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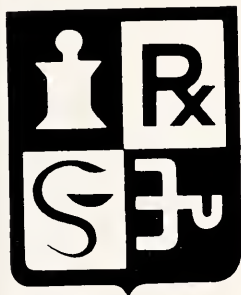
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The North Carolina Academy of Pharmacy celebrated its 20th anniversary at a dinner in the Morehead House, Chapel Hill, on November 15. More than 100 members, their wives and guests attended the dinner.

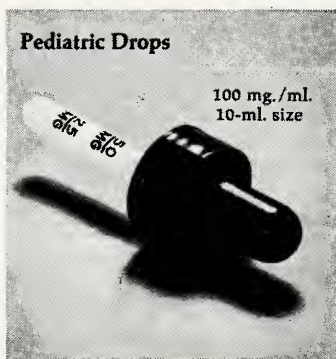
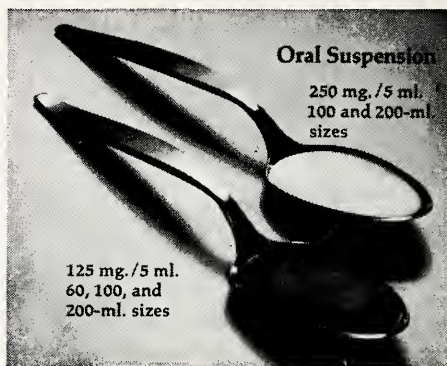
Two members of the North Carolina General Assembly, Representative B. Paul Woodard of Princeton and Senator John T. Henley of Hope Mills were inducted into the Academy of Pharmacy in recognition of their meritorious public service records.

Shown above, left to right, are Representative Woodard, L. Milton Whaley, President of the N. C. Pharmaceutical Association; Senator Henley and Cleland F. Baker, Vice President, Corporate Planning, Burroughs Wellcome Company. Photo by Colorcraft.

For additional details, see page 7.

7

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Additional information available to the profession on request.
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February 15, 1976

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Greensboro, N. C.

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The Carolina JOURNAL OF PHARMACY

January, 1976

Vol. LVI

No. 1

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CORNWELL DRUG PROMOTES FIVE EMPLOYEES

The promotion of five employees of Cornwell Drug and Cornwell Pharmacy, Morganton, has been announced by G. T. Cornwell, chairman of the board and treasurer of Cornwell Drug Stores, Inc.

Clayton Braswell has been named merchandise manager of Cornwell Gifts, Cornwell Drug Store and Cornwell Pharmacy. He is also vice president and a director of Cornwell Drug Stores, Inc.

Richard B. Williams, pharmacist, was chosen manager of Cornwell Pharmacy which opened in October in the Professional Office Building at Grace Hospital.

Serving as assistant manager of Cornwell Pharmacy and assistant manager at Cornwell Drug Store is William Bruce Cannon, pharmacist.

John D. Wilson, pharmacist, is the manager of Cornwell Drug Store, while Edgar Wakefield is manager of accounts receivable and assistant manager of Cornwell Drug Store.

In announcing the promotions, Mr. Cornwell said "The major part of our business is and has always been in our prescription departments and we want to thank the people of Burke County for their confidence in our professional integrity. We will continue to do our best to merit their confidence."

PHARMACISTS IN ELECTED PUBLIC SERVICE

Of ten candidates for membership on the Rural Hall Town Council, Pharmacist Roger Sloop led the field with the most votes.

Sloop, who is associated with Darle Shouse in the management of Warren's Drug Store, has served on the sanitary district commission and as a member of the City-County Planning Board.

Kernersville Board of Aldermen. Pharmacist John Pinnix III was reelected to the Board of which he has been a member since 1970. He is Kernersville's mayor pro tem.

Edenton Town Council. W. Herbert Hollowell, a member of the town council for the past seven years, has been reelected for another term. A graduate of the UNC School of

Pharmacy, Pharmacist Hollowell is president of Hollowell's Inc.

Newport Board of Commissioners. Pharmacist Seymour P. Rubin (Newport Pharmacy) is serving a second term on the board, the voters having elected him in November.

PHARMACISTS MAYORS OF NORTH CAROLINA TOWNS

- William P. Powell, Mars Hill
- Rex Paramore, Nashville
- Tommy Smart, Hamlet

If you are serving in a similar capacity or other elected public office not previously listed in The Journal, please notify the NCPHA.

FIRE DAMAGES KIBLER DRUG

A short in an electrical service cable resulted in extensive fire damage to Kibler Drug Company, Morganton.

Damages to the pharmacy building were estimated at between \$29,000 and \$31,000.

Since the pharmacy's prescription files were not destroyed, the prescription department reopened a few days after the fire with a new stock of drugs.

Donald Lambeth is pharmacist manager of Kiblers. He is Morganton's mayor pro tem.

\$6 MILLION SUIT

A Greensboro couple has filed a \$6 million lawsuit against Parke, Davis & Company and Sherwin-Williams, charging that a plastic spray bandage (Aeroplast) caused fatal liver cancer in their infant daughter.

Also named as a defendant was the North Shore Hospital in Miami, Fla., where the child was reportedly treated with the product in 1973.

NOTE FOR PIPE SMOKERS

If you have a favorite pipe, James S. (Jim) O'Daniel, Jr. will mail to you, on request, a free pouch of Kriswell Pipe Tobacco which he imports from Denmark for smokers who appreciate an exceptional product.

Send request, on your letterhead, to: Mr. James S. O'Daniel, Jr., Danson Inc., 400 West Wilson Creek Drive, New Bern, N. C. 28560.

WORK JOINS NORTH CAROLINA BOARD OF PHARMACY; WILL SUCCEED H. C. McALLISTER AS SECRETARY-TREASURER ON MARCH 1

Effective January 1, 1976, Dr. David R. Work will join the N. C. Board of Pharmacy. He will succeed H. C. McAllister as Board secretary-treasurer on March 1.

A graduate of the College of Pharmacy at the University of Iowa and the University of Denver College of Law, Dr. Work was associated with the UNC School of Pharmacy as assistant dean for fiscal affairs from 1970 until June 1, 1973 at which time he accepted a position with NARD as Director of Association Affairs.

While in North Carolina, Dr. Work served as a legislative consultant to the North Carolina Pharmaceutical Association. He is one of a very few pharmacist-lawyers in the United States.

Mr. McAllister, who served as an inspector for the Board from 1937 to 1945 and secretary-treasurer since that time, will remain with the Board in a consultant capacity on a retired status.

WERLEY ACTING DEAN

Chancellor Ferebee Taylor has announced LeRoy D. Werley Jr. has been named acting dean of the School of Pharmacy, University of North Carolina.

The appointment came following the death of Dean Seymour Blaug on November 19. Werley has served as assistant dean of the school since 1974.

A search committee has been named and is under the chairmanship of Dr. Harvey L. Smith, professor of medical sociology and director of the Social Research Section, UNC Division of Health Services.

William H. (Bill) Wilson, a past president of the NCPHA, has been named to the search committee.

MEMORIAL SERVICE

Pharmacists and friends joined the UNC School of Pharmacy faculty and students in paying tribute to the late Dean Seymour M. Blaug in Chapel Hill on December 3. The memorial service was held in Memorial Hall on the University campus.

Participating in the memorial service were LeRoy D. Werley, Jr., Dr. Cecil G. Sheps, W. J. Smith, Jesse M. Pike, Sr. and Earl William Lingle.

"Dean Blaug was a sought after speaker because of his unique professional expertise and versatility. He cheerfully obliged with frequent presentations of papers at national meetings. He traveled throughout North Carolina meeting with hundreds of pharmacists to present topics of interest to them. In the short time Dean Blaug was with us, he gained the respect and admiration of all who came to know him."

BLAUG SCHOLARSHIP FUND

Pharmacy student memorial scholarship funds have been established within the operational framework of both the N. C. Pharmaceutical Research Foundation and the Consolidated Pharmacy Fund of the NCPHA in memory of the late UNC Pharmacy Dean Seymour Blaug.

Contributions may be mailed to either:

Dr. George P. Hager
N. C. Pharmaceutical Research Foundation
c/o UNC School of Pharmacy
Chapel Hill, N. C. 27514

or

W. J. Smith
NCPHA Consolidated Pharmacy Fund
P. O. Box 151
Chapel Hill, N. C. 27514

Your contribution will be acknowledged direct to you and to Mrs. Blaug.

To Our NCPHA Friends:

We know you will understand that we cannot possibly acknowledge personally the many messages of sympathy and love we have received since Seymour's death.

We are grateful to you for these kind words, and for those of encouragement and praise received by Seymour from you, during his tenure as dean of the School of Pharmacy.

He, in turn, was overwhelmed by your interest in the affairs of the School, your willingness to participate in pharmacy activities, and the positive way in which you took him and his family to your hearts.

**Sincerely,
Babette Blaug
Carla, Sue, Amy, and Elisabeth**



ACADEMY Ms—Left to right: Ida Keetsock, Durham; Evelyn Williford, Raleigh; Twins Jean Provo and June West, Raleigh; Evelyn Lloyd, Hillsborough; Elsie Booker and Sybil Skakle, Chapel Hill.—Photo by Colorcraft.



PROGRAM PARTICIPANTS—Left to right, L. Milton Whaley, President of the NCPHA; W. J. Smith, Executive Director of the NCPHA; Dr. Cecil G. Sheps, Vice-Chancellor of Health Sciences, UNC; Dr. Seymour Blaug, Dean, UNC School of Pharmacy; and B. Cade Brooks (Presiding Officer), Chairman, Board of Consultants, NCPHA.

N. C. ACADEMY OF PHARMACY CELEBRATES 20th ANNIVERSARY

At a dinner program in Chapel Hill on November 15 in celebration of the 20th anniversary of the North Carolina Academy of Pharmacy, N. C. Senator John T. Henley of Hope Mills and Representative Barney Paul Woodard of Princeton, were inducted into the Academy in recognition of their public service to the people of North Carolina. Also inducted were Stephen G. Honaker, Sr., Winston-Salem; Gerald Franklin May, Washington; Jack G. Watts, Burlington; Lloyd Milton Whaley, Wallace; William Thurston Williams, Wilson; and William H. Wilson, Raleigh.

Dr. Cecil G. Sheps, Vice-Chancellor, Health Sciences, UNC, brought official greetings to the more than 100 Academy members who were assembled in the Banquet Hall of the Morehead Building on the UNC campus, on Saturday evening.

Presiding officer was B. Cade Brooks, Fayetteville; the invocation was brought by L. Milton Whaley, president of the N. C. Pharmaceutical Association, and W. J. Smith,

NCPHA executive director paid special tribute to the Academy, citing the many contributions of the membership to community, religious, and professional voluntary services.

NCPHA Board of Consultant—Academy members who assisted with the ceremonies included Robert B. Hall, Mocksville; and W. Dorsey Welch, Washington.

Speaker for the evening was Dr. Seymour Blaug, Dean of the UNC School of Pharmacy, Chapel Hill, whose remarks entitled "The State of Pharmacy" included the following:

"Among the changes in pharmacy practice mentioned by Dean Blaug was the increase in the number of prescriptions filled annually in the average community pharmacy. There was a 2.5 fold increase from 11,000 to 27,000 prescriptions. Despite the sharp increase in the cost of living since 1967, prescription prices were remarkably stable. If the prices for prescriptions of identical size were measured each

(Continued on Page 9)



Inducted into the North Carolina Academy of Pharmacy, left to right, L. Milton Whaley, Wallace; William H. Wilson, Raleigh; Gerald F. May, Washington; Barney Paul Woodard, Princeton; William T. Williams, Wilson; Stephen G. Honaker, Sr., Winston-Salem; John T. Henley, Hope Mills; and Jack G. Watts, Burlington. Photo by Colorcraft.

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*Based on suggested list prices.



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Research Triangle Park
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N.C. ACADEMY OF PHARMACY

(from page 7)

year, the 1974 average prescription charge would be up 12 cents or 3.4 percent since 1967.

"As the sales and prescription volume of pharmacies continue to increase, and the demand for professional services increases, it is almost a foregone conclusion that computer terminals will be installed in pharmacies. These will be employed to process third party drug claims, to store and retrieve patient medication profiles, to retrieve information on specific drug interactions and to assist the pharmacist in financial management and inventory control.

"This year the federal government involvement in pharmacy practice reached an all-time high. Next year government's influence on the profession will be even stronger. For better or worse, pharmacy is now one of the most thoroughly regulated professions in the world.

"In addition to federal regulations there are also state laws, pharmacy board rules and regulations, and local ordinances governing pharmacy. Clearly, many of these government controls are desirable, but it is just as clear that the average community pharmacist is inundated with paperwork and bureaucratic requirements that detract from his professional tasks and lead to increased drug delivery charges."



JACKSON RETIRES

A director of North Carolina Mutual Wholesale Drug Company since it was founded in 1952, Pharmacist J. C. Jackson of Lumberton has retired from Mutual's board.

His successor is Eugene W. Hackney of North Elm Pharmacy, Lumberton.



The presiding officer, B. Cade Brooks, is shown above (center) with two pharmacists who had a part in inducting new members into the Academy: (left) W. Dorsey Welch, Jr. of Washington and Robert B. Hall, Mocksville. Photo by Colorcraft.

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TENTH ANNUAL PHARMACY SEMINAR ON SOCIO-ECONOMIC ASPECTS OF PHARMACY PRACTICE

FEBRUARY 18, 1976

Institute of Pharmacy
109 Church Street
Chapel Hill, North Carolina 27514

Sponsored by
School of Pharmacy, University of North Carolina at Chapel Hill
and
North Carolina Pharmaceutical Association

REGISTRATION AND COFFEE

Morning Session

Claude U. Paoloni, R.Ph., Moderator

- 9:30 GREETINGS
LeRoy D. Werley, Acting Dean, UNC School of Pharmacy, L. Milton Whaley, R.Ph.,
President, N.C.Ph.A.
- 9:45 "PHARMACY'S GROWTH, CHANGES, AND PROJECTION FOR TOMORROW"
Raymond A. Gosselin, President, Massachusetts College of Pharmacy, Boston, Mas-
sachusetts
- 10:30 "FDA'S OTC REVIEW"
Cynthia Leggett, Consumer Affairs Officer, Department HEW, Atlanta, Field Office
—Region IV, Atlanta, Georgia
- 11:15 "PHARMACISTS' ROLE IN CONTRACEPTIVE EDUCATION FOR TEENS"
A. W. Custer, Director, OTC Products, ORTHO Pharmaceutical Corp., Raritan, New
Jersey
- 12:00 LUNCH—Zoom-Zoom (included in registration)

Afternoon Session

L. Milton Whaley, R.Ph., Moderator

- 1:15 "THIRD PARTY PAID PROGRAM—UPDATE AND PROJECTION"
H. Shelton Brown, Jr., R.Ph., Project Director and Director of Professional Services, Paid
Prescriptions, Raleigh
- 2:00 "Rx FEES IN GOVERNMENTAL PROGRAMS—VARIABLE OR FIXED?"
Jean P. Gagnon, Ph.D., Associate Professor, UNC School of Pharmacy
- 3:00 BREAK
- 3:15 PANEL: "THIS WORKS FOR ME—Rx PRICING SYSTEMS"
Ken W. Burleson, R.Ph., Director of Drug Information, Catawba
Memorial Hospital, Hickory
J. Gary Newton, R.Ph., President, American College of Apothecaries;
Prescription Center, Fayetteville
Joe C. Miller, R.Ph., Boone Drug Company, Boone
Samuel E. Lowman, Jr., R.Ph., Eckerd Drug, Inc., Charlotte
Audience Participation—Questions and Answers
- 4:30 ADJOURNMENT

**In early January, program and registration details will be mailed to all pharmacists by the
UNC School of Pharmacy**

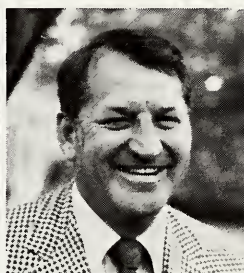
The straighter they talk, the better things get.



Maurice Bectel, R.Ph.
Community Pharmacist
Muskegon, Michigan



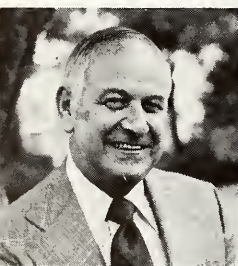
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Community Pharmacist
Scottsdale, Arizona



Ken Pfeiffer, R.Ph.
Community Pharmacist
Pensacola, Florida



Al Rosica, R.Ph.
Community Pharmacist
Cherry Hill, New Jersey



Joe H. Beckerman, Pharm.D.
Director of Pharmacy Services
UCLA Hospital, Los Angeles, California



Bill H. Hotaling III, R.Ph., Director
of Pharm. Services, Children's Hosp.
National Medical Center, Wash., D.C.



Dominic J. Cavallo, Pharm.D., V.P.
Director of Prof. Affairs, Longs Drug
Stores, Inc., Walnut Creek, California



Otis Moreland, R.Ph.
Director of Pharmacy Affairs
Skillern Drug, Dallas, Texas



Tom C. Sharp, Jr., R.Ph.
Exec. Sec., Tennessee Pharm. Assoc.
Nashville, Tennessee



Lawrence C. Weaver, Ph.D., Dean
College of Pharm., Univ. of Minnesota
Minneapolis, Minnesota

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120 DAY MEDICAID CONTRACT REPORT SUMMARY

The integrity of the private Medicaid contract between the State of North Carolina and Health Application Systems, Inc., has been proven clearly by an evaluation of performance during the first 120 days of the contract period (July 1st to October 31st, 1975). Simply put—since the contract began, more people are being served with a higher degree of quality health care at no increased cost to the taxpayers.

SPECIFICS:

1. HEALTH APPLICATION SYSTEM, INC.

HAS is processing and paying 80% of all claims during the *first* passthrough of the computer system. Thus far, this represents 1 million claims at a total cost of 78.7 million dollars.

22,000 additional people received medicaid services across the state without any input of additional public funds.

All claims are now correctly processed and paid within 30 days—exceeding the contract requirements. Average payment time is 10 days.

The sophisticated MMIS system is now in place and operative—replacing the old state processing system—a significant technical achievement. North Carolina has one of the first MMIS systems in the U.S. to become fully operational and it is the first to be completed and operative in as few as 120 days.

In the first 120 days the contract has already identified approximately 4 million dollars—which cannot be considered dollar savings, but which does represent avoidance of additional cost had the program continued under state administration.

Inflationary pressures will affect such cost avoidances and/or savings and it is difficult to predict rates during the remainder of the year.

2. MEDICAL PEER REVIEW FOUNDATION:

The Medical Peer Review Foundation—involving approximately 1,000 doctors across the state—monitors and checks the quality and appropriateness of Medicaid care. This review is done by regional teams that practice in the areas where the medicaid services are performed.

The Foundation—working in cooperation with hospitals, medical professionals across the state and with professional medical organizations—developed parameters for claims processing which generally audits the claim before it enters the system.

The Foundation also—working with the Department of Human Resources and with hospitals and Medical groups has established a Long Term Care Bed Register which pro-

3. DEPARTMENT OF HUMAN RESOURCES

The DHR has completely revised the state plan for Medicaid.

Effective December 1st a telephone network to identify recipients and verify eligibility will be operative. Also on December 1st the Department of Human Resources will assume the responsibility for issuance of all Medicaid eligibility labels. Subsequently—a move from paper labels to possibly plastic I.D. cards for eligibility will be considered. All these steps—are aimed at streamlining eligibility process.

DHR is also establishing a procedure to monitor the MMIS system to aid the state in keeping abreast of information *it* needs for surveillance and utilization reviews, in keeping with the state's responsibility for program policy control and the eligibility determination for the Medicaid program.

SUMMARY:

North Carolina has come a long way in the first 120 days of the private Medicaid contract.

It is a highly innovative and successful contractual arrangement to efficiently deliver health care to the indigent people of our state. Many states have expressed interest in our program. We are now sharing information with Florida, Alaska, Georgia, Wisconsin, Kentucky, Illinois and the National Governor's Conference Health Task Force.

This agreement is parts and pieces of 26 contracts and sub-contracts which are now fitting together like pieces of a jig-saw puzzle to complete the whole picture. It is fair comment to say that North Carolina is the only state in the southeast—and probably the nation—with a truly viable Medicaid program—one that is addressing both need and cost. North Carolina Medicaid contract is indeed a pioneer effort in health care that is providing to be highly sound and workable.

STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; H. C. McAllister, Secy.-Treas., Box 471, Chapel Hill, N. C.

NEW PHARMACIES

North Village Pharmacy, Inc., North Main Street, Yanceyville. H. Vernon Massengill, Jr., pharmacist manager.

TRANSFER OF OWNERSHIP

R. L. Hood Pharmacy, 129 South Queen Street, Kinston. India B. Hood, pharmacist manager. Formerly Lenoir Drug Company.

Faulkner's Drugs, 215 East Jefferson Street, Monroe. William Jo Dan Clinard, pharmacist manager.

RECIPROCITY

James Scott Alexander, Brevard. From Georgia

Darrel William Cruthis, Charlotte. From Illinois

L. Joseph Finnan, Forest City. From Indiana
Larry Franklin Horton, Shelby. From South Carolina

Ruth Whitlow Mitcham, Lexington. From Georgia

Charles Damon Reed, Raleigh

Garland W. Sewell, Jr., Jacksonville. From South Carolina

Gregory Lewis Verhulst, Burlington. From Kentucky

Marie Haggerty Wakefield, Jacksonville. From New York

FOUND GUILTY OF SELLING FIREARMS

Walnut Cove Pharmacist Steven Vance Harrison was found guilty by a Middle District Court in Winston-Salem of selling firearms without license and sentenced to 24 months imprisonment.

Harrison pleaded not guilty to the charges. He contended that he collected guns and sold several because he needed the money.

The verdict has been appealed by Harrison's attorney.

SUIT DROPPED

A \$75,000 civil suit against a Lexington pharmacist and others has been dropped by a plaintiff who brought the suit following investigation of a suspected forged prescription.

GUILTY PLEA

Eugene M. Ussery, a Raleigh pharmacist, pleaded guilty in Wake Superior Court to four charges of dispensing prescription drugs without proper authorization.

He was given a suspended jail term and fined \$1000.00

The wife of a husband who had received some tranquilizers without a prescription acted as an undercover agent.


RX PRICE POSTING

In the following twelve states pharmacists are required to post the prices of prescription drugs—generally the 100 most prescribed drugs as determined by the state board of pharmacy:

California, Connecticut, Maine, Maryland, Minnesota, New Hampshire, New York, Nevada, South Dakota, Texas, Vermont and West Virginia.

Several states (Washington and Arkansas as examples) permit but do not require Rx price posting.

No default insurance

Tofranil-PM[®] imipramine pamoate	Geigy
In depression	
Daily Dosage Chart	
	
1 h.s.	

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM may markedly reduce the probability of missed doses.

For single-dose therapy in depression when the dosage is established.

Please review the prescribing information summarized on the following page.

*Ayd, F.J., Jr. (Ed.): *Int. Drug Ther. Newslett.* 7(9/10): 35-50 (Nov./Dec.) 1972.

Tofranil-PM[®] imipramine pamoate
Tofranil[®] imipramine hydrochloride USP

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil, brand of imipramine hydrochloride, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.

Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Use in Children: Pending evaluation of results from clinical trials in children, Tofranil, brand of imipramine hydrochloride, is not recommended for treatment of depression in patients under twelve years of age.

Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit weight (75 mg., 100 mg., 125 mg. and 0 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Concomitant use of imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as operating an automobile

or machinery, the patient should be cautioned accordingly.

Precautions: It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the illness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil, brand of imipramine hydrochloride, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil, brand of imipramine hydrochloride, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine hydrochloride should be discontinued for as long as the clinical situation will allow. An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonian agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported.

Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures. alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred

vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, urticaria, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido; impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: Lower dosages are recommended for elderly patients and adolescents. Lower dosages are also recommended for outpatients as compared to hospitalized patients who will be under close supervision. Dosage should be initiated with Tofranil, brand of imipramine hydrochloride, at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a longer period of time, at the lowest dose that will maintain remission.

Once-a-day maintenance dosage can be provided with Tofranil-PM, brand of imipramine pamoate, capsules if this dosage has been established as explained above. This dose may be given at bedtime. For the occasional patient who manifests stimulation and insomnia with this dosage regimen, the capsules may be given in the morning.

Parenteral administration should be used only for starting therapy in patients unable or unwilling to use oral medication. The oral form should supplant the injectable as soon as possible.

How Supplied: Tofranil, brand of imipramine hydrochloride: Round tablets of 25 and 50 mg.; triangular tablets of 10 mg.; and ampuls, each containing 25 mg. in 2 cc. for I.M. administration.

Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.)

For complete details, including dosage and administration, please refer to the full prescribing information.

GEIGY Pharmaceuticals
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TAR HEEL DIGEST

RALEIGH

Jim Thompson is manager of the Medicine Shoppe which opened in late 1975 at 620 Glenwood Ave. Thompson is a graduate of the UNC School of Pharmacy and until recently was associated with the Kerr drug stores.

YADKINVILLE

Dr. Charles B. Tromba, Optometrist, has opened an office in Yadkinville for the practice of family care vision. He is a graduate of the UNC School of Pharmacy and the Southern College of Optometry.

GARLAND

A newspaper advertisement placed by Pharmacist Harold Rich to attract a doctor to his 700 population town. The town has been without a doctor following the death of Dr. Amos Johnson this past April. In ten days about 170 people had appointments to see the new doctor.

GOLDSBORO

Walter T. Thigpen, Jr. has returned to his hometown of Pikeville and is now associated with Nichol's Pharmacy in Goldsboro. He is a graduate of the School of Pharmacy, Mercer University.

WAYNEVILLE

Village Pharmacy was opened in late November by Jim Winfree. He was associated with Medical Arts Pharmacy for four years.

MARSHVILLE

Members of the Future Health Careers Club of Forest Hills High School visited Family Pharmacy where Pharmacist Jimmy Baucom explained to the members how drugs are packaged for the patients at Guardian Care in addition to being briefed on the requirements for being a pharmacist.

OFFICERS ELECTED

Officers of the Rockingham County Society of Pharmacists are:

President: Gregory Lee Jenkins, Reidsville

Vice-President: Clayburn Hawkins, Madison

Secretary-Treasurer: Melvin Kendrick, Mayodan.

MINIMUM WAGE

Effective January 1, 1976, minimum wage goes to \$2.20 per hour for employees brought under the Fair Labor Standards Act in 1967 and later. If employment covered prior to February 1, 1967, the minimum is \$2.30 per hour.

The minimum wage does not apply to independents with annual gross sales under \$250,000.



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ACADEMY MEMBERS (Over 70 and under 35 years of age)—Left to right: J. C. Jackson, Lumberton; Albert F. Lockamy, Jr., Raleigh; D. R. Davis, Sr., Williamston; Hoy A. Moose, Mount Pleasant; John T. Stevenson, Elizabeth City; William T. Williams, Wilson; I. Thomas Reamer, Durham; George McLarty, Jr., High Point; Wade A. Gilliam, Washington. Photo by Colorcraft.



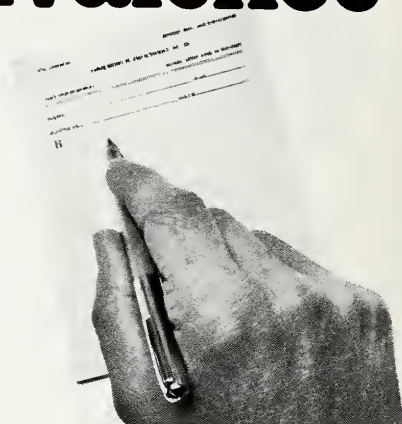
At the recent NARD Convention in Miami, Burroughs Wellcome Company had drawings for the winners in their second annual Pharmacy Education Program. Mrs. Gene Hackney of Lumberton holds the two \$500 prize-winning tickets and is shown with part of the North Carolina delegation in attendance at the convention.

The two prize-winners, A. M. Hicks of Pikeville and Hobart G. Whaley of Wilmington, have presented their \$500 checks to the UNC School of Pharmacy to establish permanent revolving loan funds in their names.

LEFT TO RIGHT: Mr. and Mrs. Paul Owenby, Jr., Brevard; Mr. and Mrs. Jerry Ellison, Winston-Salem; B. Cade Brooks, Fayetteville; Mr. & Mrs. Hoy A. Moose, Mount Pleasant; Mr. and Mrs. Eugene Hackney, Lumberton; Mr. and Mrs. Ernest Rabil, Winston-Salem; Mr. and Mrs. Marion Edmonds, Greensboro; Jesse M. Pike, Concord; Prentiss O'Neal, Belhaven; J. C. Bullock, Jr., Wilmington; and W. J. Smith, Chapel Hill.



Bioequivalence



the weight of scientific opinion:

Are drug products equally safe and effective simply because the chemical content is the same?

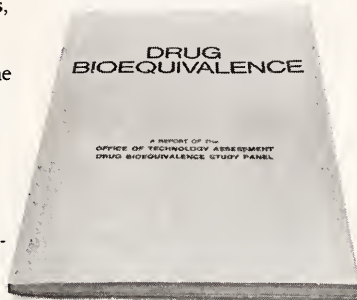
Definitely not, unless bioequivalence tests and other quality assurance checks have been conducted. The pharmaceutical industry and many scientists have maintained this position for years, but others have questioned it. Now the Office of Technology Assessment of the Congress of the United States has reported on the issue in its Drug Bioequivalence Study.*

Here are a few definitive statements in the O.T.A. report: "...the problem of bioinequivalency in chemically equivalent products is a real one. Since the studies in which lack of bioequivalence was demonstrated involved marketed products that met current compendial standards, these documented instances constitute unequivocal evidence that neither the present standards for testing the finished product nor the specifications for materials, manufacturing process, and controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.

"While these therapeutic failures resulting from problems

of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports



federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document: (a) chemical equivalence; and (b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or (c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that

would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of the prescriptions you dispense...

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C.
20005



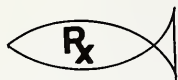
*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

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CONVENTION PROGRAM

**1976 ANNUAL CONVENTION OF THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION AND AFFILIATED AUXILIARIES
WILMINGTON HILTON HOTEL, WILMINGTON, NORTH CAROLINA
SUNDAY-MONDAY-TUESDAY, APRIL 11-12-13, 1976**

GENERAL CHAIRMEN

North Carolina Pharmaceutical Association:

Franklin E. Williams, Williams Pharmacy, Wilmington 28401
G. K. Harrington, Toms Drug Co., Wilmington 28401 (Entertainment)
Eugene W. Hackney, N. Elm Pharmacy, Lumberton 28358 (Bicentennial)
A. H. Mebane, III, Elm St. Pharmacy, Greensboro 27410 (Registrar)

Woman's Auxiliary, NCPHA:

Mrs. Franklin Williams, Rt. 3, Box 286-A, Wilmington 28401 (Co-Chairman)
Mrs. Julius Howard, Seashore Drugs, Wilmington 28401 (Co-Chairman)

Traveling Men's Auxiliary, NCPHA:

April 12 N. C. Wholesale Druggist Sponsored Entertainment
W. F. Elmore, Bellamy Drug Company, Wilmington 28401 (Chairman)
April 13 TMA Sponsored Entertainment
Roland G. Thomas, R. G. Thomas Company, Charlotte 28303 (Chairman)
April 12 Golf
L. G. Phillippis, Jr., Owens-Illinois Glass, Atlanta 30354 (Chairman)
April 12 Tennis
Leslie G. Collins, Jr., Professional Pharmacy, Wilmington 28401 (Chm.)

GENERAL INFORMATION

All convention events at The Wilmington Hilton (formerly Timme Plaza) unless otherwise specified. Convention immediately follows close of the Wilmington Azalea Festival.

Convention opens on April 11 (4 P.M.) with a "star-spangled" spectacular honoring recipients of various awards (50 Plus, etc.) and a Bicentennial Dinner that night with special decorations and favors.

NCPHA Business Sessions—April 12 features 2-hour presentation by the Lederle Consumer Panel on Pharmacy. Highlight of the April 13 program will be the SK&F sponsored "Pharmacy Security" program and an address by Joe D. Williams, President of Parke, Davis & Company.

Special Events—Golf, tennis, and a boat trip down the Cape Fear River to Bald Head Island on Monday afternoon; Hawaiian Luau that night; registrants who attend the Tuesday night entertainment in colonial costumes will compete for cash prizes (\$100, \$50 and \$25) contributed by the TMA.

Woman's Auxiliary business & entertainment events to be announced; Chinese auction and plant sale will continue through convention. (benefit Institute of Pharmacy kitchen fund)

CONVENTION ROOM RESERVATION FORMS WILL BE MAILED IN EARLY JANUARY



The greeting card manufacturers could frame this picture with some holiday trimmings and come up with a first rate Christmas card but when the photographer from the Gastonia Gazette made the picture, Pharmacist Truman Hudson was in no mood for hoing Christmas cheer . . . after break-in artists had made a new entrance to Akers Center Pharmacy and departed with cash and CS drugs.

Prediction: More than one hundred pharmacy break-ins, robberies and holdups in North Carolina during 1976. Property damage will exceed value of drugs taken.

TMA'S SELECT THOMAS & ELMORE FOR CONVENTION POSTS

Officers and Board of Governors of The Traveling Men's Auxiliary of the NCPHA met in Greensboro on Sunday, November 23, with Ray Black, president, presiding.

Roland G. Thomas of Charlotte was named entertainment chairman of the TMA sponsored convention event, scheduled Tuesday night, April 13, Wilmington Hilton, Wilmington.

Couples who attend the dance in colonial costumes will compete for TMA cash prize awards of \$100, \$50 and \$25. Details in an early January convention mailing.

Bill Elmore of Bellamy Drug Company, Wilmington, has been named chairman of the North Carolina Wholesale Druggist-sponsored convention entertainment, scheduled for Monday night, April 12.

Highlights of the April 12 entertainment will be a cocktail party from 6 to 7; Hawaiian Luau from 7 to 8:30 and dance (Dixieland Band) from 9 to 12.

See page 23 for additional information.

AFTER 57 YEARS, MOVES TO NEW LOCATION

Walker's Drug Store, which for 57 years was located on the corner of Tryon and Seventh Streets, Charlotte, has moved to the new Southern National Center on South College Street.

There are three other Walker stores in Charlotte, at 229 Hawthorne Lane near Presbyterian Hospital, at 1350 S. Kings Drive near Memorial Hospital and at 439- Colwick Road near the clinics and medical buildings on Randolph Road.

The four pharmacy operations are owned by Pharmacists Dan L. Lemelin and A. L. Artemes.

NCPHA COMMITTEE ON MENTAL HEALTH

The NCPHA Committee on Mental Health, meeting in Chapel Hill on November 23, will

request a joint meeting with the four North Carolina regional directors of the State's Division of Mental Health Services.

The committee will survey the various drug distribution programs currently operational in the state which provide medication for patients discharged from the state's mental hospitals.

A plan whereby medication dispensed by a pharmacist is replaced with state purchased drugs was endorsed by the committee. Several counties utilize this system, the latest adopting the system being Duplin County.

Present for the meeting: James L. Creech, Chairman; W. T. Boone, Hunter L. Kelly, Seth G. Miller and B. Paul Woodard.



WELL-DESERVED RECOGNITION—In appreciation for the cooperation and support of the NCPHA, plaques were presented to Horace Lewis, John Black, and Ray Black of the Colorcraft Corporation. Their patient and competent photographing of NCPHA events, including the annual convention, earned them these symbols of gratitude.

News

QUESTIONS BOARD "TESTING" OF EXAM APPLICANTS

North Carolina Board of Pharmacy
Orange Savings and Loan Bldg.
101 E. Rosemary Street
Chapel Hill, N. C. 27514

An Open Letter to the Board Members:

Gentlemen:

Recently, we accepted with deep regret the resignation of a graduate pharmacist from the University of North Carolina School of Pharmacy, because the pharmacist had failed to pass the State Board Examinations and the pharmacist felt that because the Board was so "made-up" of primarily community oriented pharmacists, then they would never be able to pass the Boards until they accepted employment in a community pharmacy . . . having to take a considerable reduction in order to, hopefully pass the Boards at the next opportunity.

Let me make this observation: this is the 31st anniversary of my professional career (the School of Pharmacy hierarchy, presently will not agree—they have in the past) but I have served as preceptor for a number of fine young pharmacy externs and interns, who have gone on to do a fine job in the profession, and I've been proud to have had the privilege of working with these wonderful people; but none of those students and interns have shown the competency that this most recent pharmacist showed while with us here at Annie Penn Memorial since last January. It therefore, became a real problem for me, in my own mind, how a pharmacist with the skills and the expertise and the forte and the personality could possibly fail a State Board examination following 5 years in the only, but best School of Pharmacy in the State of North Carolina! This resulted in Annie Penn Memorial losing one of the best potential pharmacists in the State, in our opinion.

We felt that justice would not be served if we did not do at least a degree of investigation into other States—our findings were astonishing! No Southeastern Regional State has had more than a 15% failure rate, can you believe that! When the Boards sat in August in excess of 175 applicants stood the Board's exams; 69 were deemed qualified; 69? 38.3% passed in North Carolina; this means that 61.7% FAILED. Gentlemen, we have a problem; a very serious problem and I fear one of our own making.

As of November 22nd Annie Penn Memorial will have two pharmacists positions open; to date we have exhausted our files and references of applicants—we do not believe in tacitly performing the functions of pharmacy services in our hospital; we take them seriously; we cannot continue legally performing our programmed functions after November 22nd; we cannot cut-back on our services—the patients are paying for these services.

In view of the enormity of the situation, I am forwarding a copy of this letter to the Governor, to each member of the Board and to the North Carolina Pharmaceutical Association, asking the N.C.Ph.A. to publish it in the next issue of the Journal. Finally, it is my considered thought and opinion that we are not "testing" Board applicants on competency; and therein lies our failure.

Joseph C. Estes, Jr.

Director of Pharmacy Services and Central Sterile Supply
Annie Penn Memorial Hospital, Inc., Reidsville, North Carolina

cc/ Hon. James Holshouser, Gov. of The State of North Carolina

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RESPONSE

Mr. Joseph C. Estes, Jr.
Annie Penn Memorial Hospital, Inc.
Reidsville, North Carolina 27320

Dear Joe:

I have received your open letter to the members of the Board relative to the examination results. The Board of Pharmacy is, of course, concerned with any failure on the examinations. I am afraid, however, that the figures on which you base your conclusions are totally inaccurate. Before his untimely death, Dean Blaug made a detailed analysis of the results of our last examination and a copy of his report is enclosed along with certain comments which he made about the examinations. As you will note, Dean Blaug found that 83% of the graduates of UNC who were eligible for license passed the examination as opposed to 62% failing the exams as you state. Further, your figures relative to the failure rate in the Southeast do not coincide with those which we have recently received from the Boards in eleven (11) southeastern states.

In constructing an examination for license, the Board attempts to develop an examination that tests practice competence as opposed to cognitive skills. When a student is graduated from a College of Pharmacy, his diploma is accepted as testimony of his educational attainments. What the Board wishes to learn is whether or not this individual can use that which he has learned in school in terms of practice and can surround this practice with the requisite safeguards to protect the public health and safety. Thus, the contents and techniques employed in a test for practice competence would be different from a test used in a course in school, for example. The fact that an individual has been graduated from a College of Pharmacy is no assurance in itself that he can adequately fulfill the requirements of practice. I think this statement is borne out by the fact that following the March examinations, approximately fifty (50) practicing pharmacists volunteered to take this same examination as the candidates for license. On the average, these pharmacists outscored the students in all areas except a rather highly technical math exam and in jurisprudence. On these two subjects the scores of the candidates and the pharmacists were about the same. This seems to indicate to us that the Board examinations are doing exactly what they are

designed to do and that is to test for practice competence.

In our survey of the southeastern states mentioned above, we learned that one state "curves" the examination results so that 96% of all candidates taking the examination pass. This is a matter of great concern to our Board in matters of reciprocity since the Board examinations given in that state are almost meaningless. The North Carolina Board attempts to measure the candidate's fitness to practice against the examination and not against the scores made by other candidates taking the examination.

In reviewing the results of the last examination, it should be noted that 35 of the candidates who failed the examination had failed previously one or more times (several candidates as many as six times). We have examined the scholastic record of all of these candidates and find that a surprisingly large number have a grade point average of 2.00 which is the minimum for graduation and would thus indicate that they are weak students to begin with. As Dean Blaug stated, there are some exceptions, but the Board's findings correspond with his.

The Board of Pharmacy believes that it has a responsibility to the public to certify only those candidates for license which in the Board's judgment are competent and safe to practice, irrespective of the pressures that might be brought to do otherwise.

The examination questions of the last two examinations given by the Board are presently being reviewed by the Committee on Examinations of the National Association of Boards of Pharmacy with the view of using our examination in lieu of the present Blue Ribbon examination prepared by the NABP and which is used by about three-fourths of the Boards of Pharmacy in the country.

So that you might get a better first-hand knowledge of the examinations and the candidates' performance on them, I would invite you to visit the office of the Board and review the examination questions as well as the extensive analyses that have been made of the results which have been interpreted objectively so as to avoid bias and emotionalism in certifying practice competence.

N. C. BOARD OF PHARMACY

H. C. McAllister
Secretary-Treasurer

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DEAN SEYMOUR BLAUG

On November 19, 1975, our school suffered an ultimate tragedy with the death of a great man, our Dean, Seymour M. Blaug, the impact of whose death will affect the lives of innumerable people.

In August of 1974, he entered the halls of the UNC School of Pharmacy. A stranger heralding from the University of Iowa, he took office as the new Dean of our school. An unfamiliar face at first, he quickly made a place for himself in the hearts and lives of each and every individual he came in contact with. And he soon became one of the most admired, loved, and respected individuals ever to come into this school.

Dean Blaug's involvement with our school was not in the form of a typical eight hour work day. His work was a twenty four hour commitment for him, with his involvement in student, faculty, and professional affairs. More than anyone probably realizes, Dean Blaug's life was totally devoted to working for the good of pharmacy. And as a result of this devotion, he was praised by students, faculty, and practitioners—here and all over the country.

His unfailing interest in student affairs led to his wholehearted support, guidance, and participation in student activities. He stood behind Student Branches in all of its many activities. He attended the meetings, helped in money raising efforts, offered opinions, and acted as both a liaison between the students and faculty and as an outlet for them to air complaints.

He assisted at all meetings concerned with Student affairs. He worked closely with the curriculum committee to upgrade the quality of our courses. He fought for the addition of the Pharm D program here at our school. He was very concerned about the State Board and was doing his best not only to modify the board to make it a representative test of what we should know as professionals, but also to alleviate the students fear of the exam itself.

He created the system of individual advisors for each student, so that each person would have a one-to-one relationship with a faculty member to help him with his selection of courses and with other problems he might have. At a moments notice he would prepare presentations for various courses, always

striving to add to and upgrade the quality of our education. He worked very closely with the members of the externship notebook committee. His ideas for the improvement of the notebook exemplified his attitude about our education in general. He felt that we all deserve to get something out of our education if we work for it, and that we should get a well rounded education as the basis for this, and he felt that a really good notebook was a definitive part of the educational process.

He was a unifying force for the faculty in the midst of divisions and differences among departments, he reinstated confidence and hope when morales were at their lowest, and he always offered satisfaction and encouragement when students just didn't know which way to turn. His attitudes and his ideas, coupled with his amazing modesty and humility, created a new sense of unity here where there had only been confusion and disagreement. But this was only a beginning.

Not only did he work for the students, but for the faculty as well. He felt that if he could do anything for them at all, no matter how small, that it was well worth his time, and they viewed him the same way the students did; he was fair . . . understanding . . . friendly . . . likeable . . . uncanny at making decisions . . . and most of all a very modest and humble man. In the words of our Assistant Dean, "The guy was a beautiful man."

Putting into words how we feel about a man who viewed fairness for all concerned as a primary goal, who did his level best to understand all sides of every dispute, whose door was always open no matter how busy he was, would be impossible for any of us to attempt. What can be said about a man with his unique qualities? Words cannot sum up the total man—this man who gave his whole life for pharmacy.

Dean Blaug could never be replaced. People who talked with him—who asked him for advice—will never forget how he would look you in the eye—bob his head and say yes—no matter what their problem was. His accomplishments will be the beginning of new things for our Pharmacy School.

But most of all, WE will always remember Dean Blaug—because HE CARED.

The Student Body
School of Pharmacy
University of North Carolina

DISASTERS

Major and Minor

PITTSBORO

McCrimmon Drug Company—Robbed in early December for the second time in 30 days by thieves who cut a hole in the roof. Drugs, cash and watches valued at more than \$500 were taken.

GASTONIA

Akers Center Pharmacy—After breaking a hole through a concrete block wall, thieves entered the pharmacy and removed a large quantity of drugs and some cash.

YANCEYVILLE

Yanceyville Drug Company—Police arrested a Charlotte man for an attempted break-in at the pharmacy. Thomas Peete Davis made a post-midnight stop at the pharmacy and was alerted by noise originating at a side-wall; police were called and arrested the man who had partially opened an entrance into the pharmacy.

NORTH WILKESBORO

Red Cross Pharmacy—A large quantity of drugs was taken in a break-in at the pharmacy. Two 15 gallon garbage cans were filled with drugs but one of the cans was left behind in what police surmized was due to hastily departure of the night visitors.

DUBLIN

Dublin Drug Company—On their first uninvited night visit by way of the pharmacy's roof, an unknown party or parties made off with merchandise valued at \$1000. In the meantime, the pharmacy owner, Gene Brown, had installed an alarm system (light beam) in the prescription department which proved its worth on November 5 in preventing a second robbery but not another hole in the roof.

DUNN

Hospital Pharmacy—Drugs and \$200 cash taken in a break-in. Entrance was by way of a side door which was smashed.

GASTONIA

Revco Drug Store, Grant City Center—After deactivating the store's alarm and then sledge-hammering their way thru a concrete wall, burglars made off with more than \$1,000 in merchandise, including the store's safe.

NEWTON GROVE

Newton Grove Drug Company—Thieves cut a hole in the roof of the drug company and escaped with \$4,000 worth of merchandise.

FAYETTEVILLE

Medicine Shoppe, 638 Person Street—Forty bottles of CS drugs were taken from the pharmacy following a break-in.

ASHEVILLE

Eckerd Drug Store, Tunnel Road Shopping Center—Someone shot a hole in a 5 x 8 foot plate glass window and 14 holes in the sign on the front of the building. The loss: \$400.00.

HIGH POINT

Elder Drug—Police arrested a man following holdup of the pharmacy. Recovered: \$168 and a pistol.

COOLEEMEE

Cooleemee Drug Company—Burglars cut a hole in the roof to gain entrance to the pharmacy, then removed CS drugs and \$300 in cash.

The thieves failed in an attempt to open the pharmacy's safe. Water which poured thru the hole in roof damaged some of the pharmacy's merchandise.

PITTSBORO

McCrimmon's Drug Store—Another roof job. Drugs valued at \$2,000 taken from the pharmacy in a mid-November robbery.

LINCOLNTON

Revco Drug Store—Two burglars cut their way through the roof of the pharmacy, bypassed two alarm systems, then took possession of a large quantity of drugs and a safe.

GLEN ALPINE

Clinic Drug Store—One of two men who was charged with armed robbery of the pharmacy on July 18, Johnny Levi Miller Jr. of McDowell County, received a 12 to 15 years sentence.

RAEFORD

Hoke Drug Company—James T. Corum of Fayetteville has been arrested and charged with the November 4 break-in at the pharmacy. More than \$700 in drugs and syringes were taken.

PITTSBORO

McCrimmon Drug Company—For the second time in three weeks, the pharmacy was robbed of five watches, Demerol, Morphine, Preludin and Quaalude. Entrance was the same as first break-in—by a hole in the roof.

GREENSBORO

Doggett's Pharmacy (Summerfield)—Two Greensboro men were arrested and charged with a roof-top break-in at the pharmacy. One of the men was captured on the rooftop; the other was found inside the pharmacy with a pillow case filled with drugs.

LEXINGTON

Revco Discount Drug Center—Loss of approximately \$5,000 in cash and drugs in mid-December. A gunman forced four employees to remain face down on the floor while a fifth employee gave the bandit drugs he requested by name from the Rx department. The man filled a large garbage bag with barbiturates and amphetamines.

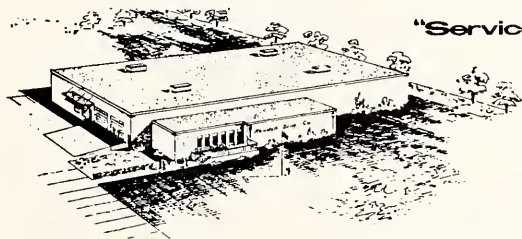
The gunman entered the store shortly before 9 p.m. and as employees began to turn off lights he pulled a pistol and ordered one employee to lock the front door. After taking the cash and drugs, he ordered the door unlocked and fled while employees were on the floor.

PILOT MOUNTAIN

Surry Drug Company—A large number of watches and jewelry taken in a break-in.

GREENVILLE

Big Value Drugs—More than \$600 in cash and a quantity of drugs were taken during an armed robbery of the drug firm.



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ACTION BY THE NCPH COMMITTEE ON NATIONAL LEGISLATION

Minutes by George P. Hager, Chairman

Present: Jesse M. Pike, Claude V. Timberlake, George P. Hager (Chairman), and W. J. Smith (Executive Director, NCPHA). Seymour Holt was unable to attend but he had met with Mr. Smith and Chrmn. Hager in advance (October 10) when agenda was planned and discussed briefly.

Maximum Allowable Cost Update—There is much opposition to the MAC regulations promulgated (over much opposition) by Caspar Weinberger when, until recently, Secretary of DHEW. Four suits have been filed against the MAC regulations: AMA, PMA, Association of County Medical Societies, and (October 31) by Kenwood Laboratories, Inc. (a "small" regional drug manufacturer). Mr. Timberlake pointed out, however, that the new Secretary of DHEW (Matthews) has the power to withdraw the MAC regs promulgated by his predecessor (Weinberger). An announcement of action that would resolve this controversy is expected in the immediate future. Any further deliberation by the Committee on this issue should be deferred until results of a meeting of PMA representatives with DHEW Secretary Matthews are known. In any case, implementation of the MAC regs would be delayed considerably by the four cases now pending. Gosselin and Campbell have projected an unfavorable impact of MAC on CHAMPUS.

Robinson-Patman Act (Rx Price Differentials—Product Selection)—A "Statement of the National Association of Retail Druggists" of the NARD position on the Robinson-Patman Act was made before the Ad Hoc Subcommittee on antitrust, the Robinson-Patman Act and Related Matters (House Committee on Small Business), on November 6, 1975 by William E. Woods, to wit, "NARD and its members vigorously support the American free enterprise system and strongly endorse the Robinson-Patman Act (and) oppose repeal of the Act."

A letter expressing the Committee's endorsement (hopefully also that of the officers of the Association) of the NARD position and statement will be sent by Mr. Smith to President Gerald Ford with copies to Mr. Roderick

M. Hills (White House Staff), the House Committee on Small Business and the N. C. Congressional Delegation.

The Committee took above action after discussing at length the seriously adverse effects of RP would have on all small businesses in this nation as epitomized in this country's community pharmacists.

Price differentials—vide infra.

VA Rx Program; Mail Order Rx's and Political Action—The Pharmacist as a Consumer Advocate—Progress in dealing with these issues and their many ramifications can best be realized by approaching *individually* the agencies that are involved and that are in a position to listen to, comprehend, and act in accordance with the concerns and positions of

(Continued on Page 34)

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NATIONAL PHARMACY LEGISLATION

the pharmacy profession with respect not to the profession's welfare alone but especially to the need and expectations of the health and medical care-consuming public with the welfare of which the welfare of the pharmacy profession is *intimately fused*.

Differential pricing is one of the most divisive issues in pharmacy (profession and industry). Experience to-date has indicated the efficacy of the profession's leaders (NARD) dealing with pharmaceutical manufacturing companies *individually*. The Committee concurred that the NARD's dialogue with individual pharmaceutical manufacturers should be endorsed by the Association and that the NARD should now be notified of this.

The Committee concurred in the resolution (728, Aug. 15, 1975) of the Veterans of Foreign Wars pertaining to "Quality Assurance of Prescription Drugs" (Add II). The same concerns respecting quality assurance not only of drug products but, as well, of all *pharmaceutical services* indispensable for safe and effective use of drug products must be advocated in the interest of the consumer as strongly as possible by the pharmacy profession. The VFW and the American Legion are large consumer groups with whom communications should now be established and with whom concerted actions should be taken in the profession's efforts to assure consumers high quality pharmaceutical services (including high quality pharmaceutical products).

Mailing of prescribed medication to patients by the Veterans Administration is a matter of immediate concern common to the profession, the VFW, and the A.L. Mr. Holt is requested to assist in starting appropriate dialogue with the Director and other leaders of the American Legion. Mr. Timberlake is requested to work toward same objective with the VFW, through Mr. Fred Van Rembow. Mr. Timberlake will also provide the Committee with a copy of the list of VFW adjutants in each state.

The Committee concurred also in conviction that the medical care consumer's best interests are of necessity compromised—almost certainly subordinated to a personal profit motive—in the AARP and other mail order operations. The profession should deal with these also (Common Cause—?, President's Consumer Advisory Staff—?, etc.).

Pharmacy's *serious* lack of any basis for concerted political action is a major factor mitigating against pharmacy's best efforts in the medical care consumer's best interests. Pharmacy has no "political clout." Mr. Smith suggested that one or two key pharmacists in each Congressional District be identified as switching points for communication and disseminating information needed in promotion of better pharmaceutical services and better pharmacy. Mr. George Scharringhausen (Park Ridge, Illinois) is a central figure in an NARD communication's system. COPEs was mentioned as one possible organizational base, but the Committee, expressing some concern about the viability of a communication system so-based, requested Mr. Pike to discuss the matter with NARD leaders.

Health Manpower Legislation—A 5-point summary of the position of the American Association of College of Pharmacy (Nov. 3, 1975, Christopher A. Rodawskas, Jr., Executive Director) was distributed (Addendum III) as was a four-part resolution prepared for the *Committee* by G. P. Hager (Addendum IV). The Committee concurred in the resolution and instructed the Chairman to send it to the Senate Health Subcommittee (Senator Kennedy) with copies to N. C. Congressional Delegation, AACP (Executive Director Rodawskas), and NCPHA (Executive Director W. J. Smith).

Federal Trade Commission Regarding Rx Price Disclosures—The FTC has scheduled hearings on a rule concerning disclosing retail prices:

Dec. 1, 1975—10:00 AM, John C. Kluczynski

Federal Building, Room 347 A and B, 230 S. Dearborn Street, Chicago

Dec. 15, 1975—10:00 AM, The Federal Building, Room 12138, 430 Golden Gate Avenue, San Francisco, California

Jan 12, 1976—10:00 AM, Federal Trade Commission, Room 332, 6th and Pennsylvania Avenue, Washington, DC

The FTC regulations constitute an attempt by the Federal agency to preempt regulations operation at state level. Although advertising prescriptions could legally take place in N. C. this really is not happening. The FTC seems to be concerned that some type of coercion (e.g.

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enforcement of code of ethics) is constraining prescription drug advertising. Even chain store executives' statements show that this is not the case.

Mr. Timberlake will supply the Committee members with copies of "Prescription Drug Price Disclosures" a staff report of the FTC.

Granting that the present situation in N. C. does not call for vigorous action at this time, the Committee should be alert with respect to any future advertising practices. Furthermore, the N. C. Association of the Profession (B. Cade Brooks, President) should be alerted to any interference by a Federal agency (such as the FTC) in the State's affairs (including prescription price disclosures/advertisements) and should be ready to take action as occasions arise.

It would also be appropriate for the NCPHA to submit a statement to the FTC hearings on Prescription Price Disclosures (see above). Mr. Smith will promote a joint statement with the Southeastern Pharmaceutical Association Executives.

An expression of appreciation is appropriate to the N. C. Board of Pharmacy for its work in regard to advertising of professional services.

Federal Drug Crime Legislation—Model State Act—Drug crimes (including, for example, forging of prescriptions and burglarizing of drug store drug stocks) is on the increase and no relief is in sight. A substantial effort has been made by the NARD but little progress has been realized. The NARD is encountering cooperative attitudes in the pharmaceutical industry. Every company that has been approached individually has committed itself to aid in the case for a Federal role in drug crime management. The NABP has withheld support on the basis that this would simply be another instance of Federal interference in the practice of pharmacy. It is clear however that state statutes are ineffective in combatting the problem, and cases are usually dismissed as the criminals are placed on probation. Many bills are being prepared at the Federal level. Hopefully, there will be agreement on *one* of these—the bill being supported by the NARD. N. C. is sending a monthly report to the Drug Enforcement Agency (DEA) and Mr. Smith has recommended that Del Konner of the DEA prepare a model state act similar perhaps to acts that have been passed recently in Ohio and in Louisiana. Members of

NATIONAL PHARMACY LEGISLATION

the Committee stated that strong sanctions against drug crimes and criminals are essential.

At the root of many drug crimes is the lack of authentication of legitimate prescription drug transactions. Possibly a vigorous state-wide inter- and intraprofessional relations campaign should be promoted so that, in handling prescriptions, the pharmacist would be strongly urged to

"know the prescriber"

"know the patient and prescriber's intentions"

"be sure the patient is kept aware of and complies with the prescriber's intentions especially as these undergo changes."

Maybe we should be asking it it is not equally (perhaps more) important for the pharmacist, as a health professional, to assure himself of the authenticity of a prescription he is filling than a check he is accepting or cashing.

Cost of Dispensing a Rx (HEW Requirement)—Regardless of the disposition of the MAC regulations, a study should be made of the cost of dispensing prescribed medications. Dr. Jean Gagnon, a new member of the faculty of the School of Pharmacy, has submitted a proposal for a study (\$15,000.00 budget) to an agency of the State of North Carolina. Perhaps support for the study should also be sought from the Small Business Administration, or from PAID Prescriptions, Better Business Bureau. Reference was made to a study in Kentucky (Medicaid), to a study conducted by NARD, and to a survey by Eli Lilly and Company.

FDA Policy Regarding Clinical Investigation of New Drugs—The PMA "Policy on Clinical Research" had been distributed in advance to members of the Committee. The Committee recommends that a special committee of the NCPHA be appointed to study the PMA statement and to recommend action by the Association.

Malpractice/Professional Liability Insurance-Trends—Mr. Pike recommended the appointment of a standing committee of the NCPHA to deal with this subject on behalf of N. C. pharmacists (recognizing that insurance coverage must be updated from time-to-time).

A one-day program on liability insurance held in Cleveland in August may be a pattern for a program that should be arranged in N. C. (Mr. Timberlake will supply the program of the Cleveland meeting).

The Marketing Committee of the PMA should be asked to arrange for manufacturers to supply statements with respect to their liabilities in connection with the pharmacy practitioner's need for protection by the manufacturer with regard to their products dispensed by him.

A superb "Soup/Salad Lunch" was a very fitting capstone for a successful meeting and the *Committee* is grateful to Mrs. W. J. Smith for preparing it.

OFFICERS INSTALLED BY CAPE FEAR

At the November 18 meeting, members of the Cape Fear Pharmaceutical Society re-elected Ms. Ellon Martin as president for the upcoming year. Serving with Ms. Martin will be current officers Al Pittman, vice-president; Betty Revie, secretary; and Hunter Smith as treasurer.

The new county representatives that were selected are Warren Elkins, Cumberland; Eddie Malion, Robeson; and W. A. West, Sampson County.

The guest speaker at the meeting was Mr. Bill Randall, member of the N. C. Board of Pharmacy. Mr. Randall discussed current pending legislative activities of interest to pharmacy, recent malpractice suits, activities of the Board, and Board Examinations.

The members voted to contribute \$100 to the UNC Consolidated Loan Fund in memory of their late president, Leon Tomlinson.

SK&F ASSIGNS REAMES TO RALEIGH TERRITORY

Frederick V. Reames has been assigned to the Raleigh, North Carolina, territory as a Professional Sales Representative for Smith Kline & French Laboratories, the pharmaceutical division of SmithKline Corporation.

Mr. Reames graduated from the University of North Carolina at Chapel Hill in 1972 with a Bachelor's degree in history. Before joining SK&F, he was a sales representative for E. R. Squibb & Sons.

JUSTICE DEPARTMENT'S ANTITRUST ACTION 'SURPRISES' APhA

APhA has expressed surprise that the United States Justice Department has filed an antitrust suit against APhA and the Michigan Pharmaceutical Association, an action which attacks a provision of the APhA Code of Ethics.

APhA had initiated action in July of this year to revise the provision and any possible legal objection to it.

The complaint filed November 24 in the U. S. District Court in Grand Rapids, Michigan, contends that Section 8 of the APhA Code of Ethics—which has also been adopted by the Michigan Pharmaceutical Association—encourages anti-competitive practices and therefore violates Section 1 of the Sherman Antitrust Act. Section 8 reads as follows:

"A pharmacist should not solicit professional practice by means of advertising or by methods inconsistent with his opportunity to advance his professional reputation through services to patients and to society."

APhA has always regarded this section of the Code of Ethics as a lawful standard and denies that APhA has ever engaged in any conspiracy to fix prices or violate any section of the antitrust laws.

In any event, APhA executive director Dr. William S. Apple pointed out that the APhA Board of Trustees voted at its July 16-17 meeting to seek membership approval for the following revision of Section 8:

"A pharmacist should strive to provide information to patients regarding professional services truthfully, accurately and fully, and should avoid misleading patients regarding the nature, cost or value of pharmaceutical services."

As APhA said November 21 in its formal response to a Federal Trade Commission investigation of prescription drug price disclosure, the Association has always held that pharmacists have a professional obligation to provide patients with total information on the cost of both prescription drugs and pharmaceutical service.

"The profession of pharmacy has nothing to hide," said Apple. "We invite public scrutiny and believe our record of honesty and fairness with the public and both state and federal gov-

ernments is second to none. Consequently, it surprises us that the Justice Department has chosen to file a complaint which alleges practices we have never condoned and in fact have fought against for many years."

"We want what the Justice Department wants—a free and open marketplace," concluded Apple, "and we believe our actions in the past have documented our dedication to the principle of free enterprise. Nothing in the Justice Department complaint filed November 24 convinces us otherwise."

BANKRUPT PHARMACY FIXTURES SOLD

The fixtures of Fisher's Pharmacy, Elkin, (for many years operated as Abernathy's Pharmacy) have been auctioned off in a bankruptcy sale.

The pharmacy closed in September when Paul Fisher, president of the corporation, filed for bankruptcy.

Mr. Fisher and his wife, Elizabeth, have also filed for personal bankruptcy, listing assets of \$116,132 and liabilities of \$193,782.06.

Documents filed with the clerk of the U. S. Middle District Court in Greensboro show the pharmacy with assets of \$42,674.90 and liabilities of \$111,301.59.

Creditors include Justice Drug Company, Scott Drug Company, Grant Key, Northwestern Bank of Elkin, Community Press of Winston-Salem, Surry County and the Town of Elkin (property taxes).

The pharmacy listed its assets as its fixtures \$17,750; inventory \$10,000; accounts receivable \$14,774.90; and cash on hand, \$150.00.



UNC PHARMACY SCHOOL NOTES

STUDENT BRANCHES OF THE NCPHA/APhA

Reported by June Hall

The Student Branches of the American Pharmaceutical Association and the North Carolina Pharmaceutical Association has begun its best year yet. The Membership drive in September and October brought in an all time high of 300 members. This is a 66% increase over last year's 180 members and represents over 50% of the student body. State membership began in the fall and the National membership starts in January at which times the members should begin receiving their Journals.

With increased membership has come increased activity. We have had four programs this semester. They include: 1) "VD Blues"—a film narrated by Dick Cavett providing education on venereal disease in an entertaining way; 2) Seymour Holt, Vice President of Dista Labs, speaking on manufacturing and MAC; 3) Dr. Mark Novich, the Assistant Deputy of the FDA spoke on MAC; and 4) Ben Bailey from Upjohn spoke on Prostaglandins.

Many thanks go to these speakers and to the professors for scheduling no tests on Thursdays so that students can participate in these programs.

Activities really began this year with an introduction of the faculty and student organizations to all new and interested students. Several days later, a fall picnic, sponsored by all the pharmacy school organizations proved to be a greater success than was expected.

Diabetes week followed this. Faye Crawford and Ben Lemberg began the week by riding in the Bike-A-Thon. Their efforts and the contributions of their sponsors brought in over \$300.00 for the diabetes association. On November 12, 13 and 14, SAPHa and the Orange County Health Department cosponsored a diabetes screening clinic at University Mall. During the three nights of the clinic, we tested 200 shoppers by blood samples for diabetes and answered the many questions which were posed. Also helping us were dietitians

from NCMH and members of the clinical staff from the school.

SAPHa members donated a lot of time and work to this project and it is not stopping here. With over 100,000 undiscovered cases of diabetes mellitis in North Carolina today, we feel that a continuation of this public education and screening is important. We will speak with any interested group or organization as well as carry our clinic to other towns and cities. Hopefully, we will soon have similar groups pertaining to hypertension and Venereal Disease.

Jennifer Stancil, the Executive Committee Member, has again been working with the Intern/Extern notebook. With the help of her subcommittees and several professors, a revised notebook, containing more detail, new areas and answers, will be ready for us as we enter the working world for another summer.

Janice Kuran, our Council of Students Representative, serves as a liaison between the student and the faculty and as a student member of the curriculum committee. This is a reason why she became actively involved during the problems in Physiology 93. Buddy Lingle, who is the president-elect of the Senate aided Janice. Both deserve thanks for their efforts.

Our final major activity for this semester was the Regional SAPHa convention in Charleston, S. C. We were well represented by eight of our members including Billy Price, Ray Peedin, Janice Kuran, Jane Hall, Buddy Lingle, Ronald Carmichael and Gail Wiggins. Our other representative, Martha Mayo was elected as Alternate Delegate of the Region. She is responsible for all regional committees and acts as the regional delegate in his absence.

Next semester's plans are also big. There is Pharmacy Week, Poison Prevention Week, Hypertension Week and the National Convention April 1-4 in New Orleans. Hopefully a large and active delegation will be able to attend this convention and we can begin to show other schools that Carolina is #1.

SECUNDUM ARTEM

BIRTHS

Mr. and Mrs. William H. Brown of Greenville announce the birth of a son, William Henry Brown Jr., on October 14, 1975.

Pharmacist Brown is employed at Hollowells Drug Store and Mrs. Brown is an employee of Pitt Memorial Hospital. Both father and mother are graduate Ps of the UNC School of Pharmacy, Class of 1972.

The James B. Culbertsons of Hummelstown, Pa. announce the birth of a daughter, Pamela Ann, on October 25, 1975.

The Culbertsons have two sons, James, Jr., age 7, and Kenneth David, age 4. Mr. Culbertson (UNC Pharmacy '64) is a Eli Lilly & Company medical service representative.

Janet and Dennis Quigley of Winston-Salem announce the birth of a daughter, Erin Elizabeth, on November 1, 1975.

The mother is a 1969 graduate (Janet Deal) of the UNC School of Pharmacy.

DEATHS

Harlan M. Deal, 74, Lenior pharmacist, died November 30, 1975, following a lingering illness.

A graduate of the UNC School of Pharmacy (1925), Mr. Deal was a past president of the Lenior Chamber of Commerce and the Lenior Merchants Association. Prior to retirement, he was owner and manager of McNairy's Drug Store, Lenior.

Survivors include his widow, Mrs. Ollie Overcash Deal, and three sisters.

FRANCIS A. STOVALL

Francis A. Stovall, Durham pharmacist, died December 11 at his home.

He was a native of Elberton, Georgia and was a medical service representative for Abbott Laboratories for thirty years.

Mr. Stovall was a life member of the TMA, a member of the NCPHA, the Durham Rotary Club, Masonic Lodge and Trinity United Methodist Church. He received a 50 Plus pharmacist pin from the NCPHA in 1974.

Survivors include his wife, Mrs. Roberta Quillion Stovall; one daughter, Mr. R. E. Bangle of Atlanta; a sister and two brothers and two grandchildren.

CHARLOTTE AUXILIARY

Reported by Mrs. Charles Jarrett

The Charlotte Woman's Pharmaceutical Auxiliary met on December 9th for their Annual Christmas Bazaar and luncheon with Mrs. Don Smith presiding. Mrs. Leslie Barnhardt gave the devotional and Mrs. Perry Hawkins and Mrs. Bruce Medlin decorated the tables and place cards with a Christmas theme.

After a brief business session a drawing was held for an afghan made by Mrs. Ralph Smith. The net gain from the sale of chances on the afghan was \$198.85 and Mrs. Don Smith was the winner.

Hand-made items and baked goods donated by the members were auctioned by Mrs. Robert Lewis and Mrs. Charles Jarrett. The Auxiliary netted \$269.50 from this yearly project.

The members also prepared 75 potted plants, decorated with red satin ribbon, to be delivered to the Community Hospital and to six Mental Health Group Homes as part of the State Project.

CHARLOTTE

The November luncheon meeting of the Charlotte Woman's Pharmaceutical Auxiliary was held at the Y.W.C.A. with Mrs. Donald Smith presiding. Mrs. A. E. Galloway gave the devotional.

A brief business meeting was held:

- the December bazaar was discussed and members were reminded to bring items for sale and guests.
- Mrs. Don Weather's attractive table decorations were sold with the proceeds going to the bazaar fund.
- plans were presented for a workshop for planting live plants in clay pots for distribution to "Shut-ins" in participation with the State's project "Operation Flowerpot."
- an invitation was issued to attend "An Old Fashion Christmas" for the December meeting.

Mrs. Don Weathers introduced the speaker, Miss Michelle Dezutto, Director of the Rape Crisis Center and member of the N. C. Rape Crisis Commission. Miss Dezutto outlined the objectives of the Center and ways in which it hopes to help people combat the problem of rape.

CLASSIFIED ADVERTISING

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PHARMACIST—For part-time or full-time work in the Greensboro-Burlington area. Salary commensurate with Rx volume. Robert L. Lane, Route 1, Box 125, Whitsett, N. C. 27377.

WANTED—Pharmacist to manage well established pharmacy. Call Ellis L. Marks, Jr., 323 Curtis Drive, Rockingham, N. C. 28379.

RELIEF PHARMACIST—For weekends in Mount Airy-Winston-Salem area (Licensed 1960). C. H. Hunter, Route 4, Box HR 20, King, N. C. 27021. 919/983-3893.

RELIEF PHARMACIST—Raleigh area. Margaret Perry, Apex, N. C. 919/362-7998.

APPOINTMENTS OF NARD SUPPORT APPLIANCE EXAMINING BOARD ANNOUNCED

In a bold move to assure the retail pharmacists of an important role in the support appliance field, the NARD Health Supports and Appliances Committee appointed their first examining board. This board will prepare and administer examinations for fitters of these supports and appliances in pharmacies.

Members of the Board appointed by the Health Support and Appliance Committee and approved by the Executive Committee in Chicago are:

Barbara Fitzpatrick—Chairwoman
Roland Reagan
Justin Eisele
Lee Kirchner
Paul Case
Dr. Thomas Quigley
Dr. Arthur Weaver
Dr. Harry Swartz

In commenting on this action, Paul Dumouchel, Chairman of the Health Supports and Appliances Committee said "We expect this Board to meet at an early date to prepare an examination for pharmacists or other fitters. This is a growing field for pharmacists today and I think this program meets a real need of the profession. Many pharmacists have a real opportunity to become certified under the 'grandfather' clause early in 1976 and I trust they will take advantage of it."

Pharmacists and their employees who meet the standards can be certified as an exception under the guidelines until May 1, 1976. Requirements include an attestation by two physicians of the individual's service in the area and a verification of education and experience. Pharmacies can also achieve certification provided they have a private fitting room, sufficient inventory to serve the public and a certified fitter or certified associate fitter.

For applications, send requests to:

SUPPORT APPLIANCE EXAMINING
BOARD
NARD
ONE EAST WACKER DRIVE
CHICAGO, ILLINOIS 60601

OPPORTUNITY

For a young pharmacist to build a rewarding future, both professionally and economically, in a small town, well established pharmacy that is highly successful. Current opportunity exists since a senior member of the pharmacy is retiring. If interested, send information about yourself to "Opportunity Unlimited," c/o NCPHA, Box 151, Chapel Hill, N. C. 27515.

PHARMACISTS

If open for employment in North Carolina, either fulltime or relief, write to the NCPHA for employment application. Preference given NCPHA members.

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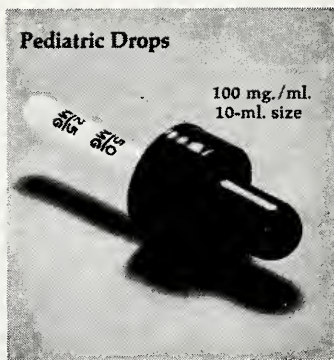
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Henry S. McNeil (Left), an Executive of Johnson & Johnson and McNeil Laboratories, congratulates John A. McNeill Sr. of Whiteville for 100 years of family dedication to pharmacy. Mr. McNeil presented the McNeills a handsome handcarved coat-of-arms as a memento of the J. A. McNeill & Sons Drug Store Centennial Celebration. Details Page 33.

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The Carolina JOURNAL OF PHARMACY

February, 1976

Vol. LVI

No. 2

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BEN WILLIAMS JOINS PAID STAFF

PAID is pleased to announce the addition of Ben Williams to the staff as Associate Director of Professional Services, effective January 5, 1976. Ben is a 1969 graduate of the University of North Carolina School of Pharmacy where he also received his Pharmacy M.S. in 1971.

A member of Rho Chi, Ben has received numerous awards for his studies and work at the UNC School of Pharmacy. His special interests include drug information programs and adverse drug reactions which make him a valuable asset to the Drug Utilization Review Committees. Ben will be assisting in innovating several new programs in these areas.

Ben is married to the former Paula Myrick. Ben and Paula live in Chapel Hill and have a son, Jeffrey.

HISTORICAL NOTE

Prior to January 18, 1880, Charlotte, North Carolina was phoneless.

According to Southern Bell Telephone Company, the first phone installed in Charlotte was a phone linking Dr. T. C. Smith's Drug Store with the home of Col. Frank Cox. By July of 1884 there were 64 subscribers and the telephone exchange was located over L. R. Wriston's Drug Store.

ESCAPE DROWNING

Pharmacist Carlyle Woodard of Princeton escaped drowning when his boat capsized while duck hunting on the Neuse River.

Woodard said a rope attached to the boat had wrapped around his leg when the boat overturned. He held on to a small tree in the water until rescued by Ricky Williford of Four Oaks and an unidentified Smithfield dragline operator.

PHARMACIST'S LIABILITY

Recommended for local pharmacy society meetings: A 45 minute tape cassette on "The Pharmacist's Liability in Product Selection."

Program includes a handout syllabus and a set of questions (answer and mail to Lilly for one hour of CE credit).

Your local Lilly MSR will obtain the program for you.

NEW LILLY FILM FOR PHARMACISTS

Did you know that the company which originates a new drug must conform to a different set of standards than the manufacturer of a generic drug? Or how a New Drug Application differs from an Abbreviated NDA? Or how little you can depend on government testing in selecting a product to dispense? Or why you need to know the manufacturer?

These and other facts you should consider before selecting any product are discussed in a new 16-mm. film available from Eli Lilly and Company. Designed especially for pharmacists and only thirteen minutes in length, it is especially suitable for showing at a pharmacy association meeting. It is entitled "For Better or for Worse."

Three reprints also are available for distribution after showing the film, "Clinical Trial of a New Drug," "Excerpts from the OTA Report," and "Assurance of Dose-to-Dose Accuracy." Requests for booking the film and/or the reprints should be sent to ELI LILLY AND COMPANY, ATTN: PROFESSIONAL RELATIONS AND SERVICES DEPARTMENT, MC-925, INDIANAPOLIS, INDIANA 46206.



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SOUND OFF ON PRESCRIPTION PRICE POSTING

(From Greensboro Record 12/13/75)

PROS

"We advertise food prices, car prices, dress prices, shoe prices, so why not drug prices? If there is a variation in prices between stores, shouldn't we know about it? People should be permitted to call from one drug store to another," says Mrs. N. Works, Rt. 2.

"We should be able to buy drugs at the cheapest price possible," notes Reese H. Baughn. "The only way I know which drug is cheapest, is to see the price."

Barbara Campbell of McLeansville, adds: "I think they (pharmacists) definitely should be allowed to and be required to post prices. In past experiences, I have gotten drugs at one store and later have to get the same medicine and have prescriptions called in to another drug store, and there would be quite a difference in the price. Apparently there is a big mark up in the price of drugs.

CONS

Ken Maree, president, and Al Lineberry Jr., chairman of the board of the Greensboro Jaycees, made the following joint statement about the Federal Trade Commission in connection with the drug price issue:

"In response to the question posed by The Record, the Jaycees Creed states 'We believe that economic justice can best be won by free men through free enterprise; that government should be of laws rather than of men.'

"There is nothing free when an 'army' of the government dictates to an industry or business about how it should operate. The individual states have been constituted the power to help their own people. If the states have not done this, then pressure should be placed on them by the people; not the federal government. This is normally done through the electoral process.

"We call ourselves a free nation. However, when we let the branches of government interfere in private enterprise, we are destroying the doctrine of *laissez faire* economics on which our economic justices are based.

"Democracy is not easy. It takes the efforts of the people, you and me, to make it work. We are becoming more complacent with each new federal agency. They are doing more and more for us and we are doing less and less. We soon will be governed by agencies rather than Congress if we allow groups like the Federal Trade Commission to usurp the U.S. Constitution and state's rights.

"The persons in the FTC and other 'arms' of the federal system are not elected by the people, but appointed by a person. When the branches of federal government force you and me to do things that 'they' feel are good, then they are making the laws and not our government. This is a direct breach of the U.S. Jaycee Creed and should not be taken lightly by anyone, either Jaycee or non-Jaycee."

Ruth Clinard: "I am opposed to any laws that require pharmacists to post drug prices. It may sound like a good idea for a patient to shop around for lower prices. In the long run, when the administrative bureaucracy on the local, state or federal level builds up to administer or police such laws, you can be sure it will cost more than any variations in price through increased taxes and through increased costs to a druggist to stay in business."

DRUG PRICE ISSUE AIRED

(From Greensboro Record 12/31/75)

For the most part, Greensboro and Guilford County residents are not disturbed because pharmacists don't post or advertise the prices of prescription drugs.

Only 14 citizens responded to the "Sound Off" question: Should drug firms be allowed or required to post prices of prescription drugs?

The question was posed because consumer advocates have appeared before the Federal Trade Commission proposing a regulation that would overrule the many state laws that now ban the advertising or posting of drug prices.

The consumer group claims a prescription drug can vary in price from \$1.95 in one store to \$15 in another.

In this same vein, the Justice Department has filed a suit against the American Pharmaceutical Association to force it to abandon a restriction prohibiting member pharmacists from advertising drug prices.

Continued on page 40

A few may match our prices.
But no one can beat our system



We're not fooling ourselves.

Gilpin's grown as much as it has in the past 130 years because we've beat a lot of people on price. And we're not about to change now.

The problem is, a lot of items these days will cost the same at virtually all wholesalers. So now we're not talking just price.

Now we're talking Datarex®.

Datarex® is a completely automated, inventory management system designed to cut your labor costs while increasing your sales and profits. Individualized to your exact specifications, your Datarex® system will be as extensive or as limited as you want it to be.

Beating the high cost of yesterday's prices.

It's been estimated that the average pharmacy loses up to 2% of its bottom-line profits because its price stickers have failed to keep pace with inflationary changes.

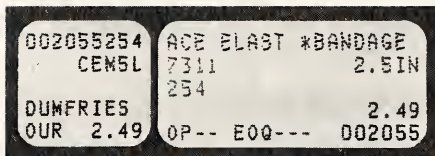
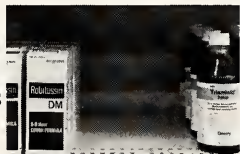
Datarex® makes all the adjustments automatically. *Automatically.*

The hole in your shelf, the drop in your curve.

We found out something else about the average pharmacy: it loses up to 15% of its possible sales because of outs—those empty shelves.

Datarex® puts an end to outs.

Coded shelf labels work in conjunction with the computerized in-store ordering terminal and the Datarex® CRT order-entry system to keep you in-stock. All the time.



Should you be doing what you're doing?

Right now you're probably spending a lot of your time checking stocks, ordering and filling shelves.

What you should be doing is managing.

In minutes, anyone in your store can be running the whole system, freeing your management team to do the jobs that build your profits.

Sound expensive? Wrong.

A Datarex® system can cost as little as \$50 a month.

You see, we're a total-service wholesaler, and we want all your business. All of it. So we know we can't afford to charge you too much for any one service—even a service like Datarex®.

As we said, we're not fooling ourselves.

You can't beat the system:

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NO TOOLS NEEDED.

Empirin® Compound 250's
still have easy-open, easy-close, fiddle-free caps



Good sales sense

No need to create cap-opening difficulties for people who can't cope with child-resistant closures. The elderly and the handicapped. Households without children. (To accommodate these users, each manufacturer of aspirin-containing analgesics is permitted by law to make one size available without a safety closure.)

The Empirin Compound 250 tablet bottle is the right choice for them. Easy to open. Easy to close. Easy to take.

Good profit sense, too

Every Empirin Compound "250" you sell can bring you a profit of up to \$1.10.* Yet one facing uses only 4% inches—scarcely more than most analgesic 100's do.

Make the most of every analgesic inch on your shelves. Make it with Empirin Compound 250's.

*Based on suggested list prices.



Burroughs Wellcome Co.
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North Carolina 27709

STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; H. C. McAllister, Secy.-Treas., Box 471, Chapel Hill, N. C.

NAME CHANGE

Effective January 1, the name of Hollowell's, Inc. of Edenton was changed to Hollowell and Blount, Inc.

The only change in the pharmacy was the name. Officers are W. H. Hollowell, Jr., president; J. G. Blount, vice president; and Frances T. Hollowell, secretary-treasurer.

OWNERSHIP CHANGE

Service Drugs of North Carolina, Inc. has taken over management of Faulkner's Drugs, Inc. of Monroe.

Offices of the company are at 25 Lake Concord Road, Concord. Mitchell W. Watts is chief officer for the firm.

The pharmacy was previously operated by Edward G. Faulkner and son, Gary.

MOORE'S PHARMACY CLOSED

Moore's Pharmacy of Tarboro was sold December 31 to Clay's Drugs, Inc. of Tarboro.

H. Dean Bryan, President of Clay's Drugs, Inc., stated that Moore's Pharmacy was established in 1907 by R.E.L. Cook and was purchased by the M. A. Moore family in 1941.

All inventory and prescription files were moved to Clay's Drugs and Moore's Pharmacy closed on December 31.

ECKERD TO RELOCATE CHARLOTTE CORPORATE HEADQUARTERS

Eckerd Drugs' corporate headquarters and warehousing facilities for the 288 unit chain will relocate to a site at 1776 Statesville Avenue in Charlotte. Purchase of approximately 22 acres with over 400,000 square feet of warehousing space was announced by Eckerd's President, David H. Rankin, and E. Pat Hall, President of Pat Hall Enterprises, Inc., former owner. Eckerd's present location at 1111 Hawthorne Lane has been acquired by

Pat Hall Enterprises, Inc. as part of the transaction.

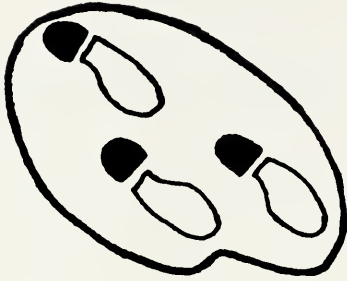
Eckerd's warehouse carries over 8,000 different items and the company must transport over six million individual pieces of merchandise to the new distribution center. Corporate staff offices and 300 employees will relocate to the site. Rankin projects that the move will be accomplished in six months, with Eckerd's occupying the premises by summer.

The Statesville Avenue site is a Charlotte landmark. It was originally owned by the Ford Motor Company for the manufacture and assembly of automobiles. After several years as the Charlotte Quartermaster Depot, Douglas Aircraft Company bought the facilities. Until 1965, Hercules and Ajax missiles were manufactured there.

The expansion reflects Eckerd's confidence in the Charlotte community. The location is in an area of Charlotte which has undergone urban renewal in the past several years. It offers uptown proximity and easy access to the interstate highway system.

Eckerd's optimistic outlook on the growth of the retail drug industry is evidenced by this acquisition. The improved facilities will enable Eckerd's to better distribute merchandise to its stores located over an eight state area. There is considerable room for expansion at the site to meet Eckerd's needs as new stores are added throughout the country. Eckerd's Apparel, a fast-growing, wholly owned subsidiary of Eckerd's Drugs, Inc. will transfer its executive offices and warehouse to the complex. The apparel division operates over 40 retail stores under the names of Deb Shop, Wrangler Wranch, Fashion Miss and The Junction. Miller's Office Equipment, another wholly owned subsidiary, will maintain its present location on Morehead Street.

Eckerd Drugs, Inc. is a publicly owned company listed on the New York Stock Exchange. Chairman of the Board is E. M. O'Herron, Jr. and John T. Sullivan is Vice Chairman.



TAR HEEL DIGEST

WASHINGTON

W. Dorsey Welch, Jr. has been elected to a one year term as chairman of the Board of Trustees of Boys Home of North Carolina.

BOONE

Pharmacist Wayne Richardson has been appointed to the Boone Town Board of Aldermen. Richardson, a native of Sparta, served as an alderman for six years during the late 1940s and early 1950s.

SMITHFIELD

James L. Creech has been elected president of the Smithfield-Selma Chamber of Commerce. He is a past president of the N. C. Pharmaceutical Association.

TROY

Standard Drug Company, 524 Wood Street, was one of 18 retail pharmacies throughout the U.S. honored by Parke, Davis & Company for outstanding examples of vitamin displays in the Sixth Annual Myadec Merchandising Contest. Representatives of the winning retailers and their wives were guests of Parke-Davis for a 4-day vacation to Marco Island, Florida, Feb. 8-11.

ROCKY MOUNT

Pharmacist Donald Jackson has joined Eckerd's Drug Stores, working at both of the Rocky Mount stores—at Englewood Square and Raleigh Road Shopping Centers. Jackson

was a staff pharmacist with Almand's Drug Store before joining Eckerd's.

MT. HOLLY

Mrs. Thomas M. Holland, Mt. Holly, a past-president of the NCPHA Woman's Auxiliary, has been elected to a three-year term on the Coordinating Council of Concord Presbytery. This Presbyterian Council covers an area including Lenoir, Winston-Salem, Gastonia, etc.

GREENSBORO

Pharmacist Ann Angle has been elected a member of the Executive Committee of the Professional Panhellenic Association (PPA) as member-at-large (Chairman of the Professional Activities Committee). She is a member of the Grand Council of Kappa Epsilon.



A. E. P. Tablets \$22.50 per 1000
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Pyridoxine HCl (B6) 25 mg. Tablets
 \$1.20 per 100

Pyridoxine HCl (B6) 50 mg. Tablets
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Tofranil-PM[®]
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



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A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM may markedly reduce the probability of missed doses.

For single-dose therapy in depression when the dosage is established.

Please review the prescribing information summarized on the following page.

*Ayd, F.J., Jr. (Ed.): *Int. Drug Ther. Newslett.* 7(9/10): 35-50 (Nov./Dec.) 1972.

Tofranil-PM® imipramine pamoate
Tofranil® imipramine hydrochloride USP
Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil, brand of imipramine hydrochloride, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed. Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Usage in Children: Pending evaluation of results from clinical trials in children, Tofranil, brand of imipramine hydrochloride, is not recommended for treatment of depression in patients under twelve years of age.

Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg imipramine hydrochloride.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as operating an automobile

or machinery, the patient should be cautioned accordingly.

Precautions: It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the illness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil, brand of imipramine hydrochloride, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil, brand of imipramine hydrochloride, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine hydrochloride should be discontinued for as long as the clinical situation will allow. An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported. Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered. **Cardiovascular:** Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures; alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred

vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido; impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: Lower dosages are recommended for elderly patients and adolescents. Lower dosages are also recommended for outpatients as compared to hospitalized patients who will be under close supervision. Dosage should be initiated with Tofranil, brand of imipramine hydrochloride, at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a longer period of time, at the lowest dose that will maintain remission. Once-a-day maintenance dosage can be provided with Tofranil-PM, brand of imipramine pamoate, capsules if this dosage has been established as explained above. This dose may be given at bedtime. For the occasional patient who manifests stimulation and insomnia with this dosage regimen, the capsules may be given in the morning.

Parenteral administration should be used only for starting therapy in patients unable or unwilling to use oral medication. The oral form should supplant the injectable as soon as possible.

How Supplied: Tofranil, brand of imipramine hydrochloride: Round tablets of 25 and 50 mg.; triangular tablets of 10 mg.; and ampuls, each containing 25 mg. in 2 cc. for I.M. administration. Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.)

For complete details, including dosage and administration, please refer to the full prescribing information.

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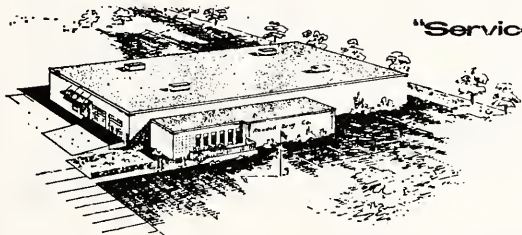
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Lilly Policy on the Assumption of Liability of Pharmacists and Pharmacies When Dispensing Lilly or Dista Pharmaceuticals

Effective October 2, 1975

Because of the interest in the enactment of substitution statutes, we have received inquiries regarding Lilly's policies on the defense of legal actions against pharmacists and pharmacies when Lilly or Dista products are used to fill prescriptions. This letter contains information on the policies which have been followed by Lilly.

When there has been a lawsuit arising out of the dispensing of a Lilly or Dista product, it has been Lilly's policy, with rare exceptions under extraordinary circumstances, to assume the defense (and judgment, should this have been necessary) of the pharmacist or his employer if the drug was dispensed on a prescription for the Lilly or Dista product and if the following conditions have been met:

The pharmacist or his employer provides prompt notice of the lawsuit to Lilly and fully cooperates with Lilly in the defense of the suit. Lilly would expect the pharmacist to have adequate records to determine the manufacturer of the product dispensed.

There is no evidence of an improper or negligent statement or act by the pharmacist or his employer, such as an improper

statement relating to safety or effectiveness, improper storage or packaging of the drug, failure to fill the prescription accurately, or improper substitution of a drug. Lilly would expect the pharmacist or his employer to assume his own defense if evidence of such a statement or act develops.

