



1 in the state of California, however, that revocation was stayed, and Respondent was placed on  
2 probation with multiple conditions for a period of thirty-five months, beginning on  
3 April 26, 2008. See Exhibit A.

4 4. Section 630.301(3) of the Nevada Revised Statutes provides that any disciplinary  
5 action, including without limitation, the revocation, suspension, modification or limitation of the  
6 license to practice any type of medicine by any other jurisdiction is grounds for disciplinary  
7 action.

8 5. The disciplinary action related to Respondent's license to practice medicine in the  
9 state of California constitutes a violation of the provisions of NRS 630.301(3).

10 6. Based upon the forgoing, Respondent has violated Nevada Revised Statutes  
11 630.301(3) and is subject to discipline by the Nevada State Board of Medical Examiners as  
12 provided in Nevada Revised Statute 630.352.

13 **WHEREFORE**, the Investigative Committee prays:

- 14 1. That the Board fix a time and place for a formal hearing;
- 15 2. That the Board give Respondent notice of the charges herein against him, the time  
16 and place set for the hearing, and the possible sanctions against him;
- 17 3. That the Board determine what sanctions it determines to impose for the violation or  
18 violations committed by Respondent; and
- 19 4. That the Board make, issue and serve on Respondent its findings of facts,  
20 conclusions of law and order, in writing, that includes the sanctions imposed.

21 DATED this 6<sup>th</sup> day of January, 2009.

22  
23 INVESTIGATIVE COMMITTEE OF  
24 THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

25 By: \_\_\_\_\_

26 Edward O. Cousineau, Esq.  
27 Attorney for the Investigative Committee of the  
28 Nevada State Board of Medical Examiners

VERIFICATION

1 STATE OF NEVADA )  
2 : ss.  
3 COUNTY OF DOUGLAS )

4  
5 Charles N. Held, M.D., having been duly sworn, hereby deposes and states under penalty  
6 of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of  
7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read  
8 the foregoing Complaint; and that based upon information discovered in the course of the  
9 investigation into a complaint against Respondent, he believes that the allegations and charges in  
10 the foregoing Complaint against Respondent are true, accurate, and correct.

11 Dated this 6<sup>th</sup> day of January, 2009.

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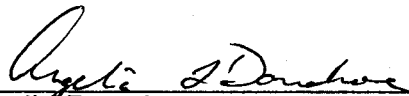
14 \_\_\_\_\_  
15 Charles N. Held, M.D.  
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**CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 6<sup>th</sup> day of January 2009, I served a file copy of the COMPLAINT & Original SETTLEMENT, WAIVER & CONSENT AGREEMENT, by mailing via USPS certified mail to the following:

Albert Cook, M.D.  
33620 Mapleton Ave., Apt. 1423  
Murietta, CA 92563

Dated this 6<sup>th</sup> day of January 2009.

  
\_\_\_\_\_  
Angelia Donohoe  
Legal Assistant

# EXHIBIT

# A



1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 STEVEN V. ADLER  
Supervising Deputy Attorney General  
3 MARY AGNES MATYSZEWSKI, State Bar No. 137858  
Deputy Attorney General  
4 110 West "A" Street, Suite 1100  
San Diego, CA 92101  
5

6 P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 645-3039  
7 Facsimile: (619) 645-2061

8 Attorneys for Complainant

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**  
12

13 In the Matter of the Accusation Against:

14 ALBERT COOK, M.D.  
33620 Mapleton Avenue, #1423  
15 Murrieta, CA 92563  
16 Physician's and Surgeon's Certificate  
No. A 22030

17 Respondent.

Case No. 09-2005-165774

OAH No. L-2007031014

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
20 above-entitled proceedings that the following matters are true:

21 PARTIES

22 1. Barbara Johnston (Complainant) is the Executive Director of the Medical  
23 Board of California. She brought this action solely in her official capacity and is represented in  
24 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Mary Agnes  
25 Matyszewski, Deputy Attorney General.

