

DR. HOWARD E. REIDBORD, having been duly sworn, testified  
as follows:

## DIRECT EXAMINATION

BY MR. FAGAN:

Q What is your name?

A Howard E. Reidbord.

Q Your profession?

A Physician.

Q And your present status as far as the coroner's  
office is concerned?A I'm employed by the coroner's office as a forensic  
pathologist.Q In that capacity was your service required on an  
autopsy into the death of one Michael Miller?

A Yes, sir.

Q When did you perform the autopsy?

A November 6, 1975 at 9:10 a.m.Q As a result of the services performed by you, did  
you come to any conclusion as to the cause of death?

A Yes, sir.

Q What was it?

A The cause of death of Michael Miller was acute

fibrinous pericarditis with cardiac tamponade due to hepato-renal failure due to blunt force trauma to the liver with hemoperitoneum. This means --

Q I was hoping you would tell us.

A This means that a chain of events took place as follows: There was a tear in the liver which was repaired surgically. At the time of surgery, the surgeon found blood in the abdominal cavity. After surgery, the patient did poorly and developed failure of the function of the liver and of the kidney. This led to many difficulties in the hospital, but eventually, it led to an inflammation of the covering sac of the heart with an accumulation of fluid in the sac pressing the heart resulting in death.

Q In forming your conclusion, Doctor, did you have the advantage of the records of the hospital where such an operation was performed, and the name of the physician who provided you with the history?

A Yes, sir, I did.

Q Who was that?

A I have it. Dr. Jon Lloyd, with...

A The deterioration had been present over a period of time, and the deterioration of the liver was not entirely due to the injury,

Q Now the subsequent heart failure that was experienced could you go through that once again? How does that develop?

A The patient at the time of trauma to the liver --

Q Yes.

A -- had pre-existing liver disease.

Q What was the nature of that liver disease? Do you know?

A This was considered by the doctors who examined him, this information is based on my reading of the hospital chart. Their conclusion was that the patient had cirrhosis of the liver. Following the operation the patient did poorly, with many complications of cirrhosis of the liver.

In association with these complications the patient developed failure of the kidney, which is not an unusual association in severe liver failure to have an associated kidney failure, for complicated medical reasons poisons accumulate in

the blood due to the liver failure which also damaged the kidney.

Now with kidney failure, fluid will accumulate around the heart. This is a well recognized complication of renal failure. When this fluid accumulates and the inflammation accumulates around the heart, fluid accumulates in the heart sac and this, in effect, presses the heart, keeps it from functioning normally and leads to death.

In my opinion this was the chain of events medically that took place.

Q Isn't the kidney failure an observable phenomenon during this period of time during hospitalization?

A The physicians were well aware of the fact that the man had kidney failure, yes, sir.

Q Couldn't that have been corrected?

A They tried to correct it but evidently were unable to stop the sequela of the renal failure.

MR. METINKO: That's all.

REIDBORD EXAMINATION

BY MR. FAGAN: