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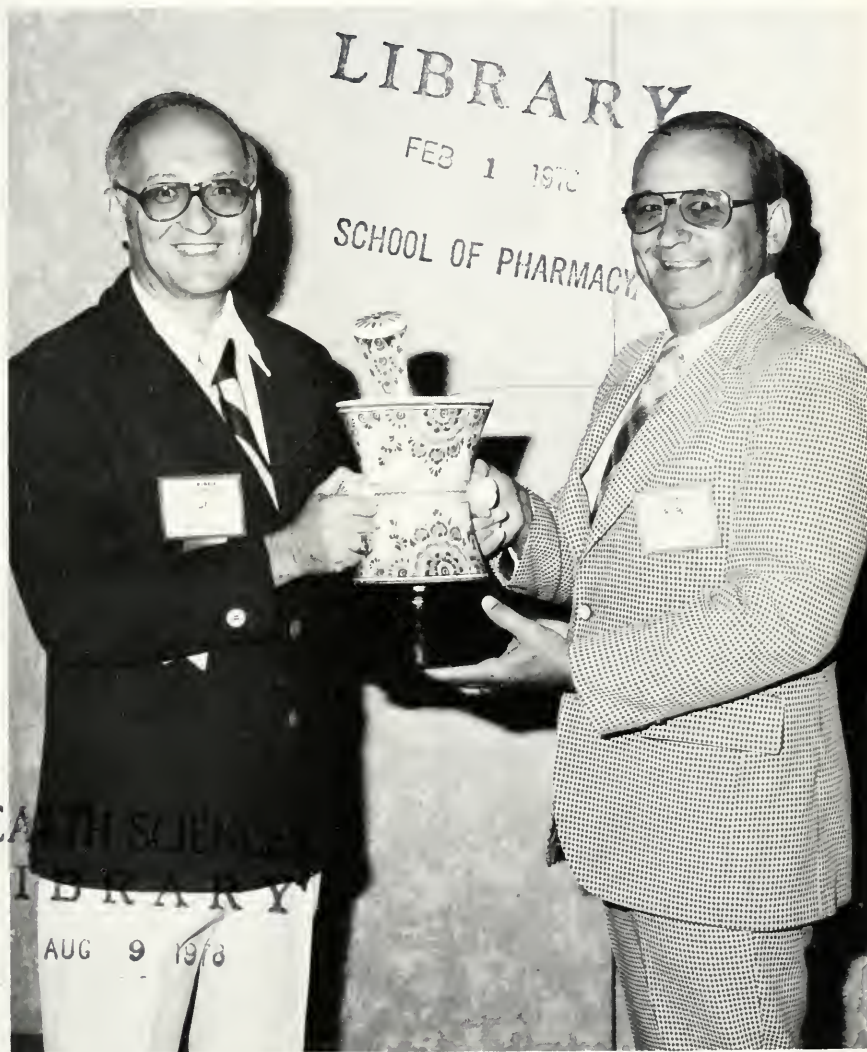
APR 24 1979

THE CAROLINA JOURNAL of PHARMACY

NUMBER 1

VOLUME 58

JANUARY 1978



Robert A. (Bob) Schafer, (right), Raleigh District Manager of E. R. Squibb & Sons, is pictured presenting the Squibb Mortar & Pestle Award to Tom Burgiss, Sparta pharmacist and owner/manager of Drugcare of Alleghany, in recognition of Burgiss' Meritorious contributions to organized pharmacy in North Carolina. Photo by Colorcraft.

Quality...

just one good reason why

V-Cillin K[®]

penicillin V potassium

is the most widely prescribed brand of oral penicillin



Tablets
125, 250, and 500 mg.*
Oral Solution
125 and 250 mg.*/5 ml.

V-CILLIN K[®] penicillin V potassium

Description: V-Cillin K is the potassium salt of penicillin V. This chemically improved form combines acid stability with immediate solubility and rapid absorption.

Indications: For the treatment of mild to moderately severe pneumococcal respiratory tract infections and mild staphylococcal skin and soft-tissue infections that are sensitive to penicillin G. See the package literature for other indications.

Contraindication: Previous hypersensitivity to penicillin.

Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with

severe illness, nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including fungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin.

*Equivalent to penicillin V.

[102175]

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ADI is the insurance company recommended by the North Carolina Pharmaceutical Association.

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THE CAROLINA JOURNAL of PHARMACY

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STATE FUNDS COUNTY HEALTH DEPARTMENT PRIMARY TREATMENT PROGRAMS

The State of North Carolina is supplying \$3 million to 30 county health departments to set up primary treatment programs. The program is intended to relieve overcrowded hospital emergency rooms and bring more treatment services to areas short of doctors.

Supervision of the program, at the state level, will be by the N. C. Commission for Health Services (formerly N. C. Board of Health). Pharmacist T. P. Davis of Yanceyville is a member of the Commission and the Pharmacist Consultant is Charles D. Reed (formerly associated with Bill Bradley in auditing institutional pharmacy practices in the state).

Although most of the state grants will go to rural areas, three urban counties already have received funds: Guilford (\$104,000); Cumberland (\$77,000) and Buncombe (\$59,000).

Wake County has announced it has no immediate plans to offer primary diagnosis and treatment through the Wake County Health Department system. The County plans to stick to preventive care, leaving patient treatment to doctors, hospitals and private organizations.

A STATE RECORD

Four sisters of The Clayton Family are graduates of the UNC School of Pharmacy and licensed pharmacists. The record is unmatched in the State:

1. Carol Clayton Norris, Boone. Manager of a Mann Drug Store; the only female manager in Mann's chain of 30 stores.
2. Peggy Clayton Gebhardt Sellers, College Park, Maryland. Was associated with NC Memorial Hospital, Chapel Hill, for several years; tours the country for Becton-Dickinson giving lectures on Diabetes; is associated with a private hospital in Washington, D. C.
3. Patty Clayton Giddings, Durham. Pharmacist manager and part owner of a Medicine Shoppe, Durham.
4. Virginia (Ginger) M. Clayton, Charlotte. A 1977 graduate of the UNC School of Pharmacy; now associated with Eckerd's of Charlotte.

Now, if there are four brothers, all pharmacists and all graduates of the UNC School of Pharmacy, step up and identify yourself.

TMA HONORS GOODRICH

The Traveling Men's Auxiliary, NCPH, has announced the establishment of the Floyd Goodrich Student Loan Fund in honor of the late Mr. Goodrich, a longtime supporter of the TMA.

An initial investment of five hundred dollars is to be made by the TMA and anyone wishing to contribute to this fund is requested to mail their checks to the TMA Foundation c/o William P. Brewer, P. O. Box 2202 Greensboro, NC 27420. This money will be loaned to students at no interest, to be repaid in increments beginning six months after graduation from the UNC School of Pharmacy. Many students have benefited from the Consolidated Pharmacy Loan Fund and often it is the only source of emergency funds with which to meet emergency financial needs.

THE NEW MINIMUM WAGE LAW IN BRIEF

Effective Date: January 1, 1978

Minimum Wage:

- January 1, 1978: \$2.65 an hour
- January 1, 1979: \$2.90 an hour
- January 1, 1980: \$3.10 an hour
- January 1, 1981: \$3.35 an hour

Small Business Exemption: July 1, 1978 From \$250,000 to \$275,000; to \$325,000 July 1980; and \$362,000 on January 1, 1981 for retail and service establishments only.

HOUR TEST: Remains at 40 hours except for hotel and restaurant employees who are not maids or custodial employees. They may work 44 hours in 1978 but only 40 hours after January 1, 1979, without being eligible for overtime.

STUDENT EMPLOYMENT

Write the NCPHA for bulletin.

FOR ADDITIONAL INFORMATION

Call or write the Wage and Hour Division of the U. S. Department of Labor, either local or regional office.

2TH ANNUAL SEMINAR ON SOCIO-ECONOMIC ASPECTS OF PHARMACY PRACTICE

February 15, 1978 CAROLINA INN University of North Carolina

Sponsored by

School of Pharmacy, University of North Carolina at Chapel Hill
and

North Carolina Pharmaceutical Association

PROGRAM

8:00- 8:45 A.M.

REGISTRATION

8:45- 9:00 A.M.

WELCOME

Dr. Tom S. Miya, Dean, UNC School of Pharmacy
Eugene W. Hackney, R.Ph., President, North Carolina
Pharmaceutical Association.

10:00-12:15 P.M.

REPORT OF OTC REVIEW PANELS

10:30-10:45

Arnold M. Welch, R. Ph., O.T.C. Panel Administration,

Break)

Bureau of Drugs, Food and Drug Administration, Washington

Pharmacists are familiar with the safety and efficacy information of prescription drugs. However, safety and efficacy information for nonprescription drugs is not as readily available. Because of this gap, particularly with regard to efficacy, the FDA has embarked upon an unprecedented review of the active ingredients used in the OTC or prescription drugs. Armond Welch is right where the action is and will bring North Carolina pharmacists up-to-date on what the FDA OTC review panels are doing about safety, efficacy and the proper labeling of nonprescription drugs (OTCs) and how these results will affect you.

1:15- 1:30 P.M.

LUNCH—Carolina Inn

2:30- 4:30 P.M.

*THE ART OF PHARMACIST ASSERTIVENESS**

3:00-3:15

David L. Schmidt, M.S., President,

Break)

Management Development Associates

Shawnee Mission, Kansas.

Pharmacists generally have been a nice, acquiescent group of people. Patients, physicians and most anyone else felt more comfortable speaking out for or against pharmacy than did pharmacists. But lately, something has stirred pharmacists and they want, and indeed, are anxious that their health care colleagues and the public get to know them, their profession and the good things they can and are doing. What's the best way to get the message across? Assertiveness, of course. And Dave Schmidt is just the person who can tell us how to make it happen by exploring theory and practice of becoming more persuasive and motivating through the use of techniques of assertive behavior.

*This session supported by The Upjohn Company, Kalamazoo Michigan.

CONTINUING EDUCATION CREDIT

This program is approved for six hours of continuing education credit. Pharmacists who require c.e. credits for recensure will receive continuing education certification upon completion of the program.

REGISTRATION

\$5.00 (Includes Luncheon). Call (919) 967-2237 or write the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. for program and registration form.



TMA CONVENTION PLANNERS MEET IN GREENSBORO

Officers and Directors of the Traveling Men's Auxiliary met in Greensboro prior to Christmas to initiate plans for the organization's participation in the 1978 Annual Convention of the NCPHA and Affiliated Auxiliaries, scheduled in Asheville at The Great Smokies Hilton, April 16-17-18.

Al Mebane, Associate Director of the NCPHA, represented the Pharmaceutical Association at the meeting.

LEFT TO RIGHT:

Horace Lewis, Ray Black, Bob Case, Al Mebane, David F. McGowan, Zack Lyon, L. M. McCombs, William H. Andrews and Roland G. Thomas.

Asheville—1978 Convention City

THE CONVENTION, IN BRIEF

Great Smokies Hilton
Asheville, N. C.
Sunday-Monday-Tuesday
April 16-17-18, 1978

CONVENTION OFFICIALS

A. C. Pharmaceutical Assn.:
Henry H. Shigley
Woman's Auxiliary, NCPHA:
Virginia Shigley
Traveling Men's Auxiliary:
Horace J. Lewis
A. C. Wholesale Drug Party:
Canie Smith, Asheville

Golf:

Len Phillipps, Atlanta, GA.
Tennis:
Canie Smith, Asheville

ENTERTAINMENT

Sunday night: Robert Henry of Auburn, Alabama—comedian, joke teller, humorist and showman—is the guest speaker.
Monday night: Little Brown Jug Party • Cloggers/Square Dancing, auction and Mountain Hoedown.
Tuesday night: Dinner and TMA-sponsored entertainment featuring dancing to music of a 10 piece orchestra. Officer installation.

IS THERE A COMPUTER IN YOUR FUTURE?

So, plan to allocate convention time to check out the in-pharmacy an on-line computer systems which will be operational while the convention is in progress. As a service to its members, the NCPHA is bringing together a number of systems for comparison so that before signing the bottom line, you will know exactly what you are getting. For the non-golfers and tennis players, Monday afternoon (April 17) will be especially appropriate for an in-depth review of the computers.

BUSINESS PROGRAM

includes review of professional liability, the incredible service machine, and a current look at medicaid and legislative proposals.

ROOM RESERVATION

Forms will be mailed in January. Two hundred rooms reserved at the Great Smokies Hilton.

GOLF

Eighteen hole championship golf course surrounds the hotel. The 6300 yard, par 70 course takes you across mountain streams and lakes nine times.

TENNIS

Four outdoor and four indoor courts supervised by a ranked U.S.P.T.A. pro.

PARTICIPATION

in any scheduled convention event will be limited to registrants wearing a convention badge: NCPHA, TMA, Woman's Auxiliary or guests.

SPECIAL EVENTS

When you register, you qualify to dip your hand into the mountain apple barrel. If your apple is the largest, in weight, you win \$50 in cash. By special arrangement with Barbour Orchards of Waynesville, we are obtaining premium size (one pound plus) mountain apples for this convention registration event. It is anticipated the prize winning apple will weigh in the 20 ounce range.

BOARD EXAM COMING UP

The next examination for licensure by the North Carolina Board of Pharmacy will be given March 6, 7 and 8, 1978.

Details from Dr. David Work, P. O. Box 471, Chapel Hill, N. C. 27514. Completed applications should be mailed thirty days prior to the examination.

BRISTOL-MYERS PLANT SET FOR MORRISVILLE

Morrisville is the site of a new pharmaceutical production plant, announced a Bristol-Myers Company spokesman. The plant will employ about 350 people and contain 200,000 square feet on a 190 acre tract.

C. B. "Benny" Ridout, mayor of Morrisville and a pharmacist with the North Carolina Department of Human Resources, was understandably pleased with the announcement. "We see this plant as an asset because it's going to bring in some jobs for the community and gives us the potential for controlled growth" said Mayor Ridout. "We want to control this growth and not let it run away from us," he added, "people like the town because it's rural and small in size."

The plant will be located on N. C. 54 in the Morrisville Industrial Park in western Wake County, and will manufacture analgesics and cold tablets, including Bufferin and Datriol. Construction is scheduled to begin next summer and the plant is expected to be in operation in early 1980.

ATTENDS CANCER SEMINAR

Tom Burgiss, Sparta pharmacist, attended an all day seminar on Modern Concepts in Cancer Chemotherapy, sponsored by the Bowman Gray School of Medicine, under the Department of Oncology.

Mr. Burgiss, who serves the Northwest Area Health Education Center, will present a report on the seminar to the nursing staff at Alleghany Memorial Hospital.



Three North Carolina pharmacists were winners in the 1977 Burroughs Wellcome Co Pharmacy Education Program. Each donated the \$500 award to the University of North Carolina's School of Pharmacy to be used as revolving student loan funds in their names. Participating in the awards presentation were: (left to right) Mike Murrell, District Sales Manager, Burroughs Wellcome Co.; Leroy Werley Jr., UNC School of Pharmacy; Sara Lore Flynn's Drug Store, Winston-Salem; Dean Tom Miya, UNC School of Pharmacy; Jane Hall Presbyterian Hospital, Charlotte; B. D. Arnold, Arnold Rexall Drug, Raleigh; and Pete Howsam, Vice President of Marketing, Burroughs Wellcome Co.

Since a UNC pharmacy graduate, now practicing out of the state, won one of the \$500 BW awards and specified the award go to UNC, North Carolina received \$2000.00. The Consolidated Pharmacy Fund of the NCPHA has been designated by the School to administer the BW awards.

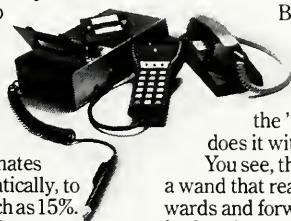
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ing ago, we introduced one of the most advanced inventory control systems ever developed: Datarex®'74. It was, and is, incredible.

The Datarex '74 keeps price stickers up to date in minute automatically. For many users, this alone saves bottom line profits by 2% or more.

It virtually eliminates errors—again automatically, to save sales as much as 15%. The Datarex '74's computer provides in depth management reports of volume and sales for every department every quarter. And it gives all the same information every quarter for every item you sold. In the process, it saves overhead tremendously. It emphasizes on sales and profits.



What's more, it's as simple to operate as a cash register: just punch up the product number on any item that needs ordering.

It is, we repeat, incredible.

But now, Datarex is even better. Because now we're introducing the Datarex®'77.

It does everything the '74 Datarex did, and it does it with a wave of the hand. You see, the new Datarex '77 has a wand that reads the bar code backwards and forwards. The error factor is virtually eliminated. And every transaction can be recorded in the computer in less than 2 seconds.

What does all this mean to you? It means you have more reason than ever before to call Gilpin. Because we can have a Datarex '77 system—complete with new labels for every item in your inventory and a custom

computer plan for your entire operation—working in a matter of weeks. Call us collect at (301) 630-4500. Or simply mail the coupon.

The Datarex '77, like the Datarex '74 should make your store more profitable. Only it should do it even faster.

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901 Southern Avenue Washington, D.C. 20032 Phone (301) 630-4500 Attn: Harrison L. Leach Vice President Retailer Services		
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City	State	Zip
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The straighter they talk, the better things get.



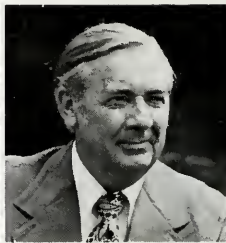
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Professor of Hospital Pharmacy
Chapel Hill, N.C.



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



John Spicer, R.Ph.
Community Pharmacist
Fowler, Michigan



Benjamin F. Cooper, Ph.D.,
Dean, School of Pharmacy
Auburn University, Auburn, Ala.



Don F. Gould, R.Ph., Chairman
of the Board, Gould Drug Company
Mt. Pleasant, Michigan



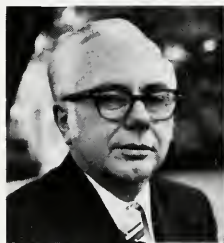
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National Medical Center, Wash., D.C.



Newell Hall, R.Ph., V.P. and Director
of Prof. Relations, Hook Drugs, Inc.
Indianapolis, Indiana



Taylor H. Jobe, R.Ph.
Community Pharmacist
Gladewater, Texas



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



Don W. Arthur, R.Ph.
Community Pharmacist
Buffalo, New York

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 1977 Pharmacy 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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OPTOMETRIC PRESCRIPTIONS

Interpretations of Amended Law

(SB 424) Vary

Optometrists who have been certified by their own Board of Optometric Examiners may now issue prescriptions for topical pharmaceutical agents which are to be used for the purpose of examining the eye.

The law, as amended, specifies that in using or prescribing pharmaceutical agents to relieve or treat conditions of the eye, the optometrist so using or prescribing shall communicate and collaborate with a physician duly licensed to practice medicine in North Carolina.

Two opinions have been registered with the NCPHA:

- 1) Since it is incumbent on every pharmacist to insure he is filling a legally authorized prescription, for his own protection he should make every effort to determine the name, address, telephone number, and, if necessary, DEA number of the physician who collaborates with the optometrist on a prescription calling for an agent to be used in treating the eye. Without that collaborating physician's approval the prescription may not be legal.
- 2) Another version of the same law relating to "Legally licensed druggists of this State may fill prescriptions of optometrists duly licensed by the North Carolina State Board of Examiners in Optometry to prescribe, apply or use pharmaceutical agents" resulted in an opinion expressed by an attorney which is less restricted than (1) cited above.

In view of the uncertainty presently existing in regard to interpretation of the amended Practice of Optometry Bill (SB 424), as the bill relates to pharmaceutical agents, the NCPHA will request the Attorney General of North Carolina to clarify the bill as it relates to the pharmacist's legal responsibilities.

THIEVES HIT HIGH POINT PHARMACY

Thieves entered Anderson Drug Store, High Point, after breaking a glass in the front door. The loss: A large quantity of drugs, cash and watches.

A QUESTION OF INTERPRETATION

The manager of a company was contacted by the Office of Equal Opportunity and asked for a list of employees "broken down by sex."

The response: "That really isn't our problem. It's mostly drugs and alcohol."

DO I DETECT A DEGREE OF CYNICISM?

The three most discredited sentences in common use today:

- (1) The check is in the mail.
- (2) Certainly, I'll respect you as much in the morning as I do tonight.
- (3) I'm from the government and I'm here to help you.

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CHARLESTON, GREENVILLE, SPARTANBURG, S. C.

MEDICAID

The Medical Cost Containment Commission scheduled a number of meetings in Raleigh, November and December 1977. Two members of the 12-member Commission are pharmacists: Senator John T. Henley and representative Barney Paul Woodard.

The NCPHA position on Medicaid drug cost containment was presented to the Commission on November 4. Later, representatives of the NCPHA will attend a sub-committee meeting at which time Medicaid prescriptions will be considered in detail.

An assessment of the Commission meetings so far: Cost containment emphasis will be on hospitals. One speaker, listed as an authority in the field of medical cost containment, stated that 20% of the hospitals in this county could be closed without affecting the quality of medical care. He went on to say this will not come about . . . closing the small hospitals will have no appreciable effect on the total cost of medical care and the large ones have too much political clout.

