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### SOCIALIZED MEDICINE IN TAMPA, FLORIDA.\*

BY FRANK L. CONIGLIO.<sup>1</sup>

In the latter part of the last century, there was a tremendous influx of emigrants to this section, mostly Italians, Spaniards and Cubans. Coming from the familiar institutions of their former homes, to this land whose customs and language were foreign to them, they found themselves among a strange people. The first great necessity felt by these newly arrived people was that of associating together for mutual protection, which gave rise to the present-day Mutual Aid Societies. At the beginning the membership of each organization was small, but in a few years it increased greatly.

The original purpose of these organizations was to secure medical aid and financial support for the individual in time of sickness. Later, however, others were added making these societies recreational and cultural as well. But, we are concerned primarily with the sick benefit division, which brings in for discussion the doctor, the pharmacist and other members of the medical professions.

#### BENEFITS.

The following is a generalized idea of the benefits obtained in accordance with specified weekly or monthly dues, usually beginning with the sum of twenty-five cents. (1) Each member gets medical treatment both at home or at the hospitals, including operations and medicine. (2) A specified weekly income during the period of sickness and convalescence, usually two dollars a day. (3) For a small weekly payment of from five to ten cents a week, death insurance is acquired, paying the family the sum of two hundred and fifty dollars in cash. However, this death benefit provision is optional and need not be purchased with the health insurance.

*For a Rate of Sixty-Five Cents a Week.*—(1) Two dollars a day in case of sickness (after being a member for eight weeks).

(2) Medical assistance after the payment of the first receipt.

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<sup>1</sup> Pharmacist, West Tampa, Fla.

(3) Eye, ear and nose specialist, medicine, electrotherapy and Laboratory examinations after the payment of five weekly membership fees.

(4) Tooth extraction, X-rays, surgical operations, except tonsils; and hospitalization after being a member for six months. Tonsils may be removed after one has been a member for one year. Operations must be performed by the club doctors and specialists. X-rays and passes for specialists must be ordered by the club's physicians.

*For a Rate of Forty-Five Cents a Week.*—The benefits are the same as in the sixty-five cents quota, with the exception that in case of sickness the member unable to work would be paid one dollar a day, instead of two dollars.

*For a Rate of Thirty-Five Cents a Week.*—The same as the sixty-five cents rate, but, paying only fifty cents when he is sick and unable to work.

*For a Rate of Fifty Cents a Week.*—One dollar and seventy-five cents a day in case of sickness, and if the member is unable to work, the same benefits as above with the exception of medicine, electrotherapy, laboratory and X-rays.

*Family Rates.*—Members who pay the family rate of thirty cents or twenty cents weekly receive the same benefits as the sixty-five cent rate with the exception of money paid in case of sickness.

*The One Dollar a Month Rate.*—Members who pay this rate are entitled to the assistance of the club's doctor, specialist, dentist and surgical operations with necessary hospitalization.

All members are entitled to a plot of land in the club's cemetery in case of death.

#### THE DOCTOR.

The members of the Board of Directors elect the medical staff. The doctor receives a specified stipend ranging from sixty to one hundred and fifty dollars a month. He is under strict obligations to the society employing him, and to the entire membership as far as his professional services are concerned. He is required to make all home calls and office consultations, usually three times a week, together with his operations and hospital patients. Once a week he is required to meet the Sick Benefit Committee to report on cases occurring the preceding week. At this meeting he is also questioned as to the conduct and condition of the members who are receiving benefits. The committee checks on the doctor if he is not giving the members sufficient services, or if he allows them to obtain financial aid when they are able to work. The objective here is to get the doctor to practice as economically as possible without neglecting the members. Nothing is denied the members that is within reason and according to rules and regulations. The doctor is not paid extra for operations and obstetrical cases.

#### HOSPITALS AND CLINICS.

Most of these societies own and operate their own hospitals and clinics. This gives the sick more facilities and accommodations in case of severe illness or operations. Members are given hospitalization only when it is absolutely necessary. However, some of these clinics do not employ a staff of registered nurses. They simply employ girls who know nothing of the skill and technique required of registered and trained nurses. To them this work is just another job. Others employ two or three registered nurses and the rest of the staff consists of these indifferent individuals. "It's all right, I don't care; it will do for society work." Such is the attitude of some of the employees of these clubs, which gives an example of the deplorable spirit and attitude brought about by the above-discussed conditions.

