

OCT 15 1975

JDW, HR,

10/11/75

I have two purposes in writing to inform you and to keep you from being frightened by the indications of illness I had to give earlier. In giving these indications I was not without suspicion of what it turns out I have but I was reassured by the doctors' apparent lack of concern. I spoke to only a nurse two days before I saw a doctor and was not told to go to a local one.

I have phlebitis. It appears to be a mild case. I'll know in four days. If it is not there will be about 10 days of hospitalization for some undescribed intravenous work.

I am inclined to believe the doctor is serious when he says a mild case for several reasons and aside from discomfort I don't feel at all had. I was able to operate rather well yesterday, as some separate memos will indicate.

One is that I told him I have two contracted speaking engagements on the 20th and 22d and he did not say cancel them. The other is two tests he made that may amuse you in one case.

The examination was simple. He looked at my left leg and noted nothing I had not told the nurse. I volunteered the brief history. He had me try to stand on my toes and heels and I could. He took the blood-pressure pad, wrapped the left calf and pumped it hard and full. I felt only strong pressure. When I told him this as he finished the pumping he laughed and said he was being cruel but could not tell me in advance but if it had been a deep one I'd have gone through the ceiling.

The anticoagulant he has prescribed is antagonistic to the healed ulcer, so we are getting around that by my taking it only with full meals so the stomach will also have coated walls. Three doses, no ulcer reaction.

Aside from the obvious ^{response} reasons, I do hope this clears up soon because I want to keep both engagements, particularly debating Belin, who will never do it after PM is out and because it is necessary to see Ray, which that appearance enables for no more than cab fares. And, of course, what PM needs. (A phone call after I returned yesterday tells me that the manufacturing process is getting closer to press time.) (And another digression: it is almost astounding how activist for this book the essentially conservative people with whom I'm dealing have become. I suggest it not in a personal sense, although some of that may be true, but because I take it to mean their personal concern over everything the JFK assassination means.)

I'm not violating orders in writing this. It is OK if I move around minimally as long as it is for short spans, infrequently and at all other times I am reclining or have the foot elevated. It is not on a kitchen stepstool on a pillow. I'm having only one trouble with crutches to which I took voluntarily day before yesterday: the bursitis in the right shoulder complains. Today I've started learning how to put more weight on the other one.

The prognosis is that today and tomorrow should mark the end of increasing discomfort, there should be two plateau days and then it should decline. Yesterday was a relatively active day, today inactive, but there is no increase in discomfort of which I'm aware and I'm not taking any pain killer. I don't need it. I'm quite comfortable reclining, only disturbed about not doing what I must. So, I read. Catching up. Not on filing. What was annoying is that there was no concern when I reported this by phone. If I could make what turned out to be an accurate diagnosis I would think that the doctor would have told me other than to come in in two days and he'd squeeze me in. The treatment could have started two days earlier, when I also could have been told to use an Ace bandage and heat. We pay close to \$1,000 a year for this?

Howard may remember that when he was here I had occasional twinges. I discounted them because it is the only way I can counter the possibilities of anxiety. I still went walking, etc. But in other ways I feel fine and other prognosis, as you will learn, are favorable. So, don't worry, please. Best,