

NIXON BEING WHEELED FROM THE HOSPITAL OPERATING ROOM IMMEDIATELY FOLLOWING SURGERY

THE NATION

THE EX-PRESIDENT

Nixon: Surgery, Shock and Uncertainty

The ordeal, mental and physical, of Richard Nixon goes on and on, and so too does the nation's involvement with him.

Last week, less than three months after he was forced to resign the presidency, Nixon lay in critical condition in Long Beach Memorial Hospital Medical Center. The cause was internal bleeding in the wake of sudden surgery for blood clots in his left leg and lower abdomen. It is thought that the anticoagulant drugs he had been taking had caused a tendency toward prolonged bleeding, and he went into shock. His family gathered round in vigil, their photographed faces masked by now familiar anguish. President Gerald Ford sent red roses to his predecessor and offered prayers on Nixon's behalf.

Later the President, on a campaign swing through Southern California, paid the patient an eight-minute visit. Nixon's voice was husky, but he showed no difficulty in talking. Propped up in bed, he discussed Ford's upcoming visit to Japan and the diplomatic travels of Henry Kissinger. At one point, Ford asked Nixon: "Did you have a good night?" Nixon replied: "None of the nights are too good." A sober Ford emerged from the visit to tell newsmen: "Obviously, he's a very sick man. But I think he's coming along well."

Earlier, when told that Nixon was critically ill, California Governor Ronald Reagan gracelessly said: "Maybe that will satisfy the lynch mob." In fact, the hospital switchboard was jammed with sympathetic calls, and its mailroom flooded with get-well messages from across the country. One room had to be set aside to contain the flowers.

Nixon's trauma last week in Memorial inevitably brought to mind his initial, cryptic refusal two months ago to enter a hospital: "I'll never come out alive." He had finally, of course, yielded and spent twelve days in Memorial in late September and early October for treatment of phlebitis, the painful inflammation of the veins in his left leg that has bothered him off and on since 1964. It could at any time cause a fatal blood clot to travel upward in the bloodstream through his heart to the lungs.

New Tests. Doctors had discovered a clot in Nixon's right lung during that first hospital stay. Fortunately, the small clot did no major damage, and supposedly adequate doses of anticoagulant drugs to prevent formation of new clots enabled Nixon to go home to his San Clemente villa.

But two weeks ago, Nixon's physician of 22 years, Dr. John C. Lungren, ordered new tests, unconvinced that the anticoagulant drug Nixon was taking

orally at home was keeping his patient's phlebitis under control. Lungren admitted Nixon to the hospital a second time for further tests and treatment. A venogram, X rays of a vein injected with an iodine compound, revealed clots in Nixon's left leg in areas other than the femoral vein above the knee, where some of his previous clots had formed. The additional clots (doctors could not be certain that they were new ones) were found higher in his leg. Dr. Scott H.M. Driscoll, the Memorial Hospital radiologist who did the venogram, described Nixon's deep venous system as "99 and 44/100% clotted."

A worried Lungren called in Dr. Wiley F. Barker, an expert in venous-systems diseases and professor of surgery at U.C.L.A., and Dr. Eldon B. Hickman, deputy chief of surgery at Memorial. After consultation and another venogram of their patient, the medicalmen agreed that immediate surgery was essential to keep the clots from breaking off and moving upward to Nixon's heart and lungs. They showed Nixon the venogram, explaining that, as Hickman put it to reporters later, "it was a threat that the clot could become a pulmonary embolus." After discussing his condition with Pat Nixon and, by telephone, with Daughters Julie Eisenhower and Tricia Cox, Nixon gave his consent to under-

go surgery—the first he has ever had.

The surgical team, headed by Hickman, performed the relatively simple operation (see box) in 70 minutes, and Nixon was wheeled back to his seventh-floor room (for security reasons he is the only patient on the floor), where standard postoperative care got under way. The seventh floor, however, had an advantage beyond privacy that was soon to be needed. Only recently completed, this floor is about to become the hospital's intensive-care unit, and all of the complex monitoring and life-preserving equipment for the unit was in place and functioning.

The first postoperative bulletins were reassuring: Hospital Spokesman Norman Nager told reporters that "the doctors are looking rather pleased," and in a press conference, Dr. Hickman said: "Mr. Nixon is doing well post-op. He's stable. He's in his room undergoing a normal recovery period. It was an uneventful procedure." Then, six hours after the operation, intensive bleeding, perhaps behind the abdominal cavity, sent Nixon into sudden vascular shock.

For three hours doctors battled to restore his vital signs to normal. Said shaken Nixon Aide Ron Ziegler the next day: "We almost lost President Nixon yesterday."

Nixon's condition was still serious and remained so as the week wore on. Some bleeding continued, his hemoglobin dropped slightly, leading to more transfusions, and other intensive-care monitoring continued. Sparse, naggingly incomplete bulletins continued to be issued by Nixon's doctors, and the hospital listed him in "critical" condition.

