## Supt's Corner

Spring is here and it is wonderful. However, it brings with it that exquisitely painful exercise known as "budgeting." Many of us, in private, use several terms which are much less socially acceptable. However, there is no escaping the need for annual summing-up of past experience and projection of future activity in our continuing attempt to find ways to do the best possible job in care of patients, teaching of health personnel and research in the health field. Unfortunately, it is necessary that we do this within the bounds of the abilities of our University, our patients, our students and other sponsors to pay.

Continuing advances in the cost of goods and services common to all of the economy, rapid and continuing additions to the techniques of medical care and the education of our people to more effective use of such services make the job of budgeting an increasingly complex one. For more than fifty years the cost of hospital services has advanced steadily at an annual rate of from five to eight percent. There is nothing to indicate that this will not continue indefinitely. In terms of our own hospital budget this means three to five hundred thousand dollars advance in cost per year.

While personal income has advanced in a generally similar way, we have acquired many new uses for our money in the purchase of more comfortable living for which we had much rather spend our money than for hospital bills. Therefore, we tend to resent the cost of illness as infringing upon our choice of ways to use our money. In other words, when illness comes, we are forced to spend money we have planned to use some other way. Although we have tried to lessen this risk through insurance, the basic attitude remains the same. We also tend to think that the highest available medical skill and hospital equipment should be ours as a right, when we do not necessarily apply the same reasoning to our ability to choose between a second hand Ford and a Custom Rolls Royce.

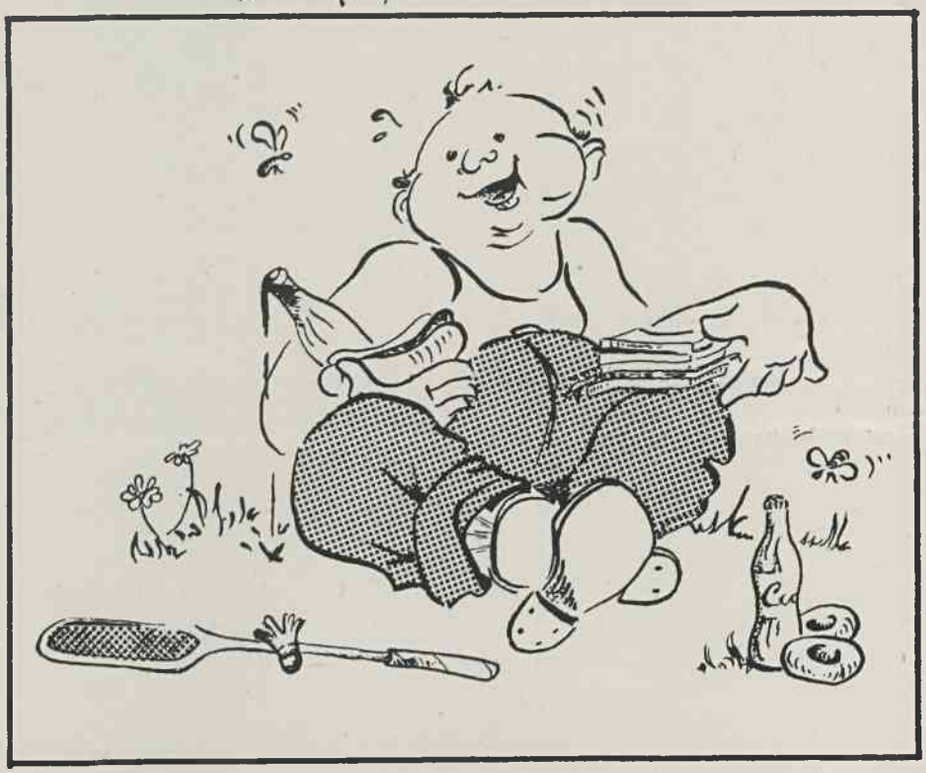
However, we tend to overemphasize the residual importance of these problems in cost, distribution and attitudes and to overlook what we are getting for our money. Certainly, we wouldn't buy 1920's Ford at 1920's price in comparison with the current Ford at its current price and we couldn't buy the 1920 Ford for the 1920 price even if it were being made and we wanted to buy it. In 1920 we couldn't have bought a television set or an electric stove or most of our common conveniences of today at all. There were no penicillin, no sulfa drugs, no blood transfusions, no x-rays, few helpful laboratory procedures.

According to figures from the Health Information Foundation the average person will live twenty four years longer than he would have in 1900, a child under 18 today is an orphan less than ⅓ as often as in 1900, 42 of every 100 white babies born in 1900 would live to retire at 65, for every such baby born today 71 will live to retire at 65.

Your chances of dying from pneumonia-influenza today are 86% less than in 1900, from tuberculosis 94%, from gastroenteritis 96% and diphtheria 99%. Life-saving surgery is a daily commonplace in procedures which were either unknown or impossible in 1900.

We can only conclude that our labors are not in vain nor our problems insoluble when the end-product continues to buy so much in invaluable human life.

## STAFF PICNIC



Plenty of Food - Plenty of Fun !

Staff - July 14 Employees - July 12