THE WHITE HOUSE

Office of the Press Secretary
(Bethesda, Maryland)

PRESS BRIEFING
BY
LARRY SPEAKES

July 13, 1985

Bethesda Naval Hospital
Bethesda, Maryland

3:44 P.M. EDT

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MR. SPEAKES: Well, you asked for doctors and you got doctors. (Laughter.) We brought down the entire surgical team. What we've got is, so far, very good news on the President. We're pleased with the outcome. I think the doctors can be a lot more specific than I can. Let me introduce them. We have Dr. Dale Oller who is the head of surgery at Bethesda Naval Hospital and he has been the surgeon on the President's case today. Dr. Edward Cattau, who is the head of gastroenterology at Bethesda; Dr. Steve Rosenberg, who is the Chief of Surgery, National Cancer Institute, National Institutes of Health and he has been involved in the surgery today and Dr. Bimal Ghosh, who is a surgeon in oncology. He's a Commander, U.S. Navy. Dr. John Hutton, who is Assistant Physician to the President. Dr. Hutton is our White House physician and former Chief Surgeon at Walter Reed; and Dr. Lee Smith who is a colo-rectal surgeon at George Washington University.

So, Dr. Oller, being the head of the team, I'll let him describe the surgery to you and then we'll ask questions of the others.

DR. OLLER: It gives me great pleasure to tell you that the President of the United States is now post-operatively, doing beautifully. His operation went without incident and all the findings upon exploration at the time of surgery were normal.

We removed his right colon in the formal operation known as a right hemicolectomy and we put the bowel back together by doing an ileo-transverse colostomy. We used a cancer technique known in the parlance as "no touch." And, in fact, during the time of the operation, we did, in fact -- did not touch, the polyp within the cecum.

Post-operatively, the patient -- our President -- is doing very, very, very well. He is now awake and conversing in our recovery room.

Q How long did it last?

DR. OLLER: The operation itself lasted two hours and fifty-three minutes.

Q And there was no cancer -- no sign at all?

DR. OLLER: There was no sign of cancer whatsoever.

Q Based on what kind of findings? What kind of pathological findings were done -- have you done a frozen section? I mean, what do you have to do?

DR. OLLER: We do not do a frozen section. What we do is we fix the specimen in formalin today. It will have microscopic sections taken of it tomorrow, and then over the following day, that

will be stained and examined by our pathologist.

Q So you don't really know if there was cancer there or not, do you?

DR. OLLER: We do not know whether there was cancer in the polyp. The examination of the President showed no evidence whatsoever -- however, of tumor elsewhere.

Q What would you expect to be --

Q How big was it? How big?

Q -- the recovery timetable now?

DR. OLLER: The recovery --

Q Go ahead and answer Miss Thomas' question.

DR. OLLER: I'm sorry. I didn't --

Q How big was the polyp?

DR. OLLER: When the right colon specimen was opened, the polyp extended for five centimeters.

Q Whew.

Q How -- where was it?

DR. OLLER: The polyp surrounded what we call the ileo-cecal value which is the junction of the terminal small bowel, the ileum into the cecum -- the right colon.

Q Doctor, did you --

Q What would you think, if I may now press my question, Doctor, what would you think is the recovery timetable?

Q How can you --

Q -- I'd like to ask mine now. What would be the recovery timetable, and I mean by that, at what stage is the President going to be able to perform various functions and eventually, a full return to normalcy?

DR. OLLER: During his hospitalization, he should be able to function. The period of hospitalization will depend upon the return of normal bowel activity, after which, anticipating no complications, he should be discharged from the hospital.

Q Do you have a range?

DR. OLLER: Yes. I would hope that tomorrow morning, we will take him from our recovery room, where he will remain the rest of the day and the night, and go to -- back to his suite.

Q Dr. Oller, just to be absolutely clear, on visual examination you saw no cancer, but you can't really say that there is no cancer there because you haven't done the microscopic examination. Is that correct or wrong? Please explain.

DR. OLLER: That is correct.

Q Doctor -- two questions. At this point, at what point will he be able to discharge his duties as President and at what point, would you say, that he would come out from under the effects of the anesthesia?

DR. OLLER: We will know about that in a couple of hours.

Q But it will be -- at least a couple of more hours?

DR. OLLER: Well, at least a couple of more.

Q And secondly, did you take any specimens from the liver or from lymph nodes to check those for biopsy?

DR. OLLER: We did not have to. They looked totally normal.

Q How much intestine did you take, Doctor?

DR. OLLER: I'm sorry?

Q How much did you take? Eighteen inches, two feet, how much?

DR. OLLER: My estimate was about two feet. However, the small bowel contracts down because this is smooth muscle.

Q Sir --

Q Dr. Oller, was any consideration given to colonoscopy at the time of the first polyp removal 14 months ago?

DR. OLLER: Would you repeat your question, please?

Q Yes. Was any consideration given to colonoscopy during the removal of the first polyp 14 months ago?

DR. OLLER: Let me ask Dr. Cattau to answer that.

DR. CATTAU: There certainly was a lot of consideration to the possibility of a colonoscopy then. But because of the histologic findings, specifically that polyp, as you know, was a pseudo-polyp -- inflammatory tissue -- not a true adenoma -- the type of polyp associated with the potential for malignancy. There was no indication for a colonoscopy because of the histologic findings.

Q Were there any tests done on the entire length of the colon during the first polyp problem 14 months ago or was there no look-through through the whole colon?

DR. CATTAU: There was not and there was no indication to do so.

Q Why not even a barium enema?

DR. CATTAU: The standard of care in this country for colon cancer surveillance by the American Cancer Society is that starting at age 50, you undergo periodic examinations. Those are to consist of two things: one, stool hemoccults done on an annual basis and sigmoidoscopy done every three to five years. And only if one of those two tests is positive, and when I say positive by sigmoidoscopy, I mean the finding of an adenoma -- is there an indication to look at the total colon, either by barium enema or colonoscopy. So, the same answer that would apply to why a colonoscopy was not done 14 months ago, would answer why a barium enema was also not indicated.

Q We're not dealing with you or me. We're dealing with the President of the United States.

DR. CATTAU: The answer is the same. The standard of care for you, for me, for the President of the United States is just as I have explained it to you.

Q Did you take any lymph nodes for examination?

DR. OLLER: No, I answered that. We did not take any lymph nodes nor liver because we didn't think that there was anything that was abnormal whatsoever -- nothing suggestive whatsoever.

