

over

JAN 10 1978

Dear Jim,

12/30/77

Dr. Hickey palpated my legs this morning and spoke to me for quite some time. I appreciated the time he too, rather more than I am used to. I think I remember enough and I'm sure I remember what is important.

He does not believe either the swellings in the legs and thighs or the chest pains are from heart, angina, arterial or venous causes. He thinks both a potassium deficiency and a water-retention problem, despite the fact that I'm eliminated salt from the diet.

With next weeks protime test I'm having a potassium reading of some kind. Until then the diuretic.

He believes that the types of chest pains I've been having can be muscular and from a calcium deficiency. If it is this correction is easy.

Until then I'm to continue as I have been, doing what I can do and tolerating the fatigue reaction. Of course I do need exercise. My reaction to the swelling was to give the exercise what for me is hell. I stopped then not because I was leg-weary but because I felt that 11 non-stop miles was ample. This was yesterday. And that did seem to reduce the swellings some.

I'm glad there appears to be no correlation with the trip to Washington this week. That there might have been comes from the fact that I became aware of the tightness in the thighs and from the Jobst venous supports that evening, several hours after returning.

I was somewhat disturbed over the fact that fatigue and oxygen deficiency seems to correlate with fairly heavy work with the arms. On the other hand, great that there is no apparent correlation with leg use.

He explained the percentage business with the protime tests, in part. Enough for me. They established what for me is a base. I require a higher level of anticoagulant, more than he'd expected but not an unheard of quantity. As long as this is 50% of the base it is okay. I guess that means a 50% reduction from the base. I don't really care about that kind of information. He knows and that is enough for me.

However, he wants me to miss three dosages of the anti-coagulant before Tuesday's tooth extraction. If I have stopped bleeding in an hour or an hour and a half then I'm to take a heavier dose, 20 mg, and the next day return to the 15. He does not expect next week's test to be in the range he wants. He says it takes longer and I think that he does not want the risks of higher dosage. He told me to skip this week's test because when I'm going off the stuff after tomorrow's dose there is no point in it.

So I feel better on that score.

On the hypothermia you called to our attention and the NIH booklet on it we got, he did not know about these work but he knew the problem. He told me not to let this keep me indoors when I am able to get out, to dress more warmly and keep moving. This is what I have been doing except for rainy and extremely cold days, only I've been working instead of walking, to exercise the torso and arms. That is Okay, too.

He also recommended thermal underwear. When the discomfort from maladjusted venous supports is over I'll try that again. No trouble with the shirt but it is impossible to adjust the supports without dropping the long johns, a nuisance. I don't need them indoors.

He did not tell me to increase the house temperature. He said that in addition to the provisions I've added to the heating system I should get a large room humidifier. I had one I gave away when I added an extra 25-gallon one to the furnace. That, too, appears not to give us enough humidity.

The vertigo-like symptoms can be from hardening of the arteries. I'm to get out of bed more slowly and move a few muscles while sitting up. He cautioned me about this at night, saying lots of hips get broken by those who are careless. And he explained how merely turning the head can pinch off a vessel.

So, there appears to be nothing new and serious. Don't worry.

Best,