUSE: Break out the bubbly. [yells] Yo! Listen up!
[The passengers stops panicking for a moment and look at House hopefully.]
HOUSE: [over PA system] Bad news is you have an illness. The good news is, it's not meningitis.
[Sighs of relief all around.]
HOUSE: [over PA system] It's not fatal. It's just embarrassing. It's conversion disorder. More commonly known as mass hysteria.
[In the first-class cabin, Cuddy looks behind weakly.]
HOUSE: It happens often in high anxiety situations, especially to women.
[Clueless wife looks offended.]
HOUSE: I know it sounds sexist, but science says you're weak and soft, [chuckling] what can I do?
CUDDY: House, you're wrong!
JOY: [holding out her trembling left hand, hysterically] Look at my hand.
HOUSE: Yeah, look at her hand. Shaking left hand. What is that a symptom of? Not meningitis. It's basically a symptom of nothing. Put the idea into their heads and watched it happen. Same thing that Peng cruelly did with the puking and the rash.
JOY: The rash is in my head?
HOUSE: Your mind controls your body. It thinks you're sick, it makes you sick.
[Cuddy purses her lips, feeling foolish. However, the passengers still seem flustered.]
HOUSE: [over PA system] If-if you'll all just calm down, your symptoms will soon go away. And to facilitate this process, your flight crew will move through the cabin with a complimentary bar service.
[Keo, a relieved smile on her face, goes to make it happen.]
HOUSE: [over PA system] Thank you and, as always, have a pleasant flight.

The choice of the maxim depends on House's control of the information he wishes to test. To test his hypothesis of mass hysteria, he uses a number of statements for which he lacks evidence. Evidence supporting the hypothesis can only be ascertained by the intentional flouting of quality ergo assessing the validity of a number of propositions supporting the hypothesis.

He starts off by naming the potential diagnosis "bacterial meningitis"; the statement adheres to the sub-maxim of manner requiring the participant to be brief, but violates a sub-maxim of quantity that requires the participant to be as informative as possible. House never bothers himself with an elaboration of the medical term "meningitis", but continues with the validity assessment of propositions by listing immediately detectable symptoms, such as *" Fever, rash*"," *nausea*", and *" tremor in the left hand"*. The breakout of mass confirmations amongst the frightened passengers asserts his hypothesis, therefore he abandons his intentional flouting to *"break out the bubbly",* so to speak. He explains his game by finally providing an explanation for the mass hysteria the passengers experienced *"Yeah, look at her hand. Shaking left hand. What is that a symptom of? Not meningitis. It's basically a symptom of nothing. Put the idea into their heads and watched it happen."*

House's power over the passengers stems from his control and access of information that he withholds from the passengers to test a social, rather than a medical, hypothesis, which allows him to be uncooperative and demonstrate power over the gullible crowd.

Dr. Foreman, in many instances in the series appears to be House's prodigal son. In *3:20House Training*, Foreman plays by House's rules of flouting quantity to win a game of decision making in the power struggle as a subordinate and, manages to have the last word in the argument by getting the green light to administer steroids to the patient:

House: The only question is what kind of autoimmune.
Foreman: Doesn't matter what kind.
House: It always matters what kind.
Foreman: Treatment is always steroids.
House: Treatment is always boring! Diagnosis is –
Foreman: Okay. It's affecting the larger blood vessels, so it's gotta be giant cell arteritis. I'll start her on steroids. It's affecting her smaller blood vessels, it's gotta be lupus vasculitis. I'll start her on steroids. It's affecting –
House: Yeah, got it. Start her on steroids.

As he ignores Foreman's contribution that the" *Treatment is always steroids"*, House wants to consider possible diagnoses, claiming that treatments are boring. Foreman cuts this story short by contributing abundantly in support of his former contribution: *"Okay. It's affecting the larger blood vessels, so it's gotta be giant cell arteritis. I'll start her on steroids. It's affecting her smaller blood vessels, it's gotta be lupus vasculitis. I'll start her on steroids. It's affecting"*. House succumbs and approves Foreman's treatment. In *4:6,Whatever it Takes*, the power relations depend heavily on the control and access of information which influences decision making. House and fellow doctor, Dr. Sidney Curtis, are asked to assist in diagnosing a CIA operative- see appendix pages 99 to 102.

While in a previous example, House had greater control of information, in this episode CIA agent Samira Terzi has more control and access to information about the case than House does, which gives her the upper hand in making final judgments and decisions. To ascertain information relevant to the proceeding of the diagnosis, and to undermine Terzi's power over the case, House chooses to disregard many of the maxims. For instance, Terzi cannot share the real name of the patient, who is referred to as John, or the nature and whereabouts of his last mission during which he contracted the disease. This annoys Doctor Sidney Curtis, but Terzi's uncooperativeness does not get to House, who when faced with limits imposed on his access to knowledge, grows uncooperative himself to extract information. As seen in the interaction

between the three characters: Curtis, obviously irritated, asks Terzi "*Well, what can you tell us?*" and House's irrelevant contribution *"Yeah, did Oswald really have sex with Marilyn Monroe?"*

House's frustration with the limits imposed on his access to information can be seen disguised with irrelevance when interacting with the patient *"Hey. Something I've always wanted to know. That poison lipstick that Ginger used to kiss Gillian. Why didn't kill her?"*, or in *"malpractice insurance doesn't cover alien autopsy"*, only to get Terzi's relevantly humorous response *"That's fine. X-Files are the next wing over"*.

In *5:6Joy*Cuddy seeks House's medical advice in a life-or-death scenario in which either the surrogate mother or the baby which she plans to adopt dies. House manipulates Cuddy's assumption of his ability to make an objective decision and takes advantage of his control of a much valued medical opinion regardless of the sensitivity of the situation:

> Cuddy: The mother had a stage two placental abruption. She's losing blood.
> House: So deliver the baby.
> Cuddy: The lungs are ten weeks premature. [She hands him a clipboard.]
> House: So deliver now, risk the baby. Deliver later, risk the mom. It's not your baby yet. It's not your call.
> Cuddy: She'll do whatever I tell her to do.
> House: Self-worth issues. That's genetic, you know. You should deliver now.
> Cuddy: Right. [She gets up to leave.]
> House: Are you serious?
> Cuddy: You're not? You just told me —
> House: The wrong answer. You can give the mom more blood. You can't give the fetus more lungs.
> Cuddy: The lungs might work. It's the right decision medically.
> House: And yet you're here.
> Cuddy: To get your opinion, not to get jerked around.
> House: See, this is what's screwed up here. You're not sure that this is the right call, but you are sure that this is what you want to tell her. And that scares you because your motives aren't medical. Some part of you doesn't want this baby, and that part wants to tell her to kill it.
> Cuddy: This is an impossible situation. I'm advising her to take the safest route.
> House: Right. Doesn't explain why you changed your sweater.
> [She stares at him then leaves.]

Banking on his reservoir of information, House deliberately flouts manner, by trimming his contributions to minimum meaningfulness in, *"So deliver the baby"*. Following an elaboration of his brief contribution, House flouts relation: *"Self-worth issues. That's genetic, you know"* in response to Cuddy's assurance that the mother will do as Cuddy tells her. Following a few exchanges, Cuddy realizes that House is pulling her leg, to which he responds by violating quantity in, *"See, this is what's screwed up here. You're not sure that this is the right call, but you are sure that this is what you want to tell her. And that scares you because your motives aren't medical. Some part of you doesn't want this baby, and that part wants to tell her to kill it"*. This is a clear incident of a conflict of subjective and real interests: Cuddy herself is conflicted between her subjective interest in saving the baby, which will be hers after the adoption, and her objective, real, interest as a doctor to prioritize the mother's life. House takes note of this and flouts a few maxims throughout the interaction, exercising more power over Cuddy.

Trying to find the root of the problems of another young patient in *5:10, Let Them Eat Cake*, Cuddy decides to play by House's rules. When he violates manner and relation she gives him a taste of his own medicine:

> House: Ten points for doing what I said. Minus ten points for doing it badly. If this was diabetes-induced nerve damage, it would've kicked in years ago. [Turns to his desk. Cuddy is still on the phone. Loudly] Have you seen my balls?
> Cuddy: Can you hold on a second? [She puts the phone against her shoulder and turns to listen to House.]
> House: My balls. Have you seen my balls? Giant one and the red one.
> Cuddy: Your plan isn't gonna work.
> House: Of course it is. I try to make you miserable to make you leave. You deny that it's making you miserable. You try to make me miserable so I'll stop making you miserable. And eventually you will leave, citing reasons that have nothing to do with misery.
> Cuddy: [searching in her purse] You're not bothering me.
> House: Step one complete.

Cuddy: [into the phone] I'm gonna call you from my cell. [She hangs up.] And then I will come back in here. [She dials the cell.] Hey. Yeah, I just had to explain to him that I had his balls and he's not getting them back. [She pats House on the arm as she walks past him.] Excuse me.

"Have you seen my balls?" and *"My balls. Have you seen my balls? Giant one and the red one."* These are instances of flouting the maxim of manner by being ambiguous given the context of the contribution, as House asks for his balls in an attempt to annoy Cuddy who is sharing his office in this episode and having a phone conversation while House and his team attempt to diagnose a current case. At the same time, both instances flout relation for they are irrelevant either to the proceeding or to the subsequent trail of exchanges House was having with his team.

While Cuddy is fully aware of House's attempts to get her out of the office, she makes it clear that she knows what he is trying to do, and concludes the interaction by apologizing to her participant on the phone and by flouting relevance in the same fashion: *"I just had to explain to him that I had his balls and he's not getting them back"*. The euphemistic nature of the expression indicates who has the upper hand by the end of the conversation.

In a conflict of interest, the apparently reformed and refined House is making an effort to cooperate both linguistically and socially with his neighbor Murphy in *6:3 The Tyrant*:

Murphy: I was wondering what that noise was. It's the damn cane.
House: And I'm Greg.
Murphy: And I can't sleep with you banging around with that thing.
House: You're not actually saying that I have too loud a cane?
Murphy: Is that hard for you to understand?
House: Only in the sense that it has a rubber tip on the end, not a tap shoe.
Murphy: Now you're getting cute with me.
House: Okay, we started badly. I apologize for the noise, and we will try to figure out a way to be quieter –
Murphy: And a thousand other things I don't give a crap about. Now you keep it down, or we're gonna have trouble.

His first attempt at sociability disregards relevance by introducing himself in response to Murphy's complaint about the noise House's cane is causing. Murphy ignores House's introduction and responds irrelevantly with *"And I can't sleep with you banging around with that thing"*. House maintains the effort throughout the conversation, only to be faced with Murphy's irrelevant contributions, such as, *"Now you're getting cute with me"* and, *"And a thousand other things I don't give a crap about"*. Several paralinguistic elements assist Murphy's uncooperativeness in exerting power over House, one of which is the larger context of the interaction in which House tries to cooperate given his recent psychological and social reconditioning. The apparent irritation of the neighbor evident in his tone and uncooperative choice of contributions is subsequently alleviated to the level of a threat: *"Now you keep it down, or we're gonna have trouble"* to which House succumbs.

In *6:5, Brave Heart*, House's control of and access to medical information allows him to manipulate both Dr. Chase and Danny the patient. In the interaction below, House's contributions are based on a control of information that does not only baffle the patient, but also has the same effect on Dr. Chase. By flouting quality, as he has no evidence supporting the diagnosis, House, rather conclusively, informs the patient that he has *"Ortoli syndrome"*. To dismiss Dr. Chase's skepticism, he rests the case of the diagnosis by referring to the conclusiveness of scientific tests.

The non-observance of quality applies to the prescription; *"It's Nabasynth"*. Dr. Chase is still confused, yet he plays along with a relevant contribution to assure the patient, affirming that *"Yes. So all we have to do now is write a prescription and, uh, have him pick up the pills"*.

The linguistic flouting of quality is supported by the fact that House passes mints to the patient and maintains the lie for the reminder of the conversation.

Donny, the patient, is denied access to the medical information House seems to have regarding his case for he is not given any explanation either to the syndrome, a fictional syndrome that Chase could not recognize, or to the treatment which allows House greater power over fellow doctor and patient alike. Eventually, Chase realizes the game and plays along by pushing the patient around into believing whatever information he is given by two qualified doctors.

> House: You have Ortoli syndrome. [Chase's eyes open wide as he stares at House in surprise.] Dr. Chase?
> Chase: You sure?
> House: Tests don't lie.
> Chase: Right. Ah. [He clears his throat.] Well, it's-it's a... It's a very rare disorder that short-circuits the adrenals, which short-circuits the heart.
> House: Blah, blah, blah, blah. Who cares about medical mumbo jumbo? Tell him the treatment.
> Chase: It's... weh-well, it's-it's complicated.
> House: [pouring a glass of water] Doctors always want to make everything sound so complicated. It's Nabasynth.
> Chase: What?
> House: Nabasynth.
> Chase: [nods pompously] Yes. So all we have to do now is write a prescription and, uh, have him pick up the pills.
> [House opens his hand under Chase's nose, revealing the mints he took from the tin. He gives them and the glass of water to Donny.]
> Donny: That's it? I take some pills, and I'm gonna be okay?
> House: The real tragedy here is that the Tiburon swab technology didn't exist to detect Ortoli back in your dad's day.
> [Chase ducks his head and turns away.]
> Donny: He could've lived. [House nods somberly. Donny sighs.] Thank you.
> [Donny washes the mints down with some water.]
> House: If you'll sign these discharge papers, I'll get you a bottle of meds. Take one twice a day for a week, you'll live a long, healthy life.
> [House signs them and gives them to Donny, who signs. House looks at Chase who keeps his head ducked down.]

Wilson, House's only friend, tries to play by House's rules in *8:7Dead and Buried*, and fails nonetheless:

House: I need to DDX a patient with you.
Wilson: I thought you had a team for that.
House: According to Foreman, they're only for DDXing people who are still alive.
Wilson: You have a dead patient?
House: Bigotry is boring when we add modifiers. I don't see creed, color, pulse.
Wilson: Foreman will find out you're taking this case and he'll bust you. But you know that, which means… you want to go back to jail… because it's the one place you're unable to indulge your self-destructive habits.
House: Yeah, it's much more likely that I'm taking this case because I miss showering with Cro-Magnons than that I actually happen to find it interesting. Four-year-old kid. His kidneys died, they transfused. His lungs died. He died.
Wilson: Have you seen Bride of the Monster? I just got the Ed Wood box set.
House: What if the chicken was the egg? What if the lung involvement came first?
Wilson: I don't really care about the movie. I just don't want to indulge your…
House: Lupus.
Wilson: Because this is a bad idea, House.
House: If the kid had a rash or some circulation issue… [He looks at his watch.] *Damn!* [Wilson looks startled.] I just realized I'm late for my anger management class.

House's team refuses to entertain his whims to run a battery of toxin detecting tests, so he seeks Wilson's assistance. Wilson's bewilderment, expressed in the question: *"You have a dead patient?"* is disregarded. Whereas a yes-or-no response would have sufficed, House flouts manner by being obscure. In response to House's lengthy justification as to why the case of a dead boy interests him, Wilson flouts relevance in an attempt to steer the conversation from its current track by asking *"Have you seen Bride of the Monster? I just got the Ed Wood box set"*, only to be faced by a two-fold response in which the irrelevance of the first part only supports the medically relevant train of thought: *"What if the chicken was the egg? What if the lung involvement came first?"*. Wilson admits that his attempts at irrelevance are attempts to deter House from yet another bad idea: *"I don't really care about the movie. I just don't want to indulge your..."* House ignores Wilson's contributions and, after suggesting lupus as a possible diagnosis, walks out with that final idea to catch up an anger management class.

Applying Lukes' three dimensional view of power, the power push-and-pull in this scene revolves around the clash of subjective interest between the two characters; Wilson is clearly not interested in entertaining House's subjective interest, or whim, of examining a dead body.

A final example from *8:9,Better Half*, is House's interaction with another distressed relative whose hospitalized husband has gone missing:

> Joseph : Hey, don't be an ass. Can't you see she's upset?
> House : No, she's guilty. 'Cause instead of being at her husband's side, she was under you.
> Natalie : Okay, that's— y—
> House : Yeah, yeah, yeah... He already said I was an ass. Personally, I applaud your decision to step down off your cross and get on with your life, but your misplaced guilt is shutting down your brain. We need you to sit, focus, and answer our questions.
> [She obeys and sits down. House walks around the room and stops by the whiteboard. Everything is the same on it except one thing: "Today is Saturday".]

House's first contribution to the conversation is one responding to Joseph, a friend of the patient's family, to which he has no adequate evidence, therefore flouting quality on the basis of deduction. Natalie, the wife of the Alzheimer patient who disappeared from the hospital, flusters which can only assert his assumption. To that he responds by flouting quantity and contributing with more information than required in the exchange. However, both instances of flouting succeed in giving him more power over the patient, who is cornered by House's contributions and finally obeys him by answering some question that might help locate her husband.

If one is to apply Lukes' formula in which A exerts power over B, so that B performs an act despite their will, A and B being House and Natalie respectively, House succeeds in exerting power and forcing Natalie to cooperate.

The examples presented here are varied in contexts, subjects and participants, yet not all instances of uncooperativeness assist in yielding greater power. As demonstrated, a keener look at the intentional negligence of linguistic cooperativeness allowed social imbalances to emerge

on the surface of otherwise cooperative and symmetrical interactions. The linguistic games set in a hospital would presumably require a degree of cooperation from all participants in any interaction, be it between doctors or between doctors and patients, in order for all parties involved to maximize their individual gains. The examples illustrate zero-sum linguistic games in which a participant neglects the assumed equilibrium and optimizes their individual gain irrespective of the cost incurred by the other participant, therefore allowing them to amplify their social power. Those examples can facilitate a fresh look to this area of pragmatics distancing it from the extensive study of conversational principles in relation to tiers of meaning, inference and implicature.

2CHAPTER FIVE: CONCLUSIONS

In response to the study question, the research arrives at a conclusion that violation of conversational principles is one of many linguistic demonstrations of power relations, and can be used to the advantage of certain participants capable of wielding language to express power.

It is important to acknowledge the evasiveness of the linguistic phenomena and, unlike speech acts, the difficulty of placing it within a frame, without breaking the discourse down into its components of semantics, syntax, morphology, as well as figures of speech. Conversational principles, for the purpose of this study, were looked at comprehensively without delving into the details of specific details causing conversational implicatures, flouting and violation and, by extension, power.

Relevant to the subject of the study, relevance, quantity, and quality were most frequently violated for effective power play, while manner as defined by Grice, who himself has thought little of the importance of the maxim, ranks the lowest. Manner, to be clear, remains fuzzy and might need to be readdressed to either incorporate linguistic and paralinguistic mannerisms influencing the discourse, such as vocal intonation and body language, or allow for the emergence of such a concept besides that of manner as explained by Grice.

It is worth noting that while violation of the principles can manipulate power an over-adherence to the rules of cooperation can be just as manipulative

The research concluded that the cooperative principle might be adequately re-examined as a presumption, as discussed in chapter two, and re-approached within a contextual frame to provide realistic examples of adherence and violation and the function of both in natural sociolinguistic settings. While sociopragmatics is sensitive to the social context, power can be

placed in, and critical discourse analysis is biased towards ideological emancipatory agendas, game theory, or game theoretical pragmatics, can give way to a scientific and objective study of conversational principles as strategies of communication and means to power while lessening the emphasis on the philosophical investigation of implicature.

The sociological, social psychological literature neglects the linguistic details contributing to power relations and, discursive analyses are highly indoctrinated in their approaches; the power play caused by the non-observance of the conversational principles is often concealed by other sociolinguistic phenomena such as humor, sarcasm, or face saving or threatening language and thus, is hard to detect.

The repositioning of conversational principles in their discursive context asserts their relation to the participants' knowledge and information management. Both elements can, in various cases, influence the participants' decision to maintain or ignore principles of cooperation.