Q Dr. Oller, you said --

DR. OLLER: Let me clarify that. In the formal right colectomy, the blood supply to the right colon and the fatty tissue around that, including lymph nodes, was totally submitted. Yes, there will be lymph nodes in that specimen. I misunderstood you; there were not any extra or other lymph nodes away from the formal right colectomy specimen.

Q Dr. Oller, you said you did not find any evidence of cancer upon visual inspection. If you do discover cancer on the examination of the polyp, how serious would that be? Would it mean that it is there but it is confined and is not a serious threat to the President's health?

DR. OLLER: Yes, this would be a -- what we call a Duke's A Lesion, which has extraordinarily excellent -- absolutely excellent long-term survival rates. It would be a cancer -- if it were -- confined to that tissue which had been removed.

Q You say it's excellent long-term survivability. Could you say specifically?

DR. OLLER: Probably better than a 95 percent five-year survival rate. Dr. Friedman -- Dr. Rosenberg, would you agree with that?

DR. ROSENBERG: Dr. Oller asked me to come over last evening from the National Cancer Institute, and let me try to address that question. This villus adenoma, this lesion in the cecum that was removed, could have cancer in it and it is possible that it does not. I have seen lesions that look exactly like this grossly that have been benign, and lesions that have looked exactly like this that have had malignancy within them.

If there is malignancy present, then that will become clear when the pathologists make their final report, which will be sometime around 11:00 a.m. or noon on Monday. It takes that long to fix the specimen, to prepare the slides, to stain them and analyze them. And so I think the final answer will be in at that time.

If there is cancer present, then the prognosis from that cancer is to a large degree a function of the degree of invasion of that cancer into the tissues. And if it is, as Dr. Oller has suggested, a Duke's A Lesion, that has an excellent prognosis. If the invasion is deeper, then the prognosis becomes more guarded, although this kind of operation can be curative in a very large proportion of instances. Even if the lesion is deeply invasive, this kind of operation can also be curative.

Q Doctor, you took a biopsy of that polyp yesterday -- or somebody did -- and it turns out supposedly to be benign, we were told. How much credence do you put into that finding for the overall findings later on?

DR. ROSENBERG: The biopsies that are taken at colonoscopy are, by virtue of the technique used, superficial. Those were in fact benign. The only methods for gaining deeper tissue are an analysis of a surgically resected specimen.

Q Doctor, could you tell at all from your visual site of the polyp today after it was taken out the liklihood that it has cancer?

DR. ROSENBERG: I think that is impossible to accurately estimate, but certainly the real possibility exists.

Q Is that -- Dr. Rosenberg --

Q -- does that mean that a colostomy is where you have to wear that kind of bag?

DR. ROSENBERG: No. Let me reemphasize one point that Dr. Oller made. All of the findings during the surgery were absolutely normal. The liver was normal, there were no lymph nodes that were enlarged, there was absolutely no evidence during the surgical procedure that Dr. Oller performed of any spread of the tumor. This operation should, at a very, very high level of liklihood, locally cure this lesion. The amount of colon and small bowel that was removed should have absolutely no symptoms once there is healing. It should be an imperceptible physiologic change. There will be no need for a colostomy locally. At a very high level of liklihood, the local problem has been solved. If in fact there is a malignancy in the specimen, the only potential danger -- and we are talking hypothetically now -- the potential danger is one of spread from the local site to other sites.

Q Statistically, a five-centimer size tumor --

Q Why did they sew instead of putting a tube --

MR. SPEAKES: Naomi, please.

Q Why did they sew --

MR. SPEAKES: Naomi.

Q Well, he didn't answer my question.

MR. SPEAKES: The doctors will answer your questions. They are prepared to devote a considerable amount of time for your questions.

Q Well, I was just asking --

MR. SPEAKES: You may proceed, and you will raise your hand to ask, and don't shout.

Q Why did they put the -- instead put a tube to tie the end?

DR. ROSENBERG: There was no reason to do that. The lesion was adequately excised, and the standard operation -- the kind of operation that would be performed for any individual in this circumstance would be to rejoin the ends of the intestine once the segment in question has been removed.

Q As you know, the President had an infection after the surgery he had in 1981. What are the chances that he will have infection or some other complication during the recuperation period?

DR. ROSENBERG: The operation went absolutely perfectly, as well as I have ever seen an operation of this type go. The incidence of infection following an operation such as this should be about two or three percent.

Q Doctor, if you should find cancer in the polyp, what would be the diagnostic and treatment regimen that would be followed over the next weeks, months?

DR. ROSENBERG: If there is cancer in the specimen, then there is a reasonable liklihood that this operation could in and of itself be curative. My own opinion as to the follow-up that would be required should cancer be found in the specimen is one of careful follow-up examinations at regular intervals exploring the status of the lung, the liver, and other organs, but probably no further therapy.

Q Doctor, what percentage of villus tumors are malignant statistically? Is it rare?

DR. ROSENBERG: Villus tumors of this kind contain malignancy over half the time.

Q This is a very large tumor -- if I can follow up on that question -- tumors five centimeters in diameter, or five centimeters in size, statistically how often are they malignant?

DR. ROSENBERG: Putting this in the context of the President's lesion, I would say that if one took a large number of lesions of this type, I would estimate that somewhat over half would have malignancy in them.

Q Doctor, the President has become a symbol of vigor in old age -- he rides horses, etcetera. Will he be the same?

Will we see him riding horses after the recovery period?

DR. ROSENBERG: I would think that after the President recovers from this operation he should return to the exact state he was in prior to this operation.

Q How long will that take, that total process? The total recovery.

DR. ROSENBERG: Total recovery, in my experience, would take about six to eight weeks and perhaps Dr. Oller would have -- does that sound right to you? Six to eight weeks?

Q How long did it take for this to grow? And what anesthesia -- what anesthesia was used?

DR. ROSENBERG: It's impossible to know how long the tumor took to grow since it was first detected at the colonoscopy yesterday. And so we have no way to answer that question. The President --

Q Doctor, can you tell us what the President said when --

Q And the anesthesia?

DR. ROSENBERG: General anesthesia.

Q When did you see him?

DR. ROSENBERG: The last time I saw the President he was just waking up and wasn't speaking.

Q Did he say anything?

Q Will there be --

DR. ROSENBERG: Perhaps Dr. Oller could describe --

Q What about on the way in? Did he say anything as he was going into -- You remember in '81, he said, "Well, I hope there are nothing but Republicans here." Did he say anything like that today?

