

# NIXON'S CONDITION CALLED IMPROVED; BLEEDING HALTED

3 Transfusions Were Given  
Ex-President, Who Is Still  
on the Critical List  
— OCT 31 1974  
UNDER INTENSIVE CARE

Doctor Says a Prognosis Is  
'Premature' and Indicates  
Patient Is Conscious

NYTimes

By LAWRENCE K. ALTMAN  
Special to The New York Times

LONG BEACH, Calif., Oct. 30  
—Former President Richard M. Nixon's internal bleeding has apparently stopped and his condition showed "some improvement" after three blood transfusions, but he remains on the critical list as he receives intensive care Mr. Nixon's doctor said today.

Dr. John C. Lungren, Mr. Nixon's physician, said in a bulletin that "it would be premature to provide a prog-

Hospital bulletin on Nixon  
is printed on Page 32.

nosis" for the 61-year-old former President.

Mr. Nixon "did have some interrupted sleep during the night," the bulletin said. Though Dr. Lungren's bulletin implied that Mr. Nixon was conscious after his rally from shock, his statement did not mention his state of consciousness.

#### In Shock for 3 Hours

None of the doctors involved in treating Mr. Nixon has spoken directly to reporters since Mr. Nixon was reported to have developed shock, a life-threatening condition, as a complication of his surgery yesterday. A hospital source said that Mr. Nixon's heart did not stop from a cardiac arrest during the three hours or so of shock that developed six hours after the operation ended.

A hospital spokesman said that Dr. Lungren and Dr. Eldon Hickman, a vascular surgeon who headed the team that clamped a vein in Mr. Nixon's pelvis in the 70-minute operation to prevent a blood clot from traveling upward to his heart and lungs, were unavail-

able to answer the innumerable medical and personal questions that have arisen as a result of his condition. The spokesman said the two doc-

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tors treating Mr. Nixon were also treating other patients whose conditions were just as serious.

Ronald L. Ziegler, press secretary in the Nixon Administration, said at a news conference this afternoon that it would be inappropriate for him to comment on the specifics about Mr. Nixon's consciousness and medical condition.

#### 'Almost Lost Nixon'

However, Mr. Ziegler said, "There's no question about the fact that we almost lost President Nixon yesterday afternoon."

Mr. Ziegler said the complication of shock that "came all of a sudden early yesterday afternoon surprised the staff and family." They had not realized, he said, that Mr. Nixon's condition was so critical.

Mr. Nixon's rally from what was described as a potentially fatal complication reflected the changes in the state of medical knowledge and hospital practice over recent years. These changes have permitted doctors to treat successfully many of the postoperative complications that often proved fatal in earlier decades.

Shock is a term that doctors have used since 1743 to describe a physiological state in which there is a widespread serious reduction in the flow of blood to the body tissues. But only in more recent decades have doctors learned that if shock is prolonged, it can damage cells anywhere in the body, particularly the kidneys. Shock can be caused by many conditions. In Mr. Nixon's case, Dr. Lungren said that, "in all probability," shock had developed as a result of bleeding be-

hind the peritoneum, or the thin membrane that encloses the intestines in the abdomen. The space is large enough so that several pints of blood can collect before doctors can detect evidence of bleeding. Eventually the body reabsorbs blood that pours outside the circulatory system.

#### Link to Therapy

Dr. Lungren said that he suspected the bleeding had been secondary complication of the anticoagulation, or blood-thinning, therapy that he has prescribed for Mr. Nixon for more than a month.

But Dr. Lungren did not say what was the suspected source of bleeding. Such bleeding could come from generalized oozing as a result of the blood-

thinning therapy. Or it could have come through just one loose stitch.

Dr. Lungren's statement that the bleeding had apparently halted after he had stopped Mr. Nixon's injections of heparin—a blood-thinning drug—implies that the condition might be successfully controlled without further surgery to seek and to close a bleeding wound.