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Episode	Transcription
1:1 Everybody lies	
07:50-09:17	[Cut to House standing at the elevator, he sees Cuddy and presses the down button twice] Cuddy: I was expecting you in my office 20 minutes ago. House: Really? Well, that's odd, because I had no intention of being in your office 20 minutes ago. Cuddy: You think we have nothing to talk about? House: No, just that I can't think of anything that I'd be interested in. Cuddy: I sign your paychecks. House: I have tenure. Are you going to grab my cane now, stop me from leaving? Cuddy: That would be juvenile. [Both enter the elevator] Cuddy: I can still fire you if you're not doing your job. House: I'm here from 9 to 5. Cuddy: Your billings are practically nonexistent. House: Rough year. Cuddy: You ignore requests for consults. House: I call back. Sometimes I misdial. Cuddy: You're 6 years behind on your obligation to this clinic. House: See, I was right, this doesn't interest me. Cuddy: 6 years, times 3 weeks; you owe me better than 4 months. House: It's 5:00. I'm going home. Cuddy: To what? House: Nice. Cuddy: Look, Dr. House, the only reason that I don't fire you is because your reputation still worth something to this hospital. House: Excellent, we have a point of agreement. You aren't going to fire me. Cuddy: Your reputation won't last up if you don't do your job. The clinic is part of your job. I want you to do your job. House: Well, like the philosopher Jagger once said, "You can't always get what you want."
10:02-11:05	[Cut to House, busting into Cuddy's office] House: You pulled my authorization. Cuddy: Yes, why are you yelling?

	House: No MRIs, no imaging studies, no labs. Cuddy: You also can't make long distance phone calls. House: If you're gonna fire me at least have the guts to face me. Cuddy: Or photocopies; you're still yelling. House: I'm ANGRY! You're risking a patient's life. Cuddy: I assume those are two separate points. House: You showed me disrespect, you embarrassed me and as long as I'm still work here you have…[interrupted] Cuddy: Is your yelling designed to scare me because I'm not sure what I'm supposed to be scared of. More yelling? That's not scary. That you're gonna hurt me? That's scary, but I'm pretty sure I can outrun ya. Cuddy: Oh, I looked into that philosopher you quoted, Jagger, and you're right, "You can't always get what you want," but as it turns out "if you try sometimes you get what you need." House: So, because you want me to treat patients, you aren't letting me treat patients. Cuddy: I need you to do your job.
15:35-16:10	Orange Guy: What's that? What are you doing? House: Painkillers. Orange Guy: Oh, for you, for your leg. House: No, 'cause they're yummy. You want one? It'll make your back feel better. [Guy nods and House gives him a painkiller] House: Unfortunately, you have a deeper problem. Your wife is having an affair. Orange Guy: What?! House: You're orange, you moron! It's one thing for you not to notice, but if your wife hasn't picked up on the fact that her husband has changed color, she's just not paying attention. By the way, do you consume just a ridiculous amount of carrots and mega-dose vitamins? [Guy nods] House: The carrots turn you yellow, the niacin turns you red. Get some finger-paints and do the math. And get a good lawyer.
34:07-36:10	House: I'm Dr. House. Rebecca: It's good to meet you. House: You're being an idiot. Ahem. [Pause] You have a tapeworm in your brain, it's not pleasant, but if we don't do anything you'll be dead by the weekend. Rebecca: Have you actually seen the worm?

	House: When you're all better I'll show you my diplomas. Rebecca: You were sure I had vasculitus too. Now I can't walk and I'm wearing a diaper. What's this treatment gonna do for me? House: I'm not talking about a treatment; I'm talking about a cure. But because I might be wrong, you want to die. Rebecca: What made you a cripple? House: I had an infarction. Rebecca: A heart attack? House: It's what happens when the blood flow is obstructed. If it's in the heart it's a heart attack. If it's in the lungs it's a pulmonary embolism. If it's in the brain it's a stroke. I had it in my thigh muscles. Rebecca: Wasn't there something they could do? House: There was plenty they could do, if they made the right diagnosis, but the only symptom was pain. Not may people get to experience muscle death. Rebecca: Did you think you were dying? House: I hoped I was dying. Rebecca: So you hide in your office, refuse to see patients because you don't like the way people look at you. You feel cheated by life so now you're gonna get even with the world. You want me to fight this. Why? What makes you think I'm so much better than you? House: When you're scared, you'll turn into me. Rebecca: I just want to die with a little dignity. House: There's no such thing! Our bodies break down, sometimes when we're 90, sometimes before we're even born, but it always happens and there's never any dignity in it. I don't care if you can walk, see, wipe your own ass. It's always ugly, always. [Pause] You can live with dignity, we can't die with it.
1:3 Occam's Razor	
04:10-05:11	House: CBC was unremarkable, abdominal CT scan didn't show anything. So, people, differential diagnosis. What's wrong with her? Cameron: Him. House: Him, her, does it matter? Does anyone think it is a testicular problem? No, so Chase… Chase: Absidia infection? Foreman: No, you wouldn't get the rash or cough. What about arthritis? Accompanying vasculitis causes nerve damage – Cameron: No, it wouldn't cause the blood pressure problems. Allergy?

	Chase: The kid's got abdominal pain. Maybe carcinoid?< Foreman: Nah, but then you wouldn't get the – [House slams a giant book in front of Foreman.] House: Foreman, if you're going to list all the things it's not, it might be quicker to do it alphabetically.< Let's see. Absidia? Excellent.< Doesn't account for any of the symptoms.< Cameron: No condition accounts for all these symptoms. House: Well, good!< Because I thought maybe he was sick, but apparently he's not. Who wants to do up the discharge papers? [pause]< Okay, unless we control the blood pressure, he's going to start circling the drain before we can figure out what's wrong with him. Treat him for sepsis, broad-spectrum antibiotics and I want a cort-stim test and an echocardiogram.
06:10-07:20	House: Nice. [He walks over to the waiting room full of patients.] Hello, sick people and their loved ones! [Cuddy looks at him incredulously.] In the interest of saving time and avoiding a lot of boring chit-chat later, I'm Dr. Gregory House. You can call me Gregg. I'm one of three doctors staffing this clinic this morning. Cuddy: Short, sweet.< Grab a file. House: This ray of sunshine is Dr. Lisa Cuddy. Dr. Cuddy runs this whole hospital so, unfortunately, she's much too busy to deal with you.< I am a bored[looks at Cuddy] certified diagnostician with a double specialty of infectious disease and nephrology. I'm also the only doctor currently employed at this clinic who is here against his will.< That is true, isn't it? [Cuddy just looks at him.] But not to worry, because for most of you this job could be done by a monkey with a bottle of Motrin.< Speaking of which, if you're particularly annoying, you may see me reach for this. This is Vicodin. It's mine.< You can't have any.< And no, I do not have a pain management problem, I have a pain problem. But who knows? Maybe I'm wrong.< Maybe I'm too stoned to tell.< So, who wants me?< [None of the clinic patients seem too eager.] And who would rather wait for one of the other two doctors? [Everyone raises their hands.] Okay, well, I'll be in Exam Room 1 if you change your mind.
15:45-16:57	[Cut to the clinic, where House is very involved in his Gameboy.] Clinic patient: What are you doing? House: Level 4. Patient: No, I mean – House: I know what you meant. We're waiting. Patient: My throat hurts. House: So you said. Patient: How long are we waiting? House: Two minutes less then when you asked me two minutes ago. [Cuddy walks in.]

	Patient: Hi. Cuddy: Hi. I'm Dr. Cuddy. Nice to meet you. House: Dr. Cuddy, thanks for the consult. [He closes the Gameboy.] His throat seems to have some condition. Cuddy: Say "Ah". Patient. Ah. Cuddy: He has a sore throat. House: Of course! Yes, why didn't I… I mean, because he said that… it hurt, and I, I should have deduced that meant it was sore… Cuddy: I was in a board meeting. House: Patients come first, right? Cuddy: Wouldn't want to prescribe a lozenge if there was any doubt about its efficacy, huh? House: You once asked why I think I'm always right, and I realized that you're right… at least, I think you're right. I don't really know now, do I? [Cuddy smiles.] Patient: Hey!< I'm here. Cuddy: Go home.< Drink some hot tea. [She leaves.]
18:03-19:03	House: What did you find out? Foreman: The kidney failure. It's acute interstitial nephritis.< House: I wonder if that's significant. Foreman: It means the antibiotics didn't cause the kidney failure. How did you know? House: Well, if you guys hadn't been so busy trying to prove me wrong, you might have checked in on the poor kid. Foreman: You visited a patient? House: I was sitting by his bed all morning, just so he'd know someone was there for him. Wilson: I looked in on him. He's much better. House: Ergo, the treatment's working. Ergo, me right, you wrong. Foreman: Hey, I'm glad for the kid. [He leaves.] Wilson: That smugness of yours really is an attractive quality. House: Thank you. It was either that or get my hair highlighted. Smugness is easier to maintain. Wilson: I get that you're not a big believer in the 'catching flies with honey' approach, but do you honestly think you'll collect a jarful by cleverly taunting them? House: Flies, no. Doctors, sure. If I'd said to Foreman, "Nice try, it was a great guess, but not this time," what do you think he'd be doing right now?

	Wilson: I think he'd be going home not feeling like a piece of crap. House: Exactly. Wilson: You want him to feel like a piece of crap? House: No, I don't want him going home.
30:20-31:49	[Cut to the Merrells and Mindy sitting in a waiting room. House and Co. come walking up to them.] Mindy: He's resting; he – House: I'm Dr. House. I'm your son's physician. Mrs. Merrell: Oh, you're the one we haven't met yet. Mr. Merrell: You're the one he hasn't met. How can you treat someone without meeting them? House: It's easy if you don't give a crap about them. That's a good thing. If emotions made you act rationally, then they wouldn't be called emotions, would they? That's why we have this nice division of labor: you hold his hand, I get him better. If I start tucking him in at night, well, that's not fair to you guys, and if you start prescribing medicine, that's not fair to me. So what I want to know is: who stepped on my side of the med? Who cared enough to get stupid enough to give him his cough medicine? Mindy: When we checked in Dr. Foreman said – House: Tuesday, he's getting better. Wednesday, he's getting sick again. Somebody gave him his cough medicine Wednesday. [pause]< Come on, nobody's gonna be mad. I just want to know who tried to kill the kid. Foreman: Dr. House, maybe we should – Mrs. Merrell: His throat was sore. House: Page Dr. Occam. He's gonna want to hear about this. Mrs. Merrell: Sorry! He was coughing, and I just wanted to help him – House: I wish you would dare.< Where are the pills? Mrs. Merrell: He took the last of them before he was switched into that room. Cameron: They're all gone? Mrs. Merrell: It was just cough medicine! House: No, it wasn't.< Where's the bottle?
36:10-38:13	[Cut back to the clinic. House enters to find a boy standing in the room.] House: How you doing? Patient: Okay. House: Great. I'm doing good, too. I get to knock off an hour early today.Know why? 'Cause I kissed my boss' ass, you ever do that? I think she just said yes because she wants to reinforce that behavior. Wants me to kiss a lot of other people's ass, like she wants me to kiss yours.[Boy makes an odd face.] What would you want, a

	doctor who holds your hand while you die, or a doctor who ignores you while you get better? I guess it would particularly suck to have a doctor who ignores you while you die. Patient: I should go. House: You think it's going to come out on its own? Are we talking bigger than a breadbasket? 'Cause actually, it will come out on its own, which for small stuff is no problem. Gets wrapped up in a nice soft package and plop! Big stuff, you're going to rip something, which speaking medically, is when the fun stops. Patient: How did you – House: You've been here half an hour and haven't sat down, that tells me its location. You haven't told me what it is, that tells me it's humiliating. You have a little birdie carved on your arm, that tells me you have a high tolerance for humiliation, so I figure it's not hemorrhoids. [pause] I've been a doctor 20 years, you're not going to surprise me. Patient: It's an MP3 player. House: [has to digest this for a moment] Is it… is it because of the size, or the shape, or the pounding bass line? Patient: What are we going to do? House: [looks at his watch] I'm gonna wait. Patient: For what?
1:5 Damned if You Do-	
00:55-04:51	House: Hi. I'm Dr. House. What seems to be the problem? Sr. Eucharist: Show him your hands, Augustine. [House pops a couple Vicodin. Augustine shows her hands, which are red, swollen, and covered in hives and sores. Sr. Pius: It looks like… stigmata. Sr. Eucharist: Shhhh, Pius! House: You must be all the talk around the holy water cooler. You been washing a lot of dishes recently? Sr. Augustine: I help out in the kitchen. House: Anything new in the kitchen? Sr. Pius: We just got a donation of saucepans and pots this week. Sr. Augustine: I unpacked and washed them. House: Should have spent your time saving souls, it's easier on the hands. This is contact dermatitis; you're allergic to dish soap. Sr. Eucharist: Nonsense! We've always used that soap. Why is there a problem now? House: I've been a doctor for years. Why do I have to keep assuring people that I know what I'm doing? A person can become allergic to substances that they've had repeated and prolonged exposure to. The good news

	is: free samples. Diphenhydramine. It's an antihistamine. It'll stop the allergic reaction. Take one every eight hours, it might make you feel a little sleepy. And get some of that over-the-counter cortisone cream. Sr. Augustine: Thank you, Doctor. House: You want some water? [He hands her the pills.] Sr. Augustine: I have some tea. House: Well, you just relax for a few minutes. That stuff works pretty fast. [He leaves. The other sisters help Augustine take the medication with her thermos of tea. House to the clinic main desk and throws the chart down on the pile of other ones.] Wilson: Still out by twelve. House: How do you solve a problem like dermatitis? Wilson: What? Sr. Eucharist: Doctor? I want to thank you for your patience. Wilson: She talking to you? House: I don't know. She's certainly looking at me. Sr. Eucharist: Oh, it's good to get a secular diagnosis. The sisters tend to interpret their diagnosis as divine intervention. House: And you don't? Then you're wearing an awfully funny hat. Wilson: Oooh, boy. Excuse me. [He leaves.] Sr. Eucharist: If I break my leg, I believe it happened for a reason. I believe God wanted me to break my leg. I also believe He wants me to put a cast on it. [House smiles slightly.] Sr. Pius: Doctor, something's wrong! Cut to Exam Room 1, where Augustine is having an asthma attack. House grabs his stethoscope.]
18:00-20:00	Soap Doc: Nothing, but I saw you at the Christmas party with Dr. [fades out. Sr. Eucharist walks in, makes the sign of the cross, and turns to sit. She sees House in the pew.] Eucharist: This is a chapel. A house of prayer. House: House of prayer, huh. That explains the good reception. Also why nobody's ever here. Eucharist: I need to talk with you, Dr. House. Sister Augustine believes in things that aren't real. House: I thought that was a job requirement for you people. Eucharist: She's been known to lie to get sympathy. She's a hypochondriac. House: [turns off TV] So, you're warning me that I may be treating a non-existent ailment Eucharist: Sore throats, joint pains… there's always something wrong, and there's never a reason for it. Mother Superior plays right into it. Lets Augustine off work duties, treating her as fragile, special.

	House: That must make you angry. [eats a piece of chocolate] Eucharist: It bothers me. It's not really in Augustine's best interests. [She keeps looking at the chocolate bar.] House: [offers the chocolate] Want some? Eucharist: I shouldn't. [takes the bar and sits down next to House] House: I guess you've got to be good at reading people to be a good infirmarian, huh. Eucharist: [around a mouthful of chocolate] Mm hmm. House: So, we've got pride, anger, envy, gluttony…. That's four out of seven deadly sins in two minutes. Do you people keep records of these things? Is there a Cathlympics? Eucharist: They say you have a gift. House: They like to talk. Eucharist: You hide behind your intelligence. House: Yeah, that's pretty stupid. Eucharist: And you make jokes because you're afraid to take anything seriously. Because if you take things seriously, they matter, and if they matter – House: And when things go wrong, I get hurt. I'm not tough, I'm vulnerable. Eucharist: I barely know you, and I don't know if I'm right. I just hope I am. Because the alternative is, you really are as miserable as you seem to be. [pause] House: You know, from the way you're looking at me right now, I'd say you just hit number five: lust. [Eucharist hands House his candy bar and leaves. House pulls out his pocket TV.]
25:04-25:58	Chase: My mother's been dead for 10 years. House: But she's always with you in spirit. What do you know about the nun? Chase: Which one? House: The cute one. I think she likes me. The sick one, obviously. Chase: Her parents died when she was a child and she's been with the Church ever since. House: What's she lying about? Chase: Why do you say that? House: I always say that. And the old nun says the sick nun is a big fat nun liar. You know nuns, what do you think? Chase: I don't know nuns. House: You hate nuns. You can't hate someone if you don't know them. Chase: Know any Nazis? Maybe I hate them on principle. House: I have a theory on what makes good boys "good". It's not because of some moral imperative. Good boys

	have the fear of God put into them. Catholic Church specializes in that kind of training, to make good boys afraid of divine retribution so they will do what their daddies tell them, like, for example, going into medical school when it's the last thing they want to do. What do you think? Chase: I think if she did have a secret, her boss would know. [He leaves.]
1:7 Fidelity-	
21:19-22:40	[Exam Room 1] Mrs. Campbell: Do I have to get rid of the implants? House: Surprisingly, no. But your EKG shows a slightly decreased heart rate. Mrs. Campbell: Is that a problem? House: You told me you hadn't changed your diet or exercise, were you lying? Mrs. Campbell: Lying? House: Does your husband have high blood pressure? Mrs. Campbell: My husband? House: Yeah..see, if you're gonna repeat everything I say this conversation is gonna take twice as long. Mrs. Campbell: Yes, he was diagnosed six moths ago… House: He do a lot of cooking at home? Mrs. Campbell: Not really, other than oatmeal in the morning. House: Did you happen to notice a slightly odd taste to the oatmeal lately? Mrs. Campbell: Wait, are you saying that-- House: That it looks like your husband stirred in some of his blood pressure medication along with brown sugar. Mrs. Campbell: You think myhusbands trying to poison me?! House: No, nothing like that. He just doesn't want to have sex with you. [Mrs. Campbell looks stunned] Decreased sex drive is one of the most common side effects of the beta blockers he's been taking. I'm guessing he figured if you're both frigid, no harm no foul. You should have gotten him the sweater. Mrs. Campbell: That's ridiculous. House: Fine. But if you're still concerned about the shortness of breath, I'd start making your own breakfast. [opens the door to leave] Mrs. Campbell: Wait! What should I do? House: Well, if you care about your husband at all, I'd do the responsible thing: buy yourself some condoms, go to a bar, find… [seems to realize something] Huh. [leaves]
1:9 DNR-	
17:00-19:40	Judge Winter: Mr. House faces criminal charges for battery against… John Henry Giles. You beat up a guy in a

	wheelchair? House's attorney: Dr. House is alleged to have forced a tube down Mr. Giles' throat against his will. [House stands up.] House: A medical tube, saving his life. Judge Winter: Dr. House, please let your attorney speak for you. [House's attorney makes a noise in the back of his throat.] House: I'm sorry, your Honor. I was way out of line. [He sits.] Judge Winter: So, uh, your client forced the patient into this position, [Cora shakes her head at House (very cryptically, I might say)] and now he wants a court order to force the patient to stay that way. House's attorney: Without the tube, there's a high likelihood that Mr. Giles will die. Judge Winter: Well, I assume the patient knows that, he had a DNR. That's why your client is facing criminal charges, right? House's attorney: Exactly. And Mr. Giles' death will violate my client's Sixth Amendment right. Judge Winter: The right to face his accuser. [He smiles.] That's clever, huh? Giles' attorney: Your Honor [he stands], in Commonwealth of Pennsylvania v. Hozelton, the 3rd district ruled that a defendant may not use that status to rule against a felony charge [he fades out. Wilson, who's sitting behind House, leans forward to talk to him.] Wilson: Why are you doing this? It's not going to keep you out of jail. House: No. Wilson: Even if you win, the restraining order and battery charge stay in place. What have you gained? House: Time. Wilson: To diagnose him? You can't get near him! House: I don't want to get near him. Wilson: You know how some doctors have the Messiah complex, they need to save the world? You've got the Rubik's complex, you need to solve the puzzle. House: Are you done, or do you have more references to 1980s fads? I'm trying to listen to this. [He turns back to the topic at hand, tugging at his shirt collar.] House's attorney: That DNR may not be valid. The patient was suffering from depression brought on from a thyroid imbalance. Judge Winter: The DNR order was witnessed by Dr. House's own staff, a, a Dr. Foreman. [House stands.] House: My staff are idiots. I'm sure you know what it's like, your Honor. Judge Winter: Sit down! [House sits.]