DR. OLLER: No, I don't recall that he said anything like that. We whisked him right over from his suite to the operating room and Nancy gave him a big kiss and -- beg your pardon -- Mrs. Reagan gave him a big kiss. (Laughter.) And for the moment, they parted.

Q Did she give you a kiss? (Laughter.)

DR. OLLER: No, but she was glad to hear that the operation went so extremely well and that he looked so good in the early post-operative period.

Q Dr. Oller, Dr. Rosenberg said the total recovery period was six to eight weeks. During that six to eight weeks, what limitations are there on the President's activities, his mobility, his diet, anything like that?

DR. OLLER: Well, I would be even more enthusiastic for his early return to vigorous activity before six to eight weeks. If I recall correctly from his schedule, he's hoping to be in California on the ranch on a horse around the 14th of August. I think that's a very good possibility.

In terms of his dietary circumstance, I would anticipate that while hospitalized, he will return to a regular diet and begin to recover completely.

Q Dr. Oller, what is the likelihood that the formation of these polyps will be a recurring problem?

DR. OLLER: Let me ask Dr. Rosenberg that.

DR. ROSENBERG: Many people who develop polyps develop recurrent polyps, and there's no question that the President should undergo, from now on, a regular examination, either by colonoscopy or barrium enema, for recurrent polyps. Most polyps are benign, of course, as have all of the President's polyps that have previously been resected.

Q Dr. Rosenberg, let's get back to the age -- potential age of this tumor. With your experience, a 5-centimeter tumor, is it one month old, six months old, one year old? Just give us some kind of range.

DR. ROSENBERG: There's a fair amount of medical literature and scientific literature to address that question. People who have refused surgery, one can follow the growth rates of those tumors and then by their growth rates, extrapolate back to when that tumor arose from a single cell. And when most of those studies have been done, the tumors have been present for many, many years.

Q So --

DR. ROSENBERG: So we're talking not months, we're talking years, and in some instances, those studies have indicated decades.

Q So this tumor may, in fact, be 14 months-old, two years-old, three years-old?

DR. ROSENBERG: That's exactly right, and perhaps older than that.

Q So given hindsight, Dr. Oller, do you wish that you had done a colonoscopy 14 months ago? Whoever made the decision not to do one 14 months ago or knows about the decision, in hindsight, do you wish that you had?

DR. OLLER: That's easy to answer: of course.

Q Do you think you should have?

DR. OLLER: I think we used modern medical state-of-the-art in order to do what we did.

DR. ROSENBERG: Let me clarify that point. I saw the President for the first time last evening. But any individual has the potential to develop a polyp and so there are standard recommendations for screening individuals of various ages for the presence of polyps. And all of those recommendations and standard practices were followed in the President's case. So I would see no indication in what had happened to him for a more frequent follow-up any more that it would be recommended for anyone else in this room.

Q On this question, have you done a family history and do you know if the President is more likely to have ocurrences than others?

DR. ROSENBERG: As you're well aware, the President's brother recently had a colon cancer diagnosed. We do know that patients who have a family history of colon cancer are at somewhat increased risk of developing colon cancer. There's a tremendous difference, though, in terms of what that percentage risk is if there's a single family member or if there are multiple family members suggesting a hereditary component.

So in the case of the President's brother, single family

member with no other family members with known colon cancer, he would statistically have been in a slightly higher increased risk.

The American Cancer Society recommendations for patients like the President who have a single family member who have colon cancer is that they have the exact same surveillance program that I outlined before except that that program be started at an earlier age. The frequency and the type of exams done are no more intense, again, for a patient who has a single family member as opposed to the multiple family member history.

Q Can you tell us some more about Mr. Reagan's brother's colon cancer? Frankly, I didn't know this.

DR. ROSENBERG: Simply a fact in the history I obtained. I can't tell you any details about it. Not involved in his brother's care.

Q Dr. Oller, could you give us, in your -- given your assessment of the President's general physical condition, his general health, what stages of recovery we should expect as he begins to recover normal strength? Full work load, when will he be able to begin doing paperwork? When will he be able to resume a normal White House workload?

DR. OLLER: I would anticipate that he'll probably start doing paperwork first thing in the morning. I don't think that he'll probably do it all day long. During the course of this coming week, awaiting the return of his intestinal function and the early recovery, I would anticipate that he would do some of his most important paperwork with his colleagues at his side, his advisors at his side.

On his discharge, when he's eating and his intestinal function is normal, I would expect that he would have a short period -- perhaps two weeks -- which he would want to rest frequently, but he would be able to carry on many, many of his functions.

Q Can you give us his vital signs, what kind of anesthesia that you used and the drugs that he's on right now?

DR. OLLER: He's on an intravenous right now which consists of what we call Dextrose, a sugar, and Ringers Lactate. I do not have his personal vital signs at the moment. They have been stable. He's run a normal blood pressure and his heart rate has been satisfactory. Now, I'd be guessing, but I think it's slightly over 80.

Q Is he on any drugs right now?

DR. OLLER: Currently, he is on no medications. But he will be receiving post-operative antibiotics.

Q Is the President in any pain right now?

DR. OLLER: Is he in any danger?

Q Pain.

DR. OLLER: Oh, pain. No, he's not. We're utilizing a technique in order to revert pain.

Q What is that?

Q What's that?

Q Will there be any need --

Q What's that, Doctor?

DR. OLLER: Intra-operatively, or immediately after the surgery is completed, he received a modern technique of intra-fecal injection of a milligram of morphine. This very frequently causes people to have a totally diminished pain response and, therefore, are able to function normally from a mental standpoint and from an otherwise physiological standpoint.

Q How long will that last, Doctor?

Q How long will that have an effect?

Q How long is that -- the duration of that?

DR. OLLER: The duration of that is quite variable and we'll know in a few hours exactly how it's working with him.

Q And could I also ask a question I've been trying to ask a long time now, and that is, sometimes one can remove even a large tumor or a skilled endoscophist can remove a large tumor without any incisions, you know, with a -- instrument. Why was that not possible here? Was the tumor simply too large?

DR. OLLER: Because of the type of the lesion, and let me ask Dr. Cattau to give you more specifics on that.

DR. CATTAU: Again, as you know, the ability to remove a polyp by polypectomy through the colonoscope is dependent not only on the size but the form of the polyp. If this had been a 5-centimeter polyp on a stalk or a pedunculated polyp, the possibility of removing that en toto through a colonscopic procedure would have been a real possibility.