Anticoagulation therapy involves additional risk for Mr. Nixon, Dr. Lungren said, but is necessary to prevent further clots from developing in Mr. Nixon's right leg or at a point above where the clamp was placed on the iliac vein in Mr. Nixon's pelvis.

"Hopefully, we can resume anticoagulation therapy when we feel safe that bleeding from surgery is no longer a danger," Dr. Lungren said.

#### Early Treatment is Key

One main reason surgeons have reduced postoperative mortality is the recognition that the early treatment of shock can prevent such complications as kidney failure. Doctors generally measure kidney

functions by observing the hourly production of urine and from blood tests. However, Dr. Lungren's bulletin made no mention of how well Mr. Nixon's kidneys were functioning.

Urine production is just one function that doctors and nurses monitor in intensive care units such as that at Memorial Hospital.

Dr. Lungren said that Mr. Nixon "is being monitored as any patient in critical condition and this includes continuous monitoring of heart activity and such tests as constant monitoring of blood volume determinations."

The blood volume can be determined by many methods, such as the injection of colored chemical dyes or radioactive labeled chemicals. Such tests can help doctors estimate whether the amount of blood, salt water and other fluids they prescribe intravenously have adequately replaced the blood loss.

At the same time, doctors carefully watch for evidence that they have prescribed too much fluid replacement, a situation that can lead to heart failure.

In recent years doctors have increasingly relied on the use of a thin plastic catheter, or tube, that they insert through a neck vein into the superior vena cava just above the heart. The tube is used to measure the central venous pressure. By this device doctors can determine more accurately a patient's cardiovascular state. Dr. Lungren's statement implied that this type of tube was used.

In addition to the tubes in Mr. Nixon's veins, the former President has another tube inserted

through his nostril. This tube, called a naso-gastric tube, passes through the back of the nose, down the throat and gullet and into Mr. Nixon's stomach.

Dr. Lungren said that "a naso-gastric tube is being used to prevent distension of his abdomen and was ordered because Mr. Nixon has some paralytic ileus, that is, a partial paralysis of normal [stomach and bowel]." "This frequently occurs after the type of bleeding Mr. Nixon has experienced.

Another cause of shock is gram-negative septicemia, a poorly understood condition that is caused by toxins produced by organisms that bacteriologists classify as gram-negative. This term is used because the bacteria failed to be stained by a chemical dye developed by a Danish physician, Dr. Hans Gram, late in the last century. Bacteria that take the stain are classified as gram-positive.

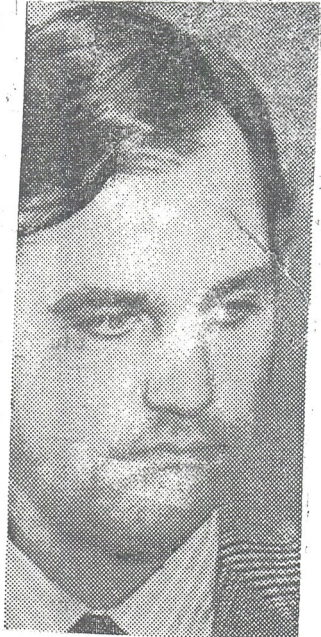
#### A Common Occurrence

Gram-negative septic shock, a problem of growing concern in American hospitals, often results after surgery.

Dr. Lungren suspects the cause of Mr. Nixon's shock was bleeding.

Mr. Nixon has a slight fever, which might be caused by the bleeding or an infection, among other possibilities. Apparently Dr. Lungren is considering gram-negative septic shock because he said he is prescribing intravenous injections of antibiotic drugs.

Dr. Lungren also said that Mr. Nixon was receiving unspecified medications for pain, restlessness and occasional nausea. The pain presumably is from the incision made in yesterday's operation.



The New York Times  
Ronald L. Ziegler telling  
of Richard M. Nixon's ill-  
ness yesterday.



Mrs. Richard M. Nixon and her daughters, Julie Eisenhower, center, and Tricia Cox, going to visit Mr. Nixon yesterday

Associated Press