Comments by Dr. Walter McClure, Director of a private, non-partisan Health Policy and Planning Group of InterStudy in Minneapolis, Minn. (retained by the Commission to discuss medical care cost containment):

Doctors' reluctance to consider costs when treating patients has caused costs to soar 400 per cent since 1960.

No market forces exist to contain costs within the health care industry.

Patients don't care how much a hospital stay costs because they've already paid for it through health insurance.

Doctors don't consider costs because they try to give patients the best treatment money can buy.

We pay our doctors their costs. It's like an expense account, you stay in expensive hotels.

McClure said one answer to rising medical costs would be a system which would make the recipient responsible for care cost up to 20% of his or her annual income but the speaker said implementation of such a system would not be easy. He recommended favorable consideration of the HMO concept.

A state employee, discussing the range of optional Medicaid services, one being prescription drugs, said that in six southern

states, North Carolina was near the top in services provided. (The 1977 session of The N. C. General Assembly cut back the range of dental services originally provided).

The Commission's preliminary report is due April 1978. The state's budget, including Medicaid, will be up for review beginning May 31, 1978.

SELECTED MEDICAID PREVIWS UNDERWAY

The Department of Health, Education, and Welfare, in cooperation with the North Carolina Division of Social Services, is conducting a limited number of Medicaid reviews in the state as required by Federal regulations.

In such instances, in-pharmacy Medicaid records will be reviewed and some Medicaid recipients queried in regard to services received.

It has been pointed out that while the interviews are underway the utmost care will be taken to neither frighten the recipient nor to convey to the recipient that the services rendered by the provider are other than of the highest quality.

I. C. System, Inc.

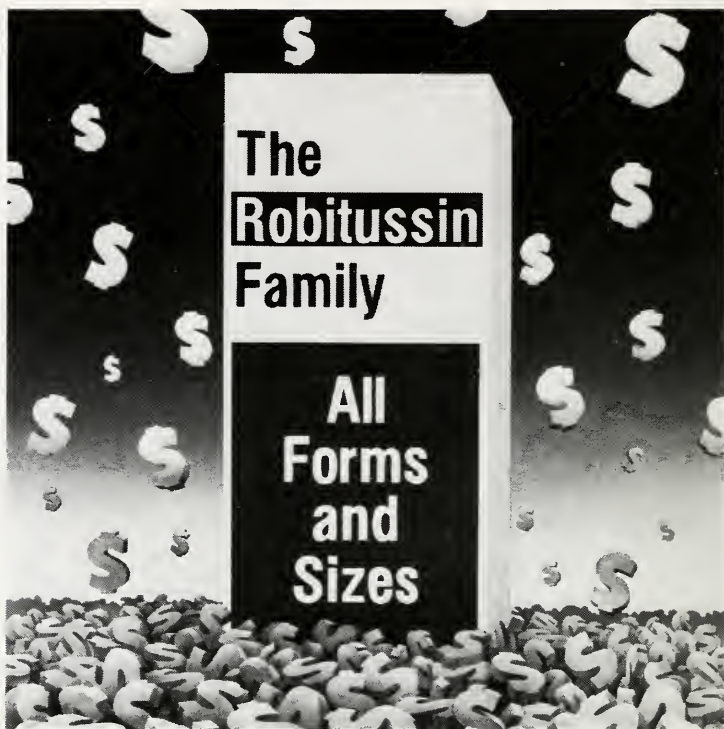
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Chapel Hill, North Carolina 27514**



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- Nation-wide magazine advertising. In Reader's Digest, TV Guide, etc.

*Ind. Market Research

Give Robitussin® more facings. Create extra sales and profits.

See your Robins Representative for full details. **A·H·ROBINS** A.H. Robins Company Richmond, Va 23220

REMINDERS ABOUT POISON PREVENTION PACKAGING

Pharmacists must comply with the poison prevention act of 1970, but they should also use their professional judgement when legitimate exceptions occur. So far, only two drugs have been exempted from the act; nitroglycerin and isorbide dinitrate sublingual dosage forms.

A new container must be used if the old container is plastic, but only the top need be replaced if the container is glass.

Either the prescribing physician or the patient may request a conventional closure and written authorization is required. To avoid potential liability, however, it is wise to require written verification from either the physician or the patient.

Safety closures have reduced the number of child poisonings, and pharmacists have a legal and moral duty to encourage the use of safety closures, but they also have an obligation to their patients to provide medication in such a way as to ensure compliance with the particular drug therapy.

GILBERT HARTIS, SR. HONORED

In recognition of his leadership and contributions to Pharmacy, the Forsyth County Pharmaceutical Society (Winston-Salem) honored Gilbert Hartis, Sr. as 1977 Pharmacist of the Year.

At a testimonial dinner in his honor, Mr. Hartis was lauded for his service to pharmacy by Pharmacist Ernest Rabil and Parke Davis Representatives Fred Johnson of Atlanta and Joe Gillespie of Raleigh.

A graduate of the UNC School of Pharmacy, Mr. Hartis was a medical sales representative for Parke Davis from 1937 to December 1972. He is a past president of the TMA and has served organized pharmacy in North Carolina in many capacities.

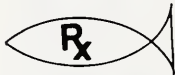


PRISCILLA BROWN (RIGHT) PRESENTS GILBERT HARTIS, SR. WITH MORTAR AND PESTLE AS MRS. HARTIS LOOKS ON.

SPEED

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NEW PHARMACIES

Bladenboro Medicine Shoppe, Inc., Bladenboro. B. F. Stone, pharmacist manager.

Kroger Sav-On, 301 McPherson Church Road, Fayetteville. John W. Fawcett, pharmacist manager.

LIMITED SERVICE PERMITS

Brian Center Pharmacy, 969 Cox Road, Gastonia. Amanda H. Nixon, pharmacist manager.

Amos Cottage Rehabilitation Hospital, 3325 Silas Creek Parkway, Winston-Salem. Louis D. Lowery, pharmacist manager.

INSTITUTIONAL

Washington County Hospital Pharmacy, Highway 64 East, Box 707, Plymouth. Logan N. Womble, III, pharmacist manager.

CHANGE IN OWNERSHIP

Youngsville Drugs, Main Street, Youngsville. Florence Terry Hayes, pharmacist manager.

RECIPROCITY

Earle Joseph Stramoski *from Georgia*
Donald Aaron Belt *from South Carolina*
Charlotte Meade Dickinson *from Tennessee*
Nancy Lee Kreager Shamp *from Ohio*
Francis John Stapanowich *from Massachusetts*

6. James Mosley Watson *from Georgia*
7. Robert Franklyn Catoe *from South Carolina*
8. Michael Victory Rogers *from Missouri*
9. James Richard Sears *from Missouri*
10. Thomas Winston Price, IV, *from Virginia*
11. William James Taylor *from Arizona*

ENDS HALF CENTURY OF SERVICE

Wilson Drug Store, a Monroe institution for almost half a century, closed its doors in early November.

Claude Arthur Wilson, who opened the store on December 12, 1929, and partner Mack Brooks sold the store and contents to Pharmacist Micky Watts of Concord.

The Wilson Drug prescription file has been moved to Faulkner's, which Watts operates in partnership with Eddie Faulkner and his son, Gary.

Vann Secrest, owner of Secrest Drug Store, said losing Wilson's from the downtown area was "like losing an old friend. They were always good, clean competitors."

COMMITTEE ACTS ON TALWIN

The Committee on Drug Abuse of the North Carolina Medical Society has recommended to the Society's Executive Council that Talwin, injectable form, be placed under Controlled Substances, Schedule IV. A motion to place the oral form of Talwin in Schedule IV did not pass (2 yes, 7 no).

The committee also recommended that the Executive Council of the N. C. Medical Society inform all physicians in North Carolina of the problem of patients receiving mind altering drugs from VA facilities without frequent face to face contact between physician and patient.

BY PROCLAIMS WOMAN SUFFRAGE

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at His Home Without
Women Witnesses.

WOMEN VEXED AT PRIVACY.

ed Movies of Ceremony,
ut Both Factions Are

WASHINGTON, Aug. 25, 1920--
... struggle for Wom-



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HISTORIC LANDMARK

Meeting Gives Standing
Ovation as Executive
Pictures Peace Gain

SAN FRANCISCO, June 26, 1945
The United Nations Conference

Social Security Bill Is Signed Gives Pensions to Aged, Jo

Roosevelt Approves Message Intended to Benefit 30
Persons When States Adopt Cooperating Laws--H
the Measure 'Cornerstone' of His Economic Prog

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution
is Sent to House, Where
Passage is Expected

WASHINGTON, March 10,
1971--The Senate approved
today, 94 to 0, and sent

WASHINGTON, Aug. 15.
The Social Security Bill
a broad program of unemploy-
insurance and old age
and counted upon to be
20,000,000 persons, beca
day when it was signed
dent Roosevelt in the p
those chiefly responsible
ting it through Congres

Mr. Roosevelt called it
"the cornerstone in a
which is being built
men's complete
right to

SIGN the Draft Ends No

"If we fail to use it," he declared
to the solemn final meeting of the
delegates, "we shall betray all of
those who have died in order that
we might meet here in freedom and
safety to create it."

"If we seek to use it selfishly--for
the advantage of any one nation or
any small group of nations--we
shall be equally guilty of that bet-
rayal."

Fervent Interpolation

The President, speaking in the
auditorium of the War Memorial
Opera House, built in memory of
sons of the Golden Gate city who
gave their lives in the first World
War, in which he himself served,
seemed to give unconscious expres-
sion to the solemn feeling of the
occasion when, at the outset of his
speech, he interpolated the words,
half a hope, half a prayer:

"Oh, what a great day this can
be in history!"

Just before the plenary session
the President accompanied the
eight United States delegates to
the auditorium of the Veterans'

WASHINGTON, Jan. 27,
1973--"With the signing of
the peace agreement in
Paris today, and after re-
ceiving a report from the
Secretary of the Army that
he foresees no need for
further inductions. I wish

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

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SPECIAL MEETING OF THE NORTHEASTERN PHARMACEUTICAL SOCIETY

Reported by

Frank Hemingway, Secretary-Treasurer

The Northeastern Carolina Pharmaceutical Society met on Wednesday, November 17, 1977 for a special meeting called by President Ray Bonney.

The meeting was held at the Town and Country Restaurant in Williamston, NC and there were 61 persons attending. The meeting was called after a number of members voiced great concern over topics which the whole society needed to discuss.

Mr. Bill Adams, member of the N. C. Board of Pharmacy, discussed the topic of hospitals dispensing medications to private patients and the law in regard to hospital dispensing. It was the general feeling of the pharmacists present that hospital dispensing was a growing problem to retail pharmacy because the taxpaying pharmacist is competing with the tax-supported hospital pharmacy.

Dr. David Work, Secretary of the N. C. Board of Pharmacy, discussed the issue of filling out-of-state physicians prescriptions, particularly ones for Controlled Drugs, and the North Carolina Pharmacy law in this regard.

Mr. J. A. Creech, Johnson County Drug Club President, voiced his views on the subject of Health Departments dispensing legend drugs by the growing number and NOT having a pharmacist on their staff or supervising the dispensing of the medication. This practice seemed to the persons present to be a violation of the North Carolina Pharmacy Law.

Mr. Creech said that he was meeting with a group soon that would discuss the situation in his and other counties in North Carolina. A pharmacist has recently been appointed to a state-level position to look into such matters. Hopefully some improvement may result.

It was the opinion of those present that the North Carolina Pharmaceutical Association should give more aggressive attention to this and other problems confronting pharmacy.

By a show of hands vote, the group overwhelmingly endorsed the idea of employing a

lobbyist to assist North Carolina Pharmacy interests in the General Assembly. The group also pledged itself to more active support of PharmPAC.

John Mitchener, III, pharmacist from Edenton, told the group of a serious development in Tyrrell County that could set precedent for further damage to pharmacy in North Carolina. A physician plans to set up a clinic in Columbia, NC (Tyrrell County), run by Physician Assistants along with a dispensary. A permit has been issued by the Board of Pharmacy to a pharmacist allowing him to prepackage medications which the Physician Assistants later dispense. Such a procedure was felt to minimize the image of the pharmacist in the public eye rather than enhance it. The P. A. appears to be both doctor and pharmacist.

This development is also of concern because there is an ongoing independent pharmacy in Columbia already. This dispensing of medications to patients where there are pharmaceutical services available through such unusual procedures was felt to be a violation of N. C. pharmacy law. But the General Assembly recently omitted the 12-mile limit against doctors, etc., dispensing if there were a pharmacy nearby. The society is thus quite concerned with the current law.

The Society asked Al Mebane, representative from the N. C. Pharmaceutical Association, to report the feelings of its members when he meets with the Executive Committee of the NCPHA. Mr. Mebane assured those gathered that he would do this. The Society also asked that NCPHA and PharmPAC become more aggressive on behalf of North Carolina Pharmacists.

TIMBERLAKE RETIRES

Following twelve years of service as a staff member (Senior Vice President) of the National Pharmaceutical Council, Claude V. Timberlake retired from the post on December 31.

Peter Howsam of Burroughs Wellcome is a member of NPC's executive committee.

ADDITIONS TO THE MEMBERSHIP ROLL NORTH CAROLINA PHARMACEUTICAL ASSOCIATION—1977 MEMBERS 101 THROUGH 139

- | | |
|---|---|
| 101. James O. Knight, Columbia | 123. Rena E. Murrell, Rocky Mount |
| 102. Wm. Timothy Giddens, Lumberton | 124. Richard J. Ryan, Durham |
| 103. Walda Mathias, Burlington | 125. Billy T. Mobley, Jr., Elizabeth City |
| 104. Charlotte M. Hawkins, Asheville | 126. Max Gardner Reece, Jr., Pineville |
| 105. John Parker Austin, Jr., Four Oaks | 127. Mary Elizabeth Langley, Wilson |
| 106. Cheryl Wingert Stanley, Tabor City | 128. Beth Quedenfeld, Charlotte |
| 107. Thomas L. Nicholson, Jr., Fayetteville | 129. Renee Shaw, Burlington |
| 108. J. Franklin Porter, Jr., Hamlet | 130. Debra S. Yarbrough, Salisbury |
| 109. Ralph K. Allen, Erwin | 131. Diane C. Ingold, Greensboro |
| 110. Frank Hunter, Warrenton | 132. Dmitry P. Fenev, East Northport, N. Y. |
| 111. P. David Smith, Mebane | 133. William Lamont, III, New Bern |
| 112. Stephen A. Snipes, Rocky Mount | 134. David Charles Anderson, Wilmington |
| 113. David M. Oakley, Wilkesboro | 135. Terrell Hill, Greensboro |
| 114. C. Keith Minter, Reidsville | 136. Danny J. Cress, New Bern |
| 115. Ray Peedin, Selma | 137. LaVoice Howard, Durham |
| 116. Thomas E. Hawkins, Yanceyville | 138. F. M. Henriksen, Wilmington |
| 117. Carolyn Miller, Chapel Hill | 139. Joy Mooring, Snow Hill |
| 118. C. Barry Paoloni, Carrboro | |
| 119. Roger L. Simpson, Marshville | |
| 120. Ginger Clayton, Charlotte | |
| 121. Fran D. Whaley, Austin, Texas | |
| 122. Jerry Musheno, Rocky Mount | |

PHARMACIST ROBBED AND WIFE SHOT

Pharmacist A. G. Pelt of Goldsboro was robbed and his wife shot in the shoulder by a black male who broke into the Pelt home.

Mrs. Pelt was taken to Wayne Memorial Hospital where she was treated for gunshot wound. The shooting took place through a window of the Pelt residence in Goldsboro.

ARMED ROBBERS HIT PHARMACY

Overman & Stevenson Drug Store of Elizabeth City was the victim of two armed robbers who took drugs valued at \$300.00 \$150 cash from a register and \$20 from a customer in the pharmacy at the time of the robbery.

Two males entered the pharmacy, armed with pistols, and ordered the six employees of the pharmacy and two customers to lie on the floor while the robbery was in progress.

Pharmacists John T. Stevenson and Arthur Brothers were among those present at the time of the robbery.

"Service in Wholesale Quant.



STUDENT BRANCH

The Student Branch Chapter of NCPHA/APhA completed a successful membership campaign in September, 1977. They have 52% membership with about 50% of each class joining.

Eleven SAPHa members represented the chapter at the SAPHa Regional Convention held in Memphis, Tennessee on November 10-13. They were Andie Carver, Joy Davis, Gail Merritt, Gail Molic, Elena Holec, Jack Koford, Jo Canaday, Susan Claytor, Tony Gurley, Bill Fonville, and Jeanette Carter. Unfortunately, due to poor planning of the Tennessee Regional Coordinator, the chapter was unable to present the workshop, "Nursing Home Consulting Pharmacist," which had been so diligently worked on and prepared for presentation.

The chapter thanks Mr. Ernest Rabil for suggesting the idea for the workshop and providing information, Mr. Larry Long and Mrs. Judy Ludy for allowing the students participating to visit the nursing homes in which they work and Mr. Heywood Hull for supporting the group and lining up fieldtrips. This workshop will be presented at the January 8th SNCPHA/SAPHa meeting at 7:30 p.m. following Mr. Claude Paoloni's talk on the Externship Program.

SNCPHA/SAPHa will hold its annual Diabetes Screening Clinic on January 24, 25, and 26 at the University Mall, Chapel Hill from 5:00 p.m. to 9:00 p.m.

On February 11th, from 10:00 a.m. to 5:00 p.m. at the University Mall will be Hypertension-Screening.

SNCPHA/SAPHa members are grateful for their inclusion at the NCPHA sponsored

Pharmacy Seminar Football Weekend held October 28, 29 at the Institute of Pharmacy, Chapel Hill. Those participating in the skit, "Pharmacy Body Language," which was presented to the registrants were Jack Koford, George Abercrombie, Georgeanne Sebastian, Cindy Thompson and Patsy Millar. The skit was very well received. The chapter expresses appreciation to those registrants who donated money in order to send representatives to the National SAPHa Convention in May. There are three members serving on national committees; Ann Hamel is chairperson of the "Chapter Services Committee;" Patsy Millar is serving on the "Utilization of SAPHa Materials Evaluation Project;" and Frances Rader is serving on the "Poison Prevention Committee."

The SNCPHA/SAPHa is looking forward to a successful project-filled Spring Semester.

SOME INTERESTING STATISTICS

A national survey of 1000 pharmacists and 1000 physicians resulted in these interesting statistics: (406 pharmacists and 308 physicians responded)

- (1) Pharmacists should assume a greater role in prescribing.
Pharmacists: 76% yes
Physicians: 69% no
- (2) Substitution of a generic drug for a brand name drug, if cheaper.
Pharmacists: 69% yes
Physicians: 46% yes
- (3) Patient package inserts.
Pharmacists: 55% no
Physicians: 49% no

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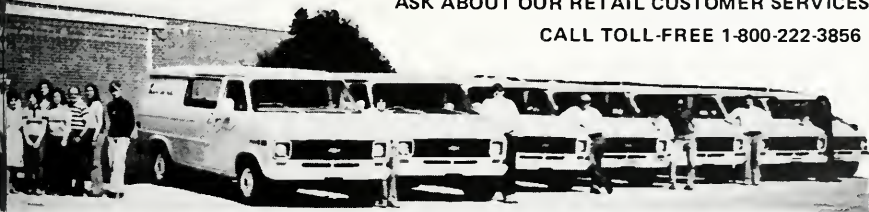
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ATLANTA SITE OF JANUARY 19 NARD REGIONAL MEETING

The successful series of NARD-sponsored pharmacy management meetings resumes in Atlanta, Ga. where computerized pharmacy, store management, and drug interactions will be featured during a day-long meeting Jan. 19.

Jesse Pike, Jr., of the Atlanta-based National Data Corporation, will explain the NARD-endorsed DataStat system of computerized pharmacy management. By using this system, a pharmacist has at his fingertips an instant recall of patient and drug profiles, third party claim information, accounts receivable, automatic ordering and inventory control, and other management information.

The successful pharmacist's technique of merchandising and professional pharmacy management will also be covered at Atlanta. Philip Enkema of Kingsport, Tenn. and Harold Lingerfelt of Elizabethton, Tenn., both aggressive and successful owners of independent pharmacies, will speak and lead workshop discussions.

Registrants will also have the opportunity to hear one of the nation's leading authorities on drug interactions when Mark Braunstein, M.D., discusses "Drug Interactions, the Pharmacist, and the Computer."

In announcing the continuation of these Midwinter conferences, NARD Executive Vice President, William E. Woods, recognized the popularity of these management meetings for over ten years, especially to many pharmacists unable to attend the annual convention. "We are fulfilling our responsibility of giving vital management and professional information to local areas," he said.

For registration information, Contact NARD Headquarters, Suite 1200, 1750 K Street, N.W., Washington, D.C. 20006 (202-347-7495)

HARTIS NAMED PHARMACIST OF THE YEAR

Gilbert Hartis, Sr., Winston-Salem pharmacist, was named "Pharmacist of the Year" at the November 20th meeting of the Forsyth County Pharmaceutical Society.

The Society's president, Priscilla C. Brown, presented a mortar and pestle to Hartis "in

recognition of his leadership and contribution to the profession."

Hartis, a graduate of the UNC/CH School of Pharmacy, was associated with Parke, Davis and Company for years prior to his retirement in 1972. He is a past president of the TMA and has served on numerous NCPA committees.