This was a villus adnoma, a very sessile, flat-based, which really precludes the safe use of electrocautery.

Q Doctor, what of these other polyps? Does the President have any inflammatory bowel disease or some other problem that could recur?

DR. CATTAU: He does not have any inflammatory bowel disease.

Q What do you -- what then do you attribute the inflammatory problems to?

DR. CATTAU: They are a fairly unusual polyp, but they have been classified very clearly as being non-neoplastic, along with other polyps including the most common form called hyperplastic polyps. They have no association with malignancy.

There have been attempts to associate them with other processes, but clearly, the President has none of those.

Q Dr. Oller --

Q What is the risk of post-operative infection here, and is it greater than in some other surgical procedures because you're dealing with the intestinal region and it has lots of flora and fauna down there?

DR. GHOSH: The precaution has been taken for infection. He has been given antibiotics and we will be checking on that.

Q Is the risk for post-operative infection greater here than in certain other surgeries?

DR. GHOSH: As Dr. Oller mentioned earlier, it has been done in the no-touch technique. Nothing was spilled and should not be.

Q When will you know for sure --

Q You mentioned the --

Q -- whether this polyp is cancerous or not?

DR. ROSENBERG: Let me clarify the situation in answer to your question about the possibility of this being a cancer. At the operation, the entire lesion, including several centimeters of normal intestine, were removed on either side of it. Frozen sections were performed by the pathologist at the time to assure us that the edges of the specimen on the small intestine and large intestine were free of any tumor. That assures us, in fact, that all of the tumor at that local area has been removed.

The procedure from this time forward is as follows. The specimen will fix in formalin for about 24 hours. Tomorrow at about this time, the pathologist will make careful and multiple sections throughout the specimen. It will then be fixed and stained and those slides will be available for examination again Monday morning. That analysis by the pathologist will take several hours and by about 11:00 a.m. or noon, the pathologist should be able to give a diagnosis as to the benignity or malignancy of this lesion.

I want to emphasize, though, that regardless of that diagnosis, I think with a very high level of likelihood, the local problem has been solved. The question of whether or not malignancy exists only raises the question as to whether or not, at some point in the future, the disease might recur at another site. But, of course, if there is no malignancy found in the polyp, then that possibility approaches zero.

I would also emphasize from the operation that the President's internal organs, his blood vessels were remarkably, remarkably healthy. And everything you've heard about the President's vigor on the outside is certainly corroborated by the findings on the inside.

Q Doctor, two questions. You've gone from calling this a polyp to a tumor. Was it a tumor?

DR. ROSENBERG: A tumor is a medical term that merely means "growth." It doesn't imply either a malignancy or a benign growth. And so a polyp is a kind of tumor.

Q All right. Secondly, could you show with your hands how long the actual lesion was?

DR. ROSENBERG: The lesion, itself, was about this large (indicating).

Q Doctor, you described a gentleman here who has a history of this in his family now, who's had a history of earlier in his own case of some polyps. Yet I'm still not clear why a barrium enema X-ray was never taken in his case. Could you -- I know you tried to answer that earlier, but could you be more specific about why that procedure was not used -- a procedure that might have turned this polyp up earlier?

DR. ROSENBERG: The President had a barrium enema in 1981. He was followed by regular hemoccult tests for the presence of blood in his stool. He had flexible sigmoidoscopies to remove a benign polyp. In every regard, as I have reviewed his case, his care, the frequency of examinations are exactly as indicated by the basically normal findings to this time.

Q Doctor, could you explain what an ileual transfer colostomy is?

DR. ROSENBERG: The ileum is the portion of the small

intestine that connects to the colon which is the large intestine. When a segment of ileum and colon are removed, one then joins the ileum that remains to the colon, and that's called an ileual colostomy.

Q Doctor, you indicated --

Q -- anyone other than the President of the United States, would you allow him, on the day after his operation, to be doing paperwork and other work? Should a 74 year-old man under -- after major surgery be doing this?

DR. ROSENBERG: Many patients, after this kind of operation, will be out of bed, sitting in a chair, and taking a few steps the day after surgery.

Q Doctor, you indicated there had to be regular exploratory checks for future polyps in the future. How regular would that be? How often would he have to be examined thoroughly now in the future?

DR. ROSENBERG: I would recommend a repeat colonoscopy in six months, and then yearly thereafter.

Q All right. Is the President going to be able to eliminate his wastes naturally or will -- is it done through a special opening?

DR. ROSENBERG: The physiologic functions of the gastrointestinal tract should be absolutely normal after this operation. There should be an imperceptible change in --

Q Dr. Rosenberg, if the President had been followed regularly with hemoccult stools from 1981 and 1982, why was there not some sense of surprise when he had two positive hemoccult stools during his March exam? Why was a colonoscopy not done at that time?

DR. ROSENBERG: Okay, Dr. Cattau is following the patient. Perhaps you could come and answer that question.

Q This was on an unrestricted diet as I understand; that he had previously had negative stools.

DR. CATTAU: Yes, that's really the point. He had, in fact, been followed regularly and had routine hemoccults done on an annual basis that were negative prior to March of this year. The problem is that they were on a non-restrictive diet.

As you know, the literature tells us that 30 to 50 percent of hemoccult stools even collected on a restrictive diet are going to be what we call false positives, leading to a large number of unnecessary examinations, trying to look for lesions that, in fact, are not there. So again, the standard of care is to try to decrease the number of false positives. We know that a non-restrictive diet will make that 30 to 50 percent of false positives even higher.

Again, we talk about colonoscopy as if it were walking down the street. There are certain risks so there clearly has to be a potential benefit that outweighs the risk. And because his stools were on a non-restrictive diet, that was not considered meeting the standard recommendations. And as you also know, when they were on the restrictive diet, collected, once again, within a couple of weeks, they were negative.

Q What's the risk in doing a barrium enema, though, after you find the first polyp?

DR. ROSENBERG: Well, the risk of a barrium enema certainly are very low, but the problem with a barrium enema is that

it is a fairly non-sensitive examination. About 30 to 70 percent of polyps are missed by a barrium enema. Approximately one-third of colon cancers are actually missed by a barrium enema.

Q Without doing an colonoscopy, 100 percent of the polyp in this area is going to be missed, isn't it?

DR. ROSENBERG: Again, obviously, the recommendation at some point is to have a colonoscopy, and that's why he had it yesterday.

MR. SPEAKES: I see four questions --

Q How big an incision did you make?

