

Physician Says Chance of Recovery Is Good—Therapy Continues

By LAWRENCE K. ALTMAN
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LONG BEACH, Calif., Sept. 25—A piece of a blood clot has broken off from former President Richard M. Nixon's phlebitis-damaged left leg, floated through his heart and destroyed a dime-sized area in his right lung without causing any chest pain, Mr. Nixon's doctor said here today.

In a hastily called news conference, Dr. John C. Lungren, a specialist in internal medicine and Mr. Nixon's physician, said:

"Mr. Nixon now has an embolus [a clot that has moved from the leg into the lung] in the right mid-upper lung field on the lateral surface. This is a potentially dangerous situation but it is not critical at this time."

Dr. Lungren added, "It has caused an area of infarction [destroyed lung tissue]."

In answer to a question, Dr. Lungren said, "There's a very good chance of recovery—it will take some time." As a professional guess, Dr. Lungren said he expected Mr. Nixon to remain at the Memorial Hospital Medical Center here perhaps to the end of next week.

"The primary risk is the breaking off of another clot, a



Associated Press

Dr. John C. Lungren discussing Richard M. Nixon's health

larger clot which could cause more damage to the lung and a real danger at that time," Dr. Lungren said.

Adm. William M. Lukash, chief White House physician, said in a telephone interview that he had told President Ford about Mr. Nixon's condition. Dr. Lukash, who had treated Mr. Nixon for his earlier attack of phlebitis, said Dr. Lungren had called him at 2 P.M. Eastern daylight time.

Despite documentation of the newly discovered complication,

Dr. Lungren said Mr. Nixon's mood was "remarkable from what he's gone through."

Earlier Mr. Nixon had been reported by Maj. Gen. Walter Tkach of the Air Force, chief White House physician in the Nixon Administration, to be fearful that he would not come out alive if he was hospitalized. When asked about Mr. Nixon's will to live, Dr. Lungren said the former President had "a hell of a will to live."

Dr. Lungren also said that

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Mr. Nixon and his family had approved the disclosures about his health.

his pulmonary embolus "as he Dr. Lungren said, adding that the former President reluctantly accepted the medical need to lie in bed with his arm connected to an intravenous bottle.

The bottle contains an anticoagulant called heparin that drips into a vein in his arm. The arm is bandaged to a board to prevent the needle from accidentally slipping out of the vein.

Dr. Lungren said he had prescribed Coumadin, another anticoagulant drug that Mr. Nixon swallows.

Despite the discovery of the complication, Dr. Lungren said he planned no change in this therapy, which he began soon after Mr. Nixon was admitted to the hospital last Monday.

In an interview, Dr. Lungren said he had no plans now to do a special diagnostic X-ray procedure called a pulmonary angiogram or surgery to prevent more clots from going to Mr. Nixon's lung.

Dr. Lungren also said in the interview that Mr. Nixon had experienced no chest pain, as often occurs when a blood clot lodges in the lung. But the physician said Mr. Nixon recalled that he may have had an episode of shortness of breath.

Wide Range of Symptoms

Pulmonary emboli can cause a wide range of symptoms, from varying degrees of shortness of breath to pain or death.

The embolus was discovered yesterday by use of a radio isotope technique called a lung scan and a refinement called an airway patency scan, Dr. Lungren said. The scan, which was done by Dr. Earl Dore, who heads the hospital's department of nuclear medicine, showed an area of lung to which blood did not flow.

The absence of blood perfusion to this area of the lung was indirect confirmation of the lung infarct, the chief danger of phlebitis. In this condition, one or more blood clots can form in a leg vein. At any time, the whole clot or a piece of it can break off from the leg vein. The clot then travels with the blood through the veins of the lower body and into the right side of the heart, from which it is pumped into the lungs.

