

Physician Finds Nixon Is Well Enough To Try Walking With the Aid of Nurses

By LAWRENCE K. ALTMAN

LONG BEACH, Calif., Nov. 4 —Former President Richard M. Nixon's "gradual improvement" from post-operative complications reached the point today where his doctor allowed him to begin walking a few steps with nursing assistance around his bed in an intensive care unit at Memorial Hospital Medical Center here.

But Dr. John C. Lungren, Mr. Nixon's physician expressed concern in his bulletin today about a previously undisclosed lung complication that the 61-year-old Mr. Nixon has seemingly developed as a consequence of the internal bleeding that put him into shock six hours after surgery last Tuesday.

In that operation, surgeons put a bloodgate, a clothespin-like clamp, on a vein in Mr. Nixon's pelvis to prevent a potentially fatal blood clot from traveling from Mr. Nixon's phlebitis-damaged leg to his lungs.

More Tests Planned

In the bulletin issued at 9:15 A.M. today, Dr. Lungren also said that other specialists were planning more tests to determine why Mr. Nixon developed two other problems known to have complicated the course of his therapy.

These problems, Dr. Lungren's bulletin said, are a deficiency of platelets (disk-shaped elements that play a key role in blood clotting) and the apparent inability of Mr. Nixon's body to react properly to unusually large doses of anticoagulant, or blood thinning, pills.

In today's bulletin, Dr. Lungren said that Mr. Nixon "still continues to show gradual im-

provement" and that "his vital signs are stable."

However, Dr. Lungren did not state the specific values of Mr. Nixon's blood pressure, pulse, respiratory rate and temperature—a cluster of measurements that doctors call a patient's vital signs.

The newly reported complication is an effusion of fluid around Mr. Nixon's left lung. The work effusion, derived from the Latin for a pouring out, means the abnormal escape of normal body fluids into an organ or tissue.

Mr. Nixon's effusion was described as consisting of a "minor amount of fluid" and was attributed to irritation of the diaphragm. This thin muscle separates the chest and abdomen. A large hematoma, or blood mass, has formed as a result of surgical complications, in Mr. Nixon's left flank, in an area behind his intestines. Dr. Lungren's bulletin indicates that the hematoma is large enough to compress the diaphragm. The resulting irritation has led to a collection of fluid partly compressing the left lung.

"We're still concerned that the minor effusion still persists in the left lung," Dr. Lungren said.

Blood Pressure Checked

If an effusion is large enough, it can compromise a patient's ability to breath properly. It can also become infected. Dr. Lungren has said that respiratory therapists are helping Mr. Nixon breath with the aid of an intermittent positive pressure machine that forces air into the lung for 10-minute periods.

Despite the complication, Dr. Lungren said, "We will attempt

ambulation today in his room with help. During this activity [careful! he will be closely monitored."

Nurses constantly observe Mr. Nixon's heart rate and rhythm on an electrocardiographic screen while he rests in bed. They also take his blood pressure at frequent intervals.

As Mr. Nixon is helped out of bed into a standing position, nurses will watch for large changes in the pulse rate and blood pressure. One aim of such monitoring is to determine if Mr. Nixon develops postural hypotension, that is a drop of blood pressure when changing from a reclining to a standing position. Postural hypotension can be a clue to internal bleeding.

Dr. Lungren has said that Mr. Nixon's bleeding seems to have stopped. But today's bulletin did not state Mr. Nixon's hemoglobin count, one indicator of blood loss.

No explanation has been found for Mr. Nixon's platelet deficiency, Dr. Lungren said, "We're still working with the hematologists in the department of pathology to rule out any abnormality in his blood analysis to account for the platelet deficiency."

The medical team has transfused Mr. Nixon with the equivalent number of platelets in nine pints of blood. But Dr. Lungren did not state either the former President's latest platelet count or whether more platelet transfusions have been given.

Blood Has Been Stored

At a news conference, Dr. William E. Smith, who is Memorial Hospital's director of pharmacy, said that later this week he would send blood samples obtained when Mr. Nixon was readmitted Oct. 23 and stored in a freezer since then, to the Medical College of Virginia at Richmond.

There, Dr. William Barr, who heads the college's department of pharmacy and pharmaceuticals, will test the amounts of Coumadin in the blood samples. Coumadin is the anticoagulant drug that Mr. Nixon took only while convalescing from his previous admission.

Dr. Smith said the Coumadin worked very well during Mr. Nixon's earlier hospitalization but not when he was at home in San Clemente.

Dr. Lungren said in an interview at the time Mr. Nixon was readmitted that the former President's blood had failed to respond adequately to 20 milligrams of Coumadin each day, quite a large dose of the anti-coagulant.

Studies have shown, Dr. Smith said, "That people will take anywhere from 15 to 58 hours for half of the drug to be metabolized. So the question is where does Mr. Nixon fit in that range of 15 to 58 hours."

Computer to Be Used

Results of the test from Mr. Nixon's blood samples will be added to other data about the dosage and its timing and put into a computer as a labor-saving device to calculate the rate at which Mr. Nixon's body absorbs, breaks down and eliminates the drug.

One possible reason for Mr. Nixon's poor response to Coumadin is that the pills he took at home were not potent. Dr. Smith said he planned to do dissolution tests to determine if this was the case.

Dr. Lungren said earlier that he discounted the possibility that Mr. Nixon had eaten some food or taken some drug that had interfered with the action of Coumadin. When Mr. Nixon was discharged from the hospital, he was given a list of all such foods and drugs. Dr. Smith said "It is my understanding that that has been followed."

It is not known if provisions have been made for the former President to mark an absentee ballot in tomorrow's elections, or if his condition will permit him to do so.