A son, Gilbert, Jr., also a pharmacist, is a staff member of Revco Drug Stores.

GAIL EDWARDS COMMUNITY PHARMACIST

Gail B. Edwards, Wake Forest pharmacist and owner and manager of Edwards Pharmacy, was the subject of a news feature in The Wake Weekly, November 17 edition.

Edwards, a graduate of the Southern School of Pharmacy at Mercer University in Atlanta, came to Wake Forest in 1944 as the new owner of Hardwicke's, a pharmacy which had been operational in Wake Forest for many years.

Edwards Pharmacy is a service pharmacy with the "service" largely centered on Pharmacist Edwards, who, as a community-minded pharmacist, understands the health needs of those who patronize his pharmacy.

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The following list of Charter Members is printed in grateful recognition of the generous contributions to the Pharmaceutical Foundation. Those listed have contributed a minimum of \$125.00 over the past five years. Names may have been inadvertently omitted. Please notify the Secretary, and corrections will be printed. Corporate giving is not listed at this time. As NCPRF launches the 1978 fund drive, all those contributing \$50.00 or more will be recognized as Charter Members.

This Journal will periodically publish contribution lists in the following categories:

Supporter—	\$10-\$24
Sustainer—	\$25-\$99
Sponsor—	\$100-\$999
Fellow—	\$1,000 or more

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R. H. Sloop (Rural Hall)
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J. T. Stevenson (Elizabeth City)
J. G. Taylor (Conway)
J. R. Taylor (Crossnore)
J. B. Vinson (Zebulon)
W. P. Wells (Durham)
J. K. Wier (Chapel Hill)
F. E. Williams (Wilmington)
B. P. Woodard (Princeton)
F. F. Yarborough (Raleigh)

Pharmacy Externs Screen For Hypertension in Wilmington

In a two-day period of October, a Hypertension Screening Clinic was conducted in the Wilmington area by six externs on rotation from the School. It was held in four locations around the city: at Hall's Drugs owned by J. W. Woodard; Seashore Drugs owned by Julius Howard; Revco on South 17th Street; and at the new Kroger Sav-On Pharmacy. The objective of the Clinic was to detect undiagnosed hypertension. Of the 788 people screened, 184 (23%) were found to have elevated blood pressures. Of this number, 62% were referred to their personal physician while the other 38% were referred to the local health department.

These students plan to conduct a follow-up on the referrals. They also will be analyzing all the data collected to determine the prevalence of hypertension according to age, sex and race. Ineffective treatment and non-compliance will also be studied from the data collected.

The six students Dan Hayes, Bruce Creech, Janis Kuran, Terry James, David Cook, and Edwin Link were assisted in the screening with literature provided by Parke-Davis, Merck Sharp & Dohme, Searle & Co., and the American Heart Association. The Screening Clinic was approved by Dr. Jack Wilson, President of the Wilmington Medical Society, and Dr. Bruce Canady, Pharmacist Coordinator of

the Wilmington AHEC.

The screening was covered extensively by Wilmington radio and television stations and in the **Wilmington Morning Star**. The success of the project was due to a great extent to the media coverage.

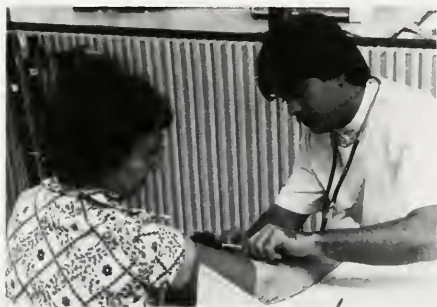
A Reminder . . .

It's not too late to register for two upcoming continuing education courses that pharmacists should find stimulating and rewarding. Both courses are being held in February at Chapel Hill and Charlotte.

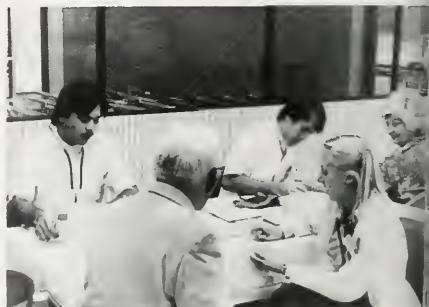
On February 15, the School and the North Carolina Pharmaceutical Association co-sponsor the 12th Annual Seminar of Socio-Economic Aspects of Pharmacy Practice to be held at the Carolina Inn. Speakers are: Armond M. Welch of the Food and Drug Administration, Washington, D. C. and David L. Schmidt, Management Development Associates, Shawnee Mission, Kansas. The registration fee of \$15 includes lunch.

"Bowel Management of the Geriatric Patient" will be held at the Holiday Inn-Woodlawn, Charlotte, on February 22. Speakers are C. Thomas Nuzum, M.D., UNC School of Medicine; Dorothy Burford, R.N., M.P.H., North Carolina Memorial Hospital; Philip Gerbino, Pharm. D., Philadelphia College of Pharmacy and Science. Lunch is included in the \$15 registration fee.

All pharmacists should have received announcements of these courses. In case you did not, please write or call the School: (919) 966-1128.



Edwin Link busily at work taking a blood pressure.



Before blood pressures are taken, Edwin Link, Danny Hayes and Janis Kuran obtain medical histories from two patients.

A MESSAGE FROM DEAN MIYA . . .

It is a privilege for me to bring you New Year's greetings from the faculty and staff. My first year has been one of mixed successes, near successes and frustrations. Whatever successes I have had, I owe to the faculty, staff and students, and above all, to the many practitioners and loyal alumni. The frustrations are my own. The longest journey begins with the first step, and we are now on the road. My perception, after one year, is that the road is a long and tortuous one requiring our collective efforts.

We will begin the year with a graduate program review by the Consolidated University System as

well as by our own Graduate School. There will be a review of the requested Doctor of Pharmacy professional degree program by a special ad hoc committee appointed by Vice Chancellor Fordham. We also expect during the year an accreditation review of our basic program by the American Council on Pharmaceutical Education. These activities will bring broader insights to our current programs and allow us to project and work towards better things.

As we plan for the year and years ahead, I hope that the School will continue to receive the support of faculty, staff, students and practitioners.

NCSHP MEETING—JANUARY 27th

THE HOSPITAL PHARMACISTS AND SUPPORTIVE PERSONNEL IS MEETING'S THEME

Over 100 pharmacists are expected to attend the upcoming co-sponsored program of the North Carolina Society of Hospital Pharmacists and the UNC School of Pharmacy "The Hospital Pharmacist and Supportive Personnel." The one-day meeting will be held at the Holiday Inn, Chapel Hill, on Friday, January 27th.

The speakers are: Dean Tom S. Miya—"Impact of Pharmacy Supportive Personnel on Pharmacy Practice: An Educator's Viewpoint;" Harvey A. K. Whitney, Jr., M.S., Associate Professor, School of Pharmacy University of Cincinnati—"Present Educational Requirements for Effective Training;" Robert B. Greenberg, J.D., Legal Counsel-American Society of Hospital Pharmacy, Washington—"Legal Ramifications for Pharmacists in the Use of Pharmacy Supportive Personnel;" and Nancy Jo Chatham, Pharmacy Technician Supervisor, Duke Hospital—"Activities and Experiences of a Pharmacy Technician." A panel discussion of program speakers will also be included.

Registration fee for NCSHP members for the entire meeting including luncheon buffet, cocktails and dinner is \$20.00 Non-NCSHP members, \$30.00.

For those who did not receive an announcement of this program and who wish to attend, please contact the UNC School of Pharmacy (919) 966-1128.

CLAYTOR AND GEE JOINS PHARMACY AHEC PROGRAM

David D. Claytor has been named, as of December 1st, Assistant Director of Pharmacy AHEC and a Clinical Assistant Professor at the UNC School of Pharmacy.

Claytor was the Pharmacist Owner-Manager, Medical Center Pharmacy, Greensboro, since 1956.

While in a private practice in Greensboro, Claytor was actively associated with the UNC School of Pharmacy and other North Carolina pharmacy professional organizations including membership in the North Carolina Board of Pharmacy and Director of the North Carolina Pharmaceutical Research Foundation. He also was a member of the North Carolina Pharmacy Tripartite Committee and the North Carolina Pharmaceutical Association Committee on Continuing Education.

Joseph C. Gee, Pharm. D., has been appointed Pharmacist in the Eastern AHEC effective December 1, 1977.

Dr. Gee is an August 1977 graduate of the Pharm. D. program at the College of Pharmacy, University of Florida where he also received the Bachelor of Science degree. His residency in clinical pharmacy took place at the Shands Teaching Hospital, Veterans Administration Hospital, Gainesville, Florida.

CIMETIDINE—AN EVALUATION

by Steve Almond, R.Ph. and Clinical Assistant Professor
David Rudd, R.Ph., M.S., Director, Drug Information

BASIC DESCRIPTION

Cimetidine is a relatively specific H_2 receptor antagonist that has recently become available for use in this country. Cimetidine strongly inhibits gastric acid secretion by histamine as well as non-histamine stimuli including gastrin, food, caffeine, distension, and cholinergic agonists.¹ This agent substantially reduces both the volume and concentration of acid secreted. Cimetidine has been used to treat duodenal ulcer, gastric ulcer, upper gastrointestinal bleeding, pathological hypersecretory conditions (Zollinger-Ellison syndrome, mastocytosis, multiple endocrine adenomas), and stress ulcers associated with burns or trauma.²

PHARMACOLOGY

Presently the exact mechanism of action is unknown. It is thought that cimetidine competitively inhibits the action of histamine at the H_2 receptors of the parietal cells. Cimetidine is not an anti-cholinergic agent.

Therapeutic doses of cimetidine have been shown to reduce both basal and food stimulated acid secretion in man. Administration of 300 mg of cimetidine orally to fasting duodenal ulcer patients resulted in at least a 90% inhibition of basal acid secretion for 5 hours compared to the 25% inhibition obtained with placebo. Bedtime administration to similar patients resulted in a mean basal acid reduction of 89% during the 7-hour study period in 6 patients. Gastric pH remained between 3.5-6.0 during the study.³

Cimetidine's effects on food-stimulated gastric acid secretion may last as long as 7 hours when it is given with the meal. Maximal increases in gastric pH are observed approximately 4 hours after an oral dose.³

Cimetidine appears to have no effect on lower esophageal sphincter pressure, gastric emptying time, or secretion by the pancreas or gall bladder.²

CLINICAL OBSERVATIONS

Worldwide, 71% of more than 600 patients with duodenal ulcer given cimetidine were healed (as demonstrated by endoscopic examination) in 2 to 6 weeks, while only 37% of more than 200 patients given placebo were healed in the same time.¹ Controlled and uncontrolled studies in the United Kingdom and in other countries showed that when cimetidine was given for 6 weeks in dosage of

0.8 to 2.0 Gm daily, 70% to 92% of patient with duodenal ulcer and 70% to 100% of a small number of patients with gastric ulcer experienced healing.² Cimetidine has not been shown to have any effect on the recurrence of duodenal ulcer after therapy is discontinued.

In gastric ulcer trials with more than 300 patients with benign gastric ulcers, (diagnosed endoscopically) cimetidine-treated patients consumed less antacid than did controls, but healing was not statistically better within the 4 to 6 weeks of the trial. Neither age, sex, rate of acid secretion nor size of ulcer seemed to influence the outcome. After 8 weeks of treatment of reflux esophagitis, cimetidine showed no advantage over placebo by subjective criteria or endoscopic findings. In most Z-E patients, there is ulcer healing with adequate control of pain and diarrhea.¹

ADVERSE EFFECTS

Two percent or less of patients taking cimetidine reported diarrhea, dizziness, muscle pain, or rash (which was usually transient). Transient elevation of serum transaminase levels have been reported, with no associated liver function abnormalities observed. Rarely, unexplained elevations of alkaline phosphatase levels occurred. Milk gynecomastia has been reported in several patients. Cimetidine does cross the placenta and is excreted in maternal milk. The long term toxicity of cimetidine is unknown.² A few cases of neutropenia have been reported but a cause-effect relationship cannot be established.³

PHARMACOKINETICS

Cimetidine is rapidly absorbed in the small intestine. Peak blood levels are usually obtained within 90 minutes. The elimination half-life of cimetidine averages 120 minutes, and is similar for normal subjects and those with peptic ulcer disease. Seventy percent of cimetidine dose is excreted unchanged in the urine.

APPROVED USES³

- (1) Short-term treatment (up to 8 weeks) of duodenal ulcer.
- (2) Treatment of pathological hypersecretory conditions.

(Continued on page 3)

Pharmacy Aides: Is Pharmacy Ready For Them?

Melvin Chambers, Ph.D.
Division of Pharmacy Administration

Lou Rossiter of the UNC Department of Economics, in cooperation with the School of Pharmacy, noted in a recent study that community pharmacies are not profit maximizers. This is partially due to the fact that pharmacies (notably chains) appear to underemploy pharmacy aides or technicians in relation to their pharmacists. Rossiter believes that greater production and profit maximization would result if pharmacies used more technicians. The pharmacies in the study employed an average of 0.9 aides per pharmacist, whereas his calculations indicate the best ratio is 1.6-1.8 pharmacy aides per pharmacist. This increased ratio could only be brought about by: increasing the number of employed aides and retaining a constant number of pharmacists; by keeping the number of aides constant and reducing the number of pharmacists; or by simultaneously employing more aides and fewer pharmacists. The concern, he points out, is the maximum use of labor time—not altering the function of either group.

Another interesting finding, which Dr. Rossiter reports, relates to the education of the pharmacy technician. Pharmacy technicians, who have completed high school and have attained some post-high school education, are employed more frequently than those without a high school education. If all the aides in a pharmacy have a high school education, this is associated with 0.55 more pharmacy aides employed per pharmacist compared to a pharmacy employing aides with no high school education. If an aide has a year of post high school education, demand for the aide's time increases by approximately 17%. This increased demand seems to be irrespective of the nature of the additional education. It could be inferred from this that a technician with formal education makes a greater contribution to successful pharmacy operations than a technician lacking this education.

Academicians have been saying for years that community pharmacy should make greater use of technicians in a manner similar to that of the physician and the physician's assistant; the nurse and the nurse's aide; the dentist and the hygienist. **The Task Force on the Roles of the Practitioner of Pharmacy and the Subprofessional in Pharmacy** delineated a number of functions which the pharmacist performs but are suitable for del-

egation to a non-professional. The purpose is to extend the personal services of the professional to a larger segment of the consuming public.

This investigation reveals that pharmacy aides already have a significant effect on the level of prescription services in North Carolina. Depending upon the assumptions adopted, generally an hour of pharmacy aide time per pharmacist adds approximately four prescriptions to the number that could have been dispensed without an aide's assistance. Over the course of a year a pharmacy aide is estimated to increase the productivity of the average community pharmacy by 5,829 prescriptions.

The end result of a division of labor (the delegation of duties to a nonprofessional) is increased productivity which leads to profit maximization; and to lower drug costs for the consumer or, at least, slows drug price increases. Further, it gives the pharmacist an opportunity to spend more time discussing drugs with the patient.

CIMETIDINE—AN EVALUATION

(Continued from page 28)

DOSE AND ADMINISTRATION

Duodenal ulcer—300 mg orally with meals and at bedtime; 300 mg intravenously every 6 hours.

Pathologic hypersecretory conditions—same as above but may be increased to 2400 mg per day

Dosage adjustment in patients with severe renal impairment has not been adequately studied. Present recommendations for such patients are to give 300 mg every 12 hours initially, increasing the frequency to every 8 hours if clinically indicated.³

SUMMARY

Cimetidine is the first marketed agent of a new pharmacologic class, the H₂ antagonists. Its efficacy in the short-term treatment of duodenal ulcer and the control of pathological hypersecretory states has been well demonstrated. Controlled study of patients receiving long-term therapy with cimetidine is needed to confirm the apparent safety of this agent.

¹Hirschowitz, BI: Histamine H-2 Receptor Antagonists, *Ann Int Med* 87:373-75, 1977.

²Clayman, CB: Evaluation of Cimetidine (Tagamet), *JAMA* 238:1289-90, 1977.

³Product Information on Cimetidine. Smith, Kline, & French Laboratories, 1977.

NEWS OF THE LOCAL/DISTRICT PHARMACY ORGANIZATIONS

GREENSBORO

The December meeting of the Guilford County Society of Pharmacists was held Wednesday night, December 14, in the auditorium of the Kiser Building, Wesley Long Hospital, Greensboro.

Charles Hondros, Roerig sales representative, presented a film developed by his company entitled "Pharmacy and the Law: No Margin for Error." This film presented the liabilities of filling prescriptions with generic drugs, pharmacist prescribing of OTC medication and related subjects, and was followed by discussion. Refreshments were provided by Pfizer Pharmaceuticals.

President-elect Judy Crouch presented the report of the nominating committee and there being no nominations from the floor, the nominations were closed. Those to be elected at the next meeting are: President—Judy Crouch; President-Elect—Randy Crawford; Vice President—David Wheeler; Secretary Treasurer—Ann Angle; Board of Directors—Frank Burton and Joe Johnson.

PHARMACISTS APPEAR ON TV PROGRAM

On November 28, Priscilla Brown, President of the Forsyth Pharmaceutical Society, and A. C. Dollar, the Society's publicity chairman, were guests on the WXII TV program "Mid-Morning."

Brown and Dollar were interviewed by co-hosts Benny Dudley and Dave Pylor. The education requirements, additional training, and the ways pharmacists can help patients and consumers were stressed. An open-line telephone question and answer segment of the program brought questions from the Winston-Salem, Greensboro and High Point viewing area.

The Society hopes the program gave people a better awareness of the pharmacists' role in their health care.

CHARLOTTE AUXILIARY

Reported by Mrs. W. B. Hawfield

The Charlotte Woman's Pharmaceutical Auxiliary celebrated Christmas at their monthly meeting December 13 at the Y.W.C.A. Members and guests gathered at 11:30 for a social hour.

Mrs. A. E. Galloway presided over the luncheon meeting and Mrs. Thelma Bizzell presented an appropriate devotional.

After lunch Mrs. Michael Dente entertained with a program of holiday music and the ladies exchanged gifts.

OFFICERS ELECT

The Rockingham County Society of Pharmacists, meeting in Eden on November 20th elected the following officers for the coming year:

President: Ralph Teague, Reidsville; Vice President: Charles McFalls, Madison
Secretary-Treasurer: Charles Rice, Reidsville.

TWO MAIDEN PHARMACIES LOSE CASH/DRUGS

Campbell's Drug Store and Cornwell Rexall Drugs, both of Maiden, were broken into December 2nd, and a quantity of cash and drugs were stolen.

Entry was accomplished by prying off the front door lock, and police theorize both burglaries were the work of professionals. The thieves knew exactly what they wanted, and nothing but cash and drugs with street value was reported as missing.

IACY CALENDAR

cheduled in the Institute of
pel Hill, January 1978:

erence of officers of the local
district pharmacy organiza-

hA Executive Committee.

Directors of PharmPac (am) and
NCPHA Legislative Committee
(pm)

NCPHA Committees:

- (1) Delivery of Pharmaceutical Service
- (2) Public & Professional Relations

**PHARMACY FACULTY
AT NATIONAL MEETING**

Several members of the faculty presented papers at the 23rd National Meeting of the Academy of Pharmaceutical Sciences held in Phoenix, Arizona recently. Associate Professor Larry J. Loeffler, Division of Medicinal Chemistry, presented "A Radioimmunoassay for Reserpine" and "A Radioimmunoassay for Guanethidine;" Associate Professor B. Wesley Hadzija, Division of Pharmaceutics, presented "Quantitative Thin Layer Chromatographic Method for the Determination of Propranolol in Human Plasma;" and William A. Wargin, Division of Pharmaceutics, presented "The Pharmacokinetics of Orally Administered Propranolol in Hypertensive Patients." Professor George H. Cocolas, Head, Division of Medicinal Chemistry, chaired the first session of the Medicinal Chemistry section at the meeting.



registrants who attend the 1978 Annual Convention of the N. C. Pharmaceutical Association and affiliated auxiliaries, scheduled for Asheville April 16-17-18, will receive one of Western North Carolina's premium size apples from the Barbour Orchard, Waynesville.

“My people are honest!”

by Thad L. Weber, Security Consultant, SK&F Laboratories

It's only natural for the small-businessman to reach the conclusion that his employees are honest since, in fact, 95% of the people he knows—his family, friends and customers—are honest.

But crime statistics support a lower employee integrity quotient, and examiners experienced in the use of polygraph and written integrity testing can substantiate the warning that as many as three to five out of every 10 employees require supervision to eliminate temptation.

There's no room for “instinct” in a high-risk situation. The pharmacy, no matter what its size, is a high-risk location. There are cash receipts, high value items such as watches, cameras, perfume, cosmetics, jewelry and appliances, and controlled substances. The theft of the latter may jeopardize the pharmacist's license to dispense drugs—the jugular vein of his business.

The pharmacist must deter internal theft. This problem should be approached from two directions:

1. procedures designed to select only applicants with a high integrity quotient
2. controls which will deter most thefts and detect promptly those that might occur

Employee Selection. In 75% of the States, a pre-employment polygraph examination may be used to confirm an applicant's skills, health, work habits and job interests, as well as the applicant's integrity.

In any area, special written tests may be administered to applicants to measure honesty and attitude

toward crime.

