and the sick. In Tucson, particularly, the health problem is an acute one, and positions of community trust must go not necessarily to the ablest, but to those who can physically accept the responsibility—at the moment. The tourist economy creates a skewed population pattern, with the population doubled—or tripled—during the five-month tourist period. Organizational activities lie dormant during the five-month summer season and then rouse in the fall with the change in weather and the onrush of tourists of both the health seeker and "dude" variety.

In spite of the general "mañana" atmosphere and temperament, both the Phoenix and the Tucson Jewish communities show decided vigor and alertness. Community Council organization sets a relatively high pattern of development, particularly with the advent of professional direction. These communities show awareness of their responsibilities, especially in the social service field. There is interest in the development of group work programs and perhaps eventually in the creation of Jewish Center facilities. Due perhaps to their physical isolation, the communities' interpretive materials have been good, both Councils producing monthly bulletins and yearbooks.

In line with the general Arizona "booster" philosophy, Arizona Jewry anticipate big things in the next decade. Although war industries have tapered off, the golden climate remains. It is probable that the Arizona Jewish population will continue to grow in this "America's last frontier."

INTEGRATING THE TUBERCULOSIS SANATORIUM AND THE GENERAL HOSPITAL

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FOR a great many years the treatment of tuberculosis has been centered in sanatoria established for that purpose and for the most part away from the larger cities. As medical treatment for this disease became more definite and surgical procedures more common, the existence of such institutions out in the country presented certain handicaps in relation to the availability of highly specialized physicians who are most frequently found associated with general hospitals in urban communities. During the same time there has been a noticeable change in the type of general medical practice, a trend away from diagnosis and treatment in the patient's home to more office practice and with a marked increase in the use of hospital facilities to give to the patient all the benefits of modern medical science.

Once again this was found to be difficult of accomplishment in isolated sanatoria; and so there began to grow up in large cities, hospital services for

tuberculosis which embodied all of the advantages of medical treatment, but by the very fact of their being hospitals lost almost all, if not all, of the advantages of long term treatment which exist only in sanatoria or similar institutions organized especially for the care of such patients. It seemed as though one must decide whether the individualized long term projects with gradual rebuilding programs and the outdoor exercise which is most suited to the sanatorium regime was more important than the availability of highly specialized consultants, surgeons, diagnostic laboratories, specialized nursing, and all the other details that make up the good modern general hospital.

Compromises were established by having consultants visit sanatoria near large cities or by allowing certain privileges to patients in the tuberculosis services of the city hospitals. That this was not completely satisfactory is shown by the very emphatic statements by the proponents of each type of care as to the deficiencies found in the other.

It was the recognition of such a situation that prompted the Jewish Charities of Chicago to recommend some integration of the sanatorium treatment of the Winfield Tuberculosis Service with the hospital program of Michael Reese Hospital. The two institutions agreed that this was desirable and considered that, since treatment is a medical problem, the beginning of such cooperation must be at the medical level. A chest service was created at Michael Reese Hospital as an individual department. A physician with requisite qualifications was appointed as director of this service and as medical director of the Winfield Sanatorium. It was felt that this work required enough time and energy so that it would be best accomplished by the appointment of an individual to devote his full time to these two activities. Having a single director of both services made it possible to unify the two into one over-all medical service. This was further accomplished by the appointment by the institutions jointly of a group of medical men to serve as a single medical staff. This staff is in charge of the patients on the Chest Service at Michael Reese Hospital, the patients in Winfield Sanatorium and also in the diagnostic and follow-up clinics. This creation of medical unity created at the same time the fear that one or the other of the institutions might lose its identity and be swallowed up or absorbed by the other. It was further thought that a sanatorium becoming a department of a hospital would suffer considerably by being relegated to such a position and that no consideration would be given to its special problems and that no appreciation would be forthcoming of the fact that both the type of care and the method of spending money is very markedly different in the handling of long term patients than the customary hospital group.

