Nixon Improves But Condition Remains Critical

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By Robert Meyers Special to The Washington Post

LONG BEACH, Calif., Oct. 30—Former President Nixon shows some improvement but remains in critical condition, his doctors said today.

The doctors said the internal bleeding that sent Mr. Nixon into shock after surgery yesterday had apparently stopped. But they did not say whether the former President was conscious and they refused to make any predictions of recovery.

"At this time, it would be premature to make a prognosis," said the statement issued at 9:30 a.m. PST (12:30 p.m. EST) by Drs. John Lungren and Eldon Hickman. Lungren, a cardiologist, is Mr. Nixon's personal physician, and Hickman led the team that performed surgery on Mr. Nixon early Tuesday morning.

The California Hospital Association lists "critical" as the worst of four conditions for patients—the others being, good, fair and serious. It defines the term this way:

"Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable."

This morning's bulletin said, however, that Mr. Nixon's vital signs—generally meaning pulse, heartbeat and respiration were stable. And doctors familiar with the rcase said that any patient who has had significant complications following surgery, such as vascular shock, is kept on the critical list for a time.

"Vascular shock" is a physiological condition that often follows serious blood loss in which the patient's blod pressure drops severely as the heart gets inadequate amounts of blood to pump. Unless arrested it can lead to circulatory collapse and death. Mr. Nixon underwent surgery to block off the potentially fatal passage of a large clot through a vein in his upper left thigh. About six hours later, however, at about 12:45 p.m. PST Tuesday, Mr. Nixon "suddenly went into vascular shock," the hospital reported later.

He remained in that dangerous condition for about three hours, or until about 3:30 p.m. Tuesday, when emergency meas-



Ziegler briefs reporters at hospital.

ures including transfusions brought him out of shock.

The shock was probably due to "retroperitoneal bleeding," or bleeding behind the lining of the abdomen, the hospital reported.

This morning's joint statement of Drs. Lungren and Hickman said. "His condition, however, is more stable this morning and he shows some improvement. It appears that his internal bleeding has stopped. His vital signs are stable."

Mr. Nixon had some interrupted sleep during the night, the statement said. "He is receiving medication for pain, restlessness and occasional nausea and also is being administered intravenous antibiotic therapy. Hopefully, we can resume anticoagulation therapy when we feel safe that bleeding from surgery is no longer a danger," the statement said.

Mr. Nixon had been on anti-coagulation therapy as a means of preventing the formation of new blood clots. Such therapy increased the danger of continued bleeding after surgery, because his blood was thinner than normal. That in turn increased the danger of shock.

But now that he is no longer receiving anti-coagulants, doctors are alert for the

formation of new blood clots, possibly in vein systems where they have never formed or been seen before,

The statement also said a tube had been inserted through Mr. Nixon's nose to relieve pressure caused by partial paralysis of the gastrointestinal tract. It said such paralysis frequently occurs after retroperitoneal bleeding and is not usually permanent.

Mr. Nixon has already received three pints of blood, with more available. He is being constantly monitored by criticalcare nurses, as well as by Drs. Lungren and Hickman. Hickman also stayed in the hospital overnight, in case of any further complications.

Lungren said he had been keeping President Ford's personal physician, Dr. William Lukash, informed of developments.

The Nixon family is viewing the former President's current medical state with "deep concern," Nixon spokesman Ronald L. Ziegler said in an unexpected talk with reporters shortly after noon. He said Mrs. Nixon has been with him at bedside "almost the entire time," and that daughters Julie and Tricia were expected to visit him again today.

The two Nixon daughters flew out from the East Coast late Tuesday and are staying with their mother and Rose Mary Woods, Mr. Nixon's long-time personal

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NIXON, From A1

secretary, at a nearby private residence. "I know President Nixon has not lost the will to live," Ziegler said in response to a question. "He has handled the hospital situation with great courage ... he is a man of great courage and strength and will pull out of this," Ziegler predicted.

"We're fortunate that he was in intensive care and that the doctors were handy to pull him out of a very serious situation," Ziegler said. "There's no question we almost lost President Nixon yesterday afternoon."

Ziegler again responded to questions about Mr. Nixon's lack of medical insurance by saying that if he had gone into a military hospital he would have been charged the prevailing rate of about \$60 a day. However, Ziegler said the Memorial Hospital Center of Long Beach was chosen because of its facilities and because Dr. Lungren had formerly been chief of staff there.

.Mr. Nixon is occupying a room that

costs \$94 a day. Ziegler says all costs incurred at the hospital must and will be paid for by the former President "from his personal funds."

Ziegler said Mr. Nixon has received get-well telephone calls from President Ford's wife, Betty; from California Gov. Ronald Reagan; the Rev. Billy Graham; Dr. Norman Vincent Peale; and friends and former staff members. The phone in Mr. Nixon's room is often answered by Manolo Sanchez, Mr. Nixon's long-time valet, Ziegler said.

Mr. Nixon resigned from office on Aug. 9 and entered the hospital about six weeks later on Sept. 23 for treatment of recurrent phlebitis. He stayed at the hospital until Oct. 4, when he returned to Casa Pacifica, his estate at San Clemente. Three weeks later, on Oct. 23, he was hurriedly readmitted to the hospital after blood tests revealed the presence of new clotting activity in his left leg. Last Monday night a new and potentially fatal clot was discovered high in his left thigh, and doctors made the decision to operate.

A 12 Thatsday, Oct. 31, 1974 THE WASHINGTON POST

octors' Statement on

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Mr. Nixon continues to be under intensive care. Spe cially trained critical care

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nurses are with him around the clock. All emergency resuscitation equipment for any contingency is at his bedside He is being monitored as any patient in critical condition and this includes continuous monitoring of heart activity and such tests of constant monitoring of blood volume determination.

A naso-gastric tube is being used to prevent distention of his abdomen and was ordered because Mr. Nixon has some paralytic ileus, that is, partial paralysis of normal movement of the gastro-intestinal tract. This frequently occurs ater retroperitoneal bleeding has occurred.

The internal bleeding with which we have been

the anti-coagulation Mr. Nixon has been receiving because of the threat of clots. There were no signifi cant bleeding problems encountered at the time of surgery.

He has received three pints of blood. Several more units of blood are being held in reserve.

We, as his physicians, deeply appreciate the offers for assistance and prayers from all over the world.

I [Dr. Lungren] have been in contact with Dr. William Lukash, President Ford's White House physician, both last night and eary this morning. He expressed President Ford's deep concern over Mr. Nixon's condition and asked me to convey to former President and Mrs. concerned was secondary to Nixon that his prayers are

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for his full and complete recovery.

Dr. Lukash also requested that I keep in contact with him so he and Pesident Ford may be apraised of any change in the former President's condition.

We will do this and, consistent with the medical ethics of the physician-patient relationship, do our best to keep the American public and the peoples of other nations informed about significant developments.

At this time, it would be premature to provide a prognosis

A hospital spokesman said unless there are any significant changes in condition or treatment, the next report from the physicians will be midmorning Pacific Coast time Thursday.