26 2. Respondent ALBERT COOK, M.D. (Respondent) is represented in this  
27 proceeding by attorney Robert W. Frank, Esq., of Neil, Dymott, Frank, McFall & Trexler, APLC,  
28 whose address is 1010 Second Avenue, Suite 2500, San Diego, CA 92101-4959.





CONTINGENCY

1  
2           9.       This stipulation shall be subject to approval by the Medical Board of  
3 California. Respondent understands and agrees that counsel for Complainant and the staff of the  
4 Medical Board of California may communicate directly with the Medical Board of California  
5 regarding this stipulation and settlement, without notice to or participation by Respondent or his  
6 counsel. By signing the stipulation, Respondent understands and agrees that he may not  
7 withdraw his agreement or seek to rescind the stipulation prior to the time the Medical Board of  
8 California considers and acts upon it. If the Medical Board of California fails to adopt this  
9 stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of  
10 no force or effect, except for this paragraph, it shall be inadmissible in any legal action between  
11 the parties, and the Medical Board of California shall not be disqualified from further action by  
12 having considered this matter.

13           10.       This Stipulated Settlement and Disciplinary Order is intended by the  
14 parties herein to be an integrated writing representing the complete, final and exclusive  
15 embodiment of the agreements of the parties in the above-entitled matter.

16           11.       The parties understand and agree that facsimile copies of this Stipulated  
17 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
18 force and effect as the originals.

19           12.       In consideration of the foregoing admissions and stipulations, the parties  
20 agree that the Medical Board may, without further notice or formal proceeding, issue and enter  
21 the following Disciplinary Order:

DISCIPLINARY ORDER

22  
23           IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A  
24 22030 issued to Respondent Albert Cook, M.D. (Respondent) is revoked. However, the  
25 revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the  
26 following terms and conditions:

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1                   **1.     CONTINUING MEDICAL EDUCATION** Within 60 calendar days of  
2 the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to  
3 the Medical Board or its designee for its prior approval educational program(s) or course(s)  
4 which shall not be less than 15 hours per year, for each year of probation. The educational  
5 program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge  
6 and shall be Category I certified, limited to classroom, conference, or seminar settings. The  
7 educational program(s) or course(s) shall be at respondent's expense and shall be in addition to  
8 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
9 completion of each course, the Medical Board or its designee may administer an examination to  
10 test respondent's knowledge of the course. Respondent shall provide proof of attendance for 40  
11 hours of continuing medical education of which 15 hours were in satisfaction of this condition.

12                   **2.     CLINICAL TRAINING PROGRAM** Within 365 calendar days of the  
13 effective date of this Decision, respondent shall enroll in a clinical training or educational  
14 program equivalent to the Physician Assessment and Clinical Education Program (PACE)  
15 offered at the University of California - San Diego School of Medicine ("Program").

16                   The Program shall consist of a Comprehensive Assessment program comprised of  
17 a two-day assessment of respondent's physical and mental health; basic clinical and  
18 communication skills common to all clinicians; and medical knowledge, skill and judgment  
19 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of  
20 clinical education in the area of practice in which respondent was alleged to be deficient and  
21 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any  
22 other information that the Medical Board or its designee deems relevant. Respondent shall pay  
23 all expenses associated with the clinical training program.

24                   Based on respondent's performance and test results in the assessment and clinical  
25 education, the Program will advise the Medical Board or its designee of its recommendation(s)  
26 for the scope and length of any additional educational or clinical training, treatment for any  
27 medical condition, treatment for any psychological condition, or anything else affecting  
28 respondent's practice of medicine. Respondent shall comply with Program recommendations.

1 At the completion of any additional educational or clinical training, respondent  
2 shall submit to and pass an examination. The Program's determination whether or not  
3 respondent passed the examination or successfully completed the Program shall be binding.

4 Respondent shall complete the Program not later than twelve months after  
5 respondent's initial enrollment unless the Medical Board or its designee agrees in writing to a  
6 later time for completion.