	House's attorney: The validity of the DNR is a question of fact. Dr. House should have the opportunity to make his argument at a full trial. Judge Winter: And this poor guy has gotta stay on life support until we can schedule a trial. [House stands.] House: Your Honor – Judge Winter: Dr. House, I will hold you in contempt if you don't sit down. House: I have a medical issue. Judge Winter: If it pertains to this case your attorney should – House: It doesn't. Do you have any history of heart disease in your family? [Giles' attorney scoffs.] Giles' attorney: Your Honor! House: Your fingers. They show signs of clubbing, which indicate a health problem. Remember Bart Giamotti? Same thing, just dropped dead one day. Please see your doctor. Giles' attorney: He's admitted this isn't relevant. Can we please get back to the motion? House: Of course, I'm sorry. [He sits.] Giles' attorney: Your Honor, a person's right to control the treatment of their own body is fundamental to understanding this case. A long line of -- [He fades out. The judge is examining his fingers in the light of the lamp.] [Cut to Wilson and House walking out of the elevator of the courthouse.]
1:11 Detox-	
03:05-04:30	Pharmacist: [still on phone] All right, thank you. [He hangs up.] Okay, pharmaceuticals were delivered this morning, but shipping accidentally sent the box with Vicodin to research. House: Hmmm. That's a tough one. If only we had some way to communicate with another part of the building. [He picks up the phone for the pharmacist, Cameron walks up.] Cameron: 16-year-old MVA victim. He's been in and out of the hospital for three weeks with internal bleeding, no one can find the cause. House: Internal bleeding after a car accident, wow, that's shocking! [to pharmacist] Let me talk to shipping, I speak their language. Cameron: It's been three weeks – House: [to Cuddy, who is at the clinic desk] Your hospital doesn't have my pain medication. Pharmacist: Shipping says it's going to be an hour. [Cuddy comes to the phone.] Cuddy: This is Dr. Cuddy, what's going on? Cameron: The crash didn't cause the bleed. House: Right, the bleed caused the crash. Blood got on the road, it got all slippery. [to the room] Anyone here

	got drugs? [everyone looks at him, one clinic patient raises his hand] Cameron: She saw his blood, she got distracted, and she crashed his dad's Porsche. House: Dad loved that. Cameron: He was – House: Don't talk. Cuddy: It's gonna be an hour. House: Well, thank God you took control. Cuddy: If you can't wait one hour to get your– Cameron: Kid's got hemolytic anemia. [House and Cuddy turn to look at her.] Cuddy: Kid? How old? [takes chart] House: He must have inherited it. He's gonna die. My condolences. Cameron: It wasn't inherited. The problem's outside the red blood cells. Cuddy: This is impossible. A 16-year-old doesn't get hemolytic anemia – House: Give her back the file; you have bigger problems to tend to, like my meds. Cuddy: Elevated indirect bilirubin, low serum haptoglobin… House: He's got meningitis. Cuddy: [looks at chart] Uh… no. House: Artificial heart valve. Cameron: No. [House looks at the chart himself.] House: Get everyone in my office.
06:00-08:09	House: Come on, come on, come on, come on… [As soon as House gets the bottle, he dry-swallows a couple pills. Cuddy catches up to him on his way out the clinic doors. Cuddy: You know, there are other ways to manage pain. House: Like what, laughter? Meditation? Got a guy who can fix my third chakra? Cuddy: You're addicted. House: If the pills ran my life I'd agree with you, but it's my leg busy calendaring what I can't do. Cuddy: You're in denial. House: Right, I never had an infarction in my leg, no dead muscle, no nerve damage. Doesn't even hurt. [he presses the button for the elevator] Actually, it kind of tickles. The chicks dig this. [raises cane] Better than a puppy. Cuddy: It's not just your leg. You wanna get high! You're doing what, 80 mg a day? House: Oh, that's way too much! Moderation is the key. Unless there's pain.

	Cuddy: It's double what you were taking when I hired you. House: 'Cause you're twice as annoying. Cuddy: I can't always be here to protect you. Patients talk. Doctors talk. [elevator doors open] House: About how big your ass has gotten lately? Not me, I defend it. You got back. [They walk into the full elevator.] [Cut to House and Cuddy walking out of the elevator.] Cuddy: You can't go a week without your drugs. House: No, I don't want to go a week without the drugs, it'll hurt. Cuddy: No, you can't. If you're just getting off pain medication, it will hurt, you won't be having a great time, but you'll make it. If you're detoxing you'll have chills, nausea… your pain will magnify five, ten times. You won't make it. House: Well, I guess we'll never know. Cuddy: I'll give you a week off clinic duty if you can go a week off narcotics. House: No way! I love the clinic. Cuddy: You love the pills. Two weeks. House: Pills don't make me high. They make me neutral. Cuddy: A month. [A pause. House reaches into his pocket and pulls out his Vicodin.] House: You're on, mister. [He throws the pills to Cuddy, who looks positively giddy.]
19:50-20:24	Pam: Ah, I'm so scared they're not gonnafind out what's wrong with you. Keith: No biggie. I'm fine. Pam: I feel so bad about this. It's all my fault. Keith: No. No, it's not. Pam: But your father. He hates me. Keith: He's just pissed about his car. [She leans in to kiss him again, but he pushes her back just in time to vomit all over her shirt.] Pam: Help, help help! [Dad rushes in.] [Cut to the bed being wheeled to ICU. House meets them in the hallway.] House: What's wrong? Cameron: AST is 859, we're getting him to the ICU. Chase: ALT and GDT were in the tank. Our antibiotics – House: Would not have caused this. Dad: She must have given him drugs.

	Pam: I wouldn't do that! House: It's not drugs! His liver is shutting down. Dad: What? What does that mean? House: It means he's all better. He's ready to go home. Dad: What? House: What do you think it means? You can't live without a liver, he's dying! Dad: What is your problem? House: Bum leg, what's yours? Foreman: Hey, we don't have time for this, let's go.
1:13 Cursed.	
03:45-05:20	[Cut to House, looking for something in Diagnostic/his office. Cuddy is hounding him to take a case.] Cuddy: Male, spiking fever, congested chest and coughing up green sputum, pain in breathing – House: Baffling. Though I vaguely recall a disease called noomonia, numania? Cuddy: But his X-ray and CT scan show an atypical pattern for pneumonia. House: Pneumonia! That's it. Just a guess here, but are his parents big donors? Cuddy: No infiltrate! Just enlarged hilar lymph nodes. House: Tiny unicorns goring his bronchial tubes would be cooler. And the way you're ignoring my question… wow, they're extremely big donors. Cuddy: He's not responding to cefuroxime, his pulsox is dropping much faster than it should for pneumonia, and plus, he's got an odd little rash. House: Excessive irritation. He's 12, he's on auto-stroke – Cuddy: On his arm. Papular lesion, one centimeter, on top of a long thin scab. House: Ah, you need a dermatologist. If it's dry, keep it wet, if it's wet, keep it dry, if it's not supposed to be there, cut it off. I never could master all of that. [House finds what he's been looking for – a Vicodin.] There you are. Were you scared? It's okay. You're home now. [He takes it.] Cuddy: Fine. House: Cuddy. As a special favor to you – Cuddy: No! Admit it, I got you with the rash. House: The rash is a total snooze. [takes the chart] Unless it's connected to the pneumonia, then it's party time.
21:03-21:47	Jeffrey: You know why I give money to this hospital? It's the only way to get attention. You see this? [He holds up his wrist.] House: Is this a magic trick? Because I am a total David Copperfield fan, although that "Tornado of Fire," that

	seemed a little fake – Jeffrey: Pain in the wrist. Won't go away for months. [House pops a Vicodin.] Six doctors' brilliant conclusion is to take it easy. I write a check, name goes on a plaque, and forty-eight hours later I've got two MRIs, a bone scan, and a diagnosis: carpal tunnel. I'm in surgery that afternoon. House: Fascinating story. You thought of adapting it for the stage? [His beeper beeps, he goes to get it in his office.] Jeffrey: I love my – look at me! – love my son, love him more than anything else in the world, and you're going to start paying attention to this case, or I'm going to make things miserable for – House: Go back to your son's room. Jeffrey: I'm not leaving here until you get your ass in gear – House: There's a problem. [Jeffrey walks out, and..]
1:15 Mob Rules-	
04:57-06:39	Bill: Dr. House, Bill Arnello. [He shakes House's hand.] I'm a lawyer, I represent Mr. Smith. What's wrong with him? House: Do I come to you with my problems? Bill: He's also my brother. House: What, you changed your name? "Smith" wasn't good enough for you? Bill: His name's Joey, he's my only brother. House: He's important to you, got it. So, no placebos for him, we'll use the real medicine. [Elevator dings, House gets in.] Well, this was fun, let's do it again soon. [Bill follows him in.] Brother in the Mafia? [Door closes, because the elevator door has the best sense of dramatic/comedic timing in the whole show.] So, just Joey? I was hoping for a nickname. Joey Mango. Joey the Wrench. [Bill hits the emergency stop.] People know where I am. Bill: I want you to do your job. Diagnose him, fix him, and keep him here. House: We're a bit of a specialized hospital. We generally only deal with patients when they're actually sick. Bill: If you release my brother to the government, and he does what they want, even if you fix him, he's dead. I need time to convince him of that. [He shuts off the stop.] Good news is, if you screw up you don't have to worry about a malpractice suit. If he's dead, one by one, I'll take away the things you love 'till there's nothing left. [Elevator opens, House leaves.] House: So, on the Mafia thing, that's a yes.
1:17 Role Model-	
04:21-06:13	Senator: I appreciate your keeping the media way.

	Foreman: We're keeping your staff away as well. You're taking it easy, now. Senator: I'm in the middle of a campaign. Foreman: The faster we can get you better, the faster you can get out of here. Anyone else at the fundraiser get sick? Senator: I don't think so. And I don't think that's it, I've been under the weather for weeks, you know. Lots of traveling, supposed to be in the Sudan next week. [Beeps are heard from the corner, namely, from House's gameboy.] House: Helps me concentrate. [Puts down Nintendo, picks up Vicodin.] Even better than drugs. [He pops one to demonstrate.] Foreman: Open your mouth, please. [Senator Wright does, and there's a nasty scar on his tongue.] That's quite a scar. Senator: When I was six, I fell off the swings and bit my tongue. Couldn't talk right for the longest time. Lots of teasing. But, you know, it just made me fight harder, speak up for those who can't. House: Yeah, yeah, yeah. Tongues heal too fast. Your political consultants have written you a nice story. In a tight race the lispers alone could put you over the top. Senator: You a Republican, or you just hate all politicians? House: I just find being forced to sit through drivel annoying. Senator: You find sincerity annoying. House: You're a black kid from the ghetto who made it to Yale Law and the United States Senate. That's a sufficiently mythical story, you don't need to lie about your tongue. [Foreman has been checking the Senator's reflexes; the left leg was okay, but the right didn't move.] Must have missed it. Senator: What's wrong? [House tests the reflexes himself, no change.] What is it? House: It's not the food. It's your brain. [to Foreman] Get an MRI and a lumbar puncture. [to Wright] Cancel your travel plans.
16:10-16:54	[Cut to Exam Room One, where Sarah is back with a mysterious bruise on her neck…] Sarah: Petechial bruising? I don't know if I'm pronouncing that right. House: Gosh, the internet is such a wonderful tool. Sarah: It could be leukemia. House: Definitely possible. The more likely diagnosis is hickey. Sarah: Well, it can't be a hickey. House: [exasperated] Why is everybody so ashamed of sex all of a sudden? Sarah: I'm not having sex. I've barely even thought about sex since my marriage. [House pulls a hair from

	Sarah's head.] Ow! House: I say you're having sex, you say you're not. Either you're lying, or I'm wrong. Or there's some middle ground. Sarah: You mean like oral? House: I mean you're having sex without knowing it. I'm testing you for booze, drugs and GHB. Sarah: I don't drink, and… what's GHB? House: The date rape drug. [He leaves.]
1:19 Kids-	
09:33-11:06	Chase: Maybe something systemic. Foreman: Or maybe it's meningitis. House: She's had the rash a week. If it was this meningitis, she'd be dead by now. [Cuddy walks up.] Cuddy: You guys figure we're done down there? The 800 people milling around are just waiting for the bathroom? House: 12-year-old female. Fever, rash, neck pains. Not meningitis. Cuddy: It's the definition of meningitis! House: Sure, pus in the spinal canal makes it hurt to move your head up and down, but her head only hurts moving side to side. Cuddy: Oh, side to side. House: Doesn't fit. Cuddy: The three of you, lobby, now. House: Those little pills you're passing out so efficiently aren't going to do Miss Louganis squat. Cuddy: You just don't want to deal with the epidemic. House: That's right. I'm subjecting a 12-year-old to a battery of dangerous and evasive tests to avoid being bored. [Everyone stares at him.] Okay, maybe I would do that, but I'm not. If it turns out she does have meningitis, you're right, you win, but if we go back downstairs and she dies… your face will be so red. Cuddy: You have one hour. [She stalks off.]
20:15-21:13	House: Right rudder. [She follows.] Bank, bank, bank! Cuddy: Good coffee? [Having stopped the show here, I'd like to point out that right here, both House and Wilson are staring at Cuddy's cleavage. Bwah.] The rest of this hospital is busting it's tail, and… [House raises the chart he's holding to cover Cuddy's midsection.] What are you doing? House: Trying to think of anything except the produce department at Whole Foods. [Wilson tries not to smile/laugh.]

	Cuddy: I am… working, it got hot, stop acting like a 13-year-old! House: Sorry, you just don't usually see breasts like that on Deans of Medicine. Cuddy: Oh, women can't be heads of hospitals? Or just ugly ones? House: No, they can be babes. You just don't usually see their funbags. Cuddy: Your 3 o'clock interview for Dr. Cameron's position is in your office. House: Ah, not interviewing today. I don't know if you've heard, but there's this big time epidemic. Many sick people puking in the hallways, it's crazy. Wilson: I'll send the interview home, we can reschedule. Cuddy: No, you won't. You will interview this person, and if he can put two sentences together you will send him to the lobby where he will do his job. Unlike the two of you.
22:25-23:41	Dr. Spain: You know, I really admire the way you don't care what anyone thinks. You just do what you want, the way you want. Wilson: So, you went to Hopkins for both undergrad and med school? Dr. Spain: That's right. House: He's in a band. Dr. Spain: You into music? House: Totally. What kind of music do you play? Dr. Spain: Um, mostly blues, you know. James Cotton, some original stuff. House: [pops a Vicodin] Oh, dude. You are so hired. Dr. Spain: Really? House: Not a chance. Dr. Spain: Why? House: Tattoo. [Dr. Spain turns his right arm to reveal an Asian symbol on his forearm.] Dr. Spain: Wow. I thought you'd be the last person to have a problem with nonconformity. House: Nonconformity, right. I can't remember the last time I saw a 20-something kid with a tattoo of an Asian letter on his wrist. You are one wicked free thinker. You want to be a rebel? Stop being cool. Wear a pocket protector like he does and get a haircut. Like the Asian kids who don't leave the library for 20 hours stretches, they're the ones who don't care what you think. Sayonara. [Dr. Spain leaves.] Wilson: So should I go through all the resumes looking for Asian names? House: Actually, the Asian kids are probably just responding to parental pressure, but my point is still valid
31:06-31:25	House: I need an operating room and a surgeon. Cuddy: Oh, well, given the current crisis I'm tempted to say no, but since you've been so sweet to me today –

	House: Our little mermaid is bleeding into her temporal lobe. Cuddy: How fast can you have her prepped? House: 20 minutes. Cuddy: You'll have a surgeon in the room in 10.
1:21Three Stories.	
NOTHING RELEVANT TO RESEARCH	

2:2 Autopsy	Transcription
07:41- 07:55	Foreman: House. Hey, house. Andie's MRI and tox screen were clean. No infection. No neurotoxins. [House hands his bag and tosses his cane to Cameron then takes the test results] House: Oxygen saturation is 94%, check her heart. Foreman: Her oxygen saturation is normal. House: It's off by one percentage point. Foreman: It's within range. It's normal. House: If her DNA was off by one percentage point she'd be a dolphin. We've got a patient, who for no obvious reason is hallucinating. Since it's not obvious, I thought we'd go with subtle.
25:23- 26:40	Foreman: The amygdala near the hippocampus; it's a big area and a busy one. You blindly cut in there you'll kill her. The only time you're going to see this clot is at autopsy. [Light bulb moment] House: Then let's do that. [Cuddy's office] House: Is it still illegal to perform an autopsy on a living person? Cuddy: Are you high? House: If it's Tuesday, I'm wasted. Cuddy: It's Wednesday. House: I want to induce a hypothermic cardiac arrest. Once the patients on bypass we siphon off two liters of blood then perfuse the brain while she's in an MRI. Cuddy: You're actually talking about killing her. House: Just for a little while, I'll bring her right back. Cuddy: Oh, well, in that case go ahead. Why are we even talking? House: If we do nothing she's dead in a day, maybe a week; the kind that lasts. Cuddy: We need FDA approval for any surgical technique that's used for diagnostic purposes. House: Absolutely. If we were doing anything invasive; but there's nothing invasive. [He almost sneezes] Gah. You know, I'm not cutting into her head I'm just looking for a clot. Cuddy: Not invasive? You're killing her. House: Don't split hairs, if it works she lives. Cuddy: Make sure the mom understands that this is a million to one shot.

	House: I'll see that Wilson passes that along.
2:4 TB or not TB-	
04:48-06:55	[House enters.] Dr. House, I'm Sebastian Charles. [He offers his hand, which House walks right by.] House: Patients aren't usually part of the diagnostic process. Sebastian: Well, I'm a doctor.... Listen, I know you guys don't make a lot of money, but– Cameron: I wrote your people a check last month. Sebastian: Oh, well... write us another one. Foreman: Talk to Chase, he's rich. Chase: My dad, not me. Sebastian: Every minute, four people die of TB. House: [writing on the board] Wow, how can you sleep at night? Sebastian: There're people dying in Africa of a disease that we cured over – 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 got to 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 going to take at least ten minutes so that's another 40 dead, another 40 notes.... Why don't you go wrack yourself with guilt in your own room? Sebastian: No, thanks, I'll stay. I'd like to hear the differential. House: Dr. Cameron, tell the doctor why it's not a good idea for the patient to be here. Cameron: He's an immunologist and a TB expert. House: That'll be very useful if we need somebody to say the words, "I think it's TB." [He sniffs.] What is that? 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 kind of used to it, I don't even notice it. House: Who thinks it smells like an elephant dung smoothie? Cameron: It smells okay to me. [Sebastian laughs.] 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? Cameron: He's not an idiot. House: Sure, you say that now, while he's in the room. Sebastian: Look, I don't have time for this. It's TB. House: Nope. The symptoms are too varied. Sebastian: Well, if you haven't seen 10,000 cases I'd agree that's what you'd think. House: Told you he's an idiot. You said you wanted a second opinion.

	Sebastian: No, actually. My backers wanted a second opinion. House: Yeah, doesn't look good if you drop dead while wearing your shoes sponsor's logo. Sebastian: It's TB, and I'm not dying. I'm going to want you to plan a PPD and induce sputum to confirm the TB. [House nods to Chase and Foreman, who stand up. Sebastian follows.] Imaging studies will determine the progress, and I think we should probably take a CT-scan of my lungs just so that nobody second-guesses us? House: Wouldn't want that. [Sebastian's cell rings. He answers it.]
10:49-12:00	House: Seriously? No wonder everyone's going after that peace thing. [The elevator dings, and they walkout into the hospital lobby.] Wilson: He cures thousands of people every year, you cure, what? 30? House: McDonald's makes a better hamburger than your mother because they make more? Wilson: Oh, I see! So you hate him because the lives he saves aren't as good as the lives you save. House: Yup, that's the reason. Nobel invented dynamite. I won't accept his blood money. [Cut to House in the clinic.] Mandy: The top of my head's killing me. [She puts her hand on her head to demonstrate.] House: Hmmm. 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] Mandy: Ow! That is not the top of my head! House: Eh, close enough for clinic. Your sinuses are clogged. Judging by the scratches on your hands, I'm guessing a new cat. Mandy: It was my mother's. She's dead. House: You keep a dead cat? Mandy: No. My mother's dead. House: Oh. Poor cat. You're allergic. We can control it with antihistamine, one pill a day. Mandy: Pills? House: You don't like to swallow. Not surprised. Forget the pills. I'll give you a nasal spray. Mandy: Steroids? Is there something else you can give me? House: Well, if you lived by the river, I've got a bag.
2:6 Spin-	
28:30-30:00	House: He'll be fine. Sort of. I don't have time to watch him write out answers [he pulls out an oxygen mask and puts it over Jeff's nose and mouth] PRCA comes in two varieties, chronic and acute. Since it came on fast, you have the acute version. Manager: He doesn't have cancer?