Lilly's policy has been the same as that outlined above when the physician designates the drug by generic name alone and the pharmacist accurately fills the prescription with a Lilly or Dista pharmaceutical product of that generic name.

Should Lilly or Dista drugs be used to fill a prescription for drugs of another manufacturer, the facts will be reviewed and Lilly will consider the assumption of the defense of the pharmacist or his employer. Lilly will not necessarily assume this defense, even though substitution may be lawful in that jurisdiction.

Lilly will not assume the defense of a pharmacist or his employer when the pharmacist has filled a prescription for a Lilly or Dista product with another manufacturer's product even though that jurisdiction permits substitution.

CONSOLIDATED PHARMACY LOAN FUND CONTINUES TO FULFILL A NEED

Gary Newton, the immediate past president of the American College of Apothecaries, has contributed \$500.00 to the NCPHA Consolidated Pharmacy Fund to establish "The American College of Apothecaries Pharmacy Student Loan Fund."

Since requests for financial assistance by pharmacy students continues at a high level, the support coming from Pharmacist Newton of Fayetteville, on behalf of the ACA is helping to meet a need as reflected by a constantly increasing number of applications for aid from the Fund.

Contributions to the Fund during 1975 totaled more than \$5,000.00. The Fund received substantial contributions from Mr. Howard Ferguson of Randleman, Justice Drug Company of Greensboro and Cornwell Drug of Western North Carolina.

Additional contributors of more than \$100 include Robert Hall, the Raleigh Auxiliary, Mrs. Earl Horner and Mrs. Eula Lutterloh (Trippi Horner Fund), Cape Fear Pharmaceutical Society in memory of Leon Tomlinson and the Guilford County Society of Pharmacists in memory of Seymour Blaug.

Since January 1, two \$500.00 funds (A. M. Hicks of Pikeville and Hobart Whaley of Wilmington) have been established. The two pharmacists won a contest sponsored by Burroughs Wellcome and assigned their prize to the UNC School of Pharmacy which in turn arranged for the funds to be loaned thru the Consolidated Pharmacy Fund.

Contributions continue to come to the Seymour Blaug Fund which was established in late 1975 and which has been activated by a

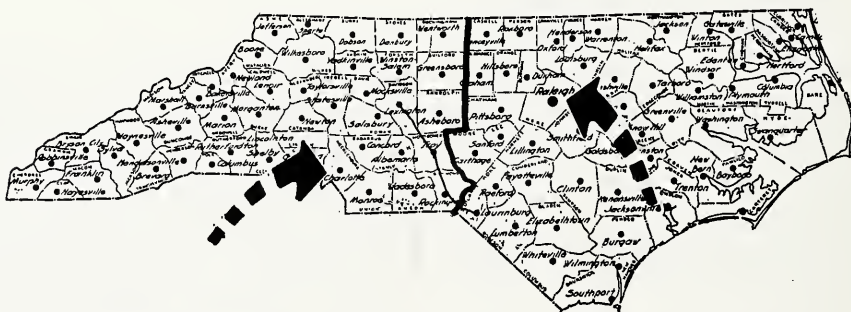
(Continued on page 40)

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UNITED STATES SENATE
Washington, D. C. 20510

December 31, 1975

Dear Mr. Smith:

I heartily support Senate Resolution 77 and the implications it has for sound government. Nearly every day, we have more evidence of some bureaucrat trying to overrule the will of the states and I support any measures to reverse this destructive trend.

It was good to hear from you in this regard.

Sincerely,
Jesse Helms

UNITED STATES SENATE
Washington, D. C. 20510

January 6, 1976

Dear Mr. Smith:

I am writing in response to your letter of December 8, 1975, wherein you discussed S. Con. Res. 77. I very much appreciate your writing and sharing your views with me and I certainly apologize for any delay in answering your letter.

I am very familiar with S. Con. Res. 77 as introduced by Senator Curtis of Nebraska. From the experience I had in the North Carolina Attorney General's office, I learned a good deal about the U. S. Federal Trade Commission. As I told Senator Curtis, I support in principle the ideas contained in S. Con. Res. 77 and, pending committee action, will probably vote in favor of this resolution.

Thank you again for writing.

Very truly yours,
Robert Morgan

To:

The NCPHA Woman's Auxiliary:

I would like to say "thanks" for the plant you gave my husband when he was in the hospital at Chapel Hill.

My husband died on November 15 so I am taking care of the plant which continues to grow. People like you are very thoughtful and I will always be grateful.

Sincerely

(This is a project of The Woman's Auxiliary of the NCPHA. Hundreds of living plants have been given to long term patients in hospitals, nursing homes, etc. throughout North Carolina).

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AMERICAN ORGANIZATION OF RETIRED PHARMACISTS & ASSOCIATES

The nation, faced with an insatiable and ever growing need to provide various types of health care to all citizens, can ill afford the loss of trained professionals in the field who have moved into semi or fully retired status.

Pharmacists and those who work closely with them, constitute such a health care manpower reservoir. Recognizing the ever increasing requirements for the maintenance of a solid base of competency and availability for such a pharmaceutical manpower reservoir has resulted in the formation of the organization of the "American Organization of Retired Pharmacists & Associates," a special service of the newly formed Kazin Consultant Services of Chicago, Illinois. Those 55 years old on their last birthday will be eligible for membership even though applicants may not be contemplating retirement at this time.

"The Association," said Mr. Louis E. Kazin, President of KCS, "has no intention of usurping the prerogatives of similar type programs now in existence through various pharmaceutical associations. Rather, they will, in a number of instances, be supplemental in nature."

In meeting its objectives AORPA is establishing a multi-level tier of activities. These will include educational socially oriented projects. The educational phase will provide members with materials designed for quick reading such as bulletins, newsletters and pamphlets. Discussions and descriptions of techniques dealing with ways and means with respect to serving community health care groups in both public and private sectors in an advisory or more active role will be spelled out by the Association. Placement service will also be available.

Retirement brings about the necessity to adjust to a new environment and life style. AORPA will develop programs enabling members to enjoy social-educational programs.

Group travel programs, bringing the participants in touch with their colleagues and officials in special sections of the country, nationally and throughout the world will constitute a major effort of the organization. Such tours will utilize the best facilities available.

A host of projects are now under study such as group insurance projects, supplementing

Medicare or others, tailored for the members, advice as to preparation and modification of wills, reduction of expense by buying through pre-arranged discount services, special hotel discounts, rental car service discounts, investment counseling, auto, home, personal property, household and accident areas, and meeting the growing practice of possible malpractice problems and the development of realistic insur-protection programs.

Professional and economic developments in every pharmaceutical area will be under constant study through continuing study of health care areas in public and private sectors of our economy. Questionnaire techniques will serve a member's needs and desires. KCS will employ consultants who will study and advise and serve in every scientific, education and social area of pertinent areas. Special chapter organizations will be developed later.

Where privileged or special information is involved, members will be provided with names of consultants enabling them to make their own personal and financial arrangements.

Annual dues for membership in the American Organization of Retired Pharmacists & Associates has been established at ten dollars (\$10.00) per year per individual person. Spouses are also eligible for personal membership.

Inquiries or dues (check or money order) \$10.00 (spouse additional \$10.00) should be mailed to KAZIN CONSULTANT SERVICES (AORPA) 300 North State Street, West Tower, Suite 3112, Chicago, Illinois 60610. Telephone (312) 321-1936. Membership card will follow shortly.

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MURPHY'S LAW No. 2—Any time things appear to be going better, you have overlooked something.

MURPHY'S LAW No. 3—Once a job is fouled up, anything done to improve it only makes it worse.

MURPHY'S LAW No. 4—Nothing is impossible for the man who doesn't have to do it himself.

MURPHY'S LAW No. 5—There is no such thing as a free lunch.

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PATTERNS FOR THE FUTURE

On November 15, 1975, UNC Pharmacy Dean Seymour Blaug was guest speaker at a dinner in Chapel Hill celebrating the 20th anniversary of the N. C. Academy of Pharmacy. He attended a breakfast meeting in the Institute of Pharmacy the following morning, left for Atlanta later that day and died unexpectedly three days later. Dean Blaug's Academy of Pharmacy paper entitled "Patterns for the Future" is here presented as one of a number of planned final tributes to this outstanding pharmacist educator.

In the last 50 years the importance of the drug compounding role for the pharmacist has been declining rapidly. As a result, many have proposed that the pharmacist acquire new roles to ensure professional survival. What are these new roles and how fast have we adopted them? In the years between 1940 and 1950 the following new roles were proposed for the pharmacist (data culled from *J. APHA*—every issue examined and whenever a new role was mentioned, it was listed then ranked according to frequency of mentions).

1. Inform laymen about health matters.
2. Eliminate drug misuse and addiction.
3. Directing patients to the system of health care when needed.
4. Performing clinical lab tests.
5. Comparing products for physicians.
6. Informing patients on drug storage.
7. Informing patients on proper OTC therapy.
8. Supplying hospital equipment.
9. Identifying and eliminating adulterated drugs.

Most of the roles proposed during the 1940's were based on the pharmacist's availability to the patient and on his knowledge of drugs and health care. A few of the roles are not particularly applicable today, e.g., the identification and elimination of adulterated drugs. However, most of the proposed roles appear as valid today as they were in the 1940's.

In perusing the *J. APHA* and from the reports of two recent conferences concerned with the future of pharmacy (Wayne State—Pharmacy Faces the 70's) the following roles were proposed for the pharmacists in the 1970's.

1. Portal of entry in the health care system.
2. Health and drug educators for the public.
3. Drug selection in concert with the physician.
4. Monitor patient drug regimens.
5. Drug information evaluator for physicians.
6. Administer vaccines and other drugs.
7. Management functions in a group practice.

8. Patient consultation relative to current drug consumption.
9. Follow up patients leaving the health care system.

The primary roles proposed for pharmacists in the 1970's are very similar to those proposed during the 1940's. Obviously, if these roles had been adopted, they would not still be proposed. Pharmacy must have been changing during the interim, but not in the directions proposed by the prognosticators in pharmacy.

What changes did occur from the 40's to the 70's?

Major changes occurred in:

1. The size and structure of the community pharmacy.

Total sales increased 80% from 1960 to 1974 or from 9 to 16 billion.

In the 1950's the average independent pharmacy had sales of approximately \$80,000. The total sales per independent in 1974 was in excess of \$270,000. Prescription sales rose from \$25,000 per pharmacy in 1954 to \$131,000 in 1974.

The sales increase for chain pharmacies was large, including a very large increase in the number of prescriptions filled daily. Just 10 years ago drug chains operated 21.7% of all pharmacies in the U. S. In 1974 they operated 38.2% of all U. S. pharmacies. More startling is the fact that 10 years ago independent pharmacies accounted for 52.1% of total pharmacy sales. In 1974 this had dropped to 20.6%.

2. Another major change was in the payment mechanism utilized by the patient. The growing prevalence of third-party payment programs has stimulated the demand for prescriptions.

In 1974 third parties paid for almost one in four prescriptions, up 20% over 1973. There are two major reasons for the continuing surge

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PATTERNS FOR THE FUTURE

of third-party prescriptions. First is the constantly expanding elderly population, resulting in increased participation in Medicaid programs on the state level. Second, the number of employee benefit programs including prescription coverage continues to grow. It has been estimated that by 1980 80-90 percent of all prescriptions will be paid for by a third party, particularly if National Health Insurance becomes a reality. This will result in a large increase in prescription volume because many patients receiving prescriptions now do not bother to have them filled. It has been estimated that 30 percent of the prescriptions issued are never filled. Patient compliance will increase when a third party is paying the bill.

The economic impact of third-party prescriptions on the practice of the community pharmacist underlines the importance of obtaining equitable fees for your professional services.

Third-party payment programs have had another influence which has been more subtle, the concentration of power. The power of the purchaser of pharmaceutical services was formerly distributed among about 200 million consumers. It is now being concentrated into the hands of a few large third-party payers with the carrier having the power to dictate how pharmacists will function and be rewarded under the programs.

3. Consumer's attitudes have changed. Today's public is demanding more consumer information of all types, from prescription price information to aid in selecting OTC products. The consumer also wants to be a part of the health care system, and in the future you will see consumers serving on professional licensing boards, in PSRO's, and in other health care related organizations.

4. Degree of computerization—Some wholesalers are now offering computer services to pharmacies to assist the pharmacist in financial management and inventory control. The success of pharmacies may likely depend upon proper understanding and interpretation of the data generated.

As the sales and prescription volumes of pharmacies continue to increase, it is likely, no, it is a certainty, that computer terminals will be installed in pharmacies. At the 1975 NARD convention held last month in Miami,

the president of Bergen Brunswick predicted that by the end of 1976 computerized data viewers would be installed in 80% of pharmacies for fast information retrieval. The system now available combines a display/keyboard, printer, and minicomputer set-up in the pharmacy, all tied in with the minicomputer at some central operation. The first such installation in North Carolina is now in operation in the Pike Pharmacy in Concord.

The system stores, recalls, and updates patient profiles, checks the patient's history for drug allergies and checks the profile for potential drug interactions. It also recalls prescriptions for refilling, prepares Rx labels with appropriate warnings in English or Spanish, handles third party claims, updates accounts receivable as drugs are sold, calculates Rx prices, assigns Rx numbers and provides management records. All information input or recalled appears on screen and may be printed out in the pharmacy on the printer computer.

5. The introduction of patient profiles, the professional certainty of the 70's and 80's. Patient profiles are required in New Jersey and will be mandatory in the state of Washington on January 1. On the surface, patient medication profiles make everyone happy. The pharmacist sees them as enlarging his professional role and generating more repeat business; the patient views them as a protection against the effects of drug interactions; and the government sees them as a means of improving health care.

Below the surface, however, patient profiles are making nearly everyone unhappy. Pharmacists are concerned about added liability if they keep profiles, about their ability to handle complex interactions, and about the profile itself—how sophisticated should it be? Should it include OTC's and food items? Has the pharmacist the time to review patient profiles along with the other tasks involved in filling a prescription? How much do patient profiles add to the cost of filling a prescription?

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PATTERNS FOR THE FUTURE

Will patient profiles ultimately become standard operating practice? Absolutely! When? Probably within 5-10 years, and probably they will have to be mandated. The timetable on patient profiles depends on when an electronic system is workable because manual profiles are nearly impossible to maintain in a high-volume pharmacy. Patient profiles will probably not be cost effective until automated systems are developed because with a manual system patient profiles are an additional service which requires extra time by the pharmacist. With automation, profiles are one of many other time and money-saving functions performed—such as third-party claims and inventory control.

There is an irresistible movement sweeping the world of pharmacy, and its name is professionalism. The signs are everywhere. Pharmacists in 12 states now have or are in the process of acquiring the right to select the brand of drug the patient will receive. Pharmacies across the nation are participating in blood pressure monitoring programs, and many pharmacists are actually taking blood pressures themselves. Many pharmacists serving nursing homes and extended care facilities are conducting continuing education programs for the nurses in those institutions. Some pharmacies are employing technicians to perform nonprofessional tasks in the prescription department so that pharmacists can spend more time counseling patients and monitoring medication record profiles. By nonprofessional tasks, I am referring to stamping prescription numbers on Rx's and patient record cards, typing labels, pulling patient profiles, wrapping medication, and refilling patient record cards and prescriptions.

The Durham Technical Institute has an approved six-month pharmacy technician program, primarily to prepare technicians for employment in hospital pharmacies. As prescription volume increases and the pharmacist is called on to supply more professional services, and is compensated for these services, you will see a greater acceptance of technicians in community pharmacies.

The move toward professionalism in pharmacy has state legislatures giving pharmacy boards the power to mandate C.E. as a condition for license renewal. Oregon has become the twelfth state to grant such powers.

The pressure for all this professionalism is both from the pharmacist and such outside forces as the federal government. A government spokesman recently warned pharmacists to get out from behind the prescription counter or risk a reduction in third-party fees.

It is ironic that with this movement toward professionalism, the prescription has never been more of a commodity item. The federal government is not only knocking down bans on prescription price advertising, but has stopped just short of making such advertising mandatory.

This year federal government involvement in pharmacy practice reached an all-time high. Next year the government's influence on the profession will be even stronger. For better or worse, pharmacy is now one of the most thoroughly regulated professions in the world.

FDA spells out which drugs can be dispensed; HEW dictates how much pharmacists can charge under federal programs; the DEA says where drugs must be stored; FTC regulates how they may be advertised; the Labor Department sets minimum wages for pharmacy employees; the Occupational Safety and Health Administration tells you how many rolls of bathroom tissue you have to keep on hand in the washroom.

The list seems endless, and these are only the federal regulations. There are also state laws, pharmacy board rules and regulations, and local ordinances governing pharmacy.

Clearly, many of these government controls are desirable, but it's just as clear that the average community pharmacist is already inundated with federal paperwork and bureaucratic requirements. And there's every indication that federal influence over pharmacy is about to spread deeper and further within the next five years.

The prime reason is the likelihood of a National Health Insurance Program. Once the federal government starts paying for upwards of 80% of all prescriptions dispensed, it's inevitable that federal requirements will be established for how these drugs will be dispensed.

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PATTERNS FOR THE FUTURE

Increased government involvement will open up new opportunities for pharmacy practice but will also place new restrictions on the professional as well as the business side of pharmacy. These restrictions will be directed toward one objective—controlling the government's cost of providing pharmaceutical services to the public.

It's a better-than-even bet that Congress will pass some form of National Health Insurance next year. If for some reason NHI does not emerge in 1976 (or if prescription coverage is excluded from the program), then the odds are a Medicare outpatient drug benefit will be established as an interim measure.

Either way, the number of government third-party Rx's will skyrocket as will the paperwork for pharmacists. Eventually, the third-party machinery will be streamlined through a computer-based system, but in the meanwhile pharmacists will be spending more time filling out forms and less time on professional duties.

Somewhere along the line pharmacists will be included in the emerging network of PSRO's (Professional Standards Review Organization). Government health planners are already discussing the pros and cons of including non-physician providers under the PSRO umbrella.

As PSRO standards of practice for pharmacy emerge, there is likely to be a shift of power away from traditional regulatory bodies such as state boards toward local, state, and national PSRO councils.

Undoubtedly, state boards and associations will have some representation on these PSRO boards, but there is a good chance that physicians, not pharmacists, will have the final say in approving norms of pharmaceutical service under National Health Insurance unless pharmacy gets involved now.

Antisubstitution laws and their repeal, traditionally reserved for state action, is generating more interest among federal officials today. Several bills to preempt existing antisubstitution laws are already in the Congressional hopper. HEW officials see antisubstitution repeal as yet another avenue to lower government third-party costs, and, given the Federal Trade Commission's current interest in pharmacy matters, I don't rule out action by that agency either.

Not all of these federal initiatives will materialize, and perhaps in the long run much of this government involvement will strengthen rather than hamper pharmacy. Either way, it's certain that the government is well on its way to becoming a much larger factor in the practice of pharmacy.

As a result of these currents and countercurrents, pharmacy is changing more rapidly and more dramatically than ever before. It is a more professional, a more competitive, and a more tightly regulated health profession than it's ever been.

The new demands being made on pharmacy are being made on pharmacists as well. Specifically, the nation's pharmacists are being asked to perform a wider variety of professional services and to assume an expanded role in the health care system. There is little reluctance for pharmacists to assume new roles if suitable mechanisms and rewards are provided. Simply expounding on roles which pharmacists should be acquiring without providing for mechanisms and rewards will accomplish little. If this had been sufficient, the roles proposed during the 1940's would have been adopted by the 1970's.

The trends in health care are clear and should enable us to set our goals for the future. I think you are well aware of these trends, so let me merely enumerate some of them for you without too much embellishment.

1. Because of technical innovation, advances in drug therapy, and advances in general knowledge, health care is more complex than ever before and will continue to grow in complexity.
2. The demand for health care and for highest quality care as rights of all citizens will continue to grow, particularly as a result of national health insurance, even though we will be approaching zero population growth by the year 2000.
3. Health care will become more and more centralized with the hospital continuing to grow as the central unit in the system, but with an expanded role for community health centers as satellites.

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PATTERNS FOR THE FUTURE

4. There will be increased emphasis on preventive health care as opposed to treatment of illness.

5. There will be more new auxiliary personnel performing the more routine tasks and freeing the professionals to concentrate on those problems which require their expertise.

Pharmacy is both more a science than it's ever been and more a business. Pharmacy education as well as pharmacists must respond to this dual role.

The education of future pharmacy graduates must embody three characteristics:

1. Knowledge: They must be well grounded in the basic sciences, but must also have a knowledge of drugs and dosage forms and of therapeutics—the use of drugs in prevention and treatment of human illness. Their level of knowledge of drugs may vary, depending on their specific roles. Also, beyond mere knowledge of today's drugs and their use must be the ability to learn.

The pharmacist today and in the future will continue to perform a distributive function which requires knowledge in the socio-economic and administrative sciences. Managerial and marketing skills must not be overlooked in our educational programs.

2. Skills: Knowledge itself is insufficient unless it is coupled with the ability to apply it to human needs in daily practice. For the pharmacist, this means skill in communication, in the use of the literature, in drug distribution, and in the utilization of future technology such as the computer.

3. Attitude: We must develop in our students a set of attitudes which probably can be sum-

marized as professionalism. This includes an understanding of their role in serving society, the discipline for continuous learning, and the need for self-regulation.

Personally, I am optimistic for the future for several reasons. Pharmacy practice is already changing direction and is moving into the health care system rather than away from it. In education we have improved our basic science base and have added a clinical practice component to our curriculum. We are now adding a new component in education—the practitioner. The practitioners are being brought into the educational arena as field instructors in the externship program. It is important that students at least see the application of scientific and business principles in community and institutional pharmacy settings.

While you and I can see a need for expanded professional services in increasingly sophisticated areas, the public, in many cases, is not ready to accept the profession practicing up to what we consider general standards. There is yet considerable difference between what we profess and what we deliver. Oftentimes, the public neither understands, appreciates nor accepts our role, and if the public has difficulty understanding and accepting the importance of our basic role, how can we expect it to understand and the government to make room for—expanded roles in the health care system?

If we are going to graduate pharmacists with increased skills and knowledge, schools of pharmacy and our professional associations have an obligation to make sure there is a meaningful place in society for the graduates. Our future professional lives may well depend on what happens to the health care system in the next 5 years.

SCOTT DRUG COMPANY ANNOUNCES OPENING OF THIRD WHOLESALE DRUG OFFICE

Donald H. Ahern, President, announces the opening of Scott Drug's Wholesale Division in Columbia, South Carolina. This will be its third Division adding to the previous Charlotte and Winston-Salem offices.

Marvin V. Hudson will be the Manager of this new Pharmaceutical and Cosmetic Depot.

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ONE HUNDRED YEARS OF FAMILY DEDICATION TO PHARMACY

John A. McNeill, Sr. and his 100-year-old family pharmacy, J. A. McNeill and Sons, Whiteville, were honored January 7th for a "distinguished family record in the health field."

Dr. Henry S. McNeil, member of the board of directors of Johnson & Johnson, and founder of McNeil Laboratories, hosted a luncheon in Whiteville to honor 17 members of the McNeill family.

Among those sharing the honors with John Sr. was his mother, Mrs. George McNeill who, the host pointed out, is "probably the only female octogenarian who still keeps the books and controls the cashbox for a firm."

To mark the occasion, Dr. McNeil presented a large framed plaque with the Clan McNeill coat-of-arms as a permanent memento for the drug store. When Scoutmaster John McNeill Sr. was told that the coat-of-arms was the product of a Johnson & Johnson employee, he remarked, "I'll send him a woodcarving Merit Badge."

Dr. McNeil recalled having met John Sr. some years ago at a gathering of the clan at the Highland Games at Grandfather Mountain, prompting the idea of honoring the family with the Clan plaque to commemorate 100 years of "family dedication to pharmacy." He also presented Mr. McNeill with an autographed copy of "Castle of the Sea" by Ian R. Macneil of Barra, a Scotsman member of the McNeil (1) clan.

In his response to the presentation, Mr. McNeill said, "My family is most flattered that people in your position would take the time for an occasion such as this. It's good that during the Bicentennial we (McNeil and McNeills) can meet and exchange ideas."

Dr. McNeil was introduced by E. Weyman of

Greensboro, district manager for McNeil Laboratories. Also in attendance were several Johnson & Johnson representatives including Lawrence G. Foster, corporate vice-president, public relations; Cockman and George Wirtz, McNeil Laboratories; Frank Bouknight, Health Care Division; Michael Lynch, Baby Products Company; and Michael Chew, Personal Products Company.

The McNeill family pharmacy was started by John McNeill's grandfather and great uncle in 1875 in Cumberland County. Both men were rural doctors who made their own medicine. The brothers moved their practice to Shallotte in 1886. McNeill's father grew up in Shallotte and went to Davidson College to study medicine. Stricken by arthritis at the age of 18, he had to drop out of medical school. Later he enrolled in Page's School of Pharmacy in Raleigh. Upon graduation he returned to Shallotte to open a pharmacy. In 1901 he decided to move to Whiteville where he opened a pharmacy in a small wooden building near the site of the present store.

John McNeill received his degree from the University of North Carolina School of Pharmacy in 1940. After a four-year stint in the Navy, he returned to Whiteville to take over his father's pharmacy.

McNeill's oldest son, Sandy, operates two newer branches of the store in Fayetteville and Tabor City, making him the fourth-generation pharmacist.

The McNeill clan present at the January 7th celebration and presentation included John's mother, wife, two brothers, sister, and six children.

W. J. Smith, executive director of the N. C. Pharmaceutical Association, represented McNeill's North Carolina colleagues.

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NCPHA EXECUTIVE COMMITTEE ACTION

Meeting of the Executive Committee, North Carolina Pharmaceutical Association, Institute of Pharmacy, Chapel Hill, Wednesday, January 14, 1976.

DIGEST OF MINUTES

Members Present: Milton Whaley, Chairman; Marsha Hood Brewer, Tom Burgiss, Kenneth Edwards, Eugene W. Hackney, Herman W. Lynch, W. Whitaker Moose, Alfred Gene Smith, W. H. Wilson, and W. J. Smith, Secretary.

Representing the NCPHA Board of Pharmacy Consultants: B. Cade Brooks, Fayetteville.

1. The committee reviewed a preliminary report, calendar year 1975, covering financial operation of the NCPHA. The Association's financial records are being audited by a CPA with a report due in sixty days.

2. Staff salary increased by 5% over 1975. Committee commended staff for dedication to assigned responsibilities during 1975.

3. A new IBM typewriter will be purchased during 1976. An error-correcting feature is expected to offset some of the cost of the typewriter.

4. Cost estimates on station wagon will be obtained for consideration by committee.

5. The committee contributed funds for a bronze plaque to be installed in the auditorium of the Institute of Pharmacy in memory of the late UNC School of Pharmacy Dean Seymour Blaug. This was a personal contribution by the committee and will not involve NCPHA funds.

6. President Whaley and Secretary Smith were authorized to attend the 8th Annual NARD Conference on National Legislation & Public Affairs, Washington, February 25-26.

7. Bill Wilson, a member of the UNC School of Pharmacy Dean Selection Committee, reported an initial organization meeting of the committee was held in December with another scheduled for January 14. Letters are being sent to a broad list of potential prospects.

8. Mrs. Hood suggested a membership category be established for the non-pharmacist husbands of women members of the NCPHA—increasing rapidly due to the number of women pharmacists. A committee will review the suggestion and prepare a recommendation.

9. The elimination of Medicaid stamps at the county level to health professionals is causing some difficulty. Problem will be referred to Mr. Benny Ridout of Social Services and Mr. Shelton Brown of Paid Prescriptions.

10. President Whaley and Secretary Smith will meet with members (and their wives) of the New Hanover County Pharmaceutical Society on January 21 for a pre-convention planning session.

The NCPHA convention registration fee was set at \$20.00 or \$7.50 per day; funds for a Sunday night (April 11) guest speaker were authorized. Mr. Hackney was authorized to rent a Bicentennial backdrop from the Jaycees at a charge of \$25.00.

Members of the NCPHA Committee on Insurance joined the Executive Committee for lunch and a business session in the Institute of Pharmacy during the afternoon.

The Committee on Insurance, with Chairman Tom Burgiss presiding, will publicize the availability of professional liability insurance for pharmacists who are employed part-time in the institutional environment; also discussed the desirability of adopting a uniform prescription claim form and recommended two forms reviewed by the committee be sent to NCPHA members for comment.

Shelton Brown, Project Director, Paid Prescriptions, discussed audit procedures used by Paid in auditing Medicaid prescription records. Details to be published in *The Carolina Journal of Pharmacy*.

He also discussed changes in the handling of Medicaid labels at the county level and a new (in discussion stage) billing procedure which hopefully will result in pre-10th-of-the-month payment of Medicaid pharmacy claims.

Mr. Ben Williams, the new Assistant Project Director of Paid Prescriptions, was introduced.

Next meeting of committee: February 18, 1976.

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DURHAM—ORANGE

The January meeting of the Durham-Orange Pharmaceutical Association was held at the Piccadilly Cafeteria, with Don Peterson, president, presiding. A timely program of interest for those present was *Potential Liability in Product Selection*. This continuing education program was developed by Eli Lilly and Company. Dr. David Work and Jerry Price of the North Carolina Board of Pharmacy were present to answer questions.

During the business program it was voted to contribute \$100 to the Seymour Blaug Memorial Loan Fund, for use of students of the UNC School of Pharmacy. It will be administered through the Consolidated Pharmacy Fund of the North Carolina Pharmaceutical Association.

LIGON SEEKS AMERICAN PARTY NOMINATION AGAINST HEFNER

Pharmacist Brad Ligon of Salisbury has announced he will seek the American Party nomination to oppose incumbent Bill Hefner for the Eighth District seat in Congress.

Ligon is a graduate of the Medical College of South Carolina and prior to moving to Salisbury, operated a pharmacy in Charleston, S. C. He is now associated with Revco Drugs.

Response to our Medicaid note about the New York based concern offering to save North Carolina "millions of dollars" by setting up a mail order Medicaid Rx Program based on AWP plus a professional fee of 75¢ and mailing cost:

Dear W. J.:

This sounds great. But probably additional millions can be saved by securing mail diagnosis by New York doctors at \$1.29 plus postage. Answers, diagnosis and prescriptions in 10 to 14 days; exceptional cases may take longer.

And for an additional \$13.49 per month I'll bet Governor Carey and Mayor Beame will tell us how to run Raleigh and the State of North Carolina and do the job as well as they are doing in New York.

B. M. Burrus
Canton

UNC PHARMACY SCHOOL NOTES

FINANCIAL ASSISTANCE NEEDED

Dear Folk\$: Ju\$t a few word\$ to \$ay I mi\$\$ you all. \$chool is fine but I have a few problem\$. Gue\$\$ you under\$and. Plea\$e ru\$h me \$ome.

Dear Junior: We ackNowledge your NOvel but obNOxious NOte and NOtice your type-writer is abNormal. Hope you kNOW a good repairman NOt too expensive. There's NO other news.—Dad.

PANELISTS HIGHLIGHT EMPLOYMENT OPPORTUNITIES

The January 14 meeting of the NCPA/APhA Student Branch, held in the Institute of Pharmacy, Chapel Hill, highlighted a panel presentation: Pharmacy Employment Outlook for 1976

The panelists were:

Hospital Pharmacy—Milton Skolaut, Director of Pharmacy Service, Duke University Medical Center, Durham.

Chain Pharmacy—Donald J. Deaton, Regional Vice President, Revco Drug Stores, Martinsville, Virginia.

Community Pharmacy—Milton Whaley, President of the NCPA, Wallace.

The meeting was concluded with a question and answer session. In general, the panelists agreed that employment opportunities had improved over spring of 1975 and cautioned the students that the Chapel Hill/Durham/Raleigh area could not provide employment for all applicants who desire to remain there.

STUDENT BRANCH NCPHA/APhA

(Condensed from minutes of January 12 meeting by June Hall, Branch President, and Jane Hall, Secretary)

Meeting of the Officers of the NCPA/APhA Student Branch with W. H. Wilson and W. J. Smith, representing the NCPHA, Institute of Pharmacy, Chapel Hill, January 12, 1976.

Jane Hall: Report of Branch activities for fall of 1975 and plans for 1976.

Martha Mayo: Membership Committee activity included letter to returning students, a

letter to 5/5s explaining rotation, fall picnic and membership booth in Beard Hall. Membership total—300 out of student body of 550.

Gail Wiggins: Fall program included guest speakers Seymour Holt of Dista, Ben Bailey of Upjohn and Mark Novitch of FDA; OTCs, Alcoholism, Hypertension are program possibilities coming up.

Diane Andrako: \$385.00 cash on hand. Solicitation letters will be mailed to potential contributors to Branch projects; book sales represent a potential fund-raising avenue.

Ted Went: Suggested a combined public service and fund raising project—hypertension/diabetic screening at designated cooperating pharmacies with contribution by the pharmacies to the Branch for pharmacy student service.

Jennifer Stancil: The externship/internship notebook is being revised. Tripartite Committee will review on January 19th. Notebook will include answers to notebook questions.

Janice Kuran: Acting Representative of Council of Students (COS), a branch of the American Association of Colleges of Pharmacy . . . for student input (curriculum) and to the faculty as a whole.

Martha Mayo: Was elected Regional Alternative Delegate at the Regional Meeting in Charleston. Responsibilities include heading the Regional Committees on Community Practice and Legislation.

NCPHA Convention: In Wilmington, April 11/13. Branch members may register without charge; A room will be reserved at the Wilmington Hilton to be used as Branch headquarters while the convention is in progress.

APhA Meeting: In New Orleans, March 31-April 1-4 for Branch sessions. UNC Branch will be represented by ten to twelve Branch members. Transportation arrangements by Steve Moore.

Employment: NCPHA mailing employment questionnaire to 1700 members in January; will compile list of employment opportunities (graduates and undergraduates) in early February.

Capitation Grant: June Hall reported the Branch stand by saying "we support capitation but do not want subject payback." Capitation legislation is now under consideration by Congress.

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Brief Summary

Indications: *Streptococcus pyogenes* (Group A beta hemolytic streptococcus) — Upper and lower respiratory tract infections, skin, and soft tissue infections of mild to moderate severity, where oral medication is preferred. Therapy should be continued for 10 days.

Alpha-hemolytic streptococci (viridans group) — Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus — Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (*D. pneumoniae*) — Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Haemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum — As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and *C. minutissimum* — As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica — In the treatment of intestinal amebiasis.

L. monocytogenes — Infections due to this organism.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

Contraindications: Known hypersensitivity to erythromycin.

Warnings: Safety for use in pregnancy has not been established.

Precautions: Exercise caution in administering to patients with impaired hepatic function. Surgical procedures should be performed when indicated.

Adverse Reactions: Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. During prolonged or repeated therapy, there is a possibility of overgrowth of non-susceptible bacteria or fungi. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

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MARRIAGES

Perry Panos Diamaduros, pharmacist with Eckerd's of Charlotte, and Susan Kathryn Baucom of Goldsboro were married December 27 at the First Presbyterian Church of Goldsboro. The bride is a student at UNC-C, and the groom is a graduate of the UNC-Ch School of Pharmacy.

Ralph Preston Justice, Jr., pharmacist-manager of Old Fort Drug Store, Old Fort, North Carolina, and *Sarah Ann Klem* of Jamestown were married in a nuptial Mass at Immaculate Heart of Mary Church, High Point, on December 20th. Mr. Justice is a graduate of the UNC School of Pharmacy; the bride will graduate from the same school in May of 1976.

William Glenn Pearson, 1975 graduate of the UNC School of Pharmacy, and Cathy Arlene Miller of Albemarle, graduate of the School of Nursing, UNC-C, were married December 13 in the North Albemarle Baptist Church of Albemarle. Both are affiliated with Charlotte Memorial Hospital and Medical Center of Charlotte.

Benjamin Thomas Brinson, 1972 graduate of UNC School of Pharmacy and Cara Laveita Merritt, graduate of ECU, were married December 27th in the Providence United Methodist Church at Goldsboro. Mr. Brinson is associated with Tayloe Drug of Washington; the bride is working toward her master's degree in home economics at ECU.

DEATHS

ALLISON JAMES

Albert Allison James, age 89, died in Wheeling, West Virginia on December 25.

A native of Laurens, South Carolina, Mr. James moved to Winston-Salem in 1906 where he was closely identified with pharmacy until ill health forced him into retirement two years ago.

He was a charter member of the Winston-Salem Kiwanis Club; was president and treasurer of the Yerkes Chemical Company; president of the N. C. Pharmaceutical Association 1925-26; and during WWII served as state director of the U.S. Savings Bond Division of the Federal Government.

Survivors include his wife; one daughter and two sisters. Burial was in St. Clairsville, Ohio.

JAMES E. PERRY, JR.

James E. Perry, Jr., age 55, co-owner of Perry's Drug Store, Franklin, died December 9 at his home of an apparent heart attack.

CAREY DODD

Carey Newkirk Dodd, age 75, former owner and operator of Dodd Drug Company, Raleigh, died December 11 in Wake Forest.

L. M. INGRAM

Laurance Munsey Ingram, age 76, died in High Point on January 6. He owned and operated Ingram's Pharmacy, High Point, from 1923 until his retirement in 1969.

W. B. HARRIS

William Brown Harris, age 81, High Point pharmacist, died January 1. He was owner of the Ring-Harris Drug Company.

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Personnel Director
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DRUG PRICE ISSUE AIRED

(From Page 5)

The pharmacists don't believe any useful purpose will be served by posting prices. They see it as a difficult task for the consumer to identify the hundreds of prescriptions with

varying strengths.

The cost variation is attributed to "services," such as charge and delivery, and maintaining 'prescription profiles.'

Of the 12 who are in favor of advertising prescription drug prices, comparative shopping headed the list of reasons. One couple felt pharmacists should be required to post prices of prescription drugs. "It can't hurt anything, and if anything, will keep them honest" the couple added.

UNC PHARMACY SCHOOL NOTES

(From page 37)

Dean Selection: Search Committee has solicited student involvement in recommending candidates for consideration for appointment as Dean of the UNC School of Pharmacy. Mr. Wilson reported the committee met prior to Christmas for an organization meeting and was scheduled to meet on January 14.

Projects: National Poison Prevention Week (March 14/20) and Pharmacy Week (March 14/20) . . . to include CONDEM (collection of and disposal of out-of-date drugs) and a Symposium utilizing N. C. Community pharmacists as guest speakers.

Consolidated Pharmacy Loan Fund Continues To Fulfill A Need

(From page 15)

loan in early 1976. A contribution of \$100 was received from the Durham-Orange Pharmaceutical Association for assignment to the Blaug Fund.


A detailed financial report will be published following audit of the Fund account by a CPA.

#1. B-C Community Drug Store, Dunn (1-1-76)—Officers rushed to the pharmacy after a burglar alarm went off. They found the pharmacy's front door smashed. Later, Pharmacist Byron Johnson reported the loss of \$750 in cash and a 20-gauge shotgun.

#2. Village Pharmacy, 2010 Clark Avenue, Raleigh (1-4-76)—A plate glass window was smashed and fishing tackle valued at \$301 was stolen.

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Volume LVI

March 1976

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Splendor Southern Style

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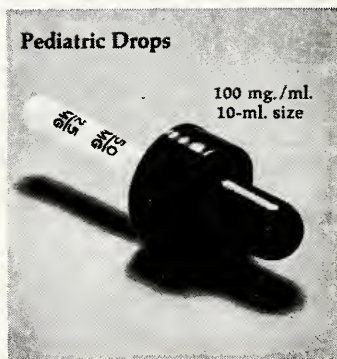
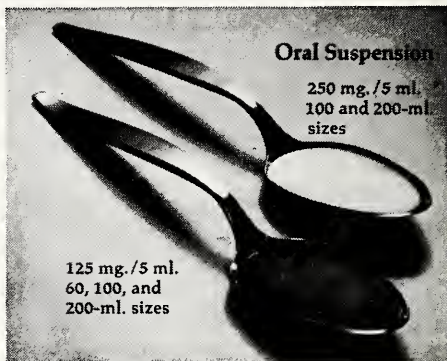
The Wilmington Hilton overlooks the famous Cape Fear River in the heart of downtown Wilmington . . . a location which provides surroundings of beauty with maximum convenience.

The convention immediately follows close of the Azalea Festival when Wilmington is ablaze with the beauty of thousands of azaleas and other flowering shrubs.

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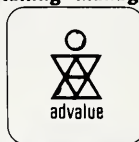
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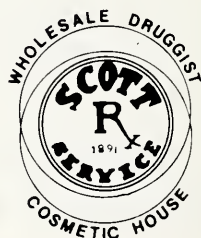
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The Carolina JOURNAL OF PHARMACY

March, 1976

Vol. LVI

No. 3

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**96TH ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

**THE WILMINGTON HILTON HOTEL
Wilmington, North Carolina
April 11-12-13, 1976**

THE CONVENTION-IN-BRIEF

SUNDAY, APRIL 11

- 12:00 Noon **N. C. SOCIETY OF HOSPITAL PHARMACISTS**—Luncheon and Business Session—*Garden Room*
- 1:00 p.m. **REGISTRATION DESKS OPEN**—*Main Lobby*
- 1:00 p.m. **CHINESE AUCTION AND PLANT SALE OPENS** (Woman's Auxiliary Project)—*Wilmington and Board Rooms*
- 2:00 p.m. **N. C. PHARMPAC MEETING**—*Grand Ballroom*
- 4:00 p.m. **"STAR-SPANGLED" AWARDS SESSION AND RECEPTION**—*Grand Ballroom*
- *7:00 p.m. **BICENTENNIAL DINNER**—Opening Session, Entertainment, Guest Speaker—*Grand Ballroom*

MONDAY, APRIL 12

- 9:00 a.m. **NCPHA BUSINESS SESSION**—*Grand Ballroom—Section C*
- 10:00 a.m. **WOMAN'S AUXILIARY TOUR**—*Depart from Main Entrance*
- 12:30 p.m. **GOLF TOURNAMENT**—*Greens fees by Owens-Illinois*
- 2:00 p.m. **ACTIVITIES FOR NON-GOLFERS:** Tennis, sailing, fishing
- 6:00 p.m. **COCKTAIL PARTY**—*Sponsored by N. C. Wholesale Drug Houses—Grand Ballroom*
- *7:00 p.m. **"SALUTE TO THE NEWEST STATE OF THE UNION"**—**A LUAU**—*Complete with Polynesian food and decorations—Poolside*
- 8:30 p.m. **"SALUTE TO THE NEVER-TO-BE-FORGOTTEN CONFEDERACY"**—*Dixieland Jazz—Sponsored by N. C. Wholesale Drug Houses—Grand Ballroom*

TUESDAY, APRIL 13

- 9:00 a.m. **NCPHA BUSINESS SESSION**—*Grand Ballroom—Section C*
- 9:30 a.m. **WOMAN'S AUXILIARY BUSINESS SESSION**—*Grand Ballroom—Section A*
- 10:00 a.m. **TMA BUSINESS SESSION**—*Garden Room*
- 11:30 a.m. **WOMAN'S AUXILIARY DEPARTURE FOR LUNCHEON AND FASHION SHOW AT THE BLOCKADE RUNNER, WRIGHTSVILLE BEACH**
- *12:00 noon **NCPHA LUNCHEON**—*Section B of Grand Ballroom*
- 2:00 p.m. **NCPHA BUSINESS SESSION**—*Grand Ballroom—Section C*
- 9:00 p.m. **COLONIAL BALL—TMA PARTY**—*Grand Ballroom*

*Reservations and dinner tickets through the NCPHA

TO PARTICIPATE IN CONVENTION EVENTS, INCLUDING THE GOLF TOURNAMENT, YOU MUST BE A CONVENTION REGISTRANT. WEAR YOUR BADGE—PRESENT TICKETS MADE AVAILABLE TO YOU WHEN YOU REGISTER.

CONVENTION PROGRAM

96TH ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION
Wilmington, North Carolina

OPENING SESSION AND BICENTENNIAL DINNER*

Grand Ballroom
The Wilmington Hilton
Sunday, April 11, 1976
Seven o'clock

Franklin E. Williams, Convention Chairman, *Presiding*

CALL TO ORDER

N. C. Pharmaceutical Association—L. Milton Whaley, *President*
Woman's Auxiliary, NCPHA—Mrs. M. E. Hedgepeth, *President*
Traveling Men's Auxiliary, NCPHA—Ray Black, *President*

PRESENTATION OF COLORS

The Naval ROTC Color Guard

INVOCATION

The Reverend William D. Sabiston, III, *Minister*
Wallace United Methodist Church

* * * * *

L. Milton Whaley, *Presiding*

"WHAT'S RIGHT ABOUT AMERICA?"—Oddvar Berg, *Guest Speaker*

"THE BICENTENNIAL IN MUSIC"—The Voyagers, *choral group from the John T. Hoggard High School, under the direction of Bob Alexander*

ANNOUNCEMENTS

ADJOURNMENT

**Dinner reservations and tickets through NCPHA*



The PROFILE SYSTEM, which is now functional in Pike's Drug Store, Concord, will be demonstrated at the convention by representatives of Health Applications Systems, Inc. Mr. Pike is enthusiastic over his initial use of the System; here's your opportunity to check-out at first hand what the System can do for you.

CONVENTION LUNCHEON

The Tuesday, April 13, luncheon has been designated "The H. C. McAllister Testimonial Luncheon" in honor of H. C. McAllister who retired as Secretary-Treasurer of the N. C. Board of Pharmacy on March 1. The occasion includes presentation of the Blanton Award for service to pharmacy. Luncheon open to all convention registrants by reservation at registration desk.



ODDVAR BERG

GUEST SPEAKER: ODDVAR BERG
SUBJECT: WHAT'S RIGHT WITH AMERICA

TIME: SUNDAY, APRIL 11, 7 p.m.

Mr. Berg is a native of Oslo, Norway. He spent twenty years in the Belgian Congo as a missionary. In 1960 it was necessary to leave the Congo due to trouble which erupted there when Congo was given its independence. The Berg Family lived for two years in Brussels, Belgium, where Mr. Berg worked as a Professor at the Royal Athenee (college).

In 1962 the Bergs immigrated to this country with the help of the resettlement services of the United Presbyterian Church U.S.A. They became citizens of the United States of America on May 7, 1968.

Mr. Berg has pastored churches in Tennessee and Alabama, and in 1972 married the former Margaret Sullivan of Russellville, Ky. where they now reside. Last year, Mr. Berg spoke to more than 50,000 persons on the topic: What's Right With America.



The Voyagers—Choral group from the John T. Hoggard High School, Wilmington, under the direction of Bob Alexander. Photo by Colorcraft of Wilmington.

SECOND SESSION, NCPHA

MONDAY MORNING, APRIL 12

Nine o'clock

Grand Ballroom, Section C

L. Milton Whaley, *Presiding***CALL TO ORDER****IN MEMORIAM****SALUTE TO THE BICENTENNIAL**—Eugene Hackney, *Chairman, Bicentennial Committee***THE PRESIDENT'S ADDRESS**

Mr. Whaley, with First Vice-President Tom Burgiss presiding

"HOW DO CONSUMERS REALLY FEEL ABOUT PHARMACISTS?"—A Panel Presentation
sponsored by Lederle Laboratories**PRIZE DRAWING****ANNOUNCEMENTS****ADJOURNMENT****MONDAY AFTERNOON**

There are no business sessions scheduled, and the following activities are offered:

- Golf Tournament—Greens fees by Owens-Illinois
- Fishing
- Sailing • Tennis
- Informal bridge (make up your own table)
- Continuation of Chinese Auction and Plant Sale
- Walking tour of historical section of Wilmington

Information on the above available at Convention Registration Desk

MONDAY EVENING6:00 **COCKTAIL PARTY**—*Ballroom—Sponsored by N. C. Wholesale Druggists*7:00 **"SALUTE TO THE NEWEST STATE OF THE UNION"**—**A LUAU**, complete with Polynesian
food and decorations—*Poolside*
(Reservations through NCPHA)8:30 **"SALUTE TO THE NEVER-TO-BE-FORGOTTEN CONFEDERACY"**—*Dixieland Jazz*
—*Grand Ballroom—Sponsored by N. C. Wholesale Druggists***THE LEDERLE CONSUMER PANEL ON PHARMACY**

Registrants who attend this unique 2-hour program will not only gain some interesting—and perhaps startling—insights into what consumers think about Rx prices, Rx advertising & posting, generic substitution, value of pharmacists' professional services, preferences among discount vs chain vs independent pharmacies, respect for and trust in, pharmacists and continuing education for pharmacists. Open to all convention registrants.

THIRD SESSION, NCPHA**TUESDAY MORNING****April 13, 1976—Nine o'clock****Grand Ballroom, Section C****INVOCATION****THE N. C. BOARD OF PHARMACY***A report by David Work, Secretary-Treasurer***THE UNC SCHOOL OF PHARMACY***A report by LeRoy Werley, Acting Dean***THE STUDENT BRANCH, NCPHA/APhA***June Hall, President***PHARMACY SALARYFRINGE BENEFITS***Jean Gagnon, Associate Professor, UNC School of Pharmacy***DIFFERENTIAL PRICING—AN INDEPENDENT'S VIEW***Franklin Williams, Williams Pharmacy, Wilmington***GUEST SPEAKER***Joseph D. Williams, Executive Vice-President, Warner-Lambert Company***DRUG CRIME PREVENTION PROGRAM***Donald Fletcher, Manager of Pharmacy, Legislative & Health Programs,
Smith Kline & French Laboratories***PRIZE DRAWING****ANNOUNCEMENTS****ADJOURNMENT**

Franklin E. Williams, the general chairman of the NCPHA convention, is pictured on the left with Mrs. Williams and Mrs. Julius Howard, co-chairmen of the Woman's Auxiliary Convention Committees. Leslie G. Collins, President of the New Hanover County Pharmaceutical Society, convention host organization, is on the right.

FOURTH SESSION, NCPH**TUESDAY AFTERNOON****April 13, 1976—Two o'clock****CALL TO ORDER**

When the NCPHA membership is not in convention assembled, the year-round work of the Association is carried out by your elected officers and appointed committees. Therefore, the following reports represent activities of the 1975-1976 Association year.

REPORTS

State Legislation—William H. Wilson, *Chairman*
 National Legislation—George P. Hager, *Chairman*
 Community Pharmacy—Joseph C. Miller, *Chairman*
 Employer/Employee Relations—Herman W. Lynch, *Chairman*
 Institutional Pharmacy—W. H. Randall, Jr., *Chairman*
 Public Health & Welfare—Kenneth Edwards, Jr., *Chairman*
 Public & Professional Relations—Whitaker Moose, *Chairman*
 Mental Health—James L. Creech, *Chairman*
 Continuing Education—Claude U. Paoloni, *Chairman*
 Delivery of Pharmaceutical Services—Eugene W. Hackney, *Chairman*
 Insurance—Tom Burgiss, *Chairman*

FINANCIAL REPORTS

NCPHA Endowment Fund/Institute of Pharmacy—B. Cade Brooks, *Chairman*
 N. C. Pharmaceutical Research Foundation—Charles D. Blanton, *President*
 Consolidated Pharmacy Fund—Robert B. Hall, *Chairman*
 NCPHA Central Office & Fiscal Affairs—W. J. Smith, *Secretary-Treasurer*

GREETINGS

Mrs. M. E. Hedgepeth, *President, NCPHA Woman's Auxiliary*

CLOSING REPORTS

Resolutions
 Time and Place
 Convention Attendance—A. H. Mebane, III, *Convention Registrar*
 Nominations

OFFICER INSTALLATION**ANNOUNCEMENTS****ADJOURNMENT****TUESDAY EVENING**

ENTERTAINMENT AND COLONIAL BALL—Sponsored by the Traveling Men's Auxiliary of the North Carolina Pharmaceutical Association

MUSIC by Ed Turbeville Band, playing from 9 p.m. to 12:30 a.m.

PRIZES will be awarded to couples for the best colonial costumes as follows:

First prize	\$100.00
Second	50.00
Third	25.00

ADMISSION by convention badge and TMA ticket

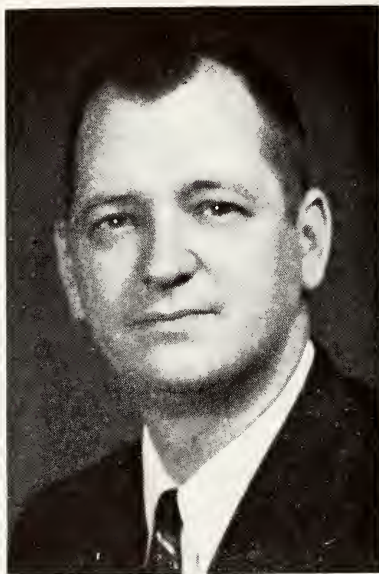
IN THE GRAND BALLROOM—STARTING PROMPTLY AT 9 P.M.

**L. M. WHALEY**

The President of the N. C. Pharmaceutical Association, L. Milton Whaley of Wallace, left, will preside during the NCPHA business sessions. His address is scheduled for the April 12 a.m. session.

Rosemary Hedgepeth of Henderson (lower left), as President of the Woman's Auxiliary of the NCPHA, will report on the Auxiliary's programs and projects. Note program on opposite page.

As General Convention Manager and Registrar, Al Mebane of Greensboro not only collects registration fees but is dedicated to a smoothly running meeting—usual and customary for NCPHA Conventions.

**ROSEMARY HEDGEPETH****A. H. MEBANE**

WOMAN'S AUXILIARY, NCPH

Sunday, April 11, 1976

- 1:00 p.m. **REGISTRATION DESKS OPEN**—*Main lobby*
 1:00 p.m. **CHINESE AUCTION AND PLANT SALE OPENS**—*Wilmington and Board Rooms*
 4:00 p.m. **"STAR-SPANGLED" AWARDS SESSION AND RECEPTION**—*Grand Ballroom, Section C*
 *7:00 p.m. **OPENING SESSION—BICENTENNIAL DINNER—ENTERTAINMENT—GUEST SPEAKER**—*Grand Ballroom*

MONDAY, APRIL 12, 1976

- 10:00 a.m. **TOUR OF HISTORICAL WILMINGTON**—*Tour departs from Main Entrance, promptly at 10 a.m.*
REFRESHMENT STOP AT "THE PLANTATION"—*with tour of gardens*
 1:00 p.m. Choice of activities:
 • Golf Tournament
 • Fishing
 • Sailing
 • Informal Bridge (make up your own table)
 • Continuation of Chinese Auction and Plant Sale
 • Walking tour of historical section of Wilmington
(Information on above at convention registration desk)
 6:00 p.m. **COCKTAIL PARTY**—*Sponsored by the Wholesale Druggists of N. C. Grand Ballroom*
 *7:00 p.m. **"SALUTE TO THE NEWEST STATE OF THE UNION"**—*A luau complete with Polynesian Food and Decorations—Poolside*
 8:30 p.m. **"SALUTE TO THE NEVER-TO-BE-FORGOTTEN CONFEDERACY"**—*Dixieland Jazz Sponsored by Wholesale Druggists of N. C.—Grand Ballroom*

TUESDAY, APRIL 13, 1976

- 9:30 a.m. **ANNUAL BUSINESS SESSION**—*Grand Ballroom—Section A*
 11:30 a.m. **DEPART FOR LUNCHEON/FASHION SHOW—BLOCKADE RUNNER, WRIGHTSVILLE BEACH** *For transportation, Wilmington members will be using their cars, and also ask that others "carpool"*
 9:00 p.m. **TMA COLONIAL BALL—ENTERTAINMENT**—*Grand Ballroom*
Music by Ed Turbeville Band—playing from 9 p.m. to 12:30 a.m.
Admission by Convention Badge and TMA ticket
Three cash prizes to couples wearing best colonial costumes
 **Dinner reservations and tickets through NCPHA*

WOMAN'S AUXILIARY CONVENTION COMMITTEES

Mrs. Julius Howard, *Co-Chairman*
 Mrs. Franklin Williams, *Co-Chairman*

Publicity—Mrs. Henry Green

Decorations—Mrs. Hobart Whaley

Prizes and Favors—Mrs. Crayne Howes

Entertainment—Mrs. Leslie Collins

Head Page—Mrs. Larry Hovis

Fashion Show—Mrs. Vince Lindenschmidt

Chinese Auction and Plant Show: Mrs. Leslie Collins, Mrs. Lindsey Odom,

Mrs. Edmund M. Wellons



Officers of the Traveling Men's Auxiliary, NCPHA—Left to right: L. M. McCombs, Secretary-Treasurer; Roland G. Thomas, 2nd Vice President; W. F. Elmore, 1st Vice President; Ray Black, President.



W. F. ELMORE
Entertainment Chairman
Wholesale Druggists of N. C.



ROLAND G. THOMAS
Entertainment Chairman
Traveling Men's Auxiliary

TRAVELING MEN'S AUXILIARY, NCPHAROLAND G. THOMAS, *Convention Chairman***PROGRAM****Sunday, April 11, 1976***(All events in the Wilmington Hilton unless otherwise noted)*

- 1:00 p.m. **REGISTRATION DESKS OPEN**—*Main lobby*
 1:00 p.m. **CHINESE AUCTION AND PLANT SALE OPENS**—*Wilmington and Board Rooms*
 4:00 p.m. **"STAR-SPANGLED" AWARDS SESSION AND RECEPTION**—*Grand Ballroom*
 *7:00 p.m. **OPENING SESSION—BICENTENNIAL DINNER—ENTERTAINMENT—GUEST
 SPEAKER**—*Grand Ballroom*

MONDAY, APRIL 12, 1976

Members of the TMA are cordially invited to attend the business session of the NCPHA, starting at 9 a.m. in Section C of the Grand Ballroom

AFTERNOON ACTIVITIES

- Golf Tournament
- Fishing
- Sailing
- Informal Bridge (Make up your own table)
- Continuation of Chinese Auction and Plant Sale
- Walking tour of historical section of Wilmington

(Information on the above at convention registration desk)

EVENING EVENTS

- 6:00 p.m. **COCKTAIL PARTY**—*Sponsored by the Wholesale Druggists of N. C. Grand Ballroom*
 *7:00 p.m. **"SALUTE TO THE NEWEST STATE OF THE UNION"**—*A luau complete with Polynesian Food and Decorations—Poolside*
 8:30 p.m. **"SALUTE TO THE NEVER-TO-BE-FORGOTTEN CONFEDERACY"**—*Dixieland Jazz Sponsored by N. C. Wholesale Druggists*

TUESDAY, APRIL 13, 1976

- 10:00 a.m. **TMA BUSINESS SESSION**—*Garden Room*
 *12:00 noon **NCPHA LUNCHEON**—*Grand Ballroom, Section B*

TMA members are cordially invited to attend the afternoon session of the NCPHA, starting at 2 p.m. in Section C of the Grand Ballroom

- 9:00 p.m. **TMA COLONIAL BALL—ENTERTAINMENT**—*Grand Ballroom*
Music by Ed Turbeville Band, playing from 9 p.m. to 12:30 a.m.
Admission by Convention Badge and TMA ticket
Three cash prizes to couples wearing best colonial costumes

*Dinner reservations and tickets through NCPHA

**OFFICERS 1975-1976
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

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First Vice-President Tom R. Burgiss, Sparta
Second Vice-President Eugene W. Hackney, Lumberton
Third Vice-President Herman W. Lynch, Dunn
Secretary-Treasurer and Executive Director W. J. Smith, Chapel Hill

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Thomas R. Burgiss, Sparta	W. W. Moose, Mt. Pleasant
Kenneth Edwards, Stantonsburg	Alfred G. Smith, Elizabethtown
Eugene W. Hackney, Lumberton	William H. Wilson, Raleigh
Herman W. Lynch, Dunn	W. J. Smith, Secretary

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First Vice-President Mrs. L. M. McCombs, Creedmoor
Second Vice-President Mrs. L. Milton Whaley, Wallace
Record Secretary Mrs. R. L. Lewis, Charlotte
Corresponding Secretary Mrs. Paul Branch, Boone
Treasurer Mrs. A. H. Mebane, III, Greensboro
Parliamentarian Mrs. Bruce Medlin, Charlotte
Historian Mrs. J. H. Upton, Greensboro
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Advisor Mrs. J. W. Kirkpatrick, Waynesville
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First Vice-President W. E. Elmore, Wilmington
Second Vice-President Roland G. Thomas, Charlotte
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CONVENTION SPONSORS

In appreciation for substantial support of the 96th Annual Meeting of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries, grateful recognition is expressed to the following:

- *ABBOTT LABORATORIES*
- *BURROUGHS WELLCOME COMPANY*
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- *MARION LABORATORIES, INC.*
- *MENLEY & JAMES LABORATORIES*

SPECIAL EVENTS

- *N. C. MUTUAL WHOLESALE DRUG COMPANY*
Sunday night Guest Speaker
- *LEDERLE LABORATORIES*
The Lederle Consumer Panel on Pharmacy
- *NATIONAL PHARMACEUTICAL COUNCIL*
Pharmacy Student Participation

ENTERTAINMENT

- *OWENS-ILLINOIS (Rx PRODUCTS)*
Golf Tournament Green Fees
- *WHOLESALE DRUGGISTS OF NORTH CAROLINA*
Cocktail Party and Dixieland Jazz
- *TRAVELING MEN'S AUXILIARY OF THE N.C.Ph.A.*
Colonial Ball—Ed Turbeville Band

OFFICIAL CONVENTION PHOTOGRAPHER: COLORCRAFT CORPORATION

STP

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ADVERTISING PROGRAM



HOW'S YOUR RETAIL IMAGE?—Good? Bad? Indifferent—Consult your Smith Representative about our Associated Druggist Program. Some of the advantages of this program are hometown newspaper advertising—buying advantages—clerk training program—In store promotion materials and store advertising fliers.

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GAFFNEY - - - -	487-4949	ANDERSON - - - -	646-3641

WHOLESALE DRUG
DIVISION OF SMITH DRUG COMPANY

SPARTANBURG, SOUTH CAROLINA 29401

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**1976 Convention Committees**Franklin E. Williams, *General Chairman***EXECUTIVE COMMITTEE**

Leslie G. Collins
 Gerald K. Harrington
 Julius Howard
 H. Crayne Howes

W. A. Morton, Sr.
 Nancy Adams Musselwhite
 Hobart G. Whaley
 Franklin E. Williams

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Julius Howard, *Chairman*
 Henry W. Greene
 Larry K. Hovis

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H. Crayne Howes, *Chairman*
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 Vince J. Lindenschmidt

REGISTRATION

Nancy A. Musselwhite, *Chairperson*
 George M. Willets, II
 Sara W. Batts

ENTERTAINMENT

Gerald K. Harrington, *Chairman*
 L. E. Hickmon
 Larry K. Hovis

SPEAKERS

Leslie G. Collins, *Chairman*
 R. E. Carter, Jr.
 E. Michael Wellons

DECORATIONS

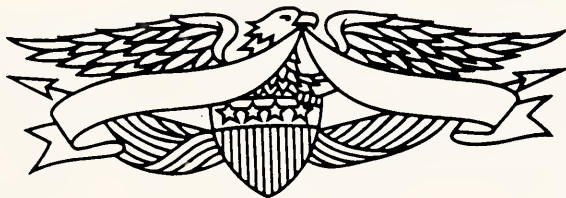
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Empirin® Compound 250's
still have easy-open, easy-close, fiddle-free caps



Good sales sense

No need to create cap-opening difficulties for people who can't cope with child-resistant closures. The elderly and the handicapped. Households without children. (To accommodate these users, each manufacturer of aspirin-containing analgesics is permitted by law to make one size available without a safety closure.)

The Empirin Compound 250 tablet bottle is the right choice for them. Easy to open. Easy to close. Easy to take.

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Every Empirin Compound "250" you sell can bring you a profit of up to \$1.10*. Yet one facing uses only 4 1/2 inches—scarcely more than most analgesic 100's do.

Make the most of every analgesic inch on your shelves. Make it with Empirin Compound 250's.

*Based on suggested list prices.



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North Carolina 27709

COURT HOLDS PHARMACY NOT LIABLE WHEN PRESCRIPTION FILLED EXACTLY AS PRESCRIBED

Motion filed by Pike's Drug Store, Concord, N. C. for dismissal of suit (claimant seeks \$3.5 million in damages involving a birth control pill) was heard in the Superior Court for Cabarrus County, N. C. on February 2, 1976.

Decision of the Court:

The Court stated in substance that an old Superior Court Judge told him when he first went upon the Bench whenever he was presented with a matter without precedence and authority, to do that which he thought was right, and that was what he was doing in this case; *that he could not conceive of a druggist being liable where he had filled the prescription exactly as prescribed* for a particular named drug in its original sealed container where the plaintiff has alleged that the drug was in its original condition, and had not been changed, altered or damaged.

(Action against Pike's Drug Store was dismissed by the Court; appealed by the plaintiff).

Editorial Comment:

Had Pike's Drug Store been involved in product selection—product dispensed other than the one prescribed by the doctor—in our opinion Pike's Drug Store would still be involved in the \$3.5 suit.

GAMBLE BOWERS RETIRES FROM OMB

Gamble M. Bowers, II retired January 1, 1976 from Owens, Minor & Bodeker, Incorporated, Richmond, Virginia, after 42 years.

He began his career with the firm as a salesman in the Eastern North Carolina Region. Following two years of service, as Lt. JG with the United States Navy from 1942-1944, Mr. Bowers returned to Owens, Minor & Bodeker, serving as Secretary-Treasurer, and later as Vice-President and Director until his retirement.

He has maintained a keen interest in State and National Pharmaceutical Professional

Organizations. In 1972 he received the Distinguished Service Award from the Virginia Pharmaceutical Association, the first and only non-pharmacist to be so honored.

Mr. Bowers served on many VPHA Committees, including its annual meetings and its official publication, "The Virginia Pharmacist." He also assisted in organizing the Virginia Drug Travelers Association which is closely allied with the VPHA.

He was actively interested in the North Carolina Pharmaceutical Association throughout his career.

His participation in the National Wholesale Druggist Association (formerly DSC) included serving on several committees, such as, Sales Management, Pharmaceutical, and Membership.

Mr. Bowers, a former president (1960) of the Sales & Marketing Executives Association of Richmond, was recently awarded an Honorary Life Membership in the association.

He suffered a stroke in late October 1975. Following surgery in November, Mr. Bowers has shown continued improvement and looks forward to actively participating, soon, in his many interests.



Gamble M. Bowers II



Testing in Humans: Who, Where & When.

the weight of ethical opinion:

Few would disagree that the effectiveness and safety of any therapeutic agent or device must be determined through clinical research.

But now the *practice* of clinical research is under appraisal by Congress, the press and the general public. Who shall administer it? On whom are the products to be tested? Under what circumstances? And how shall results be evaluated and utilized?

The Pharmaceutical Manufacturers Association represents firms that are significantly engaged in the discovery and development of new medicines, medical devices and diagnostic products. Clinical research is essential to their efforts. Consequently, PMA formulated positions which it submitted, on July 11, 1975, to the Subcommittee on Health, of the Senate Labor and Public Welfare Committee, as its official policy recommendations. Here are the essentials of PMA's current thinking in this vital area.

1. PMA supports the mandate and mission of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research and offers to establish a special committee composed of experts of appropriate disciplines familiar with the industry's research methodology to volunteer its service to the Commission.

2. PMA supports the formation of an independent, expert, broadly based and representative panel to assess the current state of drug innovation and the impact upon it of existing laws, regulations and procedures.

3. When FDA proposes regulations, it should prepare and publish in the *Federal Register* a detailed statement assessing the impact of those regulations on drug and device innovation.

4. PMA proposes that an appropriately qualified medical organization be encouraged to undertake a comprehensive study of the optimum roles and responsibilities of the sponsor and physician when company-spon-

sored clinical research is performed by independent clinical investigators.

5. PMA recognizes that the physician-investigator has, and should have, the ultimate responsibility for deciding the substance and form of the informed consent to be obtained. However, PMA recommends that the sponsor of the experiment aid the investigator in discharging this important responsibility by providing (1) a document detailing the investigator's responsibilities under FDA regulations with regard to patient consent, and (2) a written description of the relevant facts about the investigational item to be studied, in comprehensible lay language.

6. In the case of children, the sponsor must require that informed consent be obtained from a legally appropriate representative of the participant. Voluntary consent of an older child, who may be capable of understanding, in addition to that of a parent, guardian or other legally responsible person, is advisable. Safety of the drug or device shall have been assessed in adult populations prior to use in children.

7. PMA endorses the general principle that, in the case of the mentally infirm, consent should be sought from both an understanding subject and from a parent or guardian, or in their absence, another legally responsible person.

8. Pharmaceutical manufacturers sponsoring investigations in prisons must take all reasonable care to assure that the facilities and personnel used in the conduct of the investigations are suitable for the protection of participants, and for the avoidance of coercion, with a respect for basic humanitarian principles.

9. Sponsors intending to conduct nontherapeutic clinical trials through the participation of employee volunteers should expand the membership and scope of its existing Medical Research Committee, or establish such an internal Medical Research Committee, with responsibility to approve the consent forms of all volunteers, designs, protocols and the scope of the trial. The Committee should also bear responsibility to ensure full compliance with all procedures intended to protect employee volunteers' rights.

10. Where the sponsor obtains medical information or data on individuals, it shall be accorded the same confidential status as provided in codes of ethics governing health care professionals.

11. PMA and its member firms accept responsibility to aid and encourage appropriate follow-up of human subjects who have received investigational products that cause latent toxicity in animals or, during their use in clinical investigation, are found to cause unexpected and serious adverse effects.

12. PMA supports the exploration and development by its member companies of more systematic surveillance procedures for newly marketed products.

13. When a pharmaceutical manufacturer concludes, on the basis of early clinical trials of a basic new agent, that a new drug application is likely to be submitted, a proposed development plan, accompanied by a summary of existing data, would be submitted to the FDA. Following a review of this submission, the FDA, and its Advisory Committee where appropriate, would meet with the sponsor to discuss the development plan. No *formal* FDA approval should be required at this stage. Rather, the emphasis should be on identification of potential problems and questions for the sponsor's further study and resolution as the program develops.

The PMA believes that health professionals as well as the public at large should be made aware of these 13 points in its policy on Clinical Research. For these recommendations envisage constructive, cooperative action by industry, research institutions, the health professions and government to encourage creative and workable responses to issues involved in the clinical investigation of new products.



Pharmaceutical Manufacturers
Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

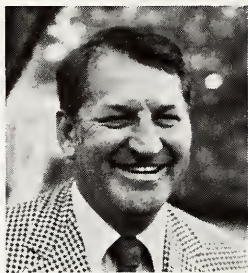
The straighter they talk, the better things get.



Maurie Bectel, R.Ph.
Community Pharmacist
Muskegon, Michigan



Sam McConnell, Jr., R.Ph.
Community Pharmacist
Scottsdale, Arizona



Ken Pleifer, R.Ph.
Community Pharmacist
Pensacola, Florida



Al Rosica, R.Ph.
Community Pharmacist
Cherry Hill, New Jersey



Joe H. Beckerman, Pharm D.
Director of Pharmacy Services
UCLA Hospital, Los Angeles, California



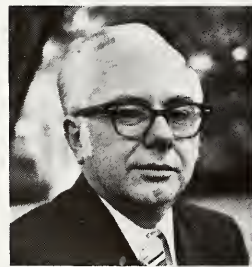
Bill H. Hotaling III, R.Ph. Director
of Pharm. Services, Children's Hosp
National Medical Center Wash., D.C.



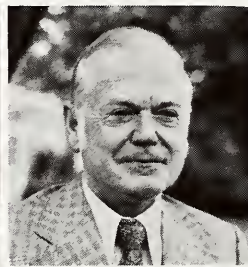
Dominic J. Cavallo, Pharm D., V.P.
Director of Prof. Affairs, Longs Drug
Stores, Inc., Walnut Creek, California



Ots Moreland, R.Ph.
Director of Pharmacy Affairs
Skillern Drug, Dallas, Texas



Tom C. Sharp, Jr., R.Ph.
Exec. Sec., Tennessee Pharm. Assoc.
Nashville, Tennessee



Lawrence C. Weaver, Ph.D., Dean
College of Pharm., Univ of Minnesota
Minneapolis, Minnesota

These days, any company that depends on "yes" men for advice is riding for a fall.

At Upjohn, the views of pharmacy are important to us.

These ten leaders on our 1975 Pharmac Consultant Panel have provided us with an invaluable service.

They provide their views on a variety of matters — professional and operational — giving us their candid opinions.

For this, we are sincerely grateful.

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STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; H. C. McAllister, Secy.-Treas., Box 471, Chapel Hill, N. C.

PHARMACY PERMITS ISSUED JAN. 20, 1976

1. Eckerd Drugs, 207 Eastridge Mall, Gastonia. Alfred W. Best, pharmacist manager.
2. Medical Services Pharmacy of Raleigh, Inc., 4818 Six Forks Road, Raleigh. Joseph Milton Rowe, Jr., pharmacist manager.
3. Bristow Medical Center Pharmacy, 805 Long Drive, Rockingham. Ellis L. Marks, Jr., pharmacist manager.
4. Thrif-Tee Drug Discount, Highway 19-23, Clyde. J. L. Jones, Jr., pharmacist manager.
5. Scotties Discount Drugs, 226 East Main Street, Ahoskie. John E. Cameron, pharmacist manager.
6. Revco Discount Drug Center, 1952 N. Fayetteville Street, Asheboro. Charles F. Owen, III, pharmacist manager.
7. Professional Prescription Center, Inc., 2105 Enterprise Road, Greensboro. Donna L. Soyars, pharmacist manager.
8. Prescription Shop, 102 Broad Street, Spruce Pine. Robert Dale Banner, pharmacist manager.

CHANGE IN OWNERSHIP

1. Neil Drug Company, Inc., Cor. College & Craighead Streets, Huntersville. Richard S. Terman, pharmacist manager.
2. Pikeville Drug Store, Main & Railroad Streets, Pikeville. Henry L. Stewart, pharmacist manager.
3. Square Rexall Pharmacy, Inc., 1107 West Pine Street, Mount Airy. Robert P. Wolfe, pharmacist manager.
4. Suttle's Drug Store, 301 East Warren Street, Shelby. Charles W. Rhoden, Jr., pharmacist manager.
5. Yadkin Drug Store, Main Street, Yadkinville. Joe D. Gardner, pharmacist manager.

INSTITUTIONAL

1. Pharmacy Services of Wilson, Inc., Spruill Building, Eastern North Carolina Hospital, Wilson. William T. Williams, pharmacist manager.
2. Duke University Medical Center Outpatient Pharmacy, Durham. Edgar L. Riggsbee, pharmacist manager.

RECIPROCITIES

1. Jimmy Wayne Bryant from Virginia
2. Larry Murphy Ford from South Carolina
3. Norma Breneman Jennings from Indiana
4. Richard Thomas Knapp from Virginia
5. Craig Richard Lehmann from Oregon
6. Roger Patrick Macnamara from Georgia
7. James Howard Millard from Pennsylvania
8. Marilyn Hogsed Moseman from Missouri
9. Harold Neal Osborne from Utah
10. Toby Angus Richardson, Jr. from D. C.
11. Robert Eugene Skinner from South Carolina

JAIL DOOR POPULAR

The illustrated news story appearing in Pharmacy Times regarding Roanoke Rapids Pharmacist Calvin Floyd and his crime prevention jail door pulled correspondence from the United States and foreign countries.

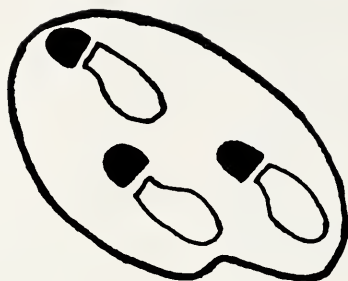
The latest communication to Pharmacist Floyd came from Chile and was addressed "Senior Doctor Calvin Floyd."

BISMUTH-BOURBON PASTE

A number of pharmacists report excellent results from the use of Bismuth-Bourbon Paste as a treatment for bed sores.

Apparently there is no formula other than Bismuth Subcarbonate Powder plus sufficient Bourbon to make a paste.

To eliminate drying, refrigerate paste.



TAR HEEL DIGEST

CLAREMONT

John R. (Bob) Busbee succeeds W. R. McDonald III of Hickory as a member of the Catawba County Board of Health.

SALISBURY

Manager of the newly opened Revco Drug Store, Foodtown Shopping Center, is Pharmacist Joel L. Hager.

SHELBY

Pharmacist Ken Dingler writes a sports column for the Cleveland Times. Ken recently moved his employment base of operation from Suttle's to Eckerd's.

MOORESVILLE

Ken Carter has joined the staff of Lowrance Hospital as director of hospital pharmacy. He formerly served as director of pharmacy at Davie County Hospital, Mocksville.

WHITEVILLE

Dean Hege, a 1972 graduate of the UNC School of Pharmacy, has joined his father, Gerald, at Guiton Drugs. For the past two years, Dean has been employed in Florida.

WEST JEFFERSON

Jim and Dale Sheets of Robert's Drug Store gave a \$200.00 contribution to the Ashe County Public Library to buy books in honor of Ashe County physicians.

YANCEYVILLE

North Village Pharmacy, owned by Pharmacist Vernon Massengill, opened in late

January. Massengill was associated with Tar Heel Drug Company of Graham prior to establishing his pharmacy.

BOONE

Wayne Richardson has retired from the Boone Drug Company following service with the pharmacy beginning in 1939. He says he plans to help his brother, O.K., "be retired."

ELIZABETHTOWN

Pharmacist Billy Smith has been elected president of the Young Democrats of Bladen County.

CELEBRATES 20TH ANNIVERSARY

Gordon Manor Pharmacy, Winston-Salem, observed its 20th anniversary on March 1. Refreshments were served from 9 a.m. to 9 p.m.

The pharmacy was established and continues under the management of Pharmacist Ritchie A. Russell. An invitation sent to customers and associates went out over the signature of Pharmacist Russell; Sue, Andy, Ruth, John and Jeffrey and ten employees of the pharmacy.



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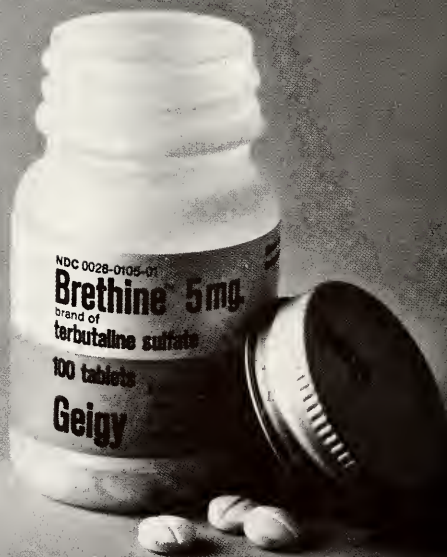
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Tablets

TOTTEN CENTER DEDICATION AT THE NORTH CAROLINA BOTANICAL GARDEN

The dedication of the Totten Center, the first permanent building in the North Carolina Botanical Garden, will be held at 2:30 PM on Sunday, April 11, 1976, at the Botanical Garden in Chapel Hill. All members of the North Carolina Pharmaceutical Association have a special invitation to attend the brief ceremony, walk the Gardentrails and visit the special displays that will be set up in connection with the dedication.

The 5,000 square-foot building, beautifully designed to fit its woodland setting, was made possible primarily by the generous bequests of Addie and Roland Totten and will serve the Botanical Garden and the State in many ways for many years. A series of special herb and drug gardens, another interest of the Tottens, is being planned for the area just north of the Center and construction should be underway on this project by April.

In addition, "Herb Week" (April 12-15), a lecture series of both scientific and popular nature on plants (March 22-April 12), and the start of the Garden's Bicentennial project—"The Thirteen Colonies Trail"—are also scheduled to coincide with the spring dedication which comes just ten years after the opening of the first Garden trails to the public on April 10, 1966.

Plan to visit the Garden and participate in as many of the spring programs and activities as you can. You are always most welcome. For a more detailed schedule of spring events connected with the dedication, write: Ms. Dot Wilbur, Activities Coordinator, Rm. 300, N. C. Botanical Garden, Laurel Hill Road, Chapel Hill, N. C. 27514.

A BRIEF LOOK AT SWEDISH PHARMACY

1. All pharmacies are government-owned.
2. Government fixes wholesale/retail prices.
3. All Rx's are dispensed in stock packages.
4. Three categories of personnel: (a) pharmacists; (b) prescriptionists and (c) technicians. All are members of a trade union.
5. Technician receives prescription, prices it and types label. Pharmacist checks and applies label; technician delivers prescription and collects for same (up to \$3.50 with government paying additional charge).

6. Prescriptionists (18 months training) can practice in rural areas in absence of pharmacist; also nights and weekends in urban areas.
7. No refills, no patient profiles, no discounts, no patient interaction (technician does this); salary based on seniority within a category.

PHARMACISTS MAYORS OF NORTH CAROLINA TOWNS

- William P. Powell, Mars Hill
- Rex Paramore, Nashville
- Tommy Smart, Hamlet
- Sam Jenkins, Walstonburg

Pharmacist G. W. Beale, Jr., owner of the Broadway Drug Store, has served as a member of the Town of Broadway Council for the past fifteen years and recently was reelected to another two year term. He has been Mayor Pro-Tem for the past three terms.

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DISASTERS

Major and Minor

1. *Swain Drug Store, Bryson City*—Robbed of an estimated \$500 of controlled substances. Three South Carolina men were arrested in connection with the breakin—through a vent in the roof of the building.
2. *Rose Hill Drug Company, Rose Hill*—Merchandise valued at more than \$700 taken in a breakin. Entry was gained by knocking out the front door of the building.
3. *Pruett's Drug Store, Angier*—Drugs and cash taken. A glass door was smashed.
4. *Rexall Drug Store, 2254 Golden Gate Drive, Greensboro*—Merchandise, including radios, calculators and tape players valued at more than \$300.00, stolen following breakin. Burglars broke a front display window to gain entrance to the pharmacy.
5. *B. C. Community Drug Store, Dunn*—John Kenneth Durham of Spring Lake was sentenced to seven years in prison after entering a plea of guilty of breaking and entering the pharmacy on January 1.
6. *Hayes-Barton Pharmacy, Raleigh*—After smashing a side door to the pharmacy, an unknown party or parties made off with a half gallon of Paregoric.
7. *Clinic Drug Store, Hope Mills*—An attempted breakin was prevented when the pharmacy's alarm system was activated. Two days later an attempt to enter the pharmacy by way of a roof-top vent was also thwarted when another phase of the alarm system was set off.
8. *St. Pauls Drug, St. Pauls*—After removing the cover from a roof ventilator, an unknown party or parties entered the pharmacy thru a ceiling ventilator. Two cabinets of CS drugs were taken.
9. *Craven Drugs, New Bern*—An attempted robbery of the pharmacy was prevented when a passerby alerted police to a possible breakin.
10. *Akers Center Pharmacy, Gastonia*—Two Gastonia men have been charged with breaking and entering and larceny of

drugs from the pharmacy. The arrest followed identification of the men's fingerprints at the burglary scene.

11. *Ideal Drug Store, Asheville*—Four youths have been arrested in connection with a break-in at the pharmacy on February 16.
12. *Hollowell's Drug Store, Greenville*—Police are investigating a break-in at the pharmacy after responding to a burglary alarm. A window on the west side of the pharmacy was smashed.
13. *Blue Ridge Pharmacy, North Wilkesboro*—An armed burglar was arrested in the drug store after police were alerted to a break-in when the store's alarm system went off.

PROBATION FOR DRUG THEFT

Gary Michael Dorman of Dunn received a suspended prison sentence of six to nine years and placed on probation for five years.

The defendant had pleaded guilty in two cases charging him with breaking, entering, and larceny from Four Oaks Drug Company and Eckerds of Smithfield.

Dorman was ordered to pay a \$1000 fine and the court costs and make restitution in the amounts of \$200 to Four Oaks Drug Company and \$197.40 to Eckerds.

SEEKS \$150,000

A Fayetteville woman has filed a \$150,000 lawsuit in Superior Court against Treasure City Pharmacy of Fayetteville and an employee of the firm, contending that a prescription was refilled last July with tablets six times stronger than the prescription.

According to the complaint, Synthroid of .05 mgm. was filled "carelessly, negligently and wrongfully" with tablets of .3 mgm. strength.

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Sickness Total Disability—Two Years

EXTENDED PLAN: Accident Total Disability—Lifetime
Sickness Total Disability—Five Years

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PLAN I: \$18,000 Maximum Benefit including \$30 Daily Room Limit
PLAN II: \$30,000 Maximum Benefit including \$50 Daily Room Limit
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Limit Available)

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**THE NORTH CAROLINA PHARMACY TRIPARTITE COMMITTEE
ON PHARMACY EXTERN/INTERNSHIP MEETING, INSTITUTE OF
PHARMACY, CHAPEL HILL, N.C.
MINUTES BY CLAUDE U. PAOLONI, SECRETARY
JANUARY 19, 1976 MEETING**

Members present: Claytor, Day, Randall, Edmonds, Willets (Chairman), Werley (Vice-Chairman), Caiola, Paoloni (Secretary).

Members absent: Dawson

Ex-Officio Members present: Work, Smith

Ex-Officio Members absent: McAllister

Students present: Bob Bischoff, President—Student Body

June Hall, President—Student Branches

Jennifer Stancil, Chairman—Student Notebook Revision Committee

Guests present: George D. Russell, PhD., Assistant Director—Pharmacy AHEC

After it was determined that a quorum was duly assembled, George Willets, Chairman, called the meeting to order.

I. *Acknowledgement of students and guests.*

The Chairman acknowledged the students present and the guests, inviting their participation in the deliberations of the meeting.

II. *Adoption of Minutes of September 15, 1975 Meeting.*

The minutes were adopted as distributed—no corrections, additions or deletions were voiced or made.

III. *Revision of Program Instructions, May 1975.*

Six copies of the suggested material for revision of *Program Instructions, May 1975*, were distributed among the members. Jennifer Stancil, Chairman of the Student Body for Program Instructions (Notebook) Committee, presented an excellent report of the background activities of the Committee, its work and efforts leading to the proposed instructions. Miss Stancil reviewed the notebook categories reflecting those areas which remained unchanged.

She related the names of faculty advisors working with (students) in accomplishing revision. These were:

Jurisprudence—Dean Blaug (Ted Weant)

Compounding—Mr. Paoloni (Michael Lupton)

OTC's—Dr. Sullivan (Steve Bennett)

Pharmacy Administration—Dr. Gagnon (Louis Mizelle)

Hospital—Steve Caiola, Wayne Pittman (Martha Mayo)

Moreover, the Student Committee, Miss Stancil reported, reviewed the questions with respect to appropriateness of period, Introductory, Intermediary, or Advanced, in which they should appear. Answers to multiple choice questions were also presented as well as reference sources for which answers may be searched if one desired to do so. No answers were attempted for the discussion-type questions. In all, an excellent report was presented. Miss Stancil and students were commended for their sincere effort and work in presenting revisions for the notebook which were in keeping to the former discussions of the Tripartite Committee of how it was felt improvements could be made. Without the work of the Student Committee, it was apparent such progress on revision could not have resulted. Hats off to the students!!

Following the questions and answers period, with relevant discussion, the Chairman asked the members to review the revised sections as recommended by the students with regard to appropriateness (are questions assigned to appropriate section), accuracy, and relevancy and make whatever additions or deletions that may be deemed necessary. Following the review of members, their results should be communicated the Secretary by the 9th of February. Tripartite members were assigned following sections for review:

- | <i>Sections</i> | <i>Board</i> | <i>Association</i> | <i>School</i> |
|----------------------------|--------------|--------------------|---------------|
| 1. Introductory | Day | Dawson | Paoloni |
| 2. Intermediary & Advanced | Claytor | Edmonds | Werley |
| 3. Appendices | Randall | Willetts | Caiola |
- IV. *Old Business.*
- (a) Committee review of Burroughs-Wellcome Extern/Internship Program. Although the Tripartite Committee recommended approval of this program at the September 15, 1975, meeting, no feed-back or response was received concerning the Board's action on this recommendation. Members were uncertain. The Secretary called the Board's office on the following day, January 20, 1976, and learned the recommendation was approved by the Board for up to 500 hours of extern/internship credit.
- (b) Licensed Intern . . .
Loop holes in the law concerning licensed interns has been referred to the Legislative Committee of the NCPA, as reported by W. J. Smith. What seems to be required is a change in the law.
- (c) Job Opportunity
It was reported to the Dean that sixteen 2/5 students were unable to find placement for summer employment in a pharmacy. In this particular category, it was hoped students would be willing to accept minimum wage (\$2.00/hour), if necessary.
- V. *New Business.*
The NABP Reciprocity Resolution was reviewed. At the 1975 NABP Convention, delegates passed a resolution that boards dealing with reciprocity applicants should accept a year of legal practice in lieu of internship deficiencies. The members were reminded that what was said in the resolution has actually been the practice in North Carolina for a number of years.
- VI. *Next Meeting.*
February 16, 1976, Institute of Pharmacy, Chapel Hill. Usual format of dinner (Zoom-Zoom) at 6:00 P.M.; meeting at 7:00 P.M.
- VII. *Adjournment.*
The meeting adjourned at 8:25 P.M.

FEBRUARY 16, 1976 MEETING

Members present: Claytor, Day, Edmonds, Willetts (Chairman), Caiola, Paoloni (Secretary), Werley (Vice-Chairman)

Members absent: Dawson, Randall

Ex-Officio Members present: Work, Smith

Students present: June Hall, President—Student Branches

Jennifer Stancil, Chairman—Student Notebook Revision Committee

A quorum being assembled, George Willetts, Chairman, called the meeting to order.

I. *Acknowledgement of students and guests.*

The Chairman acknowledged the students present and encouraged active participation in the meeting.

II. *Adoption of Minutes of January 19, 1976 Meeting.*

The minutes were adopted as distributed—no corrections, additions or deletions were voiced or made.

III. *Revision of Program Instructions, May 1975.*

Members of the Committee reported on their assigned sections which they had reviewed. Marion Edmonds and Dave Claytor brought out the need to:

- (a) Incorporate a question relating to vaccines and required immunizations for overseas travelers, where to find the necessary information, etc. In addition, it was recommended to include a section on the American Academy of Pediatrics recommendations for infant and pediatric immunizations.

(b) "Mark-up" problems based on selling price and cost of product. Controlled substances and legal questions were reviewed by Dr. Work. His recommendations were written in the review work and turned in to the Secretary.