7 Failure to participate in and complete successfully all phases of the clinical  
8 training program outlined above is a violation of probation.

9 **3. NOTIFICATION** Prior to engaging in the practice of medicine, the  
10 respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or  
11 the Chief Executive Officer at every hospital where privileges or membership are extended to  
12 respondent, at any other facility where respondent engages in the practice of medicine, including  
13 all physician and locum tenens registries or other similar agencies, and to the Chief Executive  
14 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.  
15 Respondent shall submit proof of compliance to the Medical Board or its designee within 15  
16 calendar days.

17 This condition shall apply to any change(s) in hospitals, other facilities or  
18 insurance carrier.

19 **4. SUPERVISION OF PHYSICIAN ASSISTANTS** During probation,  
20 respondent is prohibited from supervising physician assistants.

21 **5. OBEY ALL LAWS** Respondent shall obey all federal, state and local  
22 laws, all rules governing the practice of medicine in California, and remain in full compliance  
23 with any court ordered criminal probation, payments and other orders.

24 **6. QUARTERLY DECLARATIONS** Respondent shall submit quarterly  
25 declarations under penalty of perjury on forms provided by the Medical Board, stating whether  
26 there has been compliance with all the conditions of probation. Respondent shall submit  
27 quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

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7. **PROBATION UNIT COMPLIANCE** Respondent shall comply with the Medical Board's probation unit. Respondent shall, at all times, keep the Medical Board informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Medical Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall not engage in the practice of medicine in respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Medical Board, or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

8. **INTERVIEW WITH THE MEDICAL BOARD OR ITS DESIGNEE**

Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Medical Board or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

9. **RESIDING OR PRACTICING OUT-OF-STATE** In the event

respondent should leave the State of California to reside or to practice, respondent shall notify the Medical Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Medical Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility

1 to comply with the probationary terms and conditions with the exception of this condition and  
2 the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance;  
3 and Cost Recovery.

4           Respondent's license shall be automatically canceled if respondent's periods of  
5 temporary or permanent residence or practice outside California total two years. However,  
6 respondent's license shall not be canceled as long as respondent is residing and practicing  
7 medicine in another state of the United States and is on active probation with the medical  
8 licensing authority of that state, in which case the two year period shall begin on the date  
9 probation is completed or terminated in that state.

10           **10. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT**

11           In the event respondent resides in the State of California and for any reason  
12 respondent stops practicing medicine in California, respondent shall notify the Medical Board or  
13 its designee in writing within 30 calendar days prior to the dates of non-practice and return to  
14 practice. Any period of non-practice within California, as defined in this condition, will not  
15 apply to the reduction of the probationary term and does not relieve respondent of the  
16 responsibility to comply with the terms and conditions of probation. Non-practice is defined as  
17 any period of time exceeding 30 calendar days in which respondent is not engaging in any  
18 activities defined in sections 2051 and 2052 of the Business and Professions Code.

19           All time spent in an intensive training program which has been approved by the  
20 Medical Board or its designee shall be considered time spent in the practice of medicine. For  
21 purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with  
22 any other condition of probation, shall not be considered a period of non-practice.

23           Respondent's license shall be automatically canceled if respondent resides in  
24 California and for a total of two years, fails to engage in California in any of the activities  
25 described in Business and Professions Code sections 2051 and 2052.

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11. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

12. VIOLATION OF PROBATION Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Medical Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Medical Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

13. LICENSE SURRENDER Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of respondent's license. The Medical Board reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Medical Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.


14. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Medical Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Medical Board or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

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ACCEPTANCE

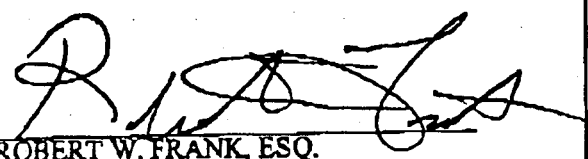
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert W. Frank, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2-19-08

  
ALBERT COOK, M.D.  
Respondent

I have read and fully discussed with Respondent Albert Cook, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2-19-08

  
ROBERT W. FRANK, ESQ.  
Attorney for Respondent


ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 2-21-08

EDMUND G. BROWN JR., Attorney General  
of the State of California

STEVEN V. ADLER  
Supervising Deputy Attorney General

  
MARY AGNES MATYSZEWSKI  
Deputy Attorney General  
Attorneys for Complainant



**Exhibit A**

**Accusation No. 09-2005-165774**



1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 STEVEN V. ADLER  
Supervising Deputy Attorney General  
3 MARY AGNES MATYSZEWSKI, State Bar No. 137858  
Deputy Attorney General  
4 California Department of Justice  
110 West "A" Street, Suite 1100  
5 San Diego, CA 92101  
6 P.O. Box 85266  
San Diego, CA 92186-5266  
7 Telephone: (619) 645-3039  
Facsimile: (619) 645-2061

8 Attorneys for Complainant

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO February 20, 2007  
BY L. Cole M.D. ANALYST

10 **BEFORE THE**  
**DIVISION OF MEDICAL QUALITY**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 ALBERT COOK, M.D.  
33620 Mapleton Avenue, #1423  
15 Murrieta, CA 92563

16 Physician's and Surgeon's Certificate  
No. A 22030

17 Respondent.

Case No. 09-2005-165774

OAH No.

**ACCUSATION**

19 Complainant alleges:

21 PARTIES

22 1. David T. Thornton (Complainant) brings this Accusation solely in his  
23 official capacity as the Executive Director of the Medical Board of California.

24 2. On or about June 24, 1966, the Medical Board of California issued  
25 Physician's and Surgeon's Certificate Number A 22030 to ALBERT COOK, M.D. (Respondent).  
26 The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
27 charges brought herein and will expire on March 31, 2009, unless renewed.

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JURISDICTION

1  
2           3.     This Accusation is brought before the Division of Medical Quality  
3 (Division) for the Medical Board of California, Department of Consumer Affairs, under the  
4 authority of the following sections of the Business and Professions Code ("Code"). All section  
5 references are to the Business and Professions Code unless otherwise indicated.

6           4.     Section 2227 of the Code states:

7           "(a) A licensee whose matter has been heard by an administrative law judge of  
8 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
9 Code, or whose default has been entered, and who is found guilty, or who has entered into  
10 a stipulation for disciplinary action with the division, may, in accordance with the  
11 provisions of this chapter:

12                 "(1) Have his or her license revoked upon order of the division.

13                 "(2) Have his or her right to practice suspended for a period not to exceed  
14 one year upon order of the division.

15                 "(3) Be placed on probation and be required to pay the costs of probation  
16 monitoring upon order of the division.

17                 "(4) Be publicly reprimanded by the division.

18                 "(5) Have any other action taken in relation to discipline as part of an order  
19 of probation, as the division or an administrative law judge may deem proper.

20           "(b) Any matter heard pursuant to subdivision (a), except for warning  
21 letters, medical review or advisory conferences, professional competency  
22 examinations, continuing education activities, and cost reimbursement associated  
23 therewith that are agreed to with the division and successfully completed by the  
24 licensee, or other matters made confidential or privileged by existing law, is  
25 deemed public, and shall be made available to the public by the board pursuant to  
26 Section 803.1."

27 ///

28 ///

1                   5.       Section 2234 of the Code states:

2                   "The Division of Medical Quality shall take action against any licensee who  
3 is charged with unprofessional conduct. In addition to other provisions of this  
4 article, unprofessional conduct includes, but is not limited to, the following:

5                   "(a) Violating or attempting to violate, directly or indirectly, assisting in or  
6 abetting the violation of, or conspiring to violate any provision of this chapter  
7 [Chapter 5, the Medical Practice Act].

8                   "(b) Gross negligence.

9                   "(c) Repeated negligent acts. To be repeated, there must be two or more  
10 negligent acts or omissions. An initial negligent act or omission followed by a  
11 separate and distinct departure from the applicable standard of care shall constitute  
12 repeated negligent acts.