In some cases *personal* interviews with a previous employer and the applicant's neighbors may be effective. However, few written form-type replies to reference requests provide complete information concerning an applicant. You should assume that the persons listed by an applicant as personal references are certain to make favorable statements.

Bonding applications required by some insurers and selective procedures used by pharmacy boards are not adequate integrity verification techniques either. Since these are not performed by the pharmacist, they may not be complete or *current!*

Controls to deter or detect theft are equally important. While specific details will vary by pharmacy, the following suggestions will generally apply to all locations.

1. A company policy clearly presented to all employees dealing with:
 - a. prosecution of criminals
 - b. unauthorized use of company funds, e.g., cash register i.o.u.'s
 - c. the taking of, or use of company property
2. Effective record keeping, including:
 - a. prompt checking of incoming merchandise and movement to storage; discrepancies reported and investigated immediately
 - b. planned physical inventories, at least twice a year

My People Are Honest

(Continued from page 32)

- c. random on-the-spot physical inventories of critical items
- d. employment of an "outside bookkeeper or audits by certified accountants
- . Cash register controls including:
 - a. sealed tapes with key restricted to proprietor
 - b. signs requesting that customers verify all receipts
 - c. formal procedures for balancing the register any time another employee assumes the "check out" role
 - d. frequent reconciliation of register receipts and deposit of accumulated cash surplus
 - e. use of two employees at the check-out counter
 - f. installation of mirrors, cameras, closed circuit TV in check-out area
 - g. procedures requiring super-

visors' approval of all credits and refunds

This column is provided as a professional service to pharmacists by Smith Kline French Laboratories.

- 4. Prescription department controls would specifically include:
 - a. procedures restricting access to licensed pharmacists only
 - b. maintenance of controlled substance reserves under key lock control
 - c. strict narcotics safe key or combination control
 - d. special seals on controlled substance containers scheduled for delivery to customers
 - e. logs recording all courtesy transfers between pharmacists

Internal security is never a pleasant task to plan, but it is one which must be handled effectively. Don't put yourself in the position of one retailer whose employee, convicted of one of many thefts accomplished over years of service, accused the proprietor of contributing to the crime by failing to curb the temptation to steal!



"MR. HACKNEY WILL YOU OKAY THIS IDENTIFICATION?"

MARRIAGES

Miss Jean Irene Newton and Richard Alexander Smith were united in marriage Saturday, December 10th. The Rev. Thomas Rightmyer officiated.

The bride is an alumna of Asheboro High School and the University of North Carolina School of Pharmacy. She is a pharmacist at Cabarrus Memorial Hospital. The bridegroom is vice president of Smith Air Conditioning in Concord. He was graduated from Cabarrus Academy and attended North Carolina State University School of Engineering. The couple will live in Concord.

Centenary United Methodist Church in Winston-Salem was the setting for the November 27 wedding of *Miss Carol Barnhill* and *Robert Lee Carr*.

The bride is a graduate of R. J. Reynolds High School and Atlantic Christian College, where she received a B.S. degree in music. She is employed at James Sprunt Institute in Duplin County. The bridegroom is a graduate of the University of North Carolina School of Pharmacy and now owns and operates Carr Drug Company. The couple will make their home in Rose Hill.

Miss Sheila Rose White and Isaac Bruce Jones were united in marriage November 6 at Cornith Baptist Church, Elizabeth City. The Rev. Robert B. Poole, church pastor, officiated.

Mrs. Jones graduated from the School of Pharmacy at the University of North Carolina in Chapel Hill and is employed at the Big Value Discount Drug Center at Nags Head. Jones is a graduate of East Carolina University and is employed by Garner Wynn Manning of Greenville. They will make their home on Route 5, Elizabeth City.

DEATHS

CLYDE GODWIN

Clyde F. Godwin, age 84, Pine Level pharmacist and owner and manager of Godwin's Drug Store for more than fifty years, died November 27th.

JOHN E. CAMERON MICHAEL H. TUCKER

Two Ahoskie pharmacists, John E. Cameron and Michael H. Tucker, were killed in a plane crash which occurred near Ocracoke on December 15th.

There were two survivors, J. Everett Cameron of Richlands and Julian E. Cameron of Grifton.

Mr. Cameron, a graduate of Mercer University School of Pharmacy (1967), operated a pharmacy in Grifton prior to locating in Ahoskie.

Mr. Tucker, a 1974 graduate of the UNC/CH School of Pharmacy, was associated with Peoples Drugs of Ahoskie at the time of his death. Prior service was with Peoples of Washington and Cornwell Drug of Lincoln ton.

IRVING TILLES

Irving Tilles, born July 8, 1902 in Brooklyn, New York, died in High Point, November 13, 1977.

A graduate of Brooklyn College of Pharmacy, Mr. Tilles came to North Carolina in 1946, the year he purchased Cecil's Drug Store, High Point, a pharmacy he continued to operate until retirement.

E. R. TOMS

Elmo Reid Toms born January 18, 1899 died in Wilmington October 31, 1977.

He founded Toms Drug Company at Front and Market Streets on January 2, 1930 and remained under his active management as President until his retirement in 1969. Mr. Toms graduated from Pharmacy School Georgia and during World War I was in charge of the pharmacy dispensary at the Base Hospital at Camp Green, North Carolina. He has been a member of the Association since 1924 and received his 50-year pharmacist pin and certificate in 1966.

Survivors include his widow, Mrs. Edith Graham Toms; one daughter and three grandchildren.

THE POLITICAL SCENE

John A. Busbee, pharmacist and owner of sbee's Pharmacy in Claremont was the top-getter in the city council race in Claremont. Mr. Busbee defeated a former councilman and former chief of police as he and an incumbent councilman were elected to two seats on the council.

John Kluttz, owner and pharmacist, Eight Pharmacy, Black Mountain, was elected a member of the Black Mountain town board. Kluttz was the only board candidate who did not take out political advertising. "I am sure that after 23 years here, everybody knew me well enough."

Robert B. Hall, Mocksville, was elected a member of the Mocksville Town Council as a result of the November 8 election. His vote easily surpassed the candidate who was elected mayor of Mocksville.

Following the election, he was asked to run out unexpired term of Rep. Peter Hairston (newly appointed judge) in The General Assembly but declined since he felt his first obligation was to the voters who elected him to Town Council.

Pharmacist Henry Dillon (UNC 1940) has been elected mayor of Elkin. He served on the town board from 1967 to 1971. In recent years, a major part of his time has been devoted to real estate developments in and near Elkin.

HIT BY FLIMFLAMMERS

How Drug Store, Wallace, N. C. was victimized by a team of flimflam thieves who hit several other Wallace merchants.

While one woman occupied the attention of a clerk at the cash register, two others slipped off with watches valued at approximately one hundred dollars. The loss was discovered later in the day during an inventory.

FORGERY ALERT

Be on the lookout for prescriptions written by Charles E. Llewallyn, M.D. (Duke University hospital blanks) for Dilaudid. Dr. Llewallyn said he has not written a prescription for Dilaudid in over three years.

Check identification for all control prescriptions if uncertain.

PHARMACISTS SPEAK AT DRUG-FOOD SEMINAR

George Williams from Greenville, Tim Poe from Winston-Salem, and Bill Sawyer from Charlotte, pharmacists, were among the featured speakers at a special seminar on possible interaction between food and drugs held in Greensboro, December 1 and 2.

Mr. Williams led a workshop on "Alcohol Problems," Mr. Poe headed a workshop on "Cardiovascular Problems," and Mr. Sawyer led a group discussion on "Gastrointestinal Problems."

Sponsored by the School of Home Economics and the School of Nursing at the University of North Carolina at Greensboro, the seminar is designed for nurses, dietitians, pharmacists, nutritionists and other related health professionals, and was held at the Royal Villa Motel.

FRANKLINTON LANDS PHARMACEUTICAL PLANT

Nova Industry A/S of Copenhagen, Denmark, announced it will start construction of an enzyme plant near Franklinton, N. C. in early December.

The plant will initially be used to manufacture enzymes for the corn syrup and starch industries, but expansion for production of pharmaceuticals is envisioned. The plant is expected to be in operation in 1979.

The initial facility will employ about seventy people and represent an investment of up to ten million dollars, according to a company spokesman.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

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THE CAROLINA JOURNAL of PHARMACY

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CONVENTION PLANNERS—Mr. and Mrs. Henry Shigley, Asheville, confer with Eugene Hackney, Lumberton, president of the North Carolina Pharmaceutical Association, regarding plans for the 1978 convention of that group to be held in Asheville, April 16, 17, 18. Mr. Shigley is chairman for the NCPHA Convention; Virginia Shigley is chairperson for the Woman's Auxiliary; Mr. Hackney will preside at 100 pharmacists and associates.

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Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with

severe illness, nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including fungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin.

*Equivalent to penicillin V.

[102175]

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Associate Director

A. H. MEBANE, III
Box 151
CHAPEL HILL, N. C.

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SYMPOSIUM ON ANTI-CANCER DRUGS

A symposium on Anticancer Drugs will be held March 30-31, 1978, at the University of North Carolina School of Medicine at Chapel Hill.

This Second Annual Cancer Research Center Symposium is sponsored by the Cancer Research Center and The Department of Pharmacology, The University of North Carolina School of Medicine and Burroughs Wellcome Company.

Symposium participants include national known cancer research and treatment leaders. Additional faculty of the North Carolina School of Medicine, Bowman Gray School of Medicine and Duke University Medical Center and scientists from Burroughs Wellcome Company will participate in the Workshops scheduled for the afternoon of March 31st.

The Symposium is open and free of charge. For further information contact: Ms. Mimi Minkoff, Cancer Research Center, Box 30, Clinical Sciences Building, Chapel Hill, North Carolina 27514 or telephone (919) 966-3036.

HOSPITAL PHARMACY MEETING SETS RECORD

A total of 4,765 registrants attended the 12th Annual Midyear Clinical Meeting of the American Society of Hospital Pharmacists, which was held in Atlanta, December 4-8.

The registration surpassed the 1976 record total of 3,892 meeting attendees in Anaheim, California.

CASH FROM THE SLOW OR NON-PAYERS

Subscribers to the I. C. System (the collection system endorsed by the NCPHA) have collected a total of \$265,000 since the service was inaugurated.

A number of participating pharmacies have collected in excess of \$5000 . . . account which the owner or manager had been unable to collect.

SELLS TO DAVIE DISCOUNT DRUGS

Charles Evans, owner of Davie Discount Drugs of Cooleemee, has announced the Davie Discount Drugs has purchased the 65-year-old Cooleemee Drug Company.

Cooleemee Drug Company, founded in the early 1900s was operated by the Hoyle family for more than fifty years. It was sold to D. J. Thompson of Salisbury in the mid-70s.

Evans said that preliminary plans call for combining the two pharmacy operations.

WARNING STATEMENT ON SACCHARIN

Effective February 21, the Saccharin Study and Labeling Act will require the label and labeling of products containing saccharin bear the following warning: "Use of this product may be hazardous to your health. The product contains saccharin which has been determined to cause cancer in laboratory animals." The SSLA also requires that RETAIL ESTABLISHMENTS selling such products display a notice to consumers conveying the warning statement.

BOARD OF HEALTH APPOINTED

L. James "Buzzie" Merritt, pharmacist and co-owner of Catawba Pharmacy, Belmont named to the Gaston County Board of Health. Mr. Merritt, a 1965 graduate of the U.N.C. School of Pharmacy, replaced William G. Frest, also a pharmacist, whose term had expired.

William R. Futrell, Jackson pharmacist was named to the Northampton County Board of Health. Mr. Futrell is a 1973 graduate of the U.N.C. School of Pharmacy and operates the Futrell Pharmacy Service in Northampton County Medical Center.

CONVENTION HIGHLIGHTS

1978 Annual Meetings of the NCPHA, TMA and Woman's Auxiliary
Great Smokies Hilton, Asheville, North Carolina—April 16-18

PRELIMINARY SCHEDULE OF EVENTS

UNDAY AFTERNOON, APRIL 16

N. C. PharmPAC meeting; Awards Session; Handicraft Demonstrations; Reception honoring Betsy and Al Mebane.

UNDAY NIGHT, APRIL 16

Opening Session, Banquet; Robert H. Henry, Guest Speaker (Combination of Billy Sunday, Hubert Humphrey and Senator Claghorn)

ONDAY MORNING NCPHA BUSINESS SESSION, APRIL 17

- Maximizing Your Investment in Computer Services—Dr. Jean Paul Gagnon, Associate Professor of Pharmacy Administration, UNC School of Pharmacy.
- Malpractice in Pharmacy—James C. Simmons, Jr., Pharmacist/Attorney, Atlanta.
- The Incredible Service Machine—A NWDA-produced program presented by representatives of N. C. Mutual Wholesale Drug, Durham.

TUESDAY MORNING NCPHA BUSINESS SESSION, APRIL 18

- The Family Practice Program and its Potential Impact on the Delivery of Primary Health Care in North Carolina—Dr. Peter Curtis, Family Practice Center, Chapel Hill.
- Home Health Care Pharmaceutical Service, An Opportunity for Professional Involvement—Joan P. Lennon, R.N.
- Maintaining Profits in a Highly Competitive Market—Mike Ryan, Associate Director, American College of Apothecaries, followed by a panel presentation: How to Survive in Today's Increasingly Competitive Climate.

ENTERTAINMENT

UNDAY, APRIL 16

Robert H. Henry, Banquet Speaker/Humorist

ONDAY, APRIL 17

Afternoon free for golf/tennis; Night: Mountain-style buffet dinner followed by THE LITTLE BROWN JUG PARTY featuring cloggers, an auction and mountain music at its best. Sponsored by N. C. Wholesale Druggists.

TUESDAY, APRIL 18

Dinner, installation of officers and TMA-sponsored Dance featuring Paul Nichols Orchestra.

SPECIAL

VARIOUS IN-PHARMACY AND ON-LINE COMPUTER SYSTEMS WILL BE ON DISPLAY AND OPERATIONAL WHILE THE 3-DAY CONVENTION IS IN PROGRESS. INCLUDED WILL BE DataStat, HEALTHCOM AND AN IN-PHARMACY SYSTEM SPONSORED BY WILMITH WHOLESALE DRUG COMPANY.

SPECIAL AUXILIARY FUNCTIONS

WOMAN'S AUXILIARY—Luncheons at Downtown City Club and Grove Park Inn; Visits to Biltmore House, Three Mountaineers, Biltmore Handicrafters and Grove Park Inn Gift Shop. Also Fashion Show by Lilli Rubin.

TMA—Monday morning TMA Foundation Breakfast and Tuesday morning Business Session.

LITTLE BROWN JUG PARTY—Monday night—If you wish to do so, wear your denims and flip-flops—perhaps you'll win a prize for the best "mountain look!"

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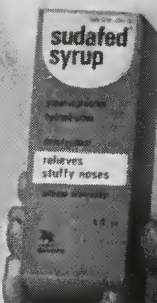
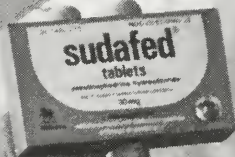
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LOCAL/DISTRICT OFFICERS ATTEND CONFERENCE IN CHAPEL HILL

Officers or representatives of eleven local/regional pharmaceutical societies across North Carolina met at the Institute of Pharmacy in Chapel Hill Sunday, January 8 for the Annual Officers Conference sponsored by the North Carolina Pharmaceutical Association.

NCPHA President Eugene W. Hackney of Lumberton chaired the meeting which was also attended by NCPHA Executive Director, W. J. Smith and Associate Director, A. H. Febane, III. Discussions centered around such topics as membership, meeting attendance, programs, public relations, publicity, potential legislation and the soon-to-be-activated Pharmacy Information Alert System.

Discussion of mutual problems and potential solutions from those present encompassed many of the same problems faced by all organizations which are service oriented and

most of the officers were glad to discover their societies were not unique in this respect. Brochures made available by the NCPHA contained much information designed to be helpful to local societies, and program hints and suggestions were included to stimulate successful program formulation.

Pharmacists attending the Conference were: Steve Detter, Alamance Pharmaceutical Society; Henry H. Shigley, Buncombe County Pharmaceutical Society; Bob Dayvault, Cabarrus County Pharmaceutical Association; W. A. West, Cape Fear Pharmaceutical Society; Jerry W. Palmer, Durham-Orange Pharmaceutical Association; Priscilla C. Brown, Forsyth Pharmaceutical Society; John Nance, Guilford County Society of Pharmacists; Herman Medlin, Harnett County Pharmaceutical Association; Tom Dagenhart, Mecklenburg Pharmaceutical Society; Larry Hovis, New Hanover Pharmaceutical Society; and Robert W. Edwards, Larry Coor and William Kesler, Wayne County Pharmaceutical Society.



ATTEND OFFICERS CONFERENCE—First row, left to right: Robert W. Edwards, Jr., Larry Coor and William T. Kesler of Goldsboro; Priscilla C. Brown of Germantown; Tommy Dagenhart of Charlotte and Steve Detter of Burlington. Second row, left to right: Herman Medlin of Dunn; John Nance of Greensboro; H. H. Shigley of Asheville and Larry Hovis of Wilmington. Third row, left to right: Eugene Hackney of Lumberton, President of the NCPHA; Jerry Palmer of Durham; Bob Dayvault of Kannapolis and W. A. West of Roseboro.—Photo by Dr. Jack Wier.



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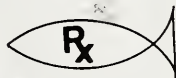
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CONTROLLED SUBSTANCES DISPERSION IN TRIANGLE AREA PHARMACIES

by Cynthia J. Patterson

Synopsis

In November of 1977, I conducted a survey of approximately 70% of the pharmacies in Durham, Chapel Hill and Carrboro; in addition to a small percentage of the Raleigh stores. My primary objective was to determine how pharmacists had interpreted the controlled substances ruling allowing controlled drugs to be dispersed in a manner to avoid loss through theft, and whether the dispersion methods in use were effective.

Each pharmacist was asked: to describe the system of dispersion used, if there had been any recent thefts of controlled substances, whether he or she had considered or would consider changing to a totally random system voluntarily, if he or she believed a method of dispersion other than alphabetical or by manufacturer was a reasonable alternative, to estimate the percent of prescription drug inventory and percent of prescription sales which controlled substances made up, whether or not the store had been inspected recently, and if so, had the dispersion of controlled substances been checked or mentioned by the inspector.

Most pharmacies either had schedule II controlled substances locked in a drawer or cabinet, with III-V's dispersed alphabetically; or had all the controlled substances dispersed alphabetically. Independent stores had a higher percent of break-ins and tended to use more random methods of dispersion. Twenty-one percent of all pharmacies surveyed reported recent thefts of controlled substances. Younger pharmacists, whether self-employed or working for a chain drug store, were more concerned with random dispersion and more cooperative in the survey. It is my opinion that a totally random system of dispersion, although infrequently used at the present time, should be considered, especially by independent pharmacies, as a viable and effective method of deterring attempted thefts of controlled substances.

Introduction

Burglary is a primary concern of most

pharmacists. According to a 1976 article appearing in *The Journal of the American Pharmaceutical Association*, it was shown that there has been a steady increase in the theft of controlled substances. Night break-ins alone almost doubled between 1973 and 1975, increasing from 2,990 to 5,624. Pharmacists have been allowed to disperse all controlled substances throughout their inventory, in the hope that this will thwart the theft attempts, by not having the drugs in one place.

In 1974, the Drug Enforcement Agency tested a temporary program called "Operation Pharmacy Theft Protection." After a year of stepping up police patrols of pharmacies, stocking only minimal supplies of controlled substances, using undercover informants and receiving wholesaler support for practice disposal of inventories; it was reported by the DEA that robberies in the test area declined by 38.4%. It is unrealistic, however, to assume that even a significant portion of pharmacies could receive this much local support. Most of the protection against theft is left up to each pharmacy owner. Although the DEA has the statutory authority to impose stringent security measures on wholesalers and manufacturers, this is not the case at the retail level.

Donald Young, in a recent *American Journal of Pharmacy* article advocated the use of lights, a record safe and a money or burglar safe as good security measures for the community pharmacy. *American Druggist* reported in 1975 that 85% of burglaries were committed by amateurs, stating that time was a crucial factor. Suggestions offered to decrease the likelihood of theft include dispersion of controlled substances so that the labels are not visible merely by glancing at the shelves and storing the reserve stock elsewhere—preferably in an appropriate safe which is clearly visible from the display window, and bolted securely to the floor.

Pharmacists as a whole have overlooked totally random dispersion of controlled substances as an effective means of thwarting

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Controlled Substances Dispersion

theft. Virtually any means of dispersion is more random than having all the controlled drugs in a safe, putting all pharmacies within the law; but still not taking advantage fully of their situation. By interviewing pharmacists, obtaining data on the operation of local pharmacies and the incidence of theft; I hoped to find out if total random dispersion was a practical, workable method to aid in combatting the yearly increases of controlled substances thefts.

Results

Of the thirty-seven pharmacies in Durham, Chapel Hill and Carrboro; twenty-six (70%) participated in the survey. Data from seven pharmacies in Raleigh was also used. Two-thirds of the pharmacies were chain-owned. A little over 40% of the pharmacists were from 21-30 years old, with the remaining percentage evenly divided between the 30-40 year old group and those over 40. Only a small percent of the pharmacists were uncooperative in the survey; most of whom were 40 or over, and owners of independent pharmacies who interpreted the questions as personal criticism. The majority of pharmacists were very helpful, however, especially those in the 21-30 age category.