The other remaining sections and appendices were reviewed comprehensively with corrections and deletions made of marginal or inappropriate questions. After discussion, the Secretary agreed to coordinate the preparation of the revised copy into final form with secretarial support supplied by the School and assistance from students and faculty members of the Committee. It was further recommended that a charge of \$2.50 would be made by the Board for each copy to off-set the direct expense of printing the revision which the Board of Pharmacy would assume for printing of 500 copies, to endure at least two years before revision be undertaken again. Moreover, a section with answers to the multiple choice and true and false questions is planned for insertion at the end of the revised work.

IV. *Review of Reporting Forms for Graduates, NCBP's "Certificate of Graduation from College or School of Pharmacy"*

A copy of this form is attached. Mr. Paoloni requested that only total hours of academic externship credit be inserted in appropriate blank of the form without regard to its breakdown of hospital or community pharmacy externship hours required while concurrently enrolled in the approved coursework of the UNC School of Pharmacy. Since no member present was familiar with the purpose for which the need to report separately the hours acquired in Hospital or Community pharmacy practice, it was agreed to hold off in making any decision or recommendation until Committee members of the Board would check with Mr. McAllister.

V. *Next meeting: to be called on discretion of Chairman.*

VI. *Adjourned: 8:45 P.M.*

*Remember the Day
...in Pictures*



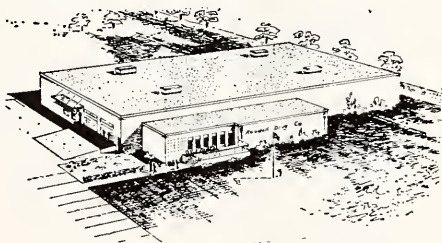
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WANTED TO RENT COTTAGE

In the Boone area for one or two weeks in October. Or will trade equal time in cottage at Morehead or Topsail Beach (your choice of time and location). Write/Call B. R. Ward, 1901 East Walnut Street, Goldsboro, North Carolina 27530.

DRUG STORE FOR SALE

Located on coast of North Carolina. Annual sales volume \$125,000; 50 prescriptions per day. Minimum investment required. Additional details by writing: PHMJ-3, c/o N. C. Pharmaceutical Association, Box 151, Chapel Hill, North Carolina 27514. Tel: (919) 967-2237.



OFFICERS OF THE N. C. SOCIETY OF HOSPITAL PHARMACISTS: (Left to right, front row) C. Roy Bradshaw, Chm. of Board of Directors; George M. Willets, President; Martha Wyke, Treasurer; and E. Clyde Buchanan, Member of the Board of Directors. Back row, left to right: Jack H. Upton, President-Elect; John Stallings and Betty Rowe, Members of the Board of Directors.



JOINT COMMITTEE OF N. C. MEDICAL SOCIETY/NCPH_a ON DELIVERY OF PHARMACEUTICAL SERVICES: 1st row, l to r, Calvin Floyd, Jack Alexander, Eugene Hackney, Dr. Charles Byrd, Dr. John Payne and Dr. T. Reginal Harris. 2nd row: James A. Way, Jr., Milton Whaley, Carl Taylor, William A. Morton, and Benny Ridout. 3rd row: Donald Carter, Franklin Wells, Waits West, Larry Thomas and Gene Sauls, Director of Field Services, N. C. Medical Society.

DOINGS

OF THE AUXILIARIES

- Chapel Hill—Vivian Smith
- Charlotte—Mrs. C. L. Jarrett
- Greensboro—Cassandra Setzer
- Winston-Salem—Mrs. G. C. Hartis, Jr.

IS IT TRUE . . .

A WOMAN AND HER MONEY ARE SOON PARTED?

Don Williams, Trust Officer of the North Carolina National Bank, Chapel Hill, was speaker at the February meeting of the Chapel Hill Woman's Pharmaceutical Auxiliary. Guests at this informative program were husbands and wives of the members. The announced subject, "Is It True That A Woman and Her Money Are Soon Parted?" brought out a large attendance.

Mrs. Milton Skolaut presided during a brief business session. Mrs. George Cocolas, program chairman, introduced the speaker, and also presented a progress report on projects of the Auxiliary. Mrs. Don Peterson was chairman for the refreshment hour.

CHARLOTTE

The January luncheon meeting of the Charlotte Woman's Pharmaceutical Auxiliary was held at the Y.W.C.A. with Betty Smith presiding. Sue Thomas gave the devotional.

Von Weathers introduced Mr. William Griffin, Chairman of the Mecklenburg County Board of Elections whose topic was "Voter Apathy—Fact or Fancy?"

The Charlotte Woman's Pharmaceutical Auxiliary met on February 10th for its regular luncheon meeting with Betty Smith presiding. Nancy Hawfield gave the devotional.

Von Weathers introduced the speaker, Mr. Dick Davis, a Community Services Consultant who spoke on "Area Mental Health and Allied

Services" and showed slides of the work being done with mentally retarded at all age levels.

Following the speaker a business meeting was held and plans were discussed for the Valentine Dinner-Dance and the March Fun Day Brunch. The Nominating Committee presented the following slate of officers for 1967-1977 who were elected:

President Mrs. Don Weathers
1st Vice President . . . Mrs. A. E. Galloway
2nd Vice President . . . Mrs. Jesse Oxendine
Recording Secretary . . . Mrs. T. K. Steele
Corres. Secretary Mrs. Newton Etheredge
Treasurer Mrs. Robert C. Barbre
Parliamentarian . . . Mrs. Leslie Barnhardt
Historian Mrs. Douglas Corwin
Advisor Mrs. W. Don Smith

GREENSBORO

The January meeting of the Greensboro Drug Auxiliary was held at the Historical Museum with Ann Brewer, Jackie Edmonds, and Edith Edmonds as hostesses.

During a brief business meeting plans for the March benefit bridge and participation in the State project "Operation Flower Pot" were discussed.

The members were then conducted on a tour of the Museum including the first O'Henry Drug Store.

WINSTON-SALEM

The Winston-Salem Apothecary Club held its meeting on February 5 at the home of Mrs. James Sitison with Mrs. Herb Mayberry as co-hostess.

There was a short business session after which club members spent the evening working on different types of cloth flowers for the state project: OPERATION FLOWER POT.

BIRTHS

Matthew Latham West was born to Mr. and Mrs. Thomas Latham West, January 25th. Young Matthew's father, grandfather and greatgrandfather are pharmacists, all graduates of the UNC School of Pharmacy.

The father and the grandfather (W. A. "Teamie" West) operate Tart and West Pharmacy of Roseboro; the greatgrandfather (W. Latham West) is retired and lives at Lakeland, Florida.

Mr. and Mrs. William Thomas Kesler, both 1971 graduates of the UNC School of Pharmacy, announce the birth of a son, William Thomas, Jr., January 13, 1976. The Keslers live at 1905 Berry Street, Goldsboro.

Laura Susanne was born January 27 to Mr. and Mrs. George Willets of Wilmington. They also have son, Marshall, three years old.

MARRIAGES

Anne Kelly and Dr. Joe W. Burks were married during the regular Sunday morning service at Highland Presbyterian Church, Fayetteville, November 23, 1975. Mrs. Burks, graduate of the UNC School of Pharmacy, will continue working part-time at Eckerd's where she has been employed for the past four years. Dr. Burks is a graduate in pre-vet from the University of Tennessee, and the Auburn School of Veterinary Medicine.

DEATHS

L. L. HOLLAND

Louis Lea Holland, Hamlet Pharmacist died January 8, 1976.

Mr. Holland was associated with the Birmingham Drug Company of Hamlet until retirement in 1973. Since that time he main-

tained contact with pharmacy by working part-time plus pursuing his hobbies—coin collecting and woodworking.

O. W. McFALLS

Oliver Wendell McFalls, age 70, former owner of McFalls Drug Store, Merritt Drive, Greensboro, died January 28.

Surviving are the widow, Mrs. Cleo Cauble McFalls; three sons and three sisters; and two pharmacist brothers, Sam W. McFalls of Greensboro and Charles D. McFalls of Madison.

EUGENE N. BEESLEY

Eugene N. Beesley, retired president and chairman of the board of Eli Lilly and Company, died Sunday (February 8) in Indianapolis. He was 67. At the time of his death, he was chairman of the board and chief executive officer of Lilly Endowment, Inc., the foundation that administers the philanthropies of the Lilly family.

SOCIO-ECONOMIC SEMINAR ATTENDANCE BEST IN TEN YEARS

The 10th Annual Pharmacy Seminar on Socio-Economic Aspects of Pharmacy Practice (Institute of Pharmacy, Chapel Hill, February 18) was the best attended seminar of all the seminars in the socio-economic series.

More than 150 registrants attended the seminar. The auditorium facilities of the Institute of Pharmacy (100 seats) had to be expanded to take care of the registrants.

The entire program was recorded on tape and later will be published. Post-seminar details by writing Claude U. Paoloni, School of Pharmacy, UNC, Chapel Hill, N. C. 27514.

ALAMANCE PHARMACEUTICAL SOCIETY SPONSORS VALENTINE PARTY

The Alamance Pharmaceutical Society held its annual Valentine Party and Ladies' Night February 7 at the Alamance Country Club, Burlington.

Valentine favors and decorations provided the theme for a party atmosphere. Impressive prizes were awarded the lucky guests.

Jack Watts, Burlington, served as master of ceremonies for the program which featured the Walter Williams High School Concert Choir. Walter K. Saunders, president of the Society, brought greetings and presided.

Representatives of some of the major pharmaceutical manufacturers and area wholesale drug houses were present.

Music for dancing was furnished by the *Flashbacks*.

Chapel Hill guests included Mr. and Mrs. Lee Werley, Mr. and Mrs. Claude Paoloni, and Mr. and Mrs. W. J. Smith.

CAPE FEAR

The January meeting of the Cape Fear Pharmaceutical Society (Cumberland, Robeson and Sampson Counties) was held in Fayetteville at the Barbecue Lodge with NCPHA President L. Milton Whaley as guest speaker.

Officers for the coming year were installed by Mr. Whaley. Ms. Ellon Martin is president of the Society.

GUILFORD COUNTY

Reported by Al Mebane

The January 14 meeting of the Guilford County Society of Pharmacists was held in the Conference Room of the Kiser Building, Wesley Long Hospital, Greensboro.

President Joe Johnson opened the meeting at 9:15 p.m. Program Chairman, Mike Gigandet introduced the speaker, Doctor E. Walker Stevens, who spoke on 'Pharmacology of Pulmonary Drugs.' Dr. Stevens spoke very knowledgeably on the drugs, giving valuable information about the mechanism of actions, side effects, length of action, etc. of both oral and aerosolized forms. He also referred to the steroids used in the treatment of pulmonary disease and in particular, asthma. His talk was well received.

The treasurer's report was accepted as given.

The report of the nominating committee was read and the floor was opened for nominations. A motion was made and approved that the slate of officers be elected by acclimation. The officers for 1976 are: President—T. Frank Burton, president-elect—Mike Gigandet; vice-president—John Nance, secretary-treasurer—Al Mebane, Directors for two years—John Terry, Martha Nance.

President Joe Johnson declared the slate installed and thanked the Society for the help he had received during the year. He then turned the meeting over to the new president, Frank Burton.

President Burton thanked the past president for the fine job he had done and also thanked Jack Upton for his work in sending out the meeting notices. He closed by asking that all present bring a friend to the next meeting.

The door prize of \$10.00 was won by newly-elected vice-president, John Nance.

BUNCOMBE COUNTY

Henry Shigley has been installed as president of the Buncombe County Pharmaceutical Society for the coming year.

President Shigley formerly operated Grove Park Pharmacy, Asheville. He is now associated with Saint Joseph's Hospital Pharmacy.

Officers serving with President Shigley are: J. C. McGee, Jr., vice-president; Sandra Randall, secretary; and Dave Milligan, treasurer.

WAYNE COUNTY

Tommy Gibson, Pharmacist at Cherry Hospital, discussed "Steroids" at the February 15 meeting of the Wayne County Pharmaceutical Society.

The meeting was held at the Quality Inn, Goldsboro.

DURHAM-ORANGE

The February 12 meeting of the Durham-Orange Pharmaceutical Association featured Mrs. Peggy Gebhardt, coordinator of clinical pharmacy at N. C. Memorial Hospital.

Mrs. Gebhardt discussed diabetes and its treatment, with comments on the value of oral hypoglycemics and the new U-100 insulins.

The dinner meeting was held at the Piccadilly Cafeteria at South Square Mall, Durham.

THE LITTLE RED HEN 1976 VERSION

Once upon a time there was a little red hen who scratched about the barnyard until she uncovered some grains of wheat. She called her neighbors and said, "If we plant this wheat, we shall have bread to eat. Who will help me plant it?"

"Not I," said the cow.

"Not I," said the duck.

"Not I," said the pig.

"Not I," said the goose.

"Then I will," said the little red hen. And she did. The wheat grew tall and ripened into golden grain. "Who will help me reap the wheat?" asked the little red hen.

"Not I," said the duck.

"Out of my classification," said the pig.

"I'd lose my seniority," said the cow.

"I'd lose my unemployment compensation," said the goose.

"Then I will," said the little red hen, and she did.

At last it came time to bake the bread. "Who will help me bake the bread?" asked the little red hen.

"That would be overtime for me," said the cow.

"I'd lose my welfare benefits," said the duck.

"I'm a dropout and never learned how," said the pig.

"If I'm the only one helping, that's discrimination," said the goose.

"Then I will," said the little red hen.

She baked five loaves and held them up for her neighbors to see. They all wanted some and, in fact, demanded a share. But the little red hen said, "No, I can eat the five loaves myself."

"Excess profits!" cried the cow.

"Capitalist leech!" screamed the duck.

"I demand equal rights!" yelled the goose.

"Company fink," grunted the pig.

And they painted 'unfair' picket signs and marched round and round the little red hen, shouting obscenities.

When the farmer came to investigate, he said to the little red hen, "You must not be greedy."

"But I earned the bread," said the little red hen.

"Exactly," said the wise farmer. "That is the wonderful free enterprise system. Anyone in the barnyard can earn as much as he wants. But under our modern government regulations, the productive workers must divide their product with the idle."

And they lived happily ever after, including the little red hen, who smiled and clucked, "I am grateful, I am grateful."

But her neighbors wondered why she never baked any more bread.

WAKE COUNTY

UNC School of Pharmacy Dean LeRoy Werley and Professor Claude U. Paoloni were guest speakers at the February 3 meeting of the Wake County Pharmaceutical Association, Raleigh.

Dean Werley discussed the School's curriculum and the School's externship and CE programs were covered by Mr. Paoloni.

An updated "Drug Alert Call List" was distributed to the membership.

Program topic of the March 2 meeting will be "Maximum Allowable Cost."

FORSYTH COUNTY PHARMACEUTICAL

Reported by Priscilla C. Brown

The Forsyth County Pharmaceutical Society met February 19 at Medical Park Hospital, Winston-Salem, with three representatives present from the Forsyth Council on Drug Abuse—Adult Service Division.

The representatives presented a study of drug abuse of legal and illegal agents and its relationship to hospital admissions.

Motions carried to (1) secure the C.O.D.A. handout for distribution; (2) nominate a committee to study the by-laws; (3) get the approved "copy" sign printed and distributed: reads "Federal Regulations require us to get authorization from your physician to fill any copy of a prescription obtained, or brought in from another pharmacy, regardless of the refill status of the original prescription." . . . Consumer Information Courtesy of the Forsyth County Pharmaceutical Society.

The March meeting will be a training session to be conducted by Gene Braddy.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No. _____, Carolina Journal of Pharmacy, P.O. Box 151, Chapel Hill, N. C. 27514.

DIANNE JANUARY

Graduating in May and interested in an internship position in either a community or hospital practice (has had experience in both). Call 919/967-7514

FOR SALE—Willow Drive Apothecary, 901 W. Willow Drive, Doctor's Building, Chapel Hill, N. C. 27514.

TERMS—Pharmacy as is or all stock (in clean, mostly unopened, well in date condition) at 1975 REDBOOK minus a percentage to be determined by the seller and buyer. Including certain fixtures, furniture, glassware, equipment, etc.

IF INTERESTED, NOTIFY—F. Randolph Jones, 967-2207 (Apothecary); 942-8346 (home).

WANTED

Used cash register. Quint McCoy, Medi-Fare Drug Center, Grover, N. C. 28073.

FOR SALE—Pharmacy located in Shopping Center, Resort area of Western North Carolina. Annual gross sales over \$200,000. Strong capital position necessary. Write/Call Don Miller, 309 Walton Road, Morganton, N. C. 28655. 704/437-8013.

REGISTERED PHARMACIST WANTED—For high-volume, independent drug store. Will sell interest in one year. If interested in a professionally rewarding career, send information about yourself to BOX LLF-3, c/o NCPHA, Box 151, Chapel Hill, N.C. 27514.

MARK HOLSHOUSER—Fourth year Pharmacy student needs summer employment for extern credit. Rho Chi student, hard working. Has one summer hospital pharmacy ex-

perience. Available May 10-Aug. 18. Needs the experience. Prefers central or western part of state. If interested contact:

Mark Holshouser
c/o UNC School of Pharmacy
Pittsboro St.
Chapel Hill, N. C. 27514
or call: 919/933-2804

OPPORTUNITY—For experienced person to become executive in large firm. Knowledge of retail drug field important, but not required. Can be registered pharmacist, but not required. Good business knowledge necessary. Formal education helpful. Age requirement 25 to 45 years. Excellent pay and advancement opportunity. Many fringe benefits. Offer could entice store owner to sell. Applications treated very confidential. If interested, send resume to Ad No. RKB-3, CAROLINA JOURNAL OF PHARMACY, P. O. Box 151, Chapel Hill, North Carolina 27514.

DRUG STORE FOR SALE—Over 10 years in business—\$300,000 a year. Prescription average one-third of sales. 4000 square feet. Located in neighborhood shopping center inside city limits of city population over 20,000 in foothills of Piedmont Section of North Carolina. This is a two pharmacist store (present owner not registered). BOX MS-11.

HOSPITAL STAFF PHARMACIST

Opening March 1 in 342 bed general hospital for Staff Pharmacist registered in North Carolina or eligible for licensure. Salary open. Responsibilities include inpatient dispensing, IV additive program, drug therapy monitoring for patients in Long Term Care Facility. Two weeks vacation first year (three weeks thereafter). Six paid holidays, sick leav..

Reply to:

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Personnel Director
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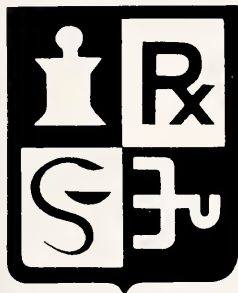
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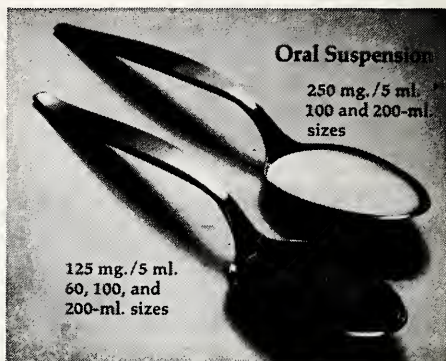
PREPARING FOR ROLE AS THE WIFE OF A PROFESSIONAL MAN

A seminar designed to help the pharmacy student wife "to assist you in preparation for your role as the wife of a professional man" was recently completed in Chapel Hill. Sponsored by The Woman's Auxiliary of the NCPHA and the Pharmacy Student Wives, the 3-day program included an evening with Mrs. William P. Friday at the UNC President's Home, basic home decoration and social information plus a concluding session entitled "Do You Want to be a Leader—Or a Follower? Here's How it's Done."

Certificates were awarded on graduation night with the pharmacy student husbands as special guests.

Shown above are L. Milton Whaley, NCPHA President, who welcomed the couples to the Institute of Pharmacy; Mrs. Greg West, president of Pharmacy Wives; Mrs. M. E. Hedgepeth, NCPHA Woman's Auxiliary president; who presented the certificates of attendance; and Senator John T. Henley, guest speaker.

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The Carolina JOURNAL OF PHARMACY

April 1976

Vol. LVI

No. 4

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NCAP DIRECTORS NAMED

Newly elected directors of the North Carolina Association of Professions, for a two year term, are:

Kenneth Edwards, Stantonsburg
John C. Hood, Jr., Kingston
C. Louis Shields, Jacksonville

Continuing as directors of NCAP are:

George Edmonds, Greensboro
Charles M. Whitehead, Ramseur
William H. Wilson, Raleigh

The immediate past president of NCAP, B. Cade Brooks of Fayetteville, will serve with the above named pharmacists, giving Pharmacy seven representatives on the NCAP Board of Directors.

MERCY HOSPITAL ADDS NEW PHARMACIST

Preston R. Forrester had joined Mercy Hospital as a staff pharmacist. A graduate of the Medical University of South Carolina, he holds a BS degree in Pharmacy and has spent the last 25 years in the retail drug store business.

As a staff pharmacist at Mercy, he is responsible for filling physician's drug orders for patients in the hospital. Mercy's Pharmacy is currently filling about 2,000 drug orders per day. Forrester is also responsible for supplying doctors and nurses with information about drugs and medications, and handling Poison Control Center telephone calls during Pharmacy hours.

Forrester is a member of the American Pharmaceutical Association and the North Carolina Pharmaceutical Association.

He and his wife Doris reside in Concord, N. C. They have two daughters, Leigh Ann, 11, and Carolyn, 9.

POST-CONVENTION ISSUE

The May issue of The Carolina Journal of Pharmacy will include coverage of the just-completed (April 11-12-13) 96th annual meeting of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries.

SUES FOR \$500,000

Herman Clayton Middleton, a Lexington Senior High School teacher who was cleared of drug charges last summer after a detective confessed to perjury, has filed a lawsuit seeking a half million dollars in damages.

Middleton is suing former policeman James Woodrow Myers, who was the arresting officer, and Lawrence Williams, a pharmacist at City Drug, who was named by Myers as the supplier of information in the case.

WERLEY GUEST SPEAKER AT NCAP MEETING

Dean LeRoy D. Werley, Jr. of the UNC School of Pharmacy was a guest speaker at the recent North Carolina Association of the Professions meeting held in Raleigh. Dean Werley spoke to the group on the subject of "Admissions to our Professional Schools Today and Tomorrow."

Werley told the group that the UNC School of Pharmacy continues to be one of the largest in the country and now has approximately a 50% female enrollment. He also reported that pharmacy as a professional choice is gaining in popularity and that the School's total enrollment of over 500 students is likely to remain at about that number in the foreseeable future unless federal cuts in capitation funding become a reality.

IMPLEMENTATION OF MAC/EAC DELAYED

Note letter from Congressman James T. Broyhill (Page 7) regarding HEW's decision to delay implementation of MAC/EAC for 120 days.

WANT TO BUY

Operational, profitable retail pharmacy in small town in Piedmont or eastern North Carolina. Must be filling over 50 RSx daily and doing over \$10,000 monthly sales volume. Terms negotiable. Write Box MJT-4, Carolina Journal of Pharmacy, Box 151, Chapel Hill, N. C. 27514.

MISUSE OF LEGAL DRUGS A PROBLEM IN FORSYTH COUNTY

The Forsyth County Council on Drug Abuse under the direction of John E. Shields has documented the extent and nature of adult licit drug abuse in Forsyth County in an effort to inform residents of the proper usage of legal medications.

In order to document the legal drug problem in Forsyth County, Adult Services used the only measurable statistical data available in the County: emergency room records and hospital inpatient records. From these sources of data Adult Services compiled three statistical studies: (1) Emergency Room Admissions of Adverse Effects to Medical Agents; (2) All Inpatient Hospital Diagnoses of Adverse Effects to Medical Agents; and (3) Demographic Study of Primary Inpatient Hospital Diagnoses of Adverse Effects to Medical Agents.

The following percentages drawn from sample from the study of emergency room admissions are based on a total of 952 cases of adverse effects to medical agents presenting in one local emergency room in a 32-month period:

- adverse effects to tranquilizers constituted 27.4% (261)
- the minor tranquilizer Valium accounted for 15.3% (146)
- sedatives constituted 16.7% (159)
- analgesics constituted 17.9% (171)
- antidepressants accounted for 3.5% (33)
- tranquilizers, sedatives, analgesics, and antidepressants totaled 65.5% (624)

The study of all inpatient hospital diagnoses again identified tranquilizers, sedatives, and analgesics as the most misused types of drugs in Forsyth County. The following percentages are based on a total of 1,226 cases of adverse effects of medications in three county hospitals in 1973 and 1974:

- adverse effects to tranquilizers constituted 17.4% (213)

- sedatives constituted 11.5% (141)
- analgesics accounted for 9.7% (119)
- antidepressants accounted for 4.3% (53)
- tranquilizers, sedatives, analgesics, and antidepressants amounted to 42.9% (526)

The Demographic Study disclosed further data on the nature of legal drug abuse in Forsyth County. Demographic examination of the 686 patients who had a primary diagnosis of adverse effects to medical agents in the three hospitals in 1973 and 1974 revealed the following statistics:

- primary diagnoses of adverse effects to tranquilizers constituted 19.7% (135) of the total (686) primary diagnoses of adverse effects to medications in 1973 and 1974 in the three hospitals
- these 135 patients accumulated 986 days of hospital stay
- 85% of these patients were male
- the average age of the tranquilizer patient is 35
- these 135 patients accumulated a combined hospital bill of \$98,600
- primary diagnoses of adverse effects to sedatives accounted for 15.2% (104) of the total (686) primary diagnoses of adverse effects to medical agents
- these 104 patients accumulated 698 days of hospital stay
- 41.3% of these patients were male
- the average age of the sedative patient is 35
- these 104 patients accumulated a combined hospital bill of \$69,800
- primary diagnoses of adverse effects to analgesics constituted 6.6% (45) of the total (686) primary diagnoses of adverse effects to medical agents
- 31.1% of these were male
- the average age of the analgesic patient is 43

(Concluded on Page 36)

SECUNDUM ARTEM

The President
The White House
Washington, D. C.

Dear President Ford:

On behalf of the North Carolina Pharmaceutical Association, we express sincere gratitude to you for your concerned reaction in your conference recently with Mr. Willard Simmons to the situation that would be engendered by implementation of the *Estimated Acquisition Cost* and other *Maximum Allowable Cost* regulations.

The EAC Drug Price List that was distributed by DHEW and scheduled to go into effect with other MAC regulations on April 27th is, in effect, a highly discriminatory medical care cost reduction that would be made at the expense of the 130,000 practicing pharmacists in the United States. The immediate effects on the large proportion of them (whose community pharmacies, with the local wholesale druggists keeping them supplied, as they serve a large segment of the country's population that would be otherwise underserved with respect to medical/health care) merely foreshadows the seriously deleterious effects of the EAC/MAC regulations on the entire drug distribution system, i.e., not only the small business wholesale and retail outlets, but also the big "chains" that operate on a very small margin in distribution of drugs.

In North Carolina, as I am sure you understand, we are preoccupied not so much with need for services of people located in inner city ghettos as we are with the needs of the very large consuming public in the rural locations typical of our State.

The evidence is clear that the effect of the EAC regulations is utterly inconsistent with the dedicated services of our nation's pharmacists who have patiently endured a subordinate placement with respect to the hierarchy of medical and health care providers and, as well, tangible rewards that are by no means commensurate with the benefits of their services—not only benefits manifest in terms of customer convenience but, far more importantly, in terms of the quality (safety and efficacy) of the ever-increasingly important drug therapy and drug usage components of the care required by patients and, as well, by persons who are not *acutely* ill but still in need of care.

Further erosion of the pharmacist's rewards for his professional services (based in substantial part at this time on the charges he can make for the medications he dispenses) will inevitably have a serious parallel impact on the pharmaceutical industry in our country and on its many major contributions toward safer and more effective drug therapy greatly benefitting the acutely ill and the even greater number of persons outside the acute care system who urgently need first rate drugs properly distributed for the management of medical problems that may once have been acute or to sustain in others a state of health that is free of acute medical problems.

To-date, the services of the practicing pharmacists and the contributions of the pharmaceutical industry—especially in view of the commendable cost-effectiveness of both—have been major factors in the containment in any degree of the overall medical care costs some of which have tended to increase at fulminating rate.

We know that you and the other concerned members of your administration will be provided by other agencies with data and information that fully validate and justify a further elaboration of the above statement of the serious issues involved in the DHEW's EAC list, in particular, and the other adverse effects of the MAC program in general—issues that are of gravest concern not only for practicing pharmacists and the pharmaceutical industry but of concern especially to our nation's sick who would be well and our nation's healthy who would stay well. Certainly we shall be most willing to comply with any request for such data or information (perhaps, especially, the data and information pertaining to the situation in North Carolina) that we now have or will acquire—in most cases, data and information we know you also have or will be provided from various sources. We have sought, however, in this communication to express our concerns as concisely as possible because we are certain that they justify the request that we now make as our major objective in writing to you at this time.

We earnestly plead against any changes in the Medicaid reimbursement program—in effect, against the implementation of the EAC pricing regulations and the MAC program in general—until the nature and the magnitude of their full impact on all concerned have been

objectively and thoroughly researched and until legal actions now pending have been adjudicated by the courts.

Respectfully yours,

George P. Hager, Chrmn.
NCPHA Committee on National
Legislative Affairs

cc: Hon. F. David Mathews, Secretary
—DHEW
Hon. Theodore Cooper, Assistant Sec-
retary for Health—DHEW

Hon. Jesse A. Helms
Hon. Robert Morgan
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Hon. James T. Broyhill
Hon. Roy A. Taylor

JAMES T. BROYHILL
10TH DISTRICT, NORTH CAROLINA

COMMITTEES:
BUDGET
INTERSTATE AND FOREIGN
COMMERCE

Congress of the United States
House of Representatives
Washington, D.C. 20515

April 5, 1976

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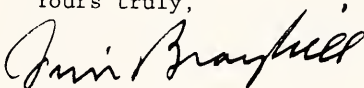
Mr. W. J. Smith
Executive Director
North Carolina Pharmaceutical Association
Post Office Drawer 151
Chapel Hill, North Carolina 27514

Dear Mr. Smith:

I just wanted to let you know that I received a call today from an official at the Department of Health, Education and Welfare, and he has advised me that Secretary Mathews has decided to delay implementation of the EAC and MAC programs for 120 days.

When I receive a formal response from Secretary Mathews with regard to my letter of March 16th, I will be sure to furnish you with a copy. However, I did want to let you know of the Secretary's recent action as soon as possible.

Yours truly,



James T. Broyhill
Member of Congress

HIGH QUALITY DRUGS vs CHEAP GENERICS

The Editor
Charleston Gazette
Charleston, WV

Dear Sir:

On March 4, 1976 under your column, "Page of Opinion," your editorial, "Important Drug Bill Getting No Action" stated that "Presidents, Senators, Military personnel, even visiting heads of foreign states are treated at Walter Reed Hospital. They are treated with generic drugs. Is any West Virginia legislator prepared to say Walter Reed Hospital is trifling with human life in order to save money?"

Your editorial implies that if cheaper or lower-cost generic drugs are good enough for Presidents, Senators and other high level government officials, then they should be good enough for the citizens of West Virginia.

As a former Navy Pharmacist, and Director of the Pharmacy Service of the U. S. Navy for six years prior to my retirement, I believe the following comments are in order. Have you visited *any* Military Pharmacy and inspected its pharmaceuticals? Do you know that *all* drugs have generic names, just as alcoholic beverages are called whiskey, Bourbon, Scotch or beer? Do you ask for the cheapest shoes or shirts when you buy these items or do you look to see who made them or if they have a brand name? Chances are that you would buy none of these or many other items without reference to a trademark or brand. Neither do the Military Medical departments. As a matter of fact, if you visited a Military or Veterans Administration hospital pharmacy you would find the same high quality pharmaceuticals made by the same ethical pharmaceutical manufacturers that you would find in any high class, ethical, civilian pharmacy. The Military, however, in its formal contract for central procurement of drugs, does use the generic nomenclature just as they do for other purchases. They don't specify a Chevrolet Impala, a Bostonian shoe or an Arrow shirt, but the manufacturer will be the same because of detailed specifications for the item.

Would a physician to the President of the United States dare administer him an antibiotic made by a manufacturer unknown to him?

You can bet your "Secret Service agent" he wouldn't. Suppose the President died because of an adverse reaction to the drug. An investigation to end all investigations would take place and no White House physician would dare be placed in a position of having to say, "I don't know who made the drug."

No, Mr. Editor. Presidents, Senators, Congressmen and others, including privates, seamen recruits and *I* receive the finest drug products made. I am currently being treated for a heart condition at the U. S. Naval Hospital, Bethesda, Maryland (where Presidents, including President Ford, Senators and Congressmen are treated). The drugs prescribed for, and dispensed to me, include: Lanoxin—generically known as digoxin; Inderal—generically known as Propranolol; Isordil—generically known as Isosorbide Dinitrate; Esidrix—generically known as hydrochlorothiazide, and Valium—known as Diazepam. These are all drug products made by nationally known manufacturers who identify their specific formulation of the respective drug by a brand name.

As a matter of fact, I know of only one case where a high level official apparently received a generic substitute from a "govt." hospital and that was Senator Humphrey, himself a Pharmacist. Reported in the April 8, 1974 issue of FTC Reports (copy attached), Senator Humphrey related in a speech that a refill prescription he had received was not the same brand name product that the U. S. Capitol physician had originally prescribed, and that it hadn't produced the same good results. The Senator demanded a refill with the same brand as used in the original prescription and then he got well.

I believe, Mr. Editor, that the citizens of West Virginia are entitled to the same high quality medicine that your Senators and Congressmen get when they are treated at Military hospitals in the Washington area and not cheap generic drugs from unknown manufacturers.

Sincerely,

Claude V. Timberlake
Capt., USN (Ret.)

Is the problem here the full shelf or the empty shelf?

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But a full shelf does you little good if the items still have out-of-date prices. In fact, the average pharmacy can lose as much as 2% of its bottom-line profits because stickers aren't kept up to date. Datarex® price stickers put an end to all that.

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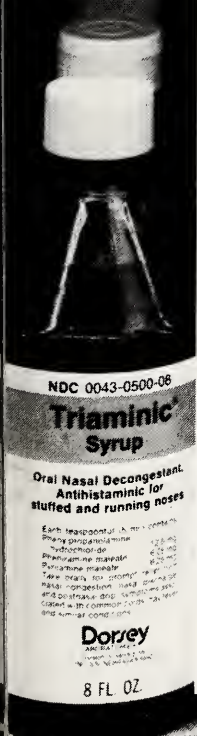
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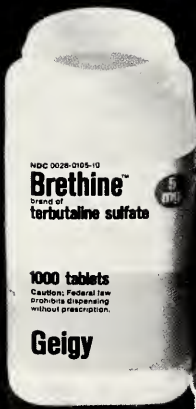
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Legend
drugs
in their
own time.





TAR HEEL DIGEST

SPRUCE PINE

The Prescription Shop, located near the hospital, opened March 8. The Shop will be operated by Dale Banner and Bill Proffitt, owners of the Spruce Pine Pharmacy.

STATESVILLE

Lewis Summers has assumed ownership of Forest Heights Pharmacy, effective March 1. Summers is a graduate of West Virginia University and prior service has been with Cooleemee Drug Company and Doctors Building Drug Company of Salisbury plus more than three years with Forest Heights Pharmacy.

ROXBORO

Jimmy Street, pharmacist manager of the Revco Discount Drug Center has announced the removal of the store to a building formerly occupied by A&P at Westfield Shopping Center.

WINTERVILLE

Jerry T. Gaylord, a UNC School of Pharmacy graduate (1953) has been named director of field sales for USV Pharmaceutical Corporation.

WALNUT COVE

Steve Harrison, owner of Cove Pharmacy, has been appointed chairman for Freedom of Choice in Cancer Therapy.

BREVARD

Varner's Drug Store filled its one millionth prescription on March 5th. Varner's established in 1940 by Pharmacist S. E. Varner and others, is now owned and managed by Paul Owenby, Jr., who has a B.S. degree in science from the University of Georgia and a B.S. in Pharmacy from Mercer University.

WASHINGTON

A 3-day Rotary District 773 meeting will be presided over by Pharmacist Dorvey Welch, District Governor. 300 Rotarians are expected to attend the meeting.

MARION

UNC Pharmacy Graduate Sarah Ann Justice has joined Marion Pharmacy. She is married to Ralph P. Justice, Jr., a pharmacist at Old Fort Drug Store.

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NEW PHARMACIES

1. Eckerd Drugs, Highway 321 By-Pass, Newton. John R. Rostan, pharmacist manager.
2. Consumer Pharmacy, 114 National Highway, Thomasville. Nina F. Williams, pharmacist manager.
3. Farmville Discount Drug, 111 East Wilson Street, Farmville. Robert L. Crocker, pharmacist manager.
4. Revco Discount Drug Center, Miami Blvd. & Liberty Street, Durham. Joel P. James, pharmacist manager.
5. Revco Discount Drug Center, Rt. 150 near Clemmonsville Road, Tower Plaza Shopping Center, Winston-Salem. William C. Council, pharmacist manager.

CHANGE IN OWNERSHIP

Buchanan's Drug Store, Inc., 2908 A Liberty Road, Greensboro. G. R. Buchanan, pharmacist manager.

RECIPROCITY

William James Bicket from Illinois.
David Arthur Ehrlichman from Pennsylvania.

ELK PHARMACY IN NEW LOCATION

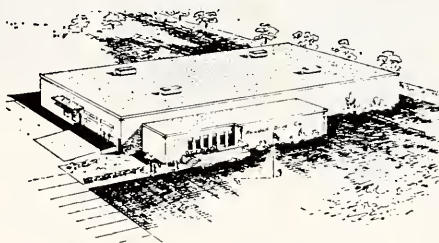
Elk Pharmacy, Elkin, has moved from its 115 East Main Street location, to larger quarters across the street. According to co-owner Pharmacist Dwayne Irwin, the new location will provide about 40 per cent more space.

Elk Pharmacy was organized in 1939 by George Royall. Dwayne Irwin was associated with the store from the beginning and in 1953 he and his brother, Luke, assumed ownership. Dwayne's son, Larry, is also a pharmacist at Elk Pharmacy.

NEW PHARMACY FOR HUDSON

Norman Sherwood, president of Sav-Mor, Inc., a Whitnel drug store, has announced a second Sav-Mor store will open in Hudson in a former Super Dollar Store site facing a shopping center (Fairway).

Sherwood said the store in Hudson will have 2100 square feet of floor space and will represent an investment of \$60,000.



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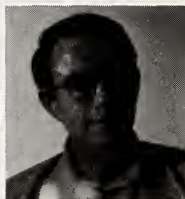
GORDON G. HAMRICK
Vice President



VAN REAMES



TOM McLEAN



CHARLIE EDWARDS



OLGIE TARR



JAMES TEACHEY



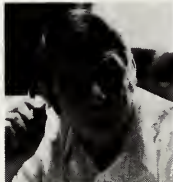
KEN MC ARTHUR



WALKER CRUMP



JOHN HARRISON



JACK CANUPP



BOYD BARNETTE



JON COLEY



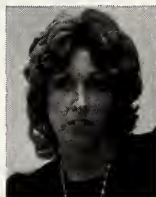
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PRESCRIPTIONS DOWN PRICE UP

The number of prescriptions filled in the nation's drugstores declined in 1975, but the price of the average prescription rose sharply and the nation's total prescription bill came to just over \$7 billion.

These and other features of the 1975 prescription drug picture are told in the 36th annual Prescription Survey of Drug Topics magazine, in articles and charts in the March 15th issue. The survey's most surprising finding was that the number of prescriptions filled in 1975 actually declined by 0.5%, or by 7.5 million. For the past 25 years the number of prescriptions written has been increasing at an average rate of 5.1%.

What caused the drop in 1975? The editors of Drug Topics cite several possible causes:

1. The recession, which caused patients to reduce their medical expenses wherever possible.
2. Greater discrimination in prescribing by physicians, with fewer prescriptions written for antibiotics and tranquilizers.
3. A growth in outpatient dispensing by hospital and HMO pharmacies.

The price of the average prescription filled in 1975 rose by 33 cents, or 7.2% over 1974. This was fractionally higher than the 7% cost-of-living increase in 1975. The average cost for a prescription was \$4.93 in 1975 as compared to \$4.60 in 1974. As in previous years, it cost more to have a prescription filled in an independent drugstore—\$5.01 as compared to the average chain store price of \$4.79. There was no change in the price spread—22 cents—from 1974.

Prescription sales for all retail drugstores totaled \$7,086,970,000 in 1975, the survey showed. This was an increase of 6.6% over the 1974 total. Prescription sales in independent stores were up by 5.1%, while the chains' sales were up by 9.1%. The number of prescriptions filled by generic drugs, as opposed to brand-name drugs, rose from 12.3% of all prescriptions filled to 13.2%.

The total number of retail drugstores in the country rose slightly in 1975—from 49,381 in 1974 to 49,753 last year, but was still below the 1972 figure of 50,535. Continuing the trend of recent years, the number of independent drugstores declined again in 1975. Since

1972 the number of independents has dropped from 37,838 to 34,027. In the same period, the number of chain outlets has climbed from 12,697 to 15,726.

In total dollar store volume, however, the average independent was up 6.1% in 1975 while the average chain store was up only 2%. In addition, the average chain store filled 8.5% fewer prescriptions while the average independent store filled 5.5% more than the previous year.

Drug Topics, a newsmagazine for the nation's pharmacies, is published twice a month by Medical Economics Company of Oradell, N. J., which also publishes a group of healthcare journals, annuals, and compendia.



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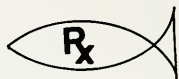
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For: _____ Age: _____ Date: _____
 (First Name) (Initial) (Last Name)

Address: _____ Rx No. _____

R_x

Sig: _____

Refill _____ Times or _____ months

No refill if checked here

Authorization is given for dispensing by non-proprietary name unless checked here.

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Lot No. _____ Charge _____

 (Signature)

M.D.

 (Pharmacist)

 (Date filled)

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FORM 4002

REV. 3-76

DEA Number _____

This hospital prescription order blank was created by the director of pharmacy service (Milton Skolaut) and the pharmacy staff at Duke University Medical Center, Durham. Since more than 900 members of the center are authorized to originate RXs, the MD printed name will assist pharmacists who in the past have had difficulty in deciphering illegible signatures. Other hospitals in the state are urged to follow Duke's example as this will greatly assist community pharmacists in dispensing out-patient RX orders and eliminate a number of time-consuming telephone calls which are frustrating and expensive.

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Librium (chlordiazepoxide HCl) has long been recognized as an effective and safe antianxiety agent. Patients taking Librium seldom experience serious side effects or interference with mental acuity (see summary of product information on following page for additional information). Furthermore, Librium has been used in conjunction with many primary medications.

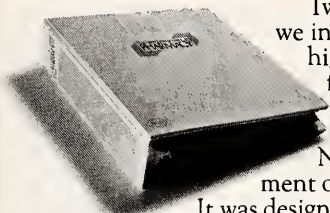
In dispensing Librium, the pharmacist also benefits. As the originator and developer of Librium, Roche Laboratories offers you ready access to the extensive technical information compiled on this psychotherapeutic agent over the past 15 years. You can also take advantage of the additional complimentary services provided by Roche that are relevant to the interests and problems of your profession.

MEDICAL EMERGENCY LINE

One way Roche provides immediate product information is through the Medical Emergency Line. Roche maintains this direct, 24-hour telephone service (201-235-2355) for specific questions concerning Librium or any other Roche product. For inquiries of lesser urgency, Roche information specialists will supply detailed responses by mail. Of course, your Roche representative is prepared to supply you with a variety of informative materials, such as scientific brochures, reprints and bibliographies related to the pharmacology of Librium and its clinical applications.

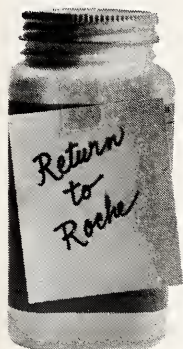


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It is the Roche policy to reimburse the pharmacist for all Roche products that may be outdated or discontinued. This liberal policy enables you, as a busy pharmacist, to keep your stock up to date and to

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Please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation or in women of child-bearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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MUMPS VACCINE

Communication from J. N. MacCormack, M.D., M.P.H., Head of the Communicable Disease Control Branch of the Division of Health Services, N. C. Department of Human Resources:

Pharmacists when requested by physicians to supply or ship mumps vaccine should be aware that there are both killed (inactivated) and live attenuated mumps vaccine available.

Inactivated mumps vaccine became available in 1950 and requires two injections of one ml. given two weeks apart; however, neutralizing antibodies which appear within 4 to 6 weeks become undetectable at six months. Yearly booster dosages are necessary. (1)

The use of inactivated vaccine is not recommended by the American Academy of Pediatrics. (2) Its only recommended use is for the immunization of the immunologically depressed patient for whom a live viral vaccine is contra-indicated. (1)

Live attenuated mumps vaccine has been licensed for sale since 1967 as a single antigen and in combination with measles and rubella vaccines since 1971. The live mumps vaccine confers immunity in greater than 95% of recipients. Immunity has persisted for more than six years and is expected to be permanent.

Live mumps vaccine is recommended as a routine immunization for children at one year of age. However, mumps vaccine virus may be recovered from the placenta, therefore, live, attenuated mumps virus vaccine should be used with caution in the post-pupertal female. (3)

- (1) Lerner, AM: Guide to Immunization Against Mumps. *J. Infect. Dis.* 122:116-121, 1970.
- (2) Report of the Committee on Infectious Diseases—1974, American Academy of Pediatrics.
- (3) Yamauchi, T: Transmission of Live, Attenuated Mumps Virus to the Human Placenta. *N.E.J.M.* 290:710-712, 1974.

N.C. ASSOCIATION OF PROFESSIONS PHARMACIST BROOKS PRESIDES AT ANNUAL MEETING

John L. Thompson, Jr., D.D.S., of Shelby was elected President of the North Carolina Association of the Professions, a state-wide membership group, at the March 25th Annual Meeting held at the Governor's Inn, Research Triangle Park, N. C. He succeeds B. Cade Brooks, pharmacist of Fayetteville, N. C. in this leadership role.

The Theme of the 13th Annual Meeting was "professional training" to meet increased manpower needs across all professionals in North Carolina. The morning session featured the Deans of the Professional Schools who discussed Admission criteria for students entering professional training. The afternoon session emphasized training programs. Dr. Kenneth Oleson of the State Department of Community Colleges and Technical Institutes reported for Dr. Ben Fountain who was unable to attend.

The Presidents of each of the Association's member groups, medicine, dentistry, architecture, professional engineers, pharmacy, and veterinary medicine presented key issues and recommendations as to how the Association can best assist them in carrying out specific programs. Communications was repeatedly cited as the major need for accomplishing desired results. One of the recommendations, approved by the Board of Directors following the annual meeting was support of the Medical Society's request to the May General Assembly to consider and pass the proposed recommendations of the Legislative Study Commission re: Professional Liability Insurance.

Newly appointed members of the Board of Directors are: Turner G. Williams, AIA, Raleigh; Fred von Voightlander, P. E., Raleigh; Guy H. Cheek, P. E., Monroe; D. W. Seifert, DDS, Raleigh; Freeman C. Slaughter, DDS, Kannapolis; John C. Hood, Jr., RPh., Kinston; C. L. Shields, RPh., Jacksonville; Martin Litwack, DVM, Raleigh; Ronald J. Komish, DVM, Greensboro; Archie T. Johnson, M.D., Raleigh; and John L. McCain, M.D., Wilson.

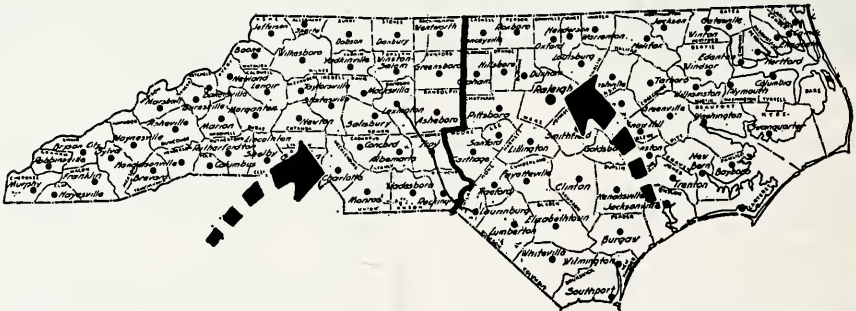


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Graduation day for pharmacy technicians Ms. Jane Byrd, Teresa White and Dianne Nobles who are shown with instructor/pharmacist R. L. Hood who conducted the course from September 17 through February 26. The graduates received a pharmacy technician certificate from the Pink Hill School of Pharmacy Technology.

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CHARLOTTE POISON CONTROL CENTER CELEBRATES 15TH ANNIVERSARY

On February 10, 1961, the Charlotte News announced: "A major effort aimed at reducing accidental poisonings—and deaths from accidental poisonings—becomes a reality tomorrow when a poison control information system opens for business at Mercy Hospital."

Since that time the Poison Control Center, operating 24-hours a day, 7 days a week, has logged over 6,481 telephone requests for information. This month marks the beginning of the Center's 16th year of continuous service, and significantly, coincides with the observance, March 14-20, of "National Poison Prevention Week."

Originally planned as an information center for physicians, the Poison Control Center quickly became recognized as a lifesaving source of information for the general public. Even in its first year, the number of non-medical people calling was higher than the number of doctors. Today the bulk of the inquiries come from distraught parents whose toddlers have swallowed some of the most unlikely substances. Acknowledging its function as a valuable community service, the United Way took over funding and support for the Center in 1964.

During the past 15 years, however, the Center has done more than just provide information in cases of poisoning. Largely through the efforts of its colorful and dynamic director, Gilbert "Doc" Colina, the Poison Control Center has played a major role in public education to prevent accidental poisonings. As spokesman for the Center, Dr. Colina was personally responsible for the program requesting local pharmacists to stamp all prescription medicine containers with red warning labels to "keep out of reach of children." He was also an early, and very vocal advocate of safety caps for medicines.

"There is no doubt whatsoever that safety caps have reduced the incidence of poisoning, especially in children between the ages of one and five" declares Colina. Records of the Poison Control center verify a significant decline in aspirin-related poisonings since safety caps were introduced. In 1967, for instance,

the Center had a record 73 calls involving aspirin. In 1974 the number was 9. Last year it was 8.

Unparalleled technical advances over the last decade have flooded the market with new, and potentially poisonous substances—from drugs to aerosol sprays. It is estimated there are over 250,000 trade name products available to the public which contain potential poisons. And as people have continued to find new and more ingenious ways of poisoning themselves, the Poison Control Center has had to keep up. At his fingertips, Dr. Colina has a complete file for almost every product on the market plus a reference library on all kinds of toxic substances, their antidotes and treatment prescribed. These and other reference materials donated to the Center by pharmaceutical representatives list the poison potential of thousands of chemical compounds from medicines to household cleaners.

Although headquartered in Mercy's Pharmacy, the Poison Control Center is more a service than a physical location. All calls between 8 a.m. and 5 p.m. come through the hospital switchboard and are handled by staff pharmacists Betty Jones and Susan Poole, or by Dr. Colina. There are also six local pharmacists who donated their time as volunteers—Dan Lemelin, Robert Lewis, Ronnie Geer, Tommy Dagenhart, William Thompson and Charles Rhoden.

After 5 p.m. the calls for the Center are taken by the switchboard operator who contacts the pharmacist on call with the necessary information. All volunteers have the same reference materials on poisons at their homes so they can call people back with immediate information. All long distance calls go on a direct line from the switchboard to Colina's home. "You know," he explains, "we get calls from people all over this state, especially in the western part, and from South Carolina."

The Poison Control Center was organized by Gilbert Colina and pediatrician Dr. James F. Crosby. It was the second such center in the state, and the first to be located in a community hospital. "I felt that Charlotte was a leading medical center in the Southeast and that a poison control center was needed here . . ." says Colina.

During its first year of operation—February through December, 1961—the Center took 197

calls. Each succeeding year the total rose steadily to a high of 815 calls in 1970. Last year requests for assistance totaled 314. Part of the apparent decline in the number of calls is due to changes in reporting requirements to the National Clearinghouse for Poison Control Centers. "It used to be," explains Colina, "that we reported every call, no matter if it was a child who swallowed a penny or what." Today the Center records only calls directly relating to poison control information.

Medicines and household products head the list each year as the leading causes of accidental poisonings. And by far the largest age group affected in children under 5 years old. The list of substances which have found their way into the stomachs of these youngsters is incredible—bleach, disinfectant, furniture polish, tranquilizers, shampoo, gasoline, rat poison, weed killer, even perfume. Colina recalls two cases where manufacturers had to be contacted to find out the identity of unusual materials consumed by children—the liquid inside a golf ball, and the fluid inside a Christmas tree bulb! He's even been asked what to do for pets who have swallowed potential poisons.

What does the future hold in store for the Poison Control Center? One trend which is already emerging could make the Center a treatment, as well as an information service. With the addition of 24-hour physician coverage in the Emergency Room, callers now have the option of choosing Mercy's ER facilities for treatment in accidental poisonings. The ER has a complete toxfile and stocks the antidotes for all types of poisons. As Colina explains, "We always tell people to contact their personal physician. If they don't have one or cannot contact a private physician, the Center may advise them, when necessary, to visit an emergency room in the hospital of their choice."

In future years, Colina would also like to see a system of computerized information in use for the Center. Many poison control centers across the U.S. have already turned to the computer to instantly call up the name of a substance, its antidote and treatment recommended. "Perhaps with the help of the United Way," says Colina, "we might be able to get it one day."

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STANDARDIZING PRESCRIPTION INSURANCE FORMS

Dear. W. J.:

Received your mailing this morning, including the proposal for standardizing insurance claim information requests. I think this is as good a time as any to ask if this problem is bothering other pharmacists as much as it is our pharmacists. With the rapid increase in third party payment programs we are spending more and more time filling out these requests. I am enclosing our store prescription receipt form which we give with each purchase, yet we have customers coming back and wanting us to fill out insurance forms for one or two years in the past, for separate listings for each family member. I do not let clerks do this work, since our pharmacists are more familiar with the files, medications, etc.

We try to be fair and competitive in our prescription prices, yet it is considerable extra time and expense to us to come up with these records especially when drug name, dosage, and even some forms requiring use of drug or condition of treatment are requested. We cannot charge for this additional record keeping on the price of prescriptions because all of our customers do not require this information and that would make unequal charges for the same prescription. We have found that local physicians are charging the patients to furnish these forms filled out by their offices.

My contention is that the customer has paid the insurance premium and that the only thing required by the insurance companies is a verified total of the legend drug expenditure in order to reimburse the patient for drug expenses. The IRS accepts this as a valid record, why should not the insurance companies?

If the insurance companies are going to require this detailed information, then the companies, not the patient, should pay for this additional record keeping, otherwise it is going to increase the cost of filling prescriptions for these customers, and you know how everybody is screaming about medical costs now.

I read two years ago where this was getting to be such a problem in New Jersey that the state association had written the insurance companies and offered the following propositions when a request for detailed records was made.

1. The pharmacy would allow a paid employee of the insurance companies to come in and gather this information from their files.
2. The pharmacists would furnish this information to the insurance companies if paid time and a half for overtime work or a reasonable fee *by the companies and not the customer.*
3. The companies accept a verified total if the customer's Rx expenses from the pharmacy without requesting all of the other information.

Our customers do not understand the work involved in furnishing this information and we do not think that our customers should have to pay for it, or that we should do this work for the insurance companies at no charge.

There are three pharmacists in this store and we feel that this situation is going to get worse, not better, due to the increase in third party payment programs. We see an additional amount of work placed on us without compensation. We are extremely interested in knowing if this same feeling is shared by others in pharmacy in our state. If so, I think we need to see what we can do through the association to improve our position.

Thank you for taking the time to read this wordy letter to your request for standardizing the insurance forms.

Sincerely yours,
H. B. Leonard, Jr.

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NEWS FROM THE LOCAL/DISTRICT PHARMACY ORGANIZATIONS

FORSYTH COUNTY

The Forsyth County Pharmaceutical Society met March 18 at Medical Park Hospital. The Society discussed co-sponsorship of a consumer publication to be published by the Council on Drug Abuse. However, co-sponsorship of a newspaper was declined.

A program to involve more Forsyth County pharmacists was discussed. The program involves member pharmacists presenting the Society's goals and purposes to non-member pharmacists, through a booklet prepared by the membership committee. In order to meet these goals, members of the Society pointed out that the support of each pharmacist in the county will be necessary.

ROCKINGHAM COUNTY

Jack Watts, Eli Lilly Medical Service Representative, was the guest speaker at the March meeting of the Rockingham County Society of Pharmacists. The meeting was held in Reidsville.

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Mr. Watts main topic was the pharmacist's liability in product selection but of equal interest were his sidelight comments on the annual joint meeting of the physicians and pharmacists of Alamance County wherein members of both professions discuss and resolve problems.

COLUMBUS COUNTY

The Columbus County Pharmaceutical Association met February 10 at the home of Sam Koonce in Chadbourn, with Mike Borders preparing a Clambake.

At the general business meeting, the following officers were elected: President, Richard Dameron, Tabor City; Vice-President, Linda Shelburne, Whiteville; Secretary-Treasurer, Peggy McNeill, Fair Bluff.

WAKE COUNTY

Benny Ridout, the pharmacist consultant to the N. C. Department of Social Services, discussed the MAC/EAC programs at the March 2 meeting of the Wake County Pharmaceutical Association.

The meeting was held in Raleigh at Balentines Restaurant with Joe Edwards, presiding.

The Association will sponsor a CE program (Chronic Obstructive Pulmonary Disease Drug Therapy) on April 27 at the Red Cross Building.

Next meeting: April 6 at the Plantation Inn with Dr. David Work, Secretary-Treasurer of the N. C. Board of Pharmacy, the speaker.

CAPE FEAR PHARMACEUTICAL SOCIETY

The February meeting was held at the Barbecue Lodge in Fayetteville on February 17, 1976. Ms. Ellon Martin presided.

Mr. Frank Yarborough of Health Application Systems was the guest speaker. He spoke on the operations of the North Carolina Medicaid Program, including Peer Review and Drug Utilization Review.

Guest speaker at the March meeting of the Cape Fear Pharmaceutical Society was E. C. Modlin, Director of the Cumberland County Department of Social Services.

This was a joint meeting with Auxiliary members.

CAPE FEAR PHARMACEUTICAL AUXILIARY

The Cape Fear Pharmaceutical Auxiliary held three workshops on the State project "Operatory Flower Pot" during January and February at the home of the president, Mrs. B. Cade Brooks. As a result 62 plants were distributed to nursing homes in Sampson, Cumberland and Robeson Counties.

On February 27th The Cape Fear Pharmaceutical Auxiliary, The Cumberland County Medical Society, and the Fourth District Dental Auxiliary staged a fashion show to benefit the Fayetteville Technical Nursing Scholarships. Fashions from Belks at the Cross Creek Mall were shown. Models included Mrs. W. A. West, Mrs. Hamilton Underwood, and Mrs. George O. Markham.

Mrs. Bennett Hayes of the Medical Society presided. Special guests included Mrs. Rosemary Hedgepeth, President of the Woman's Auxiliary, NCPHA and Mrs. Shelton Brown of Raleigh.

CHARLOTTE

The January and February meetings of the Charlotte Auxiliary were held at the YWCA with Betty Smith, president, presiding. Sue Thomas presented the devotional at the January session, Nancy Hawfield at the February meeting.

Speakers who were introduced by Von Weather, were William Griffin, executive Director of the Mecklenburg County Medical Society and Chairman of the Mecklenburg County Board of Elections, for the January meeting; at the February session Dick Davis, a Community Services Consultant, who spoke on Area Mental Health and Allied Services.

Plans were made for the March Fun Day Brunch to be held at the home of Jewel Oxendine, and the February 14th dinner-dance at the Sharonview Country Club.

GREENSBORO DRUG AUXILIARY

The Greensboro Drug Auxiliary met at the Buffalo Presbyterian Church on Feb. 24 at 10:30 a.m. Chris Sanford gave the invocation. Hostesses for the meeting were Lib Pickard, Cassandra Setzer and Shirley Banacks.

Mrs. Paul Schenk, a member of the Guilford County American Revolution Bicentennial Commission spoke on "Events Officially Registered by the Commission."

A brief business meeting was held and Committee reports and instructions for the State project were given.

COSTS YOU 4% LESS TODAY

Prescription prices in retail pharmacies have resisted today's inflation, according to the March 1976 issue of *Pharmacy Times*, a national pharmacy magazine. For the average prescription price of about \$5, people conveniently obtain the benefits of drug (1) research & innovation by pharmaceutical companies, (2) manufacturing, (3) distribution, and (4) dispensing by pharmacists.

That prescription prices have resisted today's inflationary spiral is evidenced by U. S. government data provided by the Bureau of Labor Statistics, U. S. Department of Labor (1967 = 100):

	1960	1967	1975
All Items	88.7	100.00	161.2
Medical Care . .	79.1	100.0	168.6
Prescriptions ..	115.3	100.0	109.3

Prescription prices have been unfairly blamed as contributing to the overall high costs of medical care, because people "tend to assume that these increases were largely caused by booming Rx prices," *Pharmacy Times* asserts. Thus, an editorial in the magazine—written by Editor Irving Rubin—emphasizes to pharmacists: "Let's divorce Rx prices in the patron's mind from other medical care costs."

Over the years, people have complained to pharmacists that prescription prices are unreasonably high. Yet, a poster appearing in *Pharmacy Times* explains why this is untrue by pointing out to the public: "Compared to 1960, a dose of your prescription costs you 4% less today."

The March issue of *Pharmacy Times* also includes a brief statement by Dr. Jonas Salk—head of the Salk Institute for Biological Studies—with respect to challenge and change.

The issue also features a compilation of the 971 new drugs introduced in the U. S. between 1940 and 1975. Of these 971 drugs, 622 (or 64%) were marketed by American companies. And a survey of U. S. pharmaceutical houses reveals that, in 1976, the 54 responding firms are targeting company-financed new drug research against an average of 9.5 disease areas.

MARRIAGES

BOST-KENNERLY

The Cross of Christ Lutheran Church at Concord was the setting for the March 7 wedding of *Miss Rebecca Dianne Bost* and *Richard Van Kennerly*.

An honor graduate of Mount Pleasant High School, the bride is a 5th year student in the UNC School of Pharmacy. She will graduate in May.

The groom, a graduate of Newton-Conover High School, is also a graduate of the UNC School of Pharmacy. Following employment in Salisbury, he became associated with Cromley's Boulevard Pharmacy, Raleigh.

DEATHS

A. C. BROWNING

Alton Cain Browning, age 73, of the Pleasant Green Community, Greensboro, died March 13.

Mr. Browning served in the navy during WWII. In 1946, he and T. G. Crutchfield formed the Crutchfield-Browning Drug Company, which was sold in the late 60s.

WILLIAM LLOYD

William Leonard Lloyd of Buies Creek, former Garner pharmacist, died suddenly March 9 while at work. He was 46 years old.

A graduate of the UNC School of Pharmacy, Mr. Lloyd at one time operated Lloyd's Drug Store and later Forest Hills Pharmacy, Garner.

E. D. LEDBETTER

Edmond DeBerry Ledbetter, Lexington Pharmacist, died March 16 in the Veterans Hospital in Johnson City, Tenn. A graduate of the UNC School of Pharmacy, Class of 1918, he served in the Navy during WWI.

J. C. WARREN

Junius C. Warren, age 91, retired pharmacist of Benson died March 3.

A graduate of the UNC School of Pharmacy, Mr. Warren operated drug stores in Smithfield, Creedmoor and Dunn prior to locating permanently in Benson in 1931. He retired in 1969.



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ROBERT C. SISK

Robert C. Sisk, age 66, Asheville pharmacist, died March 1.

Mr. Sisk operated Sisk Drug Store in Biltmore for a number of years. He was a former president of the Western North Carolina Drug Club and served as a volunteer pharmacist at Asheville Orthopedic Hospital. Surviving are the widow, one daughter, a sister and three grandchildren.

H. A. BARRINGER

Harry A. Barringer, age 70, Concord pharmacist, died March 1 at Cabarrus Memorial Hospital.

Mr. Barringer was a native of Rowan County and a graduate of the UNC School of Pharmacy. He moved from Salisbury to Concord in 1944 and purchased Pearl Drug Store of which he was owner and operator until 1965. He was then pharmacist for Jesse Pike's Drug Stores until his retirement in 1974.

He helped organize and was the first president of the Cabarrus County Pharmaceutical Society and later served as first vice president of the N. C. Pharmaceutical Association.

Survivors include his widow, Irene S. Barringer.

Delegates attending the Kappa Epsilon Province A Meeting at the Institute of Pharmacy, Chapel Hill, March 19-21.



Represented were the Philadelphia College of Pharmacy and Sciences, Medical College of Virginia, and UNC-CH School of Pharmacy.

Alumnae members Kathryn Thutt, Ginger Lockamy, and Ann Z. Angle, served as hostesses for the continental breakfast. Sisters of Lambda Chapter (Chapel Hill) sponsored the luncheon.

Dr. George D. Russell, Assistant Director of AHEC Pharmacy Program, was featured speaker. Mrs. Stanley L. Brennan of Charlotte spoke at the banquet, held at Carolina Inn.

Following the dinner, guests were entertained at the Phi Delta Chi house. Photo by Wallace Patterson.

PREPARING FOR ROLE AS THE WIFE OF A PROFESSIONAL MAN

The class on social communication, was taught by Mrs. Ralph Ashworth, second from left. On left is Mrs. Milton Whaley who introduced Mrs. Ashworth. Mrs. Larry Dunson and Mrs. Greg West are at the right.



Dr. Louise Brennan who is instructor on the evening devoted to community involvement. Seated at extreme right is Mrs. George Cocolas, Pharmacy Wives advisor.



The class on home decoration was taught by Mrs. Larry Dunson, center.



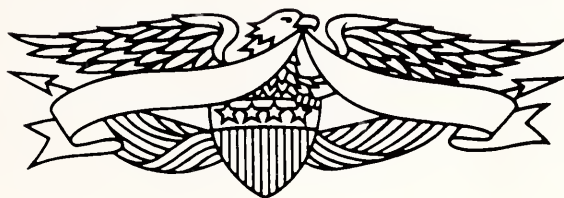
Certificates were presented to these graduates by Mrs. M. E. Hedgepeth of Henderson, President of The Woman's Auxiliary of the North Carolina Pharmaceutical Association.



IN PREPARATION FOR ROLE AS THE WIFE OF A PROFESSIONAL MAN

The NCPHA Woman's Auxiliary sponsored Seminar for Pharmacy (Student) Wives attracted discussion leaders and speakers from over the state.

The Seminar opened with a visit to UNC President and Mrs. William P. Friday's home. Pictured (1) is President Friday giving some of the history of the house and the antique furnishings which have been contributed by interested UNC alumni and others. Mrs. Friday (2) is shown pointing out the dining room chandelier which is a recent addition to the President's Home. In (3) Mrs. Friday is showing methods of table setting and arrangement.



MISUSE OF LEGAL DRUGS

(from page 5)

When organized in September, 1975, Adult Services had three goals:

1. To document through statistical study the extent and nature of adult misuse of legal drugs in Forsyth County.
2. To promote community awareness of the existing problem of adult misuse of legal drugs.
3. To initiate greater knowledge of and concern for the proper usage of medications.

After completing the initial documentation, Adult Services focused on the last two goals—community awareness and community education. The Adult Services plan for reaching these goals includes outreach through the media, distribution of educational material, and presentation of educational programs.

The Adult Services mass media outreach emphasizes the goal of informing all races, sexes, ages, and social levels. Guest appearances on radio programs and TV shows have proved to be an excellent method of reaching the public. Public service announcements, newspaper articles, and business and industry in-house publications are also essential parts of the mass media outreach.

Adult Services recently published an educational brochure designed for the general public which discusses the current legal drug problem and offers suggestions on the proper usage of drugs. This brochure, entitled "Misuse of Legal Drugs: A Problem in Forsyth County," is being dispersed to industries, service agencies, community centers, medical clinics, churches, hospitals, health education facilities, and pharmacies.

Educational programs to community service groups, social service agencies, and medical personnel also play an important role in the Adult Services plan for informing the public on the correct usage of licit drugs.

In its educational messages Adult Services cautions the public to not combine drugs with alcohol, to not combine medications with other medications without a doctor's order, to follow prescription directions, and to follow directions accompanying over-the-counter medicines. In other messages Adult Services advises that overdose levels differ from person to person in different situations, and that physical withdrawal should be attempted only under a doctor's care. Adult Services encour-

ages people with drug-related problems to seek help from local counseling services.

Adult Services welcomes all comments and inquiries. Please address correspondence to Mrs. Elizabeth Bean, Director, Adult Services Division, Council on Drug Abuse, P. O. Box 7526, Winston-Salem, N. C. 27109. Telephone (919) 725-8389.

Mrs. Elizabeth Bean, Director
Mrs. Helen Disney, Assistant Director
Adult Services Division
Council on Drug Abuse
P. O. Box 7526
Winston-Salem, N. C. 27109

PIKE NOT CANDIDATE TO SUCCEED HIMSELF

Due to increasing responsibility associated with the operation of Pike's Drug Store plus his executive committee work with the NARD, Mr. Jesse Pike has decided not to seek another term (5 years) as a member of the N. C. Board of Pharmacy.

A district committee in the Charlotte/Salisbury area will recommend two nominees for the post. Final action on the nominees along with NCPHA officer nominees will take place in Wilmington on April 13. The mail ballots will be distributed soon thereafter.

DRUG CRIME REPORT

Jenkins Drug Store, Walstonburg—Was forcibly entered and robbed of a large quantity of drugs. The store was robbed three times in 1975 and three times so far this year.

Almand's Drug Store, Rocky Mount—For the second time in a week thieves gained entrance to the drug store by prying open the front door. \$12 in change was taken from the register.

Kinston Clinic North Pharmacy, Kinston—More than \$600 worth of drugs were stolen from the pharmacy in a mid-March robbery. An unusual part of this robbery was the drugs were taken from large bottles—aspirin, etc.

McLean Hospital Pharmacy, Clinton—Robbed of a large quantity of CS drugs on March 19. Entrance was by way of the pharmacy's roof. An electronic alarm system failed to function.

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A surprise visitor to the recent NCPHA convention in Wilmington was a well known printer and scientist from Philadelphia, Benjamin Franklin and his wife. Since George and Martha Washington, the Paul Reveres, Thomas Jefferson and friends were present, the Franklins joined them in celebrating America's 200th birthday. More on page 4. Photo by Colorcraft.



The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it.

Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis—after which it could never be used by a patient.

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BRAD'S DRINK BECAME PEPSI

Caleb D. Bradham, a New Bern pharmacist, concocted a drink to serve to customers of his drug store here in 1898. It quickly caught on and folks called it Brad's Drink.

Bradham wanted another name for his tasty drink. A New Jersey company that made "Pep Cola" went broke and the druggist bought the name. He hired his next-door neighbor, Miss Bayard Wootten, an artist, to design a trademark for what he called Pepsi-Cola.

Miss Wootten later became a partner in the photographic firm of Wootten-Moulton at Chapel Hill. Thousands of Carolina alumni will remember her as the photographer who not only took portraits but also made hundreds of pictures for the Yackety-Yack. She made a national reputation as an artistic photographer. Her original trademark, for which she received the then magnificent sum of \$25, has since been modernized, but her touch remains.

Unfortunately Pepsi-Cola went under in the early 1920's. A Baltimore candy maker bought the formula and trademark. In the early 1930's, Pepsi-Cola came out with its 12-ounce bottle. Oldsters will remember the radio jingle, "Twelve full ounces, that's a lot . . . Twice as much for a nickel too, Pepsi-Cola's the drink for you."

George Bradham, son of the inventor, operates a well-established advertising agency in Greensboro. Caleb Bradham, Jr., formerly with Pepsi-Cola in a sales capacity, is now retired.

Pepsico, a giant conglomerate, now owns the drink. Many of George Bradham's friends still ask if he regrets not joining Pepsi-Cola years ago.

"Not a bit," he replies. "I'm far happier here, doing what I enjoy, than I would be in a big corporation." *Reprinted from Carolina Financial Times.*

LOAN FUND ACTIVE

A special note of thanks to Danny Dalton, a 5th year pharmacy student at UNC School of Pharmacy. He and his fellow fraternity brothers donated the proceeds (\$200.00) from the sale of pictures of a Fraternity Ball to the

Seymour Blaug Pharmacy Student Loan Fund as administered by the Consolidated Pharmacy Fund of the NCPHA.

The donation came in one day and was loaned the next day.

A \$500.00 contribution to the Fund was received from the Cornwell Drug Stores of Western North Carolina and the Woman's Auxiliary authorized transfer of \$1000 from invested funds to the Loan Fund.

Due to above-average requests for assistance, all of the funds listed above were immediately loaned to pharmacy students. For the first time, the Consolidated Pharmacy Loan assistance program passed the \$20,000 mark in 1975, and, if current requests for financial aid continues, 1976 will be another record-breaker.

COVER PAGE

Our 1976 Benjamin Franklin and wife are Pharmacist and Mrs. James L. Creech of Smithfield. They were first prize winners in the Colonial Costume Contest sponsored by the TMA as a part of the 1976 NCPHA Convention in Wilmington.

Other winners (there were 37 couples in costume) were: Second Place: Mr. & Mrs. Leslie Collins, Wilmington, and Third Place: Mr. and Mrs. Frank Pickard of Greensboro. Photo by Colorcraft.

Dear Sirs:

Your convention in Wilmington this past week was such a thrill for my husband and for me, it being our very first since moving back to North Carolina. Everything was so well planned and organized and it was evident that many people worked very hard for the convention's success.

My purpose in writing this letter is to tell you how great it is to be back in the beautiful state of North Carolina with all of you very hospitable people and to thank you for affording us with such a rewarding and memorable experience.

Debra W. Purdy
110 West Poppy Street
Dunn, N. C. 28334

THE 96TH NCPHA CONVENTION—IN BRIEF

AWARDS SESSION

The 96th Annual Convention of the N. C. Pharmaceutical Association was opened with an impressive Awards Session, Sunday afternoon, April 11, at the Wilmington Hilton Hotel, Wilmington. With L. Milton Whaley presiding, awards were presented to:

"50+" certificates and pins: Robert I. Cromley, Raleigh; David Ramsey Davis, Williams-ton; W. Prentiss O'Neal, Belhaven; Daniel Shepard Pigott, Gloucester (in absentia); James Edward Walters, Morven;

Bowl of Hygeia Award: W. Prentiss O'Neal, Belhaven;

M. B. Melvin Memorial Award, to the Ala-mance Pharmaceutical Society in recognition of their outstanding public and professional relations;

Academy of Pharmacy certificates: Dr. George H. Cocolas, Chapel Hill; Eugene W. Hackney, Lumberton;

Presidential Awards to Mr. and Mrs. L. Milton Whaley, and to Mr. and Mrs. Tom Burgiss;

Pharmacy Mate award to Mrs. Whaley.

OPENING SESSION

Following calls to order by L. Milton Whaley, NCPHA President, Mrs. M. E. Hedgepeth, Woman's Auxiliary President, and Ray Black, TMA President, the 96th annual convention officially got underway Sunday evening, April 11, at the Wilmington Hil-ton Hotel, Wilmington.

The session, a Bicentennial dinner meeting, was opened by the Presentation of Colors by the Wilmington Naval ROTC Color Guard. Invocation was by the Reverend William D. Sabiston, III, minister of the Wallace United Methodist Church.

An impressive patriotic address "What's Right About America" was brought by naturalized citizen Oddvar Berg. Native of Norway, now residing in Kentucky, found much in America to be right and worthy of pride.

Following the same theme, the *Voyagers*, choral group from the John T. Hoggard High School of Wilmington, presented "The Bicentennial in Music."

(Continued on page 7)



COMPLETE 50 YEARS AS LICENSED PHARMACISTS—Left to right, David R. Davis, W. Prentiss O'Neal, Robert I. Cromley and James E. Walters. Not shown: Daniel S. Pigott of Gloucester. Photo by Colorcraft.

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North Carolina 27709

President Whaley and Convention Chairman Franklin Williams shared presiding duties for the session. Announcements were brought by convention chairman Williams, Mrs. Franklin Williams for the Woman's Auxiliary, and Roland G. Thomas for the TMA. Mrs. Julius Howard served as co-chairman for the women's activities.

Climax of the evening was the announcement of the 1976 Pharmacist-of-the-Year, B. Cade Brooks of Fayetteville.

As a fitting close for the evening, a huge birthday cake decorated with sparklers was served to the group.

SECOND SESSION

The Monday morning session of the convention was opened with a memorial service to deceased members, led by Marsha Hood Brewer. In accordance with the Bicentennial theme, a bugler used "taps" to commemorate the tribute.

Eugene Hackney, NCPHA Bicentennial chairman, presented a Salute to the Bicentennial.

Tom Burgiss, first vice-president, presided during the president's address presented by Milton Whaley. (The text of this report is printed elsewhere in this publication.)

A panel presentation entitled "How Do Consumers Really Feel About Pharmacists?" was conducted by Gale Smith of Lederle Laboratories, assisted by Mrs. Bernice Connor-Kennedy, editor of Girl Talk magazine. Panelists were North Carolina women from over the state.

Other Monday Activities

Members of the Woman's Auxiliary were treated to a tour of historic Wilmington sites, a visit to Airlie Plantation, and luncheon served in a greenhouse at The Plantation. The golf tournament at Echo Farms attracted many members, as did tennis and other activities. To close the evening, North Carolina wholesale druggists entertained at a cocktail party, and dancing to a Dixieland Jazz group. A luau was held as a salute to the "newest state of the

Union" and the Dixieland evening saluted the "never-to-be-forgotten Confederacy."

THIRD SESSION

The Tuesday morning NCPHA session was opened with an invocation by Paul Branch.

Impressive addresses and reports, most of which will be carried in future issues of The Carolina Journal of Pharmacy, were presented by Dr. Jean Gagnon and Acting Dean Lee Werley of the UNC School of Pharmacy; Joseph D. Williams, Executive Vice-President of Warner-Lambert Company; Franklin Williams, Wilmington pharmacist; Donald Fletcher, Manager of Pharmacy, Legislative & Health programs for Smith Kline & French Laboratories.

(Continued on page 15)



Walter Saunders (right), president of the Alamance Pharmaceutical Society, is congratulated by NCPHA President Milton Whaley following presentation of the M. B. Melvin Memorial Award to the Alamance pharmacy organization.

Who cares about pharmacists?

We do. Why? Because 362 of us at The Upjohn Company are pharmacists. Including the executives in this picture. We understand the vital re-

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Left to right: Reed B. Peters, D. Ph., Vice President for Domestic Pharmaceutical Marketing; Louis C. Schrader, Ph.D., R. Ph., Vice President for Pharmaceutical Manufacturing; and Anthony J. Tareszko, Ph.D., D. Ph., Vice President for Pharmaceutical Control.

McAllister Luncheon

Charles D. Blanton, Jr. presents the Don Blanton Award "For Service to Pharmacy" to H. C. McAllister (left), the immediate past secretary-treasurer of the North Carolina Board of Pharmacy. Photo by Colorcraft.

At noon a luncheon honored H. C. McAllister, retiring secretary-treasurer of the North Carolina Board of Pharmacy. At that time he was given the Don Blanton Memorial Award with Charles D. Blanton, Jr. making the presentation. A Life Membership in the NCPHA was presented by W. J. Smith, NCPHA Executive Director. Harold Vann Day, Board of Pharmacy president, brought the invocation, and L. Milton Whaley, NCPHA president, presided.

Mr. McAllister continues with the North Carolina Board of Pharmacy in an advisory capacity. He will assist the newly appointed secretary-treasurer, Dr. David R. Work, utilizing Board procedure knowledge gained over a span of nearly 40 years.



NCPHA Executive Director W. J. Smith presents NCPHA Life Membership Certificate to Mr. McAllister. Photo by Colorcraft.

With the growth of third-party drug programs, we've all encountered new paperwork, rules, regulations, and demands. Unfortunately, third-party programs sometimes don't give adequate consideration to pharmacists as professional people. When they don't, the third-party programs can get in the way of practicing the profession of pharmacy.

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As third-party programs continue to grow, we'll continue to work to see that they grow the right way.

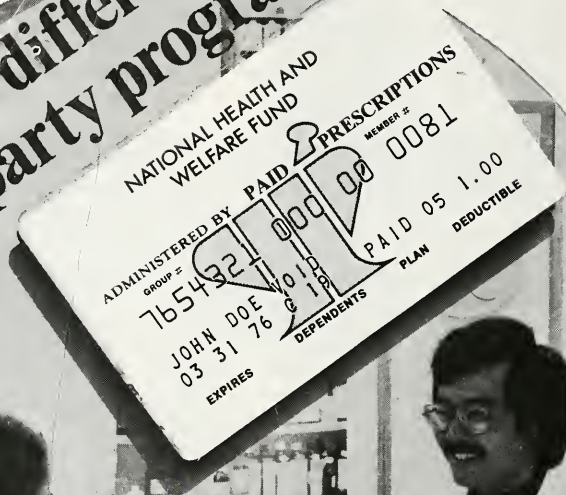
If you would like to know more about how PAID works for pharmacists, we'll be happy to send complete information.



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We are proud of our long association with North Carolina druggists through the *Carolina Journal of Pharmacy* and its editors. We look forward to serving your graphic needs in the future.

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Cristobal Guilarte, a graduate of the University of Florida, has been assigned to the High Point territory of The Upjohn Company.



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Testing in Humans: Who, Where & When.

The weight of ethical opinion:

Few would disagree that the effectiveness and safety of any therapeutic agent or device must be determined through clinical research.

But now the *practice* of clinical research is under appraisal by Congress, the press and the general public. Who shall administer it? On whom are the products to be tested? Under what circumstances? And how shall results be evaluated and utilized?

The Pharmaceutical Manufacturers Association represents firms that are significantly engaged in the discovery and development of new medicines, medical devices and diagnostic products. Clinical research is essential to their efforts. Consequently, PMA formulated positions which it submitted, on July 11, 1975, to the Subcommittee on Health, of the Senate Labor and Public Welfare Committee, as its official policy recommendations. Here are the essentials of PMA's current thinking in this vital area.

1. PMA supports the mandate and mission of the National Commission on the Protection of Human Subjects of Biomedical and Behavioral Research and offers to establish a special committee composed of experts of appropriate disciplines familiar with the industry's research methodology to volunteer its service to the Commission.

2. PMA supports the formation of an independent, expert, broadly based representative panel to assess the current state of drug innovation and the impact upon it of existing laws, regulations and procedures.

3. When FDA proposes regulations, it should prepare and publish in the *Federal Register* a detailed statement assessing the impact of those regulations on drug and device innovation.

4. PMA proposes that an appropriately qualified medical organization be encouraged to undertake a comprehensive study of the optimum roles and responsibilities of the sponsor and physician when company-spon-

sored clinical research is performed by independent clinical investigators.

5. PMA recognizes that the physician-investigator has, and should have, the ultimate responsibility for deciding the substance and form of the informed consent to be obtained. However, PMA recommends that the sponsor of the experiment aid the investigator in discharging this important responsibility by providing (1) a document detailing the investigator's responsibilities under FDA regulations with regard to patient consent, and (2) a written description of the relevant facts about the investigational item to be studied, in comprehensible lay language.

6. In the case of children, the sponsor must require that informed consent be obtained from a legally appropriate representative of the participant. Voluntary consent of an older child, who may be capable of understanding, in addition to that of a parent, guardian or other legally responsible person, is advisable. Safety of the drug or device shall have been assessed in adult populations prior to use in children.

7. PMA endorses the general principle that, in the case of the mentally infirm, consent should be sought from both an understanding subject and from a parent or guardian, or in their absence, another legally responsible person.

8. Pharmaceutical manufacturers sponsoring investigations in prisons must take all reasonable care to assure that the facilities and personnel used in the conduct of the investigations are suitable for the protection of participants, and for the avoidance of coercion, with a respect for basic humanitarian principles.

9. Sponsors intending to conduct nontherapeutic clinical trials through the participation of employee volunteers should expand the membership and scope of its existing Medical Research Committee, or establish such an internal Medical Research Committee, with responsibility to approve the consent forms of all volunteers, designs, protocols and the scope of the trial. The Committee should also bear responsibility to ensure full compliance with all procedures intended to protect employee volun-

10. Where the sponsor obtains medical information or data on individuals, it shall be accorded the same confidential status as provided in codes of ethics governing health care professionals.

11. PMA and its member firms accept responsibility to aid and encourage appropriate follow-up of human subjects who have received investigational products that cause latent toxicity in animals or, during their use in clinical investigation, are found to cause unexpected and serious adverse effects.

12. PMA supports the exploration and development by its member companies of more systematic surveillance procedures for newly marketed products.

13. When a pharmaceutical manufacturer concludes, on the basis of early clinical trials of a basic new agent, that a new drug application is likely to be submitted, a proposed development plan, accompanied by a summary of existing data, would be submitted to the FDA. Following a review of this submission, the FDA, and its Advisory Committee where appropriate, would meet with the sponsor to discuss the development plan. No *formal* FDA approval should be required at this stage. Rather, the emphasis should be on identification of potential problems and questions for the sponsor's further study and resolution as the program develops.

The PMA believes that health professionals as well as the public at large should be made aware of these 13 points in its policy on Clinical Research. For these recommendations envisage constructive, cooperative action by industry, research institutions, the health professions and government to encourage creative and workable responses to issues involved in the clinical investigation of new products.



Pharmaceutical Manufacturers
Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005



1. hydrochlorothiazide



2. reserpine



3. hydralazine



4. methyldopa



5. guanethidine

The Big Five

And four of them are from CIBA

Each a classic drug. And imagine—four of these five standards were developed by one company: CIBA.

Meeting the challenge.

It's what CIBA research, marketing, development, and manufacturing are all about.

CIBA

FOURTH SESSION

The year-round work of the NCPHA is directed by appointed committees and reports were heard from chairmen as follows:

William H. Wilson, State Legislation; Dr. George P. Hager, National Legislation; Marshall Sasser, Community Pharmacy; Herman W. Lynch, Employer/Employee Relations; W. H. Randall, Jr., Institutional Pharmacy; Kenneth Edwards, Public Health & Welfare; Whitaker Moose, Public and Professional Relations; Jame L. Creech, Mental Health; Claude U. Paoloni, Continuing Education; Eugene W. Hackney, Delivery of Pharmaceutical Services; Tom Burgiss, Insurance.

Financial reports were presented by B. Cade Brooks, Chairman NCPHA endowment Fund and the Institute of Pharmacy; Charles D. Blanton, Jr., President, N. C. Pharmaceutical Research Foundation; Robert B. Hall, Chairman Consolidated Pharmacy Student Loan Fund; W. J. Smith, Executive Director, NCPHA.

Greetings were brought by Mrs. M. E. Hedgpeeth, president of the Woman's Auxiliary.

Resolutions were presented by John C. Hood, Jr.; the Nominating Committee report by Haywood Jones; Time and Place Committee by Hobart Whaley; Convention statistics by A. H. Mebane, III, convention registrar.

The Installation of officers, with President Whaley conducting the ceremony, closed the session.

COLONIAL BALL

The Traveling Men's Auxiliary party provided a gala and fitting conclusion to the Bicentennial convention of the NCPHA. Almost forty couples were in colonial costume, with clothing made of everything from homespun to satin and velvet. Many wigs were in evidence, in keeping with the period costumes. Prizes for best costumes went to: Mr. and Mrs. James L. Creech, first prize of \$100; Mr. and Mrs. Les Collins, 2nd prize of \$50; Mr. and Mrs. J. Frank Pickard, 3rd prize of \$25.

THE AUXILIARIES

Tuesday was the big day for both the Woman's Auxiliary and the TMA. Business sessions were held at the Wilmington Hilton when both groups transacted annual business

matters, and heard reports from their various committees.

The Woman's Auxiliary concluded their sessions at the Blockade Runner, Wrightsville Beach, where a luncheon and fashion show were held.

During this portion of the meeting, Mrs. George Cocolas was presented a Life Membership. Installation of officers closed the session.

CONVENTION REGISTRATION

Pharmacists	146
Woman's Auxiliary	125
Traveling Men's Auxiliary	65
Guests & Visitors	15
Total	351

FUTURE NCPHA CONVENTIONS

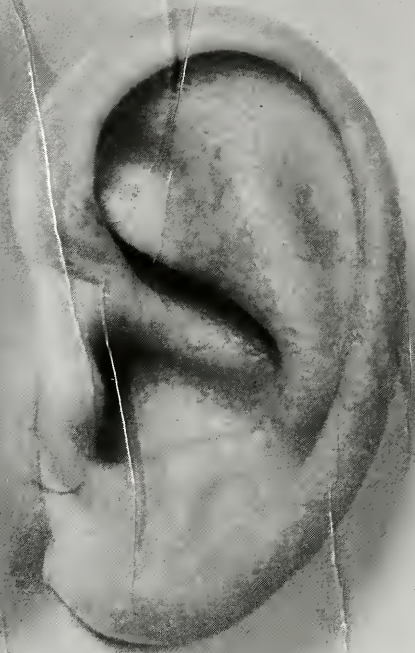
1977	Greensboro
1978	Asheville
1979	Bahamas
preceded by business session in North Carolina	
1980	Raleigh
(100th Anniversary meeting).	

(Continued on page 17)



Pharmacist's Mate Award presented to Mrs. Milton Whahey by Roger Winbon, (left) Professional Service Representative, Geigy Pharmaceuticals. NCPHA President Whaley on the right. Photo by Colorcraft.

**WHEN YOU
SPEAK
WE LISTEN**



At Sandoz Pharmaceuticals, many of our changing procedures and policies come from ideas and suggestions given to us by pharmacists from all over the country.

For example, simplified inventory control for our products with a shelf life of over two years was instituted when pharmacists found that monthly dating required unnecessary monthly checking. As a result, these products are now dated either January or July and shelf-life checks need to be taken only twice a year.

Greater label clarity, showing strength and form of products at a glance, was another suggestion. And, in the unit-dose line, our SandoPak® packages are available because hospital pharmacists asked for this innovation. Subsequently, they asked us to incorporate a child-resistant element into those packages, and we are now phasing in that feature.

Our return goods policy has also been shaped according to pharmacists' suggestions... making returns as easy and as economical as possible.

We constantly review our relationship to pharmacists and keep looking to you for your ideas on what will help you to better serve our common interest, the patient.



COLONIAL BALL, A HIGHLY SUCCESSFUL EVENT

The Colonial Ball, a convention entertainment event sponsored by the TMA, was highly successful with 37 couples in costume.

