and special hospitals reported an average occupancy of only 76 percent.[29]

Mental illness is a heavy financial burden on the Nation with minimum annual costs estimated at more than $2.4 billion a year.[30] The average length of stay for a patient in a mental hospital is about 1 year and 10 months. More than 80 percent of all mental patients are in State mental hospitals and about 10 percent are in veterans' hospitals.

Mental and tuberculosis hospitals have traditionally been operated at taxpayer expense, in part because of the high cost of the necessary long-term care and in part because of a public interest in protecting the community from mental and tuberculosis patients. However, medical progress is reducing the need for tuberculosis facilities and tranquilizing drugs are changing the pattern of long-term care for mental patients and are easing the need for facilities for confinement of mental patients.

Nevertheless, long-term care will remain beyond the financial capacity of most families. The cost per patient-day in non-Federal psychiatric hospitals in 1958 was only $4.40 compared to $29.24 in voluntary short-term general hospitals, but despite this lower cost per day, a patient's length of stay would impose staggering burdens on most families.

General hospital care for patients with long-term diseases is costly and clearly not an economic use of limited hospital resources. The increasing burden of chronic and degenerative diseases accentuates the need for alternative facilities, nursing homes, and long-term-care institutions which can furnish skilled care for patients who need medical attention but who do not require the intensive care and treatment and expensive services included in the overhead costs of general short-term hospitals.

Chapter 2. Supply of Medical Care

ORGANIZATION OF MEDICAL SERVICES

The visiting family doctor with his little black bag no longer holds the center of the stage in supplying medical services. The drama of medical care has shifted to the hospital operating room, where teams of specialized physicians, assisted by an ever-increasing number of highly trained assistants, technicians, and laboratory experts, cooperate in complex techniques of surgery, radiology, pathology, and many other specialized medical skills. In order to utilize the new techniques and new skills achieved by medical science, the supply of medical services must be organized. Changes in organization of these services is taking place not only in hospitals, but also in the private practice of physicians, particularly through the growth of group practice.

The complexities of organization reflect the pluralistic nature of supply in the medical care field. Private physicians' services for fees are supplemented by free services to the indigent as charity, by industrial inplant services, by hospital outpatient clinics, by public

[29] "Hospitals: Guide Issue," J.A.H.A., Aug. 1, 1959, p. 384.
[30] Rashi Fein, "Economics of Mental Illness." Joint Commission on Mental Illness and Health, 1958, p. xii.