The two prevalent methods of dispersion were: locking the schedule II drugs in a cabinet or drawer and dispersing III-V drugs alphabetically; or dispersing all drugs in schedules II-V alphabetically throughout the entire prescription stock. These two dispersion systems were used by 80% of the pharmacies surveyed. Only three pharmacies had the controlled substances dispersed by manufacturer. Of the thirty-three pharmacies, two used totally random dispersion of their schedule II drugs. In both of these stores, there had been several recent break-ins involving controlled drugs.

When asked if there had been any recent thefts of controlled substances, 21% of the pharmacies stated that there had. Fifteen percent of the pharmacists working at the time of the survey had only been at that particular store for a few months and were unsure if there had been any thefts recently. Significantly more thefts were reported in independent than chain stores.

Forty-two percent of the pharmacists thought random distribution was a reasonable alternative, although at least half felt it was no better than the system of dispersion they were presently using. Of the pharmacists who believed random dispersion to be at least feasible; nine, most of whom were 21-30 years, said they would institute such a system voluntarily. Only one pharmacist said he had previously considered using such a system, and was anxious to try it. Younger pharmacists, as would be expected, were more receptive to the idea of any change in their inventory.

The last two questions of the survey concerned the percent of prescription stock and the percent of sales controlled substances comprised. Each pharmacist was asked to give a general estimate, nevertheless, 25% of them decided they were unable to give an accurate answer. There was quite a spread in the responses, with over 50% of the pharmacists believing controlled substances to make up between less than 10% and 15% of their inventory. In most cases, the pharmacist estimated controlled drugs to make up at least the same percent, or more, of sales, as he or she had estimated the inventory.

Discussion

A significant number of pharmacists working now fall into the 21-30 age group. Younger pharmacists who participated in the survey were usually more objective in their responses and open to new possibilities. In interviewing several of the older pharmacists, an air of tenseness and frequently defensive-ness, was noted.

Commonly cited reasons for using an alphabetical system included; ease of ordering, simplicity and part-time relief pharmacists on weekends, who may be unfamiliar with that particular pharmacy. Of the six stores reporting recent thefts of controlled drugs, only two used an alphabetical system of dispersion. Dispersion by manufacturer and totally random dispersion of at least schedule II drugs were more prevalent in these six pharmacies. One pharmacist had his schedule II drugs in the ear and nose drops, a method which had apparently been very successful. Another pharmacist chose to combine two methods of dispersion, having half of his con-

(Continued on page 13)

Controlled Substances Dispersion

rolled drugs dispersed alphabetically, with the other half dispersed by manufacturer, on the whole, though, very few pharmacists demonstrated any originality or diversity of ideas in their dispersion of controlled drugs.

A national survey appearing in *Pharmacy Times* during 1973 found that independent pharmacies were the victims of theft of controlled substances far more frequently than chain stores. My survey confirmed the *Times* report, but with a lower percentage than the 8%; 38% comparing the theft in independents to that of chains. The results I obtained showed that 36.4% of the independent stores surveyed reported thefts, compared to 9.1% of the chain pharmacies. Independent stores are typically an easier target for thefts, due to less available funds for security and a generally more relaxed atmosphere.

Because many of the pharmacists estimated that controlled drugs made up between 10-20% of their inventory, it seems that it would not be a major task for them to randomly disperse their schedule II drugs. Nevertheless, a majority of the pharmacists felt random dispersion was an unnecessary precaution and in most cases, were satisfied to keep their supplies of controlled substances to a minimum, using the same system of dispersion as with their other drugs. The general concern over using a totally random system of dispersion is validated by the fact that more than 75% of the pharmacies had been inspected by a representative of the N. C. Board of Pharmacy, or the DEA; and in not one of the pharmacies was dispersion of controlled substances checked or mentioned. According to an administrator for several years in the DEA, their inspectors have reported that in most pharmacies, the dispersion was done correctly.

Conclusions

Although random dispersion of their controlled drugs is not a subject of major importance to most pharmacists, even in this small survey, approximately one of four pharmacies reported at least one recent theft; something which is of significance to any pharmacist. Most of the pharmacists who appeared to be conscientious practitioners, had considered using random dispersion, were using it or had a positive attitude concerning the possibility.

A totally random method, with the clearly labelled "C" on the container out of view, is obviously the best method to prevent theft. But, as the survey shows, a large percentage of the pharmacies in the Triangle area, and most of those which will open in the near future, are chains. A major portion of the chain stores are operating under a high volume-low cost premise, with a fairly high turnover of pharmacists. In such a setting, drugs are dispersed so that they may be obtained quickly and easily. For stores such as these chains, dispersion of controlled drugs generically by manufacturer would probably be the next best alternative to a totally random system. For independents, who deal with a greater number of thefts than chains, random dispersion would decrease their chances of a theft getting any controlled drugs.

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INTERIOR OF THE REMODELED TART AND WEST PHARMACY OF ROSEBORO. BY DOUBLING FLOOR SPACE, NEW DISPLAY UNITS AND MERCHANDISING LINES HAVE BEEN ADDED BY THE PHARMACY.

TART & WEST PHARMACY, ROSEBORO, REMODELS: FLOOR SPACE DOUBLED

Open house for the recently remodeled Tart and West Pharmacy of Roseboro was observed in early December. Floor space of the pharmacy was doubled by taking over an adjoining building, thus permitting the addition of new display units and merchandising lines not previously stocked by the pharmacy.

The pharmacy was established in 1908 by D. W. Tart, when Roseboro had a population of 60 persons. In 1925, W. Latham West, a nephew of Mr. Tart, joined the firm as a pharmacist and recent graduate of the UNC School of Pharmacy. In 1939, Mr. West purchased an interest in the pharmacy and the firm name changed to Tart and West, Druggists. When Mr. Tart retired from active work in 1946, Mr. West bought his interest in the pharmacy, becoming the sole owner.

Mr. West's son, W. Artemus, who is the present owner, was licensed a pharmacist in 1950 following graduation from the UNC School of Pharmacy. His son, Thomas Latham West, also a graduate of the UNC School of Pharmacy, is now associated with his father in the operation of the pharmacy which continues as Tart and West, Druggists.

Of the pharmacy's seven employees, two members of the West family are associated with the pharmacy on a part-time basis: Mrs. Maxine West, wife of W. Artemus West, and Miss Matilda West, sister of W. Artemus West.

An interesting note about the pharmacy and its 70 years of service in Roseboro and Sampson County: In 1911, fire destroyed the pharmacy. It was reopened on a temporary basis in the town's jail (village guard house).

W. Latham West served as president of the North Carolina Pharmaceutical Association and was named "Pharmacist-of-the-Year" in 1959. His son, W. Artemus, is following in his footsteps, now serving as president of the Cape Fear Pharmaceutical Society and as a member of various NCPHA committees.

The 1978 edition of Tart and West, Druggists is a prime example of family pharmacy ownership at its best. On "open house day," the Wests received numerous expressions of support and goodwill from customers, who appreciate the personalized service that is a hallmark of the pharmacy.

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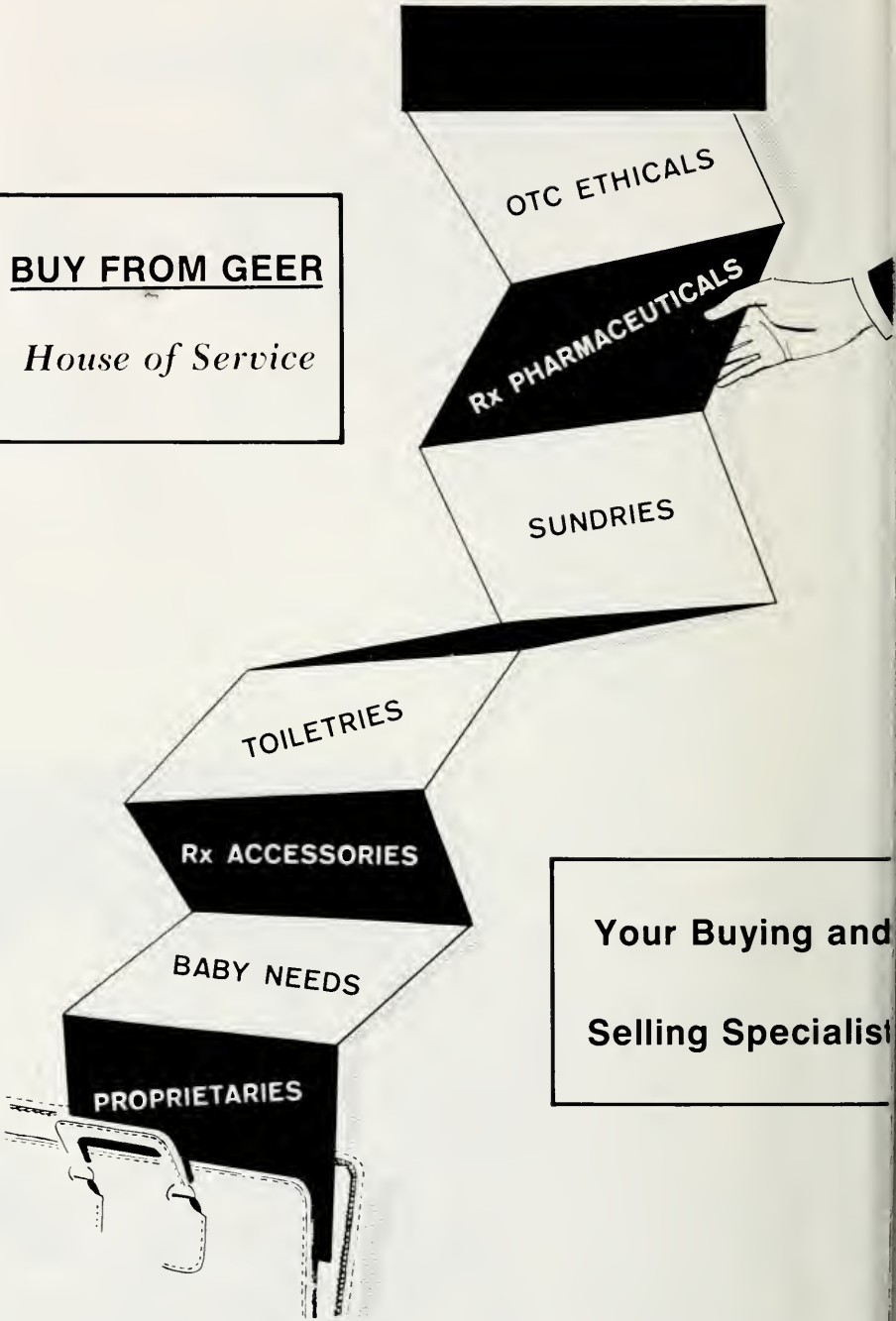
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W. Artemus West (right) and his son, Thomas Latham West, are currently in the active management of the pharmacy established in 1908.

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NEW PHARMACIES

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2. Rite Aid Pharmacy, 342-46 Main Street, Hendersonville. Emmett A. Smith, Jr., pharmacist-manager.
3. Eckerd Drugs, 1159 East Marion Street, Shelby. Charles D. Blanton, Jr., pharmacist-manager.
4. Eckerd Drugs, #8 Sylva Plaza Shopping Center, Sylva. Lloyd A. Jordan, pharmacist-manager.
5. Revco Discount Drug Center, 1686 South Main Street, Laurinburg. Sarah A. Justice, pharmacist-manager.
6. Barnes Pharmacy, Inc., 101 East Market Street, Greensboro. James E. Barnes, pharmacist-manager.
7. Scotties Discount Drugs, 118 Main Street, Clinton. Clarence L. Swearngan, pharmacist-manager.
8. Grandview Pharmacy, Pfafftown. Carl A. Capps, Jr., pharmacist-manager.

LIMITED SERVICE PERMIT

1. William N. Crawford Alcoholism Treatment Center, 1305 Glenwood Avenue, Greensboro. Martha Nance, pharmacist-manager.
2. Wilmith Hospital and Charlotte Treatment Center, 1715 Sharon Road West, Charlotte. Minnie B. Jones, pharmacist-manager.
3. Faison Migrant Health Clinic, 214 West Main Street, Faison. Henry P. Cogdell, pharmacist-manager.

CHANGE IN OWNERSHIP

1. Angel's Drug Store, 2 Main Street, Franklin. Larry R. Cloer, pharmacist-manager.

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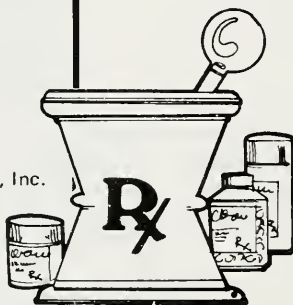
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THERE IS A WORD THAT DESCRIBES A PERSON'S OUTLOOK, STATE OF MIND OR OPINION, REGARDING ANY SPECIFIC ISSUE...

ATTITUDE.

We have all heard the phrase "he has a bad **attitude**" ... and maybe "he" does, but just because one's opinion is different from ours does it mean his attitude is bad?

Surely a "good **attitude**" person is more responsive and knowledgeable about changes going on around him. His insight, depth and willingness to listen and respond are valuable traits in adjusting to change ... but to see changes taking place and say nothing ... to witness government intervention and regulation without reacting ... to

be the brunt of change in professionalism and yet stand motionless ... these are not caused by people with good or bad attitudes, but by "no **attitude**" people ... and they are the worst kind! What kind are you?

Lawrence Pharmaceuticals

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LP-12 - Full page (4-3/4" x 7-1/2") B&W,
1978 insertions. Strumlauf, Stinson
& Partners, Inc. 772237.

TAKES DILAUDID AT GUNPOINT

Durham was not only hit by an ice storm on January 13th but at the end of the day Pharmacist Bruce Wynne was minus two bottles of Dilaudid taken by a gunman who entered Kerr Drugs at Wellons Village by way of the store's rear door.

The same pharmacy was hit on November 16th and the nearby Revco Drug on December 20th—in both cases, a similar type robbery: the gunman wore a paper bag over head and carried a "silver" pistol.

Catawba Memorial Hospital Pharmacy was robbed December 16 by two armed men dressed in white laboratory coats. Staff pharmacist Charles Brinkley and a secretary were bound and gagged with tape as the robbers filled three bags with narcotic drugs valued at \$3,300.

Prevo Drug Store of Asheboro was burglarized by thieves who entered the building by removing cinder blocks in the wall from an empty store next door. About \$2,500 in drugs were taken and the thieves knew exactly what they wanted, since no attempt was made to open the prescription department cash register. Two arrests were later made in a trailer home near Wadesboro and the stolen drugs were recovered.

Eckerd's Drug Stores of Gastonia was robbed of checks and cash totalling \$1,357.

Archdale Pharmacy was entered December 26 and a substantial quantity of drugs were taken. Entry was made by cutting a hole in the roof and exiting through the back door. Police were alerted to the possibility of burglary when they discovered the open door.

When Gary Sain, pharmacist at Bethlehem Pharmacy in Taylorsville, refused to refill a Valium prescription Thursday night, January 12, the patient drew a hunting knife and proceeded to rob the store of a small amount of cash and undetermined quantity of drugs.

Super X Drug Store in High Point was robbed of about \$300 worth of Schedule Two drugs by an armed man, Wednesday January 25. A note was presented to an employee of the store which told him "not to do anything foolish" by a bandit carrying an automatic handgun. The employee turned the narcotics over to the bandit, who put them into a laundry bag and fled.

Unsuccessful attempts to enter two Revco Drug Stores in Thomasville are being investigated by local police. The burglar alarm in the Randolph Street store was tripped when a hole was cut into the roof, causing the intruders to flee, leaving burglary tools and breaking the front door to gain egress. The Erwin Heights Shopping Center store was the scene of an attempted burglary January 20, but the would-be thieves were thwarted in their attempts to enter the store through the air-conditioning system.

The PSA Clinic Pharmacy in Swannanoa was held up January 4th by two armed men who forced pharmacist Michael Dean Tolley to hand over a large quantity of drugs, valued at \$18,000.

A short time later, the two bandits were arrested by Buncombe County deputies on I-40, and charged with armed robbery, possession of drugs and kidnapping. Under North Carolina law, kidnapping is defined as forcing someone to move from one place to another, and in this case it was from the front of the pharmacy to the back.

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1978 CONTROLLED SUBSTANCES QUOTAS

The following aggregate production quotas for schedule II drugs have been established for 1978 by the Administrator of the Drug Enforcement Administration. These figures, in grams, express the total quantity of the drug which may be manufactured in the United States.

Cocaine	1,478,000
Codeine (for sale)	56,530,000
Codeine (for conversion)	2,029,000
Dihydrocodeine	1,072,500
Meperidine	12,332,000
Methadone	1,715,000
Morphine (for sale)	550,000
Morphine (for conversion)	50,741,000
Pentobarbital	14,493,000
Secobarbital	10,402,000

PATIENT PACKAGE INSERTS

Patient Package Inserts are not a substitute for patient counseling by you—the pharmacist. Studies have shown that patient understanding, which promotes compliance, is best accomplished by verbal explanation by the pharmacist. Patients want to know about disease and medication, as is evident by the

popularity of newspaper columns on medicine, books and articles about drugs and disease, and by the popularity of television and radio talk shows regarding medicine.

You—the pharmacist—are the best source of information the patients need and require. You should make certain each patient understands the dosage schedule of his drugs at what he should expect in the way of side-effects. Needless anxiety on the part of the patient can be avoided, and better utilization of drugs can be expected, when the patient is properly counseled by you—his pharmacist.

NCPHA OFFICERS ATTEND NARD SPONSORED MEETING

NCPHA President Eugene W. Hackney and Associate Director A. H. Mebane, III were guests of the National Association of Retail Druggists at a two day meeting in Ft. Lauderdale, January 16 and 17. Mr. Hackney and Mr. Mebane, along with state association representatives from South Carolina, Georgia, Tennessee and Oklahoma, met with the NARD Executive Committee for an exchange of ideas and problems of mutual interest.

From the dialog evolved a new feeling of respect for each organization and the hope that through joint efforts and improved communication, pharmacy might be more united.

"Service in Wholesale Quantity"



POTASSIUM CONTENT OF COMMONLY USED BEVERAGES AND FOODS

A patient who is receiving a potassium-depleting diuretic is unable to tolerate oral potassium supplements. Which foods are rich sources of potassium?

Juice and Beverages (8 oz.)	Approx. mEq of Potassium
Apple juice, canned	6.4
Apricot juice	9.5
Bouillon cube, meat extract, 1 cube	2.8
Bouillon cube, vegetable, 1 cube	3.3
Tea, Instant (2Gm)	6.1
Grape juice, canned, sweetened	5.5
Grapefruit juice, canned	10.4
Milk, nonfat	7.1
Milk, whole	9.1
Orange juice, fresh	12.7
Peapple juice, canned	9.7
Pine juice, canned	14.4
Pineapple	1.7
Tomato juice, canned	14.0
Apricots, raw, 2-3	7.1
Banana, 1 fresh	16.1
Cantaloupe, 5 inch diameter	5.9
Chicory, raw, 10 oz. (1¼ cup)	12.8
Apples, dried, 3-4	5.8
Apples, dried, small	20.0
Apple cocktail, canned, sweet	10.5
Apples, dried, ½ cup (4 oz.) uncooked	28.2
Pears, raw, 1 pear, 2½ x 2 inches	4.6
Apples, dried, large raw	7.7
Apples, dried, 2 tbs.	3.7
Raspberries, raw, 8 oz.	6.8

Watermelon, ½ slice, ¾ x 10 inches	9.7
Wheat Germ 200 gm	18.9
Beef round, 3 oz.	9.0
Turkey, 4 oz.	9.0

RESEARCH DISCOVERY

Professor Zambezi of Figi University, doing research on the origin of speech, says his findings indicate man's original communication was "Madam, I am Adam."

Since all this pre-dated the arrival of Edison's cylinders, Professor Zambezi has been unable to confirm his research conclusion.

SNAKE IN SIDE

One of the state's major daily newspapers recently featured a family doctor with emphasis on contrasting office decor and treatment with some of the family doctor's 1978 counterparts.

An interesting part of the feature referred to an air conditioner which had been installed for the comfort of patients. Patients, waiting to see the doctor, would tamper with the conditioner, causing it to non-function at times.

The problem was solved by attaching a sign to the air conditioner: Snake In Side. This has effectively eliminated mal-functioning of the air conditioner according to the doctor's office nurse.

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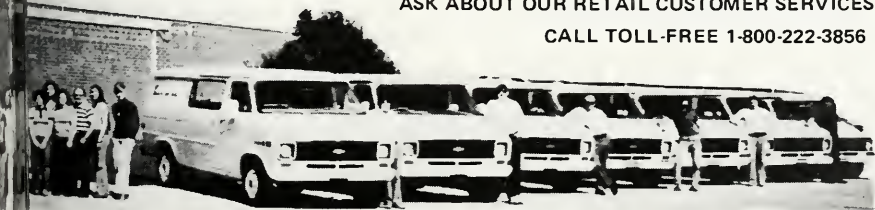
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**ANNUAL MEETING
NORTH CAROLINA ASSOCIATION
OF PROFESSIONS**

The Annual Meeting of the North Carolina Association of Professions will be held March 29, 1978, at the Governor's Inn, Research Triangle Park.

