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Dr Elmer Key Sanders -  
2002. Halcomb Drive -

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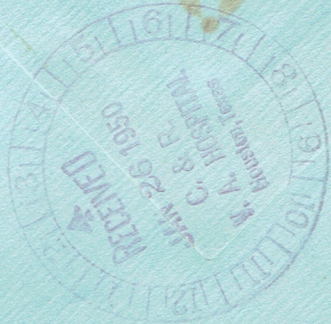
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Texas -

n. a. hospital

E. O. Saunders  
2745 Pike Rd  
Bloom 8  
Ala.

6 AM



Home. Wednesday. A.M.

Dear E. K.

These letters just came & I feel both should go on to you so here they are. We got quite a laugh out of Tommy & his clothes consciousness. I'd love you with so few words give a full picture. Guess Gustie keeps you informed about Budo & Bill.

The films just came, we will see it & what is the next slap?

Houston? maybe. The nabalard girls & you might want to show it on one of the hospital projectors.

Don't this mother fine?

Saw the N. O. Prices last night Joseph at Maridion has had to put another hr. into his clinic. Still over rushed.

Just out of measles with 3 children. Food poisoning

of wife & mother in law - But  
10.12. only the young son  
does not get his color & rim  
back, as yet, from measles.

To church dinner tonight -  
We were surprised to see  
that Dr. Hardin gets \$300 less  
to head up First Methodist  
than you get to Joint  
Clinic a staff in V.A.

Your crystal ball  
begins to show me your  
starting a Mayo - or Leakey -  
or Sanders clinic - Well  
lots of fun standing on  
the bank & yelling -

Luck & Love

Q 12-5.

Mon. A.M.

Loves -

Have been meaning to ask  
you for weeks if you all  
would mind writing Frances  
Kenworthy a note. She mentioned  
at Xmas time that she was  
worried because she didn't

hear from you & I said I  
didn't know whether you even  
got around to sending cards  
this year or not, on account  
of Eric's being sick & being  
home etc (ahem!) She's per-  
fectly pleasant & sweet but

you know <sup>(2)</sup> one track-  
mind frames +, she begs  
on asking me - "Heard from  
you folks lately" So I think  
she'd be tickled to hear from  
you -

Its O. E. Kenworthy  
632 Charles Ave.  
Kingston, Pa.

Heard from Bud today +  
he says the X-ray man wants  
to study all the X-ray + then  
confer w him + Larry + all  
that has not taken place  
yet + he will let us know  
when he does. Meanwhile, if

(3)

blood re-appears, Larry would  
like to proctoscope B. while  
the blood is there so, in  
case it shows up, we're to  
call Larry + dash down. So  
then. B. still feels fine - has  
gas on his tummy a good  
deal, but always has - he +

his Ma.

Did I tell you I ordered a  
B's tailor - brown  
suit from  
Shankskin - about \$53. Also got  
an extra  $\frac{1}{2}$  yd. to have a  
matching hat made. The suit  
came + was just exactly like.

④

two big - all over. So it's gone  
back for attention.

I can't tell you what a  
treat the peacans were - and  
we are still enjoying the  
fruit cake.

We seem to have warm, rainy  
weather most of the time -  
a queer winter, but nice.

Be sweet loves & if you don't  
want to bother w the Kenworthy  
note just send her a message  
via me & that'll take care of  
it - methinks.

All our love

B & G.



Mrs. T.E. Piazza

Jan. 13, 1950

Dear Susie & Bill -

I'm so sorry to be so late in writing, but our holidays were gay & hectic & I'm still catching up on the "routine" things.

Many, many thanks for the wonderful Christmas. You must have remembered that I have no tea set & this one is a beauty. It goes perfectly with the cream colored china mother gave me. I initiated it the other afternoon & it pours well, too.

The dress for Marie is adorable.

