PROCEEDINGS OF THE LOCAL BRANCHES

MICHIGAN.

The Seventh Annual Pharmaceutical Conference, sponsored by the University of Michigan, College of Pharmacy, in conjunction with the Michigan Branch, A. PH. A., was held on May 18, 1938, and was most successful. When Dr. Howard B. Lewis, director of the College of Pharmacy and chairman of the Conference, called the session to order an overflow gathering of pharmacists, students and scientists was assembled, numbering three hundred or more, the largest attendance in the history of these conferences, giving much encouragement to the members interested in the advancement of the profession. Dr. Lewis introduced Dr. Clarence S. Yoakum, vice-president of the University and dean of the Graduate School, who welcomed the conference members to the University and encouraged them to make use of the many facilities offered by the University of Michigan.

"What Should Be the Objective of a Modern Pharmacy Act?" was the subject presented by the first speaker of the conference, Dr. Robert L. Swain, secretary of the Maryland State Board of Pharmacy and president of the National Association Boards of Pharmacy. Dr. Swain said that rigid regulation of the manufacture of pharmaceuticals, patent medicines and proprietaries is as necessary for the public interest and protection as the supervision of the retail drug store. He insisted that the State Board of Pharmacy should be empowered to issue or refuse permits to manufacturer and wholesale distributor, supervise personnel and inspect factory conditions as well as interest itself in the technical education and in the individual pharmacist. Discussion followed by Otis F. Cook, R. L. McCabe, Dean R. T. Lahey and others. Dr. Swain also brought to the Conference the greetings of President E. N. Gathercoal, of the AMERICAN PHARMACEUTICAL ASSOCIATION, and Secretary E. F. Kelly.

"The Use and Abuse of Sulfanilamide" was the next subject on the Program and was ably presented by Dr. Arthur C. Curtis, Associate Professor of Medicine, University of Michigan. Dr. Curtis clearly outlined the uses of this drug and condemned the cure-all claims for it. However, he recommended its use in many cases where clinical tests have proved Sulfanilamide invaluable. He, however, suggested the careful observation of the patient during the administration of this drug.

Professor Clifford C. Glover, Professor of Pharmacognosy, University of Michigan, was the next speaker and presented a most timely and much discussed topic, "The Marihuana Problem." Professor Glover gave a very complete history of the weed and the uses it has been put to and the many abuses which have been made of the drug. The many pathetic cases illustrated by Professor Glover through the abuse and illegitimate use of the drug clearly demonstrated the necessity for the Marihuana Act.

This brought to a close the afternoon session of the Conference.

After dinner the assembly adjourned to the Chemistry Building of the University of Michigan where the meeting of the Michigan Branch, A. PH. A., was called to order by President Earl Soop. The minutes of the previous meeting were read by the secretary and approved.

Dr. Leonard A. Seltzer, chairman of the Nominating Committee, then made a report which was accepted, and it was moved by John H. Webster that the secretary cast a unanimous ballot for the election of the officers as presented by the Committee, which was done.

President Earl Soop then introduced the speaker of the evening, Dr. Allan J. McLaughlin, Lecturer in Hygiene and Public Health, University of Michigan, also former Surgeon General of the United States Public Health Service. Dr. McLaughlin presented a most interesting paper on the "Outlook for the Control of Communicable Disease." Some of the results attained are astounding and encouraging; for example, tuberculosis has been reduced from 300 to 60 per 100,000. Dr. McLaughlin explained this is partly due to the better standards of living. However, much credit must be given to the education and public health service and Red Cross campaigns to stamp out this dread plague. Lobar pneumonia which was hopeless in 1916, to-day can be checked, and in many cases the life of the patient can be saved by the use of vaccine developed. However, Dr. McLaughlin made it clear that the proper type of vaccine to fit the individual is absolutely necessary to bring about recovery in pneumonia. In the rural centers he said the nurse is responsible for 11,000 people, that is the ratio as it is to-day. Dr. McLaughlin said the need

for larger funds to carry on this great work by the nurse is absolutely necessary particularly in caring for the children of the rural centers.