No insurance. There was another, lesser, but still bothersome problem that faced Nixon, according to Ziegler: the ailing former President has no medical insurance. As Chief Executive, Nixon chose not to enroll in the Government's health-insurance plan, which could have been transferred to a private insurer when he left office. He could have used a military hospital, but Lungren apparently insisted on admitting his patient to Long Beach Memorial, probably because it contains the elaborate technical equipment that Nixon's case might re-

quire. The rate for Nixon's room was \$90 a day until Oct. 1, then went to \$94; the intensive care he is now receiving costs \$250 a day. His bill for those two items alone so far is well over \$3,500, and to that must be added the cost of sophisticated monitoring equipment, doctors' fees, blood transfusions and medication—all of which Nixon will have to pay out of his own pocket.

Pat Nixon has kept a grim watch at the hospital, leaving only for brief periods of rest. At the doctors' suggestion, she has not returned to San Clemente, 50 miles away. Julie and Tricia flew in to comfort their mother and help answer the calls from old family friends, including Betty Ford. Other people phoned the hospital offering to donate blood, but all such offers were politely declined, since the hospital had a plentiful supply of the type A-positive blood that Nixon needs.

At week's end doctors reported that Nixon was "alert to all that is going on around him." But they also said that "the possibility for further complications still exists."

The Miles Clip and the Close Call

The surgical procedure doctors carried out on Richard Nixon is relatively common and uncomplicated. Opening Nixon's abdomen just above the groin, Dr. Eldon B. Hickman clamped a 1½-in. serrated plastic clip across the iliac vein from Nixon's left thigh, just above the spot where a clot, discovered last week, had formed. Hickman said later that he could "readily palpate [feel]" the clot during the operation. The teeth of the clip (called a Miles clip, after the physician who invented it in 1962) were closed, creating a sluicelike effect that permits blood—but not large clots—to flow through six small apertures.

Some medical experts wondered why the surgeons did not tie off the large vein known as the inferior vena cava. That step could block the passage of clots that might form later on higher in the left iliac vein or in Nixon's right leg or in tributary veins from the left leg. It is not known how extensively during surgery the doctors examined the inferior vena cava for possible clots.

What was unexpected was Nixon's lapse into vascular shock six hours after the operation. Shock generally indicates partial collapse of the circulatory system and therefore an inadequate supply of oxygen to the tissues. This can result from heart attacks, clots in the lung, overwhelming, severe drug reaction, trauma or other causes. In Nixon's case, it was thought that he was suffering a serious loss of blood. Bleeding can occur in any operation when the patient has been treated with anticoagulant drugs

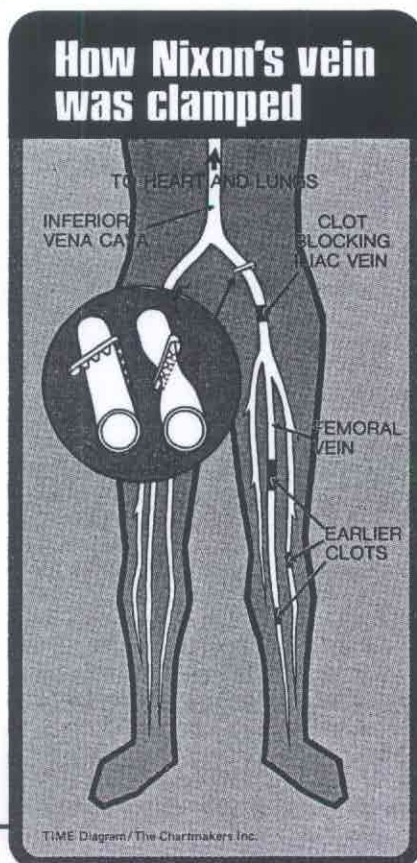
and thus has dangerously reduced clotting factors in his blood. Before operating, most surgeons try to counteract the effects of the anticoagulants to restore the patient's clotting factors.

Surgery, Dr. John C. Lungren explained, creates "raw surfaces" along the the incision lines—points where postop-

erative bleeding can occur. They can contribute to what Lungren called a "generalized ooze" that does not gush blood and often cannot be detected until changes in pulse and blood pressure signal trouble.

The doctors estimated that Nixon had lost nearly three pints of blood into the peritoneal space behind his abdominal cavity. He had yielded so much blood that the total volume in his system was too low to maintain adequate circulation—hence the shocklike condition. This results from a decrease in the heart's output and a change in tone in the small blood vessels. To restore the heart's normal output and raise the blood pressure, Nixon was given three pints of packed red blood cells. "If proper measures had not been available and instituted, he may have died," Lungren said later. Nixon had received a total of six pints of blood by week's end, and, though he was out of shock within three hours, the apparent continued loss of blood kept him in danger.

In addition, there was the imponderable of the ex-President's mental attitude. Ron Ziegler was compelled to reassure a questioner that Nixon's will to live was as strong as ever, but by most accounts, Nixon has often been depressed since he left the White House. Some doctors believe that Nixon's illness could be caused by his mental set (TIME, Sept. 23), and many physicians feel that there is a link between a patient's recovery in a situation like Nixon's and the patient's mood. Indeed, unless surgery is imperative, as it was thought to be in Nixon's case, many surgeons do not like to operate on a patient when he is depressed.



TIME Diagram/The Chartmakers Inc.