The tentative format for the meeting is;

9:00 to 10:30

Registration, 2nd Floor Lobby

9:30 to 10:30

Board Meeting

10:00 to 10:30

Coffee

10:30 to 12:15

Panel Discussion on Education

1. How good a job are we doing?

2. Any problems of interference from third parties?

3. Are we getting the support we need from parents, concerned citizens, Legislature?
 Bill Friday, Moderator, Terry Sanford, Ben Fountain, Dr. Dave Bruton, Craig Phillips.

12:30 to 2:00

Lunch. Dr. Robert C. Thurston, President, Presiding. Speaker: Dr. Charles Frankel, President of the National Center for Humanities.

2:15 to 4:00

Panel Discussion: Feasibility of establishing a scientific research center at Research Triangle Park similar to Humanities Center. Archie Davis, Moderator, Dr. Charles Frankel, Dr. John Caldwell, Dr. Ralph Fadum.

4:00

Adjourn.

Support National Poison Prevention Week—March 19-25, 1978

“Children act fast . . .
so do poisons.”



- 1. Stock Syrup of Ipecac.**
- 2. Promote—via ads or displays**
—the importance of keeping a
bottle of Ipecac in the home.
- 3. Actively discuss poison**
prevention with parents of
young children.

Presented by Abbott Laboratories
in Cooperation with the U.S. Consumer Product Safety Commission

CHARLOTTE AUXILIARY

Reported by Mrs. W. B. Hawfield

The Charlotte Woman's Pharmaceutical Auxiliary held its regular monthly luncheon meeting at the YMCA on January 10.

Mr. Joseph Maher from Duke Power Company spoke on "What Effect Nuclear Plants Have on our Ecology." He answered questions from members concerning the conservation of energy.

Mr. A. E. Galloway, president, conducted the business meeting.

WAYNE COUNTY

Officers of the Wayne County Pharmaceutical Society were installed at a meeting of the organization in Goldsboro on January 8.

Serving during the coming year will be Larry Coor, president; Robert Bizzell, vice-president; Herbert Taylor, secretary-treasurer; and Henry (Hank) Stewart, program chairman.

The continuing education chairman, Hugh Clark, reported a seminar on selected subjects will begin March 21 at the Goldsboro AHEC Center. The seminars are scheduled each Tuesday night beginning at 7:30 P.M. The registration fee is \$25.00 for five lectures.

Bob Edwards reported on the just-concluded officers Conference sponsored in Chapel Hill by the NCPA.

WAKE COUNTY

Highlight of the January 10 meeting of the Wake County Pharmaceutical Association was a presentation by Ronnie Harrell who demonstrated the Olivetti 85, a self-contained pharmaceutical system which is capable of handling daily logs, patient profiles, labels, cash receipts, third party billing, patient tax information and accounts receivable.

Joey Edwards, a director of NC-PharmPac, discussed the objectives of that organization, and an update of the Medicaid Rx program as presented by Benny Ridout.

The organization will undertake a campaign to familiarize physicians and others with the requirements of House Bill 1047—the prescription label bill which became effective on January 1.

DURHAM-ORANGE

Guest speaker at the January 12th meeting of the Durham-Orange Pharmaceutical Association was Drew Finn, Chief of Clinical Pharmacy at Duke University Medical Center, Durham.

His topic was "Monitoring of Anti-Convulsant Therapy" on which Mr. Finn is currently doing research.

Jerry Palmer, president, presided at the meeting which was attended by thirty members of the organization. A dinner at Bradys Restaurant, Chapel Hill, preceded the program.

ALAMANCE COUNTY

The Alamance Pharmaceutical Society met January 25, 1978 at the Alamance Country Club for its monthly meeting. W. T. Perkins, Alamance County Suicide and Crisis Prevention Service, was the featured speaker.

Officers elected for 1978 were: Steve Detter, President; Jerry Kennedy, Vice-President; Jack Watts, Secretary-treasurer. The Society also voted to participate in Poison Prevention Week with public service announcements, distribution of counterdose charts and making sure each family has a bottle of Syrup of Ipecac.

WEDDINGS

Miss Lillian JoAnn Canaday of Four Oaks and John Franklin Black, Jr. of Chapel Hill were married at the home of the bride on December 17.

The bride is a graduate (December 1977) of the UNC School of Pharmacy and is associated with the VA Hospital in Durham. Her husband is a graduate of UNC and is employed by Home Life's Planned Estate Service.

The bride's father is a pharmacist, Merwin S. Canaday of Four Oaks.

The couple are making their home in Chapel Hill following a wedding trip to Florida.

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David Cotten Cook, Jr.

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Deborah Sue Walker Robinson

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Box 258 Nature Trail Park

Chapel Hill, NC 27514

Michael Sugg Woodard

Box 5

Princeton, NC 27569

PHARMACIST LICENSE ISSUED IN 1928?

If your original pharmacist license was issued in 1928 and you are a member of the North Carolina Pharmaceutical Association, the NCPHA has plans to honor you in Asheville on Sunday, April 16th, as part of the 98th annual meeting of the NCPHA and Affiliated Auxiliaries.

Pharmacists completing their 50th year will be inducted into NCPHA's 50 Plus Club and will receive a certificate and 50 year pin.

The NCPHA has compiled a record from information originated by the N. C. Board of Pharmacy which is adequate for our purposes with one exception: If you were licensed in another state, 1928 or a prior year, and are currently a member of the NCPHA, write the NCPHA.

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Script

DEAN'S LIST ANNOUNCED FOR FALL SEMESTER

Seventy-four students were named to the Dean's List for the Fall semester. In order for a student to achieve this honor his grades must average "B" or better.

Dean's List students by class and hometown were:

5/5 CLASS

Alford, A. J., *Greensboro*
Butler, P. A., *Richmond, VA*
Canaday, L. J., *Four Oaks*
Mullen, M. J., *Siler City*
Rogers, A. R., *Elkin*
Smith, P. F., *Thomasville*
Steadman, M. S., *Salisbury*

4/5 CLASS

Bicket, W. J., *Chapel Hill*
Brittingham, S. D., *W. Columbia, SC*
Furniss, L. D., *Asheville*
Gurley, T. C., *Marion*
Haas, K. A., *Pittsburgh, PA*
Hicks, J. A., *Raleigh*
Ingram, M. P., *Taylorsville*
Key, E. W., *Rockingham*
Miller, J. L., *Hickory*
Plyler, S. D., *Albemarle*
Stone, B. M., *Elon College*
Touloupas, J. A., *Burlington*
Tugwell, J. P., *Farmville*

3/5 CLASS

Adams, C. S., *Wilmington*
Alexander, J. L., *Kings Mountain*
Allen, M. C., *Kinston*
Archbull, S. B., *Battleboro*
Cahill, K. I., *Greensboro*
Coppala, D. R., *Charlotte*
Davis, H. R., *Marion*
Dinkins, B. S., *Yadkinville*
Edwards, B. C., *Rocky Mount*
Ferrell, P. A., *Charleston, WV*
Fesperman, S. L., *Chapel Hill*
Fisher, D. W., *Charlotte*
Friday, N. L., *Charlotte*
Hayes, K. K., *Wilkesboro*
Hersh, M. R., *Raleigh*
Hill, R. T., *Raleigh*
Holder, B. M., *Kernersville*
Jordan, L. C., *Gumberry*

Kemp, K., *Peachland*
Key, S. H., *Hickory*
Klutz, R. A., *Greensboro*
Landers, S. A., *Durham*
Lane, W. E., *Hertford*
Lawson, R. N., *Sandy Ridge*
Lofquist, E. A., *Cullowhee*
Mackey, P. L., *Pisgah Forest*
Molic, G. C., *Greenville*
Phipps, A. R., *Turkey*
Sebastian, G., *Salisbury*
Shear, M., *Woodland*
Sherrill, M. C., *Statesville*
Tripp, S. W., *Ayden*

2/5 CLASS

Carpenter, L. C., *Waco*
Covington, A. M., *Fayetteville*
Crawford, S. Y., *Snowhill*
Daniel, E. M., *Oxford*
Flynn, C. L., *Winston-Salem*
Girard, S. L., *Clemmons*
Grohans, D. L., *Center Valley, PA*
Hartgrove, K. L., *King*
Holshouser, J. A., *Rockwell*
Lyerly, R. E., *Winston-Salem*
Marquis, D. M., *Raleigh*
McDonald, J. O., *Scotland Neck*
Measamer, M. H., *Asheboro*
Meline, N. V., *Raleigh*
Moore, L. F., *Washington*
Moser, J. B., *Claremont*
Moses, S. H., *Raeford*
Scott, S. C., *Greencove Spr., FL*
Self, S. E., *Durham*
Travis, J. M., *Raleigh*
Venable, M. L., *Winston-Salem*
Young, S. R., *Durham*

Gagnon Speaks to Bahamian Pharmacists

Dr. Jean Paul Gagnon, Head, Division of Pharmacy Administration, was recently invited to confer and consult with Bahamian pharmacists regarding prescription pricing. The meeting was sponsored by the Druggists and Pharmacists Association of the Bahamas in response to a recent governmental edict limiting prescription service charges.

Safety Caps: Their History, Their Problems, Their Future

By Frances Rader

Accidental poisoning has been a major problem in young children. In 1970 it was estimated that there were over two million cases of accidental childhood poisonings requiring medical attention. The leading causes were salicylate-containing compounds and barbiturates. In the United States during the period of 1963 to 1969, children's flavored aspirin accounted for 85 to 90% of all the poisonings in children under five. Storage habits do not seem to be the problem. Studies indicate this has no relationship to whether or not children will be poisoned.

In 1955 the FDC called a conference of aspirin manufacturers and others to discuss the problem of accidental ingestion of aspirin by children. The FDA recommended that the makers do everything possible to develop safety caps that were "effective and practical." A few years later Plough and Sterling Drug introduced snap-top friction safety caps on many of their products, none of which met with much success. It was not until 1966 that the "first effective, practical, inexpensive child-resistant container for medication was produced. Owens Illinois Glass Co. developed a cap which required a two step operation involving pressing and turning which was later adopted by Plough and Sterling Drug for use with children's aspirin products. A few years later, Owens Illinois Glass developed the Screw-Lok top which required a combined palming and turning motion. This cap is now used on prescription vials, aspirin bottles, and virtually every product requiring safety caps.

The Screw-cap, the snap top friction cap, the screw-Lok top and others were subjected to extensive testing in the United States and Canada. The conclusions were that the Screw-Lok was the most effective safety cap produced, although it was not perfect. Many adults found the Screw-Lok to be difficult to open resulting in wide-spread misuse.

In December 1970 the Poison Prevention Packaging Act was enacted into law. Its purpose was "to provide for special packaging to protect children from serious illness resulting from handling, using or ingesting household substances."

Many products were required to be packaged under safety caps, the first of which was aspirin in 1972. A testing protocol was established on the ability of children under five years to open the containers in a five minute period. Exceptions were made for people who could not use safety caps due to disabilities. The effects of the law were apparent almost immediately. In 1974 fatalities from aspirin poisoning in children declined 50%. Poisonings by all drugs in children were reduced 90%.

The problem with safety caps has not been their effectiveness. A survey has shown that most adults approve of the idea and the use of safety caps. The complaints about safety caps are that patients often find them difficult to use and therefore leave the tops off or transfer the medication to a container without safety caps. This may affect the potency and the cleanliness of the drug and also allow patients to get different medications confused. One study found that safety caps had deterred some patients from taking their medication at the prescribed intervals. A survey in 1975 by the Academy of General Practice of Pharmacy of the APhA revealed that patients experienced problems with safety caps 40% of the time and the majority felt patients acceptance of safety caps was poor to fair. Pharmacists also experienced severe cases of contact dermatitis from handling large quantities of safety closures everyday.

In the future, studies should be made to see if other drugs should be marketed under safety caps. Veterinarians should also fall under the Poison Prevention Packaging Act of 1970 as their prescriptions contain the same drugs as those dispensed by Pharmacists under safety caps.

Perhaps most importantly, though, research should continue to find a safety cap that both thwarts children and facilitates simple and proper use by adults. Children under five need more than passive protection from accidental poisoning. Safety caps that fulfill these purposes must be in our future because today they seem to be our best hope.

Drug Information Reports

Edited by: David Rudd, R.Ph., M.S.

Director, Drug Information Center

Instructor, Clinical Pharmacy

Drug Information Question of the Month:

Why is clomiphene citrate (Clomid®) prescribed for male infertility and how effective is it?

Clomiphene citrate (Clomid®) is an antiestrogenic compound which was shown in 1961 to have ovulation inducing effects in women. Clomiphene citrate is presently an accepted form of therapy for anovulatory females who desire pregnancy. In either the adult female or male, clomiphene promotes gonadotropin release from a functioning pituitary gland. Two of the gonadotropins, follicle stimulating hormone (FSH) and luteinizing hormone (LH), are necessary for male fertility.

Both FSH and LH are involved with male spermatogenesis. FSH directly stimulates the conversion of spermatogonia into sperm in the presence of testosterone. LH participates in the maturation process indirectly by stimulating the interstitial cells of Leydig to produce the necessary testosterone. The necessity of FSH and LH coupled with the known effects of clomiphene form the rationale for clomiphene use in infertile males. If the male's infertility is secondary to a hypothalamic or pituitary dysfunction, then increasing the release of gonadotropic hormones with clomiphene may be therapeutic.

Interpretation of clinical trials which have used clomiphene to treat male infertility has been complicated by several factors. These include wide variation in the dosages employed, duration of therapy, dosage regimen, parameters and hormone levels monitored, and patients selected. Recent studies have reduced these variables considerably, and have shown that long term clomiphene therapy increases sperm count and improves sperm motility in many oligospermic subjects.

In a study of 84 infertile males, Paulson divided his population into two groups. 27 patients were diagnosed as having primary germinal hypofertility (PGH), that is, oligospermia or azospermia with elevated FSH levels. The remaining 57 patients were diagnosed as having pregerminal hypofertility characterized by oligospermia and normal FSH levels.¹

Clomiphene citrate was administered in a dose

of 25 mg every day for 25 days with a 5-day rest period between each cycle. Therapy was continued for at least 6 months or until pregnancy was achieved, and stopped at 12 months in all cases. Ten of the 27 patients with PGH were treated with clomiphene. Sperm counts did not increase in any of the 10 patients. All 57 patients with pregerminal hypofertility were treated with clomiphene. Forty-five responded with an increase in sperm count, and in most cases, an increase in sperm motility was also noted. Conception was achieved in 20 of the 57 hypofertile pairings studied (37%) with no abnormalities being observed in the offspring.¹

Epstein studied the effects of long-term clomiphene treatment of 16 oligospermic infertile males. Only one wife had demonstrable factors which contributed to the couple's infertility. He used a dosage regimen of 100 mg of clomiphene on alternate days for at least four months or until pregnancy occurred. Ten of the 16 males (62.5%) responded with increases in sperm counts and 8 showed increases in sperm motility. Five of the 10 responders (31% of the entire population) impregnated their wives during therapy.²

Check and Rakoff reported on an unusual series of 10 oligospermic infertile male. All had normal FSH levels and were treated with the Paulson regimen. All 10 patients' wives had fertility problems as well, and were being treated with a variety of agents. Eight of the 10 treated males demonstrated increased sperm counts. Nine pregnancies were achieved in the 10 couples at times ranging from 4 to 7 months after therapy was begun. It is important to note that 5 of the wives were anovulatory at the beginning of the study and were receiving clomiphene therapy themselves.³ Certainly this finding tempers the 90% pregnancy rate ascribed to male clomiphene therapy by the authors.

In summarizing all the studies which used clomiphene citrate in infertile males, several points should be emphasized. In a majority of oligospermic males, clomiphene can produce both an increase in the sperm count and an improvement in

(Concluded on Page 34)

N. C. P. R. F. A WAY OF GIVING

by Claude U. Paoloni, Associate Professor

Francis Bacon once wrote, "*I hold every man a debtor to his profession; from that which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto.*"

Even though Francis Bacon lived from 1561 to 1626, his words ring true to this day. True, because the Profession of Pharmacy needs every pharmacist's help. True, because the School of Pharmacy of the University of North Carolina, the only school in this state devoted to our profession, needs your help and support.

The Pharmacists of North Carolina are a select group. Like Francis Bacon, they do recognize their debts to their profession and demonstrate it in so many ways. Many times they have been called upon to assume the role of leadership and have done so willingly and unstintingly. Once again, we call upon the pharmacists of North Carolina to give of their support by contributing to this 1977-78 fund drive of the North Carolina Pharmaceutical Research Foundation.

For those not too familiar with the Pharmaceutical Foundation, let me elaborate a moment. First, permit me to dispel the contention that the Foundation has been established primarily for research as may be implied by its name. For instance, last year only 7.1% of the budget went to faculty and student research support whereas 33.6% went for undergraduate student activities and financial aids (loans and scholarships).

The North Carolina Pharmaceutical Research Foundation is a non-profit corporation which fosters and promotes the growth, progress, and general welfare of pharmaceutical education at the School of Pharmacy of the University of North Carolina. The purposes for which the Foundation is founded are charitable, benevolent and educational. It is not organized for gain or profit, and no financial gain can be accrued to any members of the corporation. The concept of research prepared by our wise founders is good. Only through research can new knowledge be acquired; only through the application of new knowledge can service be achieved effectively; and only through service can one apply his education and recognize the limitations in knowledge so essential for research to elucidate. Hence, the School of Phar-

macy embodies all the elements of education, research, and service so indispensable for growth and progress in the profession.

To assure that the concepts proposed by our wise founders remain good and sound, the governing power and authority of the Pharmaceutical Foundation is vested in its 24 member Board of Directors; sixteen are members of, and elected by, the North Carolina Pharmaceutical Association and eight are elected by the Board of Directors. To insure continuity of growth and progress, six directors are replaced or re-elected, annually; four by the Association and two by the Board of Directors. The Board manages the business, property, and affairs of this corporation on a purely voluntary basis without compensation. Currently Mr. Charles Blanton, R.Ph. of Kings Mountain is serving as President, and Dean Tom S. Miya is Secretary of the North Carolina Pharmaceutical Research Foundation.

The Foundation supports a wide variety of activities at your School of Pharmacy. Last year, in addition to the support granted for faculty and student research, and undergraduate student activities, financial loans and scholarships, the Pharmaceutical Foundation provided support for special equipment used in teaching and analysis, for new library books and journals, for visiting lecturers, for "Script"—the School's newsletter, for miscellaneous publications, reprints, etc. Without the Pharmaceutical Foundation's support, the School of Pharmacy could not have achieved the

(Continued on Page 34)

Pharmacy Faculty Presents Papers

A number of School of Pharmacy faculty participated at the recent Mid-Year Clinical Meeting of the American Society of Hospital Pharmacists held at the Georgia World Congress Center.

Papers presented were authored by: Clinical Assistant Professor Pamela Joyner; Assistant Professor Candace K. Bryan; Professor Fred M. Eckel; Assistant Professor Larry J. Hak; Instructor George David Rudd; Assistant Professor J. Heyward Hull; Assistant Professor Candace K. Bryan; William Sawyer, Instructor and Pharmacist in AHEC-Charlotte; and Assistant Professor Ralph H. Raasch.

Bryan also took part in a panel discussion.

Charles C. Pulliam of the Division of Pharmacy Practice was moderator of a session.

A Way of Giving

(from page 33)

progress it has experienced.

This year the Board of Directors has set a goal of \$60,000 for the Foundation. Unquestionably, the need is great. Funding restraints on the North Carolina Legislature coupled with the elimination of certain federally funded programs makes support from the private sector—your support—ever so much more necessary. The Foundation's goal is not unrealistic. This can be met with an average contribution of \$10.00 per pharmacist. To further recognize those who have led in building the Foundation a "Mortar and Pestle Club" has been established for contributors. A list of Charter members—those contributing at least \$125.00 during the last five years—will be published in the *Carolina Journal of Pharmacy*. Any pharmacist can become a Charter member of the "Mortar and Pestle Club" by contributing a minimum of \$50.00 this year and your name will be similarly published. Additionally, periodic listing of contributors in the following categories will be published:

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If you have not had the opportunity before, here is the opportunity to do something for your profession of pharmacy and your UNC School of Pharmacy—GIVE NOW. Send your contribution to the N.C.P.R.F. at the School of Pharmacy, Beard Hall in Chapel Hill. Join the "Mortar and Pestle Club." THE N.C.P.R.F. IS A WAY OF GIVING.

Drug Information Reports

(from page 32)

sperm motility. These effects of clomiphene are usually not apparent until 3 months of continuous therapy have elapsed. The drug will not have these effects in oligospermic or azospermic patients with certain testicular, pituitary, or hypothalamic pathologies.

Clomiphene's effectiveness in increasing pregnancies by increasing sperm counts and improving sperm motility is certainly not established at this time. In the Epstein study, 4 of the 5 pregnancies occurred with sperm counts which were considered in the oligospermic range.

Though data presented to date is encouraging, further carefully controlled studies in subjects with normal wives are needed in order to determine

clomiphene's effectiveness as well as to further identify the patients most likely to benefit from therapy.