The contest committee (Marsha Brewer, Walt Saunders and Don Chapman) awarded prizes to these couples for best costumes:

First Prize:

Mr. & Mrs. James L. Creech, Smithfield

Second Prize:

Mr. & Mrs. Leslie G. Collins, Wilmington

Third Prize:

Mr. & Mrs. J. Frank Pickard, Greensboro

EXHIBITS

The two special convention exhibits attracted the attention of many of the registrants:

(1) A beam engine (model of museum quality) built by Pharmacist W. S. Ward of Valley Drug Store, Candler. The model (which will eventually be a fund-raiser for the NCPHA) is typical of an early 19th Century beam engine incorporating a slide valve and Watts Parallel Motion.

(2) PROFILE SYSTEM—Computerized pharmacy system marketed by Health Application Systems; demonstrated by Jesse M. Pike, Jr., Pike's Drug Store, Concord.

AUCTION/PLANT SALE NETS \$800

The Chinese Auction and Plant Sale, which was held in connection with the Wilmington Convention under sponsorship of the Woman's Auxiliary of the NCPHA, netted more than \$800.00 towards remodeling expense of the Institute of Pharmacy kitchen. The project was headed by Mrs. B. Cade Brooks, Fayetteville.

Mr. Gilbert Hartis of Winston-Salem contributed a mantel clock which he had handcrafted. It accounted for more than \$300 of the net and was won by Mrs. L. M. McCombs of Creedmoor.

A draw prize, flag afghan handcrafted by Mrs. W. J. Smith, was won by Mrs. Roger Cash of Gastonia. More than 200 registrants visited the sales room.

One of the major convention prizes—a chair donated by Rita-Ann Distributing Company—went to Rex Paramore of Nashville.

(Continued on page 23)



INDUCTED INTO THE NORTH CAROLINA ACADEMY OF PHARMACY—Left to right: Dr. George Cocolas of Chapel Hill and Eugene W. Hackney of Lumberton. NCPHA President Milton Whaley (center). Photo by Colorcraft.

**Dear Pharmacist:
This misleading ad**

**provides reasons
why you should
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Does your generic substitute really compare to the Major Brand?



TRI-SUDO® does!

...and we have the analytical tests to prove it. Ask your wholesaler—he has our product identification curves, disintegration and dissolution tests plus the pH factor of the syrup. It tells the story.

"Quality" is not just a word with M.D. Pharmaceutical—it's our future! Dispense TRI-SUDO with confidence.

Now in stock at your wholesaler in unlimited supply. Order today!

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General Drug Manufacturer
3501 West Garry Avenue, Santa Ana, CA 92704

Some hard facts from the makers of ACTIFED®

TRI-SUDO® **CLAIM:** TRI-SUDO® Syrup is a comparable generic substitute for ACTIFED®.

FACT: B. W. Co. Quality Control labs analyzed TRI-SUDO® Syrup (Lot Nos. 160000 and 160150) and found it did not contain any triprolidine hydrochloride, one of the two active ingredients in ACTIFED®.

TRI-SUDO® **CLAIM:** TRI-SUDO® had the analytical tests to prove comparability.

FACT: B. W. Co. obtained from a wholesaler TRI-SUDO® literature entitled, "Technical Data

Study" and found it does *not* prove comparability. The infra-red absorption spectra shown in the test results as proof of comparability do *not* show triprolidine but the solvent used in the assay procedure.

CONCLUSION:

Two lots of TRI-SUDO® syrup were examined by our Quality Control labs and were found to contain *no* triprolidine, one of the essential ingredients of our product.

You can be sure of quality controlled products when you prescribe ACTIFED® Syrup and Tablets. If your state law permits substitution, we suggest you mark your prescription D.A.W. (Dispense As Written) to be sure your patients receive ACTIFED®.

For brief summary of prescribing information, please see adjoining column

The decongestant/
antihistamine chosen by
NASA for Apollo, Skylab and
Apollo-Soyuz space missions.

ACTIFED[®]

Tablets and Syrup

Description: Each scored tablet contains Actidil[®] brand Triprolidine Hydrochloride 2.5 mg and Sudafed[®] brand Pseudoephedrine Hydrochloride 60 mg. Each 5 cc teaspoonful of the syrup† contains Actidil[®] brand Triprolidine Hydrochloride 1.25 mg and Sudafed[®] brand Pseudoephedrine Hydrochloride 30 mg.

†Preservatives: sodium benzoate 0.1%, methylparaben 0.1%.

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the Indications as follows:

"Probably" effective; For the symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis.

"Lacking substantial evidence of effectiveness as a fixed combination": For the prophylaxis and treatment of the symptoms associated with the common cold.

Final classification of the less-than-effective indications requires further investigation.

Precautions: Although pseudoephedrine hydrochloride is virtually without pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride has a low incidence of drowsiness, appropriate precautions should be observed.

Adverse Reactions: The great majority of patients will exhibit no side effects. However, certain patients may exhibit mild stimulation or mild sedation—no serious side effects have been noted.

Dosage and Administration:

	TABLETS	SYRUP teaspoon- fuls (5 cc)
Adults and children over 6 years of age1	} 3 times a day	} 2 3 times a day
Children 4 months through 6 years of age½		
Infants up to 4 months of age¼		

How Supplied:

ACTIFED[®] TABLETS Bottles of 100 and 1000, bottles of 30 with child resistant cap. ACTIFED[®] SYRUP Bottles of 1 gallon, 1 pint, and bottles of 4 oz with child resistant cap.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

GASTONIA

Akers Center Pharmacy. Thieves chopped a hole through the roof of the pharmacy and made off with a quantity of drugs.

KINSTON

Eckerd's Drug Store, Kinston Plaza. Thieves removed hypodermic syringes after entering the pharmacy by way of an air conditioning vent, then left by kicking out the front door.

WALKERTOWN

Walkertown Rexall Drugs. More than 2,500 Valium stolen along with cash and other drugs. The burglars chopped a hole in the roof with an axe.

KANNAPOLIS

Baxter's Pharmacy, Midway. Drugs and cash taken after thieves sawed a hole through the roof of the pharmacy. A safe was forced open.

GIBSON

Gibson Drug Company. At gun-point, Keith Hunsucker was forced to remove drugs from a safe by a man who reportedly left the area in a Monte Carlo with South Carolina license.

GASTONIA

Revco Drug Store. After two previous trials, Marlon Edwards of Belmont was found guilty of breaking and entering and larceny of merchandise from the drug store. The merchandise included 15 watches, 7 cameras, seven radios, two tape recorders and two bottles of medicine.

LILLINGTON

Lafayette Drug Company. \$3000 in cash and drugs taken from the pharmacy in a roof-top breakin.



Septra DS. The same reliable formulation but doubled in tablet strength, lower in cost.

For patients with recurrent urinary tract infections

Septra DS: the same Septra efficacy in recurrent cystitis, pyelitis, and pyelonephritis due to susceptible organisms

Septra DS: the same Septra spectrum—*E coli*, *Klebsiella-Enterobacter*, *P mirabilis*, *P vulgaris*, *P morganii*

Septra DS: the same b.i.d. dosage schedule, but one tablet instead of two

Indications: Chronic urinary tract infections evidenced by persistent bacteriuria (symptomatic or asymptomatic), frequently recurrent infections (relapse or reinfection), or infections associated with urinary tract complications, such as obstruction. Primarily for cystitis, pyelonephritis or pyelitis due to susceptible strains of *E coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris* and *Proteus morganii*.

NOTE: The increasing frequency of resistant organisms limits the usefulness of antibacterials, especially in these urinary tract infections.

The recommended quantitative disc susceptibility method (*Federal Register 37: 20527-20529, 1972*) may be used to estimate bacterial susceptibility to Septra. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Septra therapy. "Intermediate susceptibility" also indicates that response is likely and "Resistant" that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or

New Septra[®] DS

Each tablet contains: 160 mg trimethoprim and 800 mg sulfamethoxazole

Double Strength
tablet dosage:
1 tab b.i.d.



INGS



jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted. At present, data are insufficient to recommend use in infants and children under 12.

Precautions: Use with caution in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase deficient individuals, hemolysis may occur (frequently dose-related). During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Septra. **Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. **Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. **Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. **CNS reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. **Miscellaneous reactions:** Drug fever, chills, toxic nephrosis with oliguria and anuria, periarthritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypogly-

cemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia; cross-sensitivity may exist with these agents. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 Septra DS tablet or 2 Septra plain tablets or 4 teaspoonfuls (20 ml) every 12 hours for 10 to 14 days. Shake suspension well before using.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet, 2 tablets or 4 teaspoonfuls (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Septra DS (Double Strength) tablets containing 160 mg trimethoprim and 800 mg sulfamethoxazole—bottles of 60 tablets. Septra tablets containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 40, 100, 500, and 1000 tablets and strip packages of 100 individually packed tablets. Oral suspension, containing the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole in each teaspoonful (5 ml), cherry flavored—bottles of 450 ml.



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AMERICAN DRUGGISTS' INSURANCE CO.

30 East Central Parkway, Cincinnati, Ohio 45202

BELHAVEN PHARMACIST IS GIVEN AWARD FOR OUTSTANDING COMMUNITY SERVICE BY STATE PHARMACEUTICAL ASSOCIATION

W. Prentiss O'Neal, Belhaven community pharmacist, has been honored by the North Carolina Pharmaceutical Association as its 1976 recipient of the A. H. Robins "Bowl of Hygeia" Award, for outstanding service to his community.

The award plaque was presented to O'Neal, owner of O'Neal's Drug Store at 232 East Main Street, on April 11 during the association's annual convention in Wilmington.

Richard A. Velz, vice president of A. H. Robins Company for public affairs, presented the award on behalf of the North Carolina association. Also participating in the ceremony was the association president, L. Milton Whaley of Wallace, who was himself the recipient of this award in 1972.

The recipient is a native of New Holland, in Hyde County, and received his pharmacy training at the University of North Carolina.

O'Neal served as Mayor of Belhaven for a total of 18 years—in two different terms—and received its "Citizen of the Year" Award in 1963 from the local Chamber of Commerce. He is a charter member and past president of the Rotary Club in Belhaven, a 32nd-degree Mason, and a Shriner. He is active in the Belhaven Chamber of Commerce, and is senior warden of St. James' Episcopal Church. Since 1942 he has served continuously as chairman of the board of directors of Pungo District Hospital.

In pharmacy, he is a past president of both the Northeast Drug Society and the Northeastern North Carolina Pharmaceutical Association. He is chairman of the board of the North Carolina Pharmacy Political Action Committee, and at the national level is a member of the National Association of Retail Druggists.

The Bowl of Hygeia, most widely recognized international symbol of pharmacy, derives from Greek mythology.

Hygeia was the daughter and assistant of Aesculapius (sometimes spelled Asklepios), the God of Medicine and Healing. Her classical symbol was a bowl containing a medicinal potion, with the serpent of Wisdom (or guardian-

ship) partaking of it. This is the same serpent of Wisdom which appears on the caduceus, the staff of Aesculapius which is the symbol of medicine.

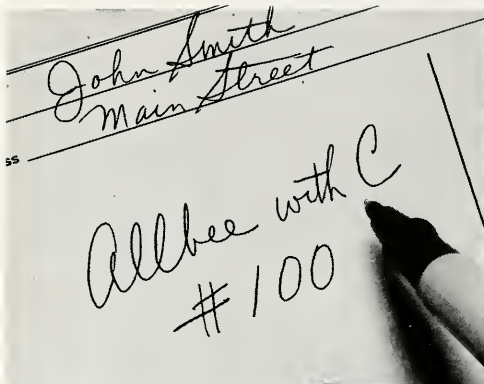
The "Bowl of Hygeia" Award, presented annually through the North Carolina Pharmaceutical Association, is a handsome mahogany plaque measuring 10 by 13 inches and featuring the Bowl of Hygeia in bronze. It is modeled after a sterling silver bowl made by a Mexican silversmith and given to the A. H. Robins Company by its Latin American representatives in 1953 on the Richmond (Va.) ethical pharmaceutical manufacturing firm's 75th anniversary.

An appreciation of the time and personal sacrifice devoted by pharmacists to the welfare of their respective communities prompted E. Claiborne Robins, chairman of the board, to establish the award in 1958. It is now presented annually by participating pharmaceutical associations in each of the United States, the District of Columbia, Puerto Rico and the provinces of Canada. The recipients are selected by their respective associations.

(Continued on page 25)



W. Prentiss O'Neal (center) receives the A. H. Robins "Bowl of Hygeia" award for outstanding community service by a pharmacist . . . from Richard A. Velz, vice president of A. H. Robins Company for public affairs. NCPHA President Milton Whaley is shown on the right. Photo by Colorcraft.



by prescriptions...professional recommendations



...word of mouth — still No.1 in drug store sales!

and this year's
**spring
deal** (April 1-
May 27)
is bigger and
better than ever!

- YOU GET MORE FREE GOODS
- plus
- NEW CUSTOMER INCENTIVE PROGRAM
\$1.00 refund consumer coupon
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Contact your Robins Representative or Wholesaler for all the details!

Put your facings where your profits are!

AH-ROBINS A. H. Robins Company, Richmond, Virginia 23220

LT. GOVERNOR HUNT ADDRESSES ANNUAL NC-PHARMPAC MEETING IN WILMINGTON

Under sunny but windy skies, some 90 PharmPAC members and guests attended the Annual Convention of the North Carolina Pharmacy Political Action Committee held in Wilmington on April 11. After the Board of Directors meeting, the general session was called to order by Board Member Jimmy Creech. Board Member Joe Johnson held a brief invocation. Senator John Henley and Representative Barney Paul Woodard each presented brief remarks to the attendees in respect to the upcoming short session of the North Carolina Legislature and the pivotal role that pharmacists are increasingly being called upon to play in the political process. Both urged greater such activity on the part of all pharmacists.

Board Member Rex Paramore then introduced the speaker of the afternoon, Lieutenant Governor and candidate for Governor James B. Hunt. Hunt first lauded the role of the

pharmacists in the respective communities and the great amount of health and civic responsibility for which they are responsible. Hunt then went on to urge the improvement of health care in the state in the upcoming months. Hunt placed great emphasis on greater recruitment of good industry for the state and the accompanying economic growth. The major point of the afternoon, however, was the great accentuation Hunt placed on the improvement of the attitude of the people toward government and each other. Hunt then suggested that proper ways in which to improve this attitude was through more responsive and better government, greater emphasis of community improvement areas, enhancing basic learning skills in the schools, more effective crime control (including robberies) and a more fair and equitable system of utilities control. After the presentation, Hunt answered questions from the floor and met many of the members attending.

The membership voted to accept the following resolutions unanimously from the floor:

(Continued on page 27)



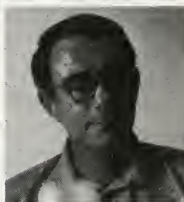
Lt. Governor James B. Hunt (4th from left) is shown with, left to right, Milton Whaley, Rex Paramore, Representative B. Paul Woodard and Senator John T. Henley. Photo by Colorcraft.



VAN REAMES



TOM McLEAN



CHARLIE EDWARDS



OLGIE TARR



JAMES TEACHEY



KEN MC ARTHUR



WALKER CRUMP



JOHN HARRISON



JACK CANUPP



BOYD BARNETTE



JON COLEY



HORACE FLANIGAN



LENNIE CASEY



CHARLOTTE YOUNT



JIMMIE HODGIN



TOM CORCOHAN

WE'RE PUTTING OUR BEST FACES FORWARD

The faces of SK&F Representatives who stand ready to help you in any way with anything to do with SK&F. If you have a question or a problem, just ask.

RESOLUTION I

Whereas, pharmacy is increasingly being brought under pressure by various federal bodies and agencies, and

Whereas, no existing pharmacy organization can or will take the initiative for political action on a national basis, and

Whereas, the situation requires immediate action on behalf of the profession, therefore,

Be it resolved that the North Carolina Pharmacy Political Action Committee go on record favoring the immediate formation of a national body whose primary aim will be the effective political action on the behalf of the profession of pharmacy, and

Be it further resolved that the North Carolina Pharmacy Political Action Committee be prepared to support such an effort through financial contributions up to but not exceeding 10% of its existing treasury, at the discretion of the Board of Directors.

RESOLUTION II

Whereas, the current Board of Directors has served faithfully this year for their respective district, and

Whereas, many Directors are serving their first term and have not had the opportunity to do so during a convened session of the Legislature, therefore

Be it resolved that the rules of election be suspended this year and that the current Board of Directors serve another year long term, and

Be it further resolved that this re-election be affirmed by a vote of the membership within a month of this convention.

RESOLUTION III

Whereas, this is an election year and all members of the North Carolina Legislature are to be elected, and

Whereas, pharmacy should exert maximal influence for the good of the profession and the public, therefore

Be it resolved that the North Carolina Pharmacy Political Action Committee go on record and actively seek election of Legislators supporting the concepts of:

- 1) equitable reimbursement for expenses incurred in the proper professional handling

of prescriptions, regardless of the source of the prescription,

- 2) freedom to practice the profession of pharmacy without undue or untoward control by any government agency or body,
- 3) reasonable control of substances with potential for abuse without unnecessary or inappropriate measures of regulations for excessive paperwork, and
- 4) management of consumer price availability and advertising through proper channels within the profession, and

Be it further resolved that the membership and Board of Directors do whatever is necessary and appropriate to aid in the election of such Legislatures.

The meeting was then adjourned until the meeting next spring in Greensboro.

Executive Secretary Addresses National Group of PharmPAC Activities

Steve Moore, Executive Secretary of N. C. PharmPAC was a guest speaker at the annual meeting of the National Council of State Pharmaceutical Association Executives at their meeting in New Orleans on April 4. Moore related the growth and activities of PharmPAC and the potential use as a model for development in other states. Moore talked with the group about national organization for pharmacy political action also.

(Continued on page 28)

LETTERS

Dear Mr. Smith:

It is not often in the hotel business that one has the opportunity to work with such totally professional and delightful people. I only wish that all conventions and meetings that are planned through this office could be handled in the manner with which you and Mrs. Smith handled the Pharmaceutical Convention. I am sure I am just one of many who will feel a great loss when you retire.

It was truly a pleasure to have had the opportunity to work with you and your conventions.

Cindy Marr
Director of Sales
Wilmington Hilton

OFFICERS INSTALLED

President: Tom R. Burgiss, Drugcare of Al-leghany, Sparta
 First Vice-President: Eugene W. Hackney, N. Elm Pharmacy, Lumberton
 Second Vice-President: Herman W. Lynch, Lynch Pharmacy, Dunn
 Third Vice-President: Joseph C. Miller, Boone Drug Co., Boone

EXECUTIVE COMMITTEE MEMBERS-AT-LARGE

Rex A. Paramore, Nashville
 Donald V. Peterson, Durham
 Marshall Sasser, Smithfield

CONTINUING MEMBERS OF THE EXECUTIVE COMMITTEE

W. Whitaker Moose, Mt. Pleasant
 William H. Wilson, Raleigh
 Lloyd Milton Whaley, Wallace
 W. J. Smith, Chapel Hill

Dear W. J.:

The 1976 North Carolina Pharmaceutical Convention in Wilmington was certainly a success in every way. So much of the credit goes to you personally for the outstanding convention proram and of course all of the related activities were equally as successful according to those attending.

I also wish to express sincere thanks to you for allowing me to present to the pharmacists of our state the computerized pharmacy system marketed by Health Application Systems. Your willingness for me to share my enthusiasm for this new professional tool with those in attendance is greatly appreciated not only by myself but by all of those who will be updating their pharmacies with such systems both now and in the future.

Jesse M. Pike, Jr.
 Vice-President
 Pike's Drug Store, Inc.
 Concord, N. C.

(Continued on page 32)



NCPHA OFFICERS & EXECUTIVE COMMITTEE, 1976-77—Front row, left to right: W. H. Wilson, Herman W. Lynch (2nd VP). Tom R. X. Burgiss (President), Eugene W. Hackney (1st VP) and W. J. Smith (Executive Director).

Back row: Milton Whaley, Whitaker Moose, Don Peterson, Marshall Sasser and Rex Paramore, all members of the Executive Committee. Not shown: Joe Miller (3rd VP). Photo by Colorcraft.

No default insurance

Tofranil-PM[®]
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



1 h.s.

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM[®] may markedly reduce the probability of missed doses.

After therapy is initiated with the 75-mg. capsule, the 150-mg. capsule is the dose level at which optimum response is usually obtained.

Please review the prescribing information summarized on the back of this page.

*Ayd, F.J., Jr. (Ed.): Int. Drug Ther. Newslett. 7(9/10):35-50 (Nov./Dec.) 1972.

One capsule lasts from bedtime to bedtime.

Tofranil-PM® brand of imipramine pamoate

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil-PM, brand of imipramine pamoate, in patients receiving a monoamine oxidase inhibitor, as long as an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.

Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as operating an automobile or machinery, the patient should be cautioned accordingly.

Usage in Children: Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdose. Due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Precautions: It should be kept in mind

ness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil-PM, brand of imipramine pamoate, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed,

Tofranil-PM, brand of imipramine pamoate, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine should be discontinued for as long as the clinical situation will allow.

An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs.

Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported.

Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract

Allergic: Skin rash, petechiae, urticaria,

eral or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: In adult outpatients, therapy should be initiated on a once-a-day basis with 75 mg./day. This may be increased to 150 mg./day which is the dose level which usually obtains optimum response. If necessary, dosage may be increased to 200 mg./day. Dosage should be modified as necessary by clinical response and any evidence of intolerance. Daily dosage may be given at bedtime, or in some patients in divided daily doses. Hospitalized patients should be started on a once-a-day basis with 100-150 mg./day and may be increased to 200 mg./day. Dosage should be increased to 250-300 mg./day if there is no response after two weeks.

Following remission, maintenance medication may be required for a longer period of time at the lowest dose that will maintain remission. The usual adult maintenance dosage is 75-150 mg./day on a once-a-day basis, preferably at bedtime.

In adolescent and geriatric patients, capsules of Tofranil-PM, brand of imipramine pamoate, may be used when total daily dosage is established at 75 mg. or higher. It is generally unnecessary to exceed 100 mg./day in these patients. This dosage may be given once a day at bedtime or, if needed, in divided daily doses.

How Supplied: Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.)

(B) 98-146-840-A(9/75) 667120

For complete details, including dosage and administration, please refer to the full prescribing information.

DEATHS

James Monroe Wheless, Jr. of Farmville, died April 2 at his home. He was a 1934 graduate of the UNC School of Pharmacy. He operated City Drug Company of Farmville.

Winfred A. Huntley of Lexington died at Lexington Memorial Hospital April 9 after an illness of six weeks. He was an alumnus of the UNC School of Pharmacy, and a former employee of People's Drug Store, Lexington.

George Wilson Turner, age 58, Wilmington pharmacist, died April 18 in the Duke Medical Center, Durham.

A native of Denmark, South Carolina, Mr. Turner operated pharmacies in the Wilmington area for years.

Survivors include his wife, Mrs. Grace Logan Turner; his mother, a sister and a brother.

Allen Raymond Cross, age 80, of Norfolk, Virginia, died April 20.

A 1919 graduate of the Medical College of Virginia School of Pharmacy, Mr. Cross was a past president of the Commercial Auxiliary to the Virginia Pharmaceutical Association and a Life Member of the TMA of the NCPHA.

For 41 years Mr. Cross represented Nelson, Baker and Company in North Carolina.

Survivors include a son and a grandson of McLean, Virginia and a nephew.

MARRIAGES

Miss Cynthia Lee Hubbard, graduate of the UNC School of Pharmacy, and Robert Russell Hundley, Jr. were married March 27 at Hickory Grove United Methodist Church. She is pharmacist at Huntersville Hospital.

REGISTERED PHARMACIST


Available for relief work in the following counties: Rowan, Cabarrus, Montgomery, Richmond and Union. Available weekends, nights and days (except Wednesdays). NJS-5. Call the NCPHA (191/967-2237) for additional information.

HOSPITAL STAFF PHARMACIST

Immediate Opening, new position in 342 bed general hospital for Staff Pharmacist registered in North Carolina or eligible for licensure. Salary open. Responsibilities include inpatient dispensing, IV additive program, drug therapy monitoring for patients in Long Term Care Facility. Two weeks vacation first year (three weeks thereafter). Six paid holidays, sick leave.

Reply to:

**F. Michael Hughes
Personnel Director
Southeastern General Hospital, Inc.
P.O. Box 1408
Lumberton, North Carolina 28358
(919) 738-644 Ext. 250.**



SECUNDUM ARTEM

RESOLUTIONS

1. WHEREAS: North Carolina pharmacies are being burglarized at a rate of two a week; and

WHEREAS: Most of these crimes are related to controlled substances; and

WHEREAS: Over the past two years the NCPHA has supported federal legislation to make it a crime to commit a robbery, burglary or other act of violence in obtaining controlled substances in a pharmacy, and

WHEREAS: All attempts at the federal level to obtain a satisfactory solution to the problem just underlined have not been successful, therefore

BE IT RESOLVED: The North Carolina Pharmaceutical Association now direct its attention to a solution at the state level, and

BE IT FURTHER RESOLVED: The Association's Committee on Legislation be directed to prepare a suitable bill on drug crime prevention for introduction in the 1977 session of the N. C. General Assembly.

2. BE IT RESOLVED: The North Carolina Pharmaceutical Association commend the NCPHA Committee on Insurance for its work to date and to urge further immediate action in order that this problem of a standard form may be solved as quickly as possible.

3. BE IT RESOLVED: The North Carolina Pharmaceutical Association recommend that all aspects of the MAC/EAC proposals be reviewed by a non-governmental committee, taking into account the impact of the proposals on all parties involved, with a report going to DHEW Secretary Mathews as soon as feasible.

4. BE IT RESOLVED: The North Carolina Pharmaceutical Association recommend the use of patient profile medication systems on a voluntary basis.

5. BE IT RESOLVED: The North Carolina Pharmaceutical Association reaffirms the consumer's right to know the prescription price prior to the dispensing function and reaffirms its opposition to public advertising of prescription prices and prescription price posting.

6. BE IT RESOLVED: The North Carolina Pharmaceutical Association commend the N. C. Department of Social Services and its pharmacist consultant, Mr. Benny Ridout; and Paid Prescriptions and staff members, Mr. H. Shelton Brown, Mr. Benjamin O. Williams and the immediate past director, Mr. Frank Yarborough, for exceptional meritorious capability in administering the N. C. Medicaid Prescription Program.

7. BE IT RESOLVED: The North Carolina Pharmaceutical Association endorse Senate Bill 2621 and transmit this action to North Carolina's Congressional Delegation. (S. 2621 requires name of manufacturer on drug label for information of pharmacist/physician).

8. BE IT RESOLVED: The North Carolina Pharmaceutical Association delegates, in convention assembled, commend H. C. McAllister for his dedicated effort on behalf of North Carolina Pharmacy while serving as Secretary-Treasurer of the North Carolina Board of Pharmacy.

9. BE IT RESOLVED: By the North Carolina Pharmaceutical Association in convention assembled on April 23, 1976, in Wilmington, North Carolina, that the NCPHA express appreciation and thanks to members of the NCPHA, their families and friends in attendance at the 96th Annual Meeting; and

to the local committees, the New Hanover County Pharmaceutical Society and the New Hanover County Pharmaceutical Auxiliary, Bellamy Drug Company and others for the hospitality extended to everyone in attendance; and

to the convention chairmen, Franklin E. Williams, Mrs. Franklin E. Williams, and Mrs. Julius Howard, W. F. Elmore and Roland G. Thomas and their associates for devotion to duty which has resulted in a most successful convention; and

to the sponsors of the various convention events which are listed in the program distributed to all registrants at this meeting; and

to members of The Woman's Auxiliary and the Traveling Men's Auxiliary who contribute so much to the success of the annual meetings; and

(Continued on page 33)

to all others who in any way helped to put the 96th Convention in the record books as one of Pharmacy's most informative and helpful 3-day annual sessions.

10. BE IT RESOLVED: The North Carolina Pharmaceutical Association express its appreciation to the Woman's Auxiliary of the NCPHA for its long-time support of the NCPHA through sponsorship of student scholarships and loans funds and the recent remodeling and decoration of the Institute of Pharmacy auditorium and kitchen and its constant devotion to the betterment of Pharmacy in North Carolina.

NCPHA By-Law Revision

SECTION 1. ACTIVE MEMBERS. Every pharmacist meeting the qualifications of Article III, Section I of the Constitution, or every graduate of an accredited school of pharmacy, is eligible for active membership in the North Carolina Pharmaceutical Association. Applicant will complete membership form available from Association office, and submit together with annual dues in accordance with Sub-section (a).

Major change: Addition of graduates of schools of pharmacy to those eligible for membership

Minor change: Clarification of text

Subsection (a). DUES. Every member shall pay in advance into the hands of the Secretary-Treasurer the sum of sixty dollars as yearly contribution, except that those not financially interested in a pharmacy shall pay thirty dollars. In case a drug store or pharmacy is owned by a partnership or corporation, the first partner or owner shall pay sixty dollars; each additional partner or owner shall pay thirty dollars. Pharmacy managers shall pay sixty dollars; hospital pharmacists thirty dollars. Pharmacist married couples receiving combined mailings (one of each mailing to one address), shall pay dues as indicated above, as follows: There shall be one dues payment in accordance with rank of highest paying member; the other member of the couple shall pay an additional \$10 only.

Out-of-state pharmacists shall pay \$20 annually.

Major change: Combining dues for pharmacist married couples. (They will receive one copy of each mailing, except for ballots or questionnaires.)

OFFICER NOMINEES N. C. PHARMACEUTICAL ASSOCIATION

First Vice President

Julius F. Howard, Seashore Drugs,
Wilmington

Herman, Lynch, Lynch Pharmacy, Dunn

Second Vice President

Joe Miller, Boone Drug Company, Boone

Danny L. Randall, Malvern Hills Drug
Store, Asheville

Third Vice President

Jack Watts, 444 Tarleton Avenue,
Burlington

Joseph L. Johnson, Jr., Wesley Long
Hospital Pharmacy, Greensboro

Member of the NCPHA Executive Committee,
1 year term

Ralph H. Ashworth, Ashworth Rexall
Drugs, Cary

Gilbert Hartis, Jr., Revco Drug, Winston-
Salem

R. Truman Hudson, Akers Center Phar-
macy, Gastonia

Julian Upchurch, Upchurch Drugs,
Durham

George M. Willets, New Hanover Memorial
Hospital Pharmacy, Wilmington

N. C. BOARD OF PHARMACY— 5 YEAR TERM

W. Whitaker Moose, Moose Drug Co., Mt.
Pleasant

John H. Rosser, Presbyterian Hospital Phar-
macy, Charlotte

Director of the N. C. Pharmaceutical Research
Foundation

W. T. Boone, Boone's Professional Pharmacy,
Ahoskie

M. M. Edmonds, Edmonds Summit Center
Pharmacy, Greensboro

Edwin R. Fuller, Innes Street Drug Co., Salis-
bury

Banks D. Kerr, Kerr Drugs, Raleigh

N. O. McDowell, McDowell's Pharmacy, Scot-
land Neck

Roger H. Sloop, Warren's Drug Store, Rural
Hall

R. W. Smith, Jr., Revco Drug Store, Charlotte

W. V. van Valkenburgh, Kenilworth Drug
Store, Asheville



NEW AUXILIARY LEADERS—Mrs. Milton Whaley assumed leadership of the Woman's Auxiliary when she was "pinned" by Mr. M. E. Hedgepeth, outgoing president. W. F. Elmore, right, received the president's plaque from Ray Black, immediate past-president of the Traveling Men's Auxiliary, following the TMA's election of officers and installation.

Annual business meetings for both groups were held Tuesday morning, April 13, as a part of the N. C. Pharmaceutical Association convention at Wilmington.



The newly installed president of The North Carolina Pharmaceutical Association, Tom Burgiss (right) of Sparta is shown accepting the McKesson-Robbins Presidential Award from M&R Zone Sales Manager, R. Claude Griffin.

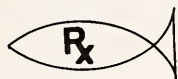
NCPHA Presidential duties already have Pharmacist Burgiss involved with pharmacy affairs—in Chapel Hill on May 9 to address the UNC pharmacy graduates then a return to Chapel Hill on May 25 for meeting of the NCPHA Executive Committee.



STP

Shelf Labels
Turnover Reports
Price Stickers

Another SMITH Service that will provide you shelf labels and price stickers for every item ordered. Supplied in invoice sequence.



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PHARMACY



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HOW'S YOUR RETAIL IMAGE?—Good? Bad? Indifferent?—Consult your Smith Representative about our Associated Druggist Program. Some of the advantages of this program are hometown newspaper advertising—buying advantage—clerk training program—In store promotion materials and store advertising fliers.

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GAFFNEY 487-4949
COLUMBIA 256-7555

STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; David R. Work, Secy.-Treas., Box 471, Chapel Hill, N. C.

NEW PHARMACIES

1. The Medicine Shoppe, 1622 S. Hawthorne Road, Winston-Salem. Clifton E. Braddy, pharmacist-manager.
2. Medi-Rx, Inc., Route 2, Hickory, John T. Simpson, Jr., pharmacist-manager.
3. Sav-Mor Drugs, Inc., Fairway Shopping Center, Hudson. Linda T. Chester, pharmacist-manager.
4. Mountain View Drug Store, Inc., Rt. 8, Box 150 C, Hickory. Elbert A. Rudisill, Jr., pharmacist-manager.
5. Kmart Pharmacy, 3315 Bragg Blvd., Fayetteville. Charley H. Williams, pharmacist-manager.
6. Kmart Pharmacy, 2000 Avondale Drive, Durham. William Hardy, Jr., pharmacist-manager.
7. Kmart Pharmacy, 4500 Western Blvd., Raleigh. Richard Wilder, pharmacist-manager.

CHANGE IN OWNERSHIP

1. Forest Heights Pharmacy, Inc., 837 N. Center Street, Statesville. Lewis E. Summers, pharmacist-manager.
2. Doctors Building Drug Company, Inc., 830 West Henderson Street, Salisbury. Robert B. Fairley, pharmacist-manager.
3. Henriksen's Pharmacy, Neuse Village Shopping Center, New Bern. Steve Byrd, pharmacist-manager.
4. Mall Pharmacy, Inc., 3 South Tunnel Road, Asheville. William F. Horton, pharmacist-manager.

LIMITED SERVICE PERMIT

1. Fellowship Hall, Inc., Highway 29N, Greensboro. John E. Nance, pharmacist-manager.
2. Nursing Center Pharmacy, 230 E. Presnell Street, Asheboro. Leon Stanley Haywood, pharmacist-manager.

RECIPROCITY

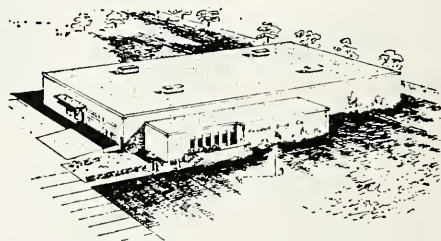
Dawn Morehead Higgins from Tennessee
Bruce David Winkelman from West Virginia
John Daniel Jones, III from Georgia
Frank Paul Purdy from Virginia
Glenda Marene Jenkins from Louisiana

ARRESTED

Joseph P. Thorne, a Four Oaks pharmacist, was arrested (April 21) by Wake Forest ABC agents and State Bureau of Investigation officers on about 40 warrants charging illegal possession and sale of drugs.

An assistant district attorney reported the drugs seized included barbiturates, amphetamines and opium derivatives.

Thorne was arrested at a motel near Raleigh. He was released under \$10,000 bond.



GOING PLACES!

*Every modern ingredient
for rendering prompt,
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of Western Carolina*



**KENDALL
DRUG COMPANY**

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Fixtured Our Store For Efficiency . . .

. . . as Well as . . .

**Up-to-date Sales Appeal With
Drug Store Fixtures by COLUMBUS Show Case Company**

We have the answer to your needs with our:

CONSULTATION—We will work with you from rough ideas through a finished plan—we will carefully analyze your operational needs and potential, and recommend practical solutions.

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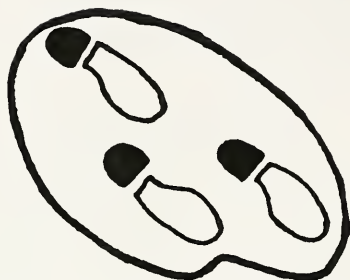
INSTALLATION—We will supervise the installation of your new COLUMBUS fixtures to see that your selling environment is complete and workable in every detail.

Let Us **DESIGN** and Engineer Your **DRUG STORE** to **PROMOTE** and **SELL** Merchandise.

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CHARLOTTE, NORTH CAROLINA 28204**

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TAR HEEL DIGEST

CHARLOTTE

Tom Dagenhart of the Nalle Clinic was named division chairman of the Mecklenburg unit of the American Cancer Society.

WAYNESVILLE

Ben Eidam of Lake Junaluska was named to the Haywood Board of Health to fill the unexpired term of Hewin Morris, who resigned recently.

CHARLOTTE

Terry Heatherington was one of the speakers at a special assembly at Belmont Junior High on the subject of Advertising.

SALISBURY

Robert Swann will be instructor for a course "Pharmacology for Nurses" to be held at Rowan Memorial Hospital. It is sponsored jointly by the hospital and Rowan Technical Institute.

WILMINGTON

Fred B. Baker has received the Lederle Gold Cup Award for excellence in sales of pharmaceuticals, achieved through outstanding service to the medical profession. The award is made annually to distinguished medical sales representatives of Lederle.

BREVARD

Paul Owenby, Jr. was named one of the four community leaders recently named to the board of directors of First Union National Bank of Brevard.

ROCKY MOUNT

Dr. Warren E. Weaver of Richmond, Va., Dean of the Medical College of Virginia's School of Pharmacy, was guest speaker at a meeting of the Rocky Mount chapter of Full Gospel Business Men's Fellowship.

LUMBERTON

Hedgpeth Pharmacy, Lumberton's oldest drug store, has purchased the Rose's Dime Store building in downtown Lumberton and will relocate the pharmacy there. Present location of Hedgpeth Pharmacy is in line for demolition if proposed downtown redevelopment plans are carried out.

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UNC PHARMACY SCHOOL NOTES

BRANCH OFFICERS ELECTED

Newly elected officers of the UNC School of Pharmacy Student Branch of the NCPHA/APhA are:

President: Jane Hall

Vice-President: Patsy Millar

Secretary: Joy Davis

Treasurer: Colin Murchisan

Asst. to President: Gene Woodall

Executive Council Member: Martha Mayo

HAGER NAMED LENOIR-RHYNE DEVELOPMENT BOARD CHAIRMAN

Dr. George P. Hager, Professor of Medicinal Chemistry, U.N.C. School of Pharmacy, was recently elected Chairman of the Development Board of Lenoir-Rhyne College, Hickory.

Dr. Hager, who was formerly Dean of the U.N.C. School of Pharmacy before relinquishing this position due to ill health, received his Ph.D. degree from the University of Maryland. He went on to become Dean of the School of Pharmacy, University of Minnesota.

Dr. Hager has served on the Lenoir-Rhyne Development Board since September 1973.

PHARMACY STUDENTS ATTEND MINORITY MEETING

Two UNC School of Pharmacy students attended the recent meeting of the Student National Pharmaceutical Association in Baltimore, hosted by the University of Maryland Chapter. Louis Newsome of Ahoskie and Dana Eric Coleman of Rich Square, both fourth year Pharmacy students, represented the UNC School of Pharmacy at this fifth annual meeting. Newsome was elected National Vice President of the SNPPhA for 1976-77.

SNPPhA was formed in 1972 by a group of minority students who were concerned with the need for adequate representation in developing and implementing policies and procedures in the existing pharmaceutical organizations and the need to relay problems to

and through minority students, expressing it "as it really is" for them. To attain its delineated objectives, SNPPhA has ongoing projects to develop, conduct, administer and coordinate programs which provide services, research, and training in areas directly affecting the health care of minority peoples.

PHARMACY RHO CHI INDUCTION HELD

Initiation ceremonies for the Rho Chi Society of the U.N.C. School of Pharmacy were held at the Colonial Inn, Hillsborough. Dr. William Hall, Burroughs Wellcome Pharmaceutical Company, Greenville, was guest speaker. Among other honored guests was Mrs. Seymour M. Blaug, wife of the late Dean of the U.N.C. School of Pharmacy.

The twenty-nine students inducted into the society were: Cathy Louise Allen (Bladenboro); Roy Douglas Barrow (Wilson); Cynthia Ann Byrd (Burlington); Sharon Renaye Campbell (Charlotte); Norman Vernon Carroll (Durham); Cheryl Ann Clark (Chapel Hill); Virginia McCauley Clayton (Charlotte); Gail Sifford Fowler (Faith); Henry Lawrence Harvey, Jr. (Clemmons); Nancy Ellen Hedrick (Asheboro); Mark Howard Holshouser (Raleigh); Debra Ann Keever (Shelby); Samuel Benjamin Lemberg (Atlantic Highland, N. J.); Celeste Michele Lindley (Havelock); Martha Ruth Mayo (Miami, Fla.); Harvey Alston Mitchell, Jr. (Goldsboro); Deborah Montague (Windsor); Eva Joy Mooring (Snow Hill); Michael Craig Rash (Reidsville); Linda Rae Sharpe (Asheville); Bertram Hon-Sun Tang (Hong Kong); Robert George Wagner (Syosset, N. Y.); Michael Ray Warren (Roseboro); Linda Gail Wiggins (Goldsboro); Benjamin Thomas Woodard (Lucama); Charles Thomas Faison (Wendell); Nicholas Matthew Greene (Shelby); Person Bennett Pittman (Pine Level); Jenny Ann Mabie (Bloomfield, Conn.).

To be eligible for membership in Rho Chi, a student must have an overall GPA of 3.0, be in the top 20% of his class, and possess strength of character, personality and leadership.



Donald H. Ahern, president of Scott Drug Company announces the appointment of Russell B. Elder, Jr. to the position of Credit and Financial Manager.

Mr. Elder is a graduate of Furman University and of the Graduate School of Credit and Financial Management, Dartmouth College. He is also a charter member and past president of the Piedmont Credit Club.

Mr. Elder's past business associations have been in loan and credit management positions with the Kendall Company and E. B. Stone Finance Company.

Recently, Eli Lilly and Company cited the Varner's Drug, Inc., Brevard, on the occasion of filling their 1,000,000th prescription, with a commemorative gift jar. Observing the event from left to right are: Paul Owenby, Jr., Owner of Varner's Drug; Allan D. Anderson, Lilly District Manager; Edward L. Bryson, Jr., R.Ph.; Renus E. Rich, Jr., R.Ph.; Sam McGuire, Lilly salesman.



REMEMBER:



The availability of a store planning and modernization service in this area through your **OMB** representative.



CONSULTATION Our design consultant will work with you from rough idea through finished plan. He'll carefully analyze every facet of your operational needs and potential, and recommend practical solutions.



DETAILED PLANNING For a single department or a complete new store, our design consultant will prepare detailed plans assuring you the most effective arrangement, the best traffic patterns, the most sales stimulating Columbus fixtures, displays and decor.



INSTALLATION He'll then supervise the installation of your new Columbus fixtures, work with all trades involved to see that your new selling environment is complete and workable in every detail ... in the shortest possible time.



FOLLOW THROUGH And he'll help you through the "break-in" stage, seeing to it that your new fixtures serve you and your customers as designed.

IN COOPERATION WITH THE COLUMBUS SHOW CASE COMPANY

we are offering area druggists the finest, and most extensive lines of store merchandising display fixtures, plus complete store planning and modernization service available anywhere. As one of America's oldest, most experienced manufacturers of store equipment, Columbus has everything you need to up-date your store and make it more profitable. Just ask your O.M.B. representative for details.

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DR. T. C. SMITH COMPANY, INC. • ARCHITECTURAL FIRM • RALEIGH, N. C.

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NCPHA President L. Milton Whaley and Mrs. Whaley are pictured with E. R. Squibb medical service representative William W. Jordan of Raleigh following presentation of the Squibb President's Award to Mr. Whaley. The presentation ceremony took place at the 96th annual meeting of the NCPHA and Affiliated Auxiliaries in Wilmington on April 11. Photo by Colorcraft.



The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it.

Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis—after which it could never be used by a patient.

This means that you depend on the manufacturer for assurance that the dose the patient takes is identical to the ones which have been tested.

At each step in the manufacture of a Lilly drug, test after test confirms the ingredients, formulation, purity, and accuracy—all the critical factors that assure that every Lilly medicine is just what the doctor ordered.

That's particularly important, as you know. The same drug made by different companies can be chemically identical yet may act differently in the human body because of the many variables in the way the drugs are manufactured.

And, of course, government standards alone do not assure the efficacy and consistency—the quality of each drug you dispense.

As we at Eli Lilly and Company see it, the ultimate responsibility for quality is ours.

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600090



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Front Row: B. H. Peoples; W. P. Brewer, Sales Manager; J. V. McBride; M. L. Beavers; D. L. Bowden

Back Row: W. A. Sigmon, Buyer; W. C. Warren, Buyer; W. H. Andrews; J. L. Salmon; Gil Davis; J. C. Knight

**CORDIALLY INVITE YOU TO ATTEND OUR
19TH ANNUAL JUSTICE HOLIDAY GIFT SHOW
AUGUST 8 and 9—1:00-10:00 PM
IN EXHIBITION HALL OF THE GREENSBORO
COLISEUM, GREENSBORO, N. C.
DINNER: 6:00 PM EACH DAY**



**DO JUSTICE TO
YOUR DRUG BUSINESS!**

**Scott Drug
Company
cordially
invites you
to attend...**



**THE SECOND ANNUAL SHOWING
HOLIDAY SPECIAL PROMOTIONS
AND SELLING IDEAS**

TURSDAY, JUNE 26TH (1 P.M. UNTIL 8 P.M.)
FRIDAY, JUNE 27TH (9 A.M. UNTIL 7 P.M.)

WAGGONER HALL AT HOLIDAY INN NORTH
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**PLAN NOW TO ATTEND, YOUR TRIP TO OUR SHOW
MAY WIN YOU A TRIP TO THE CARIBBEAN.**
WE LOOK FORWARD TO A PROFITABLE, FUN TIME.



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The Carolina

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SQUIBB TO BUILD PLANT IN KENLY

E. R. Squibb and Sons has announced it will locate a \$14 million plant on a 100-acre tract near Kenly between I-95 and Seaboard Coast Line Railroad tracks.

Squibb will package Pencilin products in the new plant where initially 100-200 persons are expected to be employed. The base will come from Squibb's plant in New Brunswick, N. J.

Squibb started the plant location site search in March, 1975. Prior to selection of the Kenly location, eight possible sites were rated from Hendersonville to Goldsboro.

PCS TO ADMINISTER WINSTON-SALEM HEALTH CARE PLAN FOR REYNOLDS

Pharmaceutical Card System (PCS) of Phoenix, Arizona has been selected to administer, effective July 1, 1976, the prescription drug program for approximately 6,000 subscribers and their eligible dependents enrolled in the Winston-Salem Health Care Plan.

The Plan is expected to expand to cover more than 25,000 of the employees of R. J. Reynolds Industries, Inc. and affiliated companies and their dependents.

Details of Plan #204 have been mailed by PCS to pharmacies in the Winston-Salem area.

CLOW DRUG EXPANDS TO GREENVILLE

James W. Clow, president of Clow Drugs, Smithfield, has announced a new Clow Drug will be established in Greenville at West End Shopping Center.

Tentative opening for the new store is set for August 1.

Gene Minton will be the pharmacist-manager. He has been associated with Clow Drug for one year and prior to that worked for Kerr Drugs in Raleigh for three years.

Clow Drug has a projected expansion to eight stores by 1980.

NOSTALGIA NOTE

Comment by an 85-year-old pharmacist who established a pharmacy in 1926, watched it develop into a thriving community institution, and at the age of 79, saw the pharmacy converted into a dress shop: "It's sad. I could cry everytime I go down there. I think about how it used to be and how it is now and I just can't figure it."

RECORD BREAKING ATTENDANCE AT N. C. MUTUAL DRUG ANNUAL MEETING

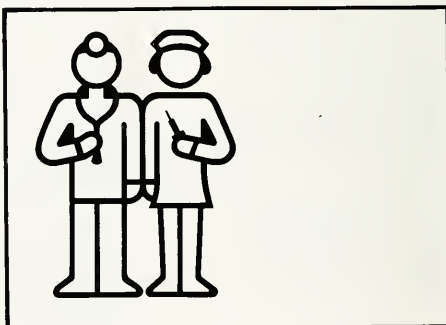
The N. C. Mutual Wholesale Drug Company annual meeting in Chapel Hill on May 26 was attended by a record-breaking attendance of 275 members and guests. The luncheon meeting was held at The Carolina Inn.

Mutual Sales increased 20 per cent over the previous year—total over \$27 million. The Mutual operation now includes 295 retail drug stores.

Further expansion plans were announced by Ralph P. Rogers, Jr., Mutual's executive vice president and general manager. These include special merchandising events, advertising and extension of Mutual's current computer programs.

Banks D. Kerr of Raleigh was reelected president of N. C. Mutual. Other officers in addition to Rogers, are C. Louis Shields of Jacksonville, vice president, and L. Milton Whaley of Wallace, secretary.

The newly elected directors are Bob Bowers of Bethel, Marion Edmonds of Greensboro, Edwin R. Fuller of Salisbury, Eugene W. Hackney of Lumberton, Julius Howard of Wilmington and Shields.



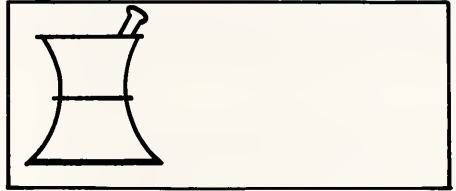
NORTH CAROLINA PRESCRIPTION CONSUMER STUDY

Information on consumer desires must be available before pharmacists can adequately satisfy consumers. The procedure normally followed at the corporate level to obtain consumer attitudes has been to conduct market research studies which provide businessmen feedback from consumers about their new and old products and services.

Some information has been obtained on consumer attitudes toward pharmaceutical services via surveys. However, community pharmacists have been somewhat critical of the results of these services because they may not pertain to their individual practices. The most logical step for pharmacists should be to conduct their own consumer surveys. Practically speaking, this suggestion would probably be impossible because few pharmacies have neither the time nor expertise to construct questionnaires, select a consumer sample, and analyze data.

The School of Pharmacy, University of North Carolina, in cooperation with the North Carolina Pharmaceutical Association and with the support of Eli Lilly and Company, proposes the following solution to obtain individual pharmacy consumer attitudes about pharmaceutical services. Every pharmacy manager/owner who completes and returns the enclosed coupon will receive a free supply of pretested questionnaires together with complete instructions. All that is required of each participating pharmacy is to distribute the questionnaires to prescription patrons as they receive their prescriptions. The questionnaires will be returned to the School of Pharmacy where they will be analyzed. A specific report will be written and mailed to each participating pharmacy.

A number of benefits will be experienced by pharmacists who participate in the North Carolina Prescription Consumer study. First, the questionnaires serve as an excellent public relations device and serve as an effective communication system between you and your



prescription patrons. It will help explain to your consumers how pharmaceutical services may cause variations in prescription prices between pharmacies. They have been well received in pretests. Moreover, the individualized reports of a pharmacy's returned questionnaires will signal which services are important, how well the pharmacy performs in the delivery of these services, the rankings of patronage motives, the size of the pharmacy's trading area, and the demographic characteristics of the store's prescription patrons. This information will be utilized by a pharmacy owner/manager to modify the content of services offered and/or how they are delivered. As a result of his actions, the pharmacy might experience a positive increase in sales because of an improved image.

In conclusion, let me urge you to take time to listen to your prescription patrons. By listening, you may detect problems and make corrections early. Complete the enclosed coupon and send it to Jean Paul Gagnon, Associate Professor of Pharmacy Administration at the University of North Carolina—use the NCPHA enveloped marked "COUPON".

After the forms arrive, follow the simple directions and completely distribute the questionnaires to your consumers. Two months or so after you have handed out your last questionnaire, you will receive a report on what your consumers said, together with recommendations, if necessary, on what you might do to improve the delivery of your services. We believe you will find using the questionnaires beneficial, informative, and above all worthwhile.

This bulletin was sent to 1700 members of the NCPHA in May. If you are a pharmacist manager/owner, desire to participate in the survey and did not receive the "coupon" referred to above, write the N. C. Pharmaceutical Association, Box 151, Chapel Hill, North Carolina 27514

DISCOUNTS TO SENIOR CITIZENS—YES OR NO?

Survey conducted by the North Carolina Pharmaceutical Association in regard to discount to senior citizens.

- Age 60 or more
- Social Security Beneficiaries
- Pre-school age to six

on prescriptions and designated product lines.

SURVEY RESULTS

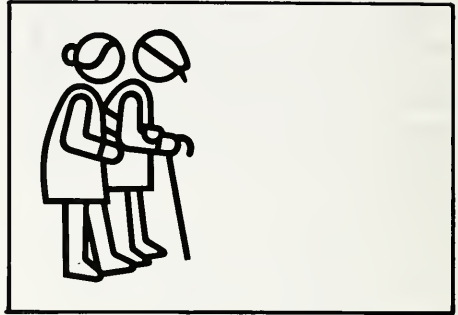
Favor	55
Oppose	209
Favor discounts for age 60 or more and SS Beneficiaries but not pre-school to age six	8
Favor discounts to only age 60 or more ..	6
Oppose discounts but forced into doing it because of competition ..	6

COMMENTS IN FAVOR OF DISCOUNTS

- only if competition does
- with qualifications
- if cash and carry
- let every store do what they want to do

COMMENTS OPPOSED TO DISCOUNTS

- Many young couples with children need a discount more than Senior Citizens. I favor each person paying a fair price and not giving a discount to one group and charging a higher price to other groups to result in receiving a net profit.
- Misleading to the public. After all I'm suppose to be practicing a profession.
- Opposed, but may be forced to it. If so, will explain that services such as delivery, charge and record and insurance keeping will not be part of program. Cash only, with receipt given same as chains.
- I personally feel that these "savings plans" are ultimately subsidized by other segments of the consumer groups. I work in a pharmacy with such a plan and I have seen prices increase too rapidly on monthly up-dating to believe otherwise.
- I personally oppose this practice, but favor its existence as a right under the constitution—the decision to be left to the individual.



- You know and I know there is no such thing as a discount on prescriptions. You are discounting what from what. Everyone who says they give a discount merely marks up a prescription then knocks some off and the patient thinks he is getting a good deal. Who are you trying to fool when you ask this question? Also, I think if you need to help someone it should be the young married couple. They are the ones who have a hard time of it. After a man works 40 years and he can't take care of his old age, then he did not plan for it. Most retired people I know have a lot more money than me. Everyone wants to jump on the bandwagon because of a pressure group instead of standing up and telling it like it is.
- This is a frightening statistic. I would be interested to know how many of this 20% who offer discounts in NC are chains as opposed to independent. In analyzing our operation, I arrived at the conclusion that with "over 60's" constitution such a large part of our Rx's, we could not offer them 10% without restructuring our whole pricing system. In short, the under 60's would be paying MORE for their drugs to give the 10% to the senior citizens. This alarming trend toward more and more "discounts" is another example of pharmacy creating its own bad image.
- I am opposed to giving any discounts to any group. We give low fair prices to all and I see no reason for favoring any one group over the other. How about Unions, young people, diabetics, heart patients, blood pressure, etc.
- cannot favor discriminatory practice.

- My opposition is not based on the fact that I am not in favor of helping those on a fixed income, I oppose the discriminatory practice whereby the only basis for granting the discount is the AGE of the person only.
- All stores that I have talked to have raised the price 10% and then take off 10%.
- The people between these age groups are once again footing the bill just as they are under the current tax system. Let every man carry his own burden. There are a lot of poor people in the 20's, 30's, 40's, 50's that would like a discount. I say one price for all. It really does not make much difference anyway, the federal government will be footing the bill soon.
- I oppose the discount idea simply because I do not believe that it is a true discount. I believe it to be nothing more than a come-on at the expense of the greater arena of those not entitled to the discount. A discount does not connote repayment or substitution of the given-away price disparity. Profit and loss statements do not bear out the idea that the discount given is a true one. To give a discount and yet to expect remuneration for it is deceit.
- Many patients not in the above category should be included. Many patients in above category should not. The best answer is fair, moderate prices.
- Discriminatory and I believe if tested in court would be found actually to be illegal.
- We do a lot of credit business and try to give good prices so wouldn't be practical.
- May have to resort to in order to meet competition.
- The cost of Pharmaceutical services must be paid by someone. Middle-class working patrons are taxed enough.



The Medicine Shoppe, Gastonia—Two Gastonia men have been charged with armed robbery of the pharmacy. Drugs valued at \$250 were taken by the men who entered the pharmacy wearing ski masks.

Shamrock Drugs, Charlotte—The firm's delivery car, weighing more than 2000 pounds, was turned over on its side by vandals.

Kenilworth Drug Store, Asheville—The pharmacy was among various businesses hit by a gunman in mid-May. Pistol or rifle shots damaged an automobile parked in front of the pharmacy. The bullet or bullets could be traced in the pharmacy where the carpet was ripped.

Calhoun Drug Store, High Point—Value of drugs taken following a break-in at the pharmacy was estimated at more than \$2000.00.

Timberlake's Drug Store, Roanoke Rapids—Money taken in a break-in.

Murray's Pharmacy, Raleigh—Two armed men robbed the pharmacy's cashiers.

Clinic Pharmacy, Mooresville—Ronald Keith Chaffins of Kannapolis was arrested by local police and charged with breaking and entering and larceny of drugs from the pharmacy.

Newton Grove Drug Company, Newton Grove—Two men, one from Dunn and the other from Irwin, were arrested following an attempted break-in at the pharmacy. Thomas Williford, pharmacist, alerted police who made the arrest.

Yanceyville—A Caswell County man has been charged with the theft of more than \$19,000 worth of drugs from a Greensboro trucking firm.

A few may match our prices.
But no one can beat our system



We're not fooling ourselves. Gilpin's grown as much as it has in the past 130 years because we've beat a lot of people on price. And we're not about to change now.

The problem is, a lot of items these days will cost the same at virtually all wholesalers. So now we're not talking just price.

Now we're talking Datarex®. Datarex® is a completely automated, inventory management system designed to cut your labor costs while increasing your sales and profits. Individualized to your exact specifications, your Datarex® system will be as extensive or as limited as you want it to be.



Beating the high cost of yesterday's prices.

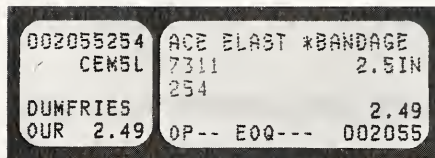
It's been estimated that the average pharmacy loses up to 2% of its bottom-line profits because its price stickers have failed to keep pace with inflationary changes.

Datarex® makes all the adjustments automatically. *Automatically.* **The hole in your shelf, the drop in your curve.**

We found out something else about the average pharmacy: it loses up to 15% of its possible sales because of outs—those empty shelves.



Datarex® puts an end to outs. Coded shelf labels work in conjunction with the computerized in-store ordering terminal and the Datarex® CRT order-entry system to keep you in-stock. All the time.



Should you be doing what you're doing?

Right now you're probably spending a lot of your time checking stocks, ordering and filling shelves.

What you should be doing is managing.

In minutes, anyone in your store can be running the whole system, freeing your management team to do the jobs that build your profits.

Sound expensive? Wrong.

A Datarex® system can cost as little as \$50 a month.

You see, we're a total-service wholesaler, and we want all your business. All of it. So we know we can't afford to charge you too much for any one service—even a service like Datarex®.

As we said, we're not fooling ourselves.

You can't beat the system: The Datarex® system from Gilpin.

THE HENRY B.
GILPIN
COMPANY

901 Southern Avenue
Washington, D.C. 20032
Phone (301) 630-4500

Attention Harrison L. Leach
Vice President Retailer Services

I want to know more about the system. Send me your free Datarex® booklet. n

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

NO TOOLS NEEDED.

Empirin® Compound 250's
still have easy-open, easy-close, fiddle-free caps



Good sales sense

No need to create cap-opening difficulties for people who can't cope with child-resistant closures. The elderly and the handicapped. Households without children. (To accommodate these users, each manufacturer of aspirin-containing analgesics is permitted by law to make one size available without a safety closure.)

The Empirin Compound 250 tablet bottle is the right choice for them. Easy to open. Easy to close. Easy to take.

Good profit sense, too

Every Empirin Compound "250" you sell can bring you a profit of up to \$1.10*. Yet one facing uses only 4% inches—scarcely more than most analgesic 100's do.

Make the most of every analgesic inch on your shelves. Make it with Empirin Compound 250's.

*Based on suggested list prices.

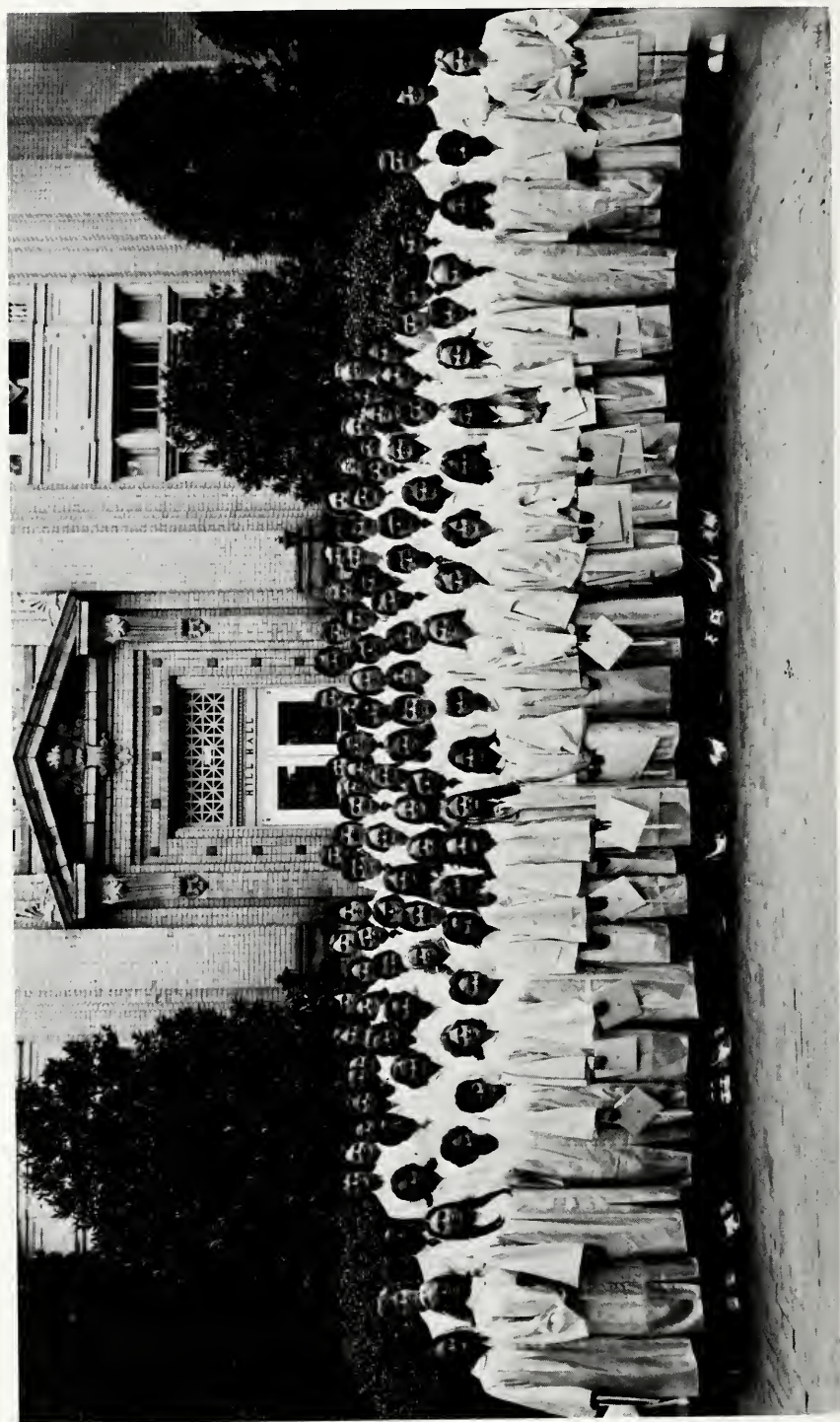


Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

BAYLUS CADE BROOKS
1976 PHARMACIST OF THE YEAR



You are invited to attend the Mortar & Pestle dinner honoring Mr. Brooks, Bordeaux Center, Fayetteville, Friday night, June 25, 7 P.M. Dinner reservation, \$10 per person. Call (919/967-2237) or write the NCPHA.



Graduating Class, School of Pharmacy, UNC, Chapel Hill, N. C. May 9, 1976

PHARMACY GRADUATES

SCHOOL OF PHARMACY, UNIVERSITY OF NORTH CAROLINA

The picture appearing on the opposite page was made on May 9, 1976 immediately following the pharmacy graduation ceremony in Hill Music Hall.

- Donna F. Adams, Sanford
 Eric Albright, Bessemer City
 Earle Watts Allen, Gastonia
 John L. Allen, Jr., Pineville
 Annette E. Aman, Charlotte
 Diane C. Andrako, Richmond, Va.
 Ruth E. Bailey, Winston-Salem
 Lauree B. Beck, Carthage
 Richard W. Bess, Statesville
 John R. Bischoff, Dunn
 W. Robert Bizzell, Dunn
 James B. Brannon, Greensboro
 Margaret L. M. Bridger, Charlotte
 George W. Brookins, Newport
 Mike Brooks, Biscoe
 Larry R. Brookshire, Asheville
 Ken A. Burleson, Albemarle
 William O. Burns, Riegelwood
 Pamela D. Cable, High Point
 Donald G. Cameron, Gastonia
 Katherine J. Carpenter, Bessemer City
 David W. Carter, Asheboro
 Sue Collins, Enfield
 Danny W. Creech, Kenly
 Pete Crouch, Eden
 Danny R. Dalton, Black Mountain
 David J. Devine, Jr., Raleigh
 Cindy Dollar, Winston-Salem
 Gary D. Dunham, Chapel Hill
 Debra S. Ellis, Farmville
 V. Allen Faircloth, Stedman
 Charles T. Faison, Pittsboro
 Wood Farless, Merry Hill
 Charles R. Fenske, Chapel Hill
 Nancy C. Fenske, Robersonville
 Ernest W. Ferguson, Plymouth
 Violet Fischer, Jacksonville
 Gail S. Fowler, Chapel Hill
 Cynthia J. Fox, Connelly Springs
 George E. Francisco, Virginia Beach, Va.
 Paul B. Fulcher, Dobson
 Nancy E. Gardner, Burlington
 Susan E. Gibbs, Morganton
 Joel C. Glasson, Durham
 Stuart I. Gordon, Greensboro
 Angela L. Gray, Havelock
 Nick M. Greene, Shelby
 Clifton Greeson, Sanford
 Susan Haithcock, Greensboro
 Pamela S. Hamm, Hillsborough
 S. Eleyse Harrell, Elizabeth City
 Frances M. Holmes, Dunn
 Helen E. Hoover, Durham
 O. Wayne Houston, Chapel Hill
 Thomas P. Howell, Raeford
 Denise E. Howes, Selma
 Joni L. Ingram, Charlotte
 David L. Jamison, Franklin
 Dianne January, Marion
 Rick H. Johnson, Vass
 Lloyd A. Jordan, Asheville
 Sarah Klem Justice, Jamestown
 Kenneth W. Keever, High Point
 Rebecca Bost Kennerly, Concord
 Joseph M. Kennedy, High Point
 W. Elaine Kimball, China Grove
 Sarah E. Kirby, Wilson
 Frances A. Krohn, Miami, Florida
 Lu W. Leonard, Farmville
 Everett L. Lewis, Fallston
 Samuel F. Lewis, Pittsboro
 Elizabeth A. Livengood, Winston-Salem
 Frederick R. Locklear, Pembroke
 Harold E. Malion, Fairmont
 Luke L. Marion, Carthage
 Neil McPhail, Lillington
 Ronnie D. Myers, Chapel Hill
 Douglas W. Mitchell, Roseboro
 Tjho Hoeng Moe, Chapel Hill
 Debbie Moore, Selma
 Nancy T. Moore, Durham
 Amelia M. Padgett, Bostic
 Moses G. Parker, Elm City
 W. Preston Parker, Mt. Olive
 William W. Pickard, Greensboro
 Benny Pittman, Pine Level
 Diane C. Ponder, Hendersonville
 Paula Gay Pope, Fayetteville
 Allen M. Propst, Lincolnton
 Roger W. Queen, Morrisville
 Marita L. Quigley, Athens, Ga.
 Bryan F. Reed, Athens, Ohio
 Nancy R. Richardson, Concord
 J. Doyle Richardson, Walnut Cove
 Robert M. Ricks, Liberty
 Pamela L. Roberson, Wilson
 Mike Robinson, Hickory

Concluded on Page 15

**Dear Pharmacist:
This misleading ad**

**provides reasons
why you should
continue to
dispense ACTIFED®**

Does your generic substitute really compare to the Major Brand?



TRI-SUDO® does!

And we have the analytical tests to show it. Ask your wholesaler— he has our product identification curves, absorption and dissolution data and the full text of the report that tells the story.

*Quality is not just a word with MD Pharmaceutical— it's a fact! Dispense TRI-SUDO® with confidence.

Now in stock at your wholesaler in unlimited supply. Order today!

MD Pharmaceutical Inc.
Generic Drug Manufacturer
3501 West Garry Avenue, Santa Ana, CA 92704

Some hard facts from the makers of ACTIFED®

TRI-SUDO® CLAIM: TRI-SUDO® Syrup is a comparable generic substitute for ACTIFED®.

FACT: B. W. Co. Quality Control labs analyzed TRI-SUDO® Syrup (Lot Nos. 160000 and 160150) and found it did not contain any triprolidine hydrochloride, one of the two active ingredients in ACTIFED®.

TRI-SUDO® CLAIM: TRI-SUDO® had the analytical tests to prove comparability.

FACT: B. W. Co. obtained from a wholesaler TRI-SUDO® literature entitled, "Technical Data

Study" and found it does *not* prove comparability. The infra-red absorption spectra shown in the test results as proof of comparability do *not* show triprolidine but the solvent used in the assay procedure.

CONCLUSION:

Two lots of TRI-SUDO® syrup were examined by our Quality Control labs and were found to contain *no* triprolidine, one of the essential ingredients of our product.

You can be sure of quality controlled products when you prescribe ACTIFED® Syrup and Tablets. If your state law permits substitution, we suggest you mark your prescription D.A.W. (Dispense As Written) to be sure your patients receive ACTIFED®.

For brief summary of prescribing information, please see adjoining column.

The decongestant/
antihistamine chosen by
NASA for Apollo, Skylab and
Apollo-Soyuz space missions.

ACTIFED® Tablets and Syrup

Description: Each scored tablet contains Actidil® brand Triprolidine Hydrochloride 2.5 mg and Sudafed® brand Pseudoephedrine Hydrochloride 60 mg. Each 5 cc teaspoonful of the syrup contains Actidil® brand Triprolidine Hydrochloride 1.25 mg and Sudafed® brand Pseudoephedrine Hydrochloride 30 mg.

† Preservatives: sodium benzoate 0.1%, methylparaben 0.1%.

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the Indications as follows:

"Probably" effective: For the symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis.

"Lacking substantial evidence of effectiveness as a fixed combination": For the prophylaxis and treatment of the symptoms associated with the common cold.

Final classification of the less-than-effective indications requires further investigation.

Precautions: Although pseudoephedrine hydrochloride is virtually without pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride has a low incidence of drowsiness, appropriate precautions should be observed.

Adverse Reactions: The great majority of patients will exhibit no side effects. However, certain patients may exhibit mild stimulation or mild sedation—no serious side effects have been noted.

Dosage and Administration:

	TABLETS	SYRUP teaspoon- fuls (5 cc)
Adults and children over 6 years of age.....1	} 3 times a day	} 2
Children 4 months through 6 years of age.....½		
Infants up to 4 months of age.....	} 1 a day	} ½

How Supplied:

ACTIFED® TABLETS Bottles of 100 and 1000, bottles of 30 with child resistant cap. ACTIFED® SYRUP Bottles of 1 gallon, 1 pint, and bottles of 4 oz with child resistant cap.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

'76 UNC PHARMACY GRADUATES

Peggy E. Rushmore, Goldsboro
Ronald P. Salem, Raleigh
Katherine A. Sawyer, Erwin
Chris L. Schuyler, Murphy
Jo Ann Seymour, Burlington
Patricia A. Shook, Troutman
John W. Sides, III, Bakersville
Lina Annette Simpson, Pink Hill
John W. Sink, Jr., Lexington
Diane M. Sinhel, Wilmington
Jeffrey J. Smith, Statesville
Karen L. Smith, Lenoir
Sharon Spivey, Rockingham
Jane R. Stafford, Greenville
Nicholas S. Stevenson, Elizabeth City
Charles F. Swift, Shelby
Michael R. Teague, Greensboro
David G. Teal, Rockingham
Rick Thompson, Charlotte
Karen L. Threatt, Fayetteville
Ronald Tillman, Wadesboro
Joe Anne Todd, Wendell
Deborah Turner, Cary
Delmar L. Tysinger, Candor
John R. Uhrin, Creedmoor
John T. Vlachos, Fayetteville
Dennis E. Walker, Jr., Winston-Salem
Patricia E. Walters, Shelby
Joseph J. Ward, Robbinsville
Deborah A. Wertheim, Fayetteville
Gregory B. West, Swannanoa
Shelia R. White, Elizabeth City
Ester R. Williams, Clinton
Michael S. Woodard, Princeton
Bea Y. Young, Spruce Pine

DEAN SELECTION UPDATE

W. H. (Bill) Wilson, a member of the Dean Selection Committee, reports the committee considered approximately 50 potential dean prospects, conferred with seven and recommended four of these to UNC Chancellor Taylor for further consideration.

Currently, LeRoy Werley is acting dean of the UNC School of Pharmacy. It is anticipated the University Administration will have completed arrangements with a new dean to head the School of Pharmacy within the next 60 days.

NEW PHARMACIES

- (1) The Medicine Shoppe, 139 North Center Street, Statesville. Alan G. Banner, pharmacist-manager.
- (2) Fairview Medical Park Pharmacy, 250 Fairview Drive, Lexington. Ernie Lee Cline, pharmacist-manager.
- (3) Del & Doc's Prescription Shop, Highway 24 East, Rt. 1, Swansboro. Delvin S. Huffstetler, pharmacist-manager.
- (4) Eckerd Drugs, Mayfair Shopping Center, 920 Kildare Farm Road, Cary. Dorothy C. Huffstetler.

CHANGE IN OWNERSHIP

Fleetwood Pharmacy Discount Prescriptions, Fleetwood Shopping Center, Union Cemetery Road, Concord. Richard Van Kennerly, pharmacist-manager. Formerly operated as Park's Pharmacy.

OPENS IN FARMVILLE

Farmville Discount Drugs opened in Farmville on May 20.

The pharmacy is owned and managed by Robert Lee Crocker, a 1970 graduate of the UNC School of Pharmacy. In recent years, Mr. Crocker has been associated with People's of Elizabeth City and Whiteville and immediately prior to moving to Farmville, was on the pharmacist staff for Revco of Wilson.

PHARMACY CLOSED

With the closing of Rose Pharmacy in May, one pharmacy (Justus) remains open on Main Street, Hendersonville. At one time there were six such pharmacies.

Rose Pharmacy was established in 1914. It was operated from 1938 to 1972 by Pharmacist W. L. Harper and since 1972 by Gene and Larry Feagin. The Feagins decided to consolidate their effort on the Jackson Pharmacy which their father established in 1928.

FLEETWOOD PHARMACY

Richard Van Kennerly and his wife, the former Miss Rebecca Bost, have purchased Parks Pharmacy, Concord, from Parks Webster and are now operating it under the name of Fleetwood Pharmacy.

The Kennerlys are graduates of the UNC School of Pharmacy, Van in 1972; Mrs. Kennerly graduated on May 9.

WILKIE NAMED HEAD OF S. C. POST

Effective July 1, John C. Wilkie, Jr., will assume the post of Secretary/Chief Drug Inspector for the South Carolina Board of Pharmaceutical Examiners.

Wilkie is a graduate of the UNC School of Pharmacy. He is a native of Durham; served in the U. S. Navy from 1943 to 1946 following graduation from the Graham High School.

For the past 29 years he was a Federal employee, more recently serving as special agent in charge of the Columbia, S. C. District Office, Drug Enforcement Administration, U. S. Department of Justice.



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No default insurance

Tofranil-PM®
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



1 h.s.

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM® may markedly reduce the probability of missed doses.

After therapy is initiated with the 75-mg. capsule, the 150-mg. capsule is the dose level at which optimum response is usually obtained.

Please review the prescribing information summarized on the back of this page.

*Ayd, F.J., Jr. (Ed.): *Int. Drug Ther. Newslett.* 7(9/10):35-50 (Nov./Dec.) 1972.

One capsule lasts from bedtime to bedtime.

Tofranil-PM® brand of Imipramine pamoate

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil-PM, brand of imipramine pamoate, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed. Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as operating an automobile or machinery, the patient should be cautioned accordingly.

Usage in Children: Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Precautions: It should be kept in mind that the possibility of suicide is seriously

ness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil-PM, brand of imipramine pamoate, and may require hospitalization. Prescriptions should be written for the smallest amount feasible. Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil-PM, brand of imipramine pamoate, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine should be discontinued for as long as the clinical situation will allow.

An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine. In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported. Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, ptechiea, urticaria, itching, photosensitization (avoid expo-

eral or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: In adult outpatients, therapy should be initiated on a once-a-day basis with 75 mg./day. This may be increased to 150 mg./day which is the dose level which usually obtains optimum response. If necessary, dosage may be increased to 200 mg./day. Dosage should be modified as necessary by clinical response and any evidence of intolerance. Daily dosage may be given at bedtime, or in some patients in divided daily doses. Hospitalized patients should be started on a once-a-day basis with 100-150 mg./day and may be increased to 200 mg./day. Dosage should be increased to 250-300 mg./day if there is no response after two weeks.

Following remission, maintenance medication may be required for a longer period of time at the lowest dose that will maintain remission. The usual adult maintenance dosage is 75-150 mg./day on a once-a-day basis, preferably at bedtime.

In adolescent and geriatric patients, capsules of Tofranil-PM, brand of imipramine pamoate, may be used when total daily dosage is established at 75 mg. or higher. It is generally unnecessary to exceed 100 mg./day in these patients. This dosage may be given once a day at bedtime or, if needed, in divided daily doses.

How Supplied: Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.)

(B) 98-146-840-A(9/75) 667120

For complete details, including dosage and administration, please refer to the full prescribing information.



GRAHAM

Keithan B. Jenks, pharmacist-manager and co-owner of South Court Drug was named "Boss of the Year" by the Graham Chapter of the American Business Women's Association.

FARMVILLE

Miss Beverly Humphrey, a graduate of the UNC School of Pharmacy, has accepted a position with Kue's Pharmacy.

MOCKSVILLE

Mrs. Ann Wells has accepted a position of pharmacist at the Davie County Hospital. Ken Carter resigned to accept a position with the Lawrence Hospital, Mooresville.

MARION

Marion Pharmacy, located at 6 North Main Street for 14 years, has moved to a new location at 236 South Main Street across from the Marion Post Office. Bill Howle is the owner.

MOUNT AIRY

John E. Mills, W. S. Wolfe Drug Company, has been named vice chairman of the Mount Airy Board of Education.

BURLINGTON

R. Homer Andrews, the only surviving charter member of the Burlington Kiwanis Club (organized in 1920), received special recognition at the Club's 56th anniversary meeting. Andrews was presented a plaque by the Kiwanians.

SMITHFIELD

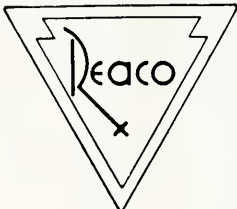
Michael G. Wright, a graduate of the Auburn University School of Pharmacy, is now associated with Clow Drug. Wright is a native of Rich Square.

STATESVILLE

William F. (Bill) Mann, Jr., a graduate of the University of South Carolina School of Pharmacy, has accepted a position with Lowry Drug Company. He has been employed as a pharmacist in Statesville for the past twelve years.

PEMBROKE

Hughes D. Lowry, owner and operator of Roger's Drug Store, has been appointed a member of the local ABC Board.



A. E. P. Tablets	\$22.50 per 1000 \$30.00 Doz. 100s
Pyridoxine HCl (B6) 25 mg. Tablets	\$1.20 per 100
Pyridoxine HCl (B6) 50 mg. Tablets	\$1.80 per 100
Reavita Capsules	\$24.00 Doz. 100s \$18.75 per 1000

Your cooperation in stocking
Reaco Products is appreciated

REACO PRODUCTS

P. O. Box 2747
West Durham, North Carolina



Septra DS. The same reliable formulation but doubled in tablet strength, lower in cost.

For patients with recurrent urinary tract infections

Septra DS: the same Septra efficacy in recurrent cystitis, pyelitis, and pyelonephritis due to susceptible organisms

Septra DS: the same Septra spectrum—*E coli*, *Klebsiella-Enterobacter*, *P mirabilis*, *P vulgaris*, *P morganii*

Septra DS: the same b.i.d. dosage schedule, but one tablet instead of two

Indications: Chronic urinary tract infections evidenced by persistent bacteriuria (symptomatic or asymptomatic), frequently recurrent infections (relapse or reinfection), or infections associated with urinary tract complications, such as obstruction. Primarily for cystitis, pyelonephritis or pyelitis due to susceptible strains of *E coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris* and *Proteus morganii*.

NOTE: The increasing frequency of resistant organisms limits the usefulness of antibacterials, especially in these urinary tract infections.

The recommended quantitative disc susceptibility method (*Federal Register 37: 20527-20529, 1972*) may be used to estimate bacterial susceptibility to Septra. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Septra therapy. "Intermediate susceptibility" also indicates that response is likely and "Resistant" that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or

New Septra[®] DS

Each tablet contains: 160 mg trimethoprim and 800 mg sulfamethoxazole

Double Strength
tablet dosage:
1 tab b.i.d.



INGS



jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted. At present, data are insufficient to recommend use in infants and children under 12.

Precautions: Use with caution in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase deficient individuals, hemolysis may occur (frequently dose-related). During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Septra. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarthritis nodosa and L. E. phenomenon. Due to certain chemical similarities to some diuretics (acetazolamide, thiazides) and oral hypogly-

cemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia; cross-sensitivity may exist with these agents. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for children under 12. Usual adult dosage: 1 Septra DS tablet or 2 Septra plain tablets or 4 teaspoonfuls (20 ml) every 12 hours for 10 to 14 days. Shake suspension well before using.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	1 DS tablet, 2 tablets or 4 teaspoonfuls (20 ml) every 24 hours
Below 15	Use not recommended

Supplied: Septra DS (Double Strength) tablets containing 160 mg trimethoprim and 800 mg sulfamethoxazole—bottles of 60 tablets. Septra tablets containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 40, 100, 500, and 1000 tablets and strip packages of 100 individually packed tablets. Oral suspension, containing the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole in each teaspoonful (5 ml), cherry flavored—bottles of 450 ml.

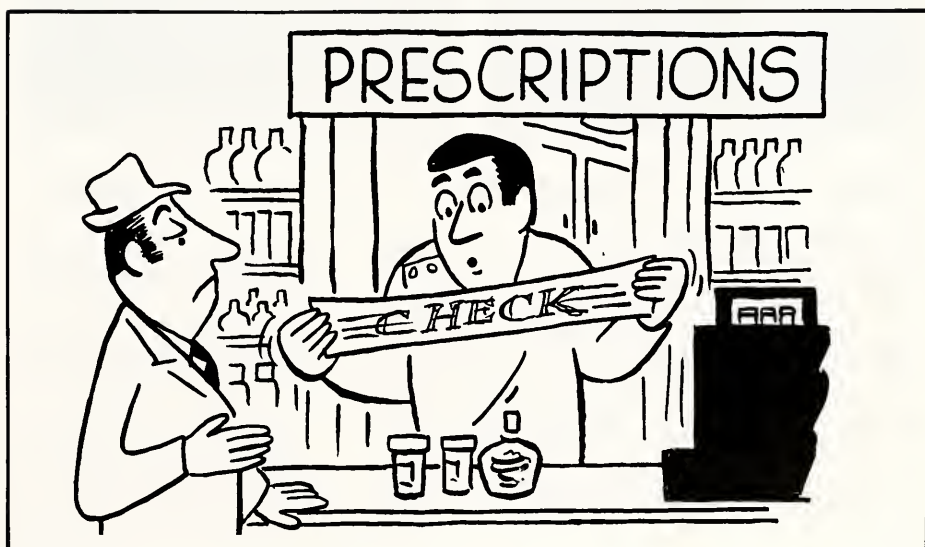


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BAMBAUER, Julia Wallace, 258 Providence Square Dr., Charlotte 28211
BLACKBURN, Larry Hall, Rt. #1, Cherryville 28021
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ADDRESS BY

Milton Whaley, President, N.C. Pharmaceutical Association
96th Annual Meeting, Wilmington, North Carolina
Monday, April 12, 1976

The events of this past week forcefully demonstrate the value of organized pharmacy. Unlike so many issues in the past when community pharmacy, and hospital pharmacy, and chain pharmacy, and manufacturing pharmacy, and wholesale pharmacy were divided in their approach to some pharmacy problem or opportunity, the estimated acquisition cost proposal served as a unifying force unmatched in the past.

As a result, we have won some working time following HEW's announcement last week that implementation of EAC will be delayed for 120 days. In the meantime, if we can continue to exhibit the same sort of unity now prevailing, we will have a much better chance of altering the original EAC proposal which was totally impractical to implement.

Later, we will have more to say about this issue but for the time being, we have once again demonstrated that there is strength in unity.

The Association has been alert to your needs and concerns, as will be self-evident following presentation of committee reports at the concluding NCPHA business session on Tuesday. Without diverting attention from the detailed presentations by various committee chairmen, policy recommendations emanating from NCPHA working committees will zero in on

1. The continuing need to update our knowledge of all aspects of pharmacy at all levels, evidenced by NCPHA sponsorship or co-sponsorship of programs designed to meet these needs.
2. A legislative program which recognizes the ever increasing involvement of politics in the delivery of health care, a major component being quality medication. The association stresses the necessity of more and more pharmacists serving in the political area where their voice will be heard, and more important, heeded.
3. We note with pride the progress of the North Carolina Pharmacy political action committee which has more latitude in the political process than does the NCPHA.

4. A continued expansion of NCPHA service oriented programs. Examples are our current effort to do something about standardizing prescription insurance claims forms: continued assurance that professional liability insurance be available at fair premiums: and that the public be made aware of the professional competency of the pharmacist whose talents are more readily available than other members of the health team.

All these programs are backed by an aggressive organization which seeks constantly to meet your changing needs. With strong membership support, supplemented by adequate funds (which has been a hallmark of North Carolina pharmacy), we will strive to achieve those objectives which will be most meaningful to the membership.

Of the numerous problems we could cite of special interest to pharmacy, the most pressing one at this time, in our opinion, is federal intervention in our state medicaid pharmacy service program.

The implementation of the estimated acquisition cost, originally scheduled for April 26 but now delayed for 120 days, will seriously affect the North Carolina Medicaid pharmacy program unless the EAC proposal is dropped or altered to the point where it will be acceptable to the providers.

This association along with other state and national organizations has registered its concern with president Ford, HEW officials, and the North Carolina Congressional delegation over the MAC and EAC proposals which, if implemented, can only serve to lower the quality of the existing program.

A co-related problem is the contract between the state of North Carolina and paid prescriptions, a contract which expired on December 31, 1975 and has been renewed through June, 1976. Recent developments indicate that another firm may be administering the medicaid pharmacy program after July 1; if so, we want assurance that the service provided

(Continued on page 27)



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will be equal to or superior to that which we associate with paid prescriptions.

One of the most tragic losses to North Carolina pharmacy occurred this past year with the death of Seymour Blaug, Dean of the School of Pharmacy at Chapel Hill from August 1974 to November 1975.

Although Dean Blaug was with us but a short time, his talents, shared freely with students, faculty, and alumnus alike, made a lasting impression on those fortunate enough to know this researcher, educator, and friend.

The memory of this outstanding scientist who came our way is being permanently recognized through a bronze memorial tablet to be installed in the institute of pharmacy, as well as loan and scholarship funds already operational in Chapel Hill.

To the search committee charged with the responsibility of obtaining a successor to Dean Blaug, we would ask nothing more than a replacement with a capability equal to that possessed by our former Dean. That is a formidable assignment!

Pharmacists are reported to be the most over-trained and under-utilized professionals around today. Obviously, if this be true, we need to take a critical look at our present day educational process and examine our procedures at the practice level.

No one has come up with an answer as to who pays for the pharmacist counseling service now being advocated through the clinical concept. If this is added to the prescription cost, will this contribute to a still widening gap between service and non-service oriented pharmacies?

Perhaps our *real problem* is with the public's general conception of pharmacy and the delivery of prescription service: A mechanical one involving the transfer of drugs from a large bottle to a small bottle. You and I know there is much more involved than this!

Of special significance to pharmacy is the recent decision of the U. S. supreme court which restrains non-profit hospitals from selling prescription drugs purchased on favored terms to non-hospital patients.

The NCPHA joined with a number of southern pharmaceutical associations in urging action at the top level on the question of price differentials.

While the issue has not been completely solved, we hope the supreme court's decision in this instance is a forerunner to other decisions which need to be made.

Certainly, for the first time, we have a clearer conception of the application of the Robinson-Patman exemption as it applies to drugs purchased and dispensed by non-profit hospitals.

The retirement of Mr. McAllister from his post with the N. C. Board of Pharmacy and the installation of his successor, Dr. Work, are mileposts in pharmacy change which inevitably occur.

Appropriately, the association is honoring Mr. McAllister on Tuesday in recognition of a distinguished career which has touched every facet of North Carolina pharmacy for the past 40 years. We urge you to join us in paying tribute to one who has labored so long to advance pharmacy in this state.

At the same time, we welcome Dr. Work's return to North Carolina to occupy a position for which he is admirably fitted. We count ourselves extremely fortunate to have a pharmacist of Dr. Work's capabilities available at a time when a changeover in the board's executive responsibilities is taking place. Thus, the continued close working relationship between the board and the association is assured.

One of the most impressive functions of the past year was the 20th anniversary dinner meeting of the academy of pharmacy, held in the Morehead building on the UNC-Chapel Hill campus.

