

Nixon Beat Prophecy Of Death in Hospital

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LONG BEACH, Calif.—The only person to spot former President Nixon entering Memorial Hospital here on his latest visit was garbage collector Ray Mackey, who was sorting trash at the hospital entrance. He called several local newspapers and television stations. They refused to believe him.

"I know my President," Mackey insisted.

Finally, a news agency confirmed that Nixon had entered the hospital at 6:30 p.m. on Oct. 23. Mackey went home to change

clothes before consenting to interviews before the television cameras.

That visit to Memorial Hospital Medical Center of Long Beach, which nearly became Nixon's last when he went into shock from internal bleeding after surgery, was the third he made to the hospital.

The first was on Jan. 2, 1969, just before his first inauguration as President. His long-time personal physician, John C. Lungren, gave him a complete physical, pronounced him fit for the job and turned him over to the new White House physi-

cian. Air Force Dr. Walter Tkach.

Nixon chose the hospital because Lungren practiced there. Lungren's office is in one of the many buildings filled with doctors that surround the hospital in this smoggy industrial city with its oil wells, docks and shipyards.

The hospital is a modern, 820-bed facility whose press releases boast that it is "the largest non-government, not-for-profit medical center on the West Coast."

Its facilities are among the most modern in the
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DR. JOHN C. LUNGREN
... Nixon physician

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area, and the hospital administration provides the latest medical devices for doctors who practice there.

Nixon's second visit to the hospital began Sept. 23 after care. Still seeking the privacy he apparently craved after resigning from the presidency Aug. 9, Nixon had eluded dozens of reporters assembled in the pre-dawn fog to record his departure from his San Clemente estate for the Long Beach hospital.

Via a triple-locked steel and wire gate and a dirt road running through the Coast Guard station next to the estate, the Nixon party was able to drive onto the San Diego Freeway unseen by reporters. He was driven up a service truck ramp to a rear entrance of the hospital. He wore a gray business suit, and limped slightly as he entered the hospital to begin what Lungren called

"extensive studies" of his thrombophlebitis, or blood clots in the swollen veins of his left leg.

Lungren announced two days later that a small clot, called an embolus, had been discovered in Mr. Nixon's upper right lung, where it had moved from his left leg. The clot, perhaps the size of a pinhead, and the dime-sized area it had damaged were not considered life-threatening. But more clots could threaten Nixon's life, and the anti-coagulating drug heparin was given intravenously.

On Oct. 4, Nixon was released from the hospital and driven to San Clemente. He was told to take another anti-clotting drug, Coumadin, by mouth and given Vitamin K pills in case he started bleeding too much. He was also given a card stating that he was a patient on anticoagulant drugs.

Nixon was readmitted to the hospital Oct. 23 because blood samples drawn at San

Clemente showed that the Coumadin was not working.

The possibility of clotting was worrisome, and a potentially dangerous, but a highly accurate test called a venogram was begun. Dyes are injected into the vein and monitored by X-ray. The venogram is designed to locate clots, but the dye can dislodge one and the clot could move within minutes to the lungs, lodge there and cause death.

The results were serious. Dr. Scott H. M. Driscoll was later to describe the veins in Nixon's lower left leg as "99 and 44/100 per cent clotted." The veins were so clotted, in fact, that in the first venogram the dye couldn't get to the upper leg.

The second venogram, made the next day, revealed the presence of a clot "which endangers Mr. Nixon's life," Lungren said. Surgery was set for the next day, to give Mr. Nixon and

his surgeon, Dr. Eldon Hickman, a good night's rest.

At 5:30 on the morning of Oct. 29 the former President was wheeled into surgery. The 17-minute operation to place a clip blocking clots from traveling up the vein seemed simple, and later that morning was termed "uneventful" and "successful."

It is common practice in American medicine to get patients up and around as soon as possible after surgery. Nixon was no exception. But unknown to his doctors and nurses, blood had been oozing internally from the surgical cuts in his thigh ever since the operation had ended. He had lost at least four pints of blood — one-third to one-half of all the blood in a normal man's body. So, when the specially trained intensive care nurse and medical corpsmen moved Nixon from a prone position to get him out of bed at about 12:45 p.m., the massive loss of blood threw

him into shock that brought him to the brink of death.

"He stated that he felt very weak," nurse Andrea Evanson recalled. "I checked his blood pressure. It had dropped considerably from previous levels. His respiratory rate increased. His pulse rate increased likewise.

"These are the classic indications of cardio-vascular shock," she said.

In seconds, Miss Evanson said, she got Nixon back into bed, lowered the head of his bed flat to get the blood to flow to his brain, gave him oxygen and increased the rate of fluid flowing into his veins. Then she called his doctors.

Lungren credited her quick action with saving Nixon's life. For Miss Evanson, the crisis was over. But the doctors spent the next 1½ hours trying to figure out what happened—something they are still not sure about.



RICHARD M. NIXON
... leaving hospital

Connie E. Hamilton, the nurse in charge of intensive care, still feels butterflies in her stomach when she thinks of those critical hours. Dr. Hickman, who operated on Nixon, couldn't eat or sleep for days after the former president went into shock. Hickman, who is

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normally a heavy smoker, was consuming cigarettes at such a rate that other doctors joked that he must be eating them.

While the nation's most famous patient was in the hospital, all hospital personnel—including the woman who runs the flower shop—were specifically banned from talking about him.

Questions were referred to the hospital public relations office, run by Norman R. Nager, who admits he has little knowledge of medicine.

The medical bulletins written by Nager and Lungren were often vague and ambiguous, although they were the only source of information for days. Thus, bulletins on the day immediately after Nixon went into shock left unanswered the crucial question of whether Nixon was conscious.

Dr. Lungren, who values his privacy as well as that of his patient, disliked talking to the press. He was also reluctant to call in consultants.

When Nixon had complex blood problems, no specialists in hematology were called in. When the former President developed pneumonia, no pulmonary ex-

perts were consulted.

At one point, Lungren described himself as "an old-timer" who makes decisions based on "clinical judgments as much as I do (on) graphs and a few other studies."

During most of his second hospitalization, Nixon was the only patient on the hospital's unopened seventh floor, which is to be devoted entirely to severely ill patients requiring intensive care.

His view from the hospital bed was bleak. But at least by the time he left, Nixon had twice beaten his own pessimistic prediction that he would never get out of the hospital alive.