These were very real fears but were found to have no substance when an integrated service was created maintaining the individuality of administration of each institution. Neither institution in any way interfered with administrative policies, matters of individual functioning, budgets, or other details peculiar to the running of the one organization. Matters relating to cooperative work and policies were taken up by a liaison committee composed of several members of the lay board of each organization, who meeting with the executive director and the medical director of each institution could deter-

mine matters of over-all policy. And so the integrated service was begun.

In the very beginning the problem of social service came up. Michael Reese had its social service department, and so did Winfield Sanatorium. Because these patients were so largely tuberculous and because the non-tuberculous patients in the Chest Service at Michael Reese Hospital and in the clinic were all long-term projects and further because of the frequent transfers of patients from sanatorium to the hospital or from hospital to the sanatorium, a unified service in this department was also essential. Thus the social service department of the Winfield Tuberculosis Service has acted not only at the sanatorium but also in the hospital and in the clinic to give the same type of continuity in social work that was being given in medical treatment.

Previous to this integration an arrangement had existed whereby patients from Winfield Sanatorium requiring surgery or special hospital service might be sent to Michael Reese Hospital to receive that particular treatment. They were admitted much as any other patient might be admitted. There were also consultants appointed to the staff of the sanatorium who would see patients requiring special examinations or treatments. The question had been raised whether any improvement in the care of the patients could be expected by integrating the services in the light of the already established relationship.

The experience of the first year answered that question definitely. In the year preceding integration, 7 patients were transferred to Michael Reese for special examination or treatment. In the first year of the program, 57 patients were thus transferred and patients originating at Michael Reese were transferred without formality to the sanatorium. It became obvious to the most severe critics that under this program the patients were receiving all of the advantages of the highly organized and highly developed general hospital as well as those of a well-functioning sanatorium.

Further advantages to the patient group became apparent. Patients referred to Winfield Sanatorium for treatment of tuberculosis who showed non-tuberculous problems, such as uncontrolled diabetes or gastric ulcer, were admitted first for study and treatment to Michael Reese Hospital before being sent to the sanatorium. Tuberculous patients under treatment at Michael Reese Hospital in whom the necessity for long term care arose were transferred to Winfield for such care without any loss in continuity of treatment and without any formality or red tape.

Additional advantages accrued to the community. It became unnecessary to establish and maintain at the sanatorium such expensive installations as complete operating room set-up and surgical nurses, and it became unnecessary to establish in the laboratory, apparatus and technics that might be used in such a sanatorium very occasionally. All of this already existed in the hospital, and the use of such existing facilities was not only a saving in money but more efficient because of the existing routine and smooth working operation. And so this organization has developed to the point where patients are transferred back and forth with the ease and facility of the transfer of a patient from one hospital service to another.

In the course of the development of a complete program, rehabilitation is as necessary as pneumothorax. Such a

program has been developed, facilitated by a unified medical service and social service and by further integration into a community picture by a cooperative program with the Jewish Vocational Service of Chicago. This makes available to the patients vocational counseling and vocational testing on a specialized level. As must be expected such a cooperative program working at the community rather than at an institutional level has created a great interest and has enabled the service to extend its functioning further into the community. Private physicians at Michael Reese Hospital learned that the Winfield social service department was available to help plan care for tuberculous patients, and other physicians in the community are beginning to take advantage of this type of service. It occurs not infrequently that a physician refers a patient to the Michael Reese Chest Service for hospital work-up to determine whether sanatorium regime is desirable.

This organization is still less than two years old, and is developing into a bigger and more cooperative community effort as time passes by. A similar Chest Service is being established at Mount Sinai Hospital to bring another segment of the Jewish community into these activities.

What might have been a program of one institution has grown into a community effort with three cooperating institutions providing the advantages of long term care, treatment for acute cases, and hospitalization for diagnostic work-up in the institution geared for and designed for each particular type of work. It has brought the problem of tuberculosis more clearly to the physician in the general hospital and has made the community realize that tuberculous patients are to be treated rather than sent away and forgotten. This pooling of resources, of special training and particular abilities has been accomplished without loss of autonomy and individuality, and points the way to further institutional integration and to a wider and more complete community program.