References

¹Paulson DF: Clomiphene citrate in the management of male hypofertility: predictors for treatment selection. *Fertility and Sterility* 28:1226-1229, November, 1977.

²Epstein JA: Clomiphene treatment in oligospermic infertile males. *Fertility and Sterility* 28:741-745, July, 1977.

³Check JH, Rakoff, AE: Improved fertility in oligospermic males treated with clomiphene citrate. *Fertility and Sterility* 28:746-748, July 1977.

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NCPhA CONVENTION PLANNERS MEET IN CHAPEL HILL—Seated, left to right: Virginia Shigley, and Mrs. Milton Skolaut, Betsy Mebane, Mrs. Horace Lewis and Bernice Brooks. Standing, left to right: David McGowan, Sara Alice Hackney, Henry Shigley, Betty McGowan, Vivian Smith, Milton Skolaut, Eugene Hackney, Cade Brooks, Al Mebane and Horace Lewis. Photo by Colorcraft.

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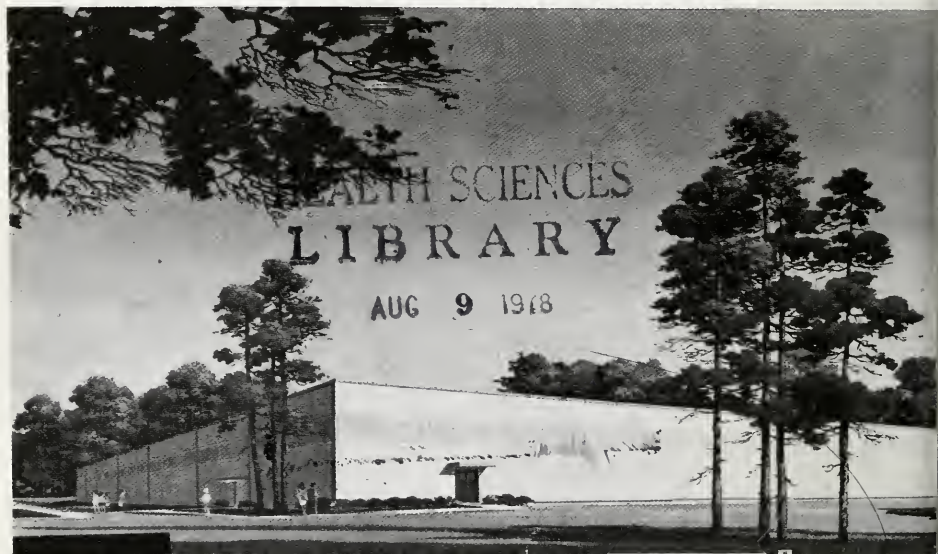
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MARCH 1978

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THE CONVENTION-IN-BRIEF

SUNDAY, APRIL 16

- 12:00 Noon **COMPUTER DEMONSTRATIONS OPEN**—*Mt. Pilot Room*
 1:00 p.m. **REGISTRATION DESK OPENS**—*Lobby*
 1:00 p.m. **WOMAN'S AUXILIARY—OPENING OF CRAFT & HOSPITALITY ROOM**—*Dodwood/Rhododendron Room*
 2:00 p.m. **N. C. PHARMPAC MEETING**—*Mt. Pisgah Room*
 Guest Speaker: Carl J. Stewart, Jr., Speaker of the House, N. C. General Assembly
 2:00 p.m. **COOKBOOK AUTOGRAPHING PARTY**
 2:00 p.m. **SOUTHERN HIGHLAND HANDICRAFT GUILD DEMONSTRATIONS**—*Sunken Lobby*
 4:00 p.m. **AWARDS SESSION**—*Mt. Pisgah Room*
 5:00 p.m. **RECEPTION** honoring Mr. and Mrs. Mebane and Awards Recipients—*Foyer & Poolside*
 *7:00 p.m. **"LAND OF THE SKY" DINNER AND OPENING SESSION**—*Great Smokies Ballroom*

MONDAY, APRIL 17

- 8:00 a.m. **REGISTRATION DESK OPENS**—*Lobby*
COMPUTER DEMONSTRATIONS CONTINUE—*Mt. Pilot Room*
WOMAN'S AUXILIARY HOSPITALITY ROOM CONTINUES—*Dogwood/Rhododendron Room*
 8:00 a.m. **BREAKFAST—T.M.A. FOUNDATION**—*Laurel Room*
 9:00 a.m. **NCPHA BUSINESS SESSION**—*Mt. Mitchell Room*
 9:00 a.m. **WOMAN'S AUXILIARY**—Depart from Hilton for visit to Biltmore House
 1:00 p.m. **WOMAN'S AUXILIARY—LUNCHEON**—*Asheville Downtown City Club*
 3:00 p.m. **WOMAN'S AUXILIARY**—Optional tours by private cars to craft shops, shopping centers, outlets (choice of one)
 Afternoon **GOLF TOURNAMENT**
TENNIS
 *6:30 p.m. **"LITTLE BROWN JUG" PARTY**
 Buffet featuring mountain "vittles"
 8:00 p.m. **Cloggers/Square Dancing**—"Carolina Road Runners"
Intermission featuring Woman's Auxiliary Auction (benefit of Scholarship Fund)
 Mountain Hoedown—Bear Creek Ramblers
(Entertainment sponsored by N. C. Wholesale Drug Houses)

TUESDAY, APRIL 18

- 8:00 a.m. **REGISTRATION DESK OPENS**—*Lobby*
 9:00 a.m. **NCPHA BUSINESS SESSION**—*Mt. Mitchell*
 10:00 a.m. **WOMAN'S AUXILIARY**—Depart for Grove Park Inn for luncheon-fashion show, annual business session, prize drawing
 11:00 a.m. **TMA BUSINESS SESSION**—*Mt. Pisgah*
 *12:15 p.m. **NCPHA LUNCHEON**—*Mt. Roan Room*
 2:00 p.m. **NCPHA FINAL BUSINESS SESSION**—*Mt. Mitchell Room*
 *7:00 p.m. **SMITH APPRECIATION DINNER**—Installation of Officers—*Great Smokies Ballroom*
 9:00 p.m. **TMA-SPONSORED DANCE**—Paul Nichols Orchestra—*Great Smokies Ballroom*

*Reservations and tickets through the NCPHA Office

& CONVENTION PROGRAM

98TH ANNUAL MEETING NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

**The Great Smokies Hilton
Asheville, North Carolina**

OPENING SESSION

Sunday, April 16 Seven o'clock
Henry H. Shigley, Convention Chairman, *Presiding*

CALL TO ORDER

N. C. Pharmaceutical Association—Eugene W. Hackney, *President*
Woman's Auxiliary, NCPHA—Mrs. Milton Skolaut, *President*
Traveling Men's Auxiliary, NCPHA—Roland G. Thomas, *President*

INVOCATION

The Reverend Orion N. Hutchinson, Jr., D.D.
Central United Methodist Church, Asheville

* * *

Eugene W. Hackney, *Presiding*

GREETINGS

The Honorable Bill B. Horton, *Vice-Mayor*, City of Asheville

WELCOME

Mrs. Virginia C. Shigley, Chairperson for the NCPHA Woman's Auxiliary

W. J. SMITH SPEAKER

Robert H. Henry, Humorist

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Mt. Pilot Room—Great Smokies Hilton—Asheville, North Carolina

SECOND SESSION**Monday Morning, April 17****Nine o'clock****Mt. Mitchell Room**Eugene W. Hackney, *Presiding***CALL TO ORDER****IN MEMORIAM** —George Willets**THE PRESIDENT'S ADDRESS**

Mr. Hackney, with First Vice-President Herman Lynch presiding

REPORT ON NCPHA ASSOCIATE DIRECTOR

Alfred H. Mebane, III

THE NORTH CAROLINA BOARD OF PHARMACY—David R. Work, Secretary-Treasurer**"MAXIMIZING YOUR INVESTMENT IN COMPUTER SERVICES"**—Jean P. Gagnon, Associate Professor, Pharmacy Administration UNC School of Pharmacy**"MALPRACTICE IN PHARMACY"** —James C. Simmons, Jr., Simmons & London, Atlanta**"THE INCREDIBLE SERVICE MACHINE"**—An NWDA-produced program

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MOUNTAIN GIFTS**ANNOUNCEMENTS****RECESS****MONDAY AFTERNOON ACTIVITIES**

Of interest to NCPHA Members and guests:

Computer Demonstrations—Mt. Pilot Room

TMA Golf Tournament—Smokies Hilton Golf Course

Greens fees by Owens-Illinois

Tennis—Smokies Hilton Indoor and Outdoor Courts

*Tour of Asheville and Western North Carolina Points of Interest

*Visit to Biltmore House and Biltmore Village

*Arrangements through Convention Registration Desk dependent upon interest expressed

Meetings:

Committee on Time and Place

Committee on Nominations

Committee on Resolutions

By action of the NCPHA Executive Committee, attendance at any and all convention events will be available only to those who are registered for the meeting. Therefore, badges and tickets (where indicated) will be required.

Family members who do not belong to either the NCPHA, TMA or Woman's Auxiliary may be registered as convention visitors. Write NCPHA for visitor preregistration card.

THIRD SESSION

Tuesday morning, April 18

Nine o'clock

Mt. Mitchell Room

Eugene W. Hackney, *Presiding***CALL TO ORDER****INVOCATION****REPORTS**

Continuing Education—E. A. Brecht, Chairman
Legislative Affairs—James L. Creech, Chairman
Institutional Pharmacy—Jack H. Upton, Chairman

THE UNC SCHOOL OF PHARMACY AND THE PHARMACEUTICAL RESEARCH FOUNDATION

Tom S. Miya, Dean

THE STUDENT BRANCH OF THE N. C. PHARMACEUTICAL ASSOCIATION

Patsy Millar, President

"RN—HOME HEALTH CARE PHARMACEUTICAL SERVICE, AN OPPORTUNITY FOR PROFESSIONAL INVOLVEMENT"—Joan P. Lennon, R.N.**"THE FAMILY PRACTICE PROGRAM AND ITS POTENTIAL IMPACT ON THE DELIVERY OF PRIMARY HEALTH CARE IN NORTH CAROLINA"**—Dr. Peter Curtis, Family Practice Center, UNC-Chapel Hill**"MAINTAINING PROFITS IN A HIGHLY COMPETITIVE MARKET"**

Mike Ryan, Associate Director, American College of Apothecaries

PANEL PRESENTATION—"How to Survive in Today's Increasingly Competitive Climate"—Ralph Ashworth, Ernest J. Rabil, C. Louis Shields, Julian Upchurch, Panelists**MOUNTAIN GIFTS****ANNOUNCEMENTS****RECESS FOR LUNCH****CRAFTS, THE WOMAN'S AUXILIARY, AND SCHOLARSHIPS**

The Woman's Auxiliary will combine their convention crafts sale with a "welcome" room where coffee will be served, bridge tables will be provided, and hospitality will be the order of the day.

Crafts, baked goods, needlework, plants, white elephants, treasures, etc. are being solicited from NCPHA, Woman's Auxiliary, and TMA members. Articles may be brought direct to the Dogwood/Rhododendron Rooms at the Great Smokies Hilton, Asheville, or if members who cannot attend the convention wish to contribute, they may send them to the Institute of Pharmacy, Chapel Hill, prior to April 10.

Sales of such articles will be based on contributions to the Scholarship Fund, and will be grouped according to value.

FOURTH SESSION

Tuesday Afternoon, April 18

Two o'clock

Mt. Mitchell Room

CALL TO ORDER

When the NCPHA membership is not in convention assembled, the interim work of the Association is transacted by elected officers and appointed committees. Therefore, the following reports represent activities covering the period of April 1977-April 1978.

REPORTS

Community Pharmacy—J. Marshall Sasser, Chairman
Employer/Employee Relations—Mickey Watts, Chairman
Delivery of Pharmaceutical Services—Claude U. Paoloni, Chairman
Public Health & Welfare—Kenneth Edwards, Chairman
Public and Professional Relations—Lee Werley, Jr., Chairman
Social and Economic Relations—Ernest J. Rabil, Chairman
Mental Health—Michael W. Craven, Chairman

FINANCIAL REPORTS

Consolidated Pharmacy Fund—Robert B. Hall, Chairman
NCPHA Endowment Fund/Institute of Pharmacy—B. Cade Brooks, Chairman
NCPHA Fiscal Affairs—W. J. Smith, Secretary-Treasurer

CLOSING REPORTS

Resolutions—Herman W. Lynch, Chairman
Time and Place
Convention Attendance—Tom Burgiss, Convention Registrar
Nominations—L. Milton Whaley, Chairman
NCPHA Central Office—W. J. Smith, Executive Director

ADJOURNMENT

OF SPECIAL INTEREST TO WOMEN PHARMACISTS

Women pharmacists who are not members of the Woman's Auxiliary may attend the Monday and Tuesday luncheons by purchasing tickets at \$7.00 each (including transportation) at the registration desk. The Monday luncheon will be held at the Downtown City Club; the Tuesday luncheon-fashion show (Lilli Rubin) will be held at Grove Park Inn.

MOUNTAIN GIFTS

Prizes awarded at the NCPHA business sessions will be products of craftsmen from Western North Carolina. Prize tickets are distributed during the first 30 minutes of each session, with drawing held as the final item on the agenda.

The North Carolina Board of Pharmacy will hold its April session in the Laurel Room of the Great Smokies Hilton, Asheville, Tuesday, April 18. Since the NCPHA Convention will be in session at that time and place, this will enable Board members and those invited to the Board meeting to attend both events.

**OFFICERS 1977-1978
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

<i>President</i>	Eugene W. Hackney, Lumberton
<i>First Vice-President</i>	Herman W. Lynch, Dunn
<i>Second Vice-President</i>	Joseph C. Miller, Boone
<i>Third Vice-President</i>	Jack G. Watts, Burlington
<i>Secretary-Treasurer & Executive Director</i>	W. J. Smith, Chapel Hill
<i>Associate Director</i>	A. H. Mebane, III, Chapel Hill

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Eugene W. Hackney, *Chairman*

Herman W. Lynch, Dunn	George M. Willets, III, Wilmington
Joseph C. Miller, Boone	Tom R. Burgiss, Sparta
Jack G. Watts, Burlington	L. Milton Whaley, Durham
Ralph Ashworth, Cary	W. H. Wilson, Raleigh
Julian E. Upchurch, Durham	W. J. Smith, Secretary

WOMAN'S AUXILIARY, NCPHA

<i>President</i>	Mrs. Milton Skolaut, Chapel Hill
<i>First Vice-President</i>	Mrs. Jerome K. Johnson, Raleigh
<i>Second Vice-President</i>	Mrs. Don Weathers, Charlotte
<i>Recording Secretary</i>	Mrs. Shelton B. Boyd, Mount Olive
<i>Corresponding Secretary</i>	Mrs. B. Cade Brooks, Fayetteville
<i>Treasurer</i>	Mrs. A. H. Mebane, III, Chapel Hill
<i>Parliamentarian</i>	Mrs. H. Shelton Brown, Jr., Cary
<i>Historian</i>	Mrs. T. M. Donnelly, Arden
<i>Advisor</i>	Mrs. M. E. Hedgepeth, Henderson
<i>Advisor</i>	Mrs. L. Milton Whaley, Durham
<i>Coordinator</i>	Mrs. W. J. Smith, Coordinator

TRAVELING MEN'S AUXILIARY, NCPHA

<i>President</i>	Roland G. Thomas, Charlotte
<i>First Vice-President</i>	W. H. Andrews, Greensboro
<i>Secretary-Treasurer</i>	L. M. McCombs, Creedmoor
<i>Assistant Secretary-Treasurer</i>	David F. McGowan, Chapel Hill

BOARD OF GOVERNORS

W. F. Elmore, Wilmington	Canie B. Smith, Asheville
Ray Black, Kernersville	James R. (Bob) Case, Charlotte
Zack W. Lyon, Durham	

OFFICER INSTALLATION (1978-79) WILL FOLLOW THE TUESDAY NIGHT SMITH APPRECIATION DINNER; GOLF AND TENNIS PRIZES WILL BE AWARDED DURING THE MA-SPONSORED DANCE BREAK

TRAVELING MEN'S AUXILIARY, NCPHAHorace Lewis, *Convention Chairman***PROGRAM***(All events in the Great Smokies Hilton unless otherwise noted)***SUNDAY, APRIL 16**

- 1:00 p.m. **REGISTRATION DESKS OPEN**—*Main Lobby*
 1:00 p.m. **OPENING OF CRAFT & HOSPITALITY ROOM**—*Dogwood/Rhododendron Room*
 2:00 p.m. **N. C. PHARMAC MEETING**—*Mt. Pisgah Room*
Guest Speaker: Carl J. Stewart, Jr., Speaker of the House, N. C. General Assembly
 4:00 p.m. **AWARDS SESSION**—*Mt. Pisgah Room*
 5:00 p.m. **RECEPTION** honoring Mr. and Mrs. Mebane and Awards Recipients—*Foyer & Poolside*
 7:00 p.m. **"LAND OF THE SKY" DINNER AND OPENING SESSION**—*Great Smokies Ballroom*

MONDAY, APRIL 17

Members of the TMA are cordially invited to attend the business session of the NCPHA, starting at 9:00 a.m. in the Mount Mitchell Room.

AFTERNOON ACTIVITIES

- Golf Tournament at Great Smokies Hilton Golf Course. Details at Registration Desk. Leonard G. Phillips, Jr., Chairman; Balfour Brookshire, Co-Chairman. Sponsored by Owens-Illinois Prescription Products.
- Tennis Tournament at Great Smokies Hilton Tennis Courts. Canie Smith, Chairman; Ralph Ashworth, Co-Chairman.
- Computer Systems Demonstrations in the Mt. Pilot Room

EVENING ENTERTAINMENT

- *6:30 p.m. **"LITTLE BROWN JUG" Party**
Buffet featuring mountain "vittles"
 8:00 p.m. **Cloggers/Square Dancing**—"Carolina Road Runners"
 Intermission featuring Woman's Auxiliary Auction (benefit of Scholarship Fund)
 Mountain Hoedown—Bear Creek Ramblers
(Entertainment sponsored by N. C. Wholesale Drug Houses)

TUESDAY, APRIL 18

- 11:00 a.m. **TMA BUSINESS SESSION**—*Mt. Pisgah Room*
 *7:00 p.m. **"SMITH APPRECIATION" DINNER AND INSTALLATION OF OFFICERS** (TMA, Woman's Auxiliary and NCPHA)
 8:30 p.m. **TMA-SPONSORED DANCE**—*Paul Nichols Orchestra*

*Dinner tickets available through NCPHA Office.