	House: That's the good news. Bad news is, pants are on fire. Acute PRCA is caused by drugs, most commonly, EPO. Ready, and... action! [he pulls the gas mask off] Jeff: I haven't used EPO. House: [puts the gas mask back on] Ok, this time, more anger! Remember, this guy's accusing you of cheating. [Takes the gas mask off again] Jeff: I haven't used that stuff. House: Oh [kisses his fingertips] mwah, I believed it. It was simple, it was pure. Did you believe it? [Takes the gas mask off] I guess it's silly to cancel someone over the first audition. Why don't you do a reading? Manager: [Snatches the mask out of House's hands and gives it back to Jeff] Give me that! He doesn't do EPO! House: Hmm...what do you think? That was a different way to go but, I don't know, I just didn't buy it. Does she handle any of your injections? Manager: You think I'm giving it to him? Test him! House: Gee, that's a great idea. I sure hope that EPO's not one of those drugs that's undetectable after six hours. Hey you know what we can test for? Phone calls. Take her cell phone, push the redial button, even money says it'll be connected to the newspaper that leaked your cancer story [Manager glares at him] Okay... [He reaches over to grab the phone at the foot of the bed but she grabs it first] Manager: Okay, I should have told you. It's not just about the races, Jeff, it's about your image, okay? If you come back from cancer, those sponsors will be all over you. Okay so I messed up, okay, but I did NOT give you EPO!
35:00-35:21	Jeff: I'm not getting any better. Does that mean I'm-- [House takes out his syringe and pokes Jeff right in the thigh and injects something into his thigh before pulling it back out] Jeff: Ow. House: You are healed! Rise and walk. Jeff: Are you insane? House: In the Bible, you just say "Yes Lord" and then, start right in on the praising.
2:8 The Mistake	
14:50-15:50	[House is checking the man out with his stethoscope.] Patient: Two months like this. House: Let me guess, no insurance, just heard about the free clinic. It's a good move. You don't want to skimp on the essentials like wristwatches, MP3 players… [Door suddenly opens, Stacy stands at the door.]

	Stacy: I need to talk to you. House: From the doorway? Stacy: It's confidential. House: Cool. I love gossip. [He puts the ear pieces of his stethoscope into the patient's ears and lets the patient hear his own lungs.] Hear that crackling sound like crumpling up paper? Keep listening. Let me know if it changes. [He sits down on his stool and looks perfectly content to stay there. Stacy walks in and shuts the door.] Stacy: Two questions. Why did Chase screw up and how bad was it? House: Wow. Talk about efficient. I only need one answer - Chase didn't screw up. Stacy: He said he did. House: Well I'm not a lawyer, but that seems like a sucky legal strategy. Stacy: They're gonnawanna know what you think a reasonable doctor would have done in Chase's position. House: If I thought he was a 'reasonable' doctor, I wouldn't have hired him. Stacy: God you two are a couple of geniuses. Deny everything; completely fool the lawyer who's trying to help you. Too bad the review committee members are actually doctors.
17:24-18:37	[Scene cuts back to House and Stacy in the clinic.] House: Unless you convince Chase to roll on me. Patient: Excuse me, testify about what? House: Uhh… [Checks the patient's file.] Chuck. I'm going to break from the parable of the wicked doctor and tell a little story about a patient. Let's call him… Buck, who has low O2 stats and crackling lung sounds. Chuck: Like I have? House: Buck has idiopathic pulmonary fibrosis. His lung tissue's turning to rock. There's no known cause, no treatment. He is slowly suffocating. Chuck: You're talking about me? House: Lung transplant's about a half a million dollars, but this poor sucker's got no insurance. If he tried to sign up now, he'd be excluded, pre-existing condition. But let me confirm with my lawyer [He turns to Stacy who doesn't respond.]. She confirms. If only Buck hadn't been diagnosed with fibrosis before he got insurance. So... back to the exam. [Chuck looks scared and shocked and wordlessly leaves the clinic.]
2:10 Failure to Communicate	
08:10-09:19	(Cut to office of Medicaid guy.)

	Medicaid guy: Patient, 62-yrs-old. You prescribed Viagra. I look in vain for the words 'erectile dysfunction' in the notes for Delores Smith? House: She had a heart condition. Medicaid guy: And you ran out of nitroglycerin? House: She also had low blood pressure, so nitro would be dangerous. Little blue pills improve blood flow, they're vasodilators. That's why you sometimes get the headaches. Stacy: I think Doctor House understands-- House: Well of course I do. The woman has a heart condition and she's on her own. A man can't nail his office assistant, its national crisis time. Medicaid guy: Are you seriously expecting us to foot the bill for off-label use of medication? House: Fine, I'll pay for it. [He reaches for his wallet.] How much are the pills? She took how many? Stacy: [Hits House.] Put the money away! Medicaid guy: Are you trying to bribe me? House: No! I could. There's an ATM in the lobby.
2:12 Distractions-	
05:30-06:41	House: [Seemingly pleased with the results.] Oh yeah! Cuddy: [Walks in.] Did you issue this memo? House: Look at that. Cuddy: [Has no idea what she's meant to see.] Congratulations, the patient that has been in a coma for 2 years and counting is still in a coma. This is not my signature; I don't know anything about this guy. I'm supposed to introduce him, have lunch? [Lots of red lights on the screen now.] The coma patient has a migraine? House: Oh no, no, no, no, no I gave him medication to prevent a migraine. Cuddy: That's a migraine, increased flow velocity in his cerebral arteries. House: I did subsequently give him nitroglycerine which could possibly-- Cuddy: You induced a migraine headache in a coma patient?! House: Gave him a little headache, similar to the one you're giving me now. Cuddy: Have you even read an ethical guideline? House: Well if you are to try out a new migraine prevention medication on someone who can actually feel pain... Cuddy: Did you sign this? House: Errr... yeah. [Grabs his cane.] We can talk later about the appropriate discipline. [Gives a low sexy growl and then limps out.]

35:12-36:47	House: Everyone's a tattletale. [He switches off the lights in the office and leaves.] (House walks up to the parents sitting together on a couch.) House: Is your son depressed? Emily: No, who are you? House: I'm doctor House. Emily: Oh you're the idiot who thought that-- Doug: I heard him screaming all the way down the hallway! House: If I didn't wake him, I wouldn't have learned what caused the crash. We think he had a seizure. Doug: [Long pause.] This wasn't my fault? House: Well if he hadn't had the brain problem, he wouldn't have the burns. On the other hand, if you hadn't put him on the ATV, he also wouldn't have the burns. You can debate your personal responsibility after I leave. I need to wake him up again. I need to know if he's taking antidepressants. Emily: He's not. Doug: He's the happiest kid I know. House: But you don't know, do you? Doug: He's my son. House: Hmm... that's sorta my point. At sixteen, they'll tell anyone anything, except their parents. Emily: Adam talks to us about everything. House: Yeah, I know about the pot and the cocaine. Emily: There was never... cocaine! What… House: You sure? Are you having him followed? Emily: He told us when he got drunk at a party; he told us when he started having sex-- House: Sixteen. Way to go. Emily: He told us when he cheated on a math test; he told us when his girlfriend cheated on him! He doesn't hide anything from us. House: But if he was depressed... Emily: He'd tell us. We don't judge, he's not depressed, we're sure. House: Bet-his-life-on-it sure? Just hypothetically. Doug: Yeah. House: Okay.
38:38-39:39	Foreman: [He looks down at it - it's a circular burn mark on Adam's wrist in the middle of what is otherwise unblemished skin.] A burn.

	House: Why on his wrist? Foreman: Why not on his wrist? House: His back, his torso, everything's a mess, forearms are clean. Except right there. Foreman: So what? House: It's a perfect circle. Foreman: So a drop of burning gasoline fell on his wrist, a screw from the ATV [He manages to finally get the syringe from House.] House: Maybe. [He inspects Adam's fingers and finds a yellow nicotine stain on the side of Adam's middle finger.] (Cut to House walking out of Adam's room - he doesn't have his cane and is grabbing his leg as he limps.) Emily: Why are you torturing him? House: Does your son smoke? Doug: I'd kill him. House: [Smiles.] So, he talks to you about sex, crack, anything except cigarettes. He has a cigarette burn on his wrist, also a fading nicotine stain between two fingers. Bad news, your son has a filthy, unhealthy habit. Good news, he's trying to quit. Bad news, the quitting is killing him. Good news, I can cure him. Bad news... nope, that's the end of it.
2:14 Sex Kills.	
03:25-04:10	Foreman: His right testicle is almost twice as big as his left. House: Cool. Chase: It's probably testicular cancer. House: No. That's impossible. Chase: The symptoms all indicate-- House: The shoes aren't right. [Chase and Cameron are confused of course] Here's how testicular cancer would manifest itself. First the patient would get the exact symptoms that he's got, then Foreman would examine him, then he'd suspect testicular cancer on the count of the symptoms being so perfect, then he'd stick a needle in it, then he'd call a surgeon. And while that guy operates, the rest of us would be out bowling. And since we're not wearing bowling shoes, the disease obviously did not progress in that fashion. Foreman: LP showed some white cells, but his MRI is clean. House: Sure, if you call a micro-abscess in his brain "clean".
24:56-26:16	Donald: Hey what are you doing? What are you doing? [House ignores him] What are you doing?! House: Again, sorry. But we need to talk.

	(Cut to Cuddy's office) Cuddy: Mr Neuberger has every right to take his wife off the ventilator. House: His wife signed an organ donor card. Cuddy: Which became invalid when her organs were turned down. House: I can use them! I just need some time! Committee says they won't take her heart. Another committee says a guy can't have a heart. It's a marriage made in heaven. I can find a surgical team that can do this. Classify it as experimental, it's not going to screw with any numbers. This is what she wanted; she wanted her organs to help another-- Donald: She never wanted to be kept alive on a ventilator. House: She's not, she's dead! She's not in pain, she's not suffering. It's just her... meat we're dealing with here. Donald: [getting angry] This is my wife. House: Not anymore. Donald: She deserves some respect. Some dignity. House: I respect the living. Donald: Right, that is why you made me think that you were her doctor. Made me believe that maybe there was some hope. House: I never said that I was her doctor. Donald: Fine you didn't lie, but you sure as hell didn't give me any respect! I'm taking her off the machines. Now! [he exits Cuddy's office] Cuddy: Nicely played. House: It's not over.
2:16 Safe.	
10:59-12:00	House: Don't worry. I'll return him in roughly the same condition. (Scene cuts to the coma patient's room) House: Did you take anything to stay healthy? Something stronger than an apple a day? Dan: [points worriedly to the coma patient] Is he ok? House: He's just tired. From being in a coma so long. What'd you take? Don't worry, he can keep a secret. [Dan keeps staring at the coma patient; House grabs his face and turns him to look at House] Antibiotics? Penicillin? Any of those names ring a bell? Dan: Yeah, uh... my friend Elliot, his dad had like a whole bottle that he hadn't finished so I swiped it and took a bunch for like a week. There's no way I was going to risk breathing germs on Melinda.

	House: This is the one downside of teenage sex. You're idiots. You almost killed your girlfriend. [Dan looks confused] She's allergic to penicillin. Dan: [in shock] What do you think there was still some on my lips? I brushed my teeth! House: Think lower, and more fun. Dan: [looks down] I mean... it can... it can go through your stuff? House: Totally, dude! There's this administrator here, whenever she gets sick she just gives me the prescription.
32:28-35:26	House: Second? We've given you at least 8. Ok, well then here is 9. [he extubates Melinda] Botulism. Listen to me, have you eaten anything abnormal? Any canned foods? Melinda: No. House: You sure? Lying to your parents is usually the right thing to do, but there is an impending death exception. [he takes the bag and puts it over her mouth then pumps it to help her breathe] Lewis: Don't talk to her like that! House: You're right, she never lies. I was being rude. When your boyfriend snuck in on Friday night [turns around to the parents] - surprise! - perhaps he got you some sexy little treats, huh? Some honey or some edible underwears, massage oils, come on, anything. Melinda: [gasping for breath] We didn't-- House: Yeah, we know about the sex. [Melinda's eyes widen in shock] Turns out that Danny's little Danny is full of penicillin and that's what caused your anaphylactic shock. Barbara: What? You didn't tell us that! Melinda: No! It was clindamycin, what I use. House: [shocked] He said he was on penicillin. Melinda: [shakes her head] I saw the bottle. Foreman: It's a non-penicillin antibiotic. House: If the antibiotics didn't cause the anaphylaxis... Foreman: It's still on the table. House: Everything's connected. Foreman: What did we discuss? What was the differential? House: Cameron said... [House and Foreman share a look, Foreman takes over pumping the bag to help Melinda breathe] When Dan came to your house that night, did he go through any tall grass? Melinda: Climbed a fence. [House snags Barbara's handbag and empties it. He picks out a comb]

	Barbara: What are you doing? House: Your daughter had 2 visitors on Friday night. One of them is still in the room. She has tick paralysis. Dan tracked a tick on to his jeans, which wouldn't be a problem but being a teenager, Dan couldn't keep his tick in his pants. Foreman: We already checked her. House: Now I'm checking her. Wilson: Tick bites don't ordinarily cause anaphylactic shock. House: This girl's allergies are not ordinary. Cuddy: House, get out of here, we have to re-intubate her, and get her into the MRI. House: Time course is perfect. Bite itself sets off an allergic reaction, venom takes 4 days to kick in, heart's vulnerable, hits that first. Then a day later, sets off the ascending paralysis. Cuddy: Except that ticks aren't usually invisible. House: They are until you find them! [he triumphantly holds up the comb...] oh no, that's dandruff. Okay well that wasn't nearly as dramatic as I'd hoped. It just means that next time it'll be even better. [Melinda starts to go into distress, alarms start beeping] Lewis: What's happening? House: That's the tick venom ascending. Cuddy: Either that or you stressed her into heart failure. BP's dropping. Heart rate 47. Foreman: I'm administering atropine. Cuddy: She's going to need a trans-venous pacing wire. Ok, magical tick hunt is over! [she pulls House away] Only real doctor stuff now. House: She's just going to get worse. Ticks produce more toxins the longer they feed. She's going to be dead in an hour, even if you pump her heart full of jet fuel. Unless you let me find the tick. Barbara: Could he be right? Cuddy: The only thing I know for sure is that your daughter's heart won't last another 20 minutes without treatment. House: Okay, just need one final instruction, when I find the tick on the autopsy, do you want to know? I'm thinking not, probably will make coping easier. Cuddy: Stop talking to them! [to a nurse] Page Borsisky in Cardiology and get her team down here, stat. [to another nurse] Get them out of here, get House out of here too. Dr Wilson, I could use your help. [House and the parents get herded out]
2:18 Sleeping Dogs	

Lie:	
07:30-08:05	House: [interrupts her] I especially don't care if it's my fault. [pauses] Whatever this woman has, it's not showing up on our tests, which means she's sick... just not sick enough for us to see it. Chase: [amused] You want us to make her sicker? House: Yes. I want to stress her body. Specifically her brain. Keep her awake. Cameron: But probably even with the few minutes of sleep she does have, its torture. House: So is cutting people with knives. But you can totally get away with that if you have a doctor coat on. Foreman: House, those few seconds of sleep are maybe the only reason she's still alive. House: The more symptoms we can force out of her, the more tests we can do, the more tests we do, the more information we get, the quicker we make a diagnosis. [pauses] See how much more fun it is when you guys get along? [points to Cameron and Foreman] You two, take the first four hours.
12:44-14:15	Cut to Exam room one. House enters.] Mandarin Woman: [speaks in Mandarin to her daughter, whom is standing beside her.] Daughter: She has a... menstrual problems. They're really bad, the pain keeps her in bed all day, plus, she's super depressed. House: [pulls up a chair with his cane] She said 'super depressed'? Mandarin Woman: [continues to speak in Mandarin] Daughter: She heard that birth control pills can make her feel better. House: [sighs] She wants birth control pills for her PMS. Daughter: I guess. House: Judging by the redness around your mom's nostrils and the tissue she's got conveniently stashed in her wristband, I'd say her problem is more likely a URI than a PMS. Daughter: URI? House: Upper respiratory infection. A cold. Daughter: I don't think so... House: I also think she's got a problem with SAC. Daughter: SAC? House: [winks at her] Thanks for playing. Stupid American child. If you want the pill, all you have to do is walk into any health clinic in Jersey alone and ask for it. Daughter: [sighs] House: What exactly was your plan? [clicks his pen and begins writing a prescription] You were going to exchange the birth control pills for some over the counter decongestants in the hopes that your mom's cold lasts

	another six years? Daughter: No. House: [pulls off the prescription paper and hands it over] Daughter: That for a cold? House: No. That's for your ovaries. I assume you haven't had a stroke, have you ever had a blood clot? Daughter: No. House: Super. In three months when you need a refill, take a bus to a free clinic. Don't wait around hoping for mom to get another sniffle. [stands upright once more, then leans closer to the Mandarin mother] Not the sharpest chopstick in the drawer, is she? Mandarin Woman: [happily thanks him in Mandarin]
21:00-22:50	House: I'm Doctor House. I'm in charge of your case. Max: What's going on? How come no one is keeping her awake anymore? House: You're in acute liver failure. We can continue the transfusions and the lactulose. But it's only a stopgap. There's really nothing we can do to stop the toxins from building up in your bloodstream. Which means that in a few hours you will lapse into a coma. And you won't wake up. I'm sorry. Max: That's it? You're giving up? You're... not going to try to figure out what's doing this to her? House: Well even with the right diagnosis, any treatment is going to take longer than the time she has left. Max: If it's her liver, can't she get a transplant? House: Wouldn't work without a diagnosis. Whatever killed the first liver will do the same to the second. Max: But it... but it would give you more time to make the diagnosis, to get her better. House: Well, it may give us an extra day or two, but, no procurement agency is going to let a liver go to a patient with an undiagnosed pre-existing--- Max: Hannah and I have the same blood type. Couldn't I be the donor? House: It is medically possible for us to take a part of your--- Max: Please, I don't care about the risks! House: [To Hannah] You're very lucky to have such a devoted partner.
23:00-25:10	House: I just bought us 36 hours. Differential diagnosis - which monster eats your liver, screws up your sleep, and causes bleeding? Cameron: Does Max know Hannah plans to leave her? House: Didn't come up, so I guess, no. Cameron: If she knew, there's no way she'd go through with this. House: And if you didn't have a pathological need to create a close personal relationship with every dying

	person you meet, we would be blissfully ignorant of any ethical dilemmas and might actually be able to concentrate on the differential. Chase: Scratch test was negative. Foreman: It's rare, but any of the hepatitis viruses can cause sleep disturbances, and liver failure. Chase: Nope, PCRs were normal. Cameron: We have an ethical dilemma. House: No we don't. Continue. Chase: What about splenic cancer, or non-Hodgkins lymphoma? She's the right age. House: It could explain the bleeding. Maybe the liver failure. Cameron: We're withholding information relevant to her decision to risk her life. How is that not an ethical dilemma? House: It's not medical information. Cameron: Who cares? House: The AMA. Foreman: Wilson's disease could explain the liver, and neurological symptoms. It also causes bleeding disorders. Chase: No Kayser-Fleischer rings in her eyes. House: The rings don't have to be there if there's neurological symptoms. Cameron: This is immoral. House: Look, let's say you're right. We tell, she changes her mind, our patient dies. How is that moral? [pauses] What else? Foreman: Poison mushrooms can cause liver failure, sleep disturbances, and internal bleeding. Chase: She's not shrooming, she's a sports nut. House: Right. Skiers never party. Cameron: She's doing this out of love, and Max doesn't know--- House: It's only moral to save a person if they love you? That's kind of a selfish way of looking at life. I like Wilson's disease, like cancer, love mushrooms. Foreman: Yeah, but we don't have the time to test for any of these. Before she can get the transplant, we need to do about 80 procedures. House: So do those tests, and my tests at the same time. Use the PET to look for cancer, and Wilson's while you endoscope her bile ducts and scrape her stomach for mushroom spores. One of you CT her liver, While the other two check protein CA125, and CA19.5. Oh yeah, if anyone says anything to Max, they're fired. Cameron: We have to.

