

Medical Authorities Say Nixon Taking Bad Risk

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Former President Nixon could be risking his life by refusing to enter a hospital if published reports of his condition are accurate, medical experts said Friday.

The physicians also said that Nixon's mental state — reportedly deep depression and tension — could be contributing to his physical problems.

THE PHYSICIANS declined to be named and stressed they were relying on second-hand information. But they are experts in the treatment of Nixon's problem — phlebitis, an inflammation of the veins of the leg that is accompanied by blood clots.

As a rule, they said, it is standard procedure in such cases to check for a hidden cancer. Some types of malignancy, such as cancer of the pancreas, are associated with recurrent phlebitis, the physicians said.

One expert said that such an association is a "far-out possibility." But another said it occurs in a significant proportion of cases.

NIXON HAD a bout of phlebitis in 1964. He was suffering with phlebitis this summer when he visited the Soviet Union and the Middle East. Dr. Walter Tkach, then Nixon's White House physician, said after the Middle East trip that Nixon had taken "a calculated risk" by going on the trip despite medical warnings.

David Eisenhower, Nixon's son-in-law, said Thursday that the clot in

Nixon's left leg "has moved above the knee and his one leg is swollen about twice its normal size."

On the basis of that description, one medical expert said, "I definitely would have hospitalized this patient at this point."

ANOTHER PHYSICIAN, told of reports that Nixon has refused to enter a hospital, is not taking the anticoagulants prescribed for him and has refused to wear an elastic bandage, agreed, adding, "He should have been off his feet in the first place. We're dealing with a neglected case."

The chief danger, the physicians said, is pulmonary embolism — a clot that travels to the lung and can cause death in minutes.

The physicians agreed on the treatment in such cases: putting the patient in bed and elevating the leg to reduce swelling, applying periodic hot soaks and giving anticoagulant drugs to reduce the chance of pulmonary embolism.

THE ANTICOAGULANT treatment should be given continuously by intravenous injection at first, which requires the close control possible only in a hospital, the experts said. The patient could be out of the hospital in about a week in most cases, with a prescription for an oral anticoagulant, they said.

Asked about the effect of mental state on the condition, one physician cited laboratory studies showing that prolonged stress increases the tendency of the blood to clot.