Those little Kate sneakers are so cute & quaint & very becoming to her - the size was perfect. I guess it & she wore it that afternoon - Aren't you wonderful. And Tommy's jacket is adorable - so mannish & a perfect fit for now, but I was wondering if it would be better to exchange it for a size larger. Would it be troublesome. I'm beginning to wonder who is the clothes horse in this family. Tommy is upstairs now charging for the third time today.

Tom was in Mexico the second week before Christmas so you can imagine how busy we were Christmas week. These were

open-houses on Tues & Thurs &  
Sat (Christmas Eve) we did all of  
our Santa Claus shopping on Christmas  
Eve, Bege arrived & we went out -  
Tom & Oscar played their Santa  
Claus for each other's children so it  
was the nice hours before we  
got to bed. We went calling Christmas  
Day & Tom left Mon. a.m. for Mexico  
& I went to 2 open houses that  
night. He was back for New  
years (Smörgåsarbord at the Zehns &  
dancing in their basement. There  
were no bridge luncheons this  
summer & I think everyone decided  
to have an open-house - They were  
very pretty.

For clothes I made a skirt out  
of my bridesmaid dress in your

wedding & both a white blouse with  
embroidered collar; also made a skirt  
out of old black lace wore it  
with black jersey blouse to cover  
joining, & they saved the purpose  
& I didn't have to invest for a 2 week  
period.

How much were the blankets &  
over shoes?

When do you go back to N.Y., Bill?  
busy came by the other day -  
surprise - They are getting interested  
in building a house plan in the  
new house & garden (I believe)  
set them off - it is one floor,  
living, dining room, kitchen, utility  
room, three bedrooms & 2 baths,  
outdoor patio & fireplace. Sounds  
cute - maybe you could adapt

it by using one bedroom as a den -  
might like to look anyway. I  
think she drove out this way  
to look at property, but made a  
point of saying that they really  
wanted a corner lot to eliminate  
the long drive.

Guess I have a busy Jan. Feb. &  
March ahead. Catch up on car-  
mending & house cleaning. The  
house is beginning to look  
dirty so think I'll get some done  
in the dull months & be ready to  
go outside in the Spring.

Called Ma & Pa on anniversary &  
she said Douda & Sandy  
had come to no decision. Guess  
Sandy is back on the job now,

isnt he ~~he~~ ?

Must start wagger - let us hear -

Love from all

Idene

# Special Board Aids Hospitals In Coordination of Facilities

## Council With Master Plan Gives Guidance in Development According to Needs

By HOWARD A. RUSK, M. D.

In this city, the officially designated agency for implementing the work of the New York State Joint Hospital Survey and Planning Commission in carrying out the provisions of the Hospital Survey and Construction Act described in this column last Sunday, is the Hospital Council of Greater New York.

Formed long before the Hospital Survey and Construction Act was passed, the Hospital Council of Greater New York, for the last eleven years, has performed an outstanding service in the coordination and planning of hospitals and related facilities from the viewpoint of the best interests of the community. It is neither a medical association nor a hospital association, and it is not concerned with maintenance of hospitals or with raising funds. In the city, the latter is a function of the United Hospital Fund. The Hospital Council is a planning group designed to:

- "1. Guide the development of hospitals in accordance with measured needs.
- "2. Bring about a closer interrelation of hospitals.
- "3. To recommend standards and methods of improving the services and financial economy of hospitals and related facilities."

The first milestone in the history of the Hospital Council was the Master Plan for Hospitals and Related Facilities issued in April, 1947, after nearly ten years of study. To meet the medical needs of the city, the master plan proposes eighty hospitals: eight central hospitals of approximately 1,000 beds each, eight regional hospitals of about 750 beds each and sixty-four community hospitals of about 400 beds each but of not less than 200 beds. The plan stresses the importance of quality and location rather than mere numbers.

### Present Deficit Misleading

Under the master plan, there would be about 33,600 general care hospital beds in Greater New York as compared with the 32,000 now available. This present deficit of only 1,600 beds, however, does not tell the story, for only 25,000 of the present beds are considered suitable in the long-range planning, and the present distribution of beds geographically is not based on needs according to the population distribution.