	House: We have to not. Because she's not our patient. Cameron: She's getting surgery, she's someone's patient.
2:20 Euphoria-	
13:00-13:30	[Cut to the morgue, with Chase checking out the angio] House: What did the angio tell us? [House is going through the various freezers, checking on the bodies.] Chase: What are you looking for? House: I called my mom. She didn't pick up. What did the angio tell us?
14:14-14:44	Foreman: The bullets have a ferrous base! House: Little tiny pieces trapped in his head. They're not going anywhere! [House puts in ear plugs] Chase: Maybe it's worth attempting surgery to remove the fragments. House: Surgeons say inoperable, and the patient's on blood thinners. Other than that, perfect plan. [Pulls a gun out of a plastic bag] Cameron: You got a better plan? House: Much! [Shoots the corpse in the head, and then looks at the team…Cameron is trying to cover her ears, Chase looks like he's going to run away screaming, and Foreman is grinning] Bullet's identical to the one Baby Shoes popped Joe with. Let's see how magnetic it is. [The morgue attendant appears in the doorway from the next room.] Attendant: Did anyone hear a…[Sees House with the gun] House: I shot him! He's dead! [Sees that Foreman is still grinning, and looks at him funny]
2:22 Forever-	
31:00-32:40	(Cut to House walking in on Brent cradling the dead baby) House: I need your son. Brent: Who are you? House: Your wife's doctor. Your son may have had the same condition she does. Brent: My son didn't have a condition, she killed him. House: If I biopsy her intestines, she'll bleed out. He obviously won't. Brent: You're not using my son's body to help her. House: Ok. How about trading him for a beer? Or maybe you're more of a whiskey guy. You didn't have strep or stomach bug the morning you came in, you puked because you were hung over. If she was a recovering drunk and slipping most of the time, you'd be right.

	Brent: So I drink. You're acting like this is my fault. House: People are going to feel sorry for you; they'll tell you that you can't anticipate the unthinkable well the fact is you can. It's just not all that pleasant. Brent: Look, you don't know anything about how-- House: I know that people don't get crazy enough to kill someone without first being crazy enough for someone to notice. How many times did you go out for a drink because she was crying? How many times did you stay at work because you couldn't listen to her telling you what a bad mother she is? You were relieved. When she shut down. She just sat staring for hours at a time. She held the pillow over his head; you slept while she went nuts. Not exactly a draw but-- Brent: What is wrong with you? What kind of a person says those things now? House: Let me do the test. It'll be one less thing for you to feel crappy about. (Scene cuts to House walking back into his office) [Chase broods in a chair but immediately tries to look occupied when House walks in] House: Got a dead baby for you to autopsy.
2:24 No Reason-	
34:10-35:04	House: What if we could find a way of doing the surgery without giving him more than a papercut? [Cut to Vince's room. All of Vince's dialog is jumbled, but again, I wasn't going to try to spell it all out phonetically!] Vince: You want to let a robot operate on me? Cameron: The technology is amazing. It magnifies everything ten times, it's ten times the accuracy. Vince: No way, I want a person! Cameron: A person will be controlling the – House: People suck. People have turned you from a guy with a swollen tongue into a guy with one guy, one ball and a stapled-on face. If you want someone to hold you while you cry yourself to sleep at night, choose warm and soft. If you want someone to write you a poem, pick the sensitive loner. If all you care about is that something's done right, pick the guy with the metal head. Vince: No way. House: No way no way. You've gotta see this thing in action before you say "no way." Come on. [He helps Vince to sit up.] Cameron: House, what are you doing? House: Nothing. I'm not doing anything. Just throwing out ideas. I think you should put him in a wheelchair and take him down to the OR, but I may be out of my mind.

3:2 Cane and Abel	Transcription
12:11-12:30	Chase: House! Clancy's gone missing. House: Oh, no! Well, you take Alpha Centauri, Foreman can look on Tatooine, and Cameron can set up an intergalactic checkpoint. Let's pray he hasn't gone into hyperdrive! We'll never catch him.
37:03-38:14	House: Unfortunately, his brother's like a bad doubles partner. The guy just takes up space, gets in the way. Clancy's body thinks that he's going to put away the easy winners, but his brother just keeps swatting the balls into the net. We've got to get him off the court. Mom: So does that mean you can find the bad cells in his brain, or not? House: Sure, abandon the metaphor. Fine. Clancy thinks differently than his brother because he thinks. If we induce an alien abduction – Dad: Wait, what the hell are you talking about? House: The foreign DNA has got to be in a portion of your son's brain that makes him believe that he's being abducted. We stimulate those neurons with an electric probe; we can trick your son's brain into hallucinating. And your son's neurons will light up, and his brother's cells will remain dark. Those are the ones we cut out. Mom: You're talking about brain surgery. House: I'm talking about really cool brain surgery. One of your sons will die, but the taller one won't be so annoying any more.
3:4 Lines in the Sand	
17:03-17:33	Sarah: He trusted you. House: No, that wasn't trust. That was self-preservation. Dominic: No, that was huge. It was like a conversation. House: [Tries to get up and unsteadily hangs on to the overhanging lights.] Monkey's afraid to eat the red berries until he sees another monkey eat them. Monkey see, monkey do, that's all it was. Your kid's still just as messed up as when we admitted him. [Wilson starts the biopsy as House walks away and makes a huge stumble into a trolley in his highly unsteady state, Wilson makes a face to the parents as if to say it's ok, this happens all the time.]
3:6 Que Sera, Sera	
09:32-10:15	Patient: It's usually worse in the morning. Especially if I've slept on my arm. [He's massaging his shoulder as he talks to House.] If I sleep on my back or you know, with my arms out, I'm usually ok. House: So your arm only hurts after you lie on top of it all night. Patient: Yeah. House: Hmm. Well have you thought about, I don't know, not doing that?

	Patient: Yeah, but it's how I sleep. It's how I've always slept. House: Well there's always surgery. Patient: To do what? Like clean out some cartilage or something? House: You're not sleeping on some cartilage; you're sleeping on your arm. Patient: You wanna remove my arm? House: Well it is your left, a guy's gotta sleep. Patient: Are you insane?! [House returns a confused look.] [The patient storms out of the exam room, Tritter watches from the nurse's station as House walks out of the exam room whistling.]
3:8 Whac-a-mole-	
31:19-32:37	JACK: The only way to cure me is to make me sicker? HOUSE: Each of the possible four genetic conditions is most susceptible to different types of infections. [House pulls out a spritzer.] JACK: [unsure] What's that? HOUSE: This is a cocktail of serratia, meningococcis, cepacia and rhinovirus. Whichever germ gains the most ground, plants the flag with its leader, gives us our answer. JACK: And how are you gonna know which one gains the most ground? HOUSE: Now that's the fun part. See if the meningococcis is King of the Hill, you get to have another seizure. Serratia will shut down your lungs. If it's cepacia, you'll have a heart attack. If it's the rhinovirus,... you'll sneeze. [shrugs] Can't all be dramatic. We good? JACK: [scared witless] Hell no. HOUSE: Only alternative is we guess. And there's a three-out-of-four chance that your little brother and sister will get to cry over another coffin. [Jack looks at him in disbelief.] HOUSE: Study fractions in school? [repeating] We good? [Jack thinks, then sighs and nods. Covering his nose and mouth, House spritzes Jack's face with the cocktail. Jack coughs. House starts to walk out, but turns.] HOUSE: [conspiratorially] Oh, and this... test isn't exactly FDA-approved. So, just keep it our little secret. Okay?
3:10 Merry Little Christmas-	

03:41-04:53	House: [bursts in through the door. Cuddy, Abigail and Maddy (the mother) are startled] Woah. Sorry. Just need her for a tiny moment. Small favour. [Cuddy gives him a look] Pills. Maddy: Who's the wit? Cuddy: Doctor. Don't worry, I'll be firing him soon. Wait in my office. House: Incision looks just big enough for chest tube. Collapsed lung? Someone mistake you for a piñata? Maddy: Delightful, usually we just get the elf jokes this time of year. House: "No" on trauma. [Looks at her forearm to find a clear patch of skin where a circle has been marked out in black] Negative PPD. What flavour dwarfs are you guys? Maddy: My daughter and I both have cartilage hair hypoplasia; think you can make a pun out of that? House: Yes, but I don't want to be insensitive. [Turns to Cuddy and indicates at Maddy] She's got a bit of a short fuse hasn't she? Cuddy: It's a bleb, wait in my office. House: Bleb's not a diagnosis, it's an evasion. Cuddy: We'll schedule an MRI to make sure, but a certain number of these cases are idiopathic. House: Let me translate that into Tolkien for you guys - means Doctor Cuddy's got no idea why your daughter's lung suddenly popped like a balloon. Maddy: You think you do? House: Give me her chart, and my pills.
30:05-30:31	House: Picking up a script for Zebalusky. Pharmacist: This is err... doctor Wilson's patient. House: Yeah, Wilson's busy right now what with MrZebalusky dying in agony on account of his metastatic lung cancer and not having the pills to relieve that agony because of some moron pharmacist. Pharmacist: Sign the book.
3:12 One Day, One Room-	
11:30-13:13	[Clinic, Exam Room. House slaps the file on to a cart. Runny-nose Guy is back.] HOUSE: How old are you? RUNNY-NOSE GUY: Thirty. HOUSE: And you've never seen an after-school special? Dawson's Creek? How do you get to thirty and not know about condoms? RUNNY-NOSE GUY: [rattled] Oh God, I h... I have an STD. HOUSE: No. But you will. Every patient who comes in here for an STD test has one thing in common. They had SWS. "Sex While Stupid".

	[The camera pans across quickly as we...] MERGE WITH: [Clinic, Exam Room. House testily addresses Bashful Old Lady.] HOUSE: [fatigued] How old are you? BASHFUL OLD LADY: [looking down] Sixty. HOUSE: [looks up in disbelief] You're lying. That's not the point. You've never seen Dawson's Creek? CUT TO: [Clinic, Exam Room. House now speaks to Eve, who still seems upset.] HOUSE: And you've never seen an after-school special? How do you get to your age and not know about condoms? EVE: I have an STD? HOUSE: Yeah! You're actually the first one today. Lucky day. Not for you, but gotta feel good for everyone else. [Eve drops her head and breaks down. She sobs loudly. House turns around.] HOUSE: It's Chlamydia. As bad news goes, 'it's about the best. [That doesn't seem to reassure her. She continues weeping quietly.] HOUSE: Oh, settle down. It's treatable. It's actually curable. [No effect. She seems to be getting even more worked up. House puts a couple of pills in a plastic cup.] HOUSE: [no idea what to do] All you have to do is take these pills... [He holds the plastic cup in front of her. Suddenly, she lashes out, almost savagely, knocking the cup and pills out of House's hand.] EVE: DON'T TOUCH ME!! [She glares at House. House looks at her and understands.] HOUSE: [quietly] Oh God. [Eve slows lowers her head.] CUT TO: [Cuddy's office. Cuddy's at her desk. House enters.] HOUSE: [seriously] I need someone to cover a patient. CUDDY: House, you're committed to... HOUSE: She was raped. [beat] Think I'm the right doctor for her?
31:29-33:55	HOUSE: Termination procedure is unpleasant. EVE: I don't wanna terminate.

	HOUSE: You wanna keep the baby? EVE: Abortion is murder. HOUSE: True. [nods] It's a life. And you should end it. EVE: [rationalising] Every life is sacred. HOUSE: [looks to the heavens in exasperation] Talk to me, don't quote me bumper stickers. EVE: It's true. HOUSE: It's meaningless. EVE: It means every life matters to God. HOUSE: Not to me, not to you. [getting up to pace around] Judging by the number of natural disasters, not to God either. EVE: You're just being argumentative. HOUSE: Yeah! I do do that. What about Hitler? Is his life sacred to God? Father of your child? Is his life sacred to you? EVE: My child isn't Hitler. HOUSE: Either every life is sacred or... EVE: [shouts] Stop it! I don't wanna chat about philosophy! HOUSE: You're not killing your rape baby because of a philosophy. EVE: It's murder! I'm against it. You for it? HOUSE: Not as a general rule. EVE: Just for unborn children? HOUSE: Yes! [beat] The problem with exceptions to rules is the line drawn. Might makes sense for us to kill the ass that did this to you. But where do we draw the line? Which asses do we get to kill? Which asses get to keep on being asses? Nice thing about the abortion debate is we can quibble over trimesters, but ultimately there's an ice-cold line - birth. Morally, there isn't a lot of difference. Practically, huge. EVE: You're enjoying this conversation. HOUSE: [cracks a smile] This is the type of conversation I do well. EVE: But the other type? [beat] The personal stuff? HOUSE: There are no answers. If there are no answers, why talk about it? [Eve looks down tearfully.] HOUSE: You're healthy. You shouldn't be here. EVE: I don't wanna go. HOUSE: [beat] Fine. I won't discharge you. [thinks] Wanna go for a walk?

3:14 Insensitive	
03:18-03:44	House: Where's Foreman? Wendy: He's down here somewhere. House: Somewhere. Very helpful. Wendy: Do you have any idea when he's getting out tonight? House: Sometime. Wendy: I realize you can't predict. I just thought you might be able to estimate. It's Valentine's Day. I've planned a surprise getaway. House: Getaway. Wendy: Mmm-hmm. House: (speaking slower.) Getaway. (Wendy looks puzzled.) Get away. (with a disgusted look, she does so.)
20:40-20:51	Foreman: (enters) Need you. House: What did the nerve biopsy show? Foreman: Never did it. House: Well then, do it. Foreman: Can't. House: Why? Foreman: She's going to jump off the lobby balcony. House: And you think I can catch her? (Foreman dashes out.)
38:30-39:11	House: Relax. It's just a magic trick. (As he begins to cut her stomach, Hannah starts screaming as loud as she can.) She's faking it. (to Hannah) We're not falling for it this time. (Hannah drops her head back on the gurney, defeated.) Okay, keep that retracted. (House works at the incision for a moment.) Forceps. (House starts to pull a tape worm out of Hannah, narrating in an exaggerated 1950s documentary voice) Lake fishing can be fun. It can bring the generations together. (Back to his normal voice) If you don't cook that trout or perch well, you'll be giving room and board to this fellow. By free board, I mean all the B12 you can take in. Bev: I could have a tapeworm in me? House: Not likely. You'd be in a lot of pain. (As he continues to pull the tapeworm out, a nurse snaps a picture with her cell phone.) Foreman: It's gotta be twenty five feet long. House: Damn. World record's over sixty.
3:16 Top Secret	
27:40-27:53	WILSON: John, John, calm down. We didn't even operate. [To the nurse.] Would this be a usual effect?

	JOHN: I can't feel my legs! NURSE: It's not the anaesthesia. HOUSE: John, John! We're going to figure out what's wrong with you, but first we need to know one thing. Have you ever appeared in any pornos?
3:18 Airborne.	
15:25-15:50	KEO: [protesting] Excuse me... HOUSE: [over PA system] Ladies and gentlemen, I have a brief announcement concerning your meals. IF you ate the sea bass or the seafood kebabs, you have ingested a dangerous toxin. [The passengers start to murmur in panic.] HOUSE: [over PA system] However, if you proceed to the restrooms both on your left or right or rear of the plane and vomit as soon as possible, the toxic effect should be minimal. [Many people jump up from their seats in a panic and start rushing towards the restrooms, covering their mouths.] HOUSE: [can't resist, over PA system] Thank you and have a pleasant flight.
30:00-31:57	HOUSE: [to Air Cameron] Hold this. [He hands her the shot glass. She looks less than thrilled to hold it, despite not knowing what it is. He picks up the receiver to the PA system to address the anxious passengers.] HOUSE: [over PA system, somberly] Ladies and gentlemen, we have a passenger with a confirmed case of bacterial meningitis. [Shocked murmurs all around.] HOUSE: [over PA system] And even if we land as soon as possible, the passenger will not survive. It's very likely that some of you have been infected as well. [Some passengers start to break down.] HOUSE: [over PA system] As soon as you start feeling symptoms, we need to isolate you in the first class cabin. [Some people start coughing.] HOUSE: [over PA system, rattling off the symptoms] Fever, rash,... [Some passengers start looking for rashes on their bodies.] HOUSE: [over PA system, continuing]... nausea, and in the late stages... [He waits a beat. The passengers brace for the last symptom.] HOUSE: [over PA system]... tremor in the left hand. [People start panicking heavily, their left hands trembling visibly.]

	FRIGHTENED PASSENGER 1: I have that! JOY: [watching her own trembling left hand] Oh, god. FRIGHTENED PASSENGER 2: [watching his left hand shake] No! [The passengers generally start to go to pieces.] KEO: [worried, to House] What do we do? HOUSE: Break out the bubbly. [yells] Yo! Listen up! [The passengers stops panicking for a moment and look at House hopefully.] HOUSE: [over PA system] Bad news is you have an illness. The good news is, it's not meningitis. [Sighs of relief all around.] HOUSE: [over PA system] It's not fatal. It's just embarrassing. It's conversion disorder. More commonly known as mass hysteria. [In the first-class cabin, Cuddy looks behind weakly.] HOUSE: It happens often in high anxiety situations, especially to women. [Clueless wife looks offended.] HOUSE: I know it sounds sexist, but science says you're weak and soft, [chuckling] what can I do? CUDDY: House, you're wrong! JOY: [holding out her trembling left hand, hysterically] Look at my hand. HOUSE: Yeah, look at her hand. Shaking left hand. What is that a symptom of? Not meningitis. It's basically a symptom of nothing. Put the idea into their heads and watched it happen. Same thing that Peng cruelly did with the puking and the rash. JOY: The rash is in my head? HOUSE: Your mind controls your body. It thinks you're sick, it makes you sick. [Cuddy purses her lips, feeling foolish. However, the passengers still seem flustered.] HOUSE: [over PA system] If-if you'll all just calm down, your symptoms will soon go away. And to facilitate this process, your flight crew will move through the cabin with a complimentary bar service. [Keo, a relieved smile on her face, goes to make it happen.] HOUSE: [over PA system] Thank you and, as always, have a pleasant flight.
3:20 House Training-	
12:50-13:11	House: The only question is what kind of autoimmune. Foreman: Doesn't matter what kind. House: It always matters what kind. Foreman: Treatment is always steroids.

	House: Treatment is always boring! Diagnosis is – Foreman: Okay. It's affecting the larger blood vessels, so it's gotta be giant cell arteritis. I'll start her on steroids. It's affecting her smaller blood vessels, it's gotta be lupus vasculitis. I'll start her on steroids. It's affecting – House: Yeah, got it. Start her on steroids.
3:22 Resignation-	
10:57-14:14	STEVE: It's about my bowel movements. HOUSE: What isn't, these days? [Shuts the door. Points to Steve's girlfriend, Honey.] You sure you want to be here for this? STEVE: We do everything together. HOUSE: Of course. The toilet can be a lonely place. Drop your pants, I'll suit up. STEVE: [Dropping his pants.] They float. HOUSE: Huh? STEVE: My bowel movements. Honey says they're not supposed to? HONEY: I'm a nutritionist. [Smiles.] HOUSE: Yes, I could tell from the cool toe-loop sandals. HONEY: Thank you. HOUSE: You're welcome. [They smile at each other.] And the natural fibre clothing I assume means some kind of vegetarian denomination? STEVE: We're vegans. At first I was a little concerned about the lack of protein but Honey showed me you can get it from lots of... HOUSE: Well, whatever floats your poop. And you've been together how long? 6 months? HONEY: How'd you know? HOUSE: Because after 6 months poop love fades and if you've been together shorter than that then... I'll explain right after this break. [Leaves.]
35:57-38:34	HOUSE: Need a minute with your daughter. BEN: Dr. House get out of here before... HOUSE: She's going to live. Does that help? Now get out. JODIE: Are you jerking us around? HOUSE: Get out! [Parents leave, House shuts the door.] You... have got leprechauns in ya. [Said in an Irish accent.] Depression manifests in lots of different ways. Some people can't get out of bed all day. Others have serial relationships and become oncologists.