While the occasion was largely social, it did leave a positive impact on those eligible to attend. Dean Blaug's address, unfortunately his last in North Carolina, challenged the best efforts of the academy members and provided an inspiration which will live on for years to come.

The anniversary occasion provided an opportunity to induct eligible members into the academy, including senator Henley and representative Woodard in recognition of their assistance with state projects.

If you attended the awards session yesterday afternoon, you witnessed additions to the academy of pharmacy membership. While the NCPHA actually confers the membership and accompanying certificate on the academy

(Continued on page 29)

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member, actually the member is honoring pharmacy because he becomes an academy member only after he has "earned" the honor. (Incidentally, if you wish information about the academy, just request it from the NCPHA office in Chapel Hill.)

We pay special commendation to members of the woman's auxiliary of the NCPHA. Over the years, this organization has been helpful adjunct to the NCPHA in many of its programs and projects.

The scholarship and loan fund aid provided: underwriting of specific assistance to the institute of pharmacy, notably completely equipping the auditorium and remodeling the kitchen—all these we acknowledge with grateful appreciation.

And—if this has escaped your notice—we call attention to the fact that their presence at our meetings and annual conventions adds a note of quality which elevates the tone of the assembly.

Increasingly, you will be hearing about pharmacy aides—that is, non-licensed supportive personnel who perform routine functions under the supervision of a pharmacist.

While the association recognizes the value of such aides, it questions whether one pharmacist can properly supervise more than one aide, a practice which prevails in some pharmacies today.

The NCPHA will devote greater attention to this type of supportive personnel and will take a closer look at the technician courses now underway or under consideration.

The association is concerned with the growth in numbers of physicians' assistants and nurse practitioners, particularly with drug prescribing authority which is on the increase.

Associated with this is a drug formulary recently distributed by the North Carolina board of medical examiners. The reviews so far have not been complimentary.

It is our understanding that an appropriate resolution relating to this subject will be brought to your attention prior to adjournment of this convention.

Definite advances have been made in such

areas of concern of more rapid payment of medicaid claims. We have assurance from paid prescriptions that some of the billing forms will be simplified and that payment of claims will be made on the 5th day of each month.

We commend Duke Medical Center and particularly its pharmacy director, Milton Skolaut, in originating a hospital prescription blank which will go a long way towards eliminating the problem of unreadable prescriber signatures. A copy of the blank will appear in the April issue of the *Carolina Journal of Pharmacy*.

We have made progress in developing a uniform claim blank for non-federal, third party Rx insurance programs. The multiplicity of such forms and the time factor associated with their completion are problems which no longer can be ignored. The state commissioner of insurance will give favorable consideration to a uniform claim blank provided the parties involved will agree on what best meets their needs.

Mr. Burgiss, chairman of the NCPHA committee on insurance, will present a progress report on this subject Tuesday afternoon.

If the foregoing has conveyed to you that the practice of pharmacy is growing more complex, you have gotten my message. But I would not want to close my remarks with a discouraging word, certainly in the face of so many positive elements we have going for us.

True, competitive forces are growing more intense; the encroachment of federal and state agencies into our practice increases with each passing year; and keeping the bottom line in the black is something which demands constant attention and application of know-how.

The practical expertise of pharmacists, ever-expanding into new areas of professional services with appropriate demands and rewards, supplemented by a constant inflow of dedicated young pharmacists who are prepared to meet the challenges ahead, all foretell a bright future ahead.

I look forward to tomorrow with its bright future with the assurance that I will not be alone . . . that you will be there with hundreds of pharmacists to effectively emphasize my opening theme: in unity there is strength.

He just dispensed 83 prescriptions, checked and updated 83 patient profiles, detected 3 potential drug interactions, completed 36 third party claims, and printed a label in Spanish for Mrs. Diaz. Now he's going to lunch.



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SCHOOL OF PHARMACY
University of North Carolina at Chapel Hill

Annual Report
NCPPh Convention, 1976

LeRoy D. Werley, Jr.

Ladies and Gentlemen, it is my pleasure to be here today to represent the UNC School of Pharmacy. However, I wish that circumstances were different and that Dean Blaug could again be presenting this report. He looked forward to this meeting in Wilmington, the many historical sites, and the pleasant surroundings—but that just was not meant to be.

At the outset I wish to compliment W. J., Milton Whaley, the Executive Committee of the Association and the local staff for the fine meeting they have arranged here. I know that each of us will gain a great deal from the information and exchange of ideas that will take place during these few days.

My report to you will be concise, and yet I hope to cover any questions which you may have about the situation at the School. It is likely that your first concern is "what's happening" about a new Dean. I can report to you that a Search Committee, under the able leadership of Dr. Harvey Smith, Director of the Social Research Section, Division of Health Sciences, has been busily reviewing credentials of many prospective candidates—three of whom have already visited the School. I can tell you that I am heartened by the quality of those who are interested in the position of Dean. As far as a decision, we believe that the date will be sometime this summer. I can assure you that I will be most happy to have the new Dean on board, and I know that he probably will feel the same way. There is something about the Southern Part of Heaven that appeals to everyone.

Each year we have informed you of the statistics with regard to the graduates and numbers enrolled in our School, and I will briefly touch on these again. At this year's graduation, which takes place May 9th, we will have 143 graduates. Of this number, 59 (41%) are females. So, you can see that the trend toward more females in pharmacy is ever increasing, and I might add that we find the young ladies are certainly science-oriented

as they represent a great percentage of our honor students. In addition, they enhance the beauty of the hallowed halls.

The total enrollment of the School is 588, and females represent 48% of this number. State residents make up approximately 96% of the total enrollment and come from most of the 100 counties of North Carolina. Speaking of females, I should report that their increased number is not unique to North Carolina since most schools of pharmacy are reporting an increased enrollment of young women.

Regarding our graduate program, I can report to you that we have 12 graduate students in Medicinal Chemistry, 5 in Pharmaceutics, 14 in Hospital Pharmacy, and 1 in Pharmacy Administration. We find that the quality of graduate students is ever increasing and that competition for them is also keener. More and more students are interested in advanced professional and academic degrees.

This might be the place to talk to you about our graduates this year and what their future appears to be insofar as employment is concerned. Last year the picture was rather dismal and, although we were able to manage placement for all of our graduates, it was quite a struggle. This year it appears that the economy is easing up some and that pharmacists are more willing and able to take on interns upon graduation. As of this moment I believe that every student has either been placed or is assured of a job, and, of course, we are pleased to be able to report this.

Now that I have gotten all that off my mind, let me speak to you about admissions—today and in the future. Our school is limited to a number of ways as to the enrollment we can accept. First there is the matter of finances. We are, of course, State-supported and have an obligation to stay within the limits of our budget. In addition, as with other professional schools, we have for the past six years been the recipient of Capitation funds which represent approximately 30% of our total operating

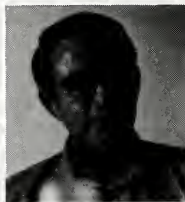
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VAN REAMES



TOM McLEAN



CHARLIE EDWARDS



OLGIE TARR



JAMES TEACHEY



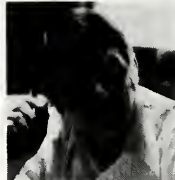
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JOHN HARRISON



JACK CANUPP



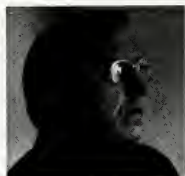
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SCHOOL OF PHARMACY REPORT

budget. The pending loss of these funds would reduce our faculty by nine in the clinical discipline, which would have an effect on our enrollment because our student/faculty ratio is already at 17.2:1. There are two other limitations on our enrollment which are of major importance. Beard Hall, in which the School is now housed, was completed in 1960 and is literally bursting at the seams with the number of students we now have enrolled. We have suggested a number of expansion programs, but with the current economic situation I would personally be surprised if these were forthcoming.

Perhaps one of the greatest constraints in our enrollment is that of the supply and demand of pharmacists. After World War II there was a dramatic expansion of the profession of pharmacy, and the supply was quite limited. Schools of pharmacy expanded—as did other health professions schools—and the output was increased significantly. But, being realistic about this, one has to recognize that there may be a time when supply has reached demand, and I am of the opinion that in the state of North Carolina perhaps that point is approaching. I do not mean to imply that there should be zero production, but we must take a serious look at whether or not the numbers we are generating may be an oversupply.

Speaking of the economy, this brings up a point regarding Federal Capitation funds which provide a great deal of support to the School, particularly in the undergraduate program. On one hand we are committed to a certain number of students in our School in order to receive funding (we must assure 148 students in the first year); while on the other hand it is known that many pharmacists believe that perhaps we are turning out too many graduates for the needs of the State. Well, the funding may well resolve itself by the end of fiscal year 1977 when Congressional action is likely to end the support of pharmacy students through Capitation funding. If funds are lost, we must provide support for pharmacy students from another source, and the only alternative is the State of North Carolina. From all indications we face a very serious situation because, as you are all aware, there is a tightening-up of funding for everything through State monies. We have appealed to the Vice Chancellor and the Chancellor for an

increase in our State budget to make up for what we consider a deficit. Our Capitation funds were generally concentrated in the clinical pharmacy and drug information areas, and the loss of these funds mean the support for these important adjuncts to our curriculum would be virtually dried up.

Now, I realize that there are various sentiments about clinical pharmacy, but, be that as it may, we are obliged to emphasize this particular area of study to insure that we meet accreditation standards, not only from our point of view but from that of the American Council on Pharmaceutical Education. The ACPE, by the way, is less than happy with the number of hours we are providing in this concentrated area of study. We were notified in February that our accreditation was in jeopardy because, even with our block of seven weeks in which students go to various types of practices throughout the state, the 280 hours they are receiving falls short of the 400 required by the ACPE. We are troubled by this finding and are obviously in a difficult position to provide more clinical training while faced with a withdrawal of capitation money which supports it.

Speaking of the 280 hours of block training (the Externship Program), I would like to take a moment to bring you up-to-date on how this is working out. This entails a seven-week block in which our 5/5 students are sent to various practice settings to apply their theoretical knowledge to practical everyday working situations in either a community or hospital setting. Our responses are generally quite favorable from students, preceptors, and the school's standpoint. I compliment the many preceptors on their excellent relationship with our students, the time they have taken and the interest they have shown on behalf of our students. I realize that having a student at one's side may often present some difficulties, but, from every report, we have found that pharmacists are willing to overexert themselves to make this a most worthwhile experience. We have noted a great change in the attitudes of our students as they return, particularly in those who have really not had the previous opportunity to come in contact with the public.

I would be less than honest with you if I did not confess that this block system has been a logistical problem for the School, but we have

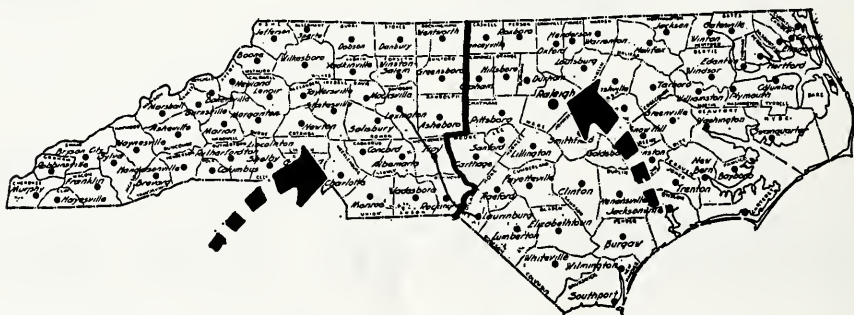
(Concluded on page 35)

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SCHOOL OF PHARMACY REPORT

had some very able people at the helm, and the transition has been as pleasant as possible under the circumstances. Certainly as time goes on the intricacies will lessen.

The Millis Study Commission Report was released this year which will affect pharmaceutical education and the profession for the future as well as make some inroads at this time. It states that pharmacy has been effective and efficient in developing, manufacturing, and distributing drugs, but there is a deficiency in the availability of adequate information for those who consume, prescribe, dispense, and administer drugs. It points out the need to give major attention to the problems of drug information to find out who needs to know, what he needs to know, and how these needs can be met with speed and economy.

It indicates that very few faculty members have practiced pharmacy in any form. Though highly competent in one or more basic sciences, they generally have little knowledge, experience, or understanding of what pharmacists do, can do, or should do. I don't argue with that point for we know that faculty members having clinical teaching responsibilities must have practical knowledge to serve as effective role models for students.

The Millis Commission Report goes on to say that the major fault with the pharmacy curriculum is that it does not teach pharmacy students enough about dealing with people—those who take drugs and those to whom pharmacists must pass on information about drugs. Knowledge about drugs is much more heavily stressed than knowledge of people. There is a need to stress more in the behavioral, social, economic, and managerial sciences, including greater emphasis on communication skills.

You might ask what we at the School of Pharmacy are doing with regard to the Commission's findings. I can report to you that we are now placing more emphasis in the area of Pharmacy Administration with a number of new courses. I am also pleased to say that our graduate program at the Master's level has been approved in this discipline. We had hoped for a positive response to our request for the doctorate program in Pharmacy Administra-

tion, but this is being delayed for the present. Speaking of Pharmacy Administration, I am pleased to tell you of a new professional option course, Pharmacy Public Relations, which seems to be popular with the advanced students. This course approaches pharmacy from many practical aspects, including writing, speaking, intra- and inter-relations of pharmacists with other health professionals and the public, pharmacy crimes, and a number of other areas of daily interest to pharmacists.

We have initiated our own course in Financial Management and started a course in Clinical Therapeutics Conference to assist and guide students in matters more closely related to the profession and to provide opportunities to review actual case histories. We are planning the following curriculum changes:

- a. Change a one-semester six-hour Pharmacology course back to a two-semester program. It will be taught as a co-requisite with Medicinal Chemistry 68 and 69 involving interdisciplinary relationship with instructors from both disciplines.
- b. Currently reviewing course content of all disciplines offered in the hope of reducing duplication and irrelevant material.

We have recognized the need for an optional advanced degree program to train select students for a PharmD degree. A proposal has been prepared and submitted to the Health Sciences Division—approval is pending. Much will depend upon the views and opinions of the new Dean of the School of Pharmacy.

In keeping with other findings of the Commission, we have an ongoing Drug Information Program, and our clinical staff, as well as a number of other staff members, are active practitioners in many ways by participation in regular shifts at the North Carolina Memorial Hospital and through moonlighting activities.

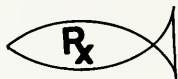
I would simply like to add that since our report of last year we have added three new faculty members, and they are: Dr. Jean P. Gagnon (Pharmacy Administration), Dr. Timothy J. Sullivan (Pharmaceutics), and Ms. Betty Dennis (Clinical Pharmacy).

Thank you again for the opportunity to present the School of Pharmacy Report.

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A SECOND SEASON FOR MEDIX

Burroughs Wellcome Co. has announced that it will continue to sponsor nationally the highly acclaimed television series, MEDIX.

MEDIX is a weekly, 30-minute series on medicine and health designed to provide the American public with health care information that will help them live normal and healthy lives. It is produced in a documentary format and most programs were filmed on location. Host of the series is a dynamic young TV newsman, Mario Machado.

MEDIX premiered nationally in January 1975 after having enjoyed three successful years on the air in Los Angeles. The series is produced by Dave Bell Associates, in cooperation with the Los Angeles County Medical Association, and program content is authenticated by a committee of the Los Angeles County Medical Association. Twenty-six new segments have been filmed and will be syndicated this spring by Syndicast Services in New York.

"Each weekly program deals with a subject that is of interest to most concerned individuals," says Peter Howsam, Vice President of Marketing at Burroughs Wellcome. "The series is a continuation of the Company's interest in providing useful and factual health information to the public. We hope it continues to have a positive impact for better public awareness of health care matters."

There are few subjects which are missed by the MEDIX camera crew, and few places they haven't been. Some of the topics covered during the weeks beginning this fall are: "Family Alcoholism: The Big Spillover," "Taking The Die From Diabetes," "Lupus: Wolf In Disguise," "Infertility," "A Gift Of Life," "Breathing Made Hard," "Plastic Surgery," "When Minutes Count," "Relax—Take It Easy," "Sexual Communication," "Poison," "A Good Sport," "If Attacked," "Bio-Feedback: Waves of the Future," "Strike Back At Strokes," "Ways To Weigh Less," "Profile: Three Nurses," and "Childbirth, The Natural Way."

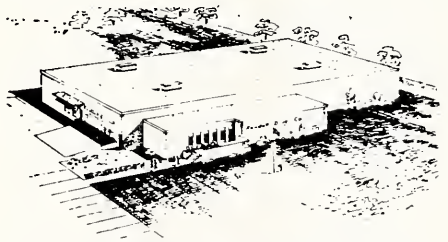
In 1971 and 1974 MEDIX received an "Emmy" from the Hollywood Chapter of the Academy of Television Arts and Sciences for achievement in a community affairs series. Numerous awards and commendations for distinguished public service broadcasting have been received including the Howard Blakesley Award of the American Heart Association,

and recognition from the American Medical Association, the Red Cross and the March of Dimes.

Many of the programs have been produced in cooperation with leading health-oriented organizations including the National Kidney Foundation, the American Heart Association, The California Dental Association, The American National Red Cross, the Arthritis Foundation, The National Foundation of the March of Dimes, the Epilepsy Foundation and the American Cancer Society.

In addition many county and state medical societies are co-sponsoring MEDIX at the local level and thereby bringing the series to the attention of their communities.

In June of 1975, the House of Delegates of the American Medical Association passed a Resolution of Commendation honoring MEDIX "for providing the public . . . with scientifically accurate information . . . designed to help maintain health, to increase understanding of disease prevention and to promote the efficient use of health care services."



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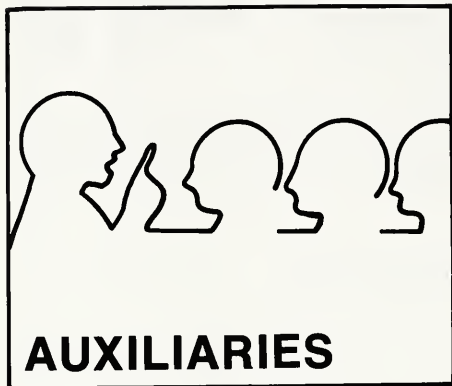


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- Wake County—Mrs. W. J. Smith

CHARLOTTE

Presidential hats were in abundance at the installation of officers for the Charlotte Woman's Pharmaceutical Auxiliary. Traditions of the more famous U. S. Presidents were correlated to the duties of the club's officers, with each receiving a hat representing a different President.

Officers to serve for 1976-77 are Mrs. Don E. Weathers, President; Mrs. A. E. Galloway, First Vice-President; Mrs. Jesse Oxendine, Second Vice-President; Mrs. T. K. Steele, Recording Secretary; Mrs. Douglas Corwin, Historian; Mrs. Leslie Barnhardt, Parliamentarian; and Mrs. W. D. Smith, Advisor. Installing the officers was Mrs. Robert L. Lewis, First Vice-President of the Woman's Auxiliary of the North Carolina Pharmaceutical Association.

Floral arrangements and maypoles of red, white, and blue were made by Mrs. Thomas Williams. An afghan replica of the United States flag was provided by a guest, Mrs. Roger Cash of Gastonia.

Other guests from out of town included Mrs. Herb Burgess of Wilmington, Misses Beth Burgess and Sonya Lewis from Chapel Hill, Mrs. Luther Jones of Spartanburg, and Mrs. Ruby Phillips. Miss Burgess is a pharmacy student at UNC School of Pharmacy and the

recipient of the Charlotte Woman's Pharmaceutical Auxiliary Scholarship.

Also conducted at the meeting was a memorial tribute by Mrs. Bruce Medlin in honor of Mrs. W. A. Stephenson, who was a life time member of the Auxiliary.

The outgoing President of C.W.Ph.A., Mrs. Betty Smith, was presented a silver bowl for her outstanding services during the past year.

GREENSBORO

Mr. John Carroll from the Guilford County Cooperative Extension was the guest speaker at the April meeting of the Greensboro Pharmaceutical Auxiliary held at the home of Mrs. Jane Bracker. Mr. Carroll's topic was "Home-Vegetable and Flower Gardening."

A brief business meeting was held at which time Mrs. Frank Pickard gave a report on the State Convention held in Wilmington. The following officers were installed for the year 1976-1977: Mrs. James Egbert, President; Mrs. W. P. Rose, Vice-President; Mrs. Evan Setzer, Jr., Secretary; Mrs. M. M. Edmonds, Historian; and Mrs. Reid Sanford, Chaplain.

WAKE COUNTY

Recent visitors to the Institute of Pharmacy included a delegation from the Raleigh Woman's Pharmaceutical Auxiliary: Mr. J. C. Warren, Jr., immediate past-president; Mrs. Jerome K. Johnson, president; Mrs. Lamar D. Morse, treasurer. They presented a silver pitcher to the Institute—a "twin" to one which had been presented several years ago by the Raleigh Woman's Drug Club.

The silver collection at the Institute of Pharmacy represents gifts from many auxiliaries and individuals. It not only makes an impressive display, but it is also a much-used assortment, since some or all of it is put into service at practically all of the many meetings and functions held at the Institute, both by the Pharmaceutical Association and by other groups.

In addition to the Raleigh officers listed above, Mrs. W. Darrell Estes is vice-president; Mrs. Eddie Coats, secretary; and Mrs. Richard Overton, Jr., recorder.

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GUILFORD COUNTY

Reported by Al Mebane

The May 12 meeting of the Guilford County Society of Pharmacists was held in Greensboro with Frank Burton, president, presiding.

John Nance, program chairman, introduced the speaker, Mr. Tom Foreso, Compliance Officer of the Drug Enforcement Administration, who is based in Greensboro.

Mr. Foreso spoke on the subject of proper record keeping and the need to prevent legally manufactured drugs from entering the illegal drug market, through the many avenues of diversion such as theft, forgery, but mainly through pharmacy outlets.

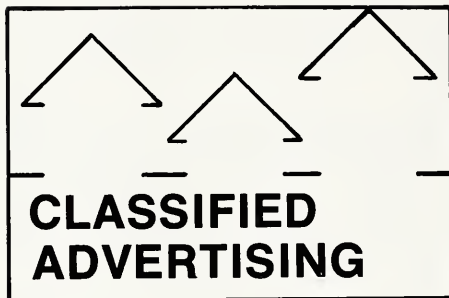
Mr. Foreso said many pharmacies are lax in their control of drugs and should be more aware of the possibility of employee and customer theft of exposed or available controlled substances. Invoices should be dated as to arrival and initialled by the pharmacist or other responsible person and should be kept in a safe whenever possible. He also recommended that pharmacies keep a record book in which they must record sales of schedule 3 through 5 controlled drugs to physicians' offices and other pharmacies, rather than put a prescription for the substance on file. Also he reminded the members that schedule 2 drugs must be sold to physicians' offices only on receipt of an Official Order Form, executed by the physician. A prescription for office use is not legal. A question and answer session followed and Mr. Foreso was very enlightening.

President Burton introduced the idea of having a picnic for the June or July meeting, and after a brief discussion, instructed John Nance to proceed with the planning of the picnic, to which the families of the members are invited.

The attendance prize of ten dollars was won by Wyndham Dukes.

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Mr. James E. Allen, Jr., Executive Vice President of The Henry B. Gilpin Company, announces the appointment of Harry N. Metcalf as Vice President-Sales of the Gilpin Wholesale Drug Company.



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NUMBER 7

VOLUME 56

JULY 1976



Roger Crane (left) assumed the presidency of the Wake County Pharmaceutical Association following presentation of gavel by the immediate past president, Joe Edwards. The Wake organization, headquartered in Raleigh with more than 125 members, is one of the states's largest local pharmacy groups. Additional details page 38.



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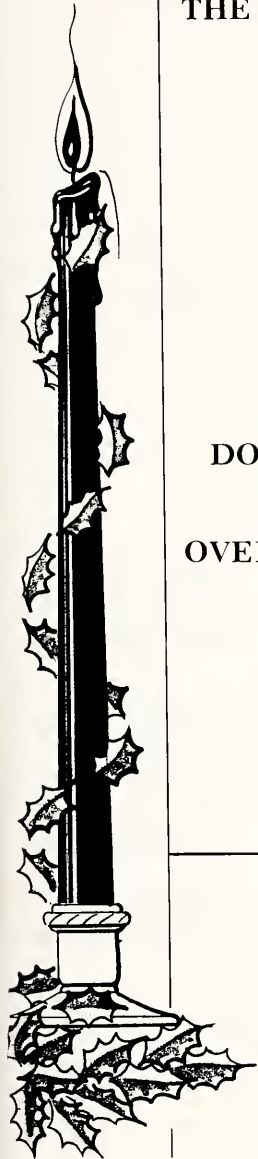
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THE CAROLINA JOURNAL of PHARMACY

JULY 1976

VOLUME 56

NUMBER 7

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FOSTER NAMED TO BOARD

Bill Foster, Mocksville pharmacist, has been named by Governor Holshouser to serve on the Board of Directors of the Lenox Baker Cerebral Palsy and Crippled Children's Hospital in Durham.

Foster is president of Foster Drug Company, Mocksville. He is a graduate of the UNC-CH School of Pharmacy, a past president of the Mocksville Jaycees and has served on the Davie County Morehead Foundation.

\$80,000 LAWSUIT

An \$80,000 lawsuit has been filed in Alamance County Superior Court as the result of a

\$3.82 prescription the parents of a Gibsonville infant allege was improperly filled.

The suit seeks \$30,000 from a pharmacist and \$30,000 from Eckerd's-Holly Inc. for compensatory damages, and \$10,000 from Eckerd's in exemplary and punitive damages on behalf of the child, and \$10,000 from both defendants on behalf of the mother.

SALARYFRINGE BENEFIT SURVEY REPORT NOW AVAILABLE

The salary information appearing on pages 36-37 was taken from a 67 page report compiled by Jean Paul Gagnon, Ph.D., Associate Professor of Pharmacy Administration, School of Pharmacy, UNC-CH.

The report was compiled from questionnaires completed and returned by 442 North Carolina employee pharmacists. Employee characteristics and profiles of the pharmacy, salaries and fringe benefits are included in the report along with 50 tables.

From time to time, some of the tables will appear in The Carolina Journal of Pharmacy. A copy of the complete report, including the 50 tables and comments by author, is available at \$10.00 from Dr. Gagnon or the N. C. Pharmaceutical Association.

This is the most comprehensive survey of the subject (pharmacist salaries/fringe benefits) ever undertaken in North Carolina and indicates an increasing awareness on the part of the School of Pharmacy, UNC-CH, and the NCPHA to this important element of pharmacy.

AUGUST JOURNAL PREVUE

- (1) Medicaid Pharmacy Program—As of June 29, with no long-term contract signed, details of the Paid Prescriptions/Electronic Data Systems-Federal contract decision will be transmitted by bulletin.
- (2) August 15. Ceremony marking 25th anniversary of Institute of Pharmacy; dedication of Blaug and Pike bronze plaques; Academy of Pharmacy dinner at Governors Inn with optional April 14 entertainment featuring the FOUR ACES. Details by bulletin.
- (3) Picture coverage of the Cade Brooks "Pharmacist of the Year" dinner in Fayetteville . . . attended by more than 200 pharmacists, friends and guests.

RESULTS OF MAIL BALLOT ELECTION ANNOUNCED

Officers-Elect (1977-1978) of the North Carolina Pharmaceutical Association are:

First Vice-President: Herman W. Lynch of Dunn

Second Vice-President: Joseph C. Miller of Boone

Third Vice-President: Jack G. Watts of Burlington

Members of the Executive Committee, 1 year term:

Ralph Ashworth of Cary

Julian Upchurch of Durham

George M. Willets of Wilmington

W. Whitaker Moose of Mount Pleasant will be recommended to the Governor of North Carolina for appointment to the North Carolina Board of Pharmacy, 5 year term beginning April 28, 1977.

Four directors of the North Carolina Pharmaceutical Research Foundation were elected for three year terms:

W. Thomas Boone of Ahoskie

Edwin R. Fuller of Salisbury

Banks D. Kerr of Raleigh

Roger H. Sloop of Rural Hall

The ballots were tabulated and the results of the election announced by an Elections Committee composed of Evelyn Lloyd, Hillsborough, chairman; Claude U. Paoloni; E. A. Brecht; and Robert Lafferty of Chapel Hill.

The NCPHA Officers-elect will be installed in Greensboro on April 26 at the concluding session of the Association's 1977 annual meeting.

Mr. Lynch, the NCPHA First Vice-President Elect, is president of Lynch Pharmacy, Dunn, and is a member of the Board of Directors of the North Carolina Mutual Wholesale Drug Company. He holds numerous positions of professional, business and religious leadership in Dunn and Harnett County.

ECKEL APPOINTED TO H.E.W. BOARD

Fred M. Eckel, Associate Professor of Hospital Pharmacy, U.N.C. School of Pharmacy, has been appointed to the Pharmaceutical Reimbursement Advisory Committee, Department of Health, Education and Welfare.

Eckel was appointed by David Matthews, Secretary, H.E.W. The purpose of the committee is to advise the secretary on limitations of payment or reimbursement on drugs used in health programs funded by the Department of Health, Education and Welfare.

Eckel has been a member of the faculty of the U.N.C. School of Pharmacy since September 1, 1966. He is past President of the American Society of Hospital Pharmacists.

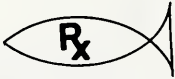
The Committee's 15 members include representatives of manufacturing, pharmacy, medicine and consumerism. Chairman of the group is James T. Doluisio, Dean of the University of Texas College of Pharmacy.



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ARE YOU UP-TO-DATE ON PRICES,—RETAIL AND WHOLESALE? This microfiche service allows you to view a fiche through a compact viewer. A fiche the size of a 4x6 file card can provide you information on up to 30,000 items, listed alphabetically and *up-dated every two weeks*. Another fiche will be supplied listing items by SWDC stock re-order number. Many other features, such as special promotions, listing of Medicaid drugs, M.A.C., etc. will be added as they are developed. You will reduce your normal look-up time by as much as 50%.

PHARMACY



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GREENVILLE 235-4159
ROCK HILL 328-5830
GAFFNEY 487-4949

COLUMBIA 256-7555



GREENVILLE

Ronnie Tripp, general manager of Big Value Discount Drugs, has announced the firm will move into new and enlarged facilities on East Tenth Street by early August. Floor space will be increased from the current 2000 square feet to 7000 square feet.

MARION

Martha Vaughn, a 1971 graduate of the UNC-CH School of Pharmacy, has accepted a position with Marion Pharmacy. The Vaughns live in Morganton where Mr. Vaughn is a physician's assistant with the Western North Carolina Correctional Institute.

ALBEMARLE

Embezzlement amounting to approximately \$4,800 was reported to the Albemarle Police Department by Phillip's Drug Store. An investigation is underway.

RAEFORD

Thomas P. Howell, a 1976 graduate of the UNC-CH School of Pharmacy, has joined his father in the operation of Howell Drug Company.

BURLINGTON

Arbrook Manufacturing Corporation of Puerto Rico, which uses the trademark "CIDEX" is suing Burlington Pharmacal alleging the BP use of "CYDEX" constitutes an existing and dangerous health hazard. BP says it will fight the suit.

MOUNT AIRY

Pharmacist Larry Good, a partner in the operation of Lamm Drug Company, is a candidate for Surry County Commissioner from the Mount Airy District.

CHARLOTTE

Eckerd Drugs Inc. proposes to change the company's state of incorporation from Delaware to North Carolina and increase the number of authorized shares of common stock, currently set at 6 million.

GREENSBORO

Jack B. Weaver, formerly secretary-treasurer of Justice Drug Company, is a candidate for the Guilford County Board of Commissioners.

GOLDSBORO

The Wayne County Pharmaceutical Society recently sponsored a free blood pressure clinic in the county.

*Remember the Day
...in Pictures*



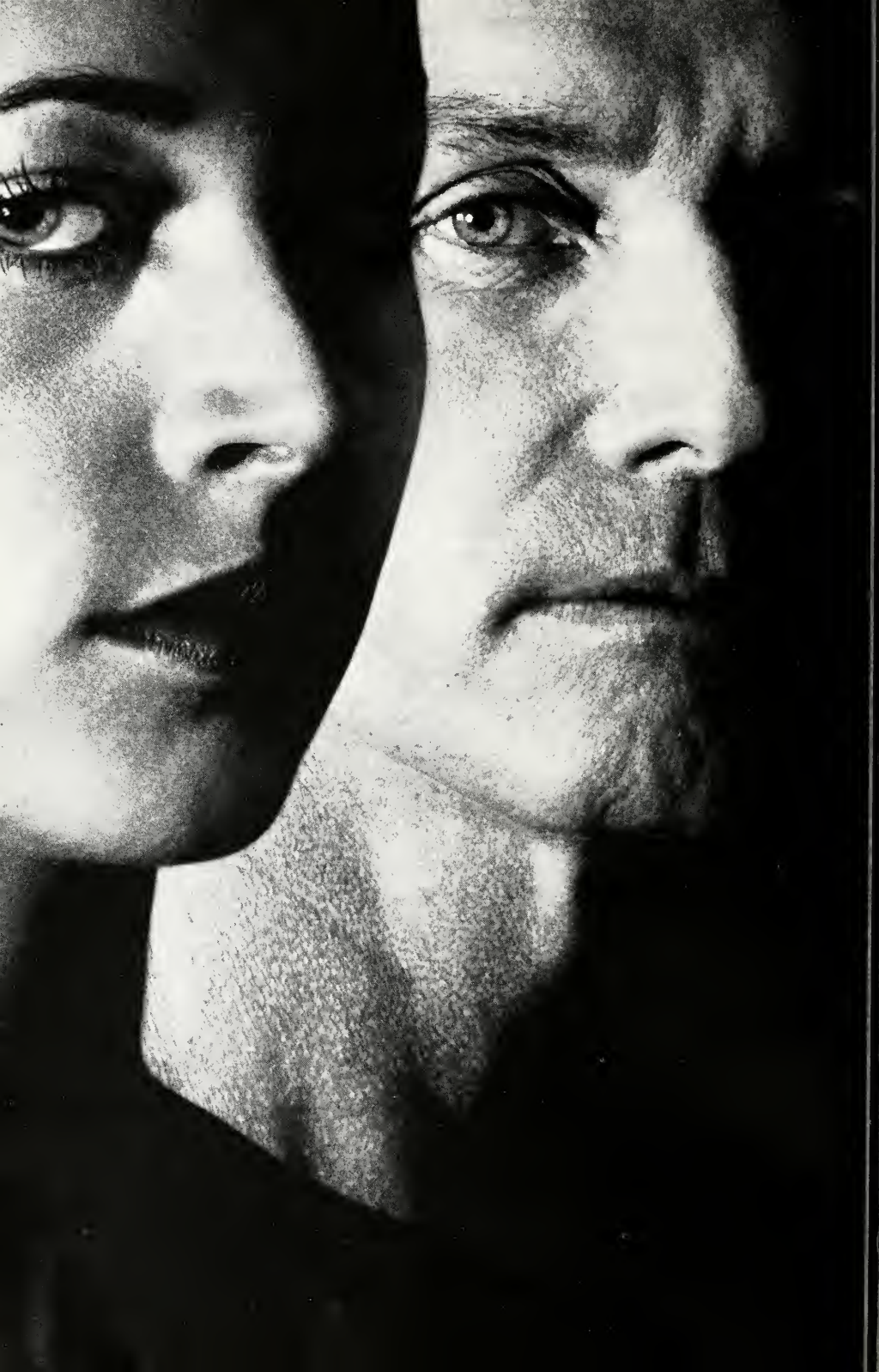
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Testing in Humans: Who, Where & When.

the weight of ethical opinion:

Few would disagree that the effectiveness and safety of any therapeutic agent or device must be determined through clinical research.

But now the *practice* of clinical research is under appraisal by Congress, the press and the general public. Who shall administer it? On whom are the products to be tested? Under what circumstances? And how shall results be evaluated and utilized?

The Pharmaceutical Manufacturers Association represents firms that are significantly engaged in the discovery and development of new medicines, medical devices and diagnostic products. Clinical research is essential to their efforts. Consequently, PMA formulated positions which it submitted, on July 11, 1975, to the Subcommittee on Health, of the Senate Labor and Public Welfare Committee, as its official policy recommendations. Here are the essentials of PMA's current thinking in this vital area.

1. PMA supports the mandate and mission of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research and offers to establish a special committee composed of experts of appropriate disciplines familiar with the industry's research methodology to volunteer its service to the Commission.

2. PMA supports the formation of an independent, expert, broadly based and representative panel to assess the current state of drug innovation and the impact upon it of existing laws, regulations and procedures.

3. When FDA proposes regulations, it should prepare and publish in the *Federal Register* a detailed statement assessing the impact of those regulations on drug and device innovation.

4. PMA proposes that an appropriately qualified medical organization be encouraged to undertake a comprehensive study of the optimum roles and responsibilities of the sponsor and physician when company-spon-

sored clinical research is performed by independent clinical investigators.

5. PMA recognizes that the physician-investigator has, and should have, the ultimate responsibility for deciding the substance and form of the informed consent to be obtained. However, PMA recommends that the sponsor of the experiment aid the investigator in discharging this important responsibility by providing (1) a document detailing the investigator's responsibilities under FDA regulations with regard to patient consent, and (2) a written description of the relevant facts about the investigational item to be studied, in comprehensible lay language.

6. In the case of children, the sponsor must require that informed consent be obtained from a legally appropriate representative of the participant. Voluntary consent of an older child, who may be capable of understanding, in addition to that of a parent, guardian or other legally responsible person, is advisable. Safety of the drug or device shall have been assessed in adult populations prior to use in children.

7. PMA endorses the general principle that, in the case of the mentally infirm, consent should be sought from both an understanding subject and from a parent or guardian, or in their absence, another legally responsible person.

8. Pharmaceutical manufacturers sponsoring investigations in prisons must take all reasonable care to assure that the facilities and personnel used in the conduct of the investigations are suitable for the protection of participants, and for the avoidance of coercion, with a respect for basic humanitarian principles.

9. Sponsors intending to conduct nontherapeutic clinical trials through the participation of employee volunteers should expand the membership and scope of its existing Medical Research Committee, or establish such an internal Medical Research Committee, with responsibility to approve the consent forms of all volunteers, designs, protocols and the scope of the trial. The Committee should also bear responsibility to ensure full compliance with all procedures intended to protect employee volunteers' rights.

10. Where the sponsor obtains medical information or data on individuals, it shall be accorded the same confidential status as provided in codes of ethics governing health care professionals.

11. PMA and its member firms accept responsibility to aid and encourage appropriate follow-up of human subjects who have received investigational products that cause latent toxicity in animals or, during their use in clinical investigation, are found to cause unexpected and serious adverse effects.

12. PMA supports the exploration and development by its member companies of more systematic surveillance procedures for newly marketed products.

13. When a pharmaceutical manufacturer concludes, on the basis of early clinical trials of a basic new agent, that a new drug application is likely to be submitted, a proposed development plan, accompanied by a summary of existing data, would be submitted to the FDA. Following a review of this submission, the FDA, and its Advisory Committee where appropriate, would meet with the sponsor to discuss the development plan. No *formal* FDA approval should be required at this stage. Rather, the emphasis should be on identification of potential problems and questions for the sponsor's further study and resolution as the program develops.

The PMA believes that health professionals as well as the public at large should be made aware of these 13 points in its policy on Clinical Research. For these recommendations envisage constructive, cooperative action by industry, research institutions, the health professions and government to encourage creative and workable responses to issues involved in the clinical investigation of new products.



Pharmaceutical Manufacturers
Association
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Eckerd's Drug Store, Hendersonville—An undetermine amount of CS drugs was taken in a breakin at the pharmacy. Entry was by way of a roof air conditioning vent.

Square Pharmacy, Gastonia—A burglar knocked a hole in the concrete block wall of the pharmacy and escaped with a quantity of CS drugs.

Nashville Drug Company, Nashville—A Rocky Mount man has been charged with breaking and entering Nashville Drug Company. An automatic alarm system alerted police who caught the man in the store's basement.

Harrison Drug Store, Enfield—Approximately \$7,000 in cash, jewelry and controlled substances was stolen from two safes at the pharmacy in early June. Entry to the pharmacy was thru the roof.

Medical Arts Pharmacy, Wake Forest—A break-in at the pharmacy resulted in the loss of some non-controlled drugs.

Fayetteville Drug Company, Fayetteville—Two young men were captured inside the pharmacy after police spotted the men on the roof of the pharmacy. At time of capture, the men had more than 15,000 assorted CS drugs in their possession.

ROBBERY SWITCH

Here is a switch on drug store robbery patterns:

On June 3, a thief set off a burglar alarm in an attempt to enter Melvin's Glenwood Pharmacy, Raleigh.

In response to the alarm, police checked the pharmacy, and, finding no one on the premises, left. The thief then entered the pharmacy thru a hole cut in the pharmacy building. A quantity of drugs was taken.

SPOTLIGHT ON ALL-NORTH CAROLINA PHARMACY GOLF CHAMPIONS

The NCPHA Convention Golf Tournament in Wilmington attracted 75 golfers to the Echo Farms Course. Len Phillips, Golf Chairman, reports the results of the tournament, which was sponsored by Owens-Illinois.

TMA

Best (Low Net)—Rusty Hamrick—71

Worst (High Net)—Bubba Hammett—Biff Comte—Tied at 79

NCPHA

Best (Low Net)—Tom Taylor—72

Worst (High Net)—B. P. Woodard—I. T. Reamer—Jimmy Creech—all tied at 80

WOMEN

Best (Low Net)—Mrs. Kenneth Edwards—77

Worst (High Net)—Mrs. Carol McCurdy—78

LOW GROSS

TMA—Rusty Hamrick—84

NCPHA—Tom Taylor—80

Women—Mrs. Kenneth Edwards—Mrs. Carol McCurdy—Tied at 108

Roll the drums...here it comes:

Buy ★ sell ★ tennial

1976 Summer Deal
(July 1-Aug. 30)



The Robitussin Family—Number 1 Cough Preparation Line in Drug Stores!
Stock up and save on the 4 celebrated Robitussins during A. H. Robins' traditional summer deal. Once again the Robitussin family is the leader in drug store sales. During 1975 sales increased 12% in a cough remedy market that was up only 3%. Last year the Robitussin family held an 18.8% share of the drug store market—an all time high, and this growth is continuing in 1976. We're dealing the leaders, so it's good business to give them plenty of shelf space. Order an extra large supply while the price is right. Your Robins Representative will be around soon with all the details.

ADDED CUSTOMER BENEFIT: FREE DIMACOL[®] cold/cough capsules plus 15¢-off coupon for Dimacol[®] in deal packages of 8 oz. Robitussin[®] and Robitussin-DM,[®] and 4 oz. Robitussin-PE[®] and Robitussin-CF[®].

Your partner in the good business of better health.

A-H-ROBINS A. H. Robins Company, Richmond, Va. 23220

NEW MEMBERS OF THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION FOR THE PERIOD JANUARY 1—May 31, 1976

Members enrolling in the NCPHA after June 1 will appear in second list of 100 new members to be published later.

1. Albert L. Beck, Jr. Hendersonville
2. Richard F. Cardin, Rocky Mount
3. Andre T. Tennille, Jr., Crossnore
4. James E. Harper, Fayetteville
5. David S. Moody, Jr., Durham
6. Shirley M. Mikeal, Lenoir
7. N. R. Gross, Jr., Hallsboro
8. M. Robert Blum, Chapel Hill
9. Burwell Temple, Jr., Clinton
10. Allan W. Umstead, Greensboro
11. Richard Jump, Greensboro
12. Joanne B. Copeland, Fayetteville
13. Henry M. Chilton, Winston-Salem
14. James H. Millard, Charlotte
15. Donald J. Raper, Rocky Mount
16. Ruth W. Mitcham, Lexington
17. Dottie C. Huffstetler, Chapel Hill
18. Lindsey A. Odom, Wilmington
19. Juliam W. Harris, Troutman
20. Jean P. Gagnon, Chapel Hill
21. J. Frank Pickard, Greensboro
22. Jesse M. Pike, Jr., Concord
23. Gregory N. Hale, Hickory
24. Robert L. Mercer, Durham
25. David J. Hauser, Winston-Salem
26. Bill Cranford, Concord
27. F. Alex McCrackin, Wilmington
28. Jean K. Hamilton, Mebane
29. Linda S. Travis, Cary
30. R. Thomas Nickens, Asheboro
31. Ronald Regan Enzor, Chadbourne
32. Randolph Blake Wright, Raleigh
33. Kizer Dewitt Morgan, Jr., Morehead City
34. Ernest E. Ogle, Chapel Hill
35. Larry H. Blackburn, Cherryville
36. Thomas F. Taylor, Wadesboro
37. John L. Allen, Jr., Pineville
38. Robert Lee Crouch, Chapel Hill
39. Jane R. Stafford, Greenville
40. W. Robert Bizzell, Mt. Olive
41. Elmer L. Denton, Middlesex
42. Belinda L. Riddle, Wake Forest
43. Gary Dunham, Chapel Hill
44. Collie W. Bernard, Greensboro
45. Sharon M. Pickard, Chapel Hill
46. Rick Evans, Nags Head
47. Gary Lee Harrill, Stanley
48. Texie Meacham, Asheville
49. Steve Austin, Hickory
50. Michael McCormac, Clayton
51. E. Ray McLemore, Jr., Selma
52. Danny Paoloni, Wilmington
53. Dale L. Tysinger, Durham
54. John Lee Cannon, Gastonia
55. Walter Clodfelter, Ahsokie
56. William Glenn Pearson, Laurinburg
57. Paula Joy Crosland, Concord
58. Tyanne Smith, Gastonia
59. Jill Miller Allison, Hillsborough
60. Wing-Sang Lee, Jacksonville
61. Danny Wade Creech, Kenly
62. Ken A. Burleson, Statesville
63. W. Douglas Mitchell, Rocky Mount
64. Jo Ann Seymour, High Point
65. Ester Williams Coleman, Durham
66. Rob Bizzell, Mt. Olive
67. Joni Berry, Durham
68. Bobby Bischoff, Annandale, Va.
69. Eleyse Harrell, Elizabeth City
70. James D. McNeill, Carrboro
71. John Sides, Bakersville
72. John T. Vlachos, Fayetteville
73. Shelia R. White, Elizabeth City
74. Rebecca Bost Kennerly, Concord
75. Sarah Lucinda Dollar, Winston-Salem
76. Violet Fischer, Jacksonville
77. Nancy T. Moore, Durham
78. W. O. Burns, Riegelwood
79. Gregory West, Asheville
80. Margaret C. Antosek, Salisbury
81. Joey J. Ward, Robbinsville
82. Richard Wayne Bess, Winston-Salem
83. Joe Ann Todd, Wendell
84. Mary Lee Mazarick, Raleigh
85. Thomas Philip Shoffner, King
86. Annette E. Aman, Charlotte
87. Marita L. Quigley, Raleigh
88. Frank R. Thompson, Charlotte
89. Howard Duckworth, Connelly Springs
90. James K. Williams, Chapel Hill
91. Steven C. Evans, Elizabeth City
92. Elaine Kimball, China Grove
93. Debbie Wertheim, Fayetteville
94. Elizabeth W. Rullman, Wilmington
95. Nancy Coltrain Fenske, Chapel Hill
96. Charles Robert Fenske, Chapel Hill
97. Everett Lee Lewis, Jr., Fallston
98. J. David Devine, Jr., Raleigh
99. Elizabeth A. Livengood, Winston-Salem
100. Richard McPhaul, Raleigh



Pfipharmecs reminds the country of another hero.

Everybody knows about George, Thomas and Benjamin. And should know more about another hero—you.

So Pfipharmecs is doing something about it! On NBC's new family health-oriented radio show, "Feeling Fit" with Hugh Downs as host.

Result: Nearly 20,000,000 listeners will hear on Pfizer commercials what a vital and indispensable role pharmacists play in community health care.

We want your patients to know that one of America's heroes isn't on a pedestal. Or a stamp. Or a dollar bill. But in the pharmacy down the street, in the hospital, and many other places, ready to serve.

Tune in. The greater proportion of commercials talk about a profession to be proud of. Yours!



NBC Radio

"Feeling Fit"

Tuesdays and Thursdays



PFIZER INC.
235 East 42nd Street, New York, N.Y. 10017

FALLOUT FROM THE AD BAN DECISION

The press, radio and TV provided widespread coverage to the Supreme Court's recent ruling that pharmacists are free to advertise prescription prices. For a 2-day period, The NCPHA Office in Chapel Hill received numerous requests for reaction to the court's decision.

The immediate impact in North Carolina is not expected to be significant since the court's decision has been effective (due to action at the state level) for several years.

Pharmacist reaction to the court ruling has centered on Chief Justice Warren E. Burger concurring opinion, who said in part: "in filling most prescriptions a pharmacist no more renders a true professional service than does a clerk who sells law books."

A consumer attitude survey will be conducted in North Carolina this summer. Hopefully, the results will be quite different than that expressed by Justice Burger.

Dear. Mr. Chief Justice:

Your comment, regarding the nonprofessionalism of pharmacists, in the recent Supreme Court ruling on the advertising of prescription drugs, may be excused only because of ignorance or lack of exposure to the profession of pharmacy.

If your only contact with pharmacy is through the Washington, D. C. drug stores who may depend on the sale of liquor for a large portion of their business and profit, or through the Bethesda Naval Hospital from which you receive your drugs at little or no cost, then your knowledge of pharmacy and pharmacists is extremely limited.

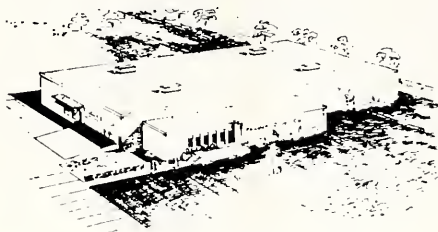
The dispensing of prescriptions involves much more than merely transferring manufactured tablets from one container to another, as you intimated, and this area of knowledge is where pharmacists exercise their professionalism.

Interpretation of a physician's order, whether written or oral, proper selection of brand or dosage form where indicated, labeling and packaging, patient counselling as to

adverse reactions to be aware of, storage requirements, and being certain that the patient knows how and when to take his medication, and serving as a source of drug information to both patient and physician are all involved in the preparation of a drug for the ultimate consumer.

For a person in your position to demean a profession which has served the American public so well, for so long, is not only poor taste, but worse, poor judgment on the part of one who renders decisions based on fact and precedent, and the fact is, most Americans consider their pharmacist a professional. Nothing less than a public apology will undo and possibly rectify the injustice you have done.

A. H. Mebane, III
Sec.-Tres., Guilford Cty.
Society of Pharmacists



GOING PLACES!

*Every modern ingredient
for rendering prompt,
dependable service to the druggists
of Western Carolina*



**KENDALL
DRUG COMPANY**

SHELBY, N. C.

C. RUSH HAMRICK, JR.
President

GORDON G. HAMRICK
Vice President

GILPIN TO OFFER NEW RETAILER SERVICES' PROGRAM

James E. Allen, Jr., Executive Vice President of The Henry B. Gilpin Company, announces the acquisition of the Scrip Stat—Computerized Rx Company of Grand Island, Nebraska.

Scrip Stat, a patient profile records system company, will add still another support program to the Retailer Services Department of the Gilpin Wholesale Drug Company. William A. Burke, formerly President of Scrip Stat, will assume the position of General Manager for this new Gilpin program.

Scrip Stat Computerized Rx will be another of the many retailer and computer services already offered by Gilpin, namely, DATAREX; Micro-Info; RediMed; CARE/SPARTAN Chain Buying and Co-Operative Advertising and Promotional Programs; TIP TOP, in-store accounts receivable programs; and Store Planning and Remodeling Services.

The Henry B. Gilpin Company, with headquarters in the nation's capital now operates seven full service wholesale drug houses, located in Atlanta, Georgia; Baltimore, Maryland; Dover, Delaware; Indianapolis, Indiana; Memphis, Tennessee; Norfolk, Virginia and Washington, D. C. . . . in addition to its surgical supply and service merchandising subsidiaries in Virginia, Maryland and Indiana.

NCPHA/APhA BRANCH PLANS PROGRAMS/PROJECTS

Officers, committee chairmen and executive committee members of the NCPHA/APhA Student Branch, UNC-CH School of Pharmacy, met in Chapel Hill on June 19 to plan Branch activities for the coming school year.

NCPHA President Tom Burgiss and Executive Director W. J. Smith attended the meeting which was held in the N. C. Institute of Pharmacy.

Preliminary project plans were discussed for sponsoring programs in the area of Poison Prevention, Diabetes and VD.

Monthly program topics were discussed with major interest in mental health, cancer, application of computers to the practice of pharmacy, unionism in pharmacy, pharmacy legislation and surgical appliances.

The promotion of membership will be underway in July and a Branch-sponsored picnic is on schedule shortly after the first semester of the school gets underway.

Branch officers attending the meeting were Colin Muchison, June and Jane Hall, Eugene Woodall, Stephen D. Bennett III, Billie Hines, Joy Davis, Gail Wiggins, Patsy Millar, Joanne Canaday, John F. Watts, Ray Peedin and Carl Creech.

FORSYTH COUNTY PHARMACEUTICAL SOCIETY

The Forsyth County Pharmaceutical Society met Thursday May 27th at Medical Park Hospital. The meeting was attended by 20 members, one intern and one guest, David Work of the N. C. Board of Pharmacy discussed several areas of concern with those present. Some of the topics were: Negligence, the role of FNPs and PAs, substitution, and out of state prescriptions. Refreshments were served.

W. J. Smith, Executive Director of the North Carolina Pharmaceutical Association, was guest speaker at the June 17 meeting of the Forsyth County Pharmaceutical Society.

Four major subjects were discussed by the speaker: current status of the N. C. Medicaid Prescription Program; Supreme Court decision regarding prescription advertisement; update on Dean Selection, UNC-CH School of Pharmacy; and a Comprehensive Review of MAC/EAC.

DURHAM-ORANGE

Officers of the Durham-Orange Pharmaceutical Association are Bob Lafferty, president; Jerry Palmer, vice president; Becky Stanley, secretary-treasurer, and John Badgett, executive committee member.

Monthly meeting of the organization will be resumed in September.

NORTHEASTERN

At the May meeting of the Northeastern Carolina Pharmaceutical Society, the members of the organization agreed not to participate in the EAC program as proposed at that time.

Dr. Jean Gagnon of the UNC-CH School of Pharmacy was guest speaker of Northeastern's June meeting.

Officers of the Northeastern, which meets in Williamston, are Joe Minton, president; J. A. Mitchener III, vice president; and J. G. Blount, secretary-treasurer.

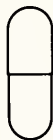
No default insurance

Tofranil-PM®
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



1 h.s.

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM® may markedly reduce the probability of missed doses.

After therapy is initiated with the 75-mg. capsule, the 150-mg. capsule is the dose level at which optimum response is usually obtained.

Please review the prescribing information summarized on the back of this page.

*Ayd, F.J., Jr. (Ed.): Int. Drug Ther. Newslett. 7(9/10):35-50 (Nov./Dec.) 1972.

Tofranil-PM[®]
brand of imipramine pamoate

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil-PM, brand of imipramine pamoate, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.

Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as operating an automobile or machinery, the patient should be cautioned accordingly.

Usage in Children: Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdose due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Precautions: It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the ill-

ness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil-PM, brand of imipramine pamoate, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil-PM, brand of imipramine pamoate, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine should be discontinued for as long as the clinical situation will allow.

An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported.

Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (especially of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: In adult outpatients, therapy should be initiated on a once-a-day basis with 75 mg./day. This may be increased to 150 mg./day which is the dose level which usually obtains optimum response. If necessary, dosage may be increased to 200 mg./day. Dosage should be modified as necessary by clinical response and any evidence of intolerance. Daily dosage may be given at bedtime, or in some patients in divided daily doses. Hospitalized patients should be started on a once-a-day basis with 100-150 mg./day and may be increased to 200 mg./day. Dosage should be increased to 250-300 mg./day if there is no response after two weeks.

Following remission, maintenance medication may be required for a longer period of time at the lowest dose that will maintain remission. The usual adult maintenance dosage is 75-150 mg./day on a once-a-day basis, preferably at bedtime.

In adolescent and geriatric patients, capsules of Tofranil-PM, brand of imipramine pamoate, may be used when total daily dosage is established at 75 mg. or higher. It is generally unnecessary to exceed 100 mg./day in these patients. This dosage may be given once a day at bedtime or, if needed, in divided daily doses.

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REPORT
COMMITTEE ON LEGISLATION
NORTH CAROLINA
PHARMACEUTICAL ASSOCIATION

The North Carolina General Assembly, not having been in session during the current term of the NCPHA Committee on Legislation, the committee concerned itself with pre-session planning rather than active participation in the legislative process.

One firm decision has been made—to seek state legislation which will slow up or prevent the ever-increasing number of drug store breakins and robberies. For the past two years, the NCPHA has actively supported anti-crime drug legislation at the national level.

Since the progress at the national level has not come up to expectation we have concluded that the answer to the problem is at the state level. What the committee will do, as has been done in Ohio, is to seek mandatory sentences for those convicted of drug store related breakins and robberies involving controlled substances. Now, in most instances, conviction carries a minimum fine which is no deterrent to the individual set on obtaining drugs in an illegal manner.

The Committee will be concerned with the state's budget for a number of reasons, a prime one being adequate funds for continuing the Medicaid Pharmacy Service Program, running currently at \$25 million a year.

There will be a special session of the Assembly in one month but the session will be devoted to budget cutbacks in the current budget with probably consideration of a Medical Malpractice Commission report and recommendations. No legislative matters of direct interest of Pharmacy are anticipated in May.

Some issues which the Committee on Legislation may have on the agenda for discussion prior to the 1977 session of the North Carolina General Assembly or which may be initiated by outside consumer groups, such as PIRG, N. C. Consumers Councils and the like, are

1. Require prescription price posting
2. Legalize prescription price advertising
3. Repeal or modify state ant substitution law
4. Create formulary from which pharmacist could select brand to be dispensed
5. Modify law relating to dispensing by nurse practitioners, and physician assistants

6. Require pharmacists to maintain patient profile cards or similar records

7. Make continuing education—or some evidence of continuing competency—mandatory as a requirement for license renewal

North Carolina has been favored with high level performance in the past by Senator Henry and Representative Woodard. These two legislators are examples of pharmacists who serve well in the professional and political arenas to the benefit of the profession and public alike. We encourage other pharmacists to become politically involved.

While the NCPHA, due to its tax free status, is limited in candidate support, we do have an organization in the state that is in the position to work with pharmacists who wish to become more involved in the political process. I refer to the North Carolina Pharmacy Political Action Committee which met here on Sunday. There has been substantial growth in PharmPac during the past two years, growth which indicates pharmacists are recognizing the plus values of becoming involved at some political level.

Beginning this summer the committee will begin its legislative plans for the 1977 session of the General Assembly. Your input will be welcome; in fact, will be essential if we are to succeed in our endeavors.

W. H. Wilson, Chairman

RALEIGH

The Raleigh Woman's Pharmaceutical Auxiliary met at the Carolina Country Club for a luncheon-meeting on May 20, 1976. It was decided that donations would be made to the Long Term Student Loan Fund for Pharmacy students, the Jaycee Burn Center and an engraved silver water pitcher would be presented to The Institute of Pharmacy. Mr. W. J. Smith accepted the pitcher for the North Carolina Pharmaceutical Association on May 31, 1976.

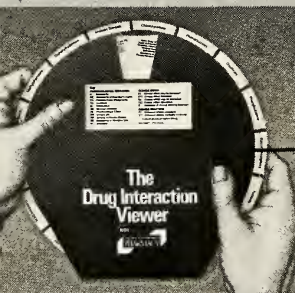
Mrs. Robert Cromley, Jr. installed the following officers for 1976-1977: President, Mrs. Jerome K. Johnson; Vice-President, Mrs. Darrell Estés; Secretary, Mrs. Eddie Coats; Treasurer, Mrs. Lamar Morse; Reporter, Mrs. Richard Overton, Jr.; Advisor, Mrs. J. C. Warren, Jr.

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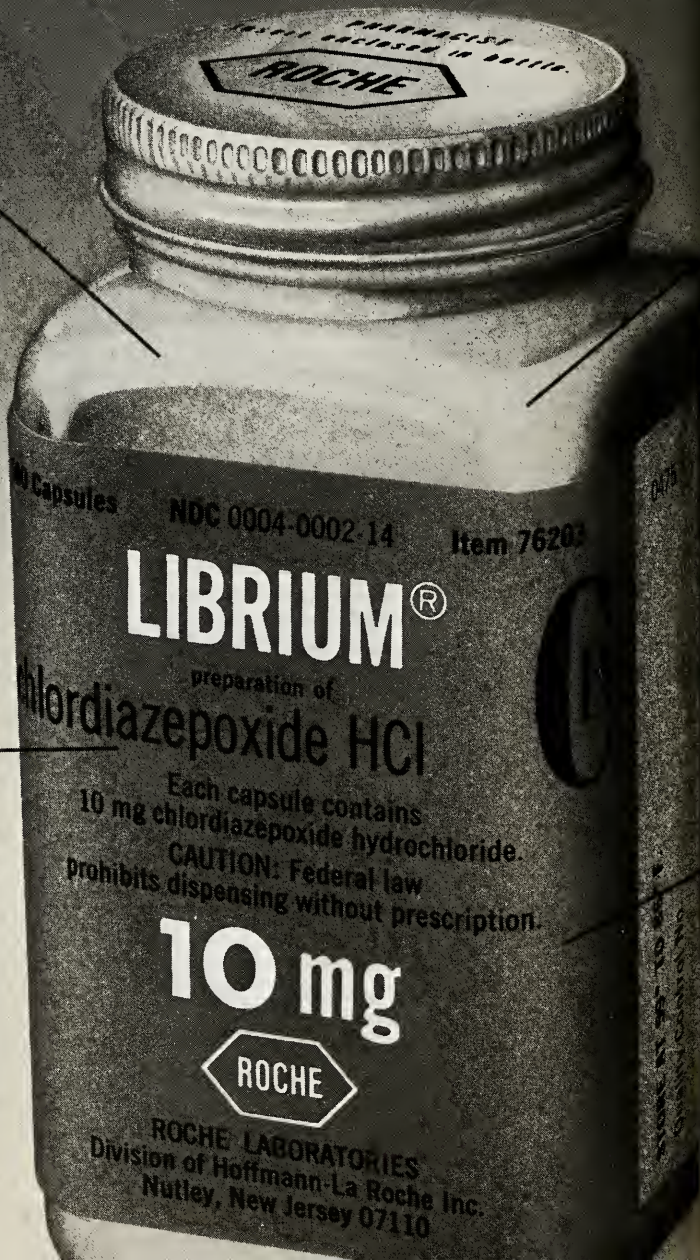
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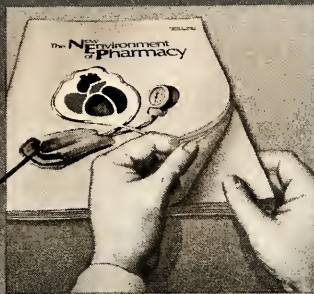


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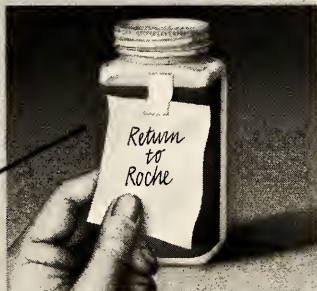


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Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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DIFFERENTIAL PRICING AS VIEWED BY

Franklin E. Williams, Williams Pharmacy, Wilmington, N. C.

The remarks I am about to make may seem controversial to some, antagonistic to others and something sorely needed to be said by others.

Controversial maybe, but antagonistic no!!! But an attempt to bring to fore a serious problem which desperately needs correcting. The problem I refer to—differential pricing of your products.

Since we have a great many representatives from the Pharmaceutical Manufacturing Industry with us today, and some of them are here as our distinguished guests, I want to assure you all it is not my purpose nor my intention and certainly not my desire to insult, intimidate, or otherwise seem discourteous to you today.

The remarks I wish to make were prompted by a letter from Mr. Joseph Stetler, President of PMA. I feel sure most of you got the same letter I did. For those who may not know, PMA is an organization made up of members of the manufacturing industry who account for about 95% of the prescription drug production in the United States.

It is interesting to note that PMA was almost unknown by pharmacists and had remained relatively quiet for the most part, until the letter from Mr. Stetler and news of the MAC proposals came to our attention almost in the same mail. I believe this letter to be an attempt to gain support by the industry from pharmacists to counter these MAC proposals.

Mr. Stetler points out in his letter and I quote, "We are concerned over the charges which have been made in Congressional hearings and on other occasions that the industry in general and the PMA, in particular is trying to place the blame for certain problems in the drug distribution and pricing system on the practicing pharmacists." I feel this to be true.

I realize fully that corporate structure is complex and its operation is difficult to manage and control to the satisfaction of the administrative staff, its executive officers, and stockholders, much less to the general public which it serves. But this fact should not be the cornerstone of every discussion with the pharmacist and manufacturer regarding price and distribution with the industry spokesman almost without exception telling us, you don't understand and I confess I really don't understand.

This organization formed an office of pharmacy relations for the purpose of improving dialogue between practicing pharmacists and the industry. Now if anyone here thinks this office of pharmacy relations has made any earth shaking accomplishments toward improving dialogue, you should have read the article appearing in one of the national drug magazines, quoting these industry representatives. The comments made by the industry spokesman for the *most* part were degrading, insulting, and without substance, further demonstrating the magnitude of the breach that exists between pharmacists and manufacturers.

The marketing practices of the pharmaceutical industry is very aggressive. The old cliché of "Let the product sell itself" is of course not practical or realistic. Whether the product is a modern miracle drug or a new brand of toothpaste it must be sold, and sold at a profit, but the continued practice of giving samples to physicians and pharmacists has long outlived its legitimate use as a selling tool. You can argue the point as long as you wish but we all know what samples are used for today. It is an appreciable cost factor and should be eliminated completely. If anyone in America today

Continued on Page 25



The comments here expressed by Pharmacist Williams were a part of the 1976 NCPHA Convention in Wilmington of which Mr. Williams was General Chairman.

In addition to operating Williams Pharmacy, Mr. Williams is pharmacist consultant to a number of health facilities in New Hanover County; is active in various religious, business, civic, professional and political organizations.

He serves as a board director of the N. C. Department of Social Services by appointment of Governor Holshouser.

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can afford the price of medical care, including prescription drugs, it is certainly physicians and pharmacists.

It is somewhat amusing to see the pharmaceutical manufacturing industry draw its battle lines against the encroachment of generics, when in fact many of the supposedly research oriented companies are, as the trade would say—me too producers; consequently the remark made and I quote, "prescribers should have access to meaningful price information and be able to use it in making prescribing decisions," has little if any meaning. I don't believe there is much difference in the quality or reliability of products produced by Robbins, SKF, Lilly, Upjohn, USV, Geigy, Pfizer, Roerig, Parke Davis and some others. This is especially amusing in the light of history, meaning just five or ten years ago the theme to the physicians was to prescribe the medication needed and not to concern himself with the price of the drug. The theme was further expanded to suggest the physicians didn't have the time in their busy schedule to keep up with the complex prescribing information, much less the price of prescriptions. I readily admit, and I believe rightfully so, the physician is the dominant figure in the triangle of physician, pharmacist, and patient, with the welfare and well-being of the patient as the focal point.

According to a national survey of 20 areas of service and or products surveyed, physicians fee increases was second only to the increased cost of hospital care. The increase in the cost of prescription drugs, for which you and I might be congratulated, was second from the bottom. This rather vividly demonstrates the concern physicians have for their patients with regard to their charges, consequently I feel they are a poor judge of what is fair and reasonable for a pharmacist to charge for a prescription. In my judgement it is a flagrant encroachment on the rights of the pharmacist and their area of responsibility for manufacturers representatives to ever engage in the discussion of the prices of prescriptions with physicians.

The advertising of prescription prices is a serious problem confronting pharmacists today and one which apparently is without solution, except to the satisfaction of consumer groups and craftly politicians. However, I contend the tree that bears this bitter fruit was sown many years ago by the pharmaceutical

manufacturers at the expense of the pharmacists of America. You may ask how did this come to be and why have I saddled the pharmaceutical manufacturing industry with this terrible indictment? The answer is simple. It is the price you charge for your product. The pharmaceutical manufacturing industry has engaged in a discriminatory pricing policy on all levels by most companies, and has done so in a blatantly flagrant manner ignoring the complaints of the pharmacists of America and justifying these pricing policies with reasons and examples that border on the ludicrous, which within itself infers that anyone who believes this poppycock is a simpleton himself. The prices charged for the same product to different accounts, and different types of facilities are ridiculous and without justification.

Several weeks ago I received a prescription for 100 capsules of tetracycline 250 mg. by brand name. I had only a few on hand which I had purchased from my wholesaler. The AWP of this product is listed as \$4.69/100 which corresponded to the price marked on the container. Since I usually purchase this product on a basis to receive a 10% discount, I took 10% off the price, added a \$2.00 fee and priced the prescription at \$6.20.

The gentleman asked that he might pay for the prescription at that time and have it delivered later in the day. I ordered the item from the wholesaler up the street and they happened to be out also. So, I called the store nearest me which is a large chain and he very courteously allowed me to purchase a bottle of 100 of the product from him. He charged me \$1.97. As soon as I saw the price I called the pharmacist and pointed out what I thought was an error in the price and he assured me the price was correct. This item came to me in the original container and was not counted out from large bulk container. The Red Book at that time listed the price at \$35.00 per thousand and only if you bought 5 bottles of 1000 each.

Now it doesn't take much imagination to realize the awkward position this incident could cause for me or any other pharmacist for that matter. It would be a little difficult to call the patient up and tell them I had overcharged them and the reason I had was because I was able to buy this product from one of the chain stores for less than half of the price I paid at my

Continued on Page 27

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wholesaler. If this patient should take their next prescription to this chain store and have it filled the next time, she would have the same opinion of me as a pharmacist as I would of me if I were in her shoes. I would think I was ripped off.

Quite some time ago I ordered from my wholesaler a 5 pound container of a steroid cream. They charged me \$89.00 for it. I promptly returned the product because I had a short time before bought the same product and had been charged \$60.00. At this time a pharmacist down the street and I ordered together 3 of the 5 pound containers from the manufacturer and we were charged \$50.00 each. This product is generally prescribed in either 15 or 75 gram tubes. The price per gram of this product varies as much as 6 or 700% computing the price on the cost of the different sizes of 15 gram, 75 gram, and the 5 pound size.

Do you think this is reasonable price variations????

I wrote a company several months ago and asked for a quote on 50,000 tetracycline and 50,000 ampicillin each 250 mg. strengths. I had no intention of buying this product in these quantities but was simply an attempt to gain some information on the pricing policies of the company. The company replied that they did not quote prices on 50,000 quantities but they would be happy to quote a price on one-quarter, one-half, and one million quantities. The lowest quantity they would quote a price on is enough medication to treat this city of Wilmington for one year.

Now I ask You . . . Do you think this is a reasonable quantity to base a price on?

Regarding the EAC proposal, this is a serious area of concern. One which we may be too late to do anything about, but a concerted effort by both the retail and manufacturing areas of pharmacy should begin immediately. But I feel we have a lot to overcome. I do not believe these EAC proposals were picked out of the air, but they were computed by some bureaucrat . . . ill informed . . . yes indeed, but never-the-less he had to have some basis to arrive at these EAC proposals. I think he simply took the prices the manufacturers charge to government institutions, large quantity contract prices, direct prices and AWP and then in some unknown and unexplainable manner came up with EAC.

But if there had been no institutional prices, no large contract prices he would have had a more realistic source of price information and in my judgment come up with a more realistic price proposal.

As long as the pharmaceutical industry continues to offer mammoth discounts to the giants of the retail pharmacy industry, unreasonable quantities for discounts (which puts the giants in a favored position) unfair and unreasonable prices to federal, state, county and municipal institutions, I don't think there is much hope for improvement in the dialogue between industry and pharmacists.

Pharmacy and industry may see eye to eye on many areas, and granted, we may agree more than we disagree, but I assure you it is on a numerical comparison and certainly not on the magnitude of the issues that should concern us. If you took 1967 as the standard, you would find the following to be true. All consumer items would have increased 61.2%, all medical care by 68.5% and prescription drugs by 9.3%. Since 1950 the lifespan of Americans has increased by almost 4 years and the cost of a single dose of prescription drugs cost 4% less today than they did in 1960. These are commendable accomplishments but it is interesting to note that the share of prescription business in community pharmacies has steadily decreased while the share of business in the giant discounters has steadily increased during this same time span. I believe this to be true to a large extent because of the favored price structures the giants have over the smaller pharmacies.

I am not disenchanted nor am I unhappy. I love pharmacy and I am proud to be a pharmacist. I am not pessimistic about the future. I look forward to the future with excitement and anticipation for myself as a pharmacist and for pharmacy as a profession.

I believe for pharmacy to gain its rightful place in the distribution of medical care, and to regain its position of prestige among the professions, two things must come to pass.

1. The repeal of the ant substitution law
2. The elimination of differential pricing by manufacturers.

I realize the repeal of the ant substitution law is a long and tedious process even if our lawmakers wished to have it repealed, but I also believe the stabilizing of prices from the

Concluded on Page 29

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maceutical Manufacturing; and Anthony
J. Taraszko, Ph.L., R.Ph., Vice President
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OFFICERS OF THE TRAVELING MEN'S AUXILIARY, NCPHA, 1976-77 (left to right) W. F. Elmore, president; Roland G. Thomas, first vice-president; W. H. Andrews, second vice-president; and L. M. McCombs, secretary-treasurer. Not shown: David F. McGowan, assistant secretary-treasurer. Photo by Colorcraft.

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RECOMMENDATIONS COMMITTEE ON PUBLIC & PROFESSIONAL RELATIONS NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

1. Much of the current public relations copy is of questionable value—too wordy. Suggest brief copy in large easily readable type with eye-catching illustrations. An example of one of the better type hand-out pieces is "Plain Talk About Your Pharmacist" available from Eli Lilly & Company.
2. Suggest public notice that prescription prices be quoted by phone when pharmacist is assured that the prescription customer is correctly interpreting the prescription as to name of drug, strength and quantity prescribed.
3. Discount on Prescriptions. The committee recommends that the pharmacy's policy be left up to the judgment of the individual pharmacy, based on prevailing marketplace conditions in the area served by the pharmacy.
4. Failure of some pharmacies to dispense compounded prescriptions. The committee recommends that all pharmacies offer total prescription service, including compounded prescriptions. In the case of compounded prescriptions, the committee recommends that the prescription customer be informed in advance of the time cost and final prescription price so that the dispensing function will be elective on the part of the customer.
5. Prescription Advertising. The committee continues its opposition to prescription price advertising on the basis that such advertising is not in the best interest of the consumer. The committee does maintain that the consumer does have the right to know what his or her prescription will cost prior to having it dispensed, a right which can easily be exercised by asking the pharmacist.
6. The Committee commends Burroughs Wellcome Company for initiating a series of TV programs throughout the state with emphasis on pharmacy subjects of primary interest to the public. Programs, with a practicing pharmacist participating, have been completed or scheduled in New Bern, Durham, Greensboro and Charlotte with others in the planning stage. Such programs are helpful in bringing the true story of Pharmacy to the vast TV audience.

W. W. Moose, Chairman

REPORT OF THE COMMITTEE ON NATIONAL LEGISLATIVE AFFAIRS NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

In addition to communications among the members of the Committee on National Legislative Affairs by telephone and correspondence, the Committee met at The Institute of Pharmacy on November 7-8, 1975. Its members acknowledge with appreciation the help and hospitality of the Executive Director of the Association, Mr. W. J. Smith, and, particularly, Mrs. W. J. Smith for a superb Soup/Salad Lunch. The report of the meeting was published in *The Carolina Journal of Pharmacy*, LVI, #1, 33-36 (January, 1976).

This present report of the Committee to the Association will touch briefly on some of the items included in the published report and will deal with the EAC/MAC issue in slightly greater detail.

In keeping with Mr. Pike's recommendation that a committee of the Association be created to deal with the pharmacist's professional liability insurance, the Committee believes that positive steps should be taken by the Association at this Convention and submits herewith the following resolution:

WHEREAS, litigation involving the professional practices of the providers of medical care and health services is increasing, and

WHEREAS, adequate and readily available insurance coverage for pharmacists and their supporting personnel is urgently needed, and

WHEREAS, protection of its members is a proper concern and the basis for an appropriate active role of the Association, therefore

BE IT RESOLVED, that a special committee of the Association be appointed to investigate professional liability insurance coverage for pharmacists and pharmacy personnel, and

BE IT FURTHER RESOLVED, that the proposed committee define and develop an appropriate proposal for the Association's continuing role in this important service to its members.

In view of the need for sound and up-to-date data and information on the magnitude of professional costs (expenses) and the value of pro-

fessional services in successfully challenging any inequities in third party payment programs—such, for example, as MAC *now* and NHI *in the future* — a study must now be made of the relevant data elements in the practice of pharmacy in North Carolina and, as well, the best procedure for gathering, periodically updating, storing (perhaps for machine retrieval), analyzing, and applying the data in decision-making and decision-challenging processes. The Association and its members should now support in every way possible efforts along these lines under the supervision of Dr. Jean Gagnon at the School of Pharmacy.

The Committee has endeavored to promote the Association's interest in Federal Drug Crime Legislation and this includes a recommendation by Mr. Smith that the DEA prepare a model state act similar to legislation in effect in Ohio and Louisiana. Unfortunately, no progress can be reported with respect to Federal legislation and crimes against pharmacists and pharmacies (about two a week in North Carolina) continue unabated. The Association, as the Committee, is determined, however, to continue to work for the sorely-needed relief at the state and the national levels.

The efforts of the FTC to preempt state responsibilities by promulgation of regulations affecting the advertising of professional services—considered at the November meeting—have escalated in the interim. The Committee, at the request of Dr. David R. Work, is currently giving consideration to the interactions between the N. C. Board of Pharmacy and the FTC. It is the Committee's intention to continue to oppose intrusion by Federal bureaus in matters that are properly the concern of the states, e.g., regulation of professional service advertising, the VA hometown prescription program, etc.

The Committee's concern with the issue of Federal support of schools of pharmacy through Health Manpower Legislation is elaborated in a resolution supporting continued capitation grants for schools of pharmacy that was sent to the Senate Health Subcommittee. The full text of the resolution is

Continued on Page 32

NATIONAL LEGISLATION

appended to this report. The issue remains unresolved.

In connection with the EAC/MAC issue, the Committee, on March 19th, sent the following letter to President Ford with copies to the Secretary of DHEW, the Assistant Secretary for Health, DHEW, and the North Carolina legislative delegation.

Dear President Ford:

On behalf of the North Carolina Pharmaceutical Association, we express sincere gratitude to you for your concerned reaction in your conference recently with Mr. Willard Simmons to the situation that would be engendered by implementation of the *Estimated Acquisition Cost* and other *Maximum Allowable Cost* regulations.

The EAC Drug Price List that was distributed by DHEW and scheduled to go into effect with other MAC regulations on April 27th is, in effect, a highly discriminatory medical care cost reduction that would be made at the expense of the 130,000 practicing pharmacists in the United States. The immediate effects on the large proportion of them (whose community pharmacies, with the local wholesale druggists keeping them supplied, as they serve a large segment of the country's population that would be otherwise underserved with respect to medical/health care) merely foreshadows the seriously deleterious effects of the EAC/MAC regulations on the entire drug distribution system, i.e., not only the small business wholesale and retail outlets, but also the big "chains" that operate on a very small margin in distribution of drugs.

In North Carolina, as I am sure you understand, we are preoccupied not so much with need for services of people located in inner city ghettos as we are with the needs of the very large consuming public in the rural locations typical of our State.

The evidence is clear that the effect of the EAC regulations is utterly inconsistent with the dedicated services of our nation's pharmacists who have patiently endured a subordinate placement with respect to the hierarchy of medical and health care providers and, as well, tangible rewards that are by no means commensurate with the benefits of their services—not only benefits manifest in terms

of customer convenience but, far more importantly, in terms of the quality (safety and efficacy) of the ever-increasing important drug therapy and drug usage components of the care required by patients and, as well, by persons who are not *acutely* ill but still in need of care.

Further erosion of the pharmacist's rewards for his professional services (based in substantial part at this time on the charges he can make for the medications he dispenses) will inevitably have a serious parallel impact on the pharmaceutical industry in our country and on its many major contributions toward safer and more effective drug therapy greatly benefitting the acutely ill and the even greater number of persons outside the acute care system who urgently need first rate drugs properly distributed for the management of medical problems that may once have been acute or to sustain in others a state of health that is free of acute medical problems.

To-date, the services of the practicing pharmacists and the contributions of the pharmaceutical industry—especially in view of the commendable cost-effectiveness of both—have been major factors in the containment in any degree of the overall medical care costs some of which have tended to increase at fulminating rate.

We know that you and the other concerned members of your administration will be provided by other agencies with data and information that fully validate and justify a further elaboration of the above statement of the serious issues involved in the DHEW's EAC list, in particular, and the other adverse effects of the MAC program in general—issues that are of gravest concern not only for practicing pharmacists and the pharmaceutical industry but of concern especially to our nation's sick who would be well and our nation's healthy who would stay well. Certainly we shall be most willing to comply with any request for such data or information (perhaps, especially, the data and information pertaining to the situation in North Carolina) that we now have or will acquire—in most cases, data and information we know you also have or will be provided from various sources. We have sought, however, in this communication to express our concerns as concisely as possible because we are certain that they justify the request that

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NATIONAL LEGISLATION

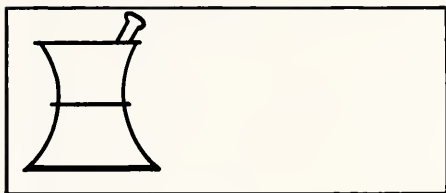
we now make as our major objective in writing to you at this time.

We earnestly plead against any changes in the Medicaid reimbursement program—in effect, against the implementation of the EAC pricing regulations and the MAC program in general—until the nature and the magnitude of their full impact on all concerned have been objectively and thoroughly researched and until legal actions now pending have been adjudicated by the courts.

Respectfully yours,

George P. Hager, Chrmn.

NCPHA Committee on National
Legislative Affairs



In a letter dated April 5th, Congressman Broyhill informed our Executive Director that the Secretary of DHEW had decided to postpone implementation of the EAC/MAC regulations for 120 days. According to *The Green Sheet* (April 5, 1976),

"A three or four month delay in deadline for use of *Estimated Acquisition Cost (EAC)* basis for drug product reimbursement by state Medicaid programs will provide time for HEW to prepare and issue a more accurate list of EAC prices. First list was way off the mark, and results from the second survey by IMS market research organization also were off beam. HEW is determined that its second EAC list will realistically reflect prices paid by pharmacists.

Additional time also will enable HEW to urge state Medicaid agencies to make interim adjustments in dispensing fees, based on increases in Consumer Price Index, sought by APhA at March 26 meeting, pending development of sound methodology for state survey of pharmacy Rx dept. costs."

The postponement is only a beginning and we must be vigilant for any eventuality in the interim. It is hoped that the suit brought against Secretary Mathews by the NARD—as well, perhaps, the AMA/PMA suit—will *at the least* help to assure development of a Medicaid reimbursement plan that will provide for a fair reward for the pharmacist and will obviate the problems related to unrealistic estimates of drug acquisition costs. *Our fondest hope*, of course, is that the developments during the postponement period will lead to the elimination of MAC in its entirety.

The two utterly unrealistic EAC lists produced to-date were universally unacceptable—unacceptable to all segments of the pharmacy profession and the pharmaceutical industry. This *unity*—realized, perhaps, for the first time—demonstrates at least two very important principles: (1) the consumer's welfare—threatened seriously by the EAC/MAC regulations—constitutes a *common cause among groups* whose many other interests are frequently conflicting and (2) a united effort by the various components of the profession and industry can be a prevailing force—and the mechanism for their united efforts is essential not only for their own interests but, even more importantly, for the welfare of the people of our nation.

This is a very appropriate note upon which to conclude a report of a very busy year. In the report of the November meeting, it is stated that "Pharmacy's *serious* lack of any basis for concerned political action is a major factor mitigating against pharmacy's best efforts in the medical care consumer's best interests." Perhaps one state—perhaps North Carolina can lead the way toward an effective unity of purpose and effort. Behind such a leader—possibly through the medium of the State Pharmaceutical Association Executives National Council—other states almost certainly will fall in line. The Committee earnestly hopes that the members of the NCPHA will willingly shoulder the challenging burdens of leadership toward a "more perfect union" in pharmacy!

Respectfully submitted,

Gerald N. Brunson

Seymour Holt

Jesse M. Pike

George P. Hager, Chrmn.

BIRTHS

Bill and Judy Goodman of Hickory announce the birth of a son, William Hardin Goodman, Jr., on June 4.

Mrs. Goodman is the former Judy Morgan, a 1972 graduate of the UNC-CH School of Pharmacy, and is a former employee of Medical Center Pharmacy, Hickory. Mr. Goodman is a graduate of UNC-Charlotte School of Architecture and is employed by Clemmer, Horton, Bush and Sills, Inc.

Mr. and Mrs. Larry W. Nichols of Taylorsville announce the birth of a daughter, Kristin Anna, on June 11. The Nichols have two sons, Scott McKenzie and Neal Reston; Larry is pharmacist manager of Peoples Drug Store, Taylorsville.

MARRIAGES

Miss Ester Ruth Williams and Karl Coleman were united in marriage on Saturday, May 22 at the First Baptist Church in Clinton. The bride is a graduate of the UNC School of Pharmacy and is a Pharmacist Intern at Eckerd's Drug Store in Durham.

Joni Lynn Ingram and Dr. William Rosser Berry were married Saturday, May 29, in St. Marks Lutheran Church in Charlotte. The bride is a graduate of the University of North Carolina School of Pharmacy and is an intern at Watts Hospital Pharmacy. They will make their home in Durham.

Miss Cindy Byrd became the bride of *Gary Dee Dunham* in a ceremony Sunday, May 30 at the Glen Hope Baptist Church in Burlington. The bride is a rising fifth year student at the University of North Carolina School of Pharmacy and is employed by the Duke Medical Center Pharmacy. The groom is a graduate of the UNC School of Pharmacy and is a pharmacist at Duke Medical Center Pharmacy. The couple will reside in Chapel Hill.

Sarah Elizabeth Kirby and *John Robert Bischoff* spoke their vows Saturday, June 5 in the First United Methodist Church of Dunn. The bride and groom are both graduates of the UNC School of Pharmacy and are employed by Dart Drugs. They will make their home in Annandale, Virginia.

DEATHS**ALFRED N. MARTIN**

Alfred N. Martin, retired pharmacist of Roanoke Rapids, died June 9 at his home. Mr. Martin was active in state Pharmacy through committee work for the N. C. Pharmaceutical Association, as director of the N. C. Pharmaceutical Research Foundation, and of North Carolina Mutual Wholesale Drug Company.

Mr. Martin was honored as North Carolina Pharmacist of the Year in 1966 by the N. C. Pharmaceutical Association.

A graduate of the School of Pharmacy of the Medical College of Virginia, he was licensed by the North Carolina Board of Pharmacy in June of 1920. He was owner of Rosemary Drug Company until his retirement in 1967.

In his city he was active in the incorporation of Rosemary and Roanoke Rapids into one city, and served as one of the first city commissioners. He served as a member of the School Board; as past-commander of the Shaw Post of the American Legion; was a charter member and past-president of the Kiwanis Club; a Vice-President of the Roanoke Rapids Savings and Loan Association; and a past Vestry member of All Saints' Episcopal Church.

He is survived by his wife, the former Margaret Elaine Hewitt, and two daughters: Mrs. Reese H. Young of Clinton, South Carolina, and Mrs. Gordon M. Goodale of Westport, Connecticut.

JOE T. RUSSELL

Joe Terrell Russell, age 56, died June 17 in a Buncombe County VA Hospital following a short illness.

A native of Canton and a graduate of the UNC School of Pharmacy, Mr. Russell had been associated with a number of Western North Carolina pharmacies during a professional career of thirty years.

He was active in the Masonic Lodge, Shrine Club, and the Asheville Drug Club/Western North Carolina Drug Club.

Survivors include his mother; the widow, Mrs. Frankie Hughes Russell; a stepson, Bobby Mack McKay of Hayzelwood; a brother, Milton Russell of Canton; and a granddaughter.

DAGENHART, GUEST SPEAKER MASONIC MEETING IN CHARLOTTE

Carl Thomas (Tommy) Dagenhart, Jr., President of the Mecklenburg County Pharmaceutical Association, was guest speaker at a recent meeting of the Masonic Fellowship Club.

Topic of Mr. Dagenhart's presentation was "Drug Abuse and Associated Problems".

Mr. Dagenhart, a graduate of the UNC School of Pharmacy (1970), was formerly associated with Eckerds. He is currently with Walker's Nalle Clinic Pharmacy, Charlotte.

The program was arranged by Bob Case of the Stanback Company.

NORTH CAROLINA RESIDENT JOINS PROJECT HOPE

Thomas M. Moore, of Fayetteville, North Carolina, has joined the Project HOPE medical education program in Natal, Brazil, where he will serve as a pharmacy educator.

Mr. Moore is a graduate of the University of North Carolina School of Pharmacy at Chapel Hill, and was recently chief pharmacist of McCain Hospital, McCain, North Carolina.

He has served with Project HOPE previously, aboard the now-retired S. S. HOPE on her missions to Jamaica in 1971 and to Natal in 1972. He will serve with the land-based program in Natal for approximately two years.

CUTTING THROUGH THE FOG

*As suggested by Senator I. E. Solberg
of North Dakota:*

"What we ought to do now, obviously, is suspend all activity until we can hold a plebiscite to select a panel that will appoint a commission authorized to hire a new team of experts to restudy the feasibility of compiling an index of all the committees that have in the past inventoried and cataloged the various studies aimed at finding out what happened to all the policies that were scrapped when new policies were decided on by somebody else. Once that's out of the way, I think we could go full steam ahead with some preliminary plans for a new study with Federal funds of why nothing can be done right now."

REPORT ENDOWMENT FUND, N. C. PHARMACEUTICAL ASSOCIATION

The Endowment Fund, which provides financial support to the N. C. Pharmaceutical Association from invested funds, showed a slight growth in 1975. At the end of the Association year, the balance of the Fund was \$37,120.64.

During the year, the Fund generated \$1,929.79 in earnings which was transferred to the Association's general account earmarked for operation of the Institute of Pharmacy and the NCPA.