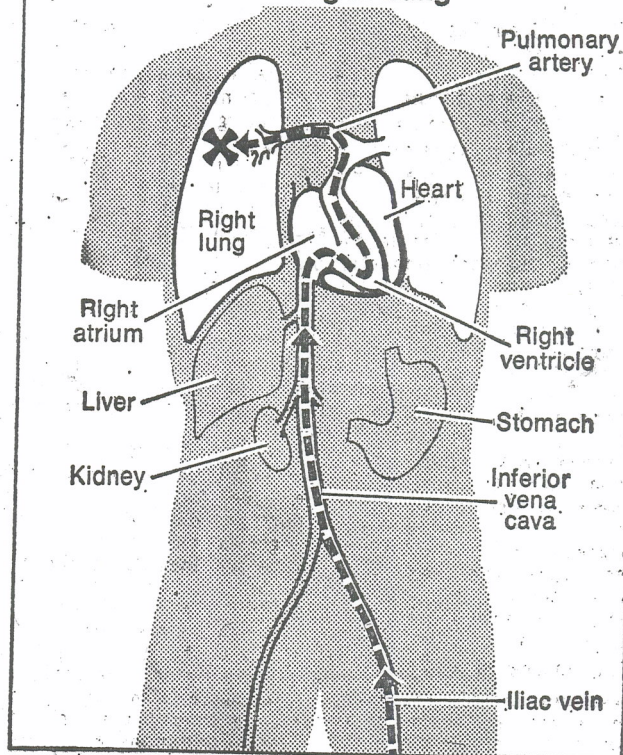
Normally, blood contains no clots. The red cells pick up oxygen in the lung and are returned to the left side of the heart to be pumped through the aorta to nourish the body.

Blood Supply Blocked

But a blood clot is too large to pass through some of the blood vessels in the lung. The clot blocks off the blood supply, thus starving a portion of the lung. The area of the lung that is destroyed depends on the size of the blood clot. A small clot may cause no or few symptoms. But a large clot can cause death, and several small clots can cause major life-threatening damage.

It is understood that Mr. Nixon did not have a previous lung scan. Accordingly, there is no way to determine the exact

Path of Clot from Leg to Lung



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Richard Nixon's blood clot, believed to have formed in his left leg, traveled through major veins, two main chambers of the heart and finally lodged in one of the narrower arterial passages of the right lung.

Alleged Slayer of 11 'Not Fit' to Stand Trial

Calvin Jackson, who is said to have implicated himself in the murders of 11 women on West 77th Street, has been ruled "not fit" to stand trial at this time by two court-appointed psychiatrists.

One psychiatrist, Dr. Philip Kaminstein, concluded that the 26-year-old former convict's mental condition was "so clouded" and that he was "so withdrawn and self-absorbed and self-preoccupied that he would be unable to cooperate with his own attorney in his defense."

Comparable findings were made by Dr. E. Salanga.

Excerpts of Dr. Kaminstein's report were read into the record yesterday in Criminal Court in Manhattan by Mr. Jackson's attorney, Robert Blossner,

date when the embolus occurred.

The fact that the technology to do such radioisotope tests does not exist at Pendleton Naval Hospital was a primary reason why Memorial Hospital, which does have such equipment and is where Dr. Lungren practices, was chosen for Mr. Nixon's hospitalization.

Dr. Lungren said that the clot in the lung would not preclude —although it would slow down—the schedule for the exhaustive tests that are planned to determine the root cause of Mr. Nixon's phlebitis.

Injury Excluded

The physician added that he had excluded injury as a possible basic cause of Mr. Nixon's condition. The diagnostic tests will attempt to determine whether Mr. Nixon has developed

any condition like a blood disease called polycythemia vera, leukemia or a cancer that could cause his blood to be hypercoagulable, that is, more likely to clot.

Dr. Lungren emphasized that he had no evidence that Mr. Nixon had developed a cancer. Speaking sternly, the internist warned:

"I don't want you all to go out of here after I say this and say that the President's got leukemia. It isn't what I said."

Dr. Lungren also said he had advised Mr. Nixon to come to the hospital twice since his resignation on Aug. 9. The first occasion was during a visit to Palm Springs earlier this month. The second was nine days ago.

Dr. Lungren said Mr. Nixon had initially rejected anticoagulant drugs to prevent the development of a pulmonary embolus. As a dangerous compromise, Dr. Lungren said, he treated Mr. Nixon with an anti-inflammatory drug, presumably phenylbutazone.

Dr. Lungren added that he had ruled out treating Mr. Nixon with anticoagulants at Casa Pacifica, the former President's estate at San Clemente. "As far as I was concerned, I would not risk anticoagulation without hospitalization," Dr. Lungren said.