## APOTHECARY SHOPS.

Almost all of these Mutual Aid societies operate their own prescription dispensary. The pharmacist receives a salary of from sixty to ninety dollars monthly. These dispensaries issue only what the doctors prescribe and do not cater to the public. Those societies that have no prescription dispensary simply contract with some drug firm to fill all prescriptions written by the staff doctors.

Usually a store serves more than one society and does so at a price stipulated by the organizations. The price per prescription is thirty-five cents, except in cases where the ingredients or the item prescribed is very expensive. In the latter cases the pharmacist charges accordingly. Whenever patent medicines are prescribed they are charged at full retail price. A ten per cent discount is demanded of the stores, by the societies.

Private prescription work is fast becoming a side-line with a majority of the stores. Existing conditions force stores to operate on a very small margin of profit.

Most families and individuals seeking membership in these Mutual Aid Societies do so to get all that the particular society has to offer them when they are in need. These people neither care nor try to do much for themselves. Some take an active part in their respective societies to do all within their power to better conditions of the less fortunate.

Some people change from one society to another because they are not satisfied with what they get or because their right to membership has been withdrawn for some flagrant violation of the rules and regulations. They are forever criticizing without attempting anything remedial. There are those who go from one doctor to another to get their medicine chests well-packed with different prescriptions and usually end up by taking some self-recommended prescription which an impatient physician prescribed as a price of a little peace. The result is that many prescriptions are written for five cents worth of salts, adhesive tape and many other household necessities, and patents for daily uses for which the doctor, who has the spirit of his profession at heart, should not write a prescription.

These societies were formed for the sole purpose of aiding the needy in case of sickness and necessity. This, of course, is a noble thing to do at all times, but very briefly let us see what happens and how it affects everybody concerned.

To start with, anybody desiring membership must be in good health. If he is sick, membership will absolutely be denied because, if admitted, he would only be a detriment to the society. If he happens to be some unfortunate of no means, he will have to resort to charity. If he becomes a member and through some unlucky break happens to fall back in his dues, and is unable to meet obligations even after all the days of grace allowed, he is dropped and has to resort to other means. If while a member, he unfortunately becomes chronically sick he loses the financial allowances, but retains his rights to medical benefits. If these institutions are to be operated only for the healthy, is the membership really benefited in the true sense of the word?

Now, next is our good and noble friend, the doctor. He spends many years of his life acquiring his profession. What does he get after he receives his "sheep skin?" Perhaps a contract at a small salary—plenty of work and little apprecia-

tion from his patients. Above all he is governed by a committee of men who know nothing about Medical Economics, Medicine, and Pharmacy. All that this committee is interested in is the economical side of the society, thereby disregarding many essentials that would benefit the sick and assist the physician and the pharmacist.

If these people would have to go to the doctor and pay him for the consultation, the patients would be much better taken care of. They would appreciate the doctor more and would have more respect for him. The doctors would also be better off, both financially and professionally. No doctor, however good he may be, can under proper circumstances take care of thirty to sixty patients in an hour or two; even if three-fourths of the people are not really sick. The proof is that many times when something serious happens to them they seek outside medical aid.

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### PHARMACY'S POSITION UNDER REGULATED COMMUNITY MEDICINE.\*

BY DR. GEORG URDANG.<sup>1</sup>

In the April issue of the JOURNAL (Vol. 26, No. 4) a discourse about "Pharmacy's Position Under Regulated Community Medicine" was published which had been delivered by Mr. P. J. Callaghan at the A. PH. A. meeting held in Dallas in 1936 (Section on Education and Legislation).

The author says at the end of his explanation:

"This subject is of tremendous importance to the pharmacist of the United States."

Everybody who is acquainted with the conditions of European Health Insurance Plans, especially with the pharmaceutical problems involved, will confirm this statement. The European experiences demonstrate with the highest clearness that socialized medicine, its form and development, are questions of highest importance for the state of Pharmacy and for the pharmaceutical profession as a whole.

It seems necessary to be informed as well as possible of all experiences made on this subject in other countries as these experiences of other peoples are the possibilities of your future.

First of all, I would express the opinion that Mr. Callaghan's discussion of European Health Insurance Plans is excellent and well worth our study and consideration. Nevertheless it is my humble judgment that some of his conclusions are based upon a picture of the European situation that is not absolutely in harmony with existing facts as they appear to me.

The situation is as follows:

The first modern Social Security Legislation was created in Germany. The intention of this legislation, introduced by the imperial message of November 17, 1881, was to counteract the increasing power of socialism by a well-planned official social welfare program.

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<sup>1</sup> Former Editor of the *Pharmazeutischen Zeitung*, Berlin, Germany.