Assets listed as the "plant fund" which includes land, building and improvements, furniture and equipment and automobile, with an initial cost of \$124,977.60, less accumulated depreciation of \$60,118.70, are now valued at \$64,858.90 by the Association's auditor.

Obviously, since these same assets are on the tax books at \$200,000, the real value of Association-owned property is far in excess of the \$64,000 figure.

If you have had an opportunity to visit the Institute of Pharmacy in Chapel Hill, you know the building and equipment are being maintained in top condition.

Of special interest at this time is the remodeling of the Institute's kitchen, now nearing completion. It is a project of the Women's Auxiliary of the NCPA, which provided the funds through projects such as the one now underway as a part of this convention.

The Institute auditorium, which the Auxiliary remodeled two years ago, is in constant use by pharmacy and health related organizations.

The space formerly occupied by the N. C. Board of Pharmacy is now in use by the NCPA for its financial record department and for general office use. The Board, which for years operated without sufficient space, is now housed in a nearby building that enables the Board's operation to be carried on with maximum efficiency.

When in Chapel Hill, you are invited to visit your home away from home, to confer with the staff and to personally inspect the Association's building and equipment. You will be most welcome.

B. Cade Brooks, Chairman

MEAN SALARY LEVEL OF TYPE OF PRACTICE

Type of Practice	Number Reporting	Relative Frequency (%)	Mean Annual Salary Range
Federal Hospital	7	1.8	\$16,000 - \$17,999
Other Hospital	77	19.3	\$16,000 - \$17,999
Clinic Pharmacy	22	5.5	\$12,000 - \$13,999
Traditional Pharmacy	155	38.8	\$14,000 - \$15,999
Chain Pharmacy	130	32.5	\$16,000 - \$17,999
Other	9	2.3	\$14,000 - \$15,999
Totals	400	100.0	-----

MEAN SALARY BY EMPLOYMENT STATUS

Employment Status	Number Reporting	Relative Frequency (%)	Mean Annual Salary
Manager	193	48.3	\$16,000 - \$17,999
Asst. Manager	66	16.5	\$16,000 - \$17,999
Staff R.Ph.	109	27.3	\$14,000 - \$15,999
Other	32	8.0	\$12,000 - \$13,999

**COMMUNITY PHARMACISTS' MEAN ANNUAL SALARY
BY EMPLOYMENT STATUS**

Employment Status	Number of RPH	Percentage							
		\$10,000-\$11,000	\$10,000-\$11,000	\$12,000-\$13,999	\$14,000-\$15,999	\$16,000-\$17,999	\$18,000-\$19,999	\$20,000-\$24,999	\$25,000 or more
Manager	61	3.3	4.9	13.1	31.1	16.4	6.6	18.0	6.6
Assistant Manager	28	0.0	3.6	17.9	35.7	17.9	21.4	3.6	0.0
Staff RPH	50	20.0	6.0	14.0	22.0	32.0	2.0	4.0	0.0
Other	16	31.3	6.3	18.8	0.0	18.8	6.3	6.3	12.5

**HOSPITAL PHARMACISTS' MEAN ANNUAL SALARY
BY EMPLOYMENT STATUS**

Employment Status	Number of RPH	Percentage							
		\$10,000-\$11,000	\$10,000-\$11,000	\$12,000-\$13,999	\$14,000-\$15,999	\$16,000-\$17,999	\$18,000-\$19,999	\$20,000-\$24,999	\$25,000 or more
Chief Pharmacist	38	2.6	5.3	5.3	7.9	34.2	15.8	11.7	5.3
Asst. Chief Pharmacist	12	8.3	0.0	8.3	16.7	33.3	25.0	8.3	0.0
Staff RPH	24	20.8	4.2	12.5	37.5	16.7	8.3	0.0	0.0
Other	3	33.3	33.3	0.0	0.0	33.3	0.0	0.0	0.0

BURROUGHS WELLCOME CO. SUPPORTS PREDOCTORAL STUDY AT UNC SCHOOL OF PHARMACY

A contribution from Burroughs Wellcome Co. to the North Carolina Pharmaceutical Research Foundation was presented by the company representatives, Mrs. Iris B. Evans and Mr. Clealand F. Baker. The contribution was received by Mr. W. J. Smith, Executive Director of the N. C. Pharmaceutical Association and Dr. George P. Hager, Secretary of the Foundation.

The contribution will help to support the predoctoral training program at the School of Pharmacy, UNC-Chapel Hill, in the fields of medicinal chemistry and biopharmaceutics. The students who benefit from these programs and from the Burroughs Wellcome Co. contribution are conducting research and undergoing research training in the pharmaceutical sciences as a major part of the requirements for advanced degrees, M.S. and Ph.D.

The objectives of the work performed by the students under the supervision of members of the faculty of the School of Pharmacy include development of new substances for use as therapeutics agents, the relationships between the chemical and physical nature of the drug and their actions on the body and on disease processes, and determination of the requirements of individual patients for specific drugs as well as the methods through which this knowledge is obtained. The ultimate goal of the research now being conducted by the students and the future research for which they are being trained is drug therapy with greatest benefit and maximum safety as diseases are treated in accordance with each individual patient's need.



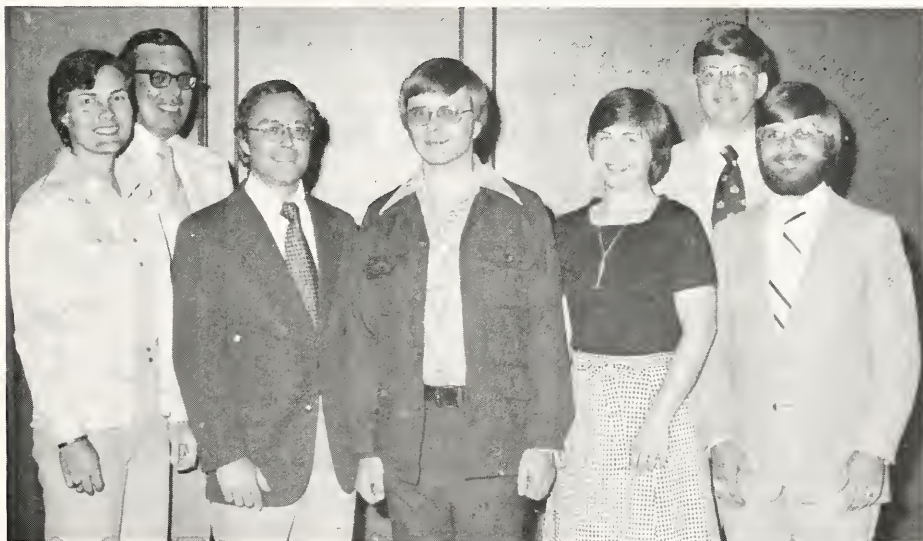
Left to right—George P. Hager of the North Carolina Pharmaceutical Research Foundation; Mrs. Iris B. Evans and Clealand F. Baker of Burroughs Wellcome Company; and W. J. Smith of the North Carolina Pharmaceutical Association.



Having been named "Pharmacist of the Year" by members of the Wake County Pharmaceutical Association, W. J. Smith (right) presents plaque to Joe Edwards.



President Roger Crane (left) presents plaque to Joe Edwards in recognition of services to the Wake County Pharmaceutical Association, 1975-76.



The recently installed officers of the Wake County Pharmaceutical Association are shown above. President Roger Crane (4th from left) and the immediate past president, Joe Edwards (extreme right) are pictured with Joe Rowe, president-elect; Elaine Watson, vice-president; Ginger Lockamy, secretary, John Brown, treasurer; and Jim Thompson, member of the executive board. Photo by Colorcraft.



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1980

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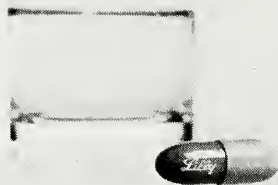
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B. Cade Brooks of Fayetteville (right), North Carolina Pharmacist of the Year, is shown with Mrs. Brooks and L. Milton Whaley, immediate past president of the North Carolina Pharmaceutical Association. The Mortar & Pestle Plaque was presented by Mr. Whaley to Mr. Brooks at a dinner in Fayetteville attended by more than 200 pharmacists and guests. Details page 23. Photo by Colorcraft.



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THE CAROLINA JOURNAL of PHARMACY

AUGUST 1976

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MILTON WHALEY JOINS N. C. MUTUAL AS ASSISTANT MANAGER

Effective August 16, L. Milton Whaley of Wallace will join North Carolina Mutual Wholesale Drug Company as Assistant Manager.

Mr. Whaley, the immediate past president of the NCPHA, has sold the Wallace Drug Company, a highly successful pharmacy, to John D. Wood of Burlington who assumed management of the pharmacy on August 1.

The sales growth of N. C. Mutual in recent years has necessitated the addition of personnel with particular expertise in the needs and opportunities for community pharmacy service. N. C. Mutual has more than 100 employees reflecting the current \$30 million plus annual sales.

The Whaleys are moving to the Durham area in August. All N. C. Mutual officer/management personnel, including Ralph P. Rogers, Jr., the general manager, continue at their posts.



MILTON WHALEY

DRUG STORE COMPLETELY DESTROYED BY FIRE

A July 1 fire, believed to have been caused by lightning following a violent electrical storm, completely destroyed Brewer Drug Company, Pink Hill.

An effort was underway on July 2 to reestablish the pharmacy in temporary quarters.

This is the second tragedy to be experienced by the William E. (Marsha Hood) Brewer family of Pink Hill in sixty days. Their 19-year-old son, John Hood Brewer, died on May 1 following an auto accident.

RESOLUTION SUPPORTS PAID RXs

At a recent meeting of the Buncombe County Pharmaceutical Society in Asheville, a resolution in support of Paid Prescriptions' administration of the North Carolina Medicaid Pharmacy Program was adopted.

A copy of the 2-page resolution will be mailed on request. Address your request to the NCPHA, Box 151, Chapel Hill, N. C. 27514.

GRAHAM DRUG CLOSES

One of the oldest pharmacies in Graham—Graham Drug Store—was closed on June 30 by the owner, Mrs. Margaret Dillehay.

The prescriptions on file and some of the merchandise has been transferred to South Court Drug, owned by Mrs. Dillehay and K. B. Jenks.

At one time, Graham Drug Store was owned and operated by A. K. Hardee (son now owns a pharmacy in Charlotte).

OCEAN SCENE

Two Greensboro men are manufacturing and distributing a product which simulates the sight of a rolling sea—a miniature ocean comprised of water, alcohol and SR7OT oil colored and encased in a clear plastic container.

The inventors are Pharmacist Wayne Smith, owner of Merritt Drive Drug Store, and Paul Lambe, a former furniture manufacturer who is now involved in developing other objects.

MEDICAID PRESCRIPTION UPDATE

BACKGROUND:

June 18: North Carolina Advisory Budget Commission awards contract to E.D.S. Federal Corporation. Later, contract is signed by state officials and taken to HEW, Atlanta. HEW signs contract with stipulation contract must meet (1) General Statutes of North Carolina and (2) protest filed by Paid Prescriptions must be resolved.

July 23: North Carolina Advisory Budget Commission discussed contract for more than an hour. Decision: Governor Holshouser "to ask the Attorney General's Office to quickly review the laws to determine whether the Advisory Budget Commission was required to approve the final contract document."

August 2: A special meeting of the North Carolina Advisory Budget Commission was held specifically to consider the Medicaid Prescription Contract. The State's Attorney General ruled that the contract awarded by the State to E.D.S. Federal was a valid contract . . . effective beginning August 1 and thereafter. Further information is expected from E.D.S. Federal Corporation, week of August 2.

COMMUNICATIONS:

July 7: North Carolina Division of Social Services mailed bulletin to pharmacy providers stating all claims for dates of services beginning August 1 should be mailed to E.D.S. Federal Corporation, P. O. Box 30014, Raleigh, NC 27612.

July 9: North Carolina Division of Social Services mailed letter to all county directors of Social Services stating the contract had been awarded to E.D.S. Federal with supplementary information.

July 19: Letter mailed to pharmacy providers by Daniel J. Graham, Project Director, E.D.S. Federal Corporation. (Copy on request)

CURRENT STATUS:

(1) All Medicaid Rx claims originating prior to August 1, 1976 should be sent to Paid Prescriptions, Raleigh. PAID will be operational 60 days to process claims originating prior to August 1, 1976. We suggest immediate attention to clearing your Medicaid Rx records so that PAID will be able to discharge its contract responsibilities.

(2) You will receive communication from E.D.S. Federal Corporation regarding Medicaid Rx Service, August 1 and thereafter.

EFFECTIVE AUGUST 1, W. H. (BILL) WILSON OF RALEIGH BECAME ASSOCIATED WITH E.D.S. FEDERAL CORPORATION AS A PHARMACY CONSULTANT. A PAST-PRESIDENT OF THE NCPH, MR. WILSON IS FAMILIAR WITH THE MEDICAID RX PROGRAM, CURRENTLY SERVING AS A MEMBER OF ONE OF PAID'S REGIONAL PEER REVIEW COMMITTEES. HIS INITIAL INPUT WILL BE TO FACILITATE EFFECTIVE TRANSITION OF THE PROGRAM FROM PAID TO EDS.

NO OBJECTION

INFALLIBLE

North Carolina is a unique state with a particular expertise for problem solving.

For instance, one of our more aggressive public-service motivated citizens who, alerted to the demise of a roads commissioner, wrote the Governor of North Carolina that he was available to replace the deceased party.

Back wrote the Governor: If agreeable with your undertaker, I have no objection.

We all know top management decision is infallible. Note this: Management determined that a number of its employees could not read or write, hence decision to set up a remedial course in reading and writing.

To get the course underway, management posted this notice:

ALL EMPLOYEES WHO CANNOT READ OR WRITE, SIGN HERE

THE WINDS OF CHANGE IN THE HEALTH CARE INDUSTRY

by

W. Seymour Holt, Vice President and General Manager
Dista Products Company

(Note: This is one area of concern discussed by Mr. Holt under title listed above; other parts of the paper will appear later)

The Federal government's first attempt in recent years to regulate the cost of pharmaceuticals is the program you know as MAC, or Maximum Allowable Cost. It is one of the most controversial concepts ever encountered in pharmacy. HEW Secretary Wienberger received over 3000 comments, 90% in opposition to the measure, yet he signed the final regulations—virtually unchanged—just ten days before leaving office. In other words, don't bother me with the facts—my mind is already made up.

The HEW objective of saving the taxpayers' money is sound. Unfortunately, the MAC planners confused prescription drug *prices* with prescription drug *consumption*. We all know that the total costs of government programs like Medicaid depend on *two* factors—prices paid per unit and the total number of units consumed. When the MAC planners saw total expenditures under Medicaid almost double from 1970 to 1974, they seem to have concluded that drug prices were the culprit and that price controls were the solution. But, what they didn't stop to think about—and this has been shown in recent studies—is that drug *utilization* increases after the introduction of third party coverage, because an increasing number of patients are receiving prescriptions and physicians tend to give patients more prescription orders at a time. MAC planners should have noticed that, under Medicaid, the number of eligible persons alone increased almost forty per cent from 1970 to 1974. During that same period, prices for drugs offered under Medicaid programs increased only 2.6%.

One of the assumptions upon which MAC is based is clearly an affront to pharmacists—that all MAC-listed drugs will be equally safe and effective. You know differently and the MAC planners should too. For example, between October, 1973, and June, 1975, the FDA published recall notices for almost 300 prescription drug products. About 60 of these were reported to be subpotent or superpotent. Some 26 were said to be contaminated. Penicil-



SEYMOUR HOLT

lin and methyltestosterone were two of the contaminants. About 14 drug products apparently were not uniform in content within the lots examined. One or more batches were cited in most of the recall notices, and several of the products were being sold under the labels of a number of distributors.

One of the major reasons for such problems is the double standard used today to regulate the marketing of drug products. Under one set of rules, the NDA process, the innovator of a drug must submit evidence of the safety and effectiveness of his product as established by toxicological, pharmacological, and clinical studies. Then he must document how he will manufacture and test the product to provide assurance that it will perform like the one clinically tested.

In sharp contrast, the other set of rules—the abbreviated NDA process—requires only brief statements on methods, facilities, and controls, and a pledge to conform to FDA's Good Manufacturing Practices guidelines. No proof of safety or efficacy is required.

Yet, even the government must have realized the inadequacies of this double standard, because the FDA recently proposed that the Good Manufacturing Practices guidelines be revised to make them far more stringent on manufacturers. However, it is unlikely that such changes will improve the quality of products on pharmacy shelves for several years yet.

The other part of the MAC regulations—the so-called EAC or Estimated Actual Cost provision—is designed to produce savings that can come from only one place: the present profit margin of a pharmacy. According to *The Wall Street Journal*, MAC planners are telling security analysts that savings of 23 to 38 million dollars a year will come out of pharmacy sales. No wonder there is so much opposition by pharmacists.

Profits from community pharmacy operations have been declining steadily for at least ten years. The LILLY DIGEST tells us that 60% of the stores are operating at a 5% or less return on sales, and that one-third of the stores actually are generating less than 2% profit. Since the regulations will also make it more difficult to improve efficiency and offset lower profit margins, the trend in store closings could accelerate.

Practically speaking, any saving here must come from reduced cash payments to pharmacies by state Medicaid administrations. Pharmacies certainly will have no way to lower their costs of either products or operations as a result of the new regulation alone. It is interesting to note that the first list of EAC prices published indicated that, on the top 25 or so products, the EAC price was 15.5% below the average wholesale price.

Another price-control plan which the government has waiting in the wings is one known as the Central Procurement Plan. While California is the major supporter of the plan—there it is known as the Volume Purchase Plan—other states have shown an interest in it. The plan provides for the government to purchase high volume products directly from manufacturers on a competitive bid basis. The government would then award contracts to the successful bidders and give them instructions to ship specified quantities to participating wholesalers, then to bill the government. Wholesalers, upon receipt of orders from the government, would ship specified quantities to community pharmacies

and bill the state for the cost of warehousing and distribution. Their fee for this service would be set by the government. Community pharmacies would then dispense the products to patients and bill the government for a dispensing fee—established by the government.

In California, proponents for the plan predict savings between 5 and 15 million dollars a year. However, the error in their reasoning comes from comparing the cost of products at the manufacturer level (under the proposed plan) to the cost of products at the community pharmacy level under the current system. When the cost of wholesaler services and a proposed service fee for the pharmacy are added in, the predicted savings disappear. This is somewhat like the shell game you see at carnivals. The pea is under one of the shells, but just try to find it! In this plan, the cost of distribution is there, but the administrators hope nobody will notice.

All this reminds me of what someone once called the three most common lies in use today:

1. I was just getting ready to call you,
2. I mailed my check yesterday, and
3. I'm from the government—I'm here to help you.



YOU MAY HAVE EXACTLY WHAT THE ANTIQUE BOTTLE COLLECTOR SEEKS

Before clearing your inventory of unsold patient medicines of yesteryear, keep in mind that the bottles, particularly bottles with imprints and odd shape, have value equal to or superior to the retail price.

One pharmacist reported that a customer cleared his shelves of certain long-unsold items. It was the container, not the contents, the customer wanted.

Later, the containers will show up at an antique show at markups never anticipated by the pharmacist.

So, you may have a gold mine around and not know it.

You can't beat cheap labor.

Introducing Datarex[®], a remarkable new inventory management system specifically designed to get you out of the day-to-day problems of inventory control.

It not only does a lot of your work cheaper than you can do it yourself, it probably does it better.

Take price stickers. You may be losing 2% or more of your bottom-line profits now because your stickers are out of date. Datarex[®] keeps you up to the minute—automatically.

You're probably losing 15% of your possible sales because of outs.

Datarex[®] shelf labels and the Datarex[®] in-store computer put an end to outs—again, automatically. (The computer, by the way, can transmit most orders in less than a minute.)

You probably don't have time right now to analyze your profits item-by-item. Datarex[®] management reports can give you an in-depth analysis of volume and profits for every department every month. And every quarter you get all the same information *for every item you sell.*

And talk about cheap labor: a Datarex[®] system can cost as little as \$50 a month. And it will be completely tailored to your exact specifications, so you won't have to pay a penny for any service you don't need. What's more, it can be operated by anybody you have working for you. There's no need for expensive skilled labor.

And keep this in mind, Datarex[®] has the ability to drastically reduce lost sales, thus maximizing your return on your investment.

How can we do it at this price? We figure we've got to. We're a full-service wholesaler and we want all your business. *All of it.* We can't afford to charge you too much for a single item of service.

So call your Gilpin wholesaler today. Just tell him you want out of inventory and into management, where you belong. Tell him you want to know more about Datarex[®].

You can't beat the system: The Datarex[®] System from Gilpin.



THE HENRY B. GILPIN COMPANY

901 Southern Avenue
Washington, D.C. 20032
Phone (301) 630-4500

Attention Harrison L. Leach
Vice President Retailer Services
I want to know more about the system. Send me your free Datarex[®] booklet.

Name _____
Firm _____
Address _____
City _____ State _____ Zip _____



TAR HEEL DIGEST

CHAPEL HILL

Dr. Jack K. Wier has been elected chairman of the Chapel Hill-Carrboro Chapter, American Red Cross, for the 1976-77 term. Dr. Wier is an associate professor at the UNC-CH School of Pharmacy.

WINSTON-SALEM

Eugene Braddy, pharmacist manager of the Medicine Shoppe, said that over 134 people availed themselves of the free blood pressure screening offered by the Medicine Shoppe on June 25.

JACKSON

August 1 has been set as the opening date of the medical complex now nearing completion. Pharmacist Bill Futrell, a 1973 graduate of the UNC-CH School of Pharmacy, has leased space for a pharmacy in the complex from Citizens Health Assistance Program (CHAP) Inc., a non-profit corporation formed by county residents.

ASHEVILLE

Edward D. Frenier, formerly associated with North Carolina Memorial Hospital in Chapel Hill, has joined St. Joseph's Hospital staff as director of pharmacy. He is a native of Florida.

ROCKY MOUNT

William D. Vick III, a graduate of the UNC School of Pharmacy, has joined the staff of Nash General Hospital. In addition to his duties as staff pharmacist, Vick will be working as coordinator of Nash General's I.V. Therapy Department.

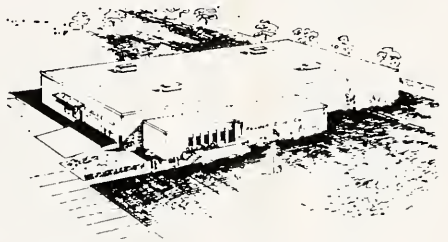
DRUG STORE SEARCHED FOR CANCER "CURE" DRUGS

In early July, state and federal food and drug authorities searched Cove Pharmacy, Walnut Cove, for what they said might be "dangerous drugs" being sold illegally as a cure for cancer.

A warrant issued by Judge John D. McConnell stated that the pharmacist, Steven V. Harrison, was "unlawfully and wilfully carrying, storing, manufacturing, possessing, prescribing, selling and dispensing" certain prohibited drugs represented as being a cure for cancer.

The warrant listed Laetrille, Amygdalin, Vitamin B17 and B15, and described them as "dangerous."

Harrison is state chairman of the Committee for Freedom of Choice in Cancer Therapy.



GOING PLACES!

*Every modern ingredient
for rendering prompt,
dependable service to the druggists
of Western Carolina*



**KENDALL
DRUG COMPANY**

SHELBY, N. C.

C. RUSH HAMRICK, JR.
President

GORDON G. HAMRICK
Vice President

NO TOOLS NEEDED.

Empirin® Compound 250's
still have easy-open, easy-close, fiddle-free caps



Good sales sense

No need to create cap-opening difficulties for people who can't cope with child-resistant closures. The elderly and the handicapped. Households without children. (To accommodate these users, each manufacturer of aspirin-containing analgesics is permitted by law to make one size available without a safety closure.)

The Empirin Compound 250 tablet bottle is the right choice for them. Easy to open. Easy to close. Easy to take.

Good profit sense, too

Every Empirin Compound "250" you sell can bring you a profit of up to \$1.10.* Yet one facing uses only 4 1/2 inches—scarcely more than most analgesic 100's do.

Make the most of every analgesic inch on your shelves. Make it with Empirin Compound 250's.

*Based on suggested list prices.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

PHARMACY PROFILE SYSTEM SUCCESS OPERATION AT PIKE'S

The Profile Pharmacy System currently operational in Pike's Drug Stores in Concord and nearby towns is attracting nation-wide attention.

Pharmacists from states other than North Carolina have visited Pike's for a close-up view of the System as it functions on a prescription by prescription basis.

PROFILE, a computerized system designed by Health Application Systems, Inc., provides automated patient profiles, drug interaction warnings, automatic pricing, allergy warnings, label warnings and third-party billings.

Jesse Pike, Sr. and his son, Jesse, Jr., are enthusiastic over the time-saving and dollar-saving aspects of the Profile Pharmacy System. One result: a 12-time annual turnover rate in Pike's prescription inventory.

Jesse, Jr. points out "Profile" is a superior pharmacy record keeping system, maintaining a daily record of each prescription, new and refill, with complete drug accountability.

Particularly impressive is the automatic label typing (with drug warnings where indicated) and the ease with which the System prepares monthly third party billings.

The System has numerous features which to properly appreciate, necessitates an on-the-spot look at the System in operation.

The Pikes are too busy feeding prescriptions into the System and dispensing medication to devote unlimited time to those who have only a casual interest; however, if interested in updating your present Rx record system along with a willingness to make a significant initial investment, then a call to Jesse, Jr. (Jesse, Sr. says Jesse, Jr. is the computer expert of the family) could result in a personal demonstration of what is in store for the progressive pharmacy of the future.

FLORIDA AWARDS 3-YEAR CONTRACT TO PAID PRESCRIPTIONS

Florida continues with PAID Prescriptions by awarding a three-year contract that will approach \$100,000,000. PAID has been handling Florida's Medicaid Drug Program since 1974.

Over the current contract period PAID's Florida office has paid over 7 million claims totalling over \$37,000,000, according to Bill Duwe, vice president of Finance. In addition to the basic claims processing, this three-year contract will continue to provide the State with a number of professional services. While Health Application Systems who subcontracts with PAID handles the data processing portion of the program, PAID's professional staff conducts peer review, drug utilization review, and now P.D.I.S. (Professional Drug Information Service). PDIS, a newly developed program which provides physicians and pharmacists objective drug information, has already gained praise from State officials as a means of controlling costs while ensuring high quality care for the Medicaid patient.

PAID Prescriptions is a non-profit corporation specializing in the administration of third-party pharmaceutical benefits and currently has a network of over 33,000 participating pharmacies nationwide.

COLLEGES/BOARDS MEET AT WRIGHTSVILLE BEACH

The Bicentennial Meeting of District III of the American Association of Colleges of Pharmacy and the National Association of Boards of Pharmacy was held at the Blockade Runner Motor Hotel, Wrightsville Beach, August 8-10.

Program participants from North Carolina included LeRoy D. Werley, Jr., Harold V. Day, Jesse M. Pike, Sr., George P. Hager, David D. Claytor, H. C. McAllister and Claude U. Paloni.

OFFICERS INSTALLED IN GOLDSBORO

New officers of the Wayne County Pharmaceutical Society are Robert W. Edwards, Jr., president; Larry Coor, vice president; and Tommy Gibson, secretary-treasurer.

Guest speaker at the July meeting of the local pharmaceutical organization, held in Goldsboro, was Jerry Edwards, director of the Wayne County Mental Health Center.

The immediate past president is Hugh Clark, now director of pharmacy service at Cherry Hospital.



BLAUG MEMORIAL FUND—Jack Watts, Secretary-Treasurer of the Alamance Pharmaceutical Society, presents a check to Mrs. Seymour Blaug, wife of the late Dean Seymour M. Blaug of the UNC School of Pharmacy, for the Blaug Memorial Fund. The Fund is used for scholarships awarded to undergraduate Pharmacy students. Looking on at right is Acting Dean LeRoy D. Werley, Jr.

No default insurance

Tofranil-PM®
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



1 h.s.

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM® may markedly reduce the probability of missed doses.

After therapy is initiated with the 75-mg. capsule, the 150-mg. capsule is the dose level at which optimum response is usually obtained.

Please review the prescribing information summarized on the back of this page.

*Ayd, F.J., Jr. (Ed.): Int. Drug Ther. Newslett. 7(9/10):35-50 (Nov./Dec.) 1972.

Tofranil-PM®
brand of imipramine pamoate

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil-PM, brand of imipramine pamoate, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: Usage in Pregnancy: Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.

Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hypert thyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as operating an automobile or machinery, the patient should be cautioned accordingly.

Usage in Children: Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Precautions: It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the ill-

ness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil-PM, brand of imipramine pamoate, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil-PM, brand of imipramine pamoate, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine should be discontinued for as long as the clinical situation will allow. An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonian agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported. Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (gen-

eral or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: In adult outpatients, therapy should be initiated on a once-a-day basis with 75 mg./day. This may be increased to 150 mg./day which is the dose level which usually obtains optimum response. If necessary, dosage may be increased to 200 mg./day. Dosage should be modified as necessary by clinical response and any evidence of intolerance. Daily dosage may be given at bedtime, or in some patients in divided daily doses. Hospitalized patients should be started on a once-a-day basis with 100-150 mg./day and may be increased to 200 mg./day. Dosage should be increased to 250-300 mg./day if there is no response after two weeks.

Following remission, maintenance medication may be required for a longer period of time at the lowest dose that will maintain remission. The usual adult maintenance dosage is 75-150 mg./day on a once-a-day basis, preferably at bedtime.

In adolescent and geriatric patients, capsules of Tofranil-PM, brand of imipramine pamoate, may be used when total daily dosage is established at 75 mg. or higher. It is generally unnecessary to exceed 100 mg./day in these patients. This dosage may be given once a day at bedtime or, if needed, in divided daily doses.

How Supplied: Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.) (B) 98-146-840-A(9/75) 667120

For complete details, including dosage and administration, please refer to the full prescribing information.

DEDICATION OF BLAUG & PIKE TABLETS SET FOR AUGUST 15

Memorial brass tablets will be unveiled Sunday, August 15, at 4 p.m. in tribute to the late Seymour Blaug of Chapel Hill, and Joseph W. Pike, Jr. of Concord.

The ceremonies scheduled for the Institute of Pharmacy, Chapel Hill, are open to interested friends as well as families and members of the sponsoring group, the North Carolina Pharmaceutical Association.

Seymour Blaug was dean of the School of Pharmacy of the University of North Carolina, coming there from Iowa. His contributions to the School through advance planning and special projects and services, were many and varied even though his untimely death last November cut short his term as dean. The Blaug family continues to reside in Chapel Hill.

Joseph W. Pike, Sr. operated the Pearl Drug Company in Concord from 1919 until it was sold by the family in recent years. In addition to furnishing outstanding pharmaceutical care to the Concord area, he established a "pharmacy family", for three of his four children became pharmacists. The eldest pharmacist son, Joseph, Jr. has two pharmacists among his children; another son, Jesse, has a pharmacist son; a daughter, Nancy, a pharmacist married to a pharmacist, is the mother of

two pharmacists; a daughter, "Billie", a nurse, is married to a pharmacy professor and is the mother of a pharmacist.

Thomas R. Burgiss, Sparta, president of the NCPHA, will preside at the dedication ceremonies. The memorial to Dean Blaug will be given by LeRoy R. Werley, Jr., Chapel Hill, acting dean of the UNC School of Pharmacy, and the tribute to Mr. Pike by W. Whitaker Moose, Mt. Pleasant, past-president of the NCPHA and close friend of the Pike family.

The prayer of dedication will be brought by Eugene W. Hackney, Lumberton, NCPHA president-elect.

The memorial plaques will be formally accepted by B. Cade Brooks, Chairman of the Institute of Pharmacy. Following the dedication, the tablets will be mounted on the walls of the auditorium in the building.

Since the dedication coincides with the 25th anniversary of the Institute of Pharmacy, L. Milton Whaley of Wallace, immediate past-president of the NCPHA, will discuss a brief history of the Institute, describing its uses, the means by which it was constructed, and other data.

A reception honoring the Blaug and Pike families will conclude the program.

ACADEMY OF PHARMACY TO MEET AT GOVERNOR'S INN

The North Carolina Academy of Pharmacy will hold its annual meeting at the Governor's Inn, Research Triangle Park, Sunday, August 15, with Thomas R. Burgiss, Sparta, president of the North Carolina Pharmaceutical Association, presiding.

The dinner invocation will be brought by J. Marshall Sasser, Smithfield. Guest speaker for the occasion will be Charles H. Singler, an executive of Burroughs Wellcome Company, who will be introduced by William H. Wilson of Raleigh. Mr. Singler's subject will be "The Challenge Facing Pharmacy Today."

B. Cade Brooks, Fayetteville, Chairman of the NCPHA's Board of Consultants, will review activities of the Academy for the past year, and will induct new members.

The Academy, now in its 21st year, is composed of pharmacists who through outstanding community, professional, and religious work have earned membership. This is not an honorary organization, but a working group and the stringent requirements must be scrupulously met in order for full membership to be attained.

Those to be inducted into the Academy at the August 15 meeting include Dewayne Franzen of Greensboro, Mrs. Mary Ann Fulton Kirkpatrick of Bon Air, Virginia, and Willie B. Webster, Jr. of Fairmont.

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104 winners for 1976

Two pharmacists from each state, including D.C. and Puerto Rico, will have individual grants of \$500 each, presented in their names to the pharmacy colleges of their choice. The grants establish permanent revolving student loan funds to help deserving pharmacy students complete their studies. B.W. Co. is pleased to contribute in this way to the continuation of pharmacy's high educational standards.



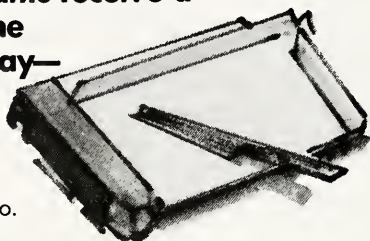
Drawings for winners to be held at the N.A.R.D. Convention

Convention dates: September 20-24, 1976
Location: San Francisco, California
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All winners will have their awards publicized in their communities. And all winners receive plaques in commemoration of the grants.

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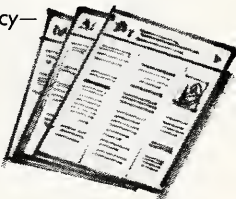
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• *Wellcome Trends in Pharmacy*—a news periodical for practicing and student pharmacists



• The Burroughs Memorial Fellowship and The Wellcome Memorial Fellowship, granted for field work in pharmacy

• Summer employment for undergraduate pharmacy students at our production facilities in Greenville, North Carolina



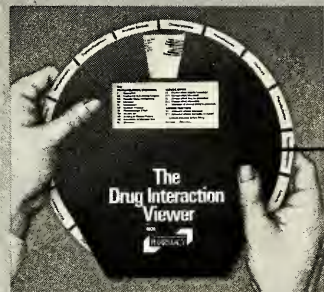
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North Carolina 27709

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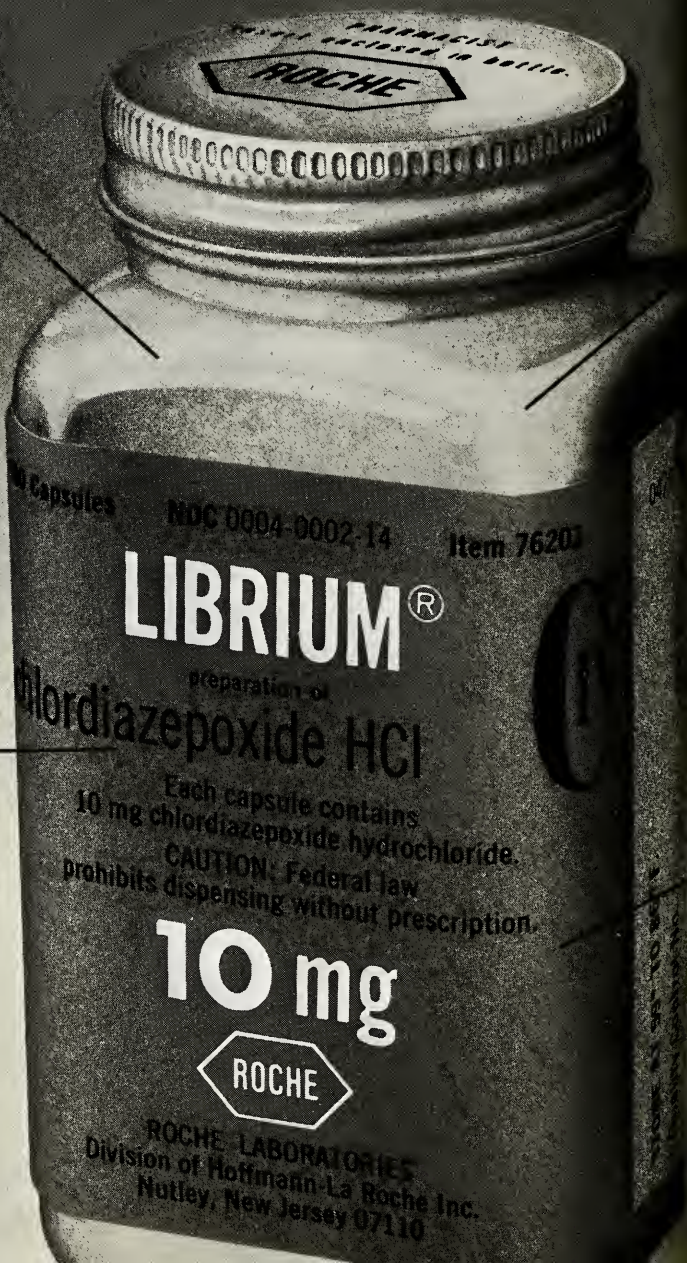
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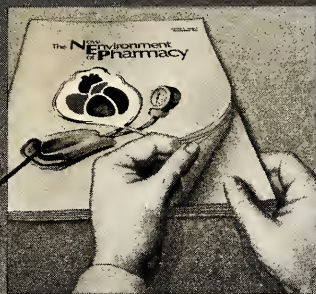


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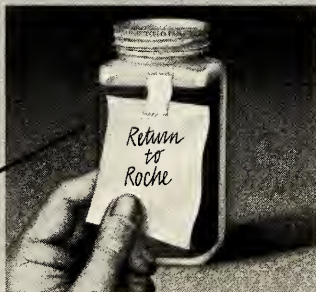


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Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; David R. Work, Secy.-Treas., Box 471, Chapel Hill, N. C.

NEW PHARMACIES

- (1) Medical Center Pharmacy, Parker Road, Morganton, N. C. 28655. Bruce Cannon, pharmacist manager.
- (2) P.S.A Biltmore Pharmacy, 10 Lodge Street, Asheville, N. C. 28803. Gary M. Stamey, pharmacist manager.
- (3) Cleveland Clinic Pharmacy, Main Street, Cleveland, N. C. 27013. Delma A. Thompson, pharmacist manager.
- (4) Sunset Drugs, Sunset Plaza Shopping Center, Monroe, N. C. 28110. G. Michael Medlin, pharmacist manager.
- (5) Futrell Pharmacy Services, Jackson, N. C. 27845. William R. Futrell, Jr., pharmacist manager.
- (6) Beulaville Drug Company, 203 N. Jackson Street, Beulaville, N. C. 28518. Paul Allen Morton, pharmacist manager.
- (7) Denver Pharmacy, Highway 16, Denver, N. C. 28037. Jerry L. Ferrell, pharmacist manager.
- (8) Pill Box, 1534 East Blvd., Charlotte, N. C. 28203. Hugh G. Hallam, Jr., pharmacist manager.
- (9) Revco Discount Drug Center, U. S. 70 West, Bi-Lo Shopping Center, Black Mountain, N. C. 28711. Fred Connelly, pharmacist manager.

TRANSFER OF OWNERSHIP

- (1) City Drug Company, 116 North Main Street, Farmville, N. C. 27828. William P. Deans, pharmacist manager.
- (2) Butler & Carroll Drug Company, Inc., 129 East Broad Street, Dunn, N. C. 28334. Herman Medlin, pharmacist manager.
- (3) Legion Drug Store, 301 Main Street, Laurinburg, N. C. 28352. Duncan M. Watson, Jr., pharmacist manager.
- (4) Tyrrell Drug Company, Main Street, Columbia, N. C. 27985. Rick W. Evans, pharmacist manager.

RECIPROCITY

Mary Ann Terry Edwards from Virginia
William Henry McLaughlin, Jr. from Washington, D. C.
John Randall Martin from Virginia
Jack Morton Nebrat from Texas
Robert Leo Smith from Nebraska

SUIT ASKS \$5 MILLION

Five UNC-CH doctors, Parke, Davis & Company and Eckerd Drugs of Chapel Hill have been named in a \$5 million damage suit alleging that a birth control pill, Norlestrin, led to a liver condition that caused the death of a former UNC-CH student.

The suit alleges that one doctor at the Student Health Facility administered Diethylstilbesterol and the others prescribed Norlestrin, and that each of the five was negligent about advising the student of possible reactions.

In answer to the suit (Greensboro, July 19), the doctors said the student received counseling and was told no oral contraceptive can be guaranteed absolutely safe or effective. The doctors said the student was questioned for any possible side-effects after using the medication for one year and denied having any symptoms.

\$800,000 SUIT

A Morganton physician and two drug companies (SmithKline Corporation and American Home Products) have been named defendants in an \$800,000 suit filed in the death of a Burke County school teacher almost three years ago.

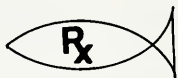
The husband of the school teacher alleges the drug companies failed to warn the medical profession adequately of Compazine's hazards and that the drug was "likely to produce toxic reaction" and had done so in a substantial number of cases.

Phenergan (Wyeth) is also mentioned in the suit.

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WHOLESALE DRUG

DIVISION OF SMITH DRUG COMPANY

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CADE BROOKS—PHARMACIST OF THE YEAR

B. Cade Brooks, Fayetteville pharmacist, named Pharmacist of the Year by the N. C. Pharmaceutical Association, was presented the Mortar and Pestle Award at a dinner held at the Bordeaux Convention Center, Fayetteville, on June 25.

More than two hundred pharmacists, their wives, employee and family members and guests attended the award ceremony.

Program participants included The Reverend P. McKeithan; the Honorable Beth Finch, Mayor of the City of Fayetteville; Fayetteville physician Duncan S. Owen and Senator John T. Henley of Hope Mills.

Thomas R. Burgiss, NCPHA President, presided at the dinner meeting, and L. Milton Whaley presented the award.

The designation "Pharmacist of the Year" is one of the most coveted honors the North Carolina Pharmaceutical Association has to offer since it involves distinguished service in the fields of Pharmacy, Public Health and Welfare, facets of Mr. Brook's career which were recognized by the speakers.

Immediately following the program, dinner guests were entertained at an open house at the Brooks' residence, 1131 Offshore Drive, Fayetteville.

Unique decorations for the dinner were fashioned by Mrs. James L. Creech. Each dinner guest received an antique Cheracol bottle with cork stopper along with candy and other favors.

OUTSTANDING RECORD

Mr. Brooks has served as president of the North Carolina Pharmaceutical Association, and of the North Carolina Association of Professions. He is a director of the N. C. Mutual Wholesale Drug Company, and of the N. C. Pharmaceutical Research Foundation.

Local areas of service include directorship of Fayetteville Academy, Member of the Retail Board of the Chamber of Commerce, Treasurer of the United Fund Better Health Foundation, and former director and treasurer of the Cumberland County Better Health Foundation.

Mr. Brooks is a past-president and former secretary-treasurer of the Cape Fear Pharmaceutical Society, and of the Cumberland County Drug Club. He is chairman of the N. C.



North Carolina's Pharmacist of the Year, B. Cade Brooks (right) is shown with L. Milton Whaley and Mortar & Pestle plaque presented to Mr. Brooks at recent Fayetteville dinner. Photo by Colorcraft.

Institute of Pharmacy and Endowment Fund Committees, and of the NCPHA Board of Consultants.

Memberships include the North Carolina Academy of Pharmacy, North Carolina Pharmacy Council, American Pharmaceutical Association, and National Association of Retail Druggists.

His church is Snyder Memorial Baptist of Fayetteville.

He is married to the former Bernice Pierce of Burgaw. Children are Emma Louise (Brooks) Weeks and Mary Leigh (Brooks) Macauley of California; Baylus Cade, Phillip Wayne, and Gregory Pierce Brooks of the home.

Mr. Brooks is a graduate of the University of North Carolina School of Pharmacy, Chapel Hill. His military service was in the U. S. Navy.

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DISASTERS

Walgreen Drug Store, Swansboro—A large amount of drugs and assorted merchandise, including watches and cameras, was taken in a late June robbery of the pharmacy. Entry was thru an air conditioning duct.

Revco Drugs, Kings Mountain—Two Gastonia men have been arrested in connection with a break-in at the pharmacy. The two men were arrested in the pharmacy by police who responded to an alarm touched off in the building.

McCrimmon Drug, Pittsboro—The sounding of an alarm apparently averted another robbery of the pharmacy (two in late 1975). Although someone gained entrance to the pharmacy by sawing a hole in the ceiling, a tripped alarm resulted in a hasty departure of the night visitor prior to arrival of police.

Mann's Drug Store, Reidsville—A break-in at the pharmacy netted unknown persons cash and drugs taken from a safe which police said was a professional safe-opening job.

Campbell Drug Store, Maiden—An attempt to open the pharmacy's safe failed but uninvited night visitors to the pharmacy made off with \$50 taken from cash registers.

Eckerd's Drugs, Crabtree Blvd., Raleigh—After breaking a glass in the front of the store, a thief entered the pharmacy and stole more than \$1000 in merchandise. Items taken included cameras, radios, tape decks and watches.

Hollowell's Drug Store, Greenville—A 16-year-old Greenville youth was arrested on charges of breaking, entering and larceny in connection with a break-in at the pharmacy. Police officers were alerted by a tripped burglar alarm and arrived in time to apprehend the youth who had taken 11 watches, valued at \$342.00, from a display case.

VALUE OF ACCOUNTS RECEIVABLE

The U. S. Department of Commerce appraises the value of accounts receivable as follows:

Current Accounts are worth 100¢ on the dollar.

2 months past due are worth 90¢ on the dollar

6 months past due are worth 67¢ on the dollar

1-year-old accounts are worth 45¢ on the dollar

2-year-old accounts are worth 23¢ on the dollar

3-year-old accounts are worth 15¢ on the dollar

5-year-old accounts are worth 1¢ on the dollar

Occasionally, in the sale of a pharmacy, this information is requested in connection with arriving at a fair price for accounts receivable.

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WAKE COUNTY

Michael Williams, D.D.S., was guest speaker at the July 6 meeting of the Wake County Pharmaceutical Association. The meeting was held in Raleigh at The Plantation Inn.

Chairmen of various committees were announced. Membership, Joe Rowe; Professional Relations, Joe Edwards; Public Relations, Jim Thompson; Entertainment, Bill Scarboro; Telephone, Margaret Smith; and Nominations, Elaine Watson.

Clark Miller of Eastman Kodak was guest speaker at the August 3 meeting at Parkers Bar-B-Q, 401 South.

COMMENDATION

Pharmacist M. C. Savage of Roanoke Rapids has been sick for the past two months, part of which required hospitalization.

In order to keep his pharmacy open (Savage's Drug Store), the pharmacists of Roanoke Rapids organized a relief pharmacist setup, contributing half day time each week.

This commendable activity on the part of pharmacists of Roanoke Rapids is worthy of highest praise.

NARD TO MOVE HEADQUARTERS TO WASHINGTON, D. C.

The National Association of Retail Drug-gists is going to move its national headquarters to Washington, D. C., but will continue to maintain an office in Chicago. This announcement was made by Willard B. Simmons, executive secretary of the NARD, following a meeting at which the association's Executive Committee reached this decision.

President William D. Wickwire stated that William E. Woods, Washington Representative and Associate General Counsel, will continue to direct the expanded activities of the NARD's Washington office.

The move had been under consideration for several years, Simmons said, and the decision was made in the face of the imperative need to expand NARD's Washington operations because of increased Federal government involvement in health care.

Specific details of the transition, which is expected to be completed some time during the first half of 1977, have not yet been worked out.

"As secretary of the NARD I will continue to direct an office here in Chicago," Simmons said.

Headquartered in Chicago almost since its inception in 1898, the NARD is the principal association representing the pharmacists-owners of more than 30,000 independent community pharmacies throughout the country.

PHARMACIST CANDIDATES

For the 1977 session of the North Carolina General Assembly:

SENATE

John T. Henley, Hope Mills
Franklin E. Williams, Wilmington

HOUSE OF REPRESENTATIVES

Barney Paul Woodard, Princeton



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BURROUGHS WELLCOME SPONSORS 3rd ANNUAL PHARMACY EDUCATION PROGRAM

Burroughs Wellcome Co. announces the Third Annual Pharmacy Education Program.

Two awards of \$500 each will be made for every state plus the District of Columbia and Puerto Rico in the names of winning pharmacists to the Pharmacy Schools of their choice.

The purpose of these awards is to establish permanent revolving loan funds to assist deserving students in completing their education in pharmacy. Through this program, Burroughs Wellcome continues its partnership with pharmacy in helping assure the future of the profession through education.

This is only one part of Burroughs Wellcome's activity in behalf of pharmacy. On its weekly nationally televised program on health care, MEDIX, a "Salute to Pharmacy" is included as a regular part of the format; and two publications—*Wellcome Trends in Phar-*

macy and Wellcome Trends in Hospital Pharmacy go to pharmacists on a regular basis. Through its history, Burroughs Wellcome Co. has consistently promoted its retail products through the pharmacist.

The Company will be contacting over 60,000 retail and hospital pharmacies inviting their pharmacists to participate by returning a simple qualifying form. The entries will become part of a drawing to take place during the National Association of Retail Druggists (NARD) Annual Meeting, September 19-23.

Any pharmacist not receiving an entry form is encouraged to notify the Company either through a Medical Sales Representative or by writing Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, North Carolina 27709.

POISON CONTROL CENTERS

This directory of Poison Control Centers was compiled by the National Clearinghouse for Poison Control Centers. For any non-listed currently operational Center in the State, please notify the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, N. C. 27514.

STATE
COORDINATOR
919 684-8111

Duke University Medical Center
Durham 27710

ASHEVILLE Memorial Mission Hosp.
704 255-4660 509 Biltmore Ave.
28801

**HENDERSON-
VILLE** Margaret R. Pardee
704 693-6522 Hospital
Fleming St. 28739

CHARLOTTE Mercy Hospital
704 372-5100 2001 Vail Ave. 28207

HICKORY Catawba Memorial Hosp.
704 328-2191 Fairgrove-Church Rd.
28601

DURHAM Duke University
919 684-8111 Medical Center
Box 3007 27710

JACKSONVILLE Onslow Memorial Hosp.
919 353-1234 Western Blvd.
Ext. 211 28540

GREENSBORO Moses Cone Hospital
919 379-4109 1200 N. Elm St. 27401

WILMINGTON New Hanover Memorial
919 763-9021 Hospital
Ext. 311 2431 S. 17th St. 28401



Just what is North Carolina Drug Utilization Review all about?

Drug Utilization Review is part of the Medicaid drug program in your state. The goal is to assist in the delivery of rational drug therapy for Medicaid patients and reduce the over all cost of the Medicaid drug program.

How can Drug Utilization Review do that?

It is done by reviewing Medicaid drug use and sharing the results of the review with those doctors and pharmacists involved in treating the patient. When a Medicaid prescription claim is processed, a computer records who received the drug, who prescribed it, who dispensed it, and what kind of drug it was. Once a month, the computer compares the drug use records of each patient with several criteria, such as kinds of drugs used, amounts purchased, number of doctors visited, and so on.

When a patient's drug use goes beyond any of the criteria, the computer prints a report for review by the Drug Utilization Review Committee.

Just who is the Drug Utilization Review committee?

It is a group of fellow health care professionals—pharmacists and physicians from your area. Committee members are selected from nominations made through local pharmacy and medical groups. Each member serves for 1 to 3 years. You may be invited to serve on the committee at some time.

What does the Drug Utilization Review committee do?

The committee reviews patient drug histories showing drug use patterns which exceed criteria set for the program. If the questionable pattern appears to be minor or temporary, the committee may decide to take no further action.

If the situation is more serious, the committee will write to the pharmacists and physicians involved to advise them of the potential problem. For example, the records might show that a patient is going to several doctors and/or pharmacies to obtain the same drug. The committee would advise each of the professionals involved of this practice. In another case, the committee might recommend that a doctor prescribe maintenance drugs in larger, more economical quantities if the patient's condition warrants it.

Are the committees trying to dictate drug therapy?

Not at all. The committees want to leave drug therapy in the hands of the physicians and pharmacists, where it belongs. All Drug Utilization Review does is give you information about your patients' drug use that hasn't been available before. The committee can't dictate the kind of drug therapy used, and wouldn't want to if it could.

What do I have to do if I get a letter about a patient?

If the situation described in the letter is warranted by the patient's condition, please give the committee any information you might have that shows that the drug use is appropriate.

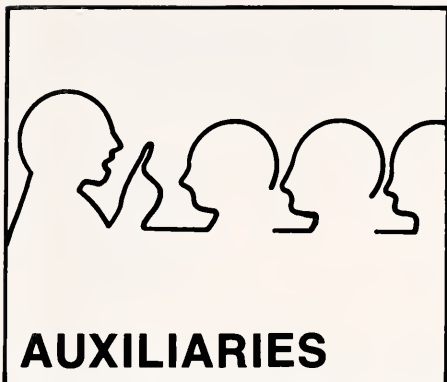
On the other hand, if the situation is one of inappropriate or inefficient drug use, the committee asks that you do what you can to correct it.

How can a pharmacist find out more about the Drug Utilization Program?

A pamphlet which explains the Drug Utilization Review program in detail is available or a visit to your pharmacy by a staff member can be arranged upon request. A speaker or a color/sound film can also be provided for local pharmaceutical associations or other groups interested in further information about the program. Your peers who are members of local peer review committees will be glad to explain the program personally or answer any questions. If you will write or call PAID Prescriptions, any information requested will be provided including the names of committee members in your local area.



PAID PRESCRIPTIONS
1100 Navajo Drive
Raleigh, NC 27609



The Woman's Auxiliary of the NCPHA continues its many projects and programs, all of them important, and far-reaching in their effects.

Their 1976-1977 year started with an Executive Board meeting June 9, chaired by Mrs. Neta Whaley, who was elected and installed as president at the 1976 convention.

A native of Duplin County, wife of Milton Whaley, and mother of two sons, both of whom are married, she leads an active and busy life. In Wallace she was a member of the Wallace United Methodist Church, where she served on the church Administrative Board, taught Sunday School, was an MYF Councilor, chairman of the Commission on Education, a member of the Church Choir, a past-president and Life Member of the WSCS. Currently she is serving on the nominating committee of the church and chairperson of the nominating committee for the United Methodist Women at the district level.

She was a Cub Scout Den Mother for 8 years. Mrs. Whaley was bookkeeper for her husband's pharmacies until they were sold recently when the Whaleys moved to Durham, where Mr. Whaley has joined the managerial staff of North Carolina Mutual Wholesale Drug Company.

Mrs. Whaley will devote a large part of her time this year to reviewing files and records of the Auxiliary which are on file at the Institute of Pharmacy.

At the 1976 convention, reports were heard on the Auxiliary's scholarship and loan funds as follows:

Lucile Rogers Scholarship Fund—valued at \$12,776 with one or more scholarship grants made annually from earned income.

Scholarship #2 which is now being ac-

cumulated and from which future grants will be made—fund value, \$3,245.

Vivian Smith Scholarship Fund—from which one grant is made annually—fund value, \$7,500.

Reserve (contingency) Fund—value as of March 15—\$1,220.

Long-term Loan Fund—valued at \$2,200 from which long-term loans are made with repayment starting within 6 months after a student graduates.

Emergency Loan Fund—Small loans, usually \$25, repayable within 30 days Fund value—\$652.

All these funds are administered through the N. C. Pharmaceutical Association for the convenience of students at the UNC School of Pharmacy.

The Auxiliary is completing an extensive remodeling of the kitchen at the Institute of Pharmacy. When all purchases have been made and all work finished, the Auxiliary will have spent about \$5,000 in this project.

While special money-making events are used for securing funds for these numerous projects, much of the financial backing comes from the various local and regional auxiliary group, interested friends, and from state dues.

In addition to these many instances of financial assistance, the Auxiliary's volunteer work on behalf of patients in long-term care institutions is far-reaching and has involved a variety of kinds of help over the years.



**Mrs. Neta Whaley, President
Woman's Auxiliary, NCPHA**

**WOMAN'S AUXILIARY
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

Treasurer's Interim Report for June 12, 1975 thru March 15, 1976

By Mrs. A. H. Mebane, III, Greensboro

Balance from previous year	\$1,828.12
Receipts	5,309.12
	7,137.24
Disbursements	6,447.06
	\$ 690.18

Current expenditures of particular interest since June 12, 1975:

Contribution to Pharmacy Student Wives for February Seminar	\$ 150.00
Contribution to Consolidated Pharmacy Student Loan Fund in memory of Dean Blaug	100.00
Contribution toward bronze memorial plaque for Dean Blaug	100.00
Toward remodeling of kitchen at Institute of Pharmacy (This amount includes contributions from members and local organizations, plus monies voted by Executive Board)	3,914.12

**WOMAN'S AUXILIARY FUNDS AS OF March 31, 1975
*(COMMITTED TO PROJECTS)**

<i>*Lucile Rogers Scholarship Fund:</i>		
On Pass Book—Orange Savings & Loan	2,776.01	
Savings Certificate—Orange Savings & Loan	10,000.00	
Value of Lucile Rogers Fund		12,776.01
<i>*Scholarship Fund #2</i>		
(A fund being accumulated for later grants)		3,245.81
<i>*Student Emergency Loan Fund</i>		
1,652.87		
Less outstanding loans	310.00	
		1,342.87
<i>Reserve Fund—Orange Savings & Loan</i>		
(This Fund is a "holding" fund in which accumulated money earmarked for a future project are held, earning interest at the same time; it also provides a depository for unallocated funds)		1,220.58
<i>*Consolidated Pharmacy Student Loan (Long-term) Fund</i>		
1,200.00		
Outstanding loans	955.00	245.00
Scholarship Grants made:		
To Eva Joy Mooring (from Lucile Rogers Fund)	\$500.00	
To Eva Joy Mooring—Christmas Gift	25.00	
To Debra Sue Ellis (from Vivian Smith Fund at UNC)	500.00	
To Debra Sue Ellis—Christmas Gift	25.00	

The Treasurer's report will be completed after the Convention, audited, and filed at the Institute of Pharmacy, in the Auxiliary's permanent files.

WOMAN'S AUXILIARY, NCPH A REPORT OF THE EXECUTIVE COMMITTEE

By Georgia Lewis, Recording Secretary

The 1975-76 Executive Board of the Woman's Auxiliary of the North Carolina Pharmaceutical Association met four times during the year.

The following matters were discussed and action taken as indicated:

- (1) That the state projects for the year would be "Improving our Pharmacy Image" and "Operation Flower Pot 76". The latter involves making plant and flower arrangements to be distributed to long-term hospital or institution patients.
- (2) That a Fall Seminar be held on October 8, with a speaker and workshops on Leadership and Communication.

(3) That \$300 be appropriated for the purchase of a dishwasher for the Institute of Pharmacy.

(4) That permanent Past-President ribbons be designed.

(5) That gifts of \$25 each be given to recipients of the Lucile Rogers and Vivian Smith scholarships.

(6) That a recommendation be made to the session for amending the By-Laws to increase the state president's travel allowance to \$100, with itemized vouchers supporting expenses.

(7) That three scholarships be made available to Pharmacy Student Wives.

(8) That \$150 be allocated to the Pharmacy Student Wives for their February Seminar.

Concluded on Page 36

WOMAN'S AUXILIARY NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

Report of Neta B. Whaley, Membership Chairman

March 20, 1976

In an effort to reach every qualified potential member, the following communications were sent:

- (1) Letters to Life Members, expressing our appreciation to them for their value as Life Members
- (2) Letters and report blanks to presidents of local and regional auxiliaries
- (3) Letters sent to presidents of local and regional pharmaceutical societies, asking their assistance by inviting wives of pharmacists to join the Auxiliary
- (4) Note—with current copy of Doings—sent to 1975-76 brides as listed in Marriage notices in the Carolina Journal of Pharmacy
- (5) Life Member Mrs. J. Floyd Goodrich sent a contribution of \$10. This was acknowledged and check sent to the treasurer
- (6) Letter to daughter of Mrs. James Bowers, who has been deceased for several years. Letter sent to Institute of Pharmacy for permanent files
- (7) Acknowledgment cards sent to 1976 members
- (8) Cards sent to 1975 members who had not yet renewed their memberships
- (9) Convention registration cards, with a line for dues payment, were sent to Woman's Auxiliary list, NCPH A membership list, TMA list
- (10) Doings and a Newsletter contained membership return forms
- (11) "We Miss You" cards to former members who were not yet on our current list

MEMBERSHIP AS OF MARCH 20, 1976:

1976 dues paid (68 new members) 294	\$882.00
1975 dues paid 4	12.00
1976 dues paid twice—see refund below 9	27.00
Life members who paid 2	6.00
	<u>927.00</u>
Refund 9	27.00
Membership receipts as of March 20, 1976	<u>\$900.00</u>

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ARTHRITIS BROCHURE AVAILABLE

A new brochure with important information about arthritis is available to the public at no charge from Dista Products Company, a division of Eli Lilly and Company.

Entitled "Doctor, Do I have Arthritis?", the brochure currently is used in several states as part of a 4-H Arthritis Awareness Program sponsored by Dista in cooperation with The Arthritis Foundation, the National 4-H Service Committee, and the U. S. Department of Health, Education, and Welfare.

The brochure encourages persons who suspect they have arthritis to see a doctor. More than 50 million Americans have arthritis to some degree. About 5 million Americans—many of them children and persons in the 20 to 45 "prime of life" years—suffer from rheumatoid arthritis, the most serious, most crippling, and most painful form of the disease. Its early warning sign—sore or stiff joints—calls for a complete examination by a physician, according to arthritis experts.

Persons interested in obtaining free copies of the brochure should write Eli Lilly and Company, Dept. MC339, 307 East McCarty Street, Indianapolis, Indiana, 46206.

UPJOHN NAMES SCHAPKER TO PHARMACY AFFAIRS POST

Don G. Schapker, R.Ph., has been named National Coordinator for Pharmacy Affairs, the Upjohn Company announced today.

Schapker, a native of Mobile Ala., replaces George A. Stevenson, R.Ph., who retired May 31, after 36 years with The Upjohn Company.

An Auburn University pharmacy graduate, Schapker joined Upjohn in 1966 as a pharmaceutical salesman. In 1975 he became Staff Assistant, Pharmacy Affairs. He is a member of the A.Ph.A., the Michigan Pharmaceutical Association, the Southwestern Michigan Pharmaceutical Association, and Kappa Psi Pharmaceutical Fraternity.

Stevenson retires after 36 years with The Upjohn Company. He practiced pharmacy after graduation from Temple University. Stevenson joined Upjohn in 1940 as a pharmaceutical salesman. In 1947 he was named District Sales Manager. Subsequent assignments included: Merchandising Manager, Non-Prescription Products, 1965; Government Sales, 1969; and National Coordinator, Pharmacy Affairs, 1970.

MARRIAGES

Susan Lorene Josey and *Richard Wayne Bess* exchanged wedding vows on Saturday, June 5 at the Front Street Baptist Church in Statesville. The bride received her B.S. degree in nursing from the University of North Carolina at Charlotte. The groom is a graduate of the University of North Carolina School of Pharmacy and is employed by Cloverdale Revco Drug of Winston-Salem.

Beverly Frances Humphrey and Rodney Meredith Owen spoke their vows at the First Baptist Church in Farmville on Saturday, July 14th. The bride is a graduate of the University of North Carolina School of Pharmacy and is a pharmacist at Kue's Pharmacy in Farmville.

The wedding of Dycie Gibson Little and *William Edward Walton* took place Saturday, July 14 in St. John's Lutheran Church, Statesville. The bride is a teacher in the Wake County Schools and the groom is a graduate of the University of North Carolina School of Pharmacy and is a pharmacist with Kerr Drugs. The couple will make their home in Raleigh.

Terri Anne Ward and *Michael Jackson Stegall* were united in marriage at Memorial Baptist Church, Williamston, Sunday, June 20th. The groom is a University of North Carolina School of Pharmacy graduate and is employed by Eckerd Drug Company in Wilson. The couple will make their home in Greenville.

BIRTHS

Warren and Becky Coltrane announce the birth of a son, Geoffrey Val Coltrane on April 15. Both Mr. and Mrs. Coltrane are 1973 graduates of the UNC-CH School of Pharmacy. Mrs. Coltrane is the former Becky Buchanan and the former Pharmacist-Manager of Revco Drugs in Thomasville. Warren is the Pharmacist-Manager of Revco Drugs, Phillips Ave. in Greensboro.

ANNOUNCEMENTS

Miss Donna Wilson, staff member of the North Carolina Pharmaceutical Association, and Victor G. Stout, employee of North Carolina Mutual Wholesale Drug Company, will be married September 25 in the Mebane United Methodist Church. All friends and relatives of the couple are invited to attend.

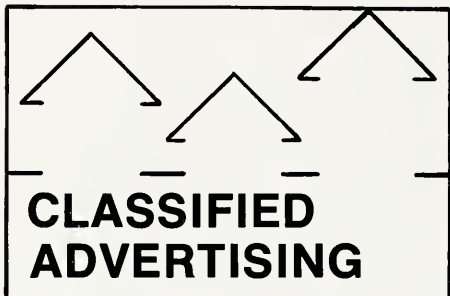
After receiving a degree in secretarial science from Elon College, Miss Wilson attended the University of North Carolina at Greensboro.

Mr. Stout holds a B.S. degree in industrial relations from UNC-Chapel Hill.

TRIBUTE TO ALFRED MARTIN

It is an effort to put on paper the true feeling of loss that I feel in the death of Alfred N. Martin, pharmacist. Though financially successful, popular, and blessed with a devoted wife and fine children, Mr. Martin remained ever humble. When the announcement was made at the NCPHA Convention in Asheville that he would be honored at the 1967 "Pharmacist-of-the-Year", the most amazed man in the room was Alfred N. Martin. Never a seeker of recognition, he believed such honors were reserved for past-presidents, state board members, legislators, or educators. Fortunately, we sometimes are also able to recognize qualities of greatness in those who are ever ready to serve their profession without holding high offices. Alfred was such a pharmacist. He attended and participated in NCPHA Conventions through his 79th year. He was an active director of the N. C. Pharmaceutical Research Foundation at the time of his death, and was a frequent delegate to national pharmaceutical meetings. He particularly took an interest in younger pharmacists and proved to be a positive influence in my life and the lives of other pharmacists I know. It is with sadness that we say goodbye to a good friend, but with fondness and appreciation that we remember his contribution.

Charlie D. Blanton, Jr.
Kings Mountain, NC



Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No. _____, Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

WANTED

Partnership in or purchase of high volume drug store. Presently own successful drug store; desire to relocate. If interested, send information to WR-5, Box 151, Chapel Hill, N. C. 27514.

PHARMACISTS WANTED

Work as full-time relief pharmacist. Excellent salary, mileage, 45 hour week and profit sharing. Apply: RELIEF SERVICES, INC., P. O. BOX 7087, GREENVILLE, N. C. 27834.

PHARMACISTS—RELIEF

Candice Brown Teeter (Class of '70), 3111 New Hope Church Road, Raleigh, N. C. 27604. Phone: (919) 872-5288. Available for relief work in Raleigh/Durham/Chapel Hill area.

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For an aggressive pharmacist in a well established pharmacy with excellent potential. Located in an Eastern N. C. coastal town. Present pharmacist owner plans to extend the pharmacy's service into new, challenging areas. If interested, send brief details about yourself to: WW-8.

TWO BURLINGTON PHARMACIES MERGE

On July 1 Alamance Drug Company and Andrews Drug Company merged to form Alamance-Andrews Drug Company, Inc., Burlington.

The new firm is located at Spring Street and Maple Avenue in the Andrews Drug Building.

Ronald L. Hargis, owner of the former Alamance Drug, and Willie H. Jennings, owner of the former Andrews Drug, said the merger and relocation was necessary because of the redevelopment of downtown Burlington.

INCORPORATE


- (1) Person Street Pharmacy of Raleigh, Inc., 408 NCNB Building, Fayetteville Street, Raleigh. By Lawrence B. Shuping, Jr. and Harold E. Russell, Jr.
- (2) Northview Pharmacy, Inc., 4022 North Main Street, High Point. By Arthur M. Utley, Jr., David L. Maynard and J. Brooks Reitzel Jr.

Report of the Woman's Auxiliary Executive Committee—From Page 33.

- (9) That \$100 be contributed to a plaque in memory of Dean Blaug and \$100 to the scholarship fund set up in his name and administered by the NCPHA.
- (10) That \$1,000 be allocated for the completion of the kitchen remodeling at the Institute of Pharmacy.
- (11) That a contribution of \$10 be made to the North Carolina Council of Women's Organizations.

REMEMBER:



The availability of a store planning
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CONSULTATION Our design consultant will work with you from rough idea through finished plan. He'll carefully analyze every facet of your operational needs and potential, and recommend practical solutions.



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THE CAROLINA JOURNAL of PHARMACY

SEPTEMBER 1976 VOLUME 56 NUMBER 9



The Pike family tree includes twenty eight pharmacists, a record for North Carolina. Pictured above is Mrs. Joseph W. Pike, Sr., age 91, a graduate of UNC Woman's College (1905) who exemplifies the dedication of pharmacists' wives, past, present and future. Part of the family assembled in Chapel Hill on August 15 for a dedication ceremony—see page 29.



The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it.

Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis—after which it could never be used by a patient.

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At each step in the manufacture of a Lilly drug, test after test confirms the ingredients, formulation, purity, and accuracy—all the critical factors that assure that every Lilly medicine is just what the doctor ordered.

That's particularly important, as you know. The same drug made by different companies can be chemically identical yet may act differently in the human body because of the many variables in the way the drugs are manufactured.

And, of course, government standards alone do not assure the efficacy and consistency—the quality of each drug you dispense.

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ON OUR P'S AND Q'S FOR YOU**

THE CAROLINA JOURNAL of PHARMACY

SEPTEMBER 1976

VOLUME 56

NUMBER 9

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

ASHP MEETING IN CALIFORNIA

The North Carolina Society of Hospital Pharmacists is sponsoring a special group travel plan to the Midyear Clinical Meeting, American Society of Hospital Pharmacists, in Anaheim, California, in December.

For details, contact Steve Caiola at the UNC School of Pharmacy, Chapel Hill, N. C. 27514.

5 YEAR PRISON TERM

Raleigh Judge Donald L. Smith sentenced Pharmacist Joseph P. Thorn to five years in prison for the illegal sale of CS drugs.

An additional requirement is that Thorn surrender his pharmacist's license.

Thorn was charged with 29 counts of possessing or selling prescription drugs illegally.

STARTS 24 MONTH SENTENCE

For illegal sale of guns, Pharmacist Steven V. Harrison of Walnut Cove began a 24-month prison sentence on July 19.

Prior to beginning the prison sentence, a \$1 million lawsuit filed by Harrison against federal and state officials who searched his drug store (Cove Pharmacy) for the controversial anticancer drug Laetrile was dismissed.

U. S. District Court Judge Eugene Gordon held that the suit did not conform with court procedure.

SEEKS \$25,000 IN DAMAGES

A second suit in two months has been filed against Eckerd Drug Company, Cum Park Plaza, Burlington, for allegedly filling a prescription with the wrong drug.

A Burlington customer of Eckerd seeks \$25,000 in damages after incurring alleged personal injuries, illness and permanent disability, an adverse effect on his sex drive and continuing medical bills from taking a drug for high blood pressure instead of the muscle relaxer prescribed for him.

The customer claims Regroton was dispensed for a refill on a prescription for Robaxin.

Eckerd's is involved in another suit filed in early June which allegedly caused permanent damage to an infant. The customer seeks \$80,000.

McALLISTER PORTRAIT

The Board of Pharmacy office in Chapel Hill now has an addition to the oil portrait of the late Franklin Wills Hancock, who was Secretary-Treasurer of the N. C. Board of Pharmacy for more than fifty years.

With more than 200 co-workers of long standing present with family and friends, an oil portrait of H. C. McAllister was formally presented to the Board for its office in Chapel Hill. Mr. McAllister, now retired as Board secretary-treasurer, continues as a consultant to the Board.

Of special note: The portrait is the work of the son of Pharmacist and Mrs. Ernest Rabil, Winston-Salem.

The presentation ceremony took place at Wrightsville Beach in August.

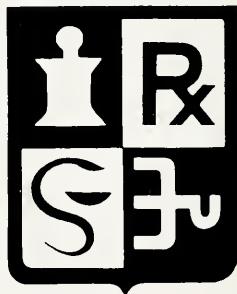
PRIMARY RESULTS

Pharmacist candidates for the North Carolina Senate:

- John T. Henley (D-Cumberland County) was top vote-getter in the Primary.
- Franklin E. Williams (R-New Hanover County), no opposition in Primary.

Pharmacist candidate for the House of Representatives:

- Barney Paul Woodard (D-Johnston County), no opposition in Primary.



MAC/EAC: QUESTIONS WHICH NEED ANSWERS

To: Dr. James T. Doluisio, Chairman
Pharmaceutical Reimbursement Advisory Committee, for forwarding to Secretary David Matthews, HEW, Members of the Pharmaceutical Reimbursement Board, Members of the Pharmaceutical Reimbursement Advisory Committee, and MAC staff

From: Edward S. Albers, Jr.
Member of the Pharmaceutical Reimbursement Advisory Committee

Subject: Observations made during first meeting of Pharmaceutical Reimbursement Advisory Committee, July 28-29, 1976

A. Questions which need answers

1. The time frame problem to consider and approve a maximum allowable cost (MAC).
 - a. The July 7 distribution to states of MAC/EAC prices which we received at the meeting 7-28-76 were based on prices prevailing April 1976.
 - b. In the meantime, prices were changing and making the established MAC price obsolete and therefore unreliable.
2. The credibility of the EAC prices was not established.
 - a. As requested by Dr. Novitch, we are documenting errors noted in the hurried spot check I was able to make during the meeting from our company's computer printout dated July 20.
 - b. If price variations are true as indicated on supporting data for the same size bottle of the same item ranging from \$14.60 to \$61.60, then many pharmacists and/or their wholesalers have a real equality of price offer problem, or else IMS America has problems interpreting the invoice input from the 1400 pharmacies.
 - c. It should be noted that it is my belief some wholesalers in every state supply their wholesale list prices via Microfiche update each two weeks. These represent locally available prices which are responsive to the regional differences and the marketplace, and

current acquisition prices generally available to all pharmacies via the wholesaler of their choice.

- d. Therefore, we believe data the State programs now have available is more timely than that supplied via HEW.
 - e. Acquisition prices of the pharmacist must respond as the wholesaler cost increases, and not with the 90-day delay being borne by either the pharmacist or the wholesaler—hence the MAC/EAC approach as inherent practical and economic deficiencies.
3. Product and professional liability which is assumed by the products certification and price constraints which pre-empt physician and pharmacist product selection to receive reimbursement.
 - a. FDA responsibility is not established.
 - b. Without assurance of financial stability and continuing existence of manufacturers product liability, claims against the product of a company which may in the future be defunct would revert to, possibly, the pharmacist and/or physician whose product selection was pre-empted by the price constraint.
 - c. We were promised clarification of this responsibility of HEW/FDA by appropriate counsel.
 4. Legal liability of committee members from either conflict of interest and/or price fixing conspiracy charges under Robinson Patman.
 - a. Approval, or disapproval of MAC prices suggested by the pharmaceutical reimbursement board.
 - b. Since there is no congressional mandate with specific Robinson Patman exemption, there is doubt that federal immunity would apply to members apparently acting in concert to set maximum price ceilings.
 - c. A ruling was promised on this and should be clarified in writing before proceeding with next meeting.
 - d. Questions regarding conflict of in-

MAC/EAC

terest should be answered, although it would seem no individual would receive personal benefit not similarly extended to all providers equally.

5. Economic impact not established.

a. Contract not expected to be let until July 1977 to start study of savings on price, if any, and costs of administration involved in achieving the price advantage.

b. What savings would net from the estimated \$23 million to \$38 million from the \$2.7 billion expenditure—are 1% savings offset by administrative costs at HEW, FDA, and the states?

c. If pharmacy actual costs of acquisition and dispensing are not fully borne by the services provided the public sector, then the private pay patient must in effect pick up the difference on their prescription prices—hence the taxpayer gets “double-dipped” by having to pay higher prescription prices in effect, while also paying the taxes to further subsidize those unable to pay.

6. How can the level of MAC/EAC be considered without also considering the adequacy of the dispensing fee, and variations for regional costs.**B. Problems of apparent double standards****1. Reimbursement fees for physicians and hospitals are set at the federal level . . . but not pharmacists.**

a. President Ford recently signed into law a bill which increased physicians fees.

b. It was explained that physicians fees are set at the 75th percentile, and hospitals at the 80th percentile.

c. One estimate indicates that present Tennessee Medicaid fee is less than the 74th percentile.

d. Dr. Gosselin pointed out that the practice of averaging product costs has the effect of being the 50th percentile.

2. Equality of prescription pricing to the public versus the private sector.

a. Regulations stipulate the lower of MAC/EAC plus fee or advertised or regular price to the private pay patient.

b. The private pay patient is assessed a finance charge for delinquent payment of charge accounts—so should not the same apply to delayed reimbursement by third party programs.

3. Will loss leader advertisement of prescription prices for a weekend door buster special or longer period establish that providers reimbursement basis for all time?

4. The taxpayer may tend to subsidize an inadequate fee/product reimbursement combination on the cost of private pay prescriptions while his tax dollars are also required to support the public sector programs.

C. In view of the above unanswered questions, an apparent double-standard inequities I respectfully recommend:

1. The HEW not issue the EAC price list to the states whose data base is undoubtedly better now, without the expense and confusion created by dissemination of out-of-date and otherwise apparently erroneous data.

2. Do not implement the program on August 26 pending answers to the above serious legal, economic, and practical questions.

3. Continue the Pharmaceutical Reimbursement Advisory Committee meetings and rely more fully on its input for problems other than just MAC considerations.

4. Develop means for providing on a national basis adequate dispensing fees which reimburse for container and return on investment with consideration to regional and individual service differences and inflationary response.

5. Actual acquisition costs is the ultimate result which will accommodate all classes of pharmacy, permit government to pay actual and just costs, and provide the patient with wide availability of quality pharmacy service.

Respectfully submitted,

Edward S. Albers, Jr.

Box 1711

Knoxville, TN 37901

2 August 1976

ESA:ja

No default insurance

Tofranil-PM[®]
imipramine **pamoate**

Geigy

In depression

Daily Dosage Chart



1 h.s.

A major reason for drug defaulting is multiple daily dosage schedules.

Ayd* reports that 70 percent of patients default on a q.i.d. regimen; 60 percent on t.i.d.; 30 percent on b.i.d., and only 7 percent on a single daily dose.

A single daily capsule that provides a full day's medication would logically assure better therapeutic results.

Because one capsule lasts from bedtime to bedtime, Tofranil-PM[®] may markedly reduce the probability of missed doses.

After therapy is initiated with the 75-mg. capsule, the 150-mg. capsule is the dose level at which optimum response is usually obtained.

Please review the prescribing information summarized on the back of this page.

*Ayd, F.J., Jr. (Ed.): Int. Drug Ther. Newslett. 7(9/10):35-50 (Nov./Dec.) 1972.

One capsule lasts from bedtime to bedtime.

Tofranil-PM® brand of imipramine pamoate

Indications: For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Contraindications: The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil-PM, brand of imipramine pamoate, in patients receiving a monoamine oxidase inhibitor, as long as an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed. The drug is contraindicated during the acute recovery period after a myocardial infarction. Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

Warnings: *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.

Extreme caution should be used when this drug is given to:

- patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as operating an automobile or machinery, the patient should be cautioned accordingly.

Usage in Children: Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit potency (75 mg., 100 mg., 125 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg., 100 mg., 125 mg. or 150 mg. imipramine hydrochloride.

Precautions: It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the ill-

ness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil-PM, brand of imipramine pamoate, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.

Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil-PM, brand of imipramine pamoate, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.

Prior to elective surgery, imipramine should be discontinued for as long as the clinical situation will allow.

An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.

In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs. Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.

Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects. Both elevation and lowering of blood sugar levels have been reported. Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

Adverse Reactions: Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.

Anticholinergic: Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (see

eral or of face and tongue); drug fever; cross-sensitivity with desipramine.

Hematologic: Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

Gastrointestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: In adult outpatients, therapy should be initiated on a once-a-day basis with 75 mg./day. This may be increased to 150 mg./day which is the dose level which usually obtains optimum response. If necessary, dosage may be increased to 200 mg./day. Dosage should be modified as necessary by clinical response and any evidence of intolerance. Daily dosage may be given at bedtime, or in some patients in divided daily doses. Hospitalized patients should be started on a once-a-day basis with 100-150 mg./day and may be increased to 200 mg./day. Dosage should be increased to 250-300 mg./day if there is no response after two weeks.

Following remission, maintenance medication may be required for a longer period of time at the lowest dose that will maintain remission. The usual adult maintenance dosage is 75-150 mg./day on a once-a-day basis, preferably at bedtime.

In adolescent and geriatric patients, capsules of Tofranil-PM, brand of imipramine pamoate, may be used when total daily dosage is established at 75 mg. or higher. It is generally unnecessary to exceed 100 mg./day in these patients. This dosage may be given once a day at bedtime or, if needed, in divided daily doses.

How Supplied: Tofranil-PM, brand of imipramine pamoate: Capsules of 75, 100, 125 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75, 100, 125 or 150 mg. of imipramine hydrochloride.)

(B) 98-146-840-A(9/75) 667120

For complete details, including dosage and administration, please refer to the full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Arden, New York 10502



MOORESVILLE

Hugh C. Caldwell has accepted a position with Lowrance Hospital as Director of Pharmacy. He has been associated with Clinic Pharmacy, Mooresville.

AHOSKIE

Benthall's Pharmacy has merged with People's Drug Store, Newmarket Shopping Center. Al Benthall is moving to People's Drug Store, Elizabeth City.

GASTONIA

Dr. Michael Clinard, a 1970 graduate of the UNC School of Pharmacy and a 1976 graduate of the UNC Dental School, has opened an office for the practice of dentistry at 471 Cox Road.

KANNAPOLIS

Barry J. Helms has joined Revco Drugs as a security investigator. He will be responsible for setting up security for all Revco stores in North Carolina.

GOLDSBORO

Rob Bizzell, a 1976 graduate of the UNC School of Pharmacy, has joined Raper Drugs. He was formerly associated with Boyd Drugs and Medical Park Pharmacy in Mount Olive.

MORGANTON

Harold Clifton Hearne, Jr., a graduate of Mercer University, has joined the pharmacy staff at Cornwell Drug.

MOUNT AIRY

Allen Johnson, son of Pharmacist and Mrs. Wallace A. Johnson, has joined the staff at Wally's Pharmacy.

STATESVILLE

City officials were present on July 21 for the grand opening of The Medicine Shop at Water and North Center Streets. Alan Banner is the pharmacist owner.

WALNUT COVE

Hicks Pharmacy moved into its new building on July 10. Joe Hicks is the pharmacist owner.

NEWTON

Mrs. Dewey H. (Alice) Jordan, Jr. has joined the pharmacist staff at Conover Drug Company.

MEDICAID FRAUD/ABUSE UNIT IN ACTION

HEW's newly organized Medicaid Fraud and Abuse Unit is now operational in Massachusetts. A second unit is being assigned to Ohio and three other states with large Medicaid expenditures will participate in the investigation campaign within twelve months.

Purpose of the investigation is to determine any possible cheating on the Medicaid which involves fraud and abuse.

Medicaid defines "fraud" as filing claims and receipt of payment with the intent of obtaining undeserved gain. "Abuse" is described as filing claims and receiving payment for services not allowed by Federal and State Medicaid laws or regulations or for overcharging or overuse or distortion of the use of recognized services.

The examining units will look for evidence of billing for services not rendered, billing for more expensive drugs than those dispensed, charging in excess of one's usual and customary rate, participating in kickbacks and rebate systems, etc.

Win a student loan fund for your favorite college of pharmacy!

Time to participate in the \$52,000
Burroughs Wellcome Co.
Pharmacy Education Program for 1976.



A \$500 permanent revolving student loan fund for your favorite college of pharmacy... in your name

Every registered pharmacist in the United States, including those in the District of Columbia and Puerto Rico, is eligible.

Watch your mail for your entry blank. It will arrive soon, along with necessary instructions. Participating couldn't be easier.

104 winners for 1976

Two pharmacists from each state, including D.C. and Puerto Rico, will have individual grants of \$500 each, presented in their names to the pharmacy colleges of their choice. The grants establish permanent revolving student loan funds to help deserving pharmacy students complete their studies. B.W. Co. is pleased to contribute in this way to the continuation of pharmacy's high educational standards.



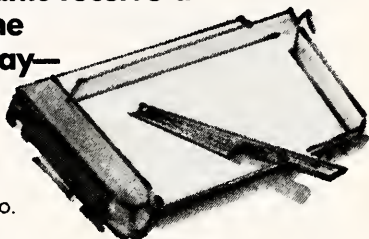
Drawings for winners to be held at the N.A.R.D. Convention

Convention dates: September 20-24, 1976
Location: San Francisco, California
You need not be present in order to win.

All winners will have their awards publicized in their communities. And all winners receive plaques in commemoration of the grants.

All entrants receive a Wellcome Tablet Tray—

a token "Thank you" from the Burroughs Wellcome Co.



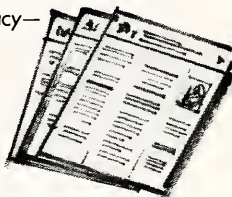
Other B.W. Co. Programs for Pharmacy

• "Salute to Pharmacy" on TV: Every week, B.W. Co. salutes America's pharmacists through a weekly message aired on MEDIX, the nationally televised, award-winning series of medical documentaries.

• *Wellcome Trends in Pharmacy*—a news periodical for practicing and student pharmacists

• The Burroughs Memorial Fellowship and The Wellcome Memorial Fellowship, granted for field work in pharmacy

• Summer employment for undergraduate pharmacy students at our production facilities in Greenville, North Carolina



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

THE PILLOW CASE CAPER

FROM GLOVE COMPARTMENT OF VEHICLE

- (1) .22 Calibre Pistol, armintus, serial #316578
- (1) brown leather holster for above pistol
- (1) wallet containing identification and personal papers, etc.

FROM TRUNK COMPARTMENT OF VEHICLE

Several plastic bags containing (marijuana) seeds and other green vegetable substance, and a powdery substance (possibly hashish)

- (1) wooden pipe with several seeds inside bowl
 - (1) wooden pipe with residue inside bowl
 - (1) improvised glass pipe with residue and seeds
 - (1) tin cannister with flip lid containing green vegetable material
 - (1) nickel screw-type container
 - (3) glass vials, of which (1) contained a long handled spoon, (1) contained a solid glass rod, and (1) contained a hollow glass rod fitted to the retaining cork top
 - (2) medical syringes still encased in paper covers
 - (1) cigar box containing quantity of seeds
 - (2) empty 35mm. film cannisters (plastic)
- approximately 100 paper-covered wire trash bag ties

FLOWERED PILLOW CASE CONTAINING: (note "tabts." indicate tablets or capsules)

- (2) new bottles 100 tabts. ea. 5 mg. Desoxyn
- (1) opened appr. 75 tabts., 5 mg. Desoxyn
- (1) New bottle 100 tabts. 10 mg. Desoxyn
- (1) open bottle appr. 80 tabts. 10 mg. Desoxyn
- (2) new bottles 100 tabts. 15 mg. Desoxyn
- (1) open bottle appr. 90 tabts. 15 mg. Desoxyn
- (1) new bottle 100 tabts. 5 mg. Enduron
- (1) open bottle appr. 75 tabts. 5 mg. Enduron
- (1) new bottle 100 tabts. 2.5 mg. Enduron
- (1) new bottle 100 tabts. 15 mg. Dexedrine Spansule
- (1) new bottle 100 tabts. 10 mg. Dexedrine Spansule
- (1) new bottle 100 tabts. 5 mg. Dexedrine (tablets)
- (1) open bottle appr. 400 tabts. 100 mg. Tuinal
- (1) new bottle 100 tabts. 200 mg. Tuinal
- (1) open bottle appr. 100 tabts. 100 mg. Seconal Sodium
- (1) new bottle 100 tabts. 200 mg. Amytal Sodium
- (1) new bottle 100 tabts. 65 mg. Amytal Sodium (1) open bottle appr. 3 tabts. 150 mg. (sopor) Methaqualone
- (1) new bottle 100 tabts. 150 mg. (qualude) Methaqualone
- (1) open bottle appr. 400 tabts. 300 mg. (qualude) Methaqualone
- (1) new bottle appr. 100 tabts. 200 mg. (parest) Methaqualone
- (1) open bottle appr. 80 tabts. 400 mg. (parest) Methaqualone
- (1) open bottle appr. 25 tabts. 300 mg. (sopor) Methaqualone

Crime involving drug store breakins/robberies continue at a high level in the state although there is some evidence the problem is abating. Journal reports generally state CS drugs were taken but here for the first time we have a police tabulation of items involved at breakin at Moose Drug Company, Mount Pleasant. Police trapped the thief in basement of the pharmacy and searched his car parked nearby for a quick getaway which, in this instance, did not materialize.

- (3) boxes, each containing (12) inhalents (0.18 ml. per box) Amyl Nitrate
 (1) bottle open appr. 350 tabts. 30 mg. Ionamin
 (1) open bottle appr. 150 tabts. 100 mg. Nembutal Sodium
 (1) new bottle 100 tabts. 750 mg. Placidyl
 (1) open bottle apprs. 5 tabts. 750 mg. Placidyl
 (1) new bottle 100 tabts. 500 mg. Placidyl
 (1) open bottle appr. 2 tabts. 500 mg. Placidyl
 (2) open bottles together cont. appr. 520 tabts. 5 mg. Valium
 (2) new bottles each 100 tabts. 5 mg. Valium
 (2) open bottles together cont. appr. 108 tabts. 2 mg. Valium
 (1) new bottle 500 tabts. 10 mg. Valium
 (3) boxes, each containing (10) vials, each vial containing (10 ml.) Talwin (Pentazocaine)
 (1) open bottle appr. 800 capsules 100 mg. Secobarbital Sodium

HOW DO YOU SUE A COMPUTER?