MR. SPEAKES: Wait a minute. Hold your horses. I see four questions here. These doctors have a very special patient that's awaiting them. We're going to get the four questions. We're going to get Drake, Otto, Carl, and George. And that's the end of it. You've had extensive time with them --

Q And we want to talk to you.

Q And then we want Speakes.

MR. SPEAKES: I'm going to stay here and answer further questions and I'll be here until you get through. So let's proceed with Drake.

Q Doctor, are you having to use a nasal-gastric tube on the President? Does he have to wear one for the next few days?

Q Question?

DR. OLLER: The patient has a nasal-gastric tube in place. The President, after undergoing a laparotomy, has his intestinal motility, the normal peristaltic action diminished. It's interrupted at this moment. It's going to take a few days to return. Therefore, so that his bowel does not become distended and he not vomit, we have a nasal-gastric tube in place -- a tube through the nose with suction to eliminate gas that he swallows, air, and fluid which is secreted in the stomach. This is for his comfort.

Q Doesn't it also, though, cause -- in terms of his conducting any kind of business -- cause a good deal of discomfort?

DR. OLLER: No. One can conduct business with a nasal-gastric tube in place.

Q There is some question as to the length of intestine that was actually removed. I heard someone say two feet, but then the other doctor described it as two centimeters -- size of the lesions. How much intestine was actually removed?

DR. OLLER: I estimated that about two feet was removed, and I also said that what happens is that the intestine, which is smooth muscle, as soon as it is cut, contracts very, very markedly.

DR. ROSENBERG: However, the lesion was this small.

DR. OLLER: The lesion was five centimeters across, and there were wide margins beyond and approximal to the lesion that were clear of villus adenoma.

Q Dr. Rosenberg, you said that the chances of malignancy are over half, and you said that such polyps often were curved. If the polyp is malignant, what is the likelihood, on a percentage basis, of a recurring malignancy?

DR. ROSENBERG: This polyp, this villus adenoma that's been removed will not recur. It was a lesion about this size, and was removed with a large segment of colon on either side, and that local problem should be solved.

If any polyps recur in the President, they will be new polyps. But this lesion, I believe, has been definitively recepted by this operation.

Q If this one weren't malignant, what would be the likelihood that if there were additional polyps, that they also wouldn't be malignant?

DR. ROSENBERG: There is a possibility that additional polyps would be malignant, but the -- they would be new polyps and would have the same general incidence of malignancy as any polyp, which is small.

Q Dr. Oller, did you inform the President of the results of the operation? Were you able to, and if you did, did he have anything to say?

DR. OLLER: It's Oller. No. I have not personally spoken to the President post-operatively. I have been as close as I am to this microphone to the President, he's breathing and he responded to me, but I haven't told him a thing about his surgery.

Q Has anyone?

DR. OLLER: No.

Q Okay, thank you.

Q When will he be told?

MR. SPEAKES: I think that concludes our doctor friends, and we appreciate all of them coming. They've done an excellent job, and I think you've had a very thorough briefing on the medical aspects of it. We'll let them excuse themselves. I will stay here. They don't plan to answer any questions going out, and I ask you to please respect that. They have to get back to their patient, and it would be unfair to all of them -- all of you if they answered one question.

Now, I'm prepared to stay here and -- Bill?

Q Larry, have you talked to Don Regan about when the President is likely to write or to sign the second letter relieving the Vice President of the responsibilities of office?

MR. SPEAKES: Well, Don Regan and I have both talked to this group of doctors, and what we will do is, as you noted, they put this device into the outer wall of the spine in order to reduce pain. They will monitor the pain through the early part of -- late part of the afternoon, early part of the evening to see if there is any additional device required to hold the pain down to a comfortable level for the President.

Q What device are you talking about? I'm sorry.

Q Morphine.

Q Oh, the morphine. Okay, fine.

MR. SPEAKES: Yes. They indicated that we would monitor it through the evening, and as soon as the President is able to return from the sedation and to be in a situation where -- that we can talk to him about the letter that would relieve him of -- relieve the Vice President of the duties that he has transferred, then we will do so.

It will be, in our opinion and the doctors' opinion, a matter of hours, and we'll monitor it through the evening, and hopefully -- and that will be our last report to you when that's done, or if it's not accomplished tonight, it'll be in the morning.

Q Larry --

Q You'll tell us, though?

MR. SPEAKES: Yes.

Q -- we are really confused as to the exact moment that Bush took on the temporary duties.

MR. SPEAKES: Well, the President signed the letter in his suite at 10:32 a.m. -- 10:32 a.m. Now, I presume it would be a legal question as whether the signature at the moment constituted the transfer of power or whether the delivery to the Speaker of the House or the President Pro Temp of the Senate did. That's a legal question; I'll try to get the answer for you.

Q The letter says at the outset of the anesthesia --

Q Yes.

Q -- when was that moment? Can you tell us when that condition was met?

MR. SPEAKES: That moment, I would presume, would be at the beginning of surgery, which as I recall was what -- 11:48 a.m.?

Q Well, that's when surgery began. Do you mean, that's when the anesthesiologist began working?

MR. SPEAKES: That's -- well, I think -- no, that's when the incision was made, and I think the doctors would have determined that time that he was out far enough that it was -- he was tolerant to have the incision. Now, in the few moments before that, I would guess that he was in the process of going under, and I don't know whether it's an imprecise time or not.

Q Well, do you --

Q The letter was delivered at 12:00 noon?

MR. SPEAKES: At roughly 12:00 noon. We will try to, since this is of course a historical occurrence, that we will try to be more helpful, but it may be some -- it may be a time frame rather than a precise time because of the wording of the letter and because

-- precisely when do you do it.

Q Commencing with the administration of anesthesia.

MR. SPEAKES: Okay, but we'll try to do that.

The President left his suite at 11:15 a.m. as you recall this morning. He was into the operating suite perhaps five minutes later. It took a few minutes to start administering the anesthesia, so -- in that time frame. Maybe we can go to the people in the operating room that were there, and we can try to be a little more precise for this moment.

Q Larry --

MR. SPEAKES: Helen?

Q Do you know anything that Bush had to do in a Presidential role today?

MR. SPEAKES: I am not aware of any decisions that had to be made caused by the powers that the President authorized to be shifted. His staff can certainly tell you that. I've spoken to them a couple of times. The Vice President has remained at his residence. His Chief of Staff, Craig Fuller, his Press Secretary, Marlin Fitzwater, had been there with him.