	ADDIE: I'm dying, I'm not depressed. HOUSE: Wrong and wrong. You tried to kill yourself by throwing down kitchen cleanser. Now most normal suicidal morons would have just drank the stuff, burned the hell out of their mouth and throat. Painful, but not deadly. But being a college-educated, suicidal moron, you wrapped it in gel caps or gum. [We follow the gel cap along its path down the throat and into the intestines where it dissolves and starts burning a hole.] Which left no trace but burned a hole in your intestine. But the body can repair almost anything, which is cool. In your case, scar tissue closed up the hole but it also formed a bridge between a vein and an artery. [We see the bridge being formed.] Now, veins are supposed to help the intestine flush bacteria away, but the bridge allowed the bacteria entrance to the artery. [We see the bacteria crossing the bridge.] Where they got a free ride… everywhere. ADDIE: [Starts to cry.] Can you fix me? HOUSE: Surgery to fix the bridge will take about 2 hours. Psychotherapy is going to take a little longer. Why'd you do it? ADDIE: I don't know. I've just… never been happy. [Crying.] Please don't tell my parents. They'll blame themselves and it's not their fault. Please, you can't tell them. HOUSE: Technically, all you have to do is promise me that you wont do it again. Then, legally I can't tell them. ADDIE: [Composes herself.] I promise. HOUSE: Yeah, sure.
3:24 Human Error-	
14:17-15:58	Cameron: Why'd you fire Chase? House: Sure thing, first you tell me the results of the PET scan. Foreman: Did you fire him foreman? House: Would you stay if I did? Cameron: You asked him to fire Chase? Foreman: No! House: Yes. Cameron: You're frustrated with Foreman so you lash out? Kick the dog? House: He's not gone 5 minutes and the name-calling starts. What's on the PET scan? Cuddy: [walks in] Why'd you fire Chase? House: Do you know what's on the PET scan? Cuddy: You two out. [they exit]

	House: Woah, wait! What's on the PET scan? Cuddy: You can't dump your entire department just because you don't know how to deal with an issue. House: Yes, they are all irreplaceable. If only this country had figured out somehow to teach people to interpret PET scans. Wilson: [bursts in] What the hell is wrong with you? You fired Chase? House: I don't suppose you know what's on my patient's PET scan? Wilson: I told you to show Foreman you have a heart, how does that translate to you being a bastard? House: So that's a no? Cuddy: Pick up the phone, and tell Chase you made a mistake. Un-fire him. House: [reluctantly picks up the phone and dials] Chase. If you know what's on the PET scan, call me back. [put the phone back down] Wilson: Cut the crap. Cuddy: Chase is a good doctor. House: Sorry, you're in the wrong room. My name on the door, my team, my decisions. Cuddy: My building, my floor, my people. House: [the phone rings] Hold that reprimand. [he picks up the phone] House. Doctor Chase, how are ya? [Wilson and Cuddy look on expectantly] Thank you, you are indispensable. Um, you're still fired, sorry. [puts down the phone] Wow, that was awkward. PET scan revealed a blood clot in my patient's arm which means goodbye. Still got 2 people working for me, got to get one of them to do my job. [he walks out]

4:2 The Right Stuff	Transcription
04:35-05:56	HOUSE: If you have a resumé there I'm not interested, but I wouldn't mind hearing how you got my pager number. GRETA: It's not a resumé. [Tips the contents of the envelope onto House's desk. Large stacks of cash fall out.] 50,000 dollars. HOUSE: Does One-eyed Nicky want me to run that to Jimmy the Nose? GRETA: It's for my medical bills. [Sits down.] I need you to find out what's wrong with me. HOUSE: [Sits down.] Insurance is usually cheaper than that. Cash means there's something to hide. GRETA: I'm a captain in the Air Force about to start a new assignment. NASA's astronaut training program. HOUSE: I discovered salt and created FM radio. GRETA: Something is wrong. With my eyes, my ears. HOUSE: Well if it's fixable the Air Force will do it for free. If not, doesn't matter. GRETA: There are 100 applicants ready to take my place who don't need to be fixed. I need to do this off the books. I did the research, you're the best, you break rules, and you don't care about anyone except yourself. HOUSE: Well let's say that's true. You get a new job, the hospital gets a nice wad of cash, what do I get? GRETA: I crashed a flight simulator, because I started to hear, with my eyes.
14:39-15:09	26: What about cardiomyopathy? Structural abnormality causes the heart attack and throws clots to the brain, leading to synaesthesia. HOUSE: How old are you? 26: I'm 21. Unless it's relevant. HOUSE: Okay, Scooter. Do a trans-esophageal echo, and since the positive divisors of 26 are 2 and 13 have them assist. The rest of you, go to the cafeteria and document 10 things that could cause infection. Each.
4:4 Guardian Angels	
13:16-14:07	LISA CUDDY: The doctor's lounge is covered in mud. GREG HOUSE: Thirteen and Cutthroat Bitch had a disagreement, and the cafeteria was out of jell-o. [He gives her a "what-else-could-we-do?" look.] LISA CUDDY: There were pickaxes. Either you had them dig up a body, or you're building a railroad. GREG HOUSE: A little tiny piece of his brain. Seemed a waste. He wasn't using it anymore. LISA CUDDY: That's your defense? "We just dismembered him"? GREG HOUSE: They're looking for Creutzfeldt-Jakob.

	[Cuddy loses all interest in the doctor's lounge mess, now that Mad Cow has entered the picture. She sits in front of House.] LISA CUDDY: [really intrigued] You get the results yet? GREG HOUSE: Does my breath smell bated to you? LISA CUDDY: Yes. Let me know when you hear anything. [stands] And get that mess in the shower area cleaned up. GREG HOUSE: I know just the guy. LISA CUDDY: How many of them agreed to dig up a grave? GREG HOUSE: Six. [Cuddy rolls her head.] GREG HOUSE: But don't worry, the one who didn't didn't stand on principle. He just had a diaper to change. I really think there are no bad choices in this group.
4:6 Whatever it Takes-	
11:00-11:28	SAMIRA TERZI: I'm afraid there are going to be some limitations on his medical history. Just let me know what you need, and I should be able to provide it. GREG HOUSE: FYI, my malpractice insurance doesn't cover alien autopsies. SAMIRA TERZI: That's fine. X-Files are the next wing over. SIDNEY CURTIS: Where was the patient when he first felt ill? SAMIRA TERZI: Sorry, that's classified. But assume there aren't too many places in the world John hasn't been. And, yes, John's a cover name. SIDNEY CURTIS: And what makes you think it was an attempt on his life? SAMIRA TERZI: Sorry, can't tell you that either. [They stop at a door.] SIDNEY CURTIS: Well, what can you tell us? GREG HOUSE: Yeah, did Oswald really have sex with Marilyn Monroe?
13:10-15:40	SAMIRA TERZI: We've run six complete tox screens, tested for every heavy metal, poison, and biological agent we can think of. SIDNEY CURTIS: Says here he ate a lot of chestnuts. [House stops walking and calls out.] GREG HOUSE: Ho-o-old on a second. If the Squirrel Liberation Army's involved, I'm outta here. Those little rodents are... SIDNEY CURTIS: Horse chestnuts are poisonous. If someone switched them...

	GREG HOUSE: Horse chestnuts may look like chestnuts, but they taste like a horse's lower-than-chestnuts. Which makes the theory that he accidentally ate a couple of hundred slightly less persuasive. [He walks into Terzi's office, followed by Terzi and Curtis.] GREG HOUSE: And seeing as how he was prowling the back alleys of... [guessing] Tehran? SAMIRA TERZI: It wasn't Tehran. It was... [deadpan] Oops. You almost got me. GREG HOUSE: Unless we know the local environmental factors, poisonous flora... SAMIRA TERZI: You know I can't tell you that. GREG HOUSE: [sits, miffed] Well, then, why are we here? You might as well just Google "poison". SAMIRA TERZI: [shrugs in understanding] All they would tell me is [sits, softly] he spent the last eleven months in Bolivia. GREG HOUSE: Who you gonna kill in Bolivia? My old housekeeper? SAMIRA TERZI: We don't kill people. GREG HOUSE: I'm sorry. Who are you gonna marginalize? If it is my housekeeper, she has it coming. Cleaning the windows means cleaning both sides. [loudly to Curtis] Am I right, or am I right? SIDNEY CURTIS: [irritated] What does it matter what he was doing? The guy's dying. GREG HOUSE: Not anymore. I know what's poisoning him. And who - John. [House makes a sign of a person drinking, accompanied by sound effects.] GREG HOUSE: It's just pancreatitis. SAMIRA TERZI: He's not an alcoholic. SIDNEY CURTIS: And unless his pancreas is in his fingers... GREG HOUSE: Spies can't get fungal infections? SAMIRA TERZI: And the burns on his skin? GREG HOUSE: Spies can't get sunburns? Bolivia doesn't have sun? SIDNEY CURTIS: So, either we go with his theory of the non-drinking drunk, or he was poisoned by some group with the resources to make it completely untraceable. Some customized isotope. [House says nothing. He just looks at Terzi, hoping she'll side with him.] SAMIRA TERZI: Let's treat for radiation poisoning. [House rolls his eyes.] CUT TO: [CIA Hospital, John's Room. Day. Curtis hooks a conscious but weak John up to an IV-drip. House lurks in the background.] SIDNEY CURTIS: The iodine's to protect your thyroid. Antibiotics are to handle infections. Should start

	working in a couple of hours. GREG HOUSE: We should celebrate. With a beer. Or eight. JOHN: [hoarsely] I don't drink. GREG HOUSE: Oh... methinks he doth protest too much. SIDNEY CURTIS: He's deathly ill. Why would he lie about drinking? GREG HOUSE: Guilt over killing a man. Make anyone hit the sauce. JOHN: We don't kill people. GREG HOUSE: Right. You just lie to your friends and family, establish false identities, trick people into betraying their country. He'd never cover up his drinking. He's too honest. [Despite the pain, John turns his head to shoot House a wry look.] GREG HOUSE: Hey. Something I've always wanted to know. That poison lipstick that Ginger used to kiss Gilligan. Why didn't that kill her?
17:58-19:10	SAMIRA TERZI: [impressed] Vitals stabilizing. GREG HOUSE: Tummy-ache's gone as well. SIDNEY CURTIS: ["told-you-so"] So the treatment's working. GREG HOUSE: [quietly to Terzi] Wanna ditch Dr. Killjoy and... hop in the company jet? Little trip down Mexico Way. And I'm not talking about the country or the plane. SAMIRA TERZI: [softly] Do you think acting like an idiot and talking about sex works on girls? GREG HOUSE: Well, if it didn't, the human race would have died out long ago. SIDNEY CURTIS: You're pretty cheery for someone who was just proved wrong about his pancreatitis theory. GREG HOUSE: I'm appropriately cheery for someone who's being proved right. SAMIRA TERZI: John hasn't vomited in six hours. GREG HOUSE: What's to vomit? [holding up a chicken leg] I'm eating his lunch. Withholding nutrients is the treatment for pancreatitis. That and the antibiotics you put him on. I did unhook your iodine, though. Didn't seem to fit with the whole "I'm-just-jerking-you-guys-around" gestalt. SIDNEY CURTIS: [pissed] You're unbelievable. GREG HOUSE: Well, let's ask John if he'd rather be sick honestly or cured dishonestly. [Terzi opens John's right eye. He's not responding.] SAMIRA TERZI: John. [Left eye yields no results either.] SAMIRA TERZI: John. [She starts to rub his chest, trying to wake him up. Curtis puts his fingers to John's neck, checking his vitals.

	House seems confused and guilty.] GREG HOUSE: [sheepishly] Any chance he's just... overwhelmed with gratitude?
4:8 You Don't Know	
11:43-12:17	SURGEON: Lacerations in his digestive tract and his spleen is shredded. HOUSE: Ladies and gentlemen, I have nothing in my hands, nothing up my sleeve. I do have something in my pants, but it's not going to help with this particular trick. Watch closely. [Sticks his hands into Finn. Looks at the surgeon.] How you been? SURGEON: Fine, until now. HOUSE: [Nods, and continues feeling around inside Finn. Pulls out a small key.] Ta-da. [Shows it to Kutner.] Now you... disappear. [Kutner leaves.] [House drops the key.]
4:10 It's a Wonderful Lie	
04:20-05:41	HOUSE: You mom tell you about all the drugs she does? JANE: [shrugs] She smokes pot once in a while, but not in a long time. HOUSE: What about you? JANE: How would that make her sick? HOUSE: [sarcastically] Are you a doctor? JANE: I'm eleven… HOUSE: That's not an answer. It's an evasion. [looks at his lollipop for a second] Are you drinking? You ever sneak a drink? JANE: I don't do any of that stuff. It's bad for you. HOUSE: I understand why you don't want your mom to know, but I'm her doctor so — JANE: And I would tell my mom. And I would tell you. HOUSE: Why? JANE: Because she would never lie to me. HOUSE: [won't give up yet] What's her favorite way to have sex? JANE: [frowns] I don't get what sex has to do with breast cancer. HOUSE: [rolls his eyes] Are you a doctor? Did you go to med school since the last time I asked? JANE: You just think we gotta be lying — HOUSE: [cuts her off] White lies? JANE: What are those?

	HOUSE: Those are lies we tell to make other people feel better. JANE: I don't lie. HOUSE: Rationalizations? JANE: What are those? HOUSE: Those are lies we tell to make ourselves feel better. JANE: No, we don't — HOUSE: [cuts her off again] Lies of omission? [Jane looks unsure] Saddle bronc or doggie? That's sex talk. JANE: [a moment's contemplation] She used to like being on top, but now she likes to be on her stomach. That way she doesn't have to see them looking at her scars.
08:40-09:50	MELANIE: I've had a sore throat for a few days now. My stomach's also been bothering me. I think my glands are swollen. HOUSE: [feels her glands under her throat but then is distracted by the necklace she's wearing] Saint Nicholas? MELANIE: [smiles] Patron saint of children. HOUSE: Also seamen, merchants, archers, prostitutes, and prisoners. MELANIE: Hmm… Must have been pretty hard working. HOUSE: [shrugs] Or just a credit hog. [Melanie laughs lightly] HOUSE: Open wide. [shines a flashlight into her mouth] Say "aah". [Melanie says "aah" and House clicks the flashlight off, turning to his paperwork.] You have strep. MELANIE: Is it contagious? HOUSE: Only for the next 24 hours as long as you take the antibiotics. MELANIE: [worriedly] How contagious? HOUSE: Take a personal day. MELANIE: I can't! HOUSE: [looks at her with a mock serious expression] I'll write your pimp a note. MELANIE: My pimp? HOUSE: You're tested for AIDS every three months and… your necklace. MELANIE: [amused] Prostitutes wear religious symbols? HOUSE: I think they just like kneeling. [smiles] You don't have the skin of a seaman, the fingers of an archer, the clothes of a merchant, or the attitude of an ex-con. So, just leaves one left. MELANIE: Mmm… Two actually. [gives him a flirtatious smile] But I'm not a child, am I?

33:30-36:03	MAGGIE: I can't be dying. HOUSE: Sure you can. MAGGIE: You're wrong. [pushing down tears] You don't even know what I have. HOUSE: What you have, is one last Christmas with your daughter. One last chance to give her a present. [a purposeful pause] The truth. Inexpensive, highly valued, never have to stand in line to return it the day after Christmas. MAGGIE: What are you talking about? HOUSE: A mother who's going to die doesn't refuse a donor test because it might hurt. She refuses when she knows it won't match. Which tends to happen when mother and daughter aren't mother and daughter. [Maggie seems to have no response to that.] HOUSE: I could do DNA tests, if you'd rather keep lying to me. MAGGIE: [shakes her head, obviously conflicted] I never wanted kids. I love them but with my genes… I knew this woman, a drug addict. She got pregnant, didn't want to have an abortion. But she also didn't want her daughter to ever know who her real mother was. What she was. I promised never to tell. HOUSE: A promise to an addict is worth more than a promise to your daughter? MAGGIE: It'd be cruel to tell her. HOUSE: Right. [shrugs] She lives a lie, you get to die a hypocrite. [Jane enters with Thirteen behind her.] JANE: Mom… The doctors told me what's happening. MAGGIE: It'sgonna be okay, sweetheart. [nods] I promise you. Doctors can be wrong. There's still a chance I can be — JANE: [cuts her off] You really believe that? [House and Thirteen both watch their conversation intently.] MAGGIE: [trying to be strong] I do. JANE: [shakes her head] No, mom. You're dying. Nobody can help you. It's not going to be okay. [Jane swallows hard and Maggie exhales deeply as the truth sinks into her. House watches them for a moment longer and then gets up, leaving with Thirteen.] THIRTEEN: [in disbelief, softly] That was cold. HOUSE: Yeah.
4:12 Don't Ever Change-	
NOTHING RELEVANT TO RESEARCH.	

4:14 Living the Dream-	
35:58-36:36	House: A hundred milligrams methylprednisilone. Pharmacist: Patients' names? House: It's one patient. Pharmacist: You want to give one patient a hundred milligrams? That'll jump-start a car. House: Perfect. The patient's in a '69 Ford Coma. Pharmacist: Anything over 50 milligrams, I need a sign-off from Dr. Cuddy. It's protocol. And the inspector's here. House: I am 99% certain that she'll consent. [he heads behind the counter] For the sake of the 1%, why don't I just… Pharmacist: You're not allowed back here. House: Well, tell the inspector he can put it on my tab. [House pulls drugs from the shelf. The pharmacist shakes his head and picks up the phone. House leaves, hanging up the phone on his way.] House (continues): I didn't mean now.
4:16 Wilson's Heart-	
NOTHING RELEVANT TO RESEARCH	

5:2 Not Cancer	Transcription
24:48-25:54	House (continues):[to Apple] I need you to sign something. Consent to chemotherapy. Apple: You found cancer? House: No. Apple: Then you have tests indicating — House: Nope. Apple: Then why should I sign it? House: That's a good question. It deserves a complicated answer. Placebo effect. People have confidence in doctors. They have confidence in diagnoses, confidence in medicine. Sometimes they get a little better just because they think they will. And that can make us think that the wrong answer is the right answer. Which is very bad. Apple: So you do have proof that it's cancer but you can't tell me because it might affect the way I react to the medicine? House: If that were true, and it would certainly make sense, do you think I could tell you that it's true? [enormous wink. She signs.] Apple: I was practically blind before the transplant — 20/200 vision. House: Didn't you cover all this personal stuff with Dr. Foreman? Apple: You don't care who I used to be? House: You're a post-corneal transplant math teacher. I deduced that you were a blind math teacher. Apple: I was an architect. House: [interested] You gave up architecture after you could see? Apple: The world was ugly. You think the world would be any different if your leg was fine? House: No. Apple: Think you'd be any different if your leg was fine? I mean, the doctors told me that my life was gonna be so much better once I could see. I would date, I would dance, but, uh, the guys I hated dancing with before I hate dancing with after. My parents were still dead. I was still alone. House: You're fun. Apple: You don't seem all that different. House: I haven't given up. [He leaves.]
5:4 Birthmarks	
NOTHING	

RELEVANT TO RESEARCH	
5:6 Joy-	
22:06-23:40	Cuddy: The mother had a stage two placental abruption. She's losing blood. House: So deliver the baby. Cuddy: The lungs are ten weeks premature. [She hands him a clipboard.] House: So deliver now, risk the baby. Deliver later, risk the mom. It's not your baby yet. It's not your call. Cuddy: She'll do whatever I tell her to do. House: Self-worth issues. That's genetic, you know. You should deliver now. Cuddy: Right. [She gets up to leave.] House: Are you serious? Cuddy: You're not? You just told me — House: The wrong answer. You can give the mom more blood. You can't give the fetus more lungs. Cuddy: The lungs might work. It's the right decision medically. House: And yet you're here. Cuddy: To get your opinion, not to get jerked around. House: See, this is what's screwed up here. You're not sure that this is the right call, but you are sure that this is what you want to tell her. And that scares you because your motives aren't medical. Some part of you doesn't want this baby, and that part wants to tell her to kill it. Cuddy: This is an impossible situation. I'm advising her to take the safest route. House: Right. Doesn't explain why you changed your sweater. [She stares at him then leaves.]
5:8 Emancipation-	
26:54-27:36	Foreman: We need to talk. House: This about the case you didn't want me to know about? Foreman: Cuddy? House: Foreman. (Foreman looks puzzled) You didn't flinch when you found out about a sixteen-year-old who could be dying in the next few days. Means you're here about someone even younger dying even faster. Foreman: (holding out the Jonah's file) He needs you. House: (ignoring the file and brushing by Foreman) But he has you. (House heads out the door) [Foreman follows House out into the corridor] Foreman: This boy is going to die. You selfish enough to let it happen?

