## NYTimes NOV 1 2 1974 NIXON EXPECTED

## TO GO HOME SOON

Doctors Say Improvement Means He Can Leave Hospital This Week

By LAWRENCE K. ALTMAN Special to The New York T

LONG BEACH, Calif., Nov. 11 -Improvement in former President Richard M. Nixon's condition means he can go home to San Clemente later this week if blood and lung tests detect no additional complications and he responds well to anticoagula-tion therapy, his doctors said

Mr. Nixon is off the serious list and "is up and about in his hospital room as much as his weak physical conditional can tolerate," although a nurse is with him around the clock, Dr. with him around the clock, Dr. John C. Lungren and Dr. Eldon Hickman, Mr. Nixon's chief physician and surgeon, said in a bulletin.

bulletin.

Mr. Nixon is now eating the low-cholesterol and low-purine (antigout) diet that has been prescribed for him in recent years, according to a bulletin that Memorial Hospital Medical Center issued at 10:30 A.M. Parific coast time. cific coast time.

Today's bulletin was unusual. It was the longest statement issued in a week. In it, for the first time the doctors gave Mr. Nixon's specific blood pressure during the crisis period of shock when he was described as near death on Oct. 29.

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Mr. Nixon's anticoagulation therapy was stopped after his blood pressure fell from a normal 150/80 to a dangerously low level of 60/30 when he was in shock six hours after surgery, the bulletin said The opens. the bulletin said. The opera-tion was done to prevent a clot in Mr. Nixon's leg from traveling to his lungs.

## Surgeon Signs Bulletin

The bulletin was signed both Dr. Lungren and Dr. Hickman, making it the first time that the surgeon's name appeared with Dr. Lungren's on the hospital's daily bulletins this month.

Dr. Hickman, according to standard surgical practice has

been extremely active in his patient's difficult postoperative course. During the crisis, a hospital source said Dr. Hickman was described as "chain-smok-

ing and skipping meals."

The latest bulletin came three days after Federal Judge John J. Sirica said he planned to send three medical specialists to examine Mr. Nixon in California to determine whether he would be able to provide testimony for the Watergate coverup trial. Dr. Lungren has declined to comment on the judg-

e's decision. Because Judge Sirica has given no specific date for the exa-mination and Mr. Nixon's specimination and Mr. Nixon's specific discharge date is uncertain, it was not known if the courtappointed doctors would examine Mr. Nixon while he is still in the hospital or after he goes to La Casa Pacifica, his estate in San Clemente, about 50 miles to the south.

## **Lung Problems**

Mr. Nixon's doctors said they "would like to to see the lung problems cleared up before we send him home."

Mr. Nixon has a small pleural effusion, an abnormal collec-tion of normal fluid in the left side of his chest. Also, he has pneumonia and atelectasis (imperfect expansion) in his right lung for which he continues to receive unspecified antibiotic

The doctors have reduced his breathing machine treatments to twice a day from the every

four hour routine of last week.
Plans for Mr. Nixon's discharge later this week hinge on
results of unspecified blood and
lung tests. Presumably, Mr.
Nixon will have another lung scan, his fourth during the two hospital stays for treatment of

complications of his phlebitis. Results of the test, in which Mr. Nixon would breathe and receive injected doses of a radioactive chemical, could deter-mine if more blood clots have

lodged in his lungs.
Over the weekend, Mr. Nixon resumed taking Coumadin pills to thin his blood. Mr. Nixon's readmission to the hospital Oct. 23 largely reflected the failure

23 largely reflected the failure of his blood system to respond appropriately to high doses of Coumadin for reasons that mystify his doctors.

Dr. Ludgren and Dr. Hickman said they were monitoring the results of Mr. Nixon's prothrombin time and other blood tests "with extreme caution" because of Mr. Nixon's brush with death two weeks ago.

The doctors' concern is over the possibility that this round of anticoagulation therapy might lead to renewed internal

of anticoagulation therapy might lead to renewed internal bleeding like the episode that put him into shock and that they said had resulted from the blood thinning therapy.

Mr. Nixon's latest blood tests

indicate that the bleeding has stopped. The hematoma, or mass of blood that collected in his left flank, was described as

dissolving slowly. Following surgery, Mr. Nixon's platelets, the elements that help blood clot, dropped to an abnormally low level after he received six blood transfusions. Thereafter he received the equivalent number of platelets in nine additional pints of

in nine additional pints or blood.

"From all information we've received from the hematolo-gists, the low platelet condi-tion of last week was of unde-termined cause and cleared up spon aneously," the doctors