Q Larry, can you give us, first of all, the earliest point at which the President might resume power? You say it's a matter of hours. Are we talking four hours, eight hours? I mean, what would be the earliest --

MR. SPEAKES: Chris, I don't think that we can be pinned down on that, because we are in a situation where the doctors are monitoring the President's recovery, his level and tolerance of pain, and we would just have to deal with that as time goes by. It will be a matter of hours, I can assure you, but how many hours, we don't know until we watch the patient.

Q One thing that maybe -- maybe you understand this. I didn't, quite, from the doctors. He's being -- he was being given a milligram of morphine. Is that on a per-hour, or per what?

MR. SPEAKES: No. As I understand it -- and you will have to rely on my medical knowledge here -- that it is some sort of a slow release device. In laymen's terms, I would believe that it is injected there in the outer casing of the lower part of the spine, and it provides him a painkiller in the lower part of the --

Q Well, the key now is when the pain is sufficiently controlled so that he would no longer need the morphine, and therefore would --

MR. SPEAKES: No, the key to it is that when the pain is sufficiently -- if the President is able to tolerate the pain with only that one milligram of morphine, if he needs an additional injection of some kind in order to tolerate the pain, then we would weigh that at the time to see what affect it has on his ability to converse and deal with us on the letter.

Q My question is that he cannot resume his powers until the morphine stops? Is that correct?

MR. SPEAKES: No. The morphine will continue for a period of time, I guess in a slow-release capacity. But I think this morphine injection will not -- in other words, he will be able to converse with that in there. It depends on if he needs additional.

Q So, it's really the question of him recovering from the anesthesia that he had for the operation?

MR. SPEAKES: That's right. And any additional thing he may need to tolerate the pain.

Q And if I may just ask one other question. What is your plan for briefing for the rest of the day?

MR. SPEAKES: Our plan for briefing the rest of the day? I don't think there will be a necessity for a full and formal briefing. I think what we will do is do a posting at sometime -- 6:00 p.m. -- 8:00 p.m., which would indicate the President's current status, and we will stay here and do a later posting, there will be a second posting when we determine whether the President is going to sign a letter to the Vice President this evening or whether we can tell you that it will not be until in the morning.

Q Can we request one at 6:00 p.m.?

MR. SPEAKES: A briefing at 6:00 p.m.?

Q No, a posting at 6:00 p.m. of his condition.

MR. SPEAKES: Yes, we'll do that.

Q We will get a copy of the letter, won't we?

Q Larry, if we are here until the middle of the week or so, will there be some procedure by which we can get periodic updates on the President's condition? Will that be done through the hospital or will it --

MR. SPEAKES: No, we will do it here. I think we will be here tomorrow. I would judge that we will have a midmorning briefing tomorrow. We will staff at 8:00 a.m. and we will be here tomorrow and we will be here in the briefing room midmorning, and we will keep you posted as necessary through the day. I think at the end of tomorrow we will look at the situation to decide whether we want to continue a press operation here or at -- or ship back to the White House on Monday morning.

At any rate, all information concerning the President will come from the White House Press Office.

Q You will put out the letter ending the temporary powers?

MR. SPEAKES: Well, perhaps we will, or perhaps we will just tell you we have done it. So, I don't know.

Q It is a little unclear from the letter that was written that the President was actually -- actually thought he had to do this -- had to put the letter through. Is there any other time that you know of that this 25th Amendment has been invoked?

MR. SPEAKES: As you say, I think we have covered this ground previously today, and, as I had told you earlier, you will have to read the letter, you will have to deal with it in the context of what appears there. So I cannot go any further.

Q Has the President made any statement as he became conscious?

MR. SPEAKES: I have not seen him, and, of course, you have talked to his chief surgeon who was with him and described that the President was responsive and that the President was in excellent condition following his surgery, but I don't know that he has spoken. We have been away from him for -- since the conclusion of surgery.

Q Will Mrs. Reagan be in the recovery room or when he gets back --

MR. SPEAKES: Mrs. Reagan plans to do this. To bring you up to date on her, Mrs. Reagan and her brother, Dr. Richard Davis, were waiting in the President's suite. They received three or four periodic reports from Dr. Rosenberg during the course of the surgery. And at the end, the entire surgical team came in to brief her, Don Regan, and myself, as well as her brother.

So at that time -- shortly after that, she was scheduled to go to a room that is adjacent, and has an open window onto the recovery area, where the President is in the recovery room. So she has an office that is converted to a room -- a small sitting room there with a window that looks out on this bay of beds, only which of one is occupied, and that is the President's.

Q Will there be a briefing by the pathologist on Monday?

MR. SPEAKES: We will cross that bridge when we get to it.

Q At this point, absolutely no word on the biopsy result or on the tumor analysis until Monday?

MR. SPEAKES: No, there is no way because, as the doctor carefully explained, this will be a process that will only be concluded at that time.

Q Larry, as the letter just goes for the Vice President, is there no need to send one to O'Neill --

MR. SPEAKES: I'll have to check that, Nelson, to be sure.

Q It is the other way around. The letters went to O'Neill and Thurmond, and not to the Vice President.

MR. SPEAKES: The first one went to O'Neill and Thurmond. I am not sure. It may just go to the Vice President, but we will clarify that when we post it.

Q Larry, sorry if you discussed this earlier, but when exactly was the decision made to go with transfer of power procedures?

MR. SPEAKES: It was made at 10:32 a.m. this morning when the President signed the letter.

Q Would you also check to see whether --

Q Until then you were not certain you were not going to transfer power at all?

MR. SPEAKES: Until the President made the decision, you know, none of us were certain and he was certain very promptly there and did so.

Q I am sorry, did you say whether or not Mrs. Reagan will spend the night here?

MR. SPEAKES: I do not think she will. It is my judgment that Mrs. Reagan will stay for a while and then return to the White House in the early part of the evening.

Q Can you explain -- if you have explained it already, I am sorry -- but can you explain again why the 25th Amendment wasn't invoked?

MR. SPEAKES: We have discussed it, Mick, extensively here and the transcripts are available, including a background

session, that I think will give you your answer.

Alesandra, now -- before Alesandra speaks, there are those who are leaving. Let me tell you that I prefer to do any conversations that I have with press from this podium to everyone. I don't think I am going to be able to hold office hours for all of you that want it and not sit around there one after another, because we will be here all night. So I would prefer color, quips, anything I would like to give from this podium, because I think it is fairest to all of them.

