

hospitals to give "out patient" analysis and treatment to cases which formerly had to be institutionalized.

However, apart from these trends which reflect progress in medical science and reduce pressures on the supply of hospital facilities, considerations of supply also involve problems of distribution of facilities, as well as the nature and cost of hospital services.

#### *Types of hospitals*

The predominant type of hospital supplying medical care to the general public is the non-Federal, short-term general hospital. In 1958, there were 5,290 hospitals in this category with 610,000 beds. Voluntary, proprietary and State and local public hospitals are included in this category. Long-term hospitals include mental institutions, tuberculosis hospitals, and hospitals intended primarily for care of aged or chronic disease patients.

However, in terms of all hospital beds, about two-thirds are owned by Federal, State, or local governments. The rest are under voluntary or proprietary ownership, although proprietary ownership is declining. Three-fourths of the governmentally owned beds are in mental, tuberculosis, and veterans' hospitals.<sup>43</sup> Thus, Federal and State hospitals tend to be large, long-term care institutions, whereas general, short-term hospital care is provided by the private, nonprofit or community hospitals. Of the 5,290 non-Federal short-term general hospitals in 1958, 3,203 were voluntary, 896 were proprietary, and 1,191 were owned by State and local governments. (See chart 5 and table 9.)

<sup>43</sup> Health Education and Welfare Indicators, August 1958, p. 19.