You don't, but you can sue a computer firm. And that's what is probably going to happen to the Chicago organization which inadvertently mailed their hotel client's promotion to the wrong list of names. Seems the hotel wanted to send a thank you letter to its customers . . . thanking them for staying at the hotel. You guessed it . . . hundreds of surprised spouses found themselves with some explaining to do. The hotel switchboard lit up with over 500 calls from husbands and wives suspicious of extramarital activity. Many women were in tears, one woman said she was 65 years old and

this was the first time she had ever had trouble with her marriage. One bride-to-be claimed her fiance saw the letter and called off the wedding. Many women called who said they now knew where their husbands spend their lunch hours. The mess is going to take years to straighten out, if ever. The hotel manager summed it up by saying that the incident showed that husbands and wives don't trust each other much these days, and that ". . . if it were any other business but a hotel it would be forgotten. It's things like this that make a guy wish he were selling aluminum siding."

—The Carolinas Association Letter

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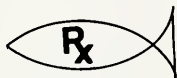
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NEW PHARMACIES

(1) Sime Professional Pharmacy, Inc., 116 Lee Street, Shelby 28150. Myron S. Sime, pharmacist manager.

(2) The Medicine Shoppe, 3127 North Main Street, Hope Mills 28348. Robert P. Harris, pharmacist manager.

(3) Crown Drugs, Inc., Westgate Shopping Center, Taylorsville 28681. Alvin Dell Woody, pharmacist manager.

(4) Big Value Drugs, Inc., 1112 North Greene Street, Greenville 27834. Ronald Tucker Tripp, pharmacist manager.

(5) Pellcare Nursing Home Pharmacy, 1125 10th St. Blvd., N.W., Hickory 28601. David L. Chronister, pharmacist manager.

(6) The Medicine Shoppe, 677 East Broad Avenue, Rockingham 38279. Henry N. Graham, pharmacist manager.

(7) Revco Discount Drug Center #866, Old U. S. 19 & 23, Asheville 28804. Jerry Keith Adams, pharmacist manager.

(8) Revco Discount Drug Center #854, Matthews-Pineville Road & Park Road, Pineville 28134. Marilyn Rhew, pharmacist manager.

RECIPROCITY

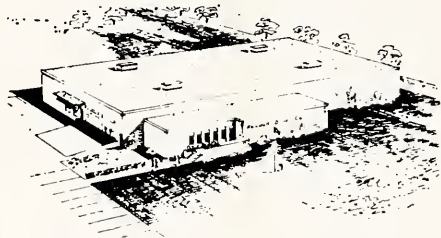
Henry Morris Chilton from Tennessee
Ralph George Dillon from Idaho
Freddie Hudson Moore from South Carolina
Larry Cecil Shepherd from Tennessee

WESTERN CAROLINA HOSPITAL, BLACK MOUNTAIN

Six ounces of cocaine are missing from the hospital pharmacy's vault. Edward Knight, pharmacist, reported he discovered the cocaine missing when he received a prescription for the drug—the first in two years.

TRANSFER OF OWNERSHIP

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*Every modern ingredient
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SHELBY, N. C.
GORDON G. HAMRICK
Vice President

LETTERS TO THE EDITOR

Chief Justice Burger
United States Supreme Court
Washington, D. C.

Dear Sir:

"The Court notes that roughly 95% of all prescriptions are filled with dosage units already prepared by the manufacturer and sold to the pharmacy in that form . . . it is clear that in this regard he no more renders a true professional service than does a clerk who sells lawbooks."

This quote was published in the July 5, 1976 edition of *NARD Journal* (Vol. 98, No. 13). If you do not recognize this particular quote, it is an excerpt from your separate concurring opinion in the 7-1 United States Supreme Court decision concerning commercial advertising of prescription drug prices by retail pharmacists. In that decision, the Court dealt with the State's power of prohibiting advertising of retail prices of prepackaged drugs.

The Court's decision concerning the prohibition of the ban on prescription price advertising does not disturb me as much as the reasoning behind your concurring opinion.

First of all, what does a "clerk who sells lawbooks" have to do with a pharmacist dispensing drugs? Does a lawbook have the potential of killing a person (other than it being used as a weapon)? Does a "clerk who sells lawbooks" perform any other professional service as does a pharmacist, which you admit in your opinion that he does? Does a "clerk who sells lawbooks" have to pass a lengthy theoretical and practical examination and have at least nine months of practical experience before he can sell his lawbooks?

Secondly, I seriously doubt that you, Justice Burger, can comprehend the role that pharmacists play in the health care system in the United States. Pharmacists daily deal with potentially harmful substances—DRUGS. I will readily admit that, due to advances in pharmaceutical technology, a large part of a pharmacist's practice involves transferring medication from one bulk container to another individual container to dispense to the patient. This system helps to insure that top quality pharmaceuticals that comply to USP (United States Pharmacopoeia) standards are dispensed at the lowest possible cost to the patient. Everyone can see this part of pharmacy.

Chief Justice Warren E. Burger's comment "in filling most prescriptions a pharmacist no more renders a true professional service than does a clerk who sells law books" evoked an immediate response by numerous pharmacists. Here is one which we hope got past the Chief Justice's secretarial staff—Editor.

But no one sees the part of pharmacy that requires five to six years of intensive college level study (including courses in pharmacology, pharmacognosy, physiology, and pathophysiology to name a few) at one of the many excellent schools or colleges of pharmacy in the United States. No one sees the part of pharmacy that could potentially kill a person if a mistake were made. The pharmacist is the *very last* person between the physician ordering medication for his patient—the last one to detect a possible error in the prescription that could harm the patient. The pharmacist is trained to interpret the medication order from a physician and to look for the correct dose and dosage form, possible adverse drug reactions with the patient's other medication, and the legal correctness of the prescription. This entire process could only take less than one minute, but it is the *most* important obligation that the pharmacist has to the patient—to insure a correct, safe prescription.

Pharmacists have other professional tasks besides the actual dispensing of drugs to a patient. Patient profile records are often kept on each individual to help in detecting a possible drug interaction. The pharmacist is the person best suited to help explain to the patient the dosage regimen, the contraindications, and the possible side effects of a certain drug and to make sure that the patient adheres to the physician's orders (many people do not like to bother their physician about this type of question). Pharmacists also usually have more time than most physicians to keep up with new drug information, thus making himself available as a drug information outlet to both the physician and the patient. Transferring tablets from one container to another may not seem too professional to you, but it is part of the *total* concept of the pharmacy profession—providing services to the sick and the healthy.

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We are proud of our long association with North Carolina druggists through the *Carolina Journal of Pharmacy* and its editors. We look forward to serving your graphic needs in the future.

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Durham Chapel Hill Blvd Durham N C 27707

If all of what I have said above still does not convince you that pharmacists are not synonymous to "clerks who sell lawbooks," then I am sure that all the clerks (pharmacists) in the United States would appreciate your permission to use your quote in the next malpractice suit filed against a "clerk." I hope you are aware, Justice Burger, that pharmacists can be, and are, sued for malpractice. Webster refers to malpractice as "any professional misconduct." In that aspect, local courts still see pharmacists as *professional* members of the total health care team who daily hold the lives of their patients in their hands and who are held accountable for mistakes they may make in the capacity of a professional.

The pharmacists of America would certainly appreciate your suggesting to Congress to pass a Federal law prohibiting the filing of suit for malpractice against all "clerks." Since the life of the patient is in his hands, it would be a relief to know that a pharmacist would be immune to a malpractice suit.

Thank you, Justice Burger, for your time and effort because it has long been observed that jurist, at whatever level, tend to pass "authenticated" judgment far outside their realm of comprehension, particularly when it has no bearing on jurisprudence. It seems to be one of those occupational hazards and the "authenticated" judgment you have rendered in this particular case certainly personifies that contention.

Sincerely,
Thomas Edwin Hawkins
Pharmacy Student
UNC School of Pharmacy
Chapel Hill, N. C.



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ALAMANCE COUNTY MEETING

Reported by Jack Watts

Guest speaker at the July 28 meeting of the Alamance County Pharmaceutical Society was Dr. David Work, Executive Secretary of the North Carolina Board of Pharmacy.

Dr. Work discussed the work of the Board, new regulations and changes, and closed with a question and answer session.

The dinner meeting was held in Burlington at the Cutting Board.

ROCKINGHAM COUNTY

Louis Humphries, DEA Agent, guest speaker at the July 18 meeting of the Rockingham County Society of Pharmacists, in discussing drug abuse by teenagers, said:

"The young ones will buy anything. They don't care what it is that they are getting just so long as they think that they are going to get a 'high' from it."

WAKE COUNTY

Clark Miller, the Kodak Sales Representative in the Raleigh, area, demonstrated Kodak's new instamatic cameras, EK4 and EK6, at the August 3 meeting of the Wake County Pharmaceutical Association.

W. H. Wilson, Director of Professional Relations, EDSF, announced the new Medicaid Rx manual and claim forms would be available by mid-August and that EDSF planned to pay claims every two weeks.

The Association will sponsor a CE program—Major and Minor Tranquilizers—on October 20.

The August 3 meeting was at Parkers Bar-B-Q with thirty members present.

NORTHEASTERN

Reported by J. G. Blount

Stephen Caiola, Assistant Professor and Coordinator of Ambulatory Care Programs at the UNC School of Pharmacy, assisted by Steve McCombs of N. C. Memorial Hospital, presented a program on "Patient Counseling" at the August 11 meeting of the Northeastern Carolina Pharmaceutical Society.

The meeting, held in Williamston at the Town and Country Restaurant, was attended by 25 members. Joe Minton, president, presided.

FORSYTH COUNTY

Reported by Priscilla Brown

The Forsyth County Pharmaceutical Society met July 16 at Medical Park Hospital.

Members present at the meeting engaged in a lengthy discussion regarding their feelings towards pharmacists taking blood pressure readings in the community.

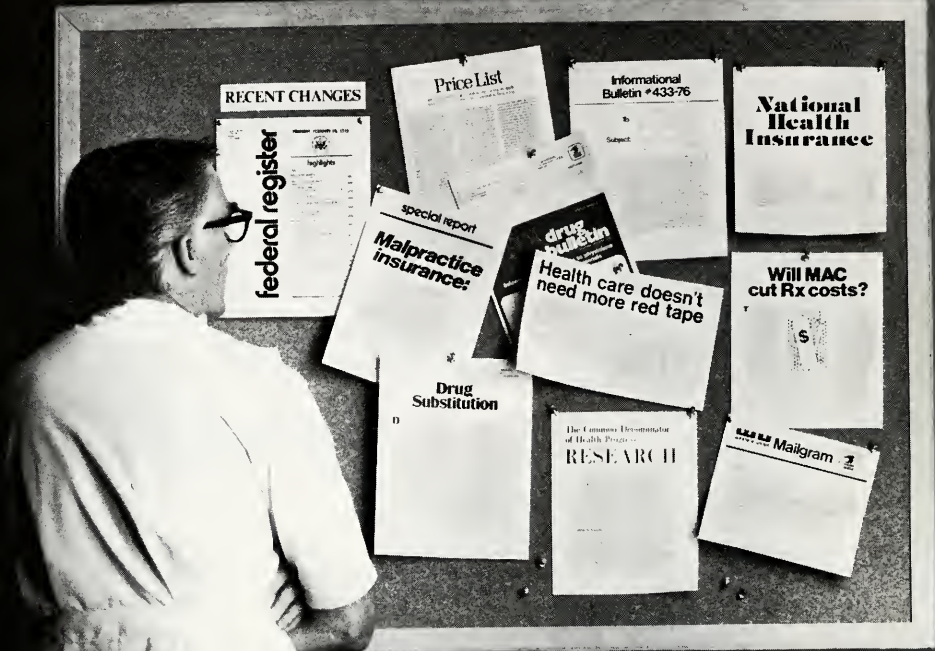
The Society decided to send \$50.00 to the North Carolina Pharmaceutical Research Foundation as a challenge to other societies. Wade Gilliam informed the members of the importance of the Foundation.

GEIGY ASSIGNS BALUSS TO KNOXVILLE TERRITORY

Daniel C. Baluss of Weaverville, North Carolina has completed the basic indoctrination training class of GEIGY Pharmaceuticals, a leading producer of prescription drugs. The course comprises four weeks of lectures, presentations, discussions and testing at GEIGY's training center at Bear Mountain, N. Y. and meetings with executives at the company headquarters in Summit, N. J.

As a GEIGY representative, operating out of Knoxville, Tennessee, he will supply the latest technical pharmaceutical information to physicians at every level, research clinicians, university professors and pharmacists. He will return to the training center for more advanced instruction in the near future as part of GEIGY's continual education program.

GEIGY Pharmaceuticals is a leading producer of prescription medicines used in the treatment of such diseases and ailments as diabetes, arthritis, gout, epilepsy, mental depression, trigeminal neuralgia, nasal congestion and bronchial asthma.



THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR CUSTOMER.

Pharmacy today is in the spotlight, subjected to all kinds of scrutiny. Your actions are being monitored and judged, sometimes by unknown third parties.

The worry is that in the wake of this focus, your relationships with both doctors and patients will be weakened, without offsetting benefits. Consider three examples:

Drug substitution Until recently, state pharmacy laws, regulations, or professional custom have stipulated that non-generic prescriptions be filled with the precise products prescribed. But in the last five years, a number of these laws or regulations have been changed, permitting you, in varying degrees, to make the selection when a multi-source product is ordered.

These changes have been taking place against a background of growing evidence that purportedly-equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA has not enforced the same standards for hundreds of "follow-on" products that it has applied to original NDA approvals. This situation, it seems to us, is a compelling reason for product selection to rest on a sensible interchange between doctors and pharmacists—and not on legislative action.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant overall savings has been produced, nor is any likely, given the needs of pharmacy and the record of government in administering cost control programs.

MAC Maximum Allowable Cost, MAC for short, is a federal regulation intended to cut the government's drug bill by setting price ceilings for multi-source drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the

program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right, regardless of your economic or professional judgments. Pharmacists will have little to say about administration of the program, since government will have absolute authority to make its prices and fees stick. For other multi-source drugs on the MAC list, your reimbursement would be limited to a product price on a government "estimated acquisition cost" list and a state-established professional fee.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to patients: the cost of the research is more than ten times what it was, per product, in 1962, and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years or more now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present complex approval process contributes to needless delay of drug therapy. That's why the increased efficiency of the drug and device approval process is vital to all our futures.

We suggest you make your voice heard on these issues—among your colleagues and your representatives in state legislatures and in the U.S. Congress.

It could make a difference to patients and to the practice of your profession tomorrow.

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NCPHA INITIATES EFFORT STANDARD PHARMACY CLAIM FORM

Representatives of the North Carolina Pharmaceutical Association met with officials of Blue Cross/Shield of North Carolina on July 19 to discuss adoption of a standard claim form in submitting claims to third party agencies for pharmacy service provided to eligible beneficiaries.

The Association's recommendation was referred to an ad hoc committee of the Health Insurance Advisory Board which has the responsibility for considering health insurance claim forms. The committee is headed by C. B. Sessoms of Blue Cross/Shield.

K. G. Beeston of Blue Cross/Shield said that a high percentage of Blue Cross and Blue Shield subscribers held Major Medical, Extended Benefits, or North Carolina 65 contracts which, subject to deductibles or prior hospitalization requirements, provided coverage of prescribed legend drugs at 80 per cent of reasonable and customary charges.

He said the volume of such eligible charges was currently running at approximately \$11 million per year, that a standard mechanism existed for payment of benefits direct to pharmacists but that most claims were paid to subscribers in reimbursement for expense already paid, and that such supplemental claims also included other types of services such as physicians' office visits.

Mr. Burgiss concurred that date, Rx number, drug name and strength, quantity, and charge were items of basic reporting information. He referred to the Non-Participating Provider Prescription Drug Program Claim Form used by Indiana Blue Cross and Shield as an example of a form that he regarded favorably.

W. J. Smith expressed the opinion that a free standing Rx program will eventually evolve in North Carolina. To assist with in-

creased knowledge of subscriber benefits, he suggested compilation of a brochure and manual.

The meeting was organized by K. G. Beeston. Present from Blue Cross/Shield, in addition to Mr. Beeston, were Dr. S. M. Sessoms, C. B. Sessoms, M. B. Allen, L. E. Griffith and J. S. Owens. From the NCPHA: Tom Burgiss, Hunter Kelly and W. J. Smith.

NEW INDICATION APPROVED FOR SEPTRA: PNEUMONITIS DUE TO PNEUMOCYSTIS CARINII

P. carinii pneumonitis characteristically occurs in immunodeficient patients, especially children being treated for acute lymphoblastic leukemia. *P. carinii* is one of the opportunistic organisms that is appearing with growing frequency as more cancer and organ transplant patients are placed on immunosuppressive therapy. If untreated, *P. carinii* pneumonitis is almost invariably fatal.

Until recent experience with Septra, the only agent with proven usefulness against *P. carinii* was pentamidine isethionate, an investigational drug available from the Center for Disease Control, but not commercially. Even after pentamidine therapy, however, mortality rates have often remained high. In addition, adverse reactions such as nephrotoxicity, hepatotoxicity, hypoglycemia, and abscess or necrosis at the injection site, are relatively frequent.

Experience with Septra in *P. carinii* pneumonitis indicates it is comparable to pentamidine in efficacy and is decidedly less toxic. A cure rate of 80% was achieved with Septra in a series of 26 patients 9 months to 16 years of age on immunosuppressive cancer chemotherapy. And no serious side effects were noted. Septra will undoubtedly be welcomed by pediatricians and oncologists—indeed, by all physicians—as valuable first-line therapy for this rare, but serious infection.



THE FORMATIVE YEARS

Exhibit in the Institute of Pharmacy highlights the early fund-raising and construction days that brought the now 25-year-old North Carolina Institute of Pharmacy into operational status. Photo by Colorcraft.



FOR SERVICE AND DEVOTION

Mrs. L. Milton Whaley (left), President of the Woman's Auxiliary, and Tom Burgiss (right), President of the NCPHA, are pictured with NCPHA Executive Director W. J. Smith and Mrs. Smith following announcement the two organizations had commissioned two oil portraits of The Smiths to be painted and hung in the Institute. Photo by Colorcraft.

NORTH CAROLINA INSTITUTE OF PHARMACY OBSERVES 25th ANNIVERSARY ON AUGUST 15

The Institute of Pharmacy on Church Street officially opened its doors twenty-five years ago—a building made possible by contributions of pharmacists, members of the Woman's Auxiliary to the NCPHA, and friends of Pharmacy.

To mark the anniversary, a special dedication was held Sunday, August 15, at the Institute. L. Milton Whaley, Wallace, immediate past-president of the N. C. Pharmaceutical Association, brought a tribute to those who made the building, its furnishings, and equipment possible.

Thomas R. Burgiss, Sparta, NCPHA president, presided at the meeting, which also featured the dedication of memorial bronze plaques to the late Seymour Blaug of Chapel Hill, and Joseph W. Pike, Sr. of Concord.

The Institute of Pharmacy, owned and operated by the North Carolina Pharmaceutical Association, not only houses Association offices, but is used for numerous meetings, seminars, etc.

In 1951 when its doors were opened there were very few public meeting places available in Chapel Hill. One of the first usages of the Institute auditorium was by the sewing group of North Carolina Memorial Hospital, hemming towels and making various items in preparation for the opening of the hospital. Mrs. M. L. Jacobs, first volunteer director of the hospital supervised the workroom.

The Community Club (now the Chapel Hill Women's Club) met at the Institute monthly, as did the Chapel Hill Garden Club. Three churches were organized there: the Binkley Baptist Church, the Covenant Presbyterian Church (no longer in existence) and the Church of the Holy Family.

As meeting places became more readily available in Chapel Hill, the Institute limited itself almost exclusively to health-related organizations. However, the Men's Garden Club still meets at the Institute, and gives many hours of volunteer work as "grounds-keepers" in return for meeting space.

Continued on Page 27



25TH ANNIVERSARY PROGRAM PARTICIPANTS

Front row, left to right: Cade Brooks, Tom Burgiss, Milton Whaley and LeRoy Werley. Back row: Eugene Hackney and Whitaker Moose. Photo by Colorcraft.



VAN REAMES

TOM McLEAN

CHARLIE EDWARDS

OLGIE TARR

JAMES TEACHEY

KEN MC ARTHUR

WALKER CRUMP JOHN HARRISON

JACK CANUPP

BOYD BARNETTE

ION COLEY

HORACE FLANIGAN

LENNIE CASEY

TOM CORCORAN

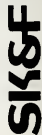
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Continued from Page 25

The N. C. Memorial Hospital Auxiliary meets there frequently. Numerous pharmacy groups use the building including the Durham-Orange Pharmaceutical Society, the Chapel Hill Woman's Pharmaceutical Auxiliary, Pharmacy Student Wives Organization, the Student Branch of the NCPHA, and many groups who use the building on a one-time basis.

The N. C. Board of Pharmacy was also housed at the Institute of Pharmacy until March of 1975 when both they and the NCPHA needed additional space.

W. J. Smith has been Executive Director of the NCPHA since 1940, and of the Institute of Pharmacy since its inception.



21st ANNUAL DINNER N. C. ACADEMY OF PHARMACY

Mary Ann F. Kirkpatrick of Bon Air, Virginia; Dewayne P. Franzen of Greensboro and Willie B. Webster, Jr. of Fairmont were inducted into the North Carolina Academy of Pharmacy at the 21st annual Academy dinner held at the Governors Inn, Research Triangle Park, August 15.

Guest speaker was Charles H. Singler, General Sales Manager, Burroughs Wellcome Company. His topic was "The Challenge Facing Pharmacy Today."

Mr. Singler was introduced by W. H. Wilson, a past president of the NCPHA, now director of professional relations for E.D.S. Federal.

NCPHA President Tom Burgiss presided during the program presentation. The invocation was by Marshall Sasser of Smithfield and the Academy members were inducted by B. Cade Brooks of Fayetteville.

Eighty six Academy members and guests attended the dinner.



N. C. ACADEMY OF PHARMACY
member Mary Ann F. Kirkpatrick of
Bon Air, Va., with B. Cade Brooks.



NCPHA Executive Director W. J. Smith (left) presents N. C. Academy of Pharmacy certificate to Dewayne Franzen, Greensboro. Photo by Al Mebane.



1. hydrochlorothiazide

2. reserpine

3. hydralazine

4. methyldopa

5. guanethidine

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DEDICATION OF BLAUG PLAQUE

Mrs. Seymour Blaug is shown with daughters, Suzanne (left) and Amy on the occasion of dedication of plaque in memory of Seymour M. Blaug, Dean of the UNC School of Pharmacy, 1974-1975. Photo by Colorcraft.



DEDICATION OF THE PIKE PLAQUE

Jesse M. Pike Sr. and his mother, Mrs. Joseph W. Pike, Sr., hold bronze plaque in memory of the late Joseph W. Pike, Sr. whose family tree includes 28 pharmacists (some shown above with family members assembled for the dedication ceremony in Chapel Hill on August 15). Photo by Colorcraft.

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Left to right: Reed E. Petersen, R. Ph.,
Vice President for Domestic Pharmaceu-
tical Marketing; Louis C. Schroeter,
Ph.D., R. Ph., Vice President for Pharm-
aceutical Manufacturing; and Anthony
J. Taraszka, Ph.D., R. Ph., Vice President
for Pharmaceutical Control.



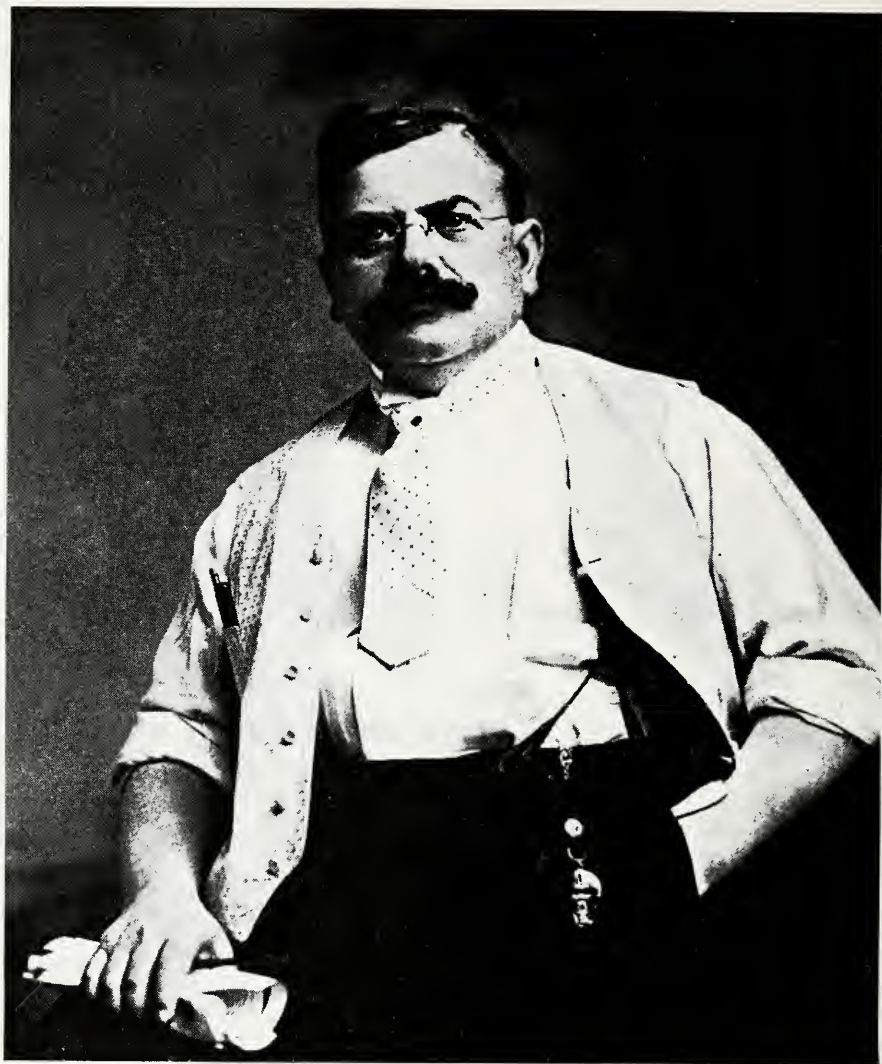
ACADEMY OF PHARMACY

Guest speaker at the 21st Annual Dinner was Charles H. Singler (center), General Sales Manager, Burroughs Wellcome Company. Shown with Mr. Singler are W. H. Wilson (left), Director of Professional Relations, E.D.S., and Tom Burgiss, President of the NCPhA. Photo by Colorcraft.




PROGRAM PARTICIPANTS—ACADEMY OF PHARMACY DINNER

(Left to right) W. H. Wilson, Charles H. Singler, Marshall Sasser, Tom Burgiss and Cade Brooks. Photo by Colorcraft.



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UNC PHARMACY SCHOOL NOTES

PHARMACY MEETING HELD AT WRIGHTSVILLE BEACH

The School of Pharmacy and the North Carolina Board of Pharmacy were co-sponsors of a meeting held at the Blockade Runner Motor Hotel, Wrightsville Beach, August 8-10, 1976.

The meeting brought together faculty and members of boards of pharmacy from seven southeastern states and Puerto Rico. Over two hundred were in attendance at the two day meeting.

Members of the UNC School of Pharmacy who were program participants included LeRoy D. Werley, Jr., Acting Dean, Dr. George P. Hager, Dr. George D. Russell, and Professor Claude U. Paoloni. Dr. Eugene S. Mayer, Deputy Director, North Carolina Area Health Education Centers Program, UNC School of Medicine, also participated as a program speaker.

GAGNON APPOINTED TO PHARMACEUTICAL POST

Dr. Jean P. Gagnon, Associate Professor of Pharmacy Administration, UNC School of Pharmacy has been appointed Chairman-Elect of the Economics and Administrative Science section of the American Pharmaceutical Association Academy of Pharmaceutical Sciences.

Dr. Gagnon joined the faculty at the UNC School of Pharmacy in August, 1975.

WERLEY PHARMACY MEETING SPEAKER

LeRoy D. Werley, Jr., Acting Dean of the U.N.C. School of Pharmacy, was the recent speaker at a combined county pharmaceutical society annual banquet held in Kenansville.

The meeting was sponsored by pharmaceutical societies representing Duplin, Lenoir, Onslow, Wayne, Sampson, and Jones counties.

Werley's topic was "THE FUTURE OF THE U.N.C. SCHOOL OF PHARMACY AND ITS EFFECT ON THE PROFESSION". Over one hundred area pharmacists heard Werley at this presentation.

BIRTHS

Jack and Nan Alexander of Highlands announce the birth of a daughter, Rachel Luann, on July 22.

Rachel is the fifth addition to the family. Jack, a 1964 graduate of the UNC School of Pharmacy, is owner/manager of Highlands Rexall Drugs.

While in Chapel Hill, Nan was an active member of the Pharmacy Wives organization and later, the Woman's Auxiliary of the NCPHA.

BIRTHS

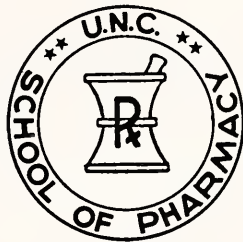
Dr. and Mrs. N. W. Musselwhite III of Wilmington announce the birth of a son, Neill Hector Musselwhite IV—August 7—weighing 9 pounds 3 ounces. Mrs. Musselwhite (Nancy Adams) a 1968 graduate of the UNC School of Pharmacy, is with Williams Pharmacy of Wilmington. Dr. Musselwhite, 1966 graduate of the UNC School of Pharmacy, received his M.D. from Bowman Gray School of Medicine and is in general practice in Wilmington.

DEATHS

J. S. LeGETTE

John S. LeGette, age 72, Charlotte pharmacist, died at Mercy Hospital on July 19.

Mr. LeGette, a 1926 graduate of the UNC School of Pharmacy, was owner-operator of Dilworth Pharmacy for 17 years and at retirement in 1969, was associated with Eckerd Drugs.



NEW BERN

Two drug stores (Scottie Discount Store and Professional Drive Pharmacy) lost more than \$600 in late July breakins.

The NCPHA-Endorsed Insurance Plans Which Merit Member Participation

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BASIC PLAN: Accident Total Disability—Lifetime
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Limit Available)

TERM LIFE PLAN

Up to \$20,000 For Members
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EDWARD VERNON HOWELL

The Institute of Pharmacy is the recipient of three pictures of the late UNC School of Pharmacy Dean Edward Vernon Howell.

The pictures, made by Pharmacist Kelly Bennett of Bryson City, were taken more than 50 years ago when Dean Howell was on a visit to Western North Carolina.

Now on permanent display in the North Carolina Institute of Pharmacy, the pictures were contributed by Mrs. Mary Alice B. Greyer, now owner/manager of Bryson City Drug Company which was established in 1905.

Edward Vernon Howell served as dean of the UNC School of Pharmacy from its founding in 1897 until his death in 1931.

PRICING GUIDELINES

You're gouging on your prices if
You charge more than the rest.
But it's unfair competition
If you think you can charge less.
A second point that we would make
To help avoid confusion:
Don't try to charge the same amount
That would be collusion!
You must compete. But not too much,
For if you do, you see,
Then the market would be yours—
And that's monopoly!

—R. W. Grant

PHARMACY REPRESENTATIVES TO MEET IN OCTOBER

The Second Annual Medical Service Representative Conference, sponsored by the School of Pharmacy, University of North Carolina will be held October 28 and 29 at the Governor's Inn, Research Triangle Park, North Carolina. The program is devoted to areas of concern involving medical service representatives (detailers) and the pharmaceutical industry.

Speakers and topics for the day and one-half program are:

WHO'S TO CONTROL THE PHARMACEUTICAL INDUSTRY—US OR THEM?

Howard L. Binkley, Vice-President, Research Planning Pharmaceutical Manufacturers Association, Washington, DC

and

T. Donald Rucker, Ph.D., Professor, Pharmacy Administration, Ohio State University

IS YOUR ATTITUDE SHOWING?

Robert Engle, Manager, Sales Training Ayerst Laboratories, New York City

SOME OF YOUR BEST FRIENDS ARE IN THE FDA

Peter Rheinstejn, M.D., Director, Division of Drug Advertising, FDA, Washington, DC

WHAT EVERY MSR SHOULD KNOW

Bill McKnight, Editor, Pharmaceutical Salesman Northfield, Illinois

WHAT EVERY MSR SHOULD KNOW (ABOUT WHAT'S GOING ON IN WASHINGTON)

James G. Dickinson, Managing Editor Weekly Pharmacy Reports (The Green Sheet)

MEDI-CAL: THE BEGINNING OF THE END FOR MSRs?

Carlo Michelotti, Assistant Chief, Medi-Cal Benefits Section
Department of Health, State of California

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Interviews with people MSRs do business with, Reactor Panel to respond.

FITNESS FOR BUSY PEOPLE

Dinner speaker, *Dean D. Miller, Ph.D.*, National Director, Physical Fitness Institute of America, Lake Tahoe, Nevada

The registration is \$45.00 which includes luncheon, social hour, and a banquet to be held on the evening of October 28. Registration forms may be obtained by writing Continuing Education, UNC School of Pharmacy, Chapel Hill, NC 27514 or by telephoning 919-966-1121.

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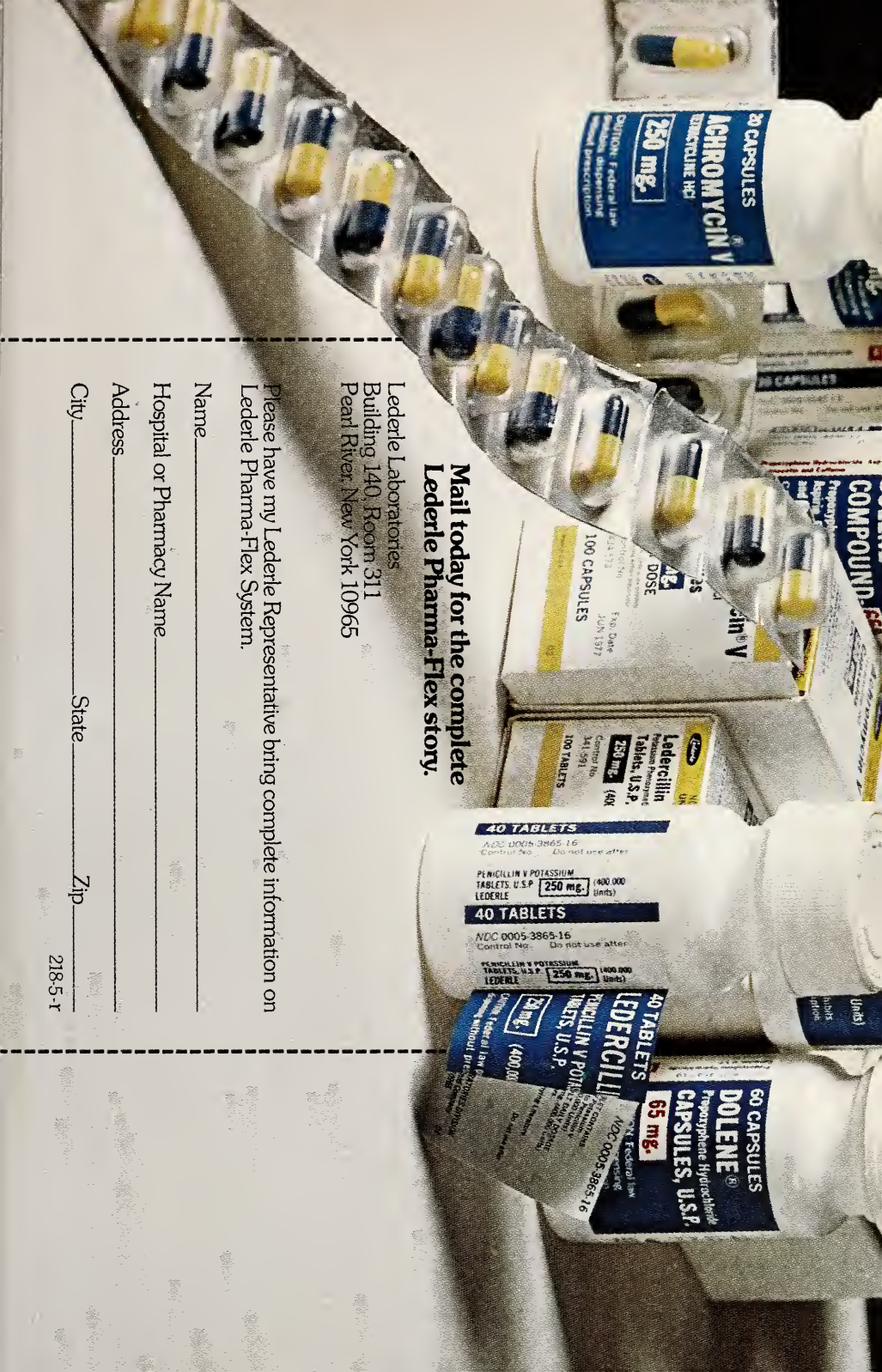
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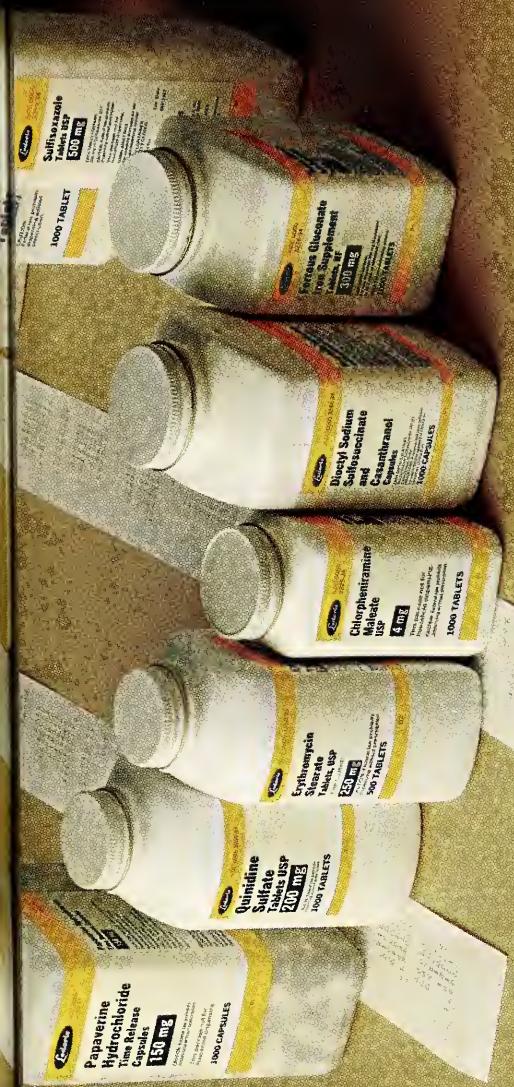
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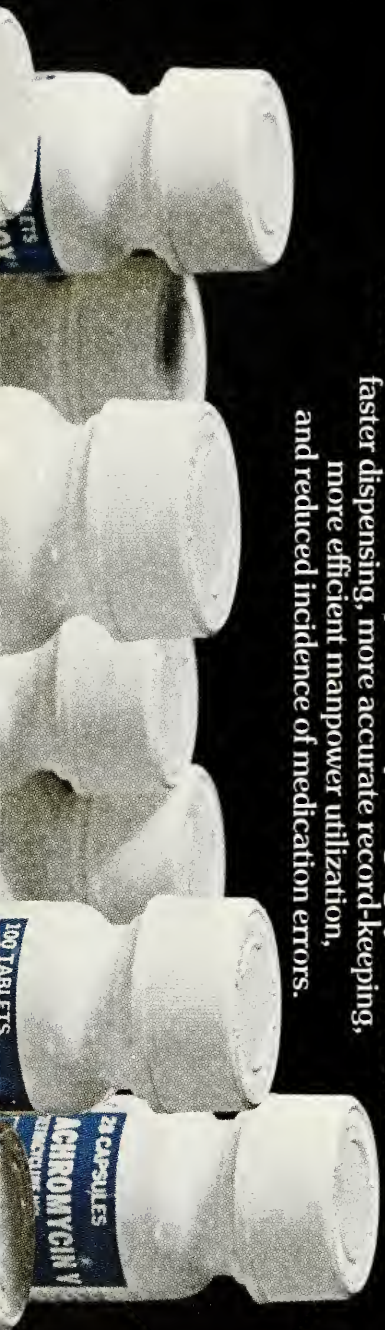
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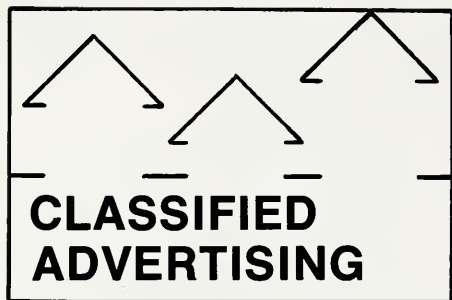
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- Darvon** (and all generic forms of Propoxyphene)
- Demerol** (Meperidine HCL)
- Desoxyn** (and all generic forms of Methamphetamine)
- Dexamyl** (and all other Amphetamine/Barbiturate combinations)
- Dexedrine** (and all generic forms of Dextroamphetamine)
- Dilaudid** (Hydromorphone HCL)
- Empirin c/Codeine 1,2,3** (and similar preparations with Codeine)
- Eskatrol** (and all other forms of Prochlorperazine)
- Fiorinal c/Codeine 1,2,3** (Butalbital/Codeine combination)
- Librium** (and all other forms of Chlor-diazepoxide)
- Miltown** (and all generic forms of Meproamate)
- Morphine** (all forms and preparations)
- Nembutal** (and all generic forms of Pentobarbital)
- Obetrol** (and all other Amphetamine combinations)
- Percodan** (Oxycodone HCL)
- Placidyl** (Ethchlorvynol HCL)
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- Quaalude** (and all generic forms of Methaqualone)
- Ritalin** (Methylphenidate HCL)
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- Tuinal** (and all other Secobarbital/Amobarbital combinations)
- Valium** (Diazepam)

NCPHA EMPLOYMENT BUREAU

A service of, by and for members of the North Carolina Pharmaceutical Association. If in need of a pharmacist or a pharmacist open for employment in North Carolina, call or write the NCPHA, Box 151, Chapel Hill, N. C. 27514 (919/967-2237), for application.

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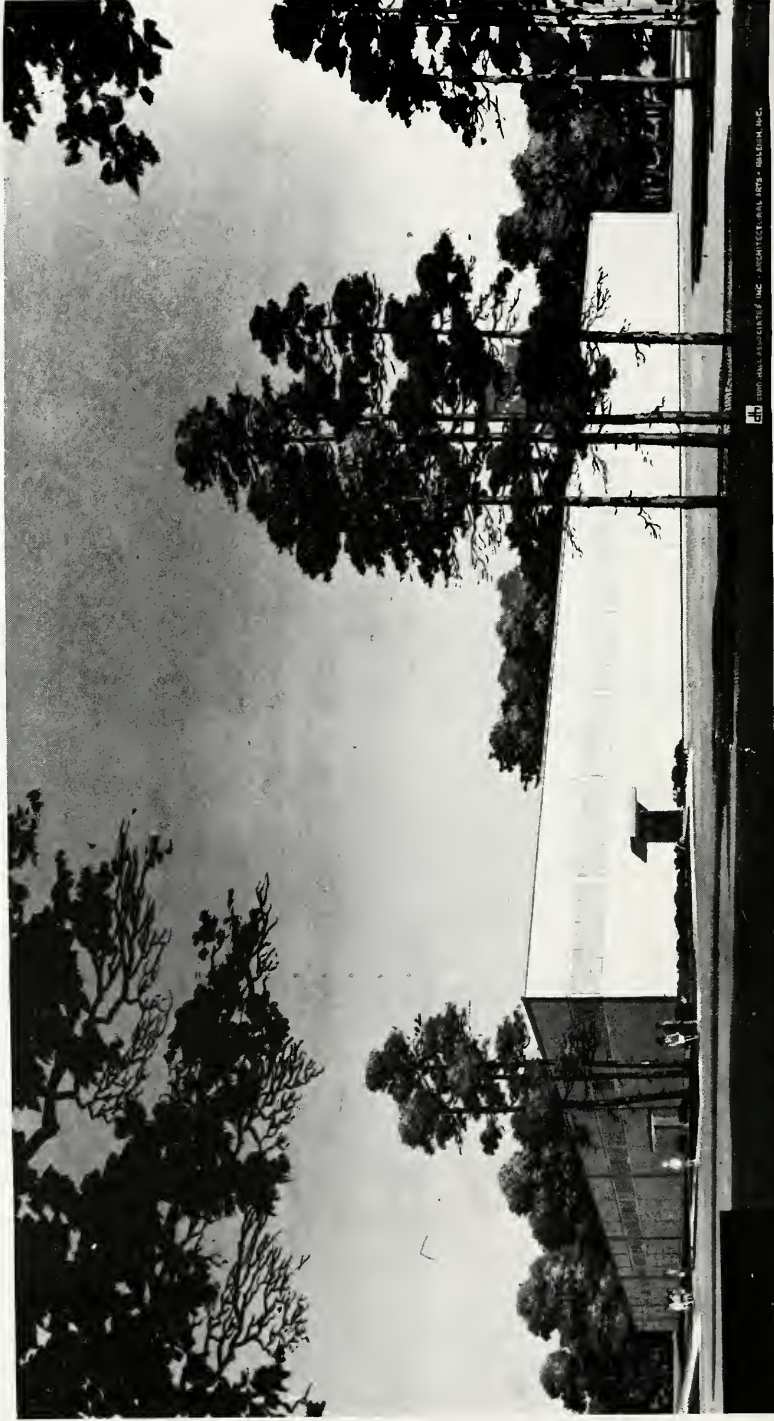
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THE CAROLINA JOURNAL of PHARMACY

NUMBER 10

VOLUME 56

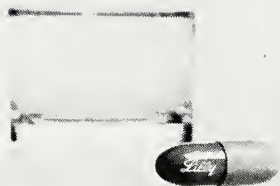
OCTOBER 1976



WORLD'S OLDEST KNOWN PRESCRIPTIONS (Over 4000 Years Old)

This tablet, on display in the North Carolina Institute of Pharmacy, is an exact replica of one found about 75 years ago in Mesopotamia (now Iraq). It is written in the cuneiform script characteristic of about 2100 B.C.

One of the tablet's dozen prescriptions includes the powdered skin of a water snake plus amamaashdubkaskal and shaki. The original tablet is in the University Museum, Philadelphia.



The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it.

Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis—after which it could never be used by a patient.

This means that you depend on the manufacturer for assurance that the dose the patient takes is identical to the ones which have been tested.

At each step in the manufacture of a Lilly drug, test after test confirms the ingredients, formulation, purity, and accuracy—all the critical factors that assure that every Lilly medicine is just what the doctor ordered.

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And, of course, government standards alone do not assure the efficacy and consistency—the quality of each drug you dispense.

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This liberal "Returned Goods" Policy means you deal directly with the Company, not with your wholesale distributor.

For full details, please contact your B.W. Co. Representative or write:

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THE CAROLINA JOURNAL of PHARMACY

OCTOBER 1976

VOLUME 56

NUMBER 10

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AN ERA COMES TO A CLOSE WITH DEMISE OF HEDGEPEETH'S FOUNTAIN

An era come to an end in September when the soda fountain at Lumberton's Hedgepeeth Pharmacy was closed.

Hedgepeeth Pharmacy, in relocating down the block, to the corner of Elm & Fourth, decided to eliminate the fountain.

Hedgepeeth's was established in 1926, purchased by J. C. Jackson and Jack E. Bryan in 1940 and now operated by Mr. Jackson and his son-in-law, Eugene Hackney and his wife, Sara Alice J. Hackney. All three pharmacists are graduates of the UNC School of Pharmacy.

An entire block of buildings, including the Lorraine Hotel and its first level occupant, Hedgepeeth Pharmacy, is being leveled in a downtown renewal project.

According to The Robesonian, "the demise of the fountain will leave coffee drinkers and downtown customers without a watering hole."

DEA GUIDELINES FOR USE OF COMPUTER SYSTEMS IN THE PROCESSING OF OUTPATIENT PRESCRIPTIONS

1. The pharmacist has control over all prescriptions.
2. Responsibility for each prescription is attributable to one pharmacist.
3. Data are readily retrievable.
4. All prescription transcriptions occurring while the automated system is inoperable must be retrospectively entered into the system as soon as possible.
5. Data in computerized prescription storage systems are recreated in case of need.
6. The system must provide for maintenance of confidentiality of patient information.

MICHAEL E. WINTERS JOINS A. H. ROBINS

Michael E. Winters has joined A. H. Robins Company, Richmond-Based pharmaceutical firm, as a medical service representative.

Winters, who holds a Bachelor of Science degree from Bowling Green State University,

has been assigned to the company's South Atlantic Division and will be working in the Charlotte, N. C. area.

BREAK-INS/HOLDUPS

Buie Pharmacy, Winston-Salem—After smashing the front plate glass door, thieves entered the pharmacy and took a quantity of CS drugs. Coming in late August, this was the second break-in at the pharmacy in a week.

Kenilworth Drug Store, Asheville—Someone broke a window, entered the pharmacy and appropriated CS drugs.

Arthur's Pharmacy, High Point—Two men forced three pharmacy employees to lie on the floor while they removed \$1,100 in cash and an unknown (at press time) quantity of CS drugs.

Haw River Drug Store, Haw River—More than \$1000 of CS and non-CS drugs were taken in a late August break in at the pharmacy.

Cornwell Hospital Pharmacy, Shelby—Police stopped a break-in and theft in progress and recovered \$400 worth of watches and \$23 in cash taken from the pharmacy.

Henderson Drug Company #2, Henderson—A large amount of CS drugs was taken in a break-in at the pharmacy.



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TOM S. MIYA APPOINTED DEAN OF THE UNC-CH SCHOOL OF PHARMACY

Dr. Tom S. Miya of Purdue University has been appointed professor of pharmacy and dean of the School of Pharmacy and professor of pharmacology in the School of Medicine at the University of North Carolina at Chapel Hill.

The appointment, effective Jan. 1, 1977, was announced today by Chancellor Ferebee Taylor following approval by the UNC Board of Governors.

Miya succeeds Dr. Seymour M. Blaug who died following a heart attack in November 1975.

In announcing Miya's appointment, Chancellor Taylor said, "We are looking forward very much to the leadership that we expect Dr. Miya will provide to our School of Pharmacy. He brings us a very strong background in scientific research in pharmacology and is also recognized as a leader in pharmacy education."

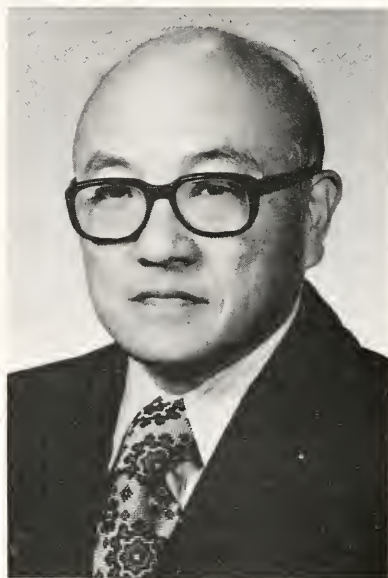
The immediate past president of the American Association of Colleges of Pharmacy, Miya has been head of the Purdue department of pharmacology since 1963. He joined the Purdue faculty in 1948 after receiving his Ph.D. from there and was named a professor in 1958. He left Purdue for one year, 1956-57, to return to his alma mater, the University of Nebraska, as an associate professor and chairman of the department of pharmacology. He earned both the B.S. in pharmacy and M.S. in physiology and pharmacology at Nebraska.

His research focuses on pharmacodynamics and biochemical pharmacology and toxicology, with special reference to central nervous system drugs; drug and hormone interaction; altered physiological states on drug action, including aging; and the toxicology of cadmium. He is the author of more than 100 scientific publications.

Miya is an associate editor of *Toxicology and Applied Pharmacology* and is currently chairing the National Institutes of Health Bureau of Research Resources, Chemical and Biological Information Handling Review Committee. Recently he was appointed to the National Academy of Sciences National Research Council Toxicology Information Program Committee.

Miya is chairman of the "Survey of Departments of Pharmacology and Toxicology in Pharmacy Schools of North America," and a member of the U. S. Pharmacopeial Revision Committee, the Council of the Society of Toxicology and the editorial committee of the *Annual Review of Pharmacology*. He is also a member of the American Pharmaceutical Association, Academy of Pharmaceutical Sciences, American Society of Pharmacology and Experimental Therapeutics and the Society of Experimental Biology and Medicine.

A native of Hanford, Calif., he is married to the former Midori Sakamoto, who is a registered pharmacist. They have one daughter, Pamela Anne, born in 1952.



Dr. Tom S. Miya

PHARMACISTS (94) LICENSED TO PRACTICE PHARMACY IN NORTH CAROLINA AS A RESULT OF THE AUGUST 1976 EXAMINATIONS CONDUCTED BY THE NORTH CAROLINA BOARD OF PHARMACY

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FENSKE, Nancy Coltrain, Box 17, Village Mobile Home Ct., Chapel Hill 27514
FISCHER, Violeta P. C., 402 Forest Grove Ave., Jacksonville 28450
FISHER, James Nelson, Jr., 23 Fox Hollow Road, Arden 28704
FLOYD, Diana Glover, Route 2, Box 21, Apex 27502
FOX, Cynthia Jane, Route 2, Box 554F, Connelly Springs 28612
FULCHER, Paul Burch, P. O. Box 735, Hazelwood 28738
GLASSON, Joel Collins, 615 Swift Avenue, Durham 27701
GREENE, Nicholas Matthew, 1108 Fallston Rd., Shelby 28150
GUSTASHAW, Robert Steven, 4106 Pepperidge Drive, Charlotte 28211
HARRELL, Susan Eleyse, Woodard's Pharmacy, 101 N. Church Street, Hertford 27909
HARRIS, Julian Walter, Box 843, Troutman 28166
HARRY, William Patterson, 400 Westmont Drive, Fayetteville 28305
HEARNE, Harold Clifton, Jr., 1204 Woodbridge Apts., Morganton 28655
HICKS, Johnnie Annette, Route 1, Box 421, Pikeville 27863
HOWES, Denise Lorraine, Route 2, Selma 27576
JAMISON, David Lee, Smith Drugs, Inc., 226 Main St., Waynesville 28786
JANUARY, Dianne, 4991-A-2 Thales Road, Winston-Salem 27104
JOHNSON, Martin Luther, III, 117 Louisiana Avenue, Asheville 28806
JORDAN, Lloyd Adrian, 143 Davenport Road, Asheville 28806
JUSTICE, Sarah Ann, 907 W. Scotsdale Road, Laurinburg 28352
KEEVER, Kenneth Wilson, 411 Winesett Circle, Plymouth 27962
KENNERLY, Rebecca Bost, 376 Union Cemetery Road, Concord 28025
KIMBALL, Wanda Elaine, Route 2, Box 362, China Grove 28023
KIRBY, Jane Yates, Twin Oaks Apts., No. 3, Arden 28704
LAIL, Susan Gibbs, 125 Pearson Drive, Morganton 28655
LEONARD, Lu Williams, Box 401-10, Route 2, Chapel Hill 27514
LEWIS, Everett Lee, Jr., P. O. Box 87, Fallston 28042

LIVENGOOD, Elizabeth Anne, Route #9, Box 365, Winston-Salem 27107
McGINNIS, Keith Michael, 516 Whitehorn Drive, Gastonia 28052
McPHAIL, Neil, 24 Hardee Circle, Route 7, Kinston 28501
MASON, Gail Linette, 2906 Kanewood Drive, Durham 27707
MERRILL, William Andrew, 2628 Cammie Street, Durham 27705
MOORE, Nancy Todd, 3812 Ruggles Street, Durham 27704
MOUNTAIN, Lawrence Stevenson, 606 Alton Street, Ahsoskie 27910
NASH, Mary Marshall, Route 6, Box 420, Monroe 28110
PARKER, William Preston, 801 Holloman Street, Mount Olive 28365
PILSON, Janice Sue, 2640-A Lakefield Drive, Greensboro 27406
PITTMAN, Person Bennett, 103 W. Lockhaven Drive, Apt. 17A, Goldsboro 27530
PONDER, Dianne Carol, 2208 Hilltop Lane, Hendersonville 28739
POPE, Paula Gay, Casa #8, Av. 2, Villa Hermosa, Alajuela, Costa Rica, Central America
PROPST, Allan Marion, 146 Hillcrest Drive, Lincolnton 28092
QUIGLEY, Marita Louise, 2022 C. Carrol Drive, Raleigh 27608
REAVES, Edna Patricia, Route 5, Box 64-A, Hendersonville 28739
REED, Bryan Frazier, 8 Tulane Road, Athens, Ohio 45701
RICHARDSON, James Doyle, Route 1, Walnut Cove 27052
RICHARDSON, Nancy Reade, Route 5, Box 310, Chapel Hill 27514
ROBINSON, John Michael, 1265 6th Street, NW, Hickory 28601
RUSHMORE, Peggy Ellen, 312 Pineland Drive, Goldsboro 27530
SALEM, Ronald Paul, 2012 Yorkgate Drive, Raleigh 27612
SAUNDERS, Walter Albert, 2234 Quaker Spring Court, Augusta, GA 30907
SCHUYLER, Christopher LaGrande, 1628-13 Delane Avenue, Charlotte 28211
SINK, John William, Jr., P. O. Box 961, Lexington 27292
SMITH, Jeffrey James, 37 Beavervalley Road, Asheville 28804
SMITH, Karen Luanne, 150 Maehill Place, SW, Lenoir 28645
STAFFORD, Jane Ruth, 1599 E. 3rd Street, Greenville 27834
STOKELY, Amelia Martin, 121 Flint Ridge, Hillsborough 27278
SWIFT, Charles Frederick, 301 South Mendenhall St., Apt. 5, Greensboro 27403
TEAL, George David, Richmond Memorial Hospital, Rockingham
THOMPSON, Frank Richard, Route 10, Box 584-C, Charlotte 28213
THROWER, Donald Ray, 410 Gaston Avenue, Belmont 28012
TURNER, Deborah Stewart, 413 Spruce Street, Cary 27511
UHRIN, John Rogers, 4981-A Hunt Club Road, Winston-Salem 27104
WALL, Timothy Darryl, Route 1, Box 322, Youngsville 27596
WALTERS, Patricia Ellen, 1610-15, Delane Avenue, Charlotte 28211
WARD, Joseph Jutson, P. O. Box 457, Robbinsville 28771
WEST, Gregory Bryan, 203-A Spruce Hill Court, Asheville
WEST, Thomas Latham, Box 248, Roseboro 28382
WHITE, Shelia Rose, 1704 Winslow Street, Elizabeth City 27909
WILLIAMSON, Patricia Thrower, 1202-B Carriage House Lane, Gastonia 28052
ZOOK, Thomas Edward, 906 Lockland Avenue, Winston-Salem 27103

Another first for North Carolina Pharmacy—Mini-Convention Sponsored by the Employer/Employee Relations Committee of the NCPHA for employee pharmacists or anyone interested in upgrading his or her professional & economic capabilities. Institute of Pharmacy, Chapel Hill, Saturday/Sunday, November 6/7. Details mailed to NCPHA members, October 8.

TAR HEEL DIGEST

GREENVILLE

Ronald T. Tripp, General Manager of Big Value Drugs, has been named co-chairman for the Professional II Division of the Pitt County United Fund. A graduate of the UNC School of Pharmacy, Tripp served for 11 years as manager of a Kerr Drug Store.

KINSTON

At a recent meeting of the Lenoir County Pharmaceutical Society in Kenansville, Earnest C. Buchanan and Ed Bradshaw were recognized for their total of 76 years of pharmaceutical experience.

RALEIGH

Gwen Scudder, co-owner and manager of North Hills Pharmacy, was named "Manager of the Year" by the North Hills Merchants Association at the organization's 14th annual awards dinner on September 14.

SALISBURY

A former hospital pharmacist associated with Duke University Medical Center—Nancy Eason—is now prescriptionist with Innes Street Drug Company in the Ketner Center.

YADKINVILLE

Vergin Phelps, manager of the Crown Drug Store, has been named "Man of the Year" by Crown Drugs of Winston-Salem. Phelps has been associated with Crown Drug for 19 years.

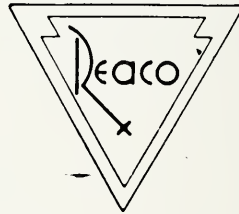
FAYETTEVILLE

Mrs. Gary B. Copeland, a graduate of the UNC School of Pharmacy, has been named

chairman of the Professional Division of the 1976 United Way campaign. The division has a quota of \$12,000.

KERNERSVILLE

Joe L. Pinnix Sr., a partner in Pinnix Drug Store, has been appointed a county representative on the Winston-Salem/Forsyth County Utility Commission.



A. E. P Tablets	\$22.50 per 1000
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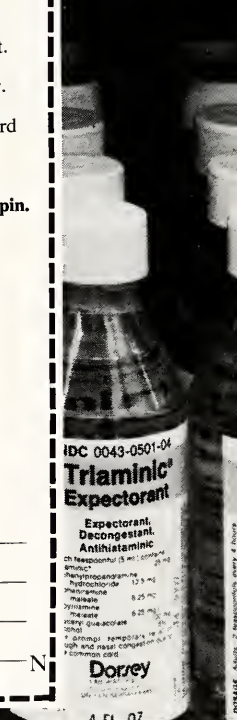
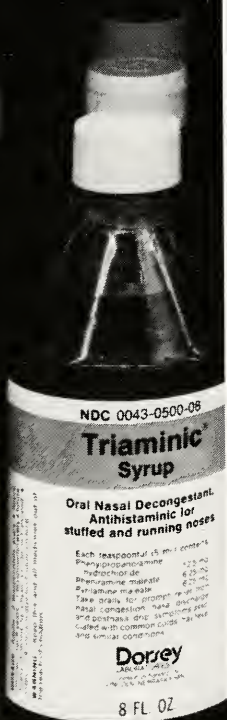
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Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland en-

largement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema

Unquestioned

occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and re-activated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing

epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

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COLUMBIA 256-7555

THE CHALLENGE FACING PHARMACY—WHO WILL SELECT THE PRODUCT FOR THE PATIENT OF THE FUTURE THE PHYSICIAN? THE PHARMACIST? THE GOVERNMENT?

By Charles H. Singler

General Sales Manager, Burroughs Wellcome Company

In industry, contributions to the success of pharmacy have been made in a variety of ways. For example:

1. In 1974, with total sales in the ethical field slightly less than \$6 billion, the pharmaceutical industry Research and Development investment exceeded \$1 billion for the first time.

At Burroughs Wellcome, out of a total employment of approximately 2,200 people, we have roughly 500 in Research and Development who spend in excess of \$10 million annually, with over $\frac{1}{2}$ million being spent on bioavailability studies alone.

Of these 500 people, we estimate that approximately 30% of their time is spent on existing compounds in an attempt to expand our knowledge of these products.

2. Another ethical pharmaceutical industry contribution to the success of pharmacy is the promotional efforts of 22,000 highly trained professional detail men and women whose function is to create and service the demand for the products you dispense.

In the process, they serve as consultants for their individual companies with physicians, pharmacists, wholesalers, hospitals, nurses, and other health care groups.

Another interesting indication of the growth in number and training of this group can be demonstrated by the fact that, when I joined B. W. as a Representative in Michigan in 1941, we had some 89 Representatives on the staff. Today, our field staff totals in excess of 575 men and women who receive training extending over a 7-month period of time.

3. Still another greatly misunderstood industry effort expands the educational and in-

formational contribution of pharmacy, and at the same time broadens the market and lowers the price of the drug products you dispense. This is the combined marketing and advertising expenditures, which in 1975 were estimated to total \$116 million for advertising, \$45 million for direct mail, and slightly in excess of \$350 million for detailing.

In saying that these expenditures, which have paid off over the years in the steady increase in the number of new prescriptions, are misunderstood, let me quote from a recent article by Mr. Fred Coe, the President of Burroughs Wellcome, who was writing to a group of medical students who had commented negatively about the cost of advertising.

"It is unfortunately not true that if one makes a better mousetrap, the world will beat a path to his door.

"The consumer must know of its availability, must know where it can be obtained, and must be able to afford it. All of these things require a marketing effort. The first two are obvious.

"With regard to being able to afford it, I refer to the economics of scale. The cost of production decreases dramatically as the volume increases. This volume can only be obtained by attempting to reach a broad market."

"This can perhaps be illustrated in our case by Lanoxin brand Digoxin. This product was first marketed by us in 1935 at a price to the retailer of \$1.44 per 100 tablets. Now, 41 years later, and despite the enormous inflation during those years, our price in 100's is \$1.03."

"This dramatic decrease has come about because the market in this country has expanded to the point where we were able, through the investment of some \$5,000,000 in equipment solely for the production of digoxin, to achieve a more efficient operation. It can hardly be said, therefore, that

A part of Mr. Singler's comments at the 21st annual dinner of the North Carolina Academy of Pharmacy. To be continued in the November issue of The Carolina Journal of Pharmacy.

Continued on Page 14

THE CHALLENGE FACING PHARMACY

our promotion of digoxin has cost the consumer anything. In fact, it has saved him money."

Those are just a few of the dimensions of the success story of pharmacy, and some of the industry input that helped bring it about.

So, what's the challenge facing pharmacy today?

I believe they are these:

Can we sustain this success story?

Will the government efforts at the Federal and state level kill the goose that laid this golden egg?

Or, will government intrusion result in an ugly duckling, far different from what we know it to be today?

I believe the answer will lie in the reply to the question:

"Who will select the drug product for the patient of the future—the physician, the pharmacist, or the government?"—and what effect will that selection have on the quality of pharmaceutical services?"

Let me plunge directly into one of the most controversial issues of our day, the Repeal of Anti-substitution statutes, the ultimate outcome of which will undoubtedly effect the answer to that question. In our opinion, these efforts are *not* in the best interests of the industry, the medical or pharmacy professions, the whole health care system, nor, as a result, the patient.

By way of background, you may recall it was the decision of the APhA House of Delegates in 1970 to seek repeal of the state anti-substitution laws.

For the record, there should be no doubt that the large majority of manufacturers are strongly opposed to overturning the anti-substitution laws prohibiting the substitution of another drug or brand for the one prescribed, without obtaining the prescriber's prior approval.

Fundamentally, this position is based on the belief that there are two essential elements necessary in any prescribing situation:

1. Knowledge of the patient and his condition, and
2. Knowledge of the drug.

Categorically, only the physician possesses both.

In addition to his knowledge of medicine, it is the physician who knows the patient's health history, who examines him, diagnoses his condition, and to whom the patient returns for subsequent examination and observation. It's interesting to note that in a brochure written by Dr. Arthur Ruskin, Assistant to the Director of the Bureau of Drugs for Medical Information of the FDA, he states:

"When a physician prescribes a drug, his selection must depend on a number of factors: correct diagnosis, thorough evaluation of the patient's medical history, the physical examination, and laboratory tests; a knowledge of the history of the disease; knowledge and experience with other forms of treatment, both drug and nondrug, and their benefits and hazards; knowledge of the drug selected—how it acts, when to give it, how to adjust the dose properly, how long to give it, how to recognize possible adverse reactions, and what precautions to take in using it . . ."

Frank acknowledgment of these factors is no disparagement of pharmacy. In fact, in assessing opposition to the APhA proposal, it should be noted that the APhA's own Academy of Pharmaceutical Sciences labeled the action of the parent organization as "scientifically unsound, inimical to the public health, and contrary to the principles to which the academy is devoted."



Charles H. Singler

Numerous voices in pharmacy, medicine, consumer's groups, and unions have been heard in opposition and support of the repeal campaign.

At the moment, the campaign is running full tide. In 1975, 88 substitution bills were reported in 28 states. In 1976, 44 bills were reported, and as of today, 20 states have affirmatively adopted legalized substitution statutes. In addition, as of July, 1976, hearings have been scheduled on a Federal drug substitution proposal.

Obviously, if anti-substitution laws are repealed, selection of the drug product will be made by the pharmacist, at least initially.

The question in my mind is: On what basis will you, the pharmacist, make your product selection? Undoubtedly some, as now, will make the selection on the basis of price alone. Others, hopefully the vast majority, will seriously consider the quality, predictability, and reliability of the products they have long dispensed, and secondly, the multiple services offered by most major manufacturers of brand name products that helped make the drug distribution system what it is today.

All of these take on increasing importance as you, the pharmacist, assume legal and moral responsibility for the selection of the drug product.

ECKERD PLANS TO MERGE

Eckerd Drugs Inc. of Charlotte and Jack Eckerd Corp. of Clearwater, Florida, have announced an agreement in principle to merge the two firms.

The merger, expected late this year, is subject to approval of shareholders of both corporations.

Eckerd Drugs has 233 stores in North and South Carolina; Jack Eckerd operates in ten states with 510 stores.

TECHNICIAN COURSE UNDERWAY

Thirteen registrants are enrolled in the Pink Hill School of Pharmacy Technology.

Robert L. (Bob) Hood is the pharmacist/instructor.

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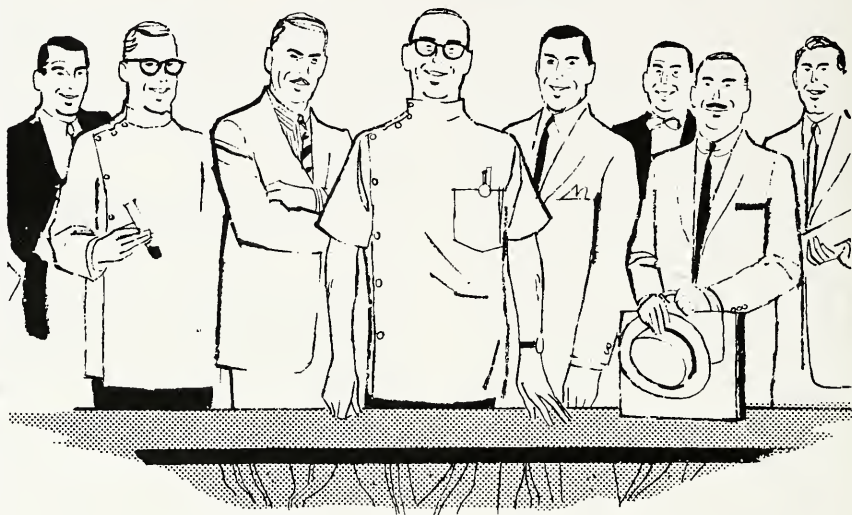
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IN-STATE MEETINGS

September 5. NCPHA Committee on Public Health & Welfare, Chapel Hill.

September 8. Woman's Auxiliary Executive Board, Chapel Hill.

September 9. Combined meeting of the Chapel Hill Auxiliary and the Durham-Orange Pharmaceutical Association.

September 12. (1) NCPHA Committee on Continuing Education and (2) NCPHA Committee on Employer/Employee Relations, Chapel Hill.

September 20. Tri-Partite Committee, Chapel Hill.

September 21. Pharmacy Student Wives, Chapel Hill.

September 23. North Carolina Medical Society Committee Liaison to the NCPHA, Southern Pines. (NCPHA represented by L. M. Whaley).

September 24. Carolina Hospital/Clinical Pharmacy Seminar, Research Triangle Park.

September 28. N. C. Pharmaceutical Research Foundation, Chapel Hill.

October 6. Woman's Auxiliary Convocation, Chapel Hill.

October 6. NCPHA Executive Committee, Chapel Hill.

October 17. NCPHA Legislative Committee, Chapel Hill.

October 24. Wilson County Pharmaceutical Association, Wilson.

October 28. Medical Service Representatives Conference, Governors Inn, Research Triangle Park.

October 31. NCPHA Committee on Delivery of Pharmaceutical Service, Chapel Hill.

OUT-OF-STATE MEETINGS

NCPHA President Tom Burgiss and Executive Director W. J. Smith attended a 2-day meeting in Louisville, Kentucky sponsored by the Southeastern Conference of Pharmaceutical Association Executives.

Later, in early September, Mr. Smith was guest speaker in Washington at a committee meeting sponsored by the National Pharmaceutical Council, Inc.

ON AGENDA FOR CONSIDERATION BY THE NCPHA COMMITTEE ON LEGISLATION

The Mental Health and Drug Abuse Committee of the Mecklenburg County Medical Society, after reviewing a prescription error in which a very young child received a wrong medication, and that in an overdose, resulting in a somewhat dangerous condition for several hours, suggests that for the protection of all concerned that physicians request pharmacists taking prescriptions by telephone repeat back the full prescription word for word. The Committee suggests that if either the physician or the pharmacist is too busy to carry out this brief repetition for verification, that the other one still insist on the procedure for the purpose of safety and the high priority this deserves. The Committee also recommends that physicians treating children give the age of the child to the pharmacist, and that the pharmacist recognizing a prescription as being for a child ask the age of the child if the physician does not volunteer this information. Although conveying this information requires

precious moments and may be irritating, the life saved is even more precious. The Committee is considering asking the state drug authority to consider a law requiring the repeat verification of all telephone prescriptions. Other suggestions from the conference between pharmacists and committee, such as electronic recording of called in prescriptions and requiring prescription calls to be made only by physicians themselves or specially qualified aids, were felt to be less important. It was agreed that physicians and pharmacists are both responsible for correctness of prescriptions and that not all responsibilities can be covered by additional laws and regulations—From minutes of meeting.

NARD CONVENTION

North Carolina's delegation to the NARD Convention, San Francisco, September 19/23, totaled more than forty persons.

Some of the delegation spent two days in Yosemite National Park prior to the opening session of the NARD.

North Carolina pharmacist Jesse M. Pike, Sr. of Concord is a member of NARD's executive committee.

PHARMACISTS PLEASE NOTE

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NEW PHARMACIES

(1) Revco Discount Drug Center, Country Village Mall, Hope Mills. William H. Morris, pharmacist manager.

(2) Northview Pharmacy, Inc., 4022 North Main Street, High Point. Robert W. Brown, pharmacist manager.

(3) Browning's Incorporated Pharmacy, 117 Washington Street, Plymouth. A Barden Robbins, pharmacist manager.

(4) Rite Aid Discount Pharmacy, Holden & Vandalia Roads, Greensboro. R. Thomas Knapp, pharmacist manager.

TRANSFERS

(1) Medicine Shoppe, 814 Church Street, North, Concord. James M. Clark, pharmacist manager.

(2) Person Street Pharmacy, 702 North Person Street, Raleigh. F. Michael James, pharmacist manager.

RECIPROCITY

Patrick Glenn Burch from Nevada
Henry Morris Chilton from Tennessee
Ralph George Dillon from Idaho
Freddie Hudson Moore from South Carolina
Larry Cecil Shepherd from Tennessee
John Buster Walker from Louisiana

THIRD FOR BIG VALUE

Big Value Discount Drugs opened its third store and second in Greenville on October 1st at 1112 North Greene Street next to Harris Super Market.

Charlie James, formerly assistant manager of Kerr Drugs, Wilson, is the manager. Jim Maynard, a former Nichols employee, will be the pharmacist.

REVCO CELEBRATES ANNIVERSARY

More than 17,564 candles were lit in 21 states when Revco Drug Store, Inc. celebrated its 20th anniversary on September 22.

In each of the company's 824 stores, five warehouses, and the company's headquarters in Twinsburg, Ohio, 10,000 plus employees marked the chain's birthday with a cake and 20 candles.

Highlight of the festivities was the awarding of a plaque for filling 200 million prescriptions.

In North Carolina, Revco has 94 stores in operation and a warehouse in Henderson.

RX SIGNATURE ALERT

A state official passed this information along to the NCPHA in the belief it would be of interest to pharmacists:

A prescription written by a MD was dispensed by a pharmacist. The patient later complained to the pharmacist that the medication resulted in a severe reaction and questioned the correct medication being dispensed.

After being reassured that no error had occurred, the patient returned to MD who stated he had not prescribed the medication in question.

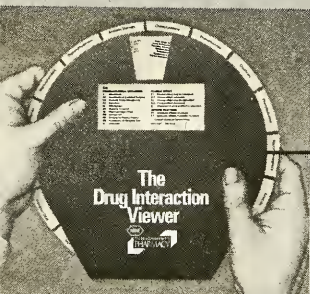
Since all of the MD's prescriptions are typed, including the signature, whose position will prevail, the MD or the pharmacist? A prescription legend drug was involved.

YOU GET A LOT MORE THAN 500 CAPSULES OF



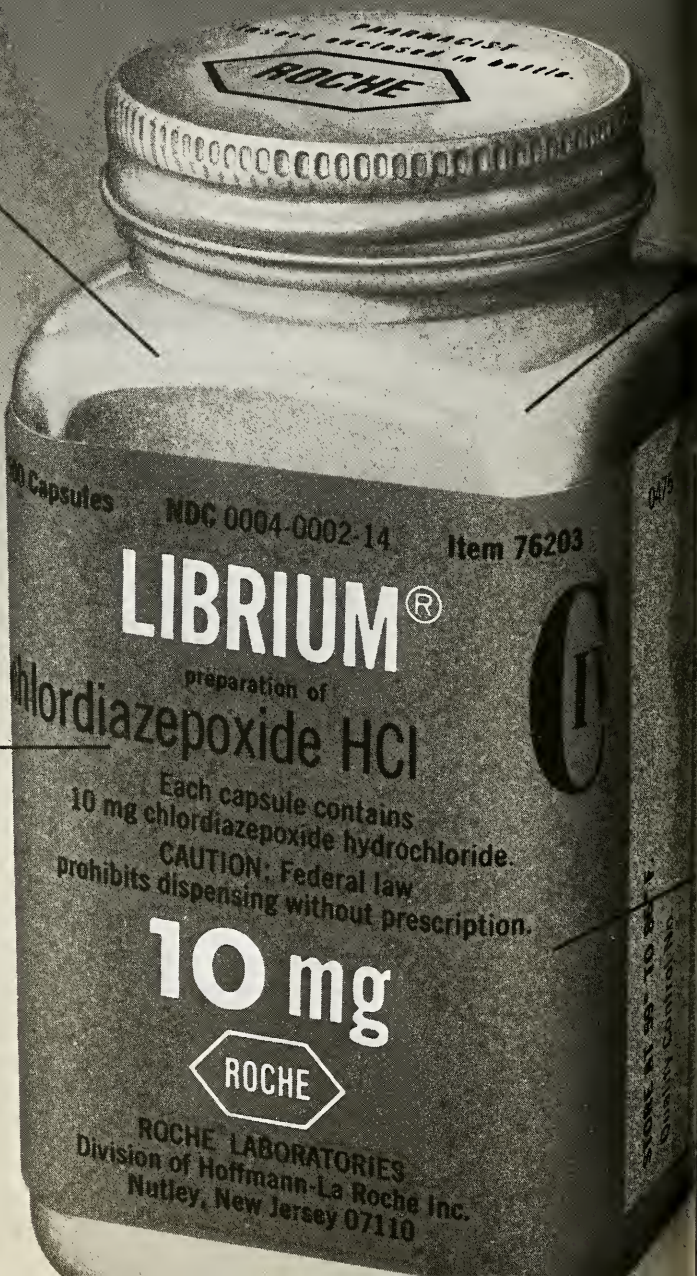
YOU GET 24-HOUR EMERGENCY CONSULTATION

Roche maintains 24-hour telephone service (201-235-2355) to help you handle any emergencies which may arise concerning Librium (chlor diazepoxide HCl) or other Roche products. For questions of less urgency, Roche information experts provide in-depth service by mail.

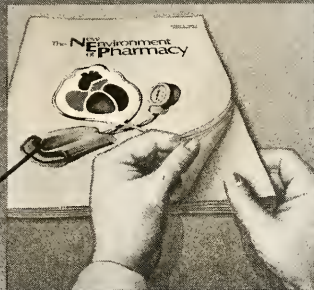


YOU GET THE DRUG INTERACTION VIEWER

Based on recent medical literature, the Drug Interaction Viewer displays both individual drugs and drug groups which may interact with other substances, as well as the pharmacologic mechanisms and clinical effects involved. Available from your Roche representative.



WITH THIS BOTTLE LIBRIUM.[®] (chlordiazepoxide HCl)



YOU GET A CONTINUING EDUCATION PROGRAM

Designed by pharmacists for pharmacists, The New Environment of Pharmacy Journal will help keep you up to date on the critical trends which affect your profession and your business. Subjects covered include new government regulations, drug interactions and proven techniques of pharmacy management. Available from your Roche representative.



YOU GET THE LIBERAL ROCHE RETURN GOODS POLICY

Roche Laboratories will reimburse pharmacists for all Roche products which may be outdated or discontinued. This makes it possible to keep your stock of Roche products always up to date and helps you maintain an active, profitable inventory.

Please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Precautions: In the elderly and debilitated, and in children over limit to smallest effective dosage (initially 10 mg or less per day) to include ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute hostility) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Adverse reactions encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Supplied: Librium[®] Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Libritabs[®] Tablets containing 5 mg, 10 mg or 25 mg chlordiazepoxide.



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LIBRIUM[®]

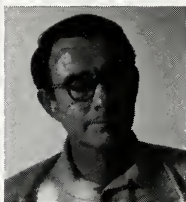
chlordiazepoxide HCl/Roche
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VAN REAMES



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BOYD BARNETTE



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HORACE FLANIGAN



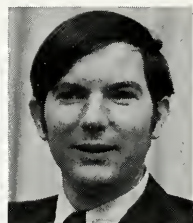
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MINUTES

Meeting of the NCPPh Committee on Public Health and Welfare Institute of Pharmacy, Chapel Hill, North Carolina 27514 Sunday, September 5, 1976

Kenneth Edwards, Chairman, presiding

MEMBERS PRESENT: Kenneth Edwards, Chairman; James L. Creech; Jean Paul Gagnon; Wade A. Gilliam; Henry A. Leigh; A. H. Mebane; Jesse T. Moore; Alfred Gene Smith; Henry L. Smith; and Roger Y. Spittle.

CONSULTANT: B. Cade Brooks.

SECRETARY: W. J. SMITH.

GUESTS PRESENT: W. H. Wilson, Director of Professional Services, Electronic Data Services; Daniel J. Graham, Project Director, EDS; and Martha Mayo, Representing the Student Branches.

MEMBERS ABSENT: Julius Howard; Zeb T. Keever; and Virginia Lockamy.

Chairman Edwards opened the meeting by expressing his appreciation for member attendance at a meeting scheduled on a Sunday prior to Labor Day. Secretary Smith introduced members of the committee who were present.

Mr. Wilson commented on the four regional meetings just completed under sponsorship of EDS. Average attendance was 100. Peer Review Committee will meet last week in September.

EDS will pay claims on basis of eligibility file supplied and updated twice a month by the state. Some difficulty encountered by slowness of some counties supply eligibility information to the state. Committee emphasized that the pharmacist accepts eligibility sticker in good faith and must have positive assurance that claim will be paid by someone—EDS, state or county.

Committee recommends that area educational meetings be scheduled with case workers since the case workers are in best position to work with pharmacists in instituting corrective procedures to eliminate potential problems in the Medicaid Pharmacy Program.

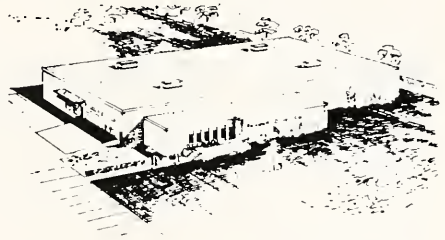
Use of the National Drug Code was discussed. Presently, EDS does not require this but use of NDC speeds up payment. EDS plans to publish the NDC for top prescribed drugs

in North Carolina. Secretary Smith stated agreement was near on a nationally approved uniform third party billing claim form which incorporates the NDC. The forms will be available from wholesale drug houses following financial acceptance by the nationally constituted committee.

IMPLEMENTATION OF MAC/EAC set for August 26, 1976. Secretary Smith reported conversation with Mr. Benny Ridout (9/3) regarding implementation of MAC/EAC in North Carolina. Several considerations are under study—EAC on top 50 drugs, action taken by other states, etc.

Since the cost of drugs and the professional fee are interrelated, the committee Minutes of meeting of NCPPh Committee on Public Health and Welfare September 5, 1976 felt that nothing constructive could be accomplished at this time until after a soundly based survey of prescription charges is conducted in North Carolina.

Continued on Page 25



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PUBLIC HEALTH & WELFARE

Dr. Gagnon suggested a survey be conducted of 300 prescriptions from a selected list of North Carolina pharmacies. This information plus information obtained from wholesalers and direct suppliers would result in valid information on (1) drug costs and (2) suggested fees.

It was also suggested that a separate "time study" be conducted since "time" is becoming a significant factor in the cost of prescriptions.

RECOMMENDATION: That Dr. Gagnon and Secretary Smith meet with officials of the N. C. Department of Social Services to discuss the committee's recommendation that a prescription cost survey be conducted in North Carolina.

MEDICAID SUSPENSION CASE

Involved suspension of a pharmacy from the Medicaid Program and refund of \$4,800 payments. Judge ruled that Medicaid Rx's must be dispensed as written in accordance with pharmacy program participation agreement. Policy of Paid Prescriptions in auditing a number of Rx's, establishing a factor, then projecting this factor to Medicaid Rx's dispensed for a time period, was questioned by the court. Based on action of the court, it is anticipated any future audit of Medicaid Rx's will be complete audits, not a sample.

The committee discussed the slowness of getting price increases into the system—in some instances, as much as 90 days. Since wholesalers update their price systems every two weeks, it was suggested consideration be given to using wholesaler supplied prices rather than the present AWP as listed in Red Book and supplements thereto. Any change will necessitate review and approval by the N. C. Department of Social Services and cooperation of EDS.

A Medicaid siv (mandatory collection of 50¢ co-pay) as in use in Georgia was reviewed by the committee. Sign has some positive elements but may violate non-advertising section of provider agreement. Committee suggestion: Bring sign to attention of Mr. Benny Ridout.

W. J. Smith, Secretary

ANDREWS SCHOOL DEDICATED

The R. Homer Andrews Elementary School, Burlington, was dedicated on October 3rd.

Andrews, a pharmacist, is a past Alamance County Commissioner, Burlington postmaster for thirty years, and former owner of two Burlington pharmacies: Acme and Andrews Drug.

His Pharm.D. degree from UNC-CH is dated 1915—one of the first doctor of pharmacy degrees to be awarded by UNC.

His Alamance County record is an impressive one which appropriately culminates in the naming of a school: The R. Homer Andrews Elementary School.

AUDIT SUPPORT HOSPITAL'S DISPENSING PRACTICE

A follow-up audit at the Catawba Memorial Hospital, Hickory, accounted for 99% of Valium Tablets which federal authorities had previously questioned.

The Catawba County Grand Jury had returned true bills of indictment against two pharmacists associated with the hospital but an audit of the hospital's records revealed that the problem was generated by a different approach to inventory control, not to any intent to violate CS regulations.

B. W. CO. ANNOUNCES NEW RETURN GOODS POLICY

A new and improved return goods policy has been announced by Burroughs Wellcome Co. The policy will simplify returns for the pharmacist and ensure proper adjustments.

Burroughs Wellcome Co. now accepts *all* returned Burroughs Wellcome products, regardless of date of manufacture. Open bottles with partial contents are also accepted for exchange.

Pharmacists may select an equivalent amount of Burroughs Wellcome products to replace returned goods. Burroughs Wellcome Co. reimburses pharmacists with additional products for all postage incurred in the return.

Replacement products will be shipped directly from the Burroughs Wellcome Co. manufacturing plant in Greenville, N. C. They will not go through the wholesale distributor.

Not eligible for return are products shipped in error by wholesale distributors. Wholesalers are expected to make their own adjustments in such cases.

Details of the new policy have been mailed to all pharmacies. Full details are available from any Burroughs Wellcome Co. Representative.