Q Are you going to call on quips? (Laughter.)

MR. SPEAKES: Pardon?

Q We didn't know about Moon, at least I didn't.

MR. SPEAKES: What do you want to know about him?

Q Anything to what the doctor said.

MR. SPEAKES: I didn't hear the doctor on that, so you will have to --

Q Colon cancer has been discovered in Moon -- in the President's brother.

MR. SPEAKES: Yes, the President's brother did have a colon cancer similar to this cancer. He had it surgically removed two or three weeks ago. The President was certainly aware of it and talked to him, and the White House physicians had talked to his physicians.

Q Well, is that one of the reasons why the President decided to come ahead and get that polyp yesterday removed?

MR. SPEAKES: No. No, it is not. This really has been talked about and more or less tentatively scheduled for three weeks or so.

Q What is the prognosis for Moon's recovery?

MR. SPEAKES: You would have to ask his doctors. My understanding is that it is very good, but I do not know that because I have not talked to him.

Alesandra is waiting.

Q When Regan called about the letter, did he call Bush first, and then did he call Thurmond and O'Neill?

MR. SPEAKES: Yes, I believe so.

Q Larry, what can you say about the conduct of business out here?

MR. SPEAKES: The conduct of business out here -- Don Regan has been here through the day from about shortly before 8:00 a.m. on. Fred Fielding has been here for the legal aspects of it, and I understand -- although not seeing him -- that Bud McFarlane was here.

Basically the conduct of business has been mainly centered on the surgery that was going on today. In the morning session we had, we talked over legislative matters and some current events that were in the newspaper this morning as far as legislative and the Congress was concerned. He read his national security bulletin.

But for the main part, the staff today has been occuppied

with the current situation.

Q Did he see the Dole remarks?

MR. SPEAKES: The President did see Senator Dole's remarks, and he read them with a considerable amount of interest.

Q Did he have a reaction?

MR. SPEAKES: Yes, he did have a reaction and we may be able to give it to you later. But he did read it with a considerable amount of interest.

Q Larry, in that session this morning when you went over these matters, did the President himself make any comment or reference to how his hospitalization and recovery might affect budget tax reform?

MR. SPEAKES: No, he didn't. We don't have any reason to believe that it could adversely affect the movement of the budget or the promise of tax reform this year. We think the President can be very much on the job by telephone early in the week. And sometime next week, he'll be able to receive Congressional visitors and he should be out of here in seven to ten days. So, I think the President will be right on top of the Congressional situation and whatever's needed -- and whatever arms need twisting, he can twist them.

Yes, sir.

Q Larry, clear something up, you had said this morning that Bush came back -- personal decision, so he had no knowledge that there was anything in the works as to transfer of power --

MR. SPEAKES: No, I don't say that he did not have any knowledge that anything is in the works. Don Regan had conversations with him, and certainly there had been previous conversations between the Vice President and the President and some as recent as this week concerning this. The President alludes to that in the letter. But the Vice President was not aware of the final decision that the President was making because he was in the air at the time.

Q Nobody asked him to come back?

MR. SPEAKES: No, no one asked him. It was an initiative taken on the Vice President's part that really began with a telephone conversation to Don Regan -- between he and Don Regan yesterday after -- last evening, ten-eleven o'clock.

Q Who initiated that call?

MR. SPEAKES: The Vice President initiated it. I think Don Regan may have called, initiated the specific call that dealt with it.

Q When the doctor was asked the size of the lesion, he held up his fingers. Could you give us how many inches the lesion was? How long?

MR. SPEAKES: He said five centimeters, I believe.

Q Yes. And how deeply -- was it at all embedded in the intestine itself?

MR. SPEAKES: I don't think that they have said that to any of us. It was the flat kind that was against the wall of the intestine there, but how deeply it was embedded, I can't say.

Q Do you have anything on the nurses, Larry?

MR. SPEAKES: I don't have. But somebody might could get it for you.

Q Larry, I just want to ask a housekeeping question. At this point, you plan no on-camera briefings the rest of the day, even if he signs the piece of paper reassuming power?

MR. SPEAKES: I don't think there's a need for it, Chris, I really don't.

Q Well, if he reassumes his power, it's fairly important.

MR. SPEAKES: Pardon?

Q If he reassumes his power --

MR. SPEAKES: Well, stay flexible. If there's a need for it, I'm glad to do it. But if there's not, I don't see any cause --

Q The next one you plan is -- a what? -- a mid-morning on-camera briefing tomorrow?

MR. SPEAKES: Yes.

Q And what if there is any emergency, what are your plans to do, if there's any complication?

MR. SPEAKES: Yes, if there should be any complications, I will have a small staff here at the hospital. We will not staff a press office through the night, and we'll simply have somebody that's in the area adjacent to the President. It'll probably be Dr. Weinberg of my staff, and he will be in a position to call me, should anything come up, and we would call you if anything came up.

Q Are you spending the night?

MR. SPEAKES: I don't think so. Sleep in my own bed tonight.

George.

Q When the President came to the hospital, did he have any indication that he'd have an operation of this extent, or did he really think --

MR. SPEAKES: No, he did not.

Q He just thought it was this little psuedo-polyp that was --

MR. SPEAKES: Well, George, he knew that it was the polyp and that it would be removed. But he also knew he was going to have the full bowel examination, and there was always the possibility there would be other polyps found, and possibly one of this type. Certainly, he was aware of what could be found. But he had no knowledge that it would be there. And the first knowledge he had of it was when Mrs. Reagan and the doctors talked to him shortly after he came out of the examination yesterday.

Q No symptoms or anything?

MR. SPEAKES: No, no symptoms, other than those that we've talked about publicly before in connection with the thing.

Q Larry --

MR. SPEAKES: Let me go over here.

Q You said that you've been talking about doing

yesterday's procedure for three weeks or so. What led you to start talking about it?

MR. SPEAKES: That it was -- in fact, if you want to say how long we've been talking about it, we've been talking about it shortly after the March physical examination when it was -- when the benign polyp was discovered and biopsied. And it was a question of fitting it into the present schedule. As you know, the President has led a very busy life between March and -- between this time period with 10 days of foreign travel and a hostage crisis and a budget before Congress and an introduction to the tax bill. So, it's not like that he could have skipped a week or two and come out here. It was just a question of scheduling on his part.

Yes, ma'am.

Q Can you tell us anything about what Mrs. Reagan did in the suite? Did she eat? Did she drink coffee? Did she sleep --

MR. SPEAKES: Yes, she had lunch, which was avocado and cottage cheese, I believe. I looked, but couldn't tell. And she dined with her brother and had that -- had a light lunch, and, really, chatted through the course of the surgery and spent considerable time with Dr. Rosenberg each time he came down. She had a number of questions, and he had the explanations.

Q What did she say when they told her the results of the surgery -- when the team did?

MR. SPEAKES: I don't recall any specific or choice quote, but, obviously, she was very pleased. She'd been given indications of this throughout. The first real indication that we were going to get what we regard as good news was about two hours into the surgery when the removal of the tumor was complete -- in the section of the intestines -- was complete. That was about two hours into the surgery. And it was when Dr. Rosenberg came over and told her the status of that that she began to have a good understanding that things were progressing extremely well. So, when Dr. Oller came in, it was merely the icing on the cake as far as the good news was concerned.

John.

Q If you do not do another briefing, and, instead, you do a posting later, would you attempt to include one or two Presidential quotes, what --

MR. SPEAKES: If we've got anything, John, yes. I'll try to. Not being able to be here and there at the same time --

Q One more point, Larry, the -- go ahead, I pass.

MR. SPEAKES: Got you.

Patrick.

Q Do you have the spelling for the doctor that's not on this list?

MR. SPEAKES: Yes, which was it? Dr. --

Q Cattau.

MR. SPEAKES: Oh, Cattau. He's the original --

Margaret?

Q Larry, I'm still a little confused about when the decision was made to transfer power. What -- if he signed the letters right after this meeting, weren't the letters already typed and prepared?

MR. SPEAKES: Yes, they were.

Q So, were there two possibilities then that were left --

MR. SPEAKES: Well, we had a discussion with him of a number of possibilities, and we carried him through the discussions that the Counsel's Office had had. We gave him the benefit of having the opinion of the Attorney General, and all of that was presented. He could have simply said, "I don't want to follow this procedure," but he elected to do so.

Q Was it a question of whether to follow that procedure or to do nothing, or were there other --

MR. SPEAKES: All of those -- the full range. From doing nothing to following that procedure to other procedures.

Q Larry, would you spell that doctor's name again, please?

MR. SPEAKES: C-A-T-T-A-U.

Q The first name?

Q Larry, what was in the letters --

MR. SPEAKES: Edward.

Q -- other than the delivery of the letters, was there any other intended step to be taken in connection with the transfer of power?

MR. SPEAKES: Phone calls.

Q Did the military codes have to be delivered to Bush?

MR. SPEAKES: Pardon?

Q -- did military codes have to be delivered to Bush, or does he have those with him normally?

MR. SPEAKES: Military which?

Q Codes.

MR. SPEAKES: Codes. We obviously do not discuss those type matters, but I can assure you that now or any other time, that we are fully able to exercise the duties of the Commander-in-Chief at anytime, so --

Q Was the Cabinet informed?

MR. SPEAKES: Pardon?

Q -- Cabinet informed?

MR. SPEAKES: The Cabinet was informed, yes, shortly after 12:00 noon.

Q -- and you said -- I'm sorry -- I misunderstood, but somewhere along the way, you said he had the normal symptoms that lead him back into the hospital.

MR. SPEAKES: No, no. I said the only symptoms he had were those that we have talked about publicly. That was the --

Q -- of knowing there was a polyp?

MR. SPEAKES: -- that was the test, that was the announcement of the polyp, the biopsy of the polyp -- all of those things, you know, were certainly signs that -- and the doctors agreed for further examination.

John?

Q Larry, did an agent scrub and go into the operating room?

MR. SPEAKES: The Secret Service had planned to do that, John. We don't customarily discuss a whole lot of what they do, but yes, you can assume that there were agents that were scrubbed and that were clothed in operating room garb in order to be in the area and I'm reasonably sure there was one physically in the room.

Q I'm sorry, the reasons there was or was not?

MR. SPEAKES: Was one physically in the room -- in the OR. We can double-check that, but --

Q I wasn't sure about the diet that he follows, or that he's following now.

MR. SPEAKES: The diet that he follows will be a limited diet. It will probably be -- consist of an IV through a period of a number of days, Naomi, and then it will be a gradually increasing diet that will determine his digest -- determined by his digestive system's ability to operate and --

Pardon? But it will gradually increase, and -- within the period of four or five days, I would think that he would be well on his way to eating pretty hearty.

Q Two related questions -- under the original schedule, Reagan would have been in California now. And if that had been the case, when would this operation have taken place?

Secondly, was the decision made to have the operation now made before or after you became aware of the President's brother's operation?

MR. SPEAKES: I don't know the specific timing about the brother's operation, but I do know that we would have been back from California by now. What were we scheduled to go? July 2nd through --

Q So, was it scheduled before the hostage crisis and --

MR. SPEAKES: It was thought about before that, yes.

Q And you don't know whether it has any relation -- what the relationship is to the brother's --

MR. SPEAKES: No, I don't.

Q Forgive me if you've been asked, but has anyone asked the length of the incision?

MR. SPEAKES: Yes, they have. No, the length of the incision?

Q Yes.

MR. SPEAKES: No, I think he said it was an up-and-down incision that was done in the lower part of the abdomen.

Q What happened to -- This is aside from the operation, what happened to the Chinaman coming --

MR. SPEAKES: We will certainly greet him in some fashion consistent with the President's recovery at that time.

Q Isn't there anybody coming?

MR. SPEAKES: Well, there's one scheduled, but it depends on the President's condition.

Q Larry, could I ask you what the plan is over the next several days to bring the White House staff in here --

MR. SPEAKES: Really hasn't been determined. I judge that we'll probably have the staff out here tomorrow, as we have today, on a very limited basis, three or four of us. And then by Monday, I think we'll be operating fairly fully from the White House. I would judge that Don Regan will make some trips back and forth out here, but I don't think he plans to operate on a full-time basis out here.

Yes.

Q Did any of the children call while Reagan was in the operating room?

MR. SPEAKES: Mrs. Reagan had a member of her staff call all of the children as we began to get news mid-point of the surgery, and she -- they relayed that good news to the children. Some of them were out and were not reachable at the moment. But all of them were called, I guess, with the exception of Maureen, who has talked to members of the White House and to Dr. Hutton overnight.

Had enough?

Q More than enough.

MR. SPEAKES: Me, too. Luck.

THE PRESS: Thank you.

END 4:50 P.M. EDT

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