

could be rewritten in management terms as a way of demonstrating to administrators that the research is not as random or far out as it might seem. And, although he is *not* proposing that researchers run out and learn management jargon, he does see the process of translation as a part of his own job.

Stone, who adamantly believes in management training, is concerned that scientists will misunderstand what he means by it. He begins by talking about what he does not mean. When he refers to "management," he does not mean good bookkeeping or fiscal accounting geared to profit-making or a program by which someone at the top controls every action of those underneath. "I'm not trying to control people," he declares emphatically, adding, "All of the things we commonly think of as management won't work if people don't want them to."

Along these lines, Stone explains that there are two kinds of organizational management—top down and bottom up. The former is, perhaps, the more traditional. The man at the top gives an order and, in descending order in the hierarchy, people below carry it out. The latter approach is one in which as many decisions as possible are made by the people who will have to carry them out. Although ideally Stone prefers the bottom up approach, he says it is probably unrealistic to think it will work in an organization as large and complex as the NIH, particularly because NIH is also a part of, and must be responsive to the needs of, HEW as a whole. "I think that NIH will work best with a combination of the top down and bottom up philosophies," he says.

As Stone sees it, "NIH is a system, which is composed of subsystems. It,

itself, is part of a larger system, the 'H' [for health], if you will, in HEW. In order to optimize NIH, we have to understand how those systems work." One thing that Stone considers optimal for NIH, and for the biomedical community, is stability. He believes good management can help bring this about.

Stone got into academic studies of management partly because, as dean at New Mexico and as a member of an NIH committee that reviewed institutional grants from the Bureau of Health Manpower Education (which is now being moved out of NIH), he came to the conclusion that many institutions are not well run and that most deans are not adequately trained to handle the administrative responsibilities that go with running a major medical complex.

Among Stone's first forays into the management field was one with the

Laird Return Could Aid Research

The appointment of Melvin R. Laird as counsellor to the President for domestic affairs is expected to bring an improvement in relations between the White House and Congress. It could also mean a dividend for research and other programs in the health field.

A Wisconsin congressman from 1953 until 1969 when he became President Nixon's first Secretary of Defense, Laird was for a decade a member of the House Appropriations subcommittee that handles money bills for health, education, and welfare programs. It was a period marked by spectacular growth for the National Institutes of Health (NIH), and Laird is remembered on Capitol Hill as a Republican member of the subcommittee who "worked hand in glove" with the subcommittee chairman, the late John E. Fogarty, to make NIH fortunes soar.

Laird was a junior partner in the alliance formed by Fogarty, Senator Lister Hill, and NIH director James A. Shannon which engineered an increase in NIH's annual budget from some \$100 million in the middle 1950's to about \$1 billion a decade later.

Laird's return to public life is, therefore, greeted as good news at NIH where the budget tide has been ebbing. John F. Sherman, who was acting director of NIH during the recent search for a new head and is a veteran of the Shannon era, says Laird in the White House "represents a very hopeful point of view as far as we're concerned. Like John Fogarty, he not only had a great interest but a real understanding [of NIH affairs] . . . although he didn't accept our line without question."

On Capitol Hill Laird is remembered by one majority staff member with long experience of health legislation as "a consummate politician, a bright fellow who did his homework" and who also was expert at turning developments in the health field to the advantage of his district and state.

At the White House Laird takes over from John Ehrlichman who resigned as a result of the Watergate

revelations. At this point, however, Laird's impact on biomedical research and health programs is unpredictable. Laird's political experience is regarded as an asset, but his interests and loyalties as a member of the White House staff will be different from those he followed as a congressman. As Secretary of Defense he was judged a staunch advocate of Administration policy and a particularly effective operative on Capitol Hill in behalf of those policies.

Laird's role at the White House will probably depend on how his relationship with the President evolves. This is the first time since the departure of Daniel P. Moynihan that the White House has had a staff member with an independent public reputation as a heavyweight, dealing with domestic policy outside the economic sphere. The impression is that Nixon prefers his staff to offer detailed options on domestic issues rather than strong policy advice. Laird, a political figure in his own right, is thought to have opinions of his own on domestic issues and to be likely to press for them.

In a press briefing on 6 June, Laird displayed a willingness to take a line counter to prevailing White House doctrine. Commenting on the effects of Watergate he said, "The government in some quarters is at a standstill, and this cannot be allowed to continue. That is one of the reasons that I have reluctantly decided to come back to serve the Presidency and to serve our country as a whole."

Biomedical researchers may take heart from Laird's reply when asked what quarters of government are at a standstill. He reminisced briefly about his days with Fogarty when "we created the National Institutes of Health." He went on to say, "We are in a position where some of the health problems are not being discussed as openly and as freely as they should be in the United States. . . we have got to get on with the business of solving these problems."—J.W.