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THOMAS R. BURGISS

Drugcare of Alleghany, Inc.
Sparta, North Carolina

CURRENT ACTIVITIES

President of Drugcare of Alleghany, Inc.
President of N. C. Pharmaceutical Association
Officer of Patom Company
Sunday School Teacher Youth Division,
Sparta Baptist Church
Hospital Pharmacist (part-time), Alleghany
County Memorial Hospital
Instructor of Pharmacology LPN School of
Independence, Virginia
EDS Prescription Peer Review Board Re-
gion IV
UNC School of Pharmacy Extension Ser-
vices assisting with pharmacy 108L and
92L

MEMBERSHIP

Kappa Psi
Order of the Old Well
Board of Visitors Baptist Home
National Association of Retail Druggists
North Carolina Academy of Pharmacy
Sparta Lions Club
Board of Directors, Alleghany County Res-
cue Squad
Supervisor of Alleghany County Soil Con-
servation
Advisory Board of Workman's Saving and
Loan
Life Membership Honorary of DECA
Chairman Alleghany County Morehead
Selection Committee
Board of Directors, Alleghany Art Council
Steering Committee of Alleghany County
Bicentennial Committee
Advisory Board, New River Mental Health

AWARDS

DSA Award, Elkin Jaycees
Bowl of Hygeia, A. H. Robins Company
Community Award, J. B. Roerig

BACKGROUND

Graduate of the UNC School of Pharmacy,
class of 1953.
Married to the former Nancy Kathryn Wad-
dell
Three Sons; Tim, Brant and John
Numerous committee and officer posts with
the N. C. Pharmaceutical Association

NCPH NEW MEMBER GOAL FOR 1976: 200
HERE'S 101 THRU 150—NEXT PUBLISHED LIST WILL BE 151 THRU 200

101. Eric S. Albright, Bessemer City
102. Patricia A. Shook, Chapel Hill
103. Amelia M. Stokeley, Hillsborough
104. Charles F. Swift, Greensboro
105. Debra S. Ellis, Wilson
106. Douglas M. Williams, Fayetteville
107. Roger Y. Spittle, Weaverville
108. William Earl Martin, Durham
109. John David Eggers, Greenville
110. David Tyndall, Winston-Salem
111. Wheeler Louis Carver, Jr., Roxboro
112. Michele Anne Mathews, Goldsboro
113. J. Smoot Cranfill, Fayetteville
114. Sarah Ann Justice, Laurinburg
115. David H. Morrison, Elkin
116. Barbara Ann Burke, Durham
117. Jennings E. Knight, Mooresville
118. Susan P. Poole, Charlotte
119. James E. White, Wilson
120. Charles T. Faison, Pittsboro
121. Nicholas M. Greene, Shelby
122. Ronald P. Salem, Raleigh
123. Karen L. Smith, Lenoir
124. David Teal, Rockingham
125. Paula Gay Pope, Fayetteville
126. Preston Parker, Mt. Olive
127. Allan M. Propst, Lincolnton
128. Diane M. Sinhel, Wilmington
129. Debbie Turner, Cary
130. Bea Yvonne Young, Spruce Pine
131. H. Shelton Brown, Jr., Cary
132. Danny W. Creech, Kenly
133. Robert Inman, Newark, Delaware
134. Nancy R. Richardson, Chapel Hill
135. Barry D. Wester, Williamston
136. Bruce M. Goodson, Elkin
137. James Doyle Richardson, Walnut Cove
138. John Michael Robinson, Hickory
139. Peggy Rushmore, Goldsboro
140. Vernon Allen Faircloth, Fayetteville
141. Nora Sue Collins, Durham
142. Joanne I. Seibert, Greensboro
143. Thomas L. Walden, Raleigh
144. Alice R. Jordan, Hickory
145. Dewey H. Jordan, Jr., Hickory
146. John R. Martin, Hayesville
147. Patsy S. Huff, Chapel Hill
148. A. Barden Robbins, Plymouth
149. John W. Sink, Jr., Lexington
150. Jeffrey J. Smith, Asheville

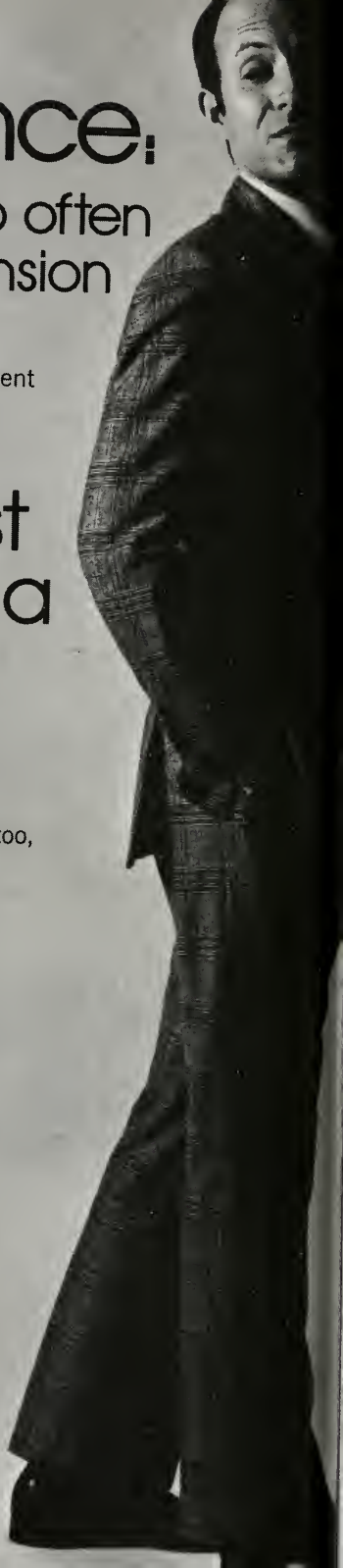


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ERNIE HARGETT
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noncompliance:

a "complication" that too often
accompanies hypertension

Perhaps because he usually does not feel any symptoms of the disease, the hypertensive patient is particularly likely not to take his medication as prescribed.

The pharmacist can help make a difference

A professional concern:

The pharmacist can often help in the task of motivating the hypertensive patient to comply with the therapeutic regimen. The pharmacist, too, may educate . . . encourage . . . remind. Your efforts—in ways such as these—can frequently help assure compliance with therapy.

To help, Merck Sharp & Dohme would like to supply you with a quantity of lay booklets, developed in cooperation with the American Pharmaceutical Association. They are available from MSD Professional Representatives, or by writing Professional Service Department, Merck Sharp & Dohme, West Point, Pa. 19486.

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19TH ANNUAL JUSTICE GIFT SHOW GRAND PRIZES

1. Panasonic Color TV 19" #CT-906
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2. Panasonic Tech-800 6-Band Radio RF888
Lynn McCaskill, Ellerbe Pharmacy, El-
lerbe
3. Keystone Wizard Camera XF1000
Joel Ragan, Stanleyville Discount Drug,
Rural Hall
4. Safari Camp/Garden Lantern
Sandy Smith, McLeansville Pharmacy,
McLeansville
5. Timex Quartz Watch
Dick Stone, King Drug, King
6. Panasonic Tape Record RQ711
Marie Shaw, Glenn & Martin Drug, Mt.
Olive
7. Norelco Ladies Shaver/Grooming Set
HP2121
Wesley Dockery, King Drug, Hickory
8. Lady Schick Console Hair Dryer
Robert Boaz, Hudson Drug, Stuart, Va.
9. Sunbeam Shaver—Men's #75-72
David Matthews, Stoneville Drug,
Stoneville
10. Home Blood Pressure Kit
Charl Sanders, Granite Drug, Granite
Quarry
11. 4-Slice Panasonic Toaster NT-3000
Doug Cohen, City Drug, Lexington
12. Cross Pen Set—Gold
Lewis Summers, Forest Heights Phar-
macy, Statesville
13. Norelco Quick Dry Hairdryer HB-5600
Clark Doggett, Doggett Pharmacy, Sum-
merfield
14. Norelco Fire Extinguisher HB-1911
Douglas Isaac, Warren Drug, Mebane
15. Sharp Calculator EL-8016
Herman Graves, Tar Heel Drug, Graham
16. West Bend Corn Popper #25467
Donald C. Dowdy, Country Park Phar-
macy, Greensboro
17. West Bend Percolator #9467—9-cup
Robert Rauch, Foster Drug, Mocksville
18. Bradley Mickey Mouse Wrist Watch
John Lowe, Davidson Drug, Denton

19. Amity Tote Bag
D. D. Underwood, White Oak Drug,
Greensboro
20. Lozier—\$150 toward any fixture
Jim Sheets, Roberts Drug, West Jefferson

BOOTH PRIZE WINNERS

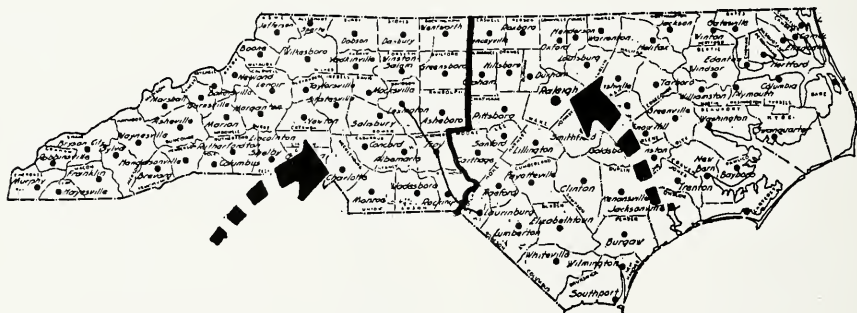
- EASTMAN: Bill Collette, Mocksville; Lib
Sofer, Welcome; and Vernon Massengill,
Yanceyville
- KASCO: Marie Hege, Clemmons; and E. B.
Clapp, Newton
- LOZIER: Jim Sheets, West Jefferson
- WEIKELS: Virginia Sharp, Madison; and
Robert Boaz, Stuart, VA
- SCOTCH TAPE: Herb Hartsook, Greensboro;
and Lois Saunders, Greensboro
- PHARMAVITE: Jimmy Way, Winston-
Salem; and David Stang, Greensboro
- SHELLEY ENTERPRISES: Mrs. Cecil Bran-
non, Winston-Salem; and Mrs. Francis
Brown, Graham
- GILLETTE APPLIANCES: Peggy Andrews,
Winston-Salem
- JUSTICE CHRISTMAS: J. F. Sheek, Yadkin-
ville; and Roger Efird, Denton
- ABBOTT: Paul Miller, Spencer
- SHULTON: Edwin Royall, Elkin; and Evan
Setzer, Glen Raven
- BONNIE I. SMITH: Jim Sheets, West Jeffer-
son
- EVEREADY: A. Kallam, Eden; and Win
King, Mt. Airy
- J.M.H., INC.: J. Neal Jennings, North
Wilkesboro; and C. E. Joyner, High Point
- JUSTICE DRUG: Robert P. Wolfe, Mt. Airy;
and Gene Glace, Dobson
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and Stonestreet Pharmacy, Kernersville
- G. R. Dawson & Son: Ingram Jenkins, Biscoe;
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PHARMACY GROUPS BEGIN FALL PROGRAMS

A buffet dinner and joint meeting Thursday night opened the year's activities for the Durham-Orange Pharmaceutical Association, the Durham Mortar and Pestle Club and the Chapel Hill Woman's Pharmaceutical Auxiliary. The event was held at the Institute of Pharmacy in Chapel Hill.

Honored guests were Mr. and Mrs. L. Milton Whaley who recently moved to Durham. Mr. Whaley is the immediate past-president of the North Carolina Pharmaceutical Association and Mrs. Whaley is the current president of the Woman's Auxiliary of the state association.

The development of a round-the-clock pharmacy service in the Durham area was discussed in an open forum setting. A participation survey of local community pharmacies will be conducted.

The Chapel Hill Woman's Pharmaceutical Auxiliary announced plans for a series of fascinating fall programs. Several scholarship fund raising projects have been planned in order to benefit needy students at the University of North Carolina's School of Pharmacy.

Mrs. Melvin Chambers of Chapel Hill is president of the auxiliary. Serving with her are Mrs. Milton Skolaut of Durham, vice-president; Mrs. Seymour Blaug of Chapel Hill, secretary; Mrs. Arthur McBay, treasurer; and Mrs. Jean Gagnon, historian.

Mrs. William Wells is acting president of the Durham Mortar and Pestle Club.

Bob Lafferty of Chapel Hill is president of the Durham-Orange Pharmaceutical Association. Serving with him are Jerry Palmer of Durham, vice-president; Mrs. Becky Stanley of Durham, secretary-treasurer; and executive committee members John Badgett of Chapel Hill and Don Peterson of Durham.

FORSYTH PHARMACEUTICAL

Guest speaker at the September meeting of the Forsyth Pharmaceutical Society was Frank Lewis of the N. C. Department of Human Resources.

His topic, a timely one—Immunization.

The meeting was held in Winston-Salem at the Medical Park Hospital.

WAKE COUNTY

Joe Rowe presented his concept of a professional pharmacy at the September 7 meeting of the Wake County Pharmaceutical Association.

The October 5th meeting of the Association was held at Burroughs Wellcome Company, Research Triangle Park, N. C.

And coming up on December 3 is the organization's annual Christmas party at the Shrine Club.

DOCTORS/PHARMACISTS DISCUSS MUTUAL PROBLEMS AND OPPORTUNITY FOR BETTER HEALTH CARE

The North Carolina Medical Society Committee Liaison to the North Carolina Pharmaceutical Association met in Southern Pines on September 23 with Dr. Charles W. Byrd of Dunn, presiding.

L. Milton Whaley of Durham represented the North Carolina Pharmaceutical Association.

A Medicaid Update and a review of dispensing physicians under Medicaid was presented by Benny Ridout of the N. C. Department of Social Service.

The committee reviewed "Guidelines for Prescribers" as presented by Dr. T. Reginald Harris of Shelby and viewed a film—The Consumer and Prescription Drugs—screened by John Palya of Wyeth Laboratories.

The topics covered by Mr. Whaley included (1) Drug Brand Selection, (2) Prescription Price Posting, (3) Physician Assistants/Nurse Practitioners Originating Prescriptions, (4) Medication Instructions/Warnings on Rx Labels, (5) Professional Liability, (6) VA Rx's by Mail vs Hometown Pharmacy Service, (7) MAC/EAC—Potential Impact on Medicine & Pharmacy, (8) Drug Crime Bill, and (9) Political Involvement of Physicians and Pharmacists.

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THE NCPHA COMMITTEE ON CONTINUING EDUCATION

Meeting—September 12, 1976
 Institute of Pharmacy
 Chapel Hill, NC 27514
 2:00 p.m.-4:00 p.m.

MINUTES

Members of the Committee present were:

John D. Badgett, *Chapel Hill*
 Roger W. Cash, *Gastonia*
 Fred A. Connelly, *Black Mountain*
 A. C. Dollar, *Winston-Salem*
 W. S. Dukes, *Greensboro*
 J. Howard Garrett, *Elizabeth City*
 Pamela U. Joyner, *Raleigh*
 David L. Patterson, *Mount Airy*
 Fred T. Semeniuk, *Chapel Hill*
 Thomas Sinnett, *Matthews*
 Willie B. Webster, *Fairmont*
 Mary E. Langley, *Chapel Hill* (Student Representative)
 Claude U. Paoloni, *Chapel Hill* (Chairman)

Members of the Committee unable to attend were:

Ann Angle, *Greensboro*
 Ruth W. Mitcham, *Lexington*
 Steve Moore, *Chapel Hill*
 Jean F. Robinson, *Charlotte*
 W. Whitaker Moose, *Mount Pleasant* (Consultant)

Before opening the meeting at 2:05 P.M., the Chairman acknowledged members present, introduced the pharmacy student representative, Mary E. Langley, and requested every member to actively and freely participate in the deliberations and discussions of the meeting.

I. Review of the Continuing Education Activities of the Past Fiscal Year, July 1, 1975-June 30, 1976, with Current Programs and Activities.

The Chairman presented a review of last year's continuing education activities to the Committee passing out relevant material which included:

1. Summary of Sites, Offerings, and Hours of Instruction (Table I)
2. Summary of Distribution of Pharmacy Audio Tapes (Table I)
3. Summary of Correspondence Self-Instructional Packets (Table III)

4. Report of the Continuing Education Committee, presented at the 96th Annual Convention of NCPHA, held in Wilmington, April 1976.
5. Addendum to the Summary of Programs and Activities for the Year July 1, 1975-June 30, 1976 included in annual report of "4" above.
6. Xerox copies of up-coming programs which included:
 - a. 10th Annual Carolina Hospital and 3rd Annual Carolina Clinical Pharmacy Seminar, September 24-26, 1976, Governors Inn, Research Triangle Park.
 - b. Pharmacy Seminar on Selected Subjects, October 20-November 17, 1976; Williamston, N. C.
 - c. Pharmacy Seminar on Selected Subjects of Asheville and Cullowhee, October 21 and 22 to November 11 and 12, 1976.
 - d. Pharmacy Seminar on Selected Subjects, October 19-November 16, 1976, Winston-Salem.

All Pharmacy Seminars on Selected Subjects were planned and developed in cooperation with practitioner representatives of the area and/or the local pharmaceutical society. In addition, Pam Joyner reported on the upcoming 3 hr. Wake-AHEC program, *Major and Minor Tranquilizers*, scheduled for October 20, 1976 beginning 6:30 P.M. at Crabtree Valley Shopping Center, Raleigh. This program is currently being printed.

II. The American Council on Pharmaceutical Education (A.C.P.E.)

The Chairman reviewed some of the problems encountered in accrediting continuing education programs for those pharmacists who practice in North Carolina and are also registered in states with mandatory continuing education as a relicensure requirement. With the A.C.P.E. agreeing to assume this responsibility of accreditation of continuing education providers. This problem should be much resolved in the future. At present the A.C.P.E. is considering *Criteria for Quality* for providers of continuing pharmaceutical education and *Policy and Procedures for Approval of Providers*. Both documents have been widely distributed, open hearings have been sponsored and held at the annual meetings of the

Continued on Page 35

The NCPHA-Endorsed Insurance Plans Which Merit Member Participation

DISABILITY INCOME PLAN

BASIC PLAN: Accident Total Disability—Lifetime
Sickness Total Disability—Two Years

EXTENDED PLAN: Accident Total Disability—Lifetime
Sickness Total Disability—Five Years

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PLAN II: \$30,000 Maximum Benefit including \$50 Daily Room Limit
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Continuing Education

(Continued from page 33)

American Pharmaceutical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy. It is expected final criteria and policy and procedure statements will be available by next month. Chairman passed out several copies of the Criteria of the Policy and Procedure statement for interested members.

III. The Continuing Education Unit (C.E.U.)

More and more will be heard about the C.E.U. More and more colleges and universities are adopting the C.E.U. as a uniform quantitative measure for continuing education credits—defined as ten contact hours of participation, or its equivalent, in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. The University of North Carolina has adopted the C.E.U. as of June 1, 1976. It is believed the adoption of the C.E.U. will not significantly affect the conduct of current or future activities of continuing education programs for pharmacists. It will be necessary, however, that the number of C.E.U.s to be awarded for successful completion of any program must be determined in advance via appropriate University channels for which the University imposes a \$2.00 fee for registrant. In turn, however, the University will prepare and maintain, in the opinion of the Chairman, a permanent record for the registrant, indicating participation in an approved continuing education program with the number of C.E.U.s earned and their cumulative total earned in any period of time. Members expressed their belief that maintaining a permanent record of individual participation in C. E. activities by the University may be very worthwhile.

IV. Credit Course Offerings.

Members of the Committee expressed a desire to participate in programs and/or courses which could earn participants academic credits. This aspect had been studied in the past without much resolve. It was proposed this aspect should be reviewed again and the Committee agreed:

To look into the feasibility of the School of Pharmacy developing credit courses for practitioners which may ultimately lead to a graduate or advanced degree.

V. Status of Mandatory Continuing Education in North Carolina

The Chairman reported on past experiences and action taken by the Association with reference to mandatory continuing education. Although the members generally believed in the concept of mandating continuing education the concensus prevailed whereby current efforts should be maintained to provide pharmacists with programs that meet their needs and to help promote attendance and participation on regional basis, rather than to exert efforts toward mandating C. E. at this time.

VI. Planning for 11th Annual Pharmacy Seminar on Socio-Economic Aspects of Pharmacy Practice.

Date: February 16, 1977, Institute of Pharmacy. Subject topics for 11th Annual Seminar were proposed. These included the suggested speaker on the topic "Patient's Opinion of His Pharmacy, Pharmacists, and Pharmaceutical Services". Other topics proposed included: (2) MAC-EAC; (3) EDS-Federal; (4) Pharmacists Role in Patient Counseling—How to Counsel, etc.; (5) This Works for Me: Patient Medication Records or Patient Profile System; (6) Computerized Rx Service (Various outfits)—display; (7) Current Legal Problems and Action of Board in Coping With Them; (8) Status on Substitution—Do's and Dont's on Substitution. In accordance with usual procedures, the Chairman was given the necessary flexibility to develop the program. A draft will be forwarded to each member when completed. In the meantime, members were asked to forward any other suggestions to the Chairman. Registration fee suggested: \$15.00, which would include \$2.00 fee for C.E.U. accreditation.

VII. The Chairman expressed discontent with the manner in which a letter by a member was distributed to all other members without his prior knowledge. The Chairman expressed regrets that such an incident occurred. The Chairman expressed the opinion that the contents of the letter were misleading and are not in keeping with the dedication and purpose for which continuing education is offered. In keeping with proper procedure, it was suggested that all matters be coordinated through the Chairman, prior to meetings, for proper disposition.

VIII. Adjournment

The Meeting adjourned at 4:20 P.M.

Claude U. Paoloni
Chairman

CHARLOTTE AUXILIARY

Reported by Mrs. W. B. Hawfield

For the members of the Charlotte Woman's Auxiliary, it was "Husband's Night" at a steak cook-out, September 10, at the home of Mr. and Mrs. Don Weathers.

The members and their guests enjoyed the delicious steaks, skillfully grilled by the men, as well as the trimmings, provided by the ladies.

Mrs. Weathers, Auxiliary president, was assisted by Mrs. Jesse Oxendine, social chairman, and the members of her committee, Mrs. W. Don Smith and Mrs. Thomas C. McCall.

The members and their guests enjoyed Mrs. Weathers' surprise birthday cake provided by her family.

SERVICE PROJECTS HIGHLIGHTED

The Fall Meeting of the NCPHA Woman's Auxiliary, held October 6 at the Institute of Pharmacy, featured the theme: "A Review of the Past and a Look to the Future." Service projects conducted over the years by the Auxiliary were highlighted through the use of exhibits in display niches.

At the luncheon, Mrs. William C. Friday, spoke on "Women—A Review of the Past and a Look to the Future."

Mrs. Milton Whaley, Auxiliary President, presided over the session; Mrs. Whitaker Moose and Mrs. Rudy Hardy were co-chairmen for the meeting.



At the September meeting of the Executive Board of the NCPHA Woman's Auxiliary, scholarship grants were awarded. Brenda Montjoy, left, daughter of Mr. and Mrs. Elmer Freeman of Robbins, received the Lucile Swaringen Rogers Scholarship; Denise Stocks, daughter of Mr. and Mrs. William G. Stocks of Rosedale Estates, Washington, received the Vivian Smith grant. Mrs. Milton Whaley, president of the Woman's Auxiliary of the North Carolina Pharmaceutical Association, made the presentations.

UNC PHARMACY SCHOOL

STUDENT BRANCH, NCPHA/APhA

Officers and committee chairmen of the Student Branch of the N. C. Pharmaceutical Association and the American Pharmaceutical Association met September 8 in Beard Hall, Chapel Hill.

The F. J. Andrews Award (\$1000) was presented to Martha Mayo by Dr. Jack Wier.

Membership chairman Gene Woodall reported current Branch membership is anticipated to surpass last year's total of 300 members. Membership drive ends in early October.

The Branch will sponsor programs in Poison Prevention, Diabetes, Hypertension and VD.

A series of Branch programs have been arranged by Patsy Millar. The October 6th program features State Senator John T. Henley of Hope Mills.

A workshop—Hazards of OTC Drugs—will be sponsored by the Branch at the Regional Convention in Birmingham, Alabama, on October 21-24. The official delegate to the convention will be Martha Mayo; it is anticipated members from all classes will attend.

Resolutions: (1) Define the term "prn"; (2) urge adoption of a state-wide insurance form; (3) stamp with doctor's name and DEA number to supplement his signature on Rx.

It was announced a representative from the Branch would be invited to attend NCPHA committee meetings.

Jane Hall, president of the Branch, presided at the meeting.

PAOLONI SPEAKER TO AREA PHARMACISTS

Professor Claude U. Paoloni, head of the Pharmaceutics Division and Director of Con-

tinuing Education, UNC School of Pharmacy was the guest speaker at the recent meeting of the Harnett County Pharmaceutical Association held at the Hiatt Steak House, Dunn.

Paoloni reviewed the School's Academic Exchange Program whereby senior students are assigned to various pharmacy settings where they gain practical experience during a 6-week period of their last year of school. He also described forthcoming programs in continuing education which will be presented by faculty members of the UNC School of Pharmacy to various pharmaceutical societies throughout North Carolina.

PHARMACY REPRESENTATIVES ATTEND ORIENTATION PROGRAM AT UNC-CH

The UNC-CH School of Pharmacy sponsored a 2-day orientation program for Southeast Medical Service Representatives of Beecham Laboratories of Bristol, Tennessee.

Eleven Beecham representatives were at the School on September 23-24 for training by faculty members who discussed new developments and various aspects of pharmacy practice. Included in the orientation was an opportunity to work with North Carolina Memorial Hospital pharmacists.

The program was designed to improve Medical Service Representatives effectiveness in working in the hospital setting. Fred Eckel of the UNC-CH School of Pharmacy and William F. DeVinney, Manager of Manpower Development, Beecham Laboratories, organized the program.

SCHOOL OF PHARMACY FALL ENROLLMENTS, CLASS BY CLASS

Year	2/5	3/5	4/5	5/5	Total
1971-72	149	160	135	153	597
1972-73	160	145	142	129	576
1973-74	157	150	133	143	583
1974-75	159	143	138	140	580
1975-76	159	152	145	138	594
1976-77	161	137	144	141	583
				Average	585

BELHAVEN PHARMACIST W. PRENTISS O'NEAL TO VISIT RICHMOND AS GUEST OF A. H. ROBINS

Belhaven pharmacist W. Prentiss O'Neal will go to Richmond, Virginia, in October to participate in A. H. Robins' annual salute to recipients of its "Bowl of Hygeia" Award for outstanding community service by pharmacists.

O'Neal and other 1976 award winners from the United States, Puerto Rico and Canada will be guests of the pharmaceutical company for three days beginning October 10.

While in Virginia, the pharmacists will tour A. H. Robins' manufacturing plant and research center, and be honored at a reception and dinner. They also will spend a day touring Williamsburg, the restored colonial capital of Virginia, and will visit Richmond's well-known Valentine Museum.

In addition to visiting Richmond, the award winners will be featured in a special full-page advertisement which A. H. Robins will sponsor in the October issues of the Journal of the American Pharmaceutical Association and the NARD Journal. The ad will include photographs of the 1976 recipients and indicate that they have been cited for outstanding service to their respective communities.

O'Neal is the 18th North Carolina pharmacist to receive the award. Previous recipients were Harold Vann Day of Spruce Pine, in 1959; Ralph R. Rogers Jr. of Durham, in 1960; William H. Randall of Lillington, in 1961; Charles D. Blanton Jr. of Kings Mountain, in 1962; David R. Davis of Williamston, in 1963; John T. Henley of Hope Mills, in 1964; Jesse Miller Pike of Concord, in 1965; John E. Mills of Mount Airy, in 1966; William Whitaker Moose of Mount Pleasant, in 1967; Roger H. Sloop of Rural Hall, in 1968; Thomas R. Burgess of Sparta, in 1969; Mrs. Marsha H. Brewer of Pink Hill, in 1970; Edwin R. Fuller of Salisbury, in 1971; Lloyd M. Whaley of Wallace, in 1972; Lloyd M. Senter of Carrboro, in 1973; James L. Creech of Smithfield, in 1974; and B. Cade Brooks of Fayetteville, in 1975.

BIRTHS

Ted and Linda Lingerfeldt of Siler City announce the birth of a daughter, Lynda Christin, on August 26, at N. C. Memorial Hospital. Mrs. Lingerfeldt is a teacher on leave from Chatham County Schools. Ted is a pharmacist for Siler City Drug and is also pharmacist-manager for Medical Facility Pharmacy of Siler City.

Mr. and Mrs. Theodore Franklin Weant, III, announce the birth of their first child, a son, Kyle Anthony, on August 30, 1976. The baby weighed 7 lbs. 14 oz. and was born at N. C. Memorial Hospital in Chapel Hill. Ted and Carol are both graduates of the UNC School of Pharmacy and are presently associated with Mast Drug Co., Inc. in Oxford.

Mr. and Mrs. Ken Jones announce the birth of a son, Guy Kenneth Jones, IV, on September 21. Mrs. Jones, a 1972 graduate of the UNC School of Pharmacy, is the former Darlene Bryan, and is employed with Eckerd Drugs of Wilmington. Mr. Jones is with the N. C. State Highway Patrol in Pender County.

WEDDINGS

Miss Donna K. Wilson, administrative assistant at the office of the North Carolina Pharmaceutical Association, and Victor G. Stout, employed by North Carolina Mutual Wholesale Drug Company, were married September 25 at the Mebane United Methodist Church.

The couple will live at the Carolina Apartments, Carrboro.

DEATHS

HOWARD E. WHITLEY

Howard Ensley Whitley, Concord Pharmacist, died August 27.

A graduate of the UNC-CH School of Pharmacy ('29), he was a native of Monroe. In 1939, he and B. G. Moore established the Whitmore Drug Company in Concord which continued in operation until Mr. Whitley's retirement.

DRUG TOPICS MARKETING GUIDE

The nation's drugstores racked up their biggest up-front (non-prescription) sales gain in 20 years in 1975 and made the gains at the expense of the supermarkets, one-stop family centers, and the mass merchandise discounters.

That's the main finding of the 1976 Drug Topics Marketing Guide, now available in greatly expanded form over previous years. The annual Guide, now in its third decade, points out that pharmacy upfront sales volume last year jumped to \$10.6 billion dollars, up 9% over the previous year, the best percentage gain in 20 years. The Guide monitors retailing action in some 340 typical drugstore staples (excluding prescriptions) that are also carried by non-drug retailers.

The Guide shows the nation's 50,000 retail drug outlets set a new total sales record last year at \$17.6 billion, up 8% from the previous year. But the big news for the pharmacies was the jump in up-front items, where competition is hottest for this \$84 billion market. The gain was made, it is pointed out, in a year when the competition had plenty of trouble—W. T. Grant folded, A&P dropped to about half its size, and Daylin was fighting for a comeback from bankruptcy.

New data in the 1976 Guide includes an analysis of the prescription drug market, a sales comparison between drugstores and non-drug outlets for non-prescription merchandise, and a breakdown of up-front and prescription sales by chain and independent drugstore categories.

Some highlights from the 1976 Guide:

The 10 biggest gainers in drugstore spending were: roll-on deodorants, up 67% over 1974; liquid douches, up 45%; deodorant pads 20%, ornamental and novelty glassware 19%, bulk-type laxatives 15%, men's cologne 15%, nail enamel removers 14%, bar candy 13%, lather brushes 13%, and nail polish and enamel 13%.

The 10 biggest losers were: insecticides, dips for livestock and poultry quarters, down 18%; glass nursing bottles and nursers, off 15%, metered calorie products 15%, feminine spray deodorants 14%, electric hair setters 13%, effervescent aspirin-salicylate compounds 12%, powder douches 10%, aerosol antiseptics 8%, razor strops 7%, and aerosol household pesticides 7%.

The Guide is published annually by Drug Topics magazine, now in its 120th year of publication. Drug Topics, the national news-magazine for pharmacy, is published fortnightly by Medical Economics Company of Oradell, N. J.

The 30-page guide is available at \$10 (check only) from Drug Topics magazine, Dept. GD, Oradell, N. J. 07649.

BRYSON NAMED VICE-PRESIDENT ELI LILLY INTERNATIONAL CORPORATION

Vaughn D. Bryson has been named a vice-president of Eli Lilly International Corporation, a subsidiary of Eli Lilly and Company. He had been area director for Japan and Southeast Asia for Lilly International since 1975.

A native of Gastonia, N. C., Bryson graduated from high school there in 1956. He received a Bachelor of Science degree in pharmacy from the University of North Carolina in 1960 and completed the Stanford-Sloan program at the Stanford University Graduate School of Business in 1967.

Bryson was employed by a retail pharmacy before joining the Lilly firm in 1961 as a sales representative in High Point, N. C. He served in various sales positions in North Carolina, Florida, and Georgia until June, 1965, when he was transferred to the company's headquarters in Indianapolis as a market research analyst. Later that year he became a senior personnel representative.

In July, 1967, Bryson was named a personnel manager, and a few months later he became manager of economic studies. He was named a district sales manager in Sacramento in 1968, director of distribution and materials planning early in 1970, and director of sales for the company's Great Lakes region later that year. In 1972 he became director of market research and in 1974, executive director of corporate pharmaceutical market planning.

Registered as a pharmacist in North Carolina, Bryson is a member of the *North Carolina Pharmaceutical Association*, the *Stanford Business School Association*, and the *Economic Club of Indianapolis*.

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Every three days, since 1963, Allen has wound the clock and when necessary, oiled the gears and rods. The massive clock has two 500 pound weights.

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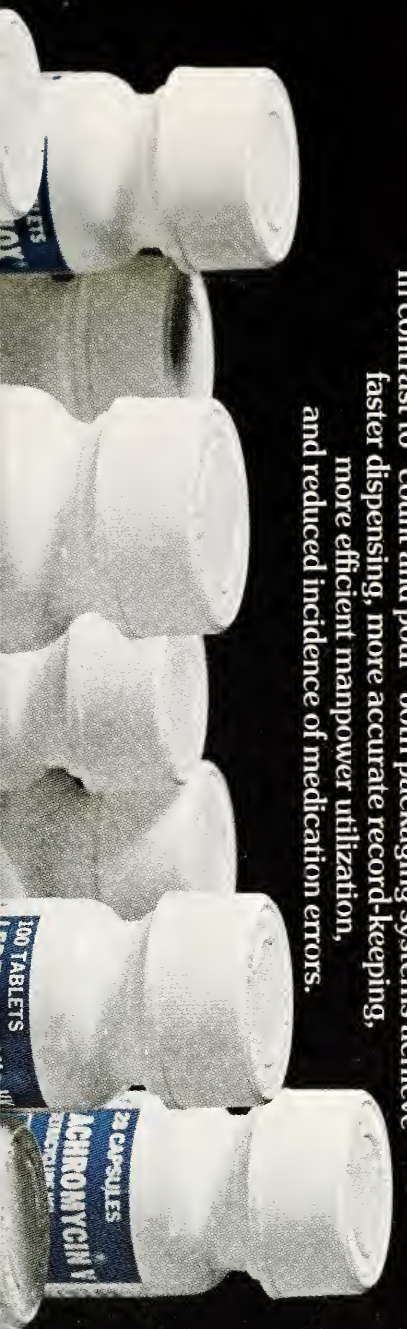
No pay attaches to the clock custodian post. The last time the clock was repaired, Allen paid for it himself.

At one time, to keep the weights from falling into the hands of the British, they were hid in a nearby river. This distressed King George III who, unfortunately, did not have a package of Tums handy.



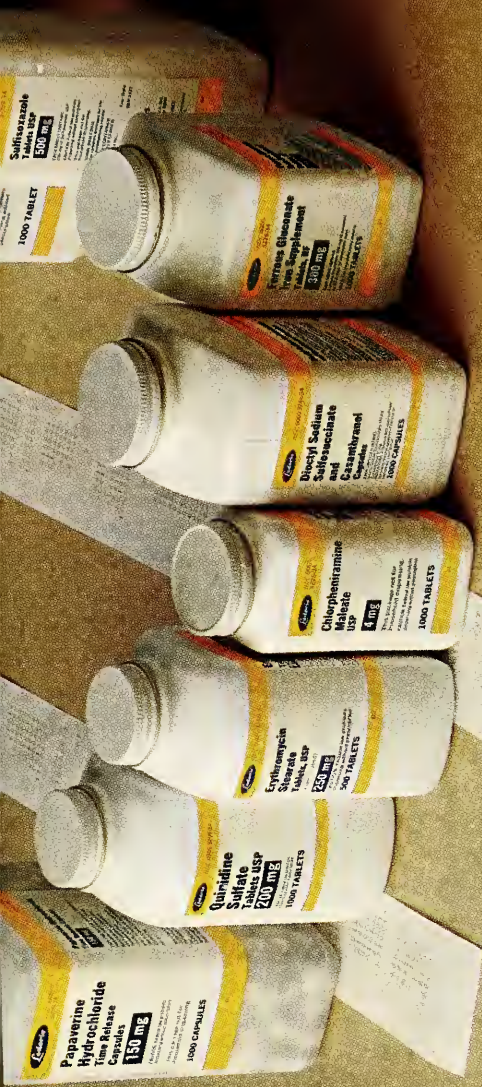
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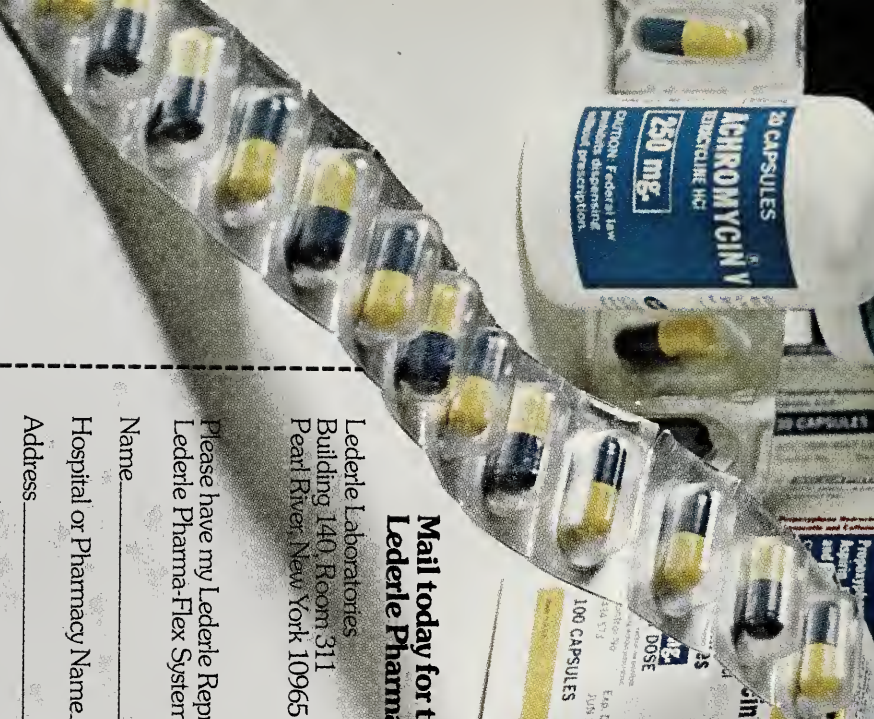
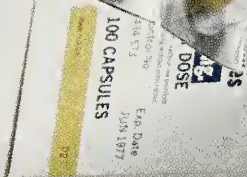
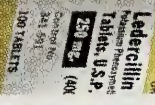
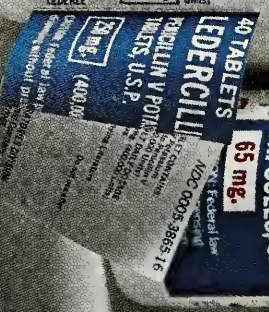
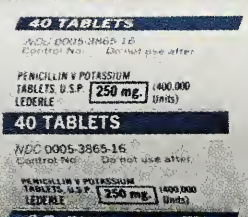
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THE CAROLINA JOURNAL of PHARMACY

NUMBER 11

VOLUME 56

NOVEMBER 1976



Mrs. William C. Friday (left), wife of the President of The University of North Carolina, was luncheon speaker for the fall meeting of the Woman's Auxiliary of the N. C. Pharmaceutical Association. The session, held at the N. C. Institute of Pharmacy, Chapel Hill, was conducted by Mrs. L. Milton Whaley, Auxiliary president. Mrs. John T. Henley (right) gave the invocation.



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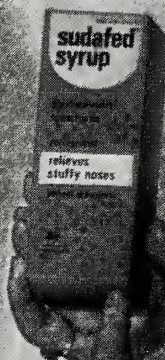
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THE CAROLINA JOURNAL of PHARMACY

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W. J. SMITH
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FRANK YARBOROUGH NAMED GENERAL MANAGER OF CAPITAL SOLUTIONS, INC.

Frank F. Yarborough of Raleigh has been named General Manager of Capital Solutions, Inc., a Raleigh-based consulting and marketing firm.

Mr. Yarborough's responsibilities will include working with all health areas, including Medicaid Programs. Other potential applications of the CSI concepts include Medicare, Food Stamps, Unemployment Benefits, Urban Transportation, Education and Development of New Goods and Services.

North Carolina pharmacists are acquainted with Mr. Yarborough through his prior association with Paid Prescriptions (Project Director of the North Carolina Operation) and more recently, HAS. He is active in North Carolina Pharmacy at the local level (Wake County) and at the state level, presently serving as a director of the N. C. Pharmaceutical Research Foundation.

SCHOLARSHIP ESTABLISHED BY HALL DRUG

In honor of Pharmacists John Perry Hall and Samuel Cannady Hall, Hall's Drug Store of Oxford has established a \$500 scholarship fund to be donated annually to the UNC-CH School of Pharmacy.

The initial \$500 check was presented to LeRoy D. Werley, acting dean of the School of Pharmacy, by Pharmacist J. B. Clay, owner/manager of Hall's Drug Store.

Clay said the University will award the scholarships to students on the basis of financial need.

OLDEST?

Who is North Carolina's oldest pharmacist as reflected by current records of the North Carolina Board of Pharmacy?

An unofficial review of the records by the NCPHA indicates that Mr. Tom Stanback of Salisbury heads the list:

T. M. Stanback, Salisbury, 1905
Ben Browning, Littleton, 1908
Lloyd Jarrett, Asheville, 1910
W. L. Johnson, Gibson, 1910
H. R. Stowe, Charlotte, 1910

Since some of our older pharmacists have ceased the annual renewal of their license to practice pharmacy, there may be pharmacists in the state with an original license issued prior to 1905. If so, the NCPHA will appreciate a note.

Pharmacist members of the NCPHA who received their license in 1927 will be honored by the Association in Greensboro, April of 1977, with certificates and 50 year pins.

BREAK-INS/HOLDUPS

Rhynes Drug Store, Gastonia—Robbed of an estimated \$1,100 in CS drugs in early October. Someone cut the store's alarm tape prior to the robbery.

Eckerd's Drug Store, Cabarrus Shopping Center, Kannapolis—A window was smashed by a thief who reached thru the opening and stole a portable TV set and a tape player valued at \$237.00.

Durham Drug Company, Durham—About 120 watches valued at \$2,400 was stolen following a break-in.

Mann's #1, Asheboro—Drugs valued at more than \$1800 taken in a break-in at the pharmacy in mid-October. The unit count ran to more than 20,000.

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Margaret Gebhardt

GEBHARDT NAMED FOR PHARMACY AWARD

Margaret C. Gebhardt, Clinical Assistant Professor of Pharmacy, UNC School of Pharmacy, was recently named winner of the 1976 North Carolina Society of Hospital Pharmacist Achievement Award. The award was given at the banquet held in conjunction with the 10th Annual Hospital Pharmacy Seminar, sponsored by the UNC School of Pharmacy, at Governors Inn, Research Triangle Park.

Gebhardt received the award for her high professional ideals, moral character, good citizenship, and her significant contributions to hospital pharmacy.

A 1966 graduate of the UNC School of Pharmacy, Ms. Gebhardt has been associated with Rex Hospital, Raleigh and the North Carolina Memorial Hospital in various capacities including Clinical Pharmacy Specialist, Director of Drug Information, and Coordinator of Clinical Pharmacy Services.

Ms. Gebhardt is the daughter of Mr. and Mrs. O. W. Clayton, 6500 Burlwood Road, Charlotte, North Carolina.

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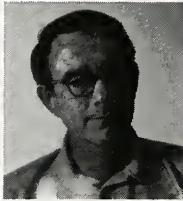
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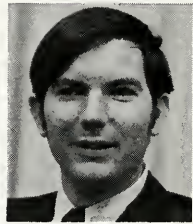
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CARDHOLDER NAME: _____ (Last) _____ (First) _____ (Initial)

PHARMACY INFORMATION:

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CITY: _____

STATE & ZIP: _____

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DATE RX(B) FILLED
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RX NUMBER

NEW/REFILL METRIC QUANTITY DAYS SUPPLY

N R N R N R N R

NATIONAL DRUG CODE

PRODUCT NO

FRESCRIBER IDENT.

PREG

SUBMIT CLAIM TO:

ATTENTION RECIPIENT
PLEASE READ
CERTIFICATION
STATEMENT ON
REVERSE SIDE

THIS SECTION TO BE COMPLETED BY THE RECIPIENT

PATIENT LAST NAME, FIRST & INITIAL	DATE OF BIRTH MO DAY YR	SEX M <input type="checkbox"/> F <input type="checkbox"/>	RELATIONSHIP TO CARDHOLDER <input type="checkbox"/> CARDHOLDER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD
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I have read the Certification Statement on the reverse side. I hereby certify to, and accept the terms thereof. I also certify that I have received the prescription(s) that are shown below.

PATIENT/AUTHORIZED REPRESENTATIVE:
 AUTHORIZED PHARMACY REPRESENTATIVE

INGR.	DISP. CDST	DISP. FEE	TAX	TOTAL PRICE	DIED. AMT.	BAL.
	2					

(Ply # 1 & 2)

DAH - 1 - 77

The Universal claim form, as developed by The National Drug Ad Hoc Committee over a four year period, is shown above. Representatives from manufacturing, wholesale and retail pharmacy, federal and state government, the health industry and pharmacy service organizations were represented on and helped to develop the standardized claim form which will be used by PCS, Paid, Metropolitan, Travelers, Aetna and others. Pharmacies will purchase the forms from wholesalers and will be reimbursed for the forms by the claims payer. A manual and a computer tape system to be used in conjunction with the standardized claim form were approved by the Committee, which included J. M. Pike, Jr. of Concord.

The reverse side of the third sheet includes detailed instructions to pharmacist, space for entering compounded prescriptions and certification statement which must be acknowledged by patient's signature on first sheet.

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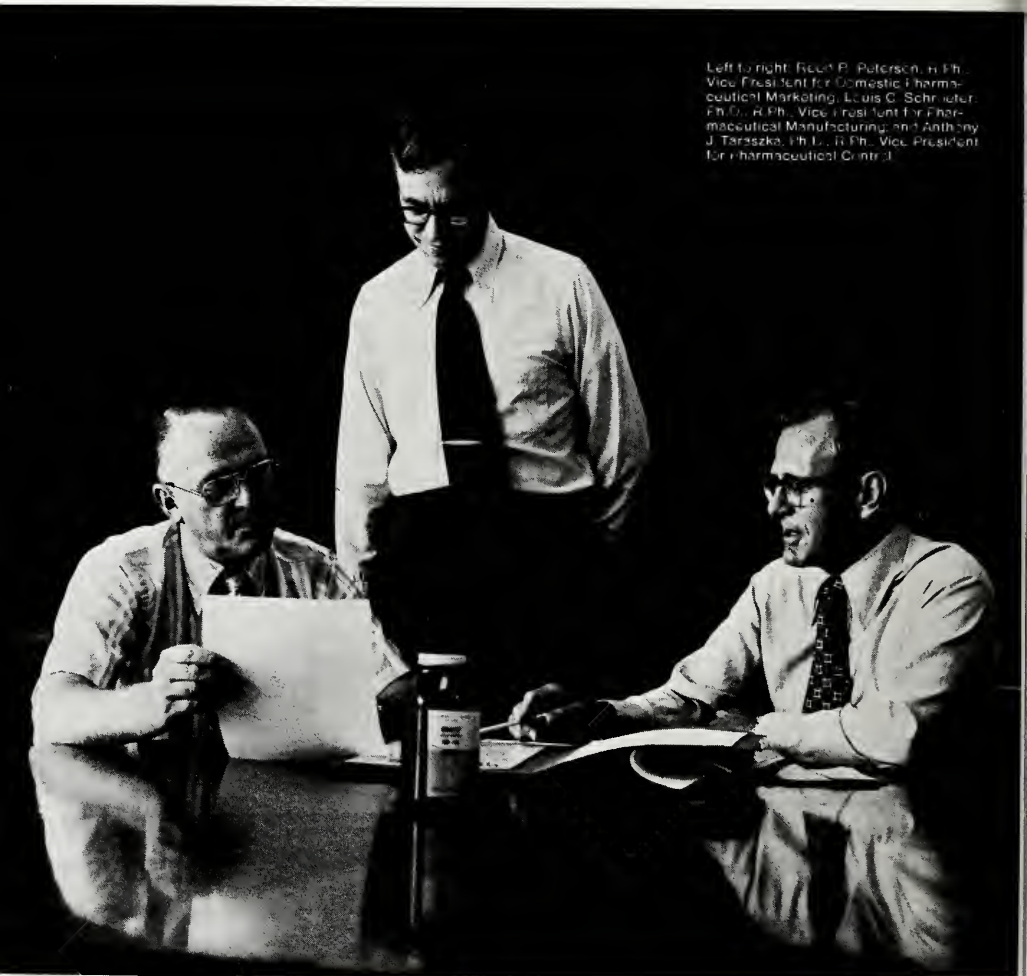
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Left to right: Robert B. Peterson, R.Ph., Vice President for Domestic Pharmaceutical Marketing; Louis G. Schricker, R.Ph., R.Ph., Vice President for Pharmaceutical Manufacturing; and Anthony J. Taraszko, Ph.D., R.Ph., Vice President for Pharmaceutical Control.

TAR HEEL DIGEST

WEST ASHEVILLE

Bennett's Drug Store was extensively damaged when a 1967 Buick crashed through the front of the store after a highspeed chase with police. The driver of the vehicle was jailed on numerous charges, one being possession of marijuana.

KINSTON

The Lenoir County Pharmacy Association sponsored an exhibit at the October 14 Health Careers and Health Fair. Bob Hood of Pink Hill installed the exhibit.

SANFORD

Janice Sue Pilson has accepted a position with Revco Discount Drug Center. She is a graduate of the UNC-CH School of Pharmacy.

BURGAW

Dees Drug Store, established in 1916 by Fred Dees, celebrated its 60th anniversary in early October. A cash prize of \$60.00 will be given away in October and November and \$200 in December in celebration of U. S.'s 200th birthday.

KENLY

Grading is underway for Squibb's penicillin formulating and packaging plant to occupy a 100 acre tract near Interstate 95 south of Kenly.

ROBBINSVILLE

Joey Ward has joined the pharmacist staff at Deloziers Drug Store. He is one of 94 pharmacists recently licensed by the N. C. Board of Pharmacy.

BLACK MOUNTAIN

Assistant Manager of Revco Drugs is Jeffrey James Smith, a 1976 graduate of the UNC-CH School of Pharmacy. He is a native of Statesville.

MOUNT OLIVE

An addition to the pharmacist staff of Glenn-Martin Drug Company is Preston Parker, a 1976 graduate of the UNC-CH School of Pharmacy. He attended Mount Olive College prior to transferring to UNC-CH.

KNIGHTDALE

Construction is underway on Knightdale Pharmacy which will be owned by Joe Vinson of Zebulon.

MT. AIRY

Warren Coltrane is manager of Revco Drug Company which recently opened in Mt. Airy Plaza. Prior to moving to Mt. Airy, he was associated with Revco, Greensboro.

WINSTON-SALEM

Mrs. Priscilla C. Brown has been appointed a member of APhA's committee on public affairs.

ANDREWS

Andrews Drug Center, owned and managed by Pharmacist John Kennedy, opened in its new and larger quarters in late September. Mr. Kennedy is a 1965 graduate of the UNC-CH School of Pharmacy and has operated a pharmacy in Andrews since 1970.

Butazolidin alka

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia), dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland en-

largement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema

Unquestioned

occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukopenia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing

epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy, CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

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THE CHALLENGE FACING PHARMACY—WHO WILL SELECT THE PRODUCT FOR THE PATIENT OF THE FUTURE THE PHYSICIAN? THE PHARMACIST? THE GOVERNMENT?

By Charles H. Singler

General Sales Manager, Burroughs Wellcome Company

Several months ago, we had a visitor in North Carolina, a hospital pharmacist, who spoke with refreshing frankness. He said, "You folks walk around with unicorns on your lapels, and you say the unicorn is a legendary animal that stands for purity, which is a symbol of the quality of your products. Why should I believe the quality of your products is any better than anyone else's?" We said, "Come judge for yourself."

First, we took him on a tour of our production plant in Greenville, which is one of the most modern pharmaceutical manufacturing plants in the world.

Next, we took him on a tour of our research laboratories.

Then we told him about a program, in which we invest heavily for the protection of our products, the protection of the people who distribute them, and the protection of the patients who take them.

We have a policy of tracking down every statement published in the world medical literature about our products, in an effort to prove or disprove the accuracy of the statement of the author.

For example: About two years ago in an Australian Medical Journal, an investigator reported that: "Patients on allopurinol, which you know as Zylloprim, excreted larger amounts of orotic acid than normal patients, and this could interfere with pyrimidine metabolism which is essential for the biosynthesis of Nucleic Acid, which in turn is essential for the production of DNA."

The question in our minds was, "Was this true?" If so, where and what consequences would result? In an effort to dig out the answers to these questions, we have had 5 scientists working on this problem for over a year.

The answers are: yes it is true, but in a very limited sense, and, no it is not harmful to the patient. So those of you who are on Zylloprim for your gout can rest easy.

The important question that arises is: If (and when) Zylloprim becomes available from multiple sources and is provided on bid basis at the lowest price, will there be someone to answer these questions of the future?—and if so, where will the cost of these investigations be reflected (since they can't be reflected in the bid price), and if these investigations are not carried out by private industry, will there be incentive enough to maintain the quality of our system?

The SECOND example is maybe closer to home, because it involves Lanoxin. Although everyone here knows that we make Lanoxin, it may surprise you to learn that Lanoxin (or digoxin) was discovered in the Wellcome Research Laboratories in 1930.

Here we are 46 years later, and Lanoxin is now the glycoside of choice for the treatment of cardiac decompensation. It may also surprise you to learn that the major part of the clinical studies that have ever been done on digoxin have been supported by Burroughs Wellcome, and, as far as I know, the standards in the USP for digoxin were developed and given by Burroughs Wellcome to the USP. Today, the 1976 Red Book lists 47 manufacturers or distributors of generic digoxin and yet our B. W. pure crystalline Lanoxin is used by the FDA as the reference standard.

I think it's a commentary on our times that while some prices of generic digoxin in the 1976 Red Book are lower than our prices on Lanoxin, some were actually higher.

Now, with a product on the market for 46 years and with all the attention digitalis products have had during that interval, what more could there be that isn't already known?

Would you believe that over the past two years we have funded research grants on Lanoxin totalling \$188,000 in support of some 6 investigators who were working in conjunc-

A continuation of Mr. Singler's comments at the 21st annual dinner of the N. C. Academy of Pharmacy. Page 13, October issue, Carolina Journal of Pharmacy, for initial comments.

Continued on Page 15



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CHALLENGE FACING PHARMACY

tion with an FDA Advisory Group on a project that resulted two months ago in modification of Lanoxin dosage.

The question in my mind and maybe in yours is: if we're going to be buying drugs in the future, based solely on the lowest cost, who is going to pay for future research on Lanoxin? The Government? And is there anyone who believes it would be done less expensively or as effectively?

So, you might say this sounds all idealistic and perhaps even a little self-serving. But, what does it have to do with the basic question: "Who will select the product for the patient of the future—the physician, the pharmacist, or the state?"

In spite of my dire predictions, there can be no question that more and more drug selections will be made by you, the pharmacist—at least until our governments decide to take over that decision.

However, with that decision comes responsibility and liability. Heretofore, the responsibility for the effectiveness and safety of the product you dispensed rested with the brand name manufacturer with a reputation to maintain.

What's in it for you if you select a product manufactured by Burroughs Wellcome, or most of the other major manufacturers of brand name products?

You get:

1. A research department whose interest is in developing new compounds, new substances, and in continuing the industry growth pattern that has resulted in 1.4 billion prescriptions in 1975.
2. A medical information department whose function is to bring the research world and the practicing physician and pharmacist together and to develop and provide the information vital for the proper use of the products you dispense.
3. The industry-wide promotional, educational, and informational impact, which in 1974 amounted to 89 million pages of journal advertising and 16 million detail calls by 22,000 detail men and women whose function is to create and service the demand for the products you dispense.
4. A distribution system through approximately 500 wholesalers that permits retail

and hospital pharmacists to operate on a minimum of inventory, and at the same time makes the products of the pharmaceutical industry quickly available to virtually every patient in the country.

These are all services that are essential to continued proper functioning of the prescription system as we know it.

These are all services that cost money, and none of which are included when drug selection is based only on manufacturing costs to provide safety and effectiveness.

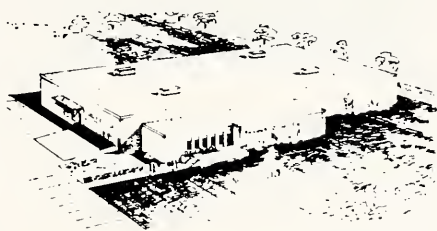
In conclusion, let me tentatively answer the basic questions I posed a few minutes ago:

1. Can we sustain the pharmacy success story?

I believe that with sober consideration of the alternatives, we can and must.

2. Will the government efforts at the Federal and state level kill the goose that laid this golden egg?

Concluded on Page 17



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Quaint? Well, in the year 2052 A.D. how old-fashioned will today's pharmaceutical manufacturing facilities seem?

Make no mistake: seventy-six years ago there was nothing quaint or nostalgic about Dr. W. C. Abbott's granule manufacturing operation. At the turn of the century, when this photo was taken, this was as modern a pharmaceutical producing facility as could be found anywhere in the world.

A look at Abbott's past is a key to Abbott's present. When Dr. Abbott founded the Abbott Alkaloidal Company in 1888, he set innovative standards for his products. Early on, pharmacists and physicians learned to expect uncompromising quality in every pharmaceutical product that bore the Abbott name.

These standards are still inherent in every

phase of every product made by Abbott Laboratories . . . now more than a half dozen divisions, nationwide, worldwide, with sales exceeding a billion dollars annually.

Chances are that in the fifties . . . the *twenty-fifties* . . . they'll be showing quaint, nostalgic photographs of what we see as today's sleek, computerized pharmaceutical manufacturing facilities. They'll seem hopelessly primitive to the pharmacists and the physicians of that future era. But traditions . . . Abbott traditions . . . being what they are, we're confident that those pharmacists and physicians can look to Abbott quality just as folks did in the good old days of the nineteen-seventies.



CHALLENGE FACING PHARMACY

I doubt it. I believe that thoughtful consideration of the consequences to the patient, the industry, and the health care system will hopefully force increasing concern for the quality and safety of drug products, and the services that make those products available to the patient.

3. Will government intrusion so alter the character of the drug distribution system that it will be far different from what we know it to be today?

Possibly. The extent of change, however, will depend on the degree of the coordinated efforts of all branches of pharmacy working together to achieve an objective listed by Senator Kennedy when he said: "We have the highest standards of drug safety and effectiveness of any nation in the world. As a result, our drug supply is the safest and most effective in the world. Those standards cannot, should not, and will not be lowered."

I believe our free enterprise system has enabled us to reach this "highest standards of drug safety and effectiveness of any nation in the world."

Will the government, through its Maximum Allowable Cost or Estimated Acquisition Cost fee system, force you to buy and dispense products of lower or unproven standards of drug safety and effectiveness, and deprive the health care system of the other services that have provided the highest standards in the world?

I believe the choice will rest with the pharmacist. And now so, too, will the responsibility and the liability.

BELMONT

A Bicentennial Mural painted on the side of Belmont Drug Company is attracting widespread attention by customers and visitors. The mural is a project of the Junior Woman's Club.

TAYLORSVILLE

Rodney Abernathy of Newton has been named manager of Crown Drugs. A 1973 graduate of the UNC-CH School of Pharmacy, Alvin D. Woody, is manager of the pharmacy department.

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RECENT CHANGES

federal register
HIGHLIGHTS

Price List

Informational
Bulletin # 433-76

**National
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special report

**Malpractice
insurance:**

**Health care doesn't
need more red tape**

**Will MAC
cut Rx costs?**

**Drug
Substitution**

The Common denominator
of Health Problems
RESEARCH

Mailgram



THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND THE PATIENT.

Pharmacy today is in the spotlight, subjected to all kinds of scrutiny. Your actions are being monitored and judged, sometimes by unknown third parties.

The worry is that in the wake of this focus, your relationships with both doctors and patients will be weakened, without offsetting benefits. Consider three examples:

Drug substitution Until recently, state pharmacy laws, regulations, or professional custom have stipulated that non-generic prescriptions be filled with the precise products prescribed. But in the last five years, a number of these laws or regulations have been changed, permitting you, in varying degrees, to make the selection when a multi-source product is ordered.

These changes have been taking place against a background of growing evidence that purportedly-equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA has not enforced the same standards for hundreds of "follow-on" products that it has applied to original NDA approvals. This situation, it seems to us, is a compelling reason for product selection to rest on a sensible interchange between doctors and pharmacists—and not on legislative action.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant overall savings has been produced, nor is any likely, given the needs of pharmacy and the record of government in administering cost control programs.

MAC Maximum Allowable Cost, MAC for short, is a federal regulation intended to cut the government's drug bill by setting price ceilings for multi-source drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect

of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right, regardless of your economic or professional judgments. Pharmacists will have little to say about administration of the program, since government will have absolute authority to make its prices and fees stick. For other multi-source drugs on the MAC list, your reimbursement would be limited to a product price on a government "estimated acquisition cost" list and a state-established professional fee.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to patients: the cost of the research is more than ten times what it was, per product, in 1962, and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years or more now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present complex approval process contributes to needless delay of drug therapy. That's why the increase efficiency of the drug and device approval process is vital to all our futures.

We suggest you make your voice heard on these issues—among your colleagues and your representatives in state legislatures and in the U.S. Congress.

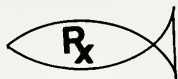
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NEW PHARMACIES

(1) Hermitage Pharmacy, Inc., 4280 Fayetteville Road, Lumberton, N. C. 28358. Andrew F. Thorndyke, pharmacist manager.

(2) Community Pharmacy, 107 N. Murrow Blvd., Greensboro, N. C. 27403. William Wicker, pharmacist manager.

(3) Carolina Drug Company, 702 Washington Street, Eden, N. C. 27288. Robert L. Crouch, pharmacist manager.

(4) Rays Medicine Shoppe, P. O. Box 72, West Jefferson, N. C. 28694. Jacquelyn S. Flippin, pharmacist manager.

(5) K Mart Pharmacy #3294, 2005 East Cone Blvd., Greensboro, N. C. 27405. Linda Spivey, pharmacist manager.

(6) Revco Discount Drug Center #847, Ingles Shopping Center, Asheville, N. C. 28806. James G. Kelley, pharmacist manager.

(7) Revco Discount Drug Center #852, Lawn-dale North Shopping Center, Greensboro, N. C. 27408. Dale Pilon, pharmacist manager.

(8) Eckerd Drugs, Inc., 152 Carolina Circle Mall, Greensboro, N. C. 27405. James P. Kesler, pharmacist manager.

SMITH DRUG CLOSES

A Shelby institution for many years—Smith's Drug Store—closed its doors on October 5. The store is owned by a Spartanburg, S. C. firm, Health Resources Corporation.

BOARD ACTION SCHEDULED IN HARRISON CASE

The case of N. C. Board of Pharmacy vs Steven V. Harrison of Walnut Cove will be heard by the Board at its monthly session on November 16.

An attorney representing Harrison presented a statement to the Board in October for consideration in November.

Harrison, owner of Cove Pharmacy at Walnut Cove, is serving a 2-year sentence for selling guns at the pharmacy without license.

Harrison is also involved with state and federal officials regarding Laetrile—a drug which is not on FDA's approved list nor recommended by the AMA or American Cancer Society as a treatment for cancer.

RECIPROCITY

Deborah S. Davis, Wilkesboro (from Georgia)
Gary P. Stoehr, Durham (from Pennsylvania)

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION (ACT OF OCTOBER 23, 1962); SECTION 4369, TITLE 39, UNITED STATES CODE.

Carolina Journal of Pharmacy, published monthly at Chapel Hill, North Carolina.

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I certify that the statements made by me above are correct and complete.

S/s W. J. Smith
Editor, Business Manager



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PHARMACEUTICAL RESEARCH FOUNDATION CONCLUDES SUCCESSFUL FUND DRIVE

Charles D. Blanton, Jr. of Kings Mountain was reelected president of the N. C. Pharmaceutical Research Foundation at a meeting of the Foundation's board of directors in Chapel Hill on September 28.

Serving with President Blanton for the coming year will be Ralph P. Rogers, Jr. of Durham, vice president; and George P. Hager of Chapel Hill, Secretary.

There were two sessions of the board of directors interspersed with a luncheon at which time President Blanton presented a portrait of the late Dean Seymour M. Blaug to Acting Dean Werley on behalf of the Foundation and the School of Pharmacy.

Topics covered during the morning session included Externship/AHEC Program by Claude U. Paoloni; Student Financial Aid by Dr. Jack K. Wier; Enrollment by Dr. George H. Cocolas; and Finances by Acting Dean LeRoy Werley.

The afternoon session, held in the Institute of Pharmacy, was devoted to Communications, Report of the 1975-76 Fund Drive and Prospects for the 1976-77 Drive; Auditor's Report and Financial Report; New Business and Election/Installation of officers.

In connection with the Fund Drive, Secretary Hager reported:

- (1) 454 contributions from individuals—a 6.9% increase over the 10-year average and 3rd highest in the 10-year period;
- (2) the \$9,414 received from individual contributors—a 10.6% increase over the average and 3rd highest;
- (3) \$12,980 received from companies and organizations—a 43.2% increase and 2nd highest; and
- (4) \$22,394 total contributions—a 27.4% increase and 2nd highest in the 10-year period.

Auditor's Report:

The Report disclosed a net loss in total assets of \$13,450 (from \$523,269 to \$509,818). This was attributed primarily to a loss of \$27,781 on disposal of investments. It was pointed out that, over the past ten years, the total assets of the Foundation increased from \$288,588 to 7509,818 as of June 30, 1976 and that during the same period, the Foundation provided \$292,056 to the School of Pharmacy.

1976-77 Budget:

Totals \$49,500 including \$2000 (F. J. Andrews Student Award) and \$15,000 (Predoctoral Training Program). The 1975-76 budget was \$44,315 and expenditures, \$28,245.

Investment Committee Report:

Due to poor performance of Foundation's invested funds (handled by two banks), Investment Committee has under consideration (1) Switch accounts from banks to a single fiscal agent or to a brokerage firm; (2) Place a part of assets in building & loan; (3) Place all the endowment fund in one bank; (4) place a part of assets in certificates of deposit; and (5) Place all of the endowment fund in one bank and leave expendable fund in another bank.

Meeting concluded with the directors assembling for a group picture—see opposite page.

FIRE DESTROYS DRUG STORE

The contents of Mauney's Drug Store, Murphy, were destroyed by fire on October 10.

The owner/manager, Harry Mauney, set plans to reopen the pharmacy in a new location.

PAID RXs OPENS ADDITIONAL DATA INPUT CENTER IN RALEIGH

PAID Prescriptions opened an additional data input center in Raleigh, N. C. on October 1, to speed claims processing.

This additional data center will serve pharmacies located in the southeastern area of the U.S. Other data centers are located in California and New Jersey.

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ACADEMIC SHUNT: FROM THEORY TO PRACTICE WITH A.E.P.*

In every state, graduation from an accredited school of pharmacy is required for licensure. Practical experience and passing the state board of pharmacy examination are prerequisite for licensure as a pharmacist in North Carolina as is the case with most other states. This practical experience requirement in North Carolina consists of 1500 hours of practical experience under the supervision of a licensed pharmacist. The North Carolina Board of Pharmacy is responsible for administering and enforcing the licensure requirements.¹

Despite the excellent efforts of Board of Pharmacy to structure sound extern/internship training programs, many varieties of educational quality have resulted. Many practitioners can recall their own extern/internship quite positively as their most significant realistic educational experience. Others may recall this experience quite negatively as being perfunctory and irrelevant; and others may recall elements at both extremes. Because of these variances in the educational quality of the extern/internship many schools of pharmacy have assumed responsibility for part or all of the extern/internship requirements for licensure. In addition to the individual state externship requirement for licensure, practical experience programs—academic externships—are now required as a condition for schools of pharmacy to retain their accreditation with The American Council on Pharmaceutical Education (A.C.P.E.); therefore, schools are assuming more active roles in experiential learning programs by incorporating practical experience coursework as a required part of the curriculum.²

In compliance with these requirements, the UNC School of Pharmacy began to provide a half-semester Academic Externship Program (A.E.P.) in the Fall, 1975 semester. This paper will highlight the establishment of the school-based externship program at the Uni-

versity of North Carolina School of Pharmacy, and will summarize its first year of activity.

Early in the development of the Academic Externship Program (A.E.P.) it was realized that the traditional design of a course by a school-based instructor, expert in a particular area of knowledge, was not sufficient for an academic externship course. Input from the profession was definitely essential. One ideal source was the North Carolina Pharmacy Tripartite Committee on Pharmacy Extern/Internship Programs. This Tripartite Committee is made up of nine representatives; divided evenly between the North Carolina Board of Pharmacy, the North Carolina Pharmaceutical Association, and the UNC School of Pharmacy. The contributions of the Tripartite Committee have been most helpful in laying the foundation upon which the School could structure the Academic Externship Program. This group was instrumental in developing the guidelines and criteria used by the School to select the practitioner-instructors, sites of practice, and in offering helpful suggestions for the proposed program.

Concurrently, with the changes taking place in the School's curriculum, the developing UNC Area Health Education Centers (AHEC) of North Carolina gave additional impetus to the implementation of the Academic Externship Program for the School. The concept of the Area Health Education Centers program of the University of North Carolina was in response to the conclusions set forth in the studies and reports of the last decade made by the National Advisory Commission on Health Manpower and the Carthey serve. In general, the AHECs provide an ideal mechanism through which the School's Academic Externship Program can be effectively administered.⁶ With decentralization and regionalization of the UNC health science schools the education and training potential of all health science related professionals is much improved with a practical and integrated experience component. Moreover, with the active participation of the Bowman Gray School of Medicine, the Duke University Medical School, and the developing Medical School at East Carolina University, all elements of medical education in North Carolina are involved and have a definite commitment to provide the primary support to develop an AHEC

* Mr. Claude U. Paoloni, Associate Professor, Pharmacy AHEC Program, School of Pharmacy, University of North Carolina at Chapel Hill, North Carolina 27514.

ACADEMIC EXTERNSHIP PROGRAM (A.E.P.)—Pharmacy 92L ACTIVITY 1975-76

	BLOCKS					TOTAL
	I	II	III	IV	SS	
NUMBER OF STUDENTS IN A.E.P.	40	38	45	1	29	153
AHECs						
I. Mountain						
S.A.	9	8	10	0	6	33
S.R.	17	15	22	0	13	67
S.M.	11	10.5	13.5	0	9	44
II. Charlotte						
S.A.	4	2	1	0	2	9
S.R.	6	4	1	0	3	14
S.M.	4.5	3	1	0	2.5	11
III. Wilmington						
S.A.	4	7	6	0	6	23
S.R.	6	10	9	0	12	37
S.M.	4.5	7	6.5	0	9	27
IV. Area L						
S.A.	3	1	2	0	0	6
S.R.	5	1	2	0	0	8
S.M.	4	0.5	1	0	0	5.5
V. Wake						
S.A.	11	11	14	0	6	42
S.R.	18	17	24	0	8	67
S.M.	13	10.5	15.5	0	6	45
VI. Greensboro						
S.A.	4	1	5	0	4	14
S.R.	6	1	8	0	8	23
S.M.	4.5	1	5.5	0	6	17
VII. Fayetteville						
S.A.	2	3	3	0	0	8
S.R.	3	4	5	0	0	12
S.M.	2	2.5	3.5	0	0	8
VIII. Northwest						
S.A.	4	4	5	1	2	16
S.R.	5	5	5	1	3	19
S.M.	4	4.5	2	1	2	13.5
IX. Eastern						
S.A.	3	4	3	0	0	10
S.R.	3	6	4	0	0	13
S.M.	2	4.5	3	0	0	9.5
X. Non-Affiliated						
S.A.	9	8	12	0	8	37
S.R.	13	15	19	0	12	59
S.M.	10.5	10.5	12.5	0	9	42.5

Code: S.A. = Number of students assigned for at least 2-week rotation.

S.R. = Number of rotations performed by students assigned to AHEC.

S.M. = Number of student months cumulated by student rotation.

FROM THEORY TO PRACTICE

region. Through this mechanism, students of pharmacy are afforded the opportunity to receive part or all of their externship training in the AHEC communities in concert with their colleagues of the other health science disciplines—medicine, dentistry, nursing, public health and allied health. Prior to the inception of the Academic Externship Program (A.E.P.) senior pharmacy students were able to train with a practitioner-instructor for only one full week period (5 consecutive 8-hour days). At most, a student was able to leave campus for two non-consecutive full week periods. Due to this type of off-campus training, the student missed scheduled classes resulting in undue burdens and pressure. With the implementation of the revised curriculum, with its block teaching in the fifth year, this hardship has been negated.

The A.E.P. represents a departure from most practical experience programs in pharmacy education since this new program is learning in a practice-based environment where the relationship between the student and practitioner is to be an instructor-student *learning* relationship rather than an

employer-employee *working* relationship. The Academic Externship Program is an integral part of the curriculum of the School of Pharmacy and its successful completion is a requirement for awarding the Bachelor of Science in Pharmacy degree. The general format in terms of division of time and type of pharmacy practice the student may select is a 7½ week block (half-semester), which includes a 6-week rotation period. The remaining 1½ week is devoted to travel to and from sites of assignment, pre- and post-rotation orientations, evaluation processes, and other administrative details. The program as presently constituted requires each student to rotate two weeks in a community pharmacy, two weeks in an institutional pharmacy, and two weeks in either community or institutional pharmacy as selected by the student. In essence, each student can spend a four week rotation in the type of practice he, or she, selects with the remaining two week rotation performed in the alternate required practice environment.

Continued on Page 29

ACADEMIC EXTERNSHIP PROGRAM (A.E.P.)—PHARMACY 92L SUMMARY OF ACTIVITY 1975-76

MAP II

	AHECs	S.A.	S.R.	S.M.
I.	Mountain	33	67	44.0
II.	Charlotte	9	14	11.0
III.	Wilmington	23	37	27.0
IV.	Area L	6	8	5.5
V.	Wake	42	67	45.0
VI.	Greensboro	14	23	17.0
VII.	Fayetteville	8	12	8.0
VIII.	Northwest	16	19	13.5
IX.	Eastern	10	13	9.5
	Sub Total	161	260	180.5
X.	Non-Affiliated	37	59	42.5
	Total	198	319	223.0

Code: S.A. = Number of students assigned for at least 2-week rotation.

S.R. = Number of rotations performed by students assigned to AHEC.

S.M. = Number of student months cumulated by student rotation.

FROM THEORY TO PRACTICE

The rotation assignments per se place the student in the community or hospital pharmacy and/or patient care unit in which he learns to apply his knowledge of drugs and their safe and effective use. Usually, the student performs directly under a pharmacist, practitioner-instructor. In this setting, each student has the opportunity to participate in a direct, sound, level of practice and observe the opportunities for expanding the role of pharmacists in patient care.

Every effort is made to assure that the sites selected have a patient-oriented practice whose practitioner-instructor is highly motivated and desires to teach. The selection and certification of a practitioner-instructor and site is a dynamic, on-going process. Our hope is to have a sufficiently active core to permit a moderate degree of flexibility with student rotations without jeopardizing any opportunity for optimum student learning. The Academic Externship Program stresses the instructor-student relationship rather than the employer-employee relationship.

Students receive no pay. Those who successfully complete their coursework receive six academic credits in fulfillment of the requirements for their degree. The 280 hours spent in the new A.E.P. is also creditable toward the 1500 hours of practical pharmacy experience requirement of the North Carolina Board of Pharmacy.

Implementing the new academic externship program required the dedicated efforts of many people. Through the Division of Pharmacy Practice came the approved curriculum necessary for the practice based learning experience. Members of the faculty and staff of the School's Area Health Education Centers Program were assigned the responsibility for coordinating and administering the new academic externship. Governing policies were developed by the Faculty AHEC Committee. In addition, a sounding board necessary to relate to practitioner-instructors and their participation with the curriculum became essential. As a result, an Advisory Committee of Practitioner-Instructors was appointed and served, just as the name implies, in an advisory capacity to the School's Academic Externship Program. The cooperative contributions of these groups with the concomitant efforts of

Concluded on Page 31

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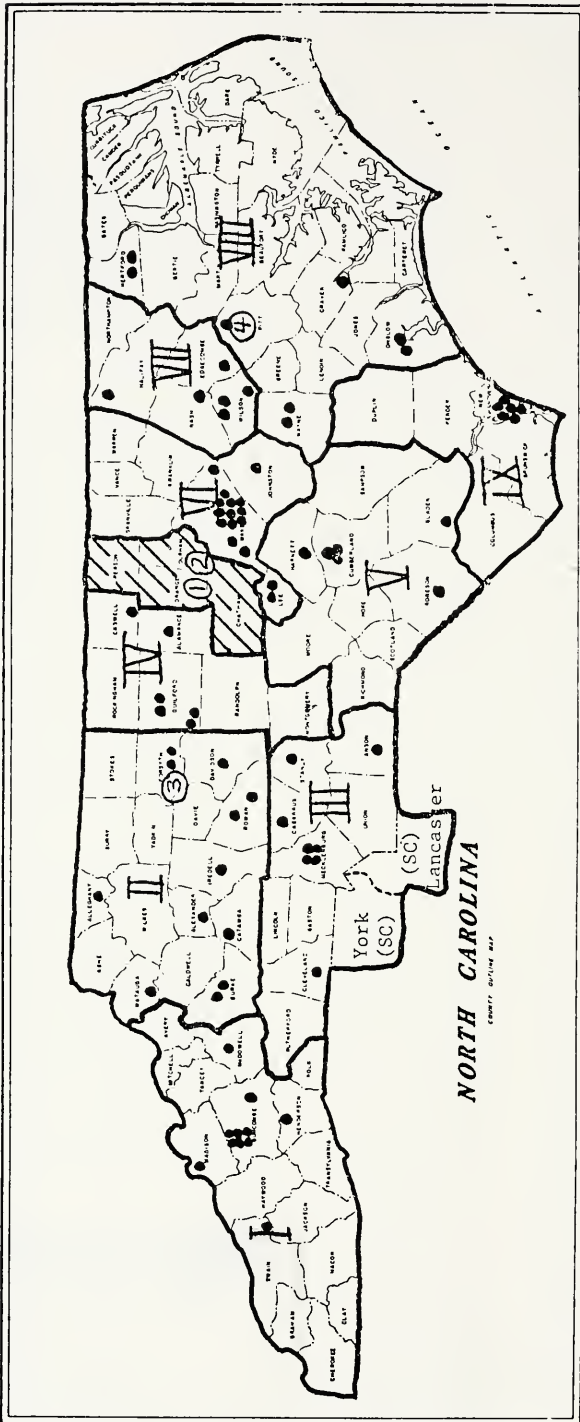
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MAP II



FROM THEORY TO PRACTICE

many people facilitated the tasks of implementing and evaluating the first year's academic externship coursework.

The first academic year of this new experiential program has made a major contribution to community-based education. One hundred-fifty three (153) students have gained valuable practical experience in eighty-three (83) pharmacies (sites) in North Carolina. Map II indicates the rotation sites (communities of North Carolina where students served their rotations). More than 80% served off-campus rotations. These were associated with one-hundred ninety eight (198) students who were assigned to serve three-hundred and twenty-two (322) rotations for an accumulation in time of about two-hundred and twenty-three (223) student months. Tables I and II summarize this activity by AHEC regions and by Blocks, including the first summer session (SS).

Now we are moving into the second year of implementing the Academic Externship Program making certain adjustments and refinements on the basis of extensive evaluations made during the first year of the program. Those evaluations have confirmed that the practice-based learning opportunities provided by the Academic Externship Program are a valuable addition to pharmacy education. Not enough can be said about the contributions and effects of practitioner-instructors in the experiential learning program. Although the structured A.E.P. has as one of its major concerns the screening and monitoring of student learning and performance, the results of our first year are proving most promising, challenging, and rewarding. Through continuing improvement and refinement in the pursuit of excellence of the program, the A.E.P. should go far in helping to insure safe and competent practitioners as graduates of the School of Pharmacy, University of North Carolina at Chapel Hill.

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¹ *Pharmacy Laws of North Carolina, Including Rules and Regulations*, 1975, North Carolina Board of Pharmacy, Chapel Hill, North Carolina 27514.

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⁴ *AHEC System Contract Proposed, NIH 72-4387 (P), VR I, II, III*, University of North Carolina at Chapel Hill, 1972.

⁵ Mayer, Eugene S., M.D.: *The North Carolina AHEC Program*, presented at American Association of Colleges of Pharmacy-National Association of Boards of Pharmacy, District III Meeting, Wilmington, N. C., (August) 1976.

⁶ Paoloni, Claude U.: "What's With AHEC?," *Script*, UNC School of Pharmacy, House Organ, Fall 1974.

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UNC PHARMACY SCHOOL

WERLEY AND ECKEL INITIATED INTO PHARMACY SOCIETY

LeRoy D. Werley, Jr., Assistant Dean, UNC School of Pharmacy, and Fred M. Eckel, Division of Pharmacy Practice, were recently initiated into Phi Lambda Sigma, Pharmacy Leadership Society.

Werley and Eckel were selected because of their exceptional leadership in the field of pharmacy and for their contributions to the UNC School of Pharmacy.

SCHOOL OF PHARMACY RECEIVES GRANT

The UNC School of Pharmacy was the recent recipient of a grant from The Merck Company Foundation. The grant is in support of the Student Branches of the NCPA/APhA in behalf of their programs in venereal disease and poisoning.

Students of this organization will present educational programs to various groups.

The Merck Company Foundation has presented the UNC School of Pharmacy with this grant for the past several years.

UNC FACULTY PRESENTS PAPERS

Assistant Professor Leonard Berlow of the U.N.C. School of Pharmacy spoke to the greater Statesville Rotary Club on October 14. His presentation was "Why Kids Use Drugs." He is also presenting "The Pharmacist: The Physicians' Wasted Natural Resource?" at the American Pharmaceutical Association—American Association of Colleges of Pharmacy pre-session of the American Public Health Association Annual Meeting, Miami Beach, Florida.

Other School of Pharmacy faculty presentations at the Miami Beach meeting are: Robert N. Zelnio, graduate student and Associate Pro-

fessor Jean P. Gagnon who co-authored "The Costs and Benefits of Patient Medication Profiles". Also, Dr. Gagnon will be presenting, "Consumer Perceptions and Reimbursement Methods Related to Pharmaceutical Services" to the Medical Care Section of the American Pharmaceutical Association.



THEM AND US

Russia has more territory than the United States, a larger population, a great many natural resources, and the Soviet Union has had over 50 years to put into practice a completely socialistic system. Yet, for us to be equal to their way of life we here in the United States would have to

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WEDDINGS**SEYMOUR-MOSS**

Miss JoAnn Seymour, 1976 graduate of UNC School of Pharmacy, and *Stanley Brent Moss* were married October 10 in Alamance Lutheran Church. Mrs. Moss is with Mann Drug Company of High Point.

ANDERSON-McADAMS

Rebecca Garrison Anderson and *Jack Webster McAdams, Sr.* were married September 19 at the Front Street Methodist Church of Burlington. Mr. McAdams is the pharmacist-owner of McAdams Drug Company. The bride previously taught in the Burlington City Schools.

STEWART-WORK

Rebecca Dean Stewart and *David R. Work* were married October 9 in Duke Gardens, Durham. Dr. Work received his B.S. degree in Pharmacy from the University of Iowa and his J. D. degree from the University of Denver. He is secretary and treasurer of the N. C. Board of Pharmacy. The bride is a graduate of UNC-CH, and also attended UNC-Greensboro. She is a staff member at the UNC School of Pharmacy.

HARRELL-GRIFFIN

Susan Eleyse Harrell, 1976 graduate of the UNC School of Pharmacy, and *Simon Arthur Griffin*, were married October 3 in Corinth Baptist Church, Elizabeth City. The bride is employed at May's Pharmacy of Washington; the bridegroom is a graduate of N. C. State University and is employed by PCA of Washington.

ZUREK-SLEIGHT

Brenda A. Zurek of Jamestown and *Dale B. Sleight* of Gainesville, Florida, were married October 2 at Immaculate Heart of Mary Catholic Church of High Point. The bride,

graduate of UNC School of Pharmacy, is pharmacist at SuperX Drug Company; the bridegroom is employed by the May Company in Gainesville, where the couple will reside.

BIRTHS

Mr. and Mrs. Roger Bedard announce the birth of a baby boy, *Jeffrey Aaron*, born September 15, 1976. Mr. Bedard is a fifth year pharmacy student at the UNC School of Pharmacy.

Mr. and Mrs. Michael Ray of Asheville announce the birth of a daughter, *Melody Carroll*, on September 6.

Mike is a 1974 graduate of the UNC/CH School of Pharmacy and is pharmacist manager of Revco Drugs, Asheville.

DEATHS

Mrs. *Ethel Beason Pierce*, 72, Greensboro, died October 11.

A native of Alabama, Mrs. *Pierce* lived most of her life in Greensboro where for many years she served as secretary to Justice Drug Company.

Col. *David Henry Hood*, age 56, Mebane pharmacist, died October 16 at his home after five months of failing health.

A native of Dunn and a graduate of the UNC/CH School of Pharmacy, he served in World War II in the Office of the Army Surgeon General as the Chief of Medical Service.

Survivors include his widow; two sons and a daughter.

CLASSIFIED ADVERTISING

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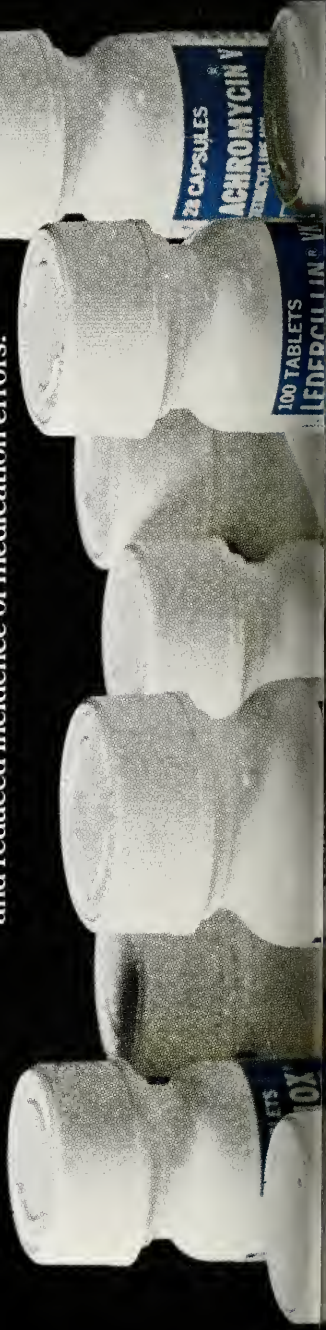


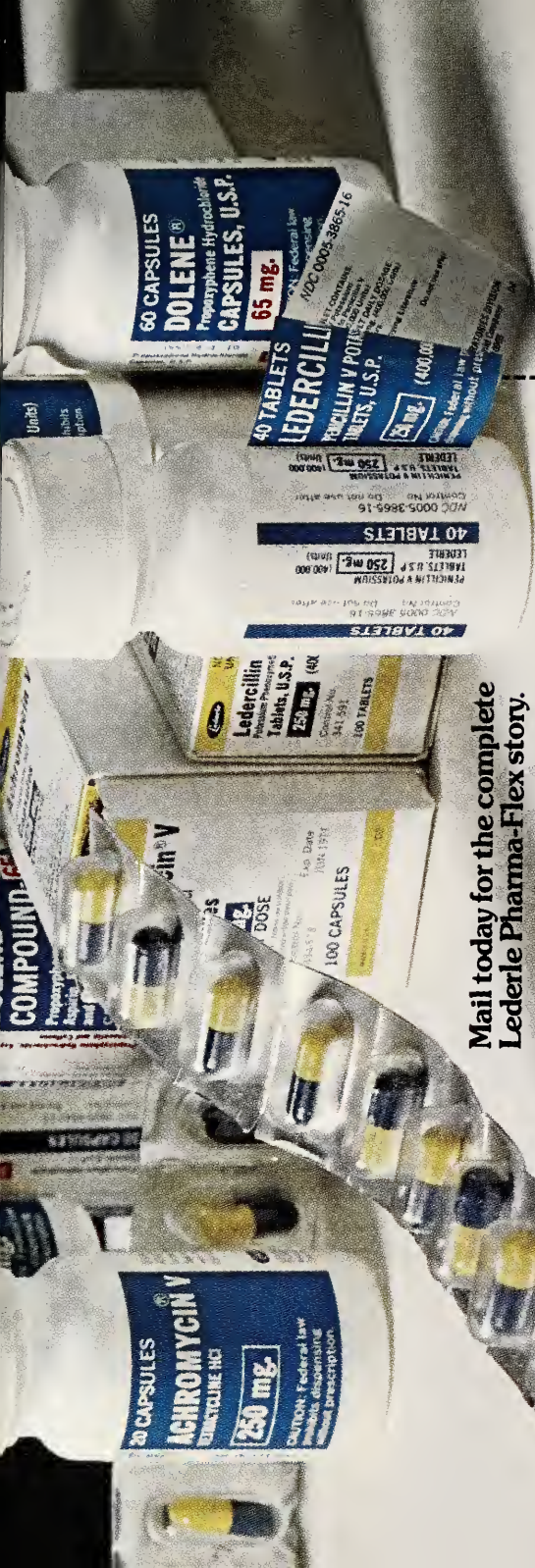


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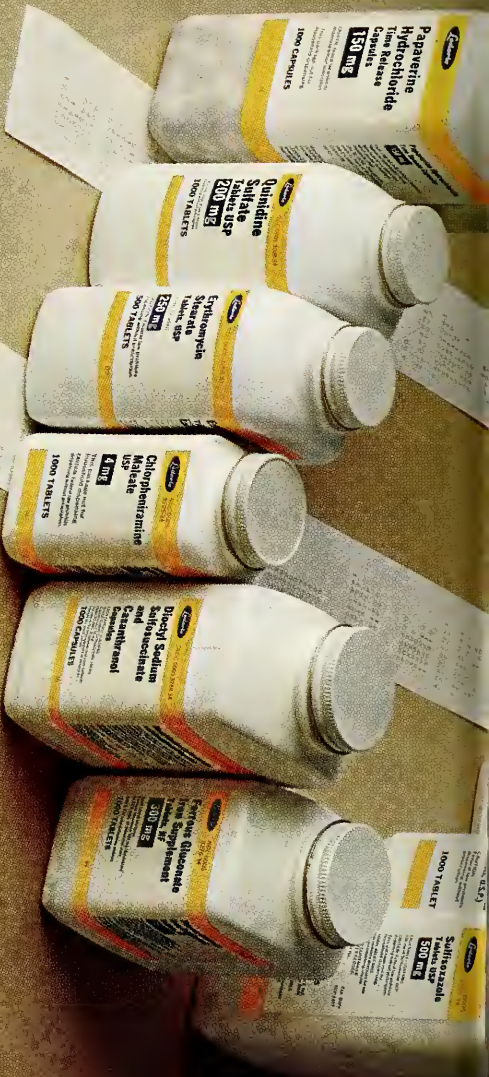
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SINCE THE DECEMBER 1976 ISSUE OF THE CAROLINA JOURNAL OF PHARMACY WAS NOT PUBLISHED, VOL. LVI INCLUDES ONLY ELEVEN ISSUES - JANUARY 1976 THROUGH NOVEMBER 1976.

THE DECEMBER 1976 ISSUE WAS DELETED IN ORDER TO PERMIT A RETURN TO THE JOURNAL'S CUSTOMARY FIRST-OF-THE-MONTH MAILING DATE. IN RECENT MONTHS, DUE TO SCHEDULING PROBLEMS AT OUR PRINTERS, THE JOURNAL FELL BEHIND SCHEDULE.

IT IS ANTICIPATED THAT THE FEBRUARY 1977 ISSUE OF THE CAROLINA JOURNAL OF PHARMACY WILL BE MAILED THE FIRST WEEK IN FEBRUARY. IT WAS PRESS READY ON JANUARY 24.

W. J. SMITH, MANAGING EDITOR

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