

# Nixon Is Told to Increase Activity to Build Strength

By LAWRENCE K. ALTMAN

LONG BEACH, Calif., Nov. 5 —A "terribly physically weak" Richard M. Nixon has been ordered to walk more, although each step he takes is painful, the former President's doctors said today.

Mr. Nixon, who resigned the Presidency Aug. 9, conversed with staff members about a number of general subjects today, Ronald L. Ziegler, Mr. Nixon's press secretary, said at a news conference. But after "about 30 minutes you could just see that he was becoming tired and weak from the activity of conversation," Mr. Ziegler said.

"You can tell it in his voice and in his face," he added. "He said that he was going to go to bed fairly early tonight because he was tired."

Mr. Nixon has shown more interest in the over-all election results than in any specific election contests, Mr. Ziegler said. He is visited by his wife and their daughter Tricia. Julie Nixon Eisenhower, his other daughter, has returned to Washington, Mr. Ziegler said.

Dr. John C. Lungren, Mr. Nixon's physician, said in a bulletin that he had ordered gradually increasing activity for Mr. Nixon though he "still has some pain when he moves."

The pain is in the area of the hematoma—a tumor or swelling containing blood — that formed in Mr. Nixon's left flank as a result of the internal bleeding he suffered when he went into shock six hours after phlebitis surgery one week ago today. The hematoma is expected to dissolve gradually in several weeks.

## Concern Indicated

Dr. Lungren's bulletin indicated concern about two common complications that apparently have affected each of Mr. Nixon's lungs.

"We're planning more definitive studies of a condition in the right lung which arose last week along with the problem in Mr. Nixon's left lung," Dr. Lungren said in the bulletin that Memorial Hospital Medical Center of Long Beach issued at 9 A.M., California time.

Mr. Nixon has atelectasis of the right lung and a pleural effusion in his left ~~(on the)~~ lung. Depending on the extent and seriousness of each of these complications, both conditions can limit Mr. Nixon's breathing and can be complicated by pneumonia and other dangerous infections.

Atelectasis, which is derived from the Greek words meaning imperfect expansion, is a frequent complication following surgery. It can occur in patches throughout the lung or it can be limited to one lobe or segment of the lung. It leads to a reduced surface area for physiologic exchange of oxygen and carbon dioxide as Mr. Nixon breathes.

Effusion, which is derived

from the Latin for a pouring out, means the abnormal escape of normal body fluid into an organ or tissue.

## Irritation Suspected

Yesterday, when Dr. Lungren disclosed that Mr. Nixon had been suffering from an effusion, the specialist in internal medicine said that it "probably" was due to an irritation of the diaphragm secondary to the hematoma in Mr. Nixon's flank. The diaphragm is a respiratory muscle that separates the chest and abdomen.

Effusions can be caused by several conditions, among which is a pulmonary embolus and infarct, that is, when a blood clot lodges in the lung and destroys some tissue. Mr. Nixon's operation, in which a clamp was put across the left iliac vein in his pelvis, was designed to prevent a clot in his left leg from breaking off and floating to the lung.

Tests have shown that in the past, Mr. Nixon had one pulmonary embolus that Dr. Lungren said did not lead to a pleural effusion. Pleural effusions can also result from inflammation of the pancreas gland and heart failure.

Dr. Lungren did not specify

what studies he planned for Mr. Nixon's atelectasis. Depending on the seriousness of the situation, it might include a bronchoscopy, a procedure in which a doctor peers into the bronchi, or airway tubes, through a flexible tube inserted into a patient's windpipe. If necessary, the doctor can remove sputum that has plugged an airway tube.

To achieve the same effect without such a procedure, Dr. Lungren said, Mr. Nixon continues to receive intermittent positive pressure breathing treatments and is asked to cough and deep-breathe.

Dr. Lungren said that he had removed a central venous catheter, or plastic tube, in Mr. Nixon's neck. The tube had been inserted into a vein in Mr. Nixon's neck and pushed down into the superior vena cava, to the point where this large vein enters the right side of the heart. After the crisis developed, Dr. Lungren said, he left the catheter in place in case a medical emergency developed as Mr. Nixon began walking again.

Dr. Lungren said that Mr. Nixon's platelets and entire blood count were adequate at this time. Platelets are disk-shaped elements that play a key role in blood clotting. 9 A.M.

## MEDICAL BULLETIN

Gradually increased activity has been ordered for former President Nixon. This means he will be doing a little more walking in his hospital room. The former President is terribly physically weak. He also still has some pain when he moves in the area of the hematoma, the blood mass in his left flank.

His platelets and entire blood count are adequate at this time.

The central venous pressure monitoring line has been removed but we've continuing the electrocardiogram monitoring.

We're planning more definitive studies of a condition in the right lung which arose last week along with the problem in Mr. Nixon's left lung. The right lung condition is called atelectasis and could be described in lay language as an inactive area of lung tissue. As reported earlier, he also has had a minor effusion in the left lung. Effusion means presence of a minor amount of fluid in the lung.

He continues to receive intermittent positive pressure breathing treatments and is asked to cough and deep breathe.

The next scheduled report will be issued at approximately 9 A.M., Pacific Coast time, on Wednesday.