13                   "(1) An initial negligent diagnosis followed by an act or omission  
14 medically appropriate for that negligent diagnosis of the patient shall constitute a  
15 single negligent act.

16                   "(2) When the standard of care requires a change in the diagnosis, act, or  
17 omission that constitutes the negligent act described in paragraph (1), including,  
18 but not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
19 licensee's conduct departs from the applicable standard of care, each departure  
20 constitutes a separate and distinct breach of the standard of care.

21                   "(d) Incompetence.

22                   "(e) The commission of any act involving dishonesty or corruption which  
23 is substantially related to the qualifications, functions, or duties of a physician and  
24 surgeon.

25                   "(f) Any action or conduct which would have warranted the denial of a  
26 certificate.

27                   "...."

28                   ///

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 6. Respondent is subject to disciplinary action pursuant to Section  
4 2234, subdivision (b) of the Code, in that respondent was grossly negligent in his care and  
5 treatment of the patient listed below. The circumstances are as follows:

6 A. On or about July 1, 2003, patient Herminia H., a 59-year-old  
7 female, presented to respondent for the second of three cervico-thoracic epidural  
8 steroid injections, which respondent had recommended because of the patient's  
9 cervical pain.

10 B. According to his operative report, respondent placed the patient in  
11 the prone position and sedated her using Versed and Sublimaze (aka Fentanyl).  
12 Respondent noted that, "Under fluroscopy I identified the anatomical landmarks  
13 and I infiltrated 1% lidocaine using a 27-gauge needle into the intralaminar space  
14 between T2-3." Respondent recorded he "then placed an 18-gauge Tuohy epidural  
15 needle into the intralaminar space" and injected contrast material to "perform an  
16 epidurogram which delineated the patient's epidural space." Respondent further  
17 documented that he "then placed an epidural catheter into the needle and placed the  
18 catheter up to C6 on the left lateral aspect of the epidural space." Respondent next  
19 injected additional contrast material, 4 ml of 0.25% marcaine and 12 mg. of  
20 Celestone-Soluspan. Throughout the procedure, respondent directly supervised a  
21 registered nurse to administer "moderate sedation" with intravenous agents.

22 C. In actuality, respondent was not in the patient's epidural space but  
23 had punctured her dura (spinal column) and was injecting his materials directly  
24 into her spinal column.

25 D. Respondent admitted during his interview that as he was  
26 withdrawing his epidural needle the patient's head "jerked up." Respondent also  
27 admitted he immediately left the operating room before the patient was taken to the  
28 recovery room, turning her care over to his nurse.

1 E. At the conclusion of the procedure, the patient's pulse was 40 and  
2 she was suffering from total spinal anesthesia, a condition respondent did not  
3 recognize.

4 F. The patient was transferred to the recovery room where, a few  
5 minutes later, she suffered a cardiorespiratory arrest which led to hypoxic  
6 encephalopathy resulting in permanent neurological injury.

7 7. Respondent has committed acts or omissions constituting gross  
8 negligence during his care and treatment of this patient in violation of Section 2234,  
9 subdivision (b), in that:

10 A. Respondent failed to monitor the patient for several minutes  
11 following the procedure.

12 B. Respondent prematurely transferred the care of the patient to his  
13 nurse.

14 C. Respondent failed to recognize the patient was suffering from total  
15 spinal anesthesia.

16 D. Respondent failed to recognize the patient was suffering inadequate  
17 ventilation.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **( Repeated Negligent Acts)**

20 8. Respondent is further subject to disciplinary action pursuant to  
21 Section 2234, subdivision (c) of the Code, in that respondent was repeatedly negligent in  
22 his care and treatment of the patient listed below. The circumstances are as follows:

23 A. Paragraphs 6 and 7 are incorporated by reference as if fully set forth  
24 herein.

25 B. Respondent improperly used propofol for sedation in addition to  
26 the Versed and Fentanyl.

27 C. Respondent failed to recognize he had punctured the patient's dura.

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