

be given a trial for one month to see whether it makes administrative procedures more efficient, etc. (which it won't), but Dr. Williams enjoys the sense of increased authority and he will oppose any further change, or a return to the previous state of affairs.

This sort of semi-political maneuvering is precisely the sort of thing that often happens in military medicine, and it is ironical that it should take place just after I foresaw the danger of it. I shall try to persuade Col. Brua to restore the status quo through logical argument, even though it means some local conflict. Since Col. Brua likes me very well personally, there may be some chance of success, but since I cannot discuss with him the reasons why this problem is so vitally important, I fear he'll see the situation as essentially a toss-up -- just a question of whom to keep happy in the hospital.

If this new situation is to continue, it might be extremely difficult to undertake the experiments down here at this time. The only other possible solution to the local impasse would be if Major Williams were transferred to another base. There is such a rapid turnover in the Air Force Medical Corps in the next 6 weeks that people are being reassigned and transferred all over the place. If Williams leaves, I'll be left in charge of the new combined department; in that case I'll put a Neurologist in charge of Neurology and let him run his own show, so that things will be much as before. There is a Neurologist just about to be assigned to Parks AFB, Dr. David Daley, a captain and an old friend from Minnesota. If I could trade him for Williams in some way, our troubles would be over down here, and we could go ahead with the experiment.

The ultimate solution to the repeated occurrence of this type of situational crisis is, of course, a return to civilian status. If I were back on the staff at Cornell Medical Center where my previous research was done, there would be no problem. I could receive some funds from you disguised as a U.S. Public Health Service grant or some such thing, go onto a half-time research basis, and plub away at the problem with considerable independence. This future eventuality we'll have to discuss at a later date; meanwhile we have the local problem to solve. If someone in the Surgeon General's office, or the Surgeon General himself, were in on this whole complicated situation, it might make the solutions a little easier.

I'll continue to work on the situation down here, and will appreciate any help or suggestions from the powers that be.

Sincerely,

LJW