

Sirica Names Panel of 3 Doctors to Go to Coast to Learn Whether Nixon Can Testify at Trial

By DAVID E. ROSENBAUM

Special to The New York Times

WASHINGTON, Nov. 13— Judge John J. Sirica appointed today a panel of three doctors to go to California this month to determine whether former President Richard M. Nixon is physically able to give testimony in the Watergate cover-up trial.

The panel, approved by both the prosecutor and the defense attorneys was named after Judge Sirica received an affidavit on the status of Mr. Nixon's health from the former President's attorney, Herbert J. Miller Jr.

Mr. Miller, reporting what the former President's physicians had said in California yesterday, stated that Mr. Nixon suffered from labile hypertension, or intermittent high blood pressure, which was "seemingly stimulated by both physical and nonphysical effort."

3 Specialists Named

The chairman of the panel, Dr. Charles Anthony Hufnagel, is a noted heart surgeon, most famous for his development of an artificial heart valve. He is chief of surgery at Georgetown University Hospital here.

The two other doctors are cardiovascular specialists, or experts in the heart and circulatory system. They are Dr. Richard Starr Ross, director of the Adult Cardiac Clinic at Johns Hopkins University Hospital in Baltimore, and Dr. John Spittell Jr., who is at the Mayo Clinic in Rochester, Minn.

In his order appointing the panel, Judge Sirica instructed the doctors to study Mr. Nixon's medical records and examine him physically if necessary and to report back to the court by Nov. 29 on the following points:

Whether Mr. Nixon is able now to travel to Washington to testify at the trial and, if not, when he might be well enough to do so.

Whether he can testify now "at a site near his home," and, if not, when he could do so.

Whether, if he is not able to testify, he can give a deposition and, if not, when he might be able to.

If he is able to give a deposition, what conditions should be set to avoid risk to his health.

Contempt Cited

Judge Sirica ordered that the doctors obtain Mr. Nixon's approval before examining him or his records. Lawyers in the case said that Mr. Nixon would be subject to contempt of court if he refused to give such permission.

Judge Sirica said that the "mechanics" of the examination would be left up to the doctors and that one of them had told the procedure would take "a couple of days."

The prosecution and one of the defendants—John D. Ehrlichman, the chief domestic affairs adviser during most of Mr. Nixon's Presidency—have subpoenaed the former President to testify at the trial.

The prosecutors have not sought to have their subpoena enforced, but Mr. Ehrlichman has insisted on Mr. Nixon's testimony.

Last month, Mr. Nixon, who underwent surgery for phlebitis and suffered complications afterward, asked to have the subpoena quashed on the ground that he was too ill to testify.

In his affidavit, Mr. Miller said that he had taled today with Mr. Nixon's physician, Dr. John Lungren, and had been told that Mr. Nixon's hypertension required extended rest.

The combination of high blood pressure and the anticoagulants given him for his phlebitis "could result in additional complications such as internal hemorrhage if not properly monitored," Mr. Miller said.

Mr. Miller said he expected Mr. Nixon to be discharged soon from the hospital, but added that the former President would continue to have to "restrict his physical and nonphysical activities."

In announcing the panel of doctors Judge Sirica said that he had chosen three of "the top men in their field." Their fees will be paid by the Government.

Nixon's Condition Improves

By LAWRENCE K. ALTMAN

Special to The New York Times

LONG BEACH, Calif., Nov. 13—New test results show that former President Richard M. Nixon has developed no evidence of new blood clots in his lungs, Mr. Nixon's doctors said here today.

Dr. John C. Lungren, Mr. Nixon's physician, said in a bulletin issued the Memorial Hospital Medical Center at 10:30 A.M. Pacific Coast time that Mr. Nixon's condition was improving and that he hoped to let Mr. Nixon return to his home in San Clemente this week. The former President may be discharged tomorrow, according to a hospital source.

Results of a test called a perfusion lung scan have cleared up doubts by Mr. Nixon's medical team that damage to lung tissue from a new blood clot might be the underlying cause

of persisting abnormalities in both of Mr. Nixon's lungs.

The former President has pneumonia and an area devoid of air in his right lung and a pleural effusion, which is a collection of fluid, in the left side of his chest. Damage from a blood clot in the lung can imitate each of these conditions on standard chest X-rays.

Dr. Earl Dore, a nuclear-medicine specialist who has done the four long-scan tests on Mr. Nixon during his two hospitalizations, reported that the latest scan showed "no new areas of ischemia suggestive of fresh emboli since Oct. 23," when Mr.

Nixon was re-admitted to the hospital. Ischemia is a condition that results when the flow of oxygenated blood to an organ is obstructed, as by a blood clot.

The scan showed a defect in the base of Mr. Nixon's left lung that Dr. Dore attributed to the pleural effusion. Further, Dr. Dore said that the latest tests showed that a blood clot discovered in Mr. Nixon's right lung during K his previous hospitalization had almost completely dissolved.

Mr. Nixon had an operation Oct. 29 to prevent additional pieces of blood clots in his left leg from breaking off and lodging in his lungs. Since then, a series of complications have hampered Mr. Nixon's recuperation.

Dr. Lungren said in the bulletin that he was considering prescribing pills to control another newly discovered and potentially serious complication, fluctuating high blood pressure. Mr. Nixon's blood pressure has been reported to rise intermittently to the abnormally high range at times of physical stress and mental concentration, Dr. Lungren said.

"We have had more documentation of the patient's labile hypertension that is the marked elevations of his blood pressure at times of physical and nonphysical stress. We're continuing to monitor his blood pressure at regular intervals and at times we or the nursing staff feel are warranted."

If Dr. Lungren prescribes anti-high blood-pressure pills, he may have to postpone Mr. Nixon's discharge so that other blood tests can be made.

Mr. Nixon is swallowing Coumadin pills to thin his blood and to minimize the chance of new clots forming in his pelvis or right leg. But the effects of Coumadin can be thwarted by

even small doses of many other drugs, including some that might be prescribed for Mr. Nixon's high blood-pressure condition.

Doctors generally wait until a patient develops sustained rather than fluctuating high blood pressure before prescribing medication to control the condition. Because Mr. Nixon's blood is thinned biochemically he is in greater risk of suffering a stroke or internal bleeding when his blood pressure rises. Accordingly, Dr. Lungren might have to start such therapy before Mr. Nixon goes home, or even thereafter.