In Queens, for example, there should be nearly 5,000 general care hospital beds according to the population. Actually, however, only some 2,000 such beds are suitable for the long-range program. To help correct this situation, the council has recommended and obtained the approval of the State Commission and the United States Public Health Service for the construction of facilities for approx-

imate care beds in Wyckoff Heights Hospital, Jamaica Hospital and Queens General Hospital.

Other projects in which Federal aid has been obtained have been for the construction of facilities that would provide 375 bassinets for the care of premature infants in ten hospitals.

The hospital council's activities are not limited to studying and approving the construction of additional facilities. Its concern for all aspects of hospital service is shown by its projects in the last year with the New York City Department of Hospitals in planning their expansion program, with the New York Health and Tuberculosis Association in analyzing facilities in general hospitals for routine chest X-ray examinations, the proposed affiliation of the New York Hospital and Hospital for Special Surgery, the regional hospital plan of the New York University-Bellevue Medical Center, and similar projects.

Nor are its activities confined to projects concerning specific hospitals or programs. Illustrative of its diverse interests is its current study on hospital staff appointments. As of January, 1948, when the study started, New York City had 17,703 licensed physicians, of whom 2,500 were not practicing. This ratio of one doctor to every 447 residents is the largest concentration of physicians in the nation, except in Boston, where there is one to each 263 persons. New York physicians, however, are concentrated in Manhattan, where there is one doctor for every 221 residents. In the other boroughs, where the great bulk of the population resides, the ratios are considerably higher. They are one to 593 in Brooklyn, to 719 in the Bronx, to 737 in Queens and to 995 in Richmond.

### Physician's Responsibility Cited

Of the 15,000 practicing physicians in New York, 12,372 had some type of hospital appointment, but 2,700 had no hospital affiliation of any type.

The annual report of the Hospital Council notes:

"It is the responsibility of each physician to keep abreast of contemporary medical knowledge. He owes that to himself, to his patients and to the community at large. The best educational opportunity to the physician is afforded in the day-to-day services in the out-patient departments and wards of voluntary and municipal hospitals."

The council and others are concerned that a large segment of the city's population rely for their care on these 2,700 physicians who have neither hospital affiliation nor apparent opportunity of continuously furthering their medical education.

Pending the final report of its committee, the Hospital Council now has no special recommendations to meet this problem. However, they do call attention to the

Practice, which decreed when it was founded in 1947, that for admission and continued membership every physician must accomplish a certain minimum amount of self-education each year. Such qualifications might well be considered as basic for any hospital appointment.

The advances made by the Hospital Council in planning integrated hospital services in New York are particularly significant in view of the fact that the cooperation involved must be voluntary. The council has a quasi-public status through the support given it by the New York City Department of Hospitals and the New York State Joint Hospital Survey and Planning Commission.

It is essentially a community citizens' organization, however, and receives its financial support from the United Hospital Fund and the Greater New York Fund. As it is not an official agency with the power to enforce decisions, the fact that it has won the respect and voluntary cooperation of the numerous independent voluntary hospitals, medical organizations

and medical schools as well as public agencies, is a tribute to the effective job it is doing.

(In the third and final article on this service, next Sunday, Dr. Rusk will discuss hospital out-patient services.)

Since 1938 and the number of veterans hospitals.

**Red Cross Examined**

"I am looking through the whole Red Cross set-up," Gen. Marshall declared, "to see if there is over-staffing and too much supervision. And I will trim down anywhere I find trimming is needed."

In discussing the Red Cross blood bank program, Gen. Marshall said that national relief experts had agreed that this work could only be done on a national basis and that the Red Cross is the only existing agency that can gather blood in such quantities and make it available in case of a great emergency.

"In its blood bank program the Red Cross will follow a policy of not entering any area until an invitation has been extended by local medical authorities," Gen. Marshall said.

Gen. Marshall held a short press conference before going into the general meeting, during which he discussed several important issues.

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