	House: Pot calling a kettle a pot? Foreman: You're a hypocrite. If our job is to find out what's killing patients, you'd help this kid. But you'd rather play mind games to prove you're the only one with magical powers. [They stop in front of Wilson's office. House walks in without knocking] House: Wanted something all your own? Now you got it. [House closes Wilson's office door, leaving Foreman standing in the Hallway]
34:58-39:22	House: Hi, I'm Dr. House. (He stands to face her at the bottom of her bed) What did you do? Sophia: I don't — House: Something happened, but it wasn't rape. Sophia: Believe whatever you want. House: You're scared, and stubborn, and you don't like people feeling sorry for you. Why not? Sophia: I don't want pity. I just wanna be normal. House: But you know you're not. (He moves to the side of the bed until he is standing right over her) You need people to see how independent you are, how well you're coping. So they won't see the lost, hurt little girl. (He leans down and is now right in her face) Because that's not what you see. You see someone who did something terrible… Who deserves to suffer. Who doesn't deserve to live. (pause) What did you do? [Sophia does not answer. House is still in her face] House: Eventually, we'll find your parents… If only to deliver the body. Sophia: Then they won't care. House: (frustrated) You're an idiot. You'd rather die than face your parents because, what, you broke their Faberge egg? Sophia: I killed their son. (House looks stunned) I killed my brother. (pause) I was supposed to watch him. (pause) He was in the bath. (pause) I could hear him laughing. (pause) Every time they look at me, it's like I kill him again. [House sits down slowly in the chair beside the bed, not sure how to respond] House: (quietly now) If you don't take your parents' bone marrow… You'll be killing their other child. If they don't hate you now, they will then. Sophia: I don't care. House: Sure you do. You want someone to tell you it was just an accident. That it's not that bad, well, it is that bad. And you know it. There's nothing you can do to change that. (pause) But there is one thing you can do, to not make it worse. [House pulls his cell phone out of his pocket, flips it open and hands it to Sophia]
41:07-41:43	House: If you're here to celebrate the kid's bone marrow transplant working, you missed cake.

	Foreman: I want to do clinical trials. House: Already had this conversation. Foreman: I've proved that I can work two cases at once. I can do this. And I'm doing it. House: Okay. Foreman: Okay? Just like that? House: Can I give my reasons later… or never? Foreman: Three days ago you said no. House: Three days ago you asked me. Now you told me. (He grabs his backpack and cane and heads toward the office door) Can't say no if it's not a question.
5:10 Let Them Eat Cake.	
10:00-11:34	House: Subtle. No way you geniuses could've spotted this. Taub: Gastric bypass surgery. She had her stomach stapled. Then had the records from her files pulled so it wouldn't ruin their DVD sales. Cuddy: [into the phone] Hold on a second. [She puts her hand over the mouthpiece and turns to House.] Can you do this outside? House: I could, but that would defeat the purpose of doing it here. Where are the smart guys? Taub: If you mean Foreman and Thirteen, apparently the first appointment of the drug trial's an all-day thing. House: I said yes to this? Kutner: Her gastric bypass procedure could cause — House: Forget the bypass. Treat her like a fat girl. Taub: Should we treat her like a 60-year-old Asian man too? She's not fat. House: Not on the outside. But on the inside, she's still tons of fun. Kutner: When she was obese, she probably had type two diabetes. Could've left her with permanent nerve damage. House: Ten points for doing what I said. Minus ten points for doing it badly. If this was diabetes-induced nerve damage, it would've kicked in years ago. [Turns to his desk. Cuddy is still on the phone. Loudly] Have you seen my balls? Cuddy: Can you hold on a second? [She puts the phone against her shoulder and turns to listen to House.] House: My balls. Have you seen my balls? Giant one and the red one. Cuddy: Your plan isn't gonna work. House: Of course it is. I try to make you miserable to make you leave. You deny that it's making you miserable. You try to make me miserable so I'll stop making you miserable. And eventually you will leave, citing reasons that have

	nothing to do with misery. Cuddy: [searching in her purse] You're not bothering me. House: Step one complete. Cuddy: [into the phone] I'm gonna call you from my cell. [She hangs up.] And then I will come back in here. [She dials the cell.] Hey. Yeah, I just had to explain to him that I had his balls and he's not getting them back. [She pats House on the arm as she walks past him.] Excuse me.
5:12 Painless-	
25:11-26:05	Chase: This should numb everything from your shoulders down. Any pain that's peripheral should be gone. [House enters, not wearing a mask, of course.] What are you doing here? House: Just stretching my leg. Carry on. Jeff: Bad pain day today? House: [rattling pill bottle] About to get better. Don't worry. He's making yours a double. Jeff: I remember when the drugs still made things tolerable. I still thought I had good days left. [The nurse helps Jeff lie on his side. Chase drapes his collar with a sterile cloth.] House: Turns out you have to live to find out. Jeff: You don't have a family, do you? House: Left them all back on Krypton. Jeff: You're alone. That's why you can handle your pain. No need to put up a front, to be what anyone else wants you to be. You're having more bad days lately, aren't you? House: [quietly after a pause] Yes. [Chase looks at House for a moment.] Jeff: Take a look at your future. Let's hope the drugs work this time. [Chase injects the back of Jeff's neck. House looks up to see Cameron looking at him before leaving the observation gallery.]
33:33-34:19	Kutner: [as Taub administers the naloxone] It'll be over soon. [Cut to the hallway. House, dressed to go home, is watching Jeff through the glass wall to his room.] Foreman: This is lunacy. You're torturing this guy on a hunch. House: It's the only hunch we've got. If I really wanted to torture him, I'd manipulate a clinical trial in the hopes that he'd sleep with you. Foreman: Are you suggesting I got Thirteen in that trial because of some personal — House: I think you got her in because of your usual Messiah complex. I think you messed with the appointment schedule because of your "I like to have sex" complex. I checked the logs. You moved your most promising patient right before her. False hope being quite the aphrodisiac.

	Foreman: How's it false if the trials are showing results? House: Well, if it were that promising, you wouldn't have to change the schedule. But, hey… Hope springs eternal.
5:14 The Greater Good	
22:31-24:10	Taub: Patient's MRI was negative. No tumors, no lesions. Kutner: Where's your cane? House: (heading for his office) Where are your coworkers? Taub: I paged them. Kutner: It could still be psychogenic. Taub: Technically, it can't still be that, because it never could be that. She scratched through her skull while she was sleeping. Unless she was having a dream about fleas — House: (talking to Foreman who has just entered and taken his coat off the rack) Oh, hey, funny you should drop by. We were just talking about this patient of ours. Tell him the part about where two of her doctors don't show up — (Foreman opens the door to leave) Where are you going? (putting something in his jacket pocket and coming back into the conference room) (to Taub and Kutner) Polyneuropathy. It's not in the brain, it's in the nerves. It explains the itching, the lungs, the liver. Shock the affected area, reboot the nerve — she'll be fine. House: (following Foreman out into the hallway) Foreman. How bad is she? Foreman: (waiting for the elevator) She's got a tumor in her optic chiasm. House: You don't need your coat to treat a tumor. Foreman: I'm going to the drug company. House: To tell them that you compromised their trial, your ethics, and the patient's health? That's a great idea. Foreman: They have records on hundreds of patients. I can ask them for access, find out if other patients developed tumors and how they were treated. House: This drug inhibits cell death. I think I could take a wild guess at how I treat that. Foreman: Stop taking it? Yeah. She tried that yesterday. House: Oh, my God, it's been a whole day, and her brain tumor hasn't melted away? (The elevator arrives) If you get on that elevator, and it's only 'cause you're worried about getting to sleep tonight — Foreman: (getting on the elevator) I want to be able to tell her this happened to other people, and they're fine now. House: So tell her. Foreman: I'm not gonna lie to her. House: A little late for that. (House stops the elevator doors from closing) You need to wait. Because if this thing doesn't go away, she's gonna need you to still have a medical license.
5:16 The Safer Side	

39:36-40:55	House: This is all your parents' fault. Melanie: Excuse me? House: (to Jackson) Chug a lot of energy drinks before, during, and after practice? (Jackson nods) House: Your son came in here with simple dehydration. That's why he collapsed during the game. Melanie: The ER treated him for that. It didn't help the pain. House: That's where the energy drinks came in. They put a strain on his kidneys so he needed more time to rebound from the initial dehydration. Joseph: Then why isn't he better? House: That's where your idiocy came in. Before we could give him another glass of water, you two insisted I do an MRI. So, I go down a blind alley looking for a blind uterus. And my team injects him with contrast material. If his kidneys had been healthy, they would've filtered out the contrast in a couple hours. Since they weren't, it went around and around, eventually getting absorbed by his heart, his liver, and his pancreas; getting in trouble everywhere it went. Your son was fine when he got here. It was your freaked-out overprotectiveness that nearly killed him. Melanie: Nearly? House: He's young. A few weeks of dialysis, he should be fine. [Melanie gives a sigh of relief an puts her head on her husband's shoulder] House: You gave birth to a freak of nature. (He turns and opens the door) Doesn't mean it's a good idea to treat him like one. (House leaves the room)
5:18 Here Kitty-	
11:00-12:30	Kutner: What are you doing? House: [holding Debbie] No, Mister Bond, I expect you to die. Bronchospasm, go. Foreman: Bronchitis. Thirteen: No cough, no fever, and Blofeld didn't smoke a cigar. 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? Taub: Yes. Thirteen: Emphysema. 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.]

	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. Thirteen: Debbie was able to predict there was something wrong with the patient before you were. Is that a coincidence too? Foreman: Maybe the cat didn't predict anything. Might have caused the deaths. House: We shoulda listened to Ted Nugent. 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 Morgan. House: The worms hop from the cat to the cat lady's lungs. I could buy that. Taub: [pulling an empty cigar box from House's trash] Those cigars were for me. House: Hey, that reminds me, why is some fancy CEO sending you a box of Cuban cigars? Is it related to your money worries? Kutner: What money worries? 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. Taub: I'm on a diet. 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.
24:50-26:05	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? Morgan: [standing and walking to the bed] Thank you for showing me this. But maybe she's just confused in this new environment. 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. Morgan: I know I sound just like them, but I also know you're wrong. Something terrible'sgonna happen to me.
5:20 Simple Explanation-	
NOTHING RELEVANT TO RESEARCH	

5:22 House Divided-	
NOTHING RELEVANT TO RESEARCH	
5:24 Both Sides Now-	
NOTHING RELEVANT TO RESEARCH	

6:1 Broken	Transcription
28:44-29:57	House: Different desk. Different doctor. Medina: You've been on meds for a while now. I'll be checking in with you periodically to see if we need to adjust your dose. Any dry mouth, trouble sleeping? House: Nope. Can I go now? There's a manic out there with a fresh carton of cigarettes, and he's a terrible bluffer. Medina: [chuckling] It's nice to see that you and Alvie are friends again. Tell me about your fight. House: He hit me. I hit him back. Repeat until pulpy. Medina: Alvie told me you instigated the thing. House: Well, that tends to be the way fights work – different interpretations of the same circumstances. Medina: Very understanding attitude. House: There's that tone again. Medina: You're smart. House: How come every time you compliment me, it sounds like an accusation? Medina: You're not having any side effects from your meds, which is unusual. House: It's not that unusual. Medina: The story about the fight isn't adding up. House: Why don't you stop pretending that you haven't reached a conclusion? You don't trust me. Actually, it's more fundamental than that. You don't like me. Medina: I didn't say that. House: You think I'm not taking my meds. Medina: Are you? House: Yes. So what do you want me to do? Want me to take a urine test? Will that earn your trust? Medina: Actually, yeah.
6:3 The Tyrant	
13:30-14:05	Murphy: I was wondering what that noise was. It's the damn cane. House: And I'm Greg. Murphy: And I can't sleep with you banging around with that thing. House: You're not actually saying that I have too loud a cane? Murphy: Is that hard for you to understand? House: Only in the sense that it has a rubber tip on the end, not a tap shoe.

	Murphy: Now you're getting cute with me. House: Okay, we started badly. I apologize for the noise, and we will try to figure out a way to be quieter – Murphy: And a thousand other things I don't give a crap about. Now you keep it down, or we're gonna have trouble.
6:5 Brave Heart	
08:51-09:29	Cheryl: Doctor House? House: He'll be back in the morning. Cheryl: I read in the paper you're treating a police officer. Donny Compson? House: Second floor. A nurse will help you find him. Cheryl: I don't want to see him. Donny and I used to go out a long time ago. He doesn't want to see me. I don't want to see him. House: So did you come to see me for personal advice? Cheryl: You're looking for genetic conditions, which makes sense, with what happened to his dad and grandpa. House: Unless you were his girlfriend and his sister, you got nothing to worry about. Cheryl: I'm not worried about me. Donny doesn't know this, but he has a son. House: [picks up the phone and hands it to her] Dial extension 742. Tell Dr. Foreman you got some cool information. Good night.
15:03-15:50	Foreman: Chromosomes for 28 cardiovascular conditions are normally numbered in structure. No translocations, deletions, or inversions. House: I did notice that the kid's D-A-D-D-Y chromosome has been severely damaged by someone else's bleeding heart chromosome. Cameron: It was the only way to get Michael to do the marrow biopsy. House: I'm sure there are plenty of lies would've worked just as well, except without the years of therapy. Cameron: Don't you have school? House: Recess. So where does that leave us? Chase? Chase: Sorry. What? House: I was saying, "do you think these shoes work in this color?" Send him home. Cameron: He's not gonna believe he's healthy. House: You're not very good at your job. You don't deserve candy. [He grabs the mints from her.] Cameron: He's been preparing his whole life to die at age 40. He's had dozens of doctors tell him he's fine. You think you can change his thinking? House: Yeah, I do. Chase, walk with me.

16:27-17:53	House: You have Ortoli syndrome. [Chase's eyes open wide as he stares at House in surprise.] Dr. Chase? Chase: You sure? House: Tests don't lie. Chase: Right. Ah. [He clears his throat.] Well, it's-it's a... It's a very rare disorder that short-circuits the adrenals, which short-circuits the heart. House: Blah, blah, blah, blah. Who cares about medical mumbo jumbo? Tell him the treatment. Chase: It's... weh-well, it's-it's complicated. House: [pouring a glass of water] Doctors always want to make everything sound so complicated. It's Nabasynth. Chase: What? House: Nabasynth. Chase: [nods pompously] Yes. So all we have to do now is write a prescription and, uh, have him pick up the pills. [House opens his hand under Chase's nose, revealing the mints he took from the tin. He gives them and the glass of water to Donny.] Donny: That's it? I take some pills, and I'm gonna be okay? House: The real tragedy here is that the Tiburon swab technology didn't exist to detectOrtoli back in your dad's day. [Chase ducks his head and turns away.] Donny: He could've lived. [House nods somberly. Donny sighs.] Thank you. [Donny washes the mints down with some water.] House: If you'll sign these discharge papers, I'll get you a bottle of meds. Take one twice a day for a week, you'll live a long, healthy life. [House signs them and gives them to Donny, who signs. House looks at Chase who keeps his head ducked down.]
6:7 Teamwork-	
NOTHING THAT SERVES RESEARCH	
6:9 Wilson-	
NOTHING THAT SERVES RESEARCH	
6:11 Remorse-	
01:58-03:19	Foreman: 27 year old female intense, intermittent ear pains, saw six doctors… House: Tell her to stop lurking in the front row. If she wants to hit on musicians that's what tour buses are for. Next. Taub: If I ask why were in Wilson's office is there any chance I'll get a straight answer?

	House: Try it. Try it. Taub: 14-year-old boy, joint pain and excess hair growth. House: Tell him to masturbate, no more than 3 times daily. With meals. Next. Foreman: Did I mention that the 27-year-old female is really hot. And her husband is really not… House: Wild guess, he's rich. Foreman: Not unless social workers have begun pulling in the big money recently. House: (holding out his hand) Gimme... [Chase, who is holding the file, hands it to House] Thirteen: You're taking the case because she's hot? House: No, that would be an accident of genetics. It's because she's hot and her husband is ugly. It's a fascinating window into the mysteries of human psychology. Also, she's really hot. Thirteen: Or... She, you know, loves her husband. House: (reading the file) She loves something about him. Chase: Vitamin deficiency? She changed her diet a few months ago. Foreman: To a healthier diet, raw foods, lots of nuts. House: It's not the ear, it's the heart. Her protein is cheese, which can raise cholesterol. Hers was already elevated. Gave her arterial blockages. Chase: Cardiac arrhythmia presenting as ear pain. Very rare. Cool. House: So, beauty and the beast. (He hands the file back to Chase) Who wants to go see? (House's phone rings)
6:13 5 to 9-	
NOTHING THAT SERVES RESEARCH.	
6:15 Black Hole-	
36:05-38:16	House: It's a mouthful, but probably not as tricky as your title. Artie: Um, okay. Is Abby gonna be all right? House: Do you travel a lot? Artie: Yeah, I have a food-import business. Why? House: Where'd you go? Artie: All over — France, Italy, the mediterranean. Why? House: I think you exposed her to a parasite. Artie: Oh. I thought the scans didn't show any. House: Because she doesn't have any.

	Artie: But you just said — House: It's cool. My theory is that her body was able to kill off the parasite, but what it couldn't do was get rid of the shell, which doesn't show up on the scans. That little piece of microscopic garbage set off an allergic reaction called cerebellar schistosomiasis delayed hypersensitivity allergy, or cusdehaaa. Risky, unpleasant treatment, but completely curable. Artie: Well, that's fantastic. House: You'd think so, wouldn't you? Only thing is, did you ever have sex with your son's girlfriend? Artie: Where the hell do you get off asking — House: Shut up! See, I can't treat this unless I can confirm it, and the only way she could have been exposed to this parasite is sexually, which means she's gonna die very soon unless you admit that you slept with her. [The room door opens and Nick and June join House and Artie] Nick: Dad? What's going on? House: (walking around behind Artie so that he is now facing his son) Gee, this is bad, because you now have to choose between her living and the truth becoming public. And frankly, given what the truth is, it's a tough call. Artie: (rationalizing) You'd broken up. House: (to Nick) Your girlfriend is not allergic to your semen. She's allergic to the Egyptian parasite swimming around in your dad's semen. Nick: You slept with Abby? Artie: I was drunk. We both... House: No need to explain. Technically, she was legal. [Nick looks angry and betrayed as he turns and walks away from his father. June just looks plain angry] Artie: Wait, wait, wait. Wait. Wait! House: Hey... All things considered, it's actually great news.
6:17 Knight Fall- NOTHING RELEVANT TO RESEARCH.	
6:19 The Choice-	
11:13-11:55	House: So we got to wondering, how does a 27-year-old get mono? You're a little old for the kissing disease, unless your immune system is compromised. Thirteen: If there's been any unprotected sex, we'll need to test for HIV. Ted: There's been no sex of any kind. House: Okay. I'll go test your fiancee for HIV. Is she the curious sort?

