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Nixon Doctor Sees No Surgery Need

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LONG BEACH, Calif., Sept. 27 —Surgery is not needed now for former President Richard M. Nixon because the phlebitis in his left leg and the blood cloti n his right lung are "responding satisfactorily" to anticoagulant therapy, Mr. NIxon's chief physician said here today.

"The blood thinning process [anticoagulation drug therapy] is proceeding in an orderly fashion," Dr. John C. Lungren, who heads a team of doctors treating Mr. NIxon, said in a bulletin issued by the Memorial Hospital Medical Center of Long Beach where the former President is a patient.

Dr. Lungren, a specialist in internal medicine, said his decision to continue to treat Mr. Nixon medically with drugs was based on "routine" consultations with two Long Beach vascular (blood vessel) surgeons, Dr. Seibert C. Pearson and Dr. Eldon B. Hickman. The two surgeons share an office a few steps from Memorial Hospital Medical Center and are menbers of the faculty of the Unversity of California at Los Angeles School of Medicine.

Two Drugs Prescribed

"Folowing consultation, it was our combined opinion that therewas no indication for any change in the current course of theapy," Dr. Lungren said in his ulletin. Earlier, Dr. Lungren aid he had prescribed two aticoagulant drugs, heparin byvein and coumadin by mouth, o minimize the chance of othe clots forming in Mr. Nixon's ody.

Dr. Ingren's bulletin did not say hen the two surgeons had exained Mr. Nixon. Presumably,he consultation was held aftea blood clot was discovered a segment of the upper lobin Mr. Nixon's right lung Tueay by a new technique cald ventilation-perfusion lungicans.

Dr. Luren also said that "barring omplications or a new develbment in Mr. Nixon's conditn," he would issue his next buetin Monday afternoon. 30 SEP

A medical source connected with Mr. Nxon's case said that the swelling in Mr. Nixon's left leg had gone down, primarily as a result of four days of bed rest.

"It's the first time he has been off his feet," said the source, who noted that most doctors considered bed rest a cardinal therapy for phlebitis.

His Reluctance Cited

Mr. Nixon's phlebitis may have been aggravated by his insistence on staying on his feet instead of elevating his outstretched legs. His reluctance to go to the hospital could have led to development of the pulmonary embolus; doctors interviewed said that had Mr. Nixon agreed to anticoagulation therapy earlier than Monday—as his doctors had urged—his embolus possibly might not have occurred.

Mr. Lungren also said in his statement that "we are accumulating various data from the special diagnostic studies and further tests will be scheduled next week."

The medical osurce said that it might take another two or three weeks before the results of all the diagnostic tests on Mr. Nixon's blood are known to Dr. Lungren.

The surgical consultation sought by Dr. Lungren was regarded by other physicians as routine in a case like Mr. Nixon's.

Specialists in internal medicine often ask surgical colleagues for an evaluation early in a patient's hospitalization. Thus, by following a patient's progress together, doctors from both disciplines can best agree when primary treatment fails and surgery is needed.

Surgery Termed Adjunct

The timing of surgery for phlebitis and pulmonary emboli has been hotly debated among doctors since the English surgeon, John Hunter, who is credited with doing the first such operation in 1784.

Doctors today generally consider surgery as an adjujnct to anticoagulation therapy for phlebitis and pulmonary emboli. Such surgery is aimed at preventing recurrent and potentially fatal emboli from lodging in the lung. The surgery is not intended to interfere with the clot itself, except under dire emergncies when surgeons try to remove a large clot from a pulmonary vessel.

Anticoagulation wlth heparin became the accepted treatment for phlebitis as a result of pioneering studies by Swedish doctors and Dr. Charles H. Best, who earlier had been a co-discoverer of insulin, and Dr. G. D. W. Murray in Toronto in the late nineteen-thirties.

In a case like Mr. Nixon's, most doctors said they would operate only if the patient had developed repeated episodes of mboli dspite an adequate course of anticoagulation.

The techniques would vary depending on the circumstances. Among such techniques are ligating—tying off—or plicating — pleating — the inferior vena cava, the main vein in the abdomen, or inserting an umbrella or balloo-shaped device through a vein in the neck and placing it by X-ray to a point jujst above the source of the clots in the leg. Such devices act as sieves to prevent small pieces of broken-off clots from floating to the lung.