

NIXON'S PHLEBITIS IN LEG WORSENS

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Known—Some Say He
Is 'Highly Depressed'

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By LAWRENCE K. ALTMAN

Former President Richard M. Nixon is suffering from a spreading phlebitis in his left leg that apparently has worsened since last Sunday, when he was pardoned by President Ford. But the emotional state of Mr. Nixon is not known.

Reports from family members, friends and others have led to conflicting stories in recent days. Some say Mr. Nixon is highly depressed. Others say such descriptions are exaggerated.

Doctors consider it a normal psychological reaction for a person to be "down" after a major setback. Mr. Nixon's resignation during impeachment proceedings, his legal problems stemming from Watergate and the political furor that has followed his pardon are regarded as the most serious crisis in the career of a man who has had a life full of crises.

As for descriptions of Mr. Nixon as "depressed," psychiatrists said that the use of this term by laymen under such circumstances does not necessarily imply a pathological condition.

Mr. Nixon's son-in-law, David Eisenhower, who has not seen the former President since he left the White House on Aug. 9 said yesterday in an interview on the National Broadcasting Company's "Today" show that telephone conversations indicated Mr. Nixon's "spirits are not great," that he was "depressed at times" and that the phlebitis had spread to his upper leg.

Superficial Phlebitis

Phlebitis is an inflammatory condition that can affect veins anywhere in the body. Medical sources said that in Mr. Nixon's case, it affected his left leg. Though sophisticated techniques such as the Doppler machine have not been used in Mr. Nixon's case, all reported indications from careful physical examination point to a superficial phlebitis in the greater saphenous vein in the thigh.

Doctors consider a superficial phlebitis less dangerous than one involving the deep veins, or those beneath the muscles. Clots often form in association with the vein inflammation. When pieces of these clots break off and form emboli they can lodge in the lungs, causing pulmonary infarcts—that is, destroying lung tissue. Emboli are less likely to result from su-

perficial phlebitis in the legs.

Nevertheless, the fact that the superficial phlebitis has spread above the knee has given Mr. Nixon's family cause for concern. Mr. Nixon has had phlebitis twice before, in 1964 and earlier this year during the Middle East trip. White House doctors said that the second incident involved veins in his lower left leg.

Sources knowledgeable about the President's condition said in interviews yesterday that his lower leg was swollen but not painful when he resigned and flew to California.

It is generally understood that White House doctors advised Mr. Nixon to elevate his leg after standing for long periods of time and to wear an elastic stocking to help improve blood flow through the damaged circulatory system in his affected leg. However, friends said Mr. Nixon had been reluctant to wear the prescribed bandage stocking.

Previous statements from White House physicians have made it clear that the episodes of phlebitis have left Mr. Nixon with what doctors call a heavy, swollen leg. This is a term often used to describe the edema, or abnormal accumulation of normal lymph and other body fluids that result as a complication of the damage to the veins.

Increasing Discomfort

Medical textbooks state that repeated attacks of phlebitis can damage valves in the veins. As a result, blood is forced to follow abnormal pathways, particularly during exercise.

A second member of President Nixon's family told The Associated Press yesterday that his leg had begun bothering him more after his resignation and that the condition had prevented him from enjoying a picnic and from extending a family drive to Ventura, Calif. into an overnight stay.

Concern increased Tuesday night when the former President complained of increasing discomfort along the inside of his thigh.

The former President consulted Dr. John C. Lungren, a specialist in internal medicine who practices in Long Beach, Calif. Dr. Lungren had been Mr. Nixon's private physician before Mr. Nixon became President. A secretary said Dr. Lungren had "no comment" on Mr. Nixon's condition.

President Nixon's physician was Dr. Walter R. Tkach, an Air Force general. A military official said Dr. Tkach had been given another assignment at Andrews Air Force Base outside Washington. Dr. Tkach is understood to have access to courier flights to see Mr. Nixon periodically. Dr. Tkach is expected to fly to San Clemente today.

Mr. Nixon, like other former Presidents, is assigned a full-time medical corpsman and is eligible for care in any military hospital. Mr. Nixon reportedly refused his family's urging that

he enter the Eisenhower Memorial Hospital, a private institution in Palm Springs, Calif. that serves as a back-up facility for the former President.

A source said that Mr. Nixon had been told that, for therapy, he should keep his legs outstretched and elevated. Moist heat is applied to reduce the effects of the flare-up. Mr. Nixon may also be receiving an anti-inflammatory drug but apparently he has not received heparin, a blood-thinning drug. Depending on circumstances in each case, doctors may prescribe anticoagulant drugs to reduce the risk of a clot breaking away from the inflamed vein and lodging in the lung.

David Eisenhower said that his father-in-law wanted to play golf but could not because of the doctor's recommendations. As a result, the other unnamed family member (widely believed to be Edward F. Cox) said that the prescribed inactivity had aggravated the former President's poor spirits and mood.

Experts in the treatment of phlebitis said that if Mr. Nixon's leg did not respond to the therapy, then his doctors might add anticoagulants for extended periods. If this course fails, the deep venous system becomes involved, and if the threat of pulmonary emboli becomes much greater than it appears to be now, then Mr. Nixon faces the prospects that surgeons might have to tie off the inflamed vein.