	Ted: Wait. There may have been some (pause) contact, but I'm not gay. House: Sodomy, one of the top ten most common household accidents. Ted: I did a lot of stupid things, but I turned my life around. I'm as straight as any of you. (Thirteen starts to say something, then thinks better of it.) Ted: You don't have to believe me. I'm just saying you can test me... As long as you don't tell Nicole. Thirteen: What business is it of hers? (House and Thirteen leave)
25:26-26:10	Taub: He's got severe headaches. House: So do I. Should I call or raise with a double gutshot draw? [He makes a move on the computer, then looks at it] House: No. What about infection? Taub: That's what we're thinking. Cerebral infection would explain the headaches, could have caused P.O.T.S. If it's fungal, it could have spread to the heart. House: I was talking about you. Has the little gent been wearing a tent? Taub: Remind me why that has anything to do with you. House: A distracted person makes a distracted professional. Taub: And destroying my marriage will help me focus. House: Probably. Do a spinal tap. Run the CSF. (Taub starts to leave) Still talking about you. (Taub stops and turns back to House) But you can do it on the patient, too, if you want. (Taub leaves)
6:21 Help Me.	
15:30-16:45	Hanna: (vehemently) No. Cuddy: (to Hanna) Please listen to me. You've been down here almost two hours. By the time they clear away the rubble— House: (Interrupting) We are not cutting off her leg. (to Hanna) You don't have to rush through this to make his job easier. (He motions toward the captain) Captain McCreaney: You kidding me? Cuddy: We leave the leg pinned, we're risking crush syndrome. Hanna: What's that? Cuddy: Your leg isn't getting enough circulation. The longer it's pinned the more the muscle dies. Hanna: So what does that mean, like a limp? Cuddy: Dying muscles release poisons. We free your leg, the poisons rush back into your system. It could stop your heart. House: So could cheeseburgers. (to Captain McCreaney) Let's get your lazy friends to start moving that pile. She's

	got two more hours before crush syndrome could possibly set in. [Cuddy looks angrily at House] Captain McCreaney: We're digging up there by hand. I can't guarantee I can get 10 tons of debris pulled off in two hours. Hanna: Well, you need to try. It's my leg. Captain McCreaney: (to Hanna) It's not just crush syndrome you gotta worry about, okay? There's gas leaks. There's fire. We can never rule out secondary collapses, no matter how much we shore this thing up. House: You think chopping off someone's limb inside a pile of dirty rocks is safe? Sepsis, fat embolism, a hemorrhage. Captain McCreaney: Those risks are nothing compared to the risk of this thing coming down again. Cuddy: Captain, he's a jerk. But it's what the patient wants. Can we please just give it a couple more hours? Captain McCreaney: (sighing, he answers softly) Yeah. (He moves away) Cuddy: I gotta get up to triage. [Cuddy scoots back up the tunnel as House checks Hanna's IV line]

Episode	Transcription

7:1 Now What?	
05:40-06:18	House : [very quietly] Yeah. [A cell phone rings. Cuddy reaches over and picks it up. They both look at the caller ID.] Your assistant's new. It's a 50/50 chance he just... can't find the light switch. [He takes the phone from her and answers it.] Hello? Alex : Dr. Cuddy? House : No, this is Dr. Cuddy's nanny. She's, uh, feeling a little under the weather now, so she won't be coming in today. Alex : Oh. I hope she's all right. Would you mind asking her if— House : No. Can't do that. I'm afraid she's locked in the bathroom. Terrible bug going around. What's the problem? Alex : Well, I'm sorry to disturb her, but it's Dr. Richardson. He must have the same stomach flu. He threw up in the O.R., and I'm not sure how she'd want me to— House : Hold on a second. [He pulls the phone away from his ear and holds it on his chest for a literal second before resuming the conversation] I've talked to Dr. Cuddy, and she would like you to do three things : One — send him home, two — sterilize the O.R., three — use your own brain. See ya. [to Cuddy] It's about puke. That's what's so important. Puke. Cuddy : Well, I guess I don't have to rush back in. But whatever "now what" we do decide on... It comes after you take a bath.
7:3 Unwritten	
05:14-06:32	House: Great. (He pushes aside the curtain with his cane) This won't take long then. [House hands the flowers to the nurse and props his cane up against the bottom of the bed] Nurse: EMTs found her unconscious. Her maid said she had a seizure. Alice: I fainted. [House uses his hands to examine Alice's neck] House: Huge Jack Cannon fan, by the way. Love your books. Alice: Really? My fans tend to be overly-annoying teenaged girls. House: (pulling a lightscope out of his breast pocket) I know. All they care about is who's hotter, Jack or Deacon. Like Sarah can't love both of them. I may belong to one or two online fan clubs. (He looks into her eyes with the lightscope) How's the new book coming along? Alice: I don't talk about my work. House: 'Kay. How about nodding your head to a few yes/no questions?

	[House feels for Alice's pulse, then picks up the nurse's wrist with his other hand] Alice: (shaking her head no) But I'll make you a deal. You finish this exam quickly, and I'll answer one question. House: About anything? Alice: Anything. Who was Jack's real father, who kidnapped his Uncle... House: (dropping both their hands) Deal. I will have to go with, why'd you try to kill yourself? Burn on the side of your face is caused by gunpowder, so, change your mind at the last second, or you just a lousy shot? Alice: I'm out of here. [Alice gets off the bed and picks up her purse and coat] House: Can't. We had a deal. Alice: Try and stop me. [She starts to leave the ER] House: Okay. (loudly to the whole room) This woman is on a 72-hour psychiatric hold. If she tries to run, shoot her. With a sedative, if that's more convenient. [Alice stops to look back and him as House takes his bouquet of flowers from the nurse and leaves]
7:5 Unplanned Parenthood	
NOTHING RELEVAN TO RESEARCH	
7:7 A Pox on Our House	
22:10-22:55	Masters : So I guess honesty is the best policy. House : Why'd you say that? Seriously… To establish your viewpoint, as if I didn't already know it, or to demonstrate some weird cross-generational female solidarity with Cuddy? Masters : Actually, I was just trying to fill the awkward silence. House : Oh. (Looking back to the CDC crew. They are wheeling the dad back in his room.) Why have they stopped? (He opens the door and enters the hallway.) Masters : You can't go out there. House : Why did you stop? Broda : Get out of the hallway. House : He does not have smallpox. Broda : Yes, he does.

	Niles (he breathes shallowly and looks panicked) : It itches. Broda : He's just developed pustules. He's now too dangerous to transport. Get out of the hallway.
7:9 Larger than Life	
34:20-35:27	Jack : You a doctor? House : Sure. You're on new meds. Go back to sleep. Jack : Am I gonna die? House : Well, I hope not, 'cause then I'd have to go back to my office. Of course, if you do kick it, then you get to be famous for another two, maybe three weeks. Jack : They're saying I'm a hero? House : Yeah, but, you know, in a few days, a panda bear will give birth to triplets, and we'll all move on. Oh, I'm sorry. You actually believe that you are a hero. Should get yourself some tights and a cape, run around Gotham pulling babies out of burning buildings. Maybe you'll keep getting lucky. You're still the same guy you were last week. Jack : Hey, um… How long are you gonna sit there? House : Could be hours. Jack : Hiding behind a sick guy… That's heroic. (He laughs weakly.)
7:11 Family Practice	
NOTHIING RELEVANT TO RESEARCH	
7:13 Two Stories	
NOTHIING RELEVANT TO RESEARCH	
7:15 Bombshell	
NOTHIING RELEVANT TO RESEARCH	
7:17 Fall From Grace	
20:40-21:07	Dominika: (clapping) In your head! House: It's "face." Dominika: On your face!

	House: Close enough. The E.R. docs missed it, because he didn't present with major symptoms yet. We're seeing it in its infancy. Masters: So we treat him, and then what? He becomes just another schizophrenic homeless man wandering the streets… We have to help him. House: I'd love to, but I got four million other crazy people ahead of him on my to-do list, along with milk.
27:25-29:45	Danny: Who are you? House: Shhh! Danny: What are you doing? House: Test. Danny: Who are you? House: The important question is, who are you? Danny Jennings is dead, which means that Danny Jennings has no pulse. You, on the other hand… do. Ergo, you are not Danny Jennings. (House leans his cane against the bed) Or I did the test wrong. So why don't you cut the crap and tell me your real name. Danny: No. House: Hiding your identity… Well, either you're a criminal or a superhero. Danny: I'm not a criminal. House: Awesome. What color is my underwear? Danny: I'm not telling you my name. House: No problem. I just need your father's name. Danny: Forget it. House: Care to tell me why? Danny: He's looking for me. He supposedly… cleaned up and got sober. And now he… he wants to be a part of my life again. And I can't let that happen. House: You're a big boy now. You still think he can hurt you? Danny: You don't get it. If I ever see my dad again… I'll kill him. [Danny tries to pick up the cup on his meal tray, but can't seem to grab hold of it] Danny: What's happening to me? House: Well, luckily for you, we don't need daddy to figure that one out.
29:50-30:24	Masters: Did you find out his real name? House: Cerebellar ataxia. Masters: That's a weird name. House: (pushing the elevator button) The guy whiffed twice trying to pick up a cup right in front of him. That

	plus everything else… [House takes some pills out of a bottle in his pocket, then, looking at Masters, turns his back on her to put them in his mouth, but he turns back to face Masters before swallowing them] House: Means that we have whittled our list of genetic diseases… (He swallows the pills) All the way down to one… Early-onset Parkinson's. Masters: After everything he's been through, now we have to tell him, "Hey, you have an incurable disease that gets progressively worse." House: You could lie. I'm fine with that. But you'll probably both feel better if you give him Levodopa and confirm with DNA tests.
7:19 Last Temptation	
32:00-33:15	Masters: I'm stuck. House: No, you're not. Case is over. You're back to surgery. [He casts off. The lure lands at Masters' feet.] And fetch. [The dog runs to grab it.] Oh, that's a good boy. Oh, that's a good boy. Hey, good boy. [House praises him in exactly the same voice he used when preparing Rachel for her pre-school exam. The dog brings the lure back to House who fishes a treat out of his shirt pocket and gives it to the dog. He also eats one himself.] Masters: No one will stop Kendall's sail. You need to step in. House: [reeling the lure back in] Sign on the door says I'm a diagnostician. Cool diagnosis means I'm finished. Masters: She could die. House: [casting off again] Pretty sure the law of the land states that everyone has the right to be an idiot. [The dog is staring intently at the lure. He starts to edge toward it.] Uh! [The dog stops.] I think it's the second amendment. Fetch! [The dog bounds after the lure.] Bring it here, boy. Who's a good boy? Masters: You are constantly railing against hypocrisy, forcing people to face the truth. This time nothing? House: [reeling the lure in] Yeah. 'Cause they faced the truth. Masters: And made a decision that will in all likelihood kill their daughter. House: I'm fine with that. I wanted a diagnosis. I got it. What do you want? Masters: I don't want her to die. House: Break the rules. Masters: I can't. House: So coloring inside the lines is more important to you than saving this girl's life? I was wrong about one thing, you are not exceptional. [casts off again] And fetch! Ho hoho. Oh, that's a good boy. Good boy. Good boy.

7:21 The Fix	
08:32-09:15	Cesar: Oh, excuse me, Dr. House. House: Désolé, je ne parle pas anglais. [Sorry, I don't speak English.] Cesar: I'm a co-worker of Wendy Lee's. I'm also her boyfriend. House: Great. I'm a guy who doesn't care. Cesar: She's your patient. House: Oh, you thought I didn't know who Wendy Lee was? Yeah, makes sense. I'm not good at names. Did Dr. Fortune tell you that? Cesar: Her last boyfriend was a real nut. He's basically stalking her. House: See, this is what I don't care about. [The elevator arrives. House gets in and pushes a button.] I don't care who cares about her. Used to care about her. Either one you falls down dead, you can drop me a note. Cesar: [stopping the elevator door from closing] I think I know what's wrong with her. House: You screwed up in the lab and accidentally spilled some bomb on her? Cesar: No. He really is crazy.
26:50-27:25	House: But if it's worthy of the preface "obviously," then obviously it only needs to be explained to idiots. Do I look like an idiot? [Riggin looks offended.] Sorry. Cranky. What I meant to say was: Why don't scientists have groupies? 'Cause I'd do you right now if society wasn't telling me that you're just an underpaid dork. Riggin: Thank you. [His expression says "Thank you, I think." House sits down and winces.] Riggin: You all right? House: Leg hurts. Would you mind getting me a coffee? Riggin: How does coffee help your leg? House: It will prevent me from walking to get the coffee. Riggin: Right.
7:23 Moving On-	
NOTHING RELEVANT TO RESEARCH	

Episode	Transcription

8:1 Twenty Vicodin-	
00:15-01:25	Delaire: Given good… [he flips a page in the file] …ish behavior and 8 of 12 months' time served, we have the discretion to grant parole, Friday the 10th, five days from now. [He closes the file, folds his hands on the table and looks directly at House.] Are you sorry about what you did? [House pauses before answering. There is a uniformed guard standing between him and the door.] House: Yes. [A couple of people on the panel shift. Delaire looks at them then back at House.] Delaire: Yes? House: Well, that's the correct answer, isn't it? Female Case Worker: Are you trying to annoy us? House: No, I'm just trying to give you the answers you need to cover your asses, fill out your forms, and let me out of here. Female Case Worker: We need you to show us remorse. House: Is that how our system works? Release the best actors? I shudder to think what that world would be like. Female Case Worker: You drove your car into your ex-girlfriend's house and then fled the country for three months. House: I knew that her daughter was at grandma's, like every Friday, and I saw everyone else move into the living room. Female Case Worker: They could've moved back. House: Which I would've noticed since I was driving right towards them. Delaire: Shut up. We got an order to reduce overcrowding. But let me be clear — you mouth off to one guard, we catch you with a single cafeteria tray in your cell, you break any rules I don't even remember, you can park your ass here for four more months. So forget being sorry. Can you stay out of trouble for five days? [As the warden speaks, what he's saying sinks in. There's a long pause.] House: Yes.
13:00-14:24	House: Hey. It's not that I was trying to prove that you're an idiot or anything, but lupus boy and I were at the beach this morning, and I noticed a rash on his left thigh. Adams: I checked you out. You were a pretty big deal. What went wrong? House: Something very obvious and very boring. Adams: Drug related? Forging prescriptions? House: Oh, you're good, just like lupus boy will be when you start him on prednisone. Name should've been a

	giveaway. I'll send him up. [She turns to face House as he goes to empty the trash can behind her.] Adams: Why are you so sure I'm gonna do what you say? House: Because you're a smart, old-money, trust-fund girl who took this job because your liberal ideology makes you wanna make a difference, but you're already getting bored, and this is interesting. Adams: Why would you say any of that? House: Your shoes — different, expensive pair every day, but never leather, which means you're both rich and liberal. Antique locket — it's unpolished gold. Not some hipster thing. It's a family heirloom, which means old money. Osler scarf — only on Fridays, which means you did your residency at Hopkins, which means you're smarter than our interactions would so far indicate. And your eyes — the only time you haven't looked bored in the three months since you've been here is when we've been discussing this diagnosis. So, yeah, you'll treat him for lupus.
8:3 Charity Case	
13:05-14:06	House: I just got so angry. You know? So I made a terrible mistake. Now I'm trying to start my life over. To help people the way I always wanted. But my department got defunded, and… it's my fault. Just can't stand to think of all those patients going untreated because I don't have the resources to do my best work. Benjamin: How about I help you out? House: How do you mean? Benjamin: I'll give a million dollars as an endowment to the hospital, earmarked for diagnostics. House: Wow. I am an opportunistic ex-con who just gave you a two-minute sob story as step three in my master plan, and you've offered me a million dollars. Which is step 17. Benjamin: Is that bad? House: Ethics are not my strong suit.
25:40-26:38	House is looking at the hands of a little boy. His hands look infected, with rash all over them. Woman: It just appeared in the last few weeks. He's having trouble holding a pencil in school. House: Does it itch? Do anything different lately? You get a new baseball glove, a new kitten? Woman: Well, the neighbors put in a pool, so he's been spending a lot of time over there. But, well, if it was something in the water, it would be everywhere, wouldn't it? House: It is in the water. Woman: He's allergic to chlorine? House: No… [Inhales deeply] He's allergic to summer lilac. Woman: That's my lotion. And it's not in the pool.

	House: No, it's on the palms of his hands. In the pool is the neighbor's daughter. Or the neighbor's hot wife. Here's some lube. (Gives it to the kid) Sorry. Too late for your eyesight.
8:5 The Confession	
04:25-05:52	House: You're late. Taub: According to my calendar, I'm a week early. House: Beard's a nice touch. Lets everyone know that you're not a teenage girl. [Chase takes a chair and sits next to Adams.] Oh, now, you two make a cute couple. [Taub prepares to sit next to Park who stands as he approaches.] And you two… [faux stammers] It's not important. Park: Dr. Park. [She and Taub shake hands.] You're a lot taller than I thought you'd be. Taub: And I look forward to working with you as well. House: He's lying, not just Taub… the patient. These abrasions on his knees… they're minty fresh… about ten hours old. Adams: He got them playing flag football. House: He *said* he got them playing flag football. I'm sure that's true if "flag" is a euphemism for "penis" and "football" is a euphemism for "entering a vagina." Adams: Why lie about it? Taub: Everybody lies. House: Speaking of which, how are your two baby girls? Park: Wow, twins… congratulations. House: [making a big show of "oops — wrong thing to say"] Awkward! [normal voice] He knocked up two different women at the same time… At least he thinks he did. You have them DNA tested yet? Taub: Why would I? They look just like me. House: But they will grow. Find out what else he's lying about. Do an exercise test… see if you can get him to go back into v-fib again. Park: But we could end up causing another cardiac arrest. House: Hopefully. Then we'll know what set it off. Chase: He means it's better to do it here where we can revive him than have it happen somewhere else. House: The prodigal son has returned. [He hugs Chase and slaps his back. Chase stands there, impassive.] Now, if you'll excuse me, I have to go slaughter a fatted calf for lunch.
8:7 Dead and Buried	
05:02-06:16	House: I need to DDX a patient with you. Wilson: I thought you had a team for that.

	House: According to Foreman, they're only for DDXing people who are still alive. Wilson: You have a dead patient? House: Bigotry is boring when we add modifiers. I don't see creed, color, pulse. Wilson: Foreman will find out you're taking this case and he'll bust you. But you know that, which means… you want to go back to jail… because it's the one place you're unable to indulge your self-destructive habits. House: Yeah, it's much more likely that I'm taking this case because I miss showering with Cro-Magnons than that I actually happen to find it interesting. Four-year-old kid. His kidneys died, they transfused. His lungs died. He died. Wilson: Have you seen Bride of the Monster? I just got the Ed Wood box set. House: What if the chicken was the egg? What if the lung involvement came first? Wilson: I don't really care about the movie. I just don't want to indulge your… House: Lupus. Wilson: Because this is a bad idea, House. House: If the kid had a rash or some circulation issue… [He looks at his watch.] *Damn!* [Wilson looks startled.] I just realized I'm late for my anger management class.
14:03-14:45	House: Boys, do a home search. Girls, do lab tests. I'm pretty sure that's not sexist. [The team takes off. House turns to his office. Foreman, is leaning on a wall on the opposite side of the hall, waiting.] Foreman: Where have you been? House: Picking up dry cleaning. Filling up the tank. Violating the dead. If you don't believe me, call the monitoring company. Foreman: I did. Unfortunately, the Patuxent River Naval Air Station was GPS testing and disrupted the signal, at the exact same 45 minutes you weren't here. House: Well, if I'd known I had 45 minutes of freedom, I'd have gone hang gliding. Foreman: I admire the creativity. But what happens when the stunt doesn't work? Think you're gonna have to pay off a bet? Think I'm gonna triple your clinic hours? I'm gonna call your P.O., and you're gonna go back to jail.
8:9 Better Half-	
18:25-19:00	Joseph : Hey, don't be an ass. Can't you see she's upset? House : No, she's guilty. 'Cause instead of being at her husband's side, she was under you. Natalie : Okay, that's— y— House : Yeah, yeah, yeah… He already said I was an ass. Personally, I applaud your decision to step down off

	your cross and get on with your life, but your misplaced guilt is shutting down your brain. We need you to sit, focus, and answer our questions. [She obeys and sits down. House walks around the room and stops by the whiteboard. Everything is the same on it except one thing: "Today is Saturday".]
8:11 Nobody's Fault	
NOTHIING RELEVANT TO RESEARCH	
8:13 Man of the House	
NOTHIING RELEVANT TO RESEARCH	
8:15 Blowing the Whistle	
NOTHIING RELEVANT TO RESEARCH	
8:17 We Need the Eggs	
NOTHIING RELEVANT TO RESEARCH	
8:19 The C-Word	
NOTHIING RELEVANT TO RESEARCH	
8:21 Holding On	
NOTHIING RELEVANT TO RESEARCH	