Mr. Webster commented on the splendid talk by Dr. McLaughlin and expressed the interest the pharmacist holds in public health and the responsibility held by this group.

Mr. Leonard A. Seltzer suggested a rising vote of thanks to the speaker and to the faculty of the College of Pharmacy of the University of Michigan for their hospitality, making the day most enjoyable and one to be remembered by the members attending the Conference.

This brought to a close a most successful year for the Michigan Branch, A. PH. A., and the outlook for 1939 is exceedingly bright with the hope of being able to entertain the convention of the A. PH. A. in Detroit.

BERNARD A. BIALK, *Secretary.*

Midwestern small city families are more likely to economize by not seeing the dentist, the oculist—or even the doctor—than by not buying supplies for the family medicine chest, when funds run low, as is indicated in a table of medical expenditures for 3118 native white non-relief families, including husband and wife, both born in this country, and living in seven representative cities: Lincoln, Ill.; Boone, Iowa; Columbia and Moberly, Mo.; Mount Vernon and New Philadelphia, Ohio; and Beaver Dam, Wis. The table is a part of a nation-wide study of how much money the American family makes and how it is spent, conducted under the direction of Dr. Louise Stanley, chief of the Bureau of Home Economics, U. S. Department of Agriculture.

Income for the year reached the $500.00 level before as many as half the families reported expenditures for a physician; $1250–$1499, before that number consulted the dentist; and $4000–$4999 before one family in four paid an oculist fee; but a majority of families at all income levels (67 to 92 per cent) reported expenditures for medicines and drugs during the twelve-month period studied in 1935–1936, averaging $6.00 to $21.00 per family, including those that made no purchases.

In the lowest income class studied, $250.00–$499.00, less than 40 per cent of the families spent money for doctor's fees; less than 12 per cent for dentist's services; none for oculist's services; and 67 per cent for medicines. In the second lowest income class, $500.00–$750.00, approximately 50 per cent of the families had expense for the physician; 25 per cent for the dentist; less than half of one per cent for the oculist; 75 per cent for medicines. At the highest income level studied, $5000–$10,000, only 75 per cent of the families reported expense for a physician; 80 per cent for the dentist; less than 25 per cent for an oculist; and 92 per cent for medicines.

Five per cent of the families in the lowest income class ranging to 24 in the highest, averaging from $3.00–$21.00, were next to the highest. Although the percentage of families having such expenses increased with income, families with the very least to spend were not exempt. The number of families paying health and accident insurance premiums, in one income class, $2250–$2499, was approximately twice as large as the number paying hospital bills; the percentage of families making such payments ranging from 12 in the lowest class to 44 in the highest. These premiums took an average of $2.00 per family based on all families in the lowest income class, $250.00–$499.00, and $27.00 in the highest.

Of income levels above $500.00, 90 to 99 per cent of families had some expense for medication with differences in average amounts at the different income levels; between $250.00 and $500.00, the average for all families was $28.00 for the year or about $2.00 a month, while between $5000 and $10,000 the average was $184.00, or about $15.00 a month. With incomes between $1000 and $1250, 467 families averaged $47.00 during the year for medical care, as follows: physician, $14.00; dentist, $6.00; oculist, $1.00; medicine and drugs, $6.00; hospitalization, $5.00; health and accident insurance premiums, $6.00; and all other items including other specialists, clinic visits, nursing service, etc., $9.00. With incomes between $2000 and $2249, 215 families averaged $77.00; physician, $20.00; dentist, $11.00; oculist, $1.00; medicine and drugs, $8.00; hospitalization, $8.00; health and accident insurance, $16.00; and other items, $13.00. With incomes between $3000 and $4000, 201 families averaged $114.00; physician, $23.00; dentist, $20.00; oculist, $2.00; drugs and medicines, $14.00; hospitalization, $17.00; health and accident insurance, $21.00; other items, $17.00. With incomes between $5000 and $10,000, families averaged $184.00; physician, $32.00; dentist, $26.00; oculist, $3.00; drugs and medicines, $21.00; hospitalization, $15.00; health and accident insurance, $27.00, other items, $60.00.