

Dear Jim,

10/18/80

Now that you are back from your great adventure in China and I am back from the second trip to the hospital I want to thank you for your thoughtful and supportive call to "il and give you an idea of what happened and may be ahead.

I do hope you'll have time for something about this trip, after all the years. We'll both be quite interested, as I'm sure the Wagners and others will be.

The first surgery, on 9/16, was to improve arterial circulation in the left thigh. With an incision at the groin and another ending at the left knee and with a tunnel job I got a plastic artery. All the medicos raved about the amount of blood that was being delivered to the foot afterward.

I was kept under until that evening. My first recollection is of Jim Lesar and the resident sitting in my room. There was no pain except when I used muscles that activated tissue at the incisions. I took no pain pills and needed none.

The chief surgeon was the fabulous Charles Hufnagel. He saw me twice daily, save for the weekend of the 20th, when I reported swelling to the other doctors. They did nothing that Saturday, apparently regarding it as not abnormal, and prescribed a diuretic on Sunday. Sunday Hufnagle told the others it was not enough to assume fluid retention. He ordered some electronic tests that somehow did not get recorded in the book the nurses keep. I found out about this the next day when I was anxious for a friend who could come at only a certain time not to come when I'd not be in the room. Soon after this an interne who was present when Hufnagle ordered the tests visited me, checked when I reported this and promptly had the oversight rectified. It was that evening before the tests were made. By then I was so ambulatory I walked the not inconsiderable distance to the place in the large hospital where those tests are made. After they were made the technician refused to let me walk back. The next day Hufnagle told me what was up: I was having another venous thrombosis. So I was kept in the hospital for another week and another life with IVs, with which I could and did walk fairly well. By the time I was discharged, two weeks after the surgery, I was again walking well. But while I was awaiting transportation home that leg got quite heavy, uncomfortable and numb and cold. This was attributed to my overdoing it and I left for home.

The discomfort did not disappear. My local doctor had no idea of what had happened and could suggest only that phone Georgetown. The resident told me to take no chances and return but that was impossible because no transportation was available. The next morning Hufnagle phoned to tell me to be there by 2 p.m., when there would be a room in the very overloaded hospital. By then we were able to arrange for the local ambulance service to get a crew to man its second vehicle.

But the operating room also was over-scheduled and then there was a construction accident which made those facilities useless for more time. Although I returned 10/1 they could not get to operate until first thing 10/5. They apparently knew what had happened because they immediately reopened the lower incision and cleaned out the natural artery as far as they could reach, the ankle. The interne told me a single clot was 15" long. What other junk they got out I don't know but smaller stuff did get down into the foot.

Again, on coming to, I had no real pain. But the foot remained and remains uncomfortable. They kept me on IVs as long as it was safe and then switched me to coumadin until the built up an adequate level. I came home again this past Thursday, the 16th.

While I still have numbness in the foot, it is not nearly as much as it was. I can walk fairly erect but not for long without pain. So I interrupt whatever I'm doing to walk briefly and to try to wriggle the toes, etc., to keep the blood flowing.

For several days after the leg artery was cleaned up as much as was possible the wonderful young nurses kept trying to find a pulse on the top of my foot behind the toes,

with all the eagerness one would expect of a father or grandfather. Each time one imagined she detected a weak pulse she'd rush off to get another to confirm it. Hufnagel kept telling me they were feeling their own pulses, as they without doubt were. But then on the Saturday after the second surgery I decided to walk well past the point of pain, along with all those hanging IVs. When I returned to my room the foot felt warmer and I called a nurse. She called another and both were absolutely certain. I asked them to ask the resident if it would be a good idea for me to be awakened periodically so I could walk more. (It was bedtime by then.) The word from the doctors on duty was to rest until a.m.

Sunday Hufnagel came with his crew and a visiting Chinese doctor in his 60s, with Doppler and two sets of headphones. When I saw the smile on Hufnagel's face I knew it was for real and each other smiling face as the headphones were passed around added confirmation.

So blood is getting to the foot again, but not much. Instructions were not to walk more than caused a couple of minutes of pain after I stopped walking. I also try to move my toes and feet while I'm sitting.

In addition to the problems caused by whatever crap remains in the foot there is some damage from oxygen starvation. My local doctor thinks it will be six weeks before much more is known, including how much I'll be able to do henceforth.

We've been taking in the world series. I walk after each half inning and move the toes and foot while the game is on. Otherwise I do it with less regularity. In the past couple of days I've improved from about 200 to about 250 steps before the pain lingers.

Hufnagel's estimate is that I may be able to spend perhaps 10 minutes at a time outside in cold weather.

He is a remarkable man and a fine human. He works incredible hours. Surgery can be early in the morning, in the evening and at night and when necessary in between. He teaches and he spends afternoons seeing outpatients. He generally visits his surgical patients after his morning surgery and when others are having supper. The only weekend he didn't see me is the first, the time of the venous thrombosis. When the corrective surgery was delayed and I asked before it that I'd be informed so she'd worry less, he did not have a secretary or other doctor do that. He did it personally, which we both appreciated much. When I commented on the hours he keeps to the local doctor, who examined me as soon as I got to his office after getting home and spent some time giving L-1 and no explanations, he laughed and said that when he was a med student he then couldn't keep up with Hufnagel, who then started at 5 a.m.

The last of my roommates earlier this week was back for additional ~~stap~~ arterial repair as his natural ones deteriorated. All earlier jobs were successful. It turns out that he is the nephew of the machinist who fabricated one of Hufnagel's replacement valves - and that the first person on whom Hufnagel used it was the aunt, wife of the machinist.

Remarkable man.

Little by little I'm catching up on the accumulation of a month, slower than before. I think of what I can best discontinue because I can't do as much and best not try. For a while I suppose I'll feel the consequences of a month abed.

The benefits of the FOIA litigation continue. In my absence the FBI shipped 14 cartons and I'm confident more is coming. I'll start examining it when I catch up on mail, appeals, etc. Supposedly I now have the Dallas JFK index, originally 40 linear feet of cards and now some 50,000 sheets of paper. I'll not be able to examine it now but I'll get a crew of friends to do the filing. I'll read new records instead. The bulk of what came while I was hospitalized is such that it takes up the entire hearth, a large one, 4-5' high.

While it has been hard on L-1 she has come through it well.

I'm particularly happy to be home in time to enjoy the beauties of fall, all those wonderful colors just beginning. While I miss the fall work I always enjoyed it does not trouble me particularly because I believe I've begun the necessary adjustments. By winter, if I can't do as I've always enjoyed previous winters, I'll do what I can and take no foolish chances. A bad leg is to be preferred over no leg. We'll probably not be able to continue our contribution toward relieving the energy crisis to the degree of the east but we'll do what is possible. I'm certain that when the sap is down friends will continue my tree cutting for me and cut and stack the firewood, if I can't. If I can handle the stove this winter I've accumulated close to a winter's supply. But with this reduced circulation I'll have to keep the place much warmer. That means using oil.

Dave phoned last night. I was glad to hear from him. It turns out that if his biblio published had anticipated a European interest he could have had a good sale there. One of the people at the publisher's wants to meet me and has phoned several times. He'll be here this coming Wednesday. He was at the Frankfurt and other European book fairs. One publisher regretted not knowing about the book because he figured he could have sold perhaps 500 copies, which I take to be a rather good sale for such a scholarly and expensive work. But going back to press for his imprint is too costly.

Bill accumulated a few things while I was away. She also sends her best.