

eventually all) of the above areas of inquiry. The practical establishment of such experimental procedures is, as you know, a considerable problem. I have attempted to analyze the specific considerations which will bear upon the successful construction and prosecution of these experiments.

A. My personal status. For the immediate future it might be practical for me to remain on duty here (although you can keep Texas in July and August!). As Chief of the Psychiatric Service I have sufficient independence to permit me to conduct the affairs of my department without having to answer to anyone in a detailed way; this will be crucially important in the operation of the experiments, as well as for security reasons. Since things have been going very well, and the reputation of the Psychiatric Service is steadily improving (it was in bad shape when I first took over), there should be little reason for interference with any particular activity within the department. This is particularly vital since it may be required at times to use patients as subjects, or to work with hospital personnel. In the military, of course, there is always a possibility that some older or higher-ranking medical officer might be assigned here and automatically put in charge of the Psychiatric Service. This would definitely jeopardize my effective operation of the experiments, and constitutes a danger which should be avoided at all costs.

I have been a Major now for over a year, but promotions are coming slowly these days and until I make Lieutenant-Colonel there will be this hazard. When promotion finally comes it will be a big help, because it will cut down considerably the number of people who can properly call me to account, it will markedly diminish the possibility of someone else being made Chief of Service over my head, and it will increase my capacity for getting things done at a local level. Since the Chiefs of most other services (Medicine, Surgery, Orthopedics, Medicine, Obstetrics, Laboratory, etc.) are Lieutenant-Colonels or Colonels, it is not inappropriate to hope that I'll get it eventually. In any case, we may find that the vicissitudes of military medicine preclude the successful completion of all our experimental goals in an Air Force situation. Sooner or later it will become necessary to continue on a civilian basis for a number of reasons. At that time I shall resign my commission, return to an academic position in a medical school or university hospital, and go ahead with the work on a long-term search project. Meanwhile, in the military, Lackland is as good as anyplace, so long as my position remains stable.

B. The status of the experiments. It is well-known here that I am experienced in the field of hypnosis, have published papers on the subject, lectured on it to local groups, and conducted clinical experiments in the hospital. My involvement in further activities with hypnosis should create relatively little comment. Rather than to attempt to conceal the fact that experiments are going on, the important thing will be to emphasize the fact that we are working on methods for utilizing hypnosis more widely in psychiatric treatment. Since effective short-term psychotherapy is so difficult at present, and hypnosis is already known for its value in treatment of war neuroses, our work will seem appropriate and sensible. But it can only be undertaken on the basis of a definite project, on a high-priority assignment direct from Washington, delegating to me the necessary authority to obtain subjects, working space, personnel, materiel, and equipment to do the job, and specifying my continuation as Chief of the Psychiatric Service. The project might be referred to as "Special Study of Hypnosis" or some similar designation.

C. Personnel. It will take some time for me to locate suitable personnel, who can be few in number but who must be reliable and well-qualified, to work on the project. It might be best if these individuals were assigned directly to my department, in jobs authorized by a revision in our present TD (Table of Distribution). With the well-publicized manpower shortage and the recent cuts in Air Force budget, it will require direct orders from high-level Air Force sources to create these jobs. If you wish I can send you the present detailed TD with recommended changes and additions. In particular it will be important for us to have enough Psychiatrists to do the local job well, leaving me with a definite portion of my time available for the experiments. We would have 10 Psychiatrists here. Two properly trained clinical psychologists and four carefully selected technicians would suffice for most of the experiments I have in mind. These jobs would have to be added to our present allotment of personnel.