EXHIBITS IN THE FOYER OF THE GREAT SMOKIES HILTON • Area Health Education • Health Adventure Lilly Consumer Information Program on Rx Medicines

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**1978 CONVENTION COMMITTEES**

Henry H. Shigley, Convention Chairman

WELCOME COMMITTEE

Brenda D. Banks	James C. McGee, Jr.
Quay H. Beck	Harvey A. Mitchell, Jr.
William C. Braman	Beaman L. Pinner
L. B. Brookshire	Charlotte B. Plemmons
Fred A. Connelly	Jon Russel Pope
Phillip F. Crouch	Jo Lohr Queen
S. A. Dantzler	Danny L. Randall
Sharon S. Davis	Sandra S. Randall
Janet E. Dickinson	Francina M. Rogers
Sarah Lucinda Dollar	Carol B. Romine
Tom Duckett	Moss Salley, Jr.
Flora Nell Evans	William O. Sheaffer
William R. Farr	Virginia C. Shigley
Bruce Faulkner	William T. Sisk
Bonita R. Fulk	Roger Y. Spittle
June C. Hall	William J. Swan
Charlotte M. Hawkins	Mike D. Tolley
W. H. Kauffman	Steve Uzzell
Thomas M. Keating	W. B. Van Valkenburgh
Robert C. Kemp	Wilbur S. Ward
A. G. Kiser	Gregory B. West
Frank Kiser	

WOMAN'S AUXILIARY**North Carolina Pharmaceutical
Association****1978 Convention Chairpersons**

Virginia C. Shigley, General Chairperson
 Betty Brown, Decorations
 Nell Donnelly, Pages
 Lorene Dover, Publicity

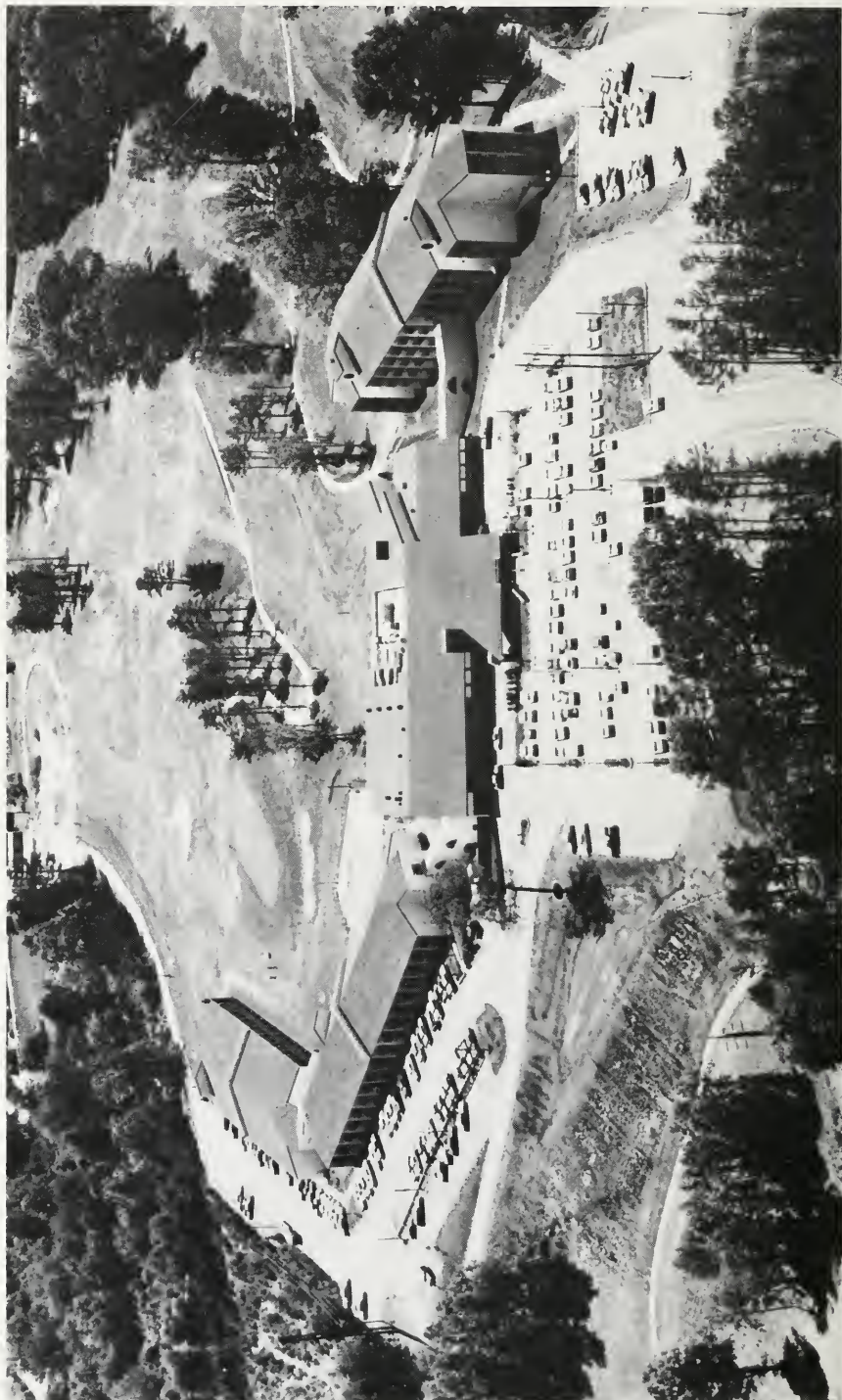
CONVENTION SPONSORS

In appreciation for substantial support of the 98th Annual Convention of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries, grateful recognition is expressed to the following:

- *ABBOTT LABORATORIES*
- *AYERST LABORATORIES*
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- *E. R. SQUIBB & SONS*
- *THE UPJOHN COMPANY*
- *WYETH LABORATORIES*
- *YOUNGS DRUG PRODUCTS COMPANY*

SPECIAL EVENTS

- *SOUTHERN HIGHLAND HANDICRAFT GUILD DEMONSTRATIONS*
Sponsored by Woman's Auxiliary, NCPHA
- *RECEPTION HONORING MR. & MRS. MEBANE & AWARD RECIPIENTS*
Sponsored by N. C. Pharmaceutical Association
- *ROBERT HENRY—SUNDAY NIGHT GUEST SPEAKER*
Sponsored by W. J. Smith Fund
- *GOLF TOURNAMENT*
Sponsored by Owens-Illinois
- *TENNIS TOURNAMENT*
Sponsored by N. C. Pharmaceutical Association
- *LITTLE BROWN JUG PARTY*
Sponsored by Wholesale Druggists of North Carolina
- *DANCE—PAUL NICHOLS ORCHESTRA*
Sponsored by the Traveling Men's Auxiliary, NCPHA
- *PREMIUM-SIZE APPLES FROM BARBOUR ORCHARD, WAYNESVILLE*
Compliments of the N. C. Pharmaceutical Association



1978 CONVENTION HEADQUARTERS—THE GREAT SMOKIES HILTON, ASHEVILLE, NORTH CAROLINA WITH ADJACENT GOLF COURSE AND TENNIS COURTS.

When she needs
a clear nose
and a clear head

we recommend

SUDAFED

pseudoephedrine HCl

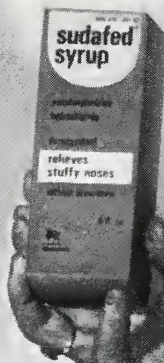
Decongestion
without drowsiness

- no antihistamines to diminish alertness
- no aspirin, no acetaminophen
- reaches areas drops and sprays can't penetrate

Sudafed: For nasal congestion
associated with the common cold,
sinusitis, hay fever and allergies.

Tablets: 30 mg, sugar-coated;
boxes of 24, bottles of
100 and 1000.

Syrup: 30 mg per
teaspoonful
(5 cc); bottles
of 4 fl oz
and 1 pt.





Geigy stands behind every drug it makes

**Stock with assurance.
Dispense with insurance.**

Geigy Pharmaceuticals shall indemnify and hold harmless any pharmacist, or his employer, against any product liability suit arising as a result of the pharmacist dispensing a Geigy product.

This indemnification shall include the payment by Geigy Pharmaceuticals of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by Geigy Pharmaceuticals, where appropriate, of the defense of the action through its own attorneys.

This agreement by Geigy Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

Geigy Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

New Simeco®



Free Simeco®

Get two free with ten and a promotional allowance, plus 90 day dating during the Simeco introductory deal period. Your Profit: 50¢

Simeco® (sīm' mīck-ō) is a new high-potency antacid from Wyeth that has it all—potent antacid action (acid-neutralizing capacity of 2 mEq/5 ml)...simethicone to relieve the symptoms of gas... pleasant mint flavor. Plus it's non-constipating and costs less than the leading high-potency antacid, a boon to long-term antacid users.

Simeco has something for you, too, a good price for the first ten 2-oz. bottles—\$1.82 each. And an

even better price on the next two—they're free when you buy ten. Look at it this way: the two free bottles bring the unit cost down to \$1.52 each for the 12. Retail pharmacies also get a 50¢ promotional allowance with each dozen bottles purchased during the introductory period, ending May 31, 1978. Ninety day dating.

Our campaign for Simeco is breaking now. Journal ads and direct mail to physicians, heavy detailing,

POP merchandising—shelf talker window banners, bottle stickers—lots of sales builders!

Act now, during the Simeco introductory deal period. Just your order in, or call your Wyeth representative.

Simeco. New, high-potency antacid with simethicone.

Wyeth Laboratories
Philadelphia, PA 19101

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SALEM TRANSFERS TO DALLAS

Jay Salem is moving from Raleigh to Dallas, Texas where he will continue his responsibilities as Coordinator of Professional Pharmacy Services for Electronic Data Systems Federal Corporation.

Prior to July 1, 1977, E.D.S. was the administrative agency for the North Carolina Medicaid prescription program.

CLINIC OPENS IN COLUMBIA

A medical care clinic—Albemarle Family Practice—has been opened in Columbia by Dr. C. Clement Lucas, Jr. of Edenton.

David Huth, a physician assistant, and L. W. Farless, a pharmacist, are associated with Dr. Lucas in the clinic (St. Luke's) operation.

VALLEY DRUG MOVES TO SHOPPING CENTER

Valley Drug, owned and managed by Pharmacist Wilbur S. Ward, moved from its former Candler town location to Valley View Shopping Center on November 12, 1977.

The future of Valley Drug Store appears to be particularly good with a high level of traffic in the shopping center, additional display space for merchandise, all back up by Mr. Ward who is well known in the Enka/Candler area west of Asheville.

MARKS 50th YEAR

Matthew C. Savage, pharmacist at Savage Drug Store in Roanoke Rapids, was recently presented a gold plated clock commemorating "50 years of outstanding service" by Bryan Whitford, MSR for Abbott Laboratories.

A native of Spring Hope, Mr. Savage was associated with Kyser Drug Company and Saunders Drug Store of Rocky Mount prior to purchasing Taylor's Drug Store (now Savage Drug Store) in 1941.

A son, W. M. Savage, is director of medical services at Halifax Memorial Hospital.

N. C. MUTUAL WHOLESALE DRUG ENDORSES UNIDRUG COMPUTERIZED PHARMACY SYSTEM

Healthcom, Inc. is pleased to announce that the North Carolina Mutual Wholesale Drug Company has endorsed the Unidrug computerized pharmacy system. Healthcom will begin marketing immediately in the state of North Carolina. Healthcom, a subsidiary of A. C. Nielsen Company, is presently operational in eleven major metropolitan areas both here in the U. S. and in Canada. Currently over 200 pharmacies are using the Unidrug System for preparing labels and receipts, pricing the prescription, handling third party billing and monitoring for drug interactions.

NEW MAC PROPOSALS

As announced in the Federal Register, dated February 14, 1978, the Pharmaceutical Reimbursement Board (made up of department employees) has submitted to the Pharmaceutical Reimbursement Advisory Committee the following MAC limits for Doxepin, Meprobamate and Phenylbutazone:

Doxepin HCl, 10mg capsules	\$.0940
Doxepin HCl, 25mg capsules	.1150
Doxepin HCl, 50mg capsules	.1765
Meprobamate, 400mg tablets	.0125
Meprobamate, 200mg tablets	.0108
Phenylbutazone, 100mg tablets	.0750

The Committee will review and advise the Board on the appropriateness of the proposed MAC limits.

CANDIDATE FOR HOUSE SEAT

John M. (Mike) Robinson, Hickory pharmacist, seeks the Republican Party's nomination for one of two seats allotted Catawba County in the House of Representatives of the North Carolina General Assembly.

Robinson, a 1976 graduate of the UNC/CH School of Pharmacy, is associated with the Glenn R. Frye Hospital Pharmacy, Hickory.

The **LARGEST** *by a landslide!*

1978

Geer's Trade and Gift Show

SINCE 1956 CAROLINA'S

FIRST *and* **FINEST**

- GO . . . WHERE THE ACTION IS!
- BUY . . . FROM THE FINEST SELECTION!
- PLAN . . . NOW TO ATTEND THE BEST!

1978		<i>August</i>					1978
SUN	MON	TUE	WED	THU	FRI	SAT	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

GEER'S 1978 TRADE and GIFT SHOW

There is none finer!

WELCH DISCUSSES OTC PANEL ACTION AT CHAPEL HILL PHARMACY SEMINAR

The United States Food and Drug Administration has an ambitious program to look at the ingredients in over-the-counter preparations (non-prescription medicines) that could change the complexion of neighborhood drugstores' shelves.

Armond M. Welch, a registered pharmacist and head of over-the-counter panel administration for the Bureau of Drugs in FDA, described some of the procedures and possibilities of the product reviews for the 12th annual seminar on Socio-Economic Aspects of Pharmacy Practice February 15th in Chapel Hill.

The seminar, sponsored by the University of North Carolina School of Pharmacy and the North Carolina Pharmaceutical Association, was designed to prepare association members for possible changes in products.

Welch said the FDA's panels are looking at shelf medicines for safety, effectiveness and labeling accuracy. The review process, designed to be fair to both manufacturers and consumers, is rather involved, with multiple levels for proposals and comments.

Products can be submitted for review by anyone. There are areas of dispute over what's covered because of some overlaps between cosmetic and drug products' ingredient, Welch said.

The review panels have zeroed in on what is of concern in a number of products, Welch said. An example is the inactive ingredients in hemorrhoid and eye preparations. The panelists want to know what, if any, effect those ingredients may have.

The FDA has already had recommendations from its panels that the quantity of active ingredients in the patent medicines he listed on the labels and the pharmaceutical industry has agreed, Welch said.

A panel decision that antacids, one of the big sellers on drugstore shelves, could be labeled for heartburn, sour stomach or acid indigestion has nothing to do with Federal Trade Commission proposals to sharply limit the descriptions of the medicines in advertising, Welch said.

Several preparations have been changed to comply with panel recommendations and ear-

lier FDA suggestions, Welch said. When a review panel recommended that antacids change the relative acidity in the consumer's stomach, some stomach coating preparations were reformulated to meet that standard.

Some preparations can be promoted to health professionals for purposes beyond those which the manufacturer can suggest to the public, Welch said.

Combination drugs and topical analgesics (sunscreens lotions, among others) are being looked at for more information about possible effects on persons who would be sensitive to some of the ingredients, Welch said.

The FDA is also trying to determine where the intended use of patent medicines is not likely to cause adverse effects that might occur when the active ingredients are used in other ways.

For instance, one of the wide-spectrum preparations for skin sores may cause a rash in about 5 percent of users. That's less than the incidence of contact dermatitis from nickel, Welch said, but there isn't enough information to make a prediction about the effects on the general population.

Soap is an area where vague definitions of what is a drug and what is a cosmetic cause problems, Welch said. In theory, the definitions say a drug is something that affects bodily functions while a cosmetic is something that cleanses, beautifies and purifies.

Many of the final decisions by FDA will be based on judgment of individual products and their intended uses, Welch said.

An example of where judgment could apply comes with the use of coal tar in some athletes' foot preparations and in some ointments for psoriasis. Coal tar is a known cancer-causing agent. At the same time, it is effective in the treatment of some cases of psoriasis.

The ingredient could be banned for preparations designed to treat athletes' foot and permitted in ointments for psoriasis, weighing hazards against benefits.

The Tar Heel pharmacists heard David L. Schmidt, president of Management Development Association, speak on "The Art of Pharmacist Assertiveness" at the afternoon session. Mr. Schmidt's presentation was sponsored by The Upjohn Company.—*Reprinted from The Durham Herald.*



**SPONSORING
WHOLESALEERS**

Bellamy Drug Co.
Wilmington, N.C.

Justice Drug Co.
Greensboro, N.C.

Kendall Drug Co., Inc.
Shelby, N.C.

King Drug Co., Inc.
Florence, S.C.

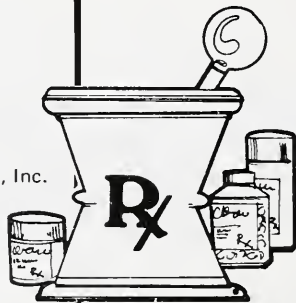
W. H. King Drug Co.
Raleigh, N.C.

Owens, Minor & Bodeker, Inc.
Wilson, N.C.

Scott Drug Co.
Charlotte, N.C.

Dr. T. C. Smith Co.
Asheville, N.C.

Smith Wholesale Drug Co.
Spartanburg, S.C.



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Friday-Monday—July 8th-9th-10th-1978

oro Coliseum Complex

EXHIBITION BUILDING

21 W. LEE ST., GREENSBORO, N.C.

Saturday, July 8th—2 p.m. to 10 p.m.

Sunday, July 9th—10 a.m. to 10 p.m.

Sunday, July 10th—10 a.m. to 5 p.m.

Food served on Saturday, July 8th . . . Lunch and Dinner, Sunday, July 9th

• Luncheon served on Monday, July 10th

Booths for Your Shopping Convenience!

REGISTER NOW TO ATTEND!

FREE PARKING in the Coliseum Parking Lot



Roy Tye Pearson
U. of Kentucky

Pat Kamaneck Byrne
U. of Michigan

Karen Jensen
St. Louis College
of Pharmacy

Gary McGraw
U. of South Carolina

Remember the summer of '77?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process... learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '77.

Upjohn

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GOES OUT AS THE BEST

G. Fred Johnson, Atlanta Regional Manager for Parke-Davis since 1958, retired December 31, 1977.

Born in Winston-Salem, N. C., Fred organized and directed his own dance band to help pay his way through the University of North Carolina Pharmacy School. Licensed in 1941, Fred joined Parke-Davis in 1948 as a sales representative in the Wadesboro area. After several transfers and promotions to Washington, D. C., Detroit, Michigan and Atlanta, Georgia, he was named Atlanta Regional Manager in 1958.

Fred and his wife, Jenny, have been married 37 years and have four children; Jennifer, Barry, Sandra and Richard. Fred is a pilot and enjoys flying, golf and boating, but beating Jenny in golf is quite a challenge.

Fred will be a consultant for Parke-Davis until February, 1979 when his retirement becomes official. The Atlanta region won the #1 position on the Executive Council contest, which made him the Regional Manager of the Year. Appropriately, Fred Johnson goes out as the best.

Of the 66 Parke-Davis districts in the nation, Joe Gillespie's Raleigh District came in as #1 in 1977 which resulted in Mr. Gillespie being designated with the P-D United States title: Lead the Leaders.

RXs TAKE ON A NEW LOOK

Many prescription pads in North Carolina have taken on a new look since January 1.

On that date, it became illegal in the state for a physician to use a blank prescription for a patient. All forms must now carry, in addition to the physician's signature, the physician's name, address and telephone number, as well as his Drug Enforcement Agency control number if he has one, printed on the form.

"House Bill 1047 is designated first to assist in preventing forgeries," according to Al Mebane of Chapel Hill, Associate Director of the North Carolina Pharmaceutical Association, "And second," he said, "the law was designed so a pharmacist could track down a doctor if there were some question about the prescription and the pharmacist could not identify the signature."

Most hospitals have customarily provided blank prescription forms for physicians use. "We have taken up all of the blank pads in the house" and have asked the physicians to carry their forms with them, a spokesman at St. Joseph's Hospital said.

At Memorial Mission Hospital, a spokesman said the physicians "are now leaving their imprinted pads on the floors where they work."

Neither hospital reported any difficulty or inconvenience because of the new law.—
Reprinted from The Asheville Times, Jan. 25.

NCPHA COMMITTEES MEET

March 5—Community Pharmacy

March 5—Public/Professional Relations

March 19—Nominations

The Committee on Employer/Employee Relations is reviewing a salary/fringe benefit survey which will be conducted in next 90 days.

I. C. System, Inc.

The nation's most highly
specialized collection service

Your Association's Collection Service is an affiliate of a national organization currently serving members of more than 700 leading trade associations throughout the nation.

Don't lose sales volume because customers owe you money and are trading somewhere else. Your Association's Collection Service will chase those debtors back into your place of business to pay YOU direct. You will get accounts OFF your ledger and IN your bank account—and you will also have many former customers back doing business with you again. For information, contact your Association office. It will pay you to do so.

On request, a representative
of the I. C. System will explain
the collection program in detail.

Call or write the NCPHA, Box 151,
Chapel Hill, North Carolina 27514

TRUMAN PROCLAIMS WOMAN SUFFRAGE

...ns Certificate of Ratification at His Home Without Women Witnesses.

...ITANTS VEXED AT PRIVACY.

...anted Movies of Ceremony, But Both Factions Are

...ASHINGTON, Aug. 26, 1920—



TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

SAN FRANCISCO, June 26, 1945—The United Nations Conference ended at 5:28 this afternoon with

Social Security Bill Is Signed Gives Pensions to Aged, J

Roosevelt Approves Message Intended to Benefit Persons When States Adopt Cooperating Laws the Measure 'Cornerstone' of His Economic Pr

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today 94 to 0 and sent to

WASHINGTON, A The Social Security, a broad program of insurance and old-age and counted upon to 20,000,000 persons, by day when it was signed Roosevelt in those chiefly responsible for it through

Mr. Roosevelt called "the cornerstone which is being men's complete right to

SIGN the Draft Ends N

"If we fail to use it," he declared to the solemn final meeting of the delegates, "we shall betray all of those who have died in order that we might meet here in freedom and safety to create it."

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the right United States delegates to the auditorium of the Veterans' Memorial Building to witness their signing of the new world security

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that he foresees no need for further inductions, I wish to inform you that the



PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.



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TMA ESTABLISHES LOAN FUND IN MEMORY OF FLOYD GOODRICH



J. Floyd Goodrich, who served as secretary-treasurer and convention registrar of the Traveling Men's Auxiliary of the N. C. Pharmaceutical Association for a period cov-

ering forty years, was honored by the TMA Foundation through the establishment of a memorial loan fund for use of Pharmacy students.

The loan funds, which will be administered through the Consolidated Pharmacy Loan Fund of the N. C. Pharmaceutical Association, will provide financial assistance to students enrolled in the UNC School of Pharmacy. In addition to the TMA Foundation's initial contribution which established the fund, interested friends of the late Mr. Goodrich may also make memorial contributions, sending them to William P. Brewer, Secretary-Treasurer of the TMA Foundation, P. O. Box 22025, Greensboro, N. C. 27420.

Mr. Goodrich became interested in the Traveling Men's Auxiliary when he was manager of the sales department of the Durham-based B. C. Remedy Company. He retired from that post in 1958 after serving for 41 years in that capacity. Mr. Goodrich died July 7 at the age of 85. His widow, Elsie, who is known to many convention goers, still resides in Durham. She is a Life Member of the Woman's Auxiliary of the NCPHA.

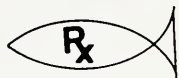


Principals in the establishment of the J. Floyd Goodrich Memorial Loan Fund include (left to right) L. M. McCombs, Secretary-Treasurer of the Traveling Men's Auxiliary of the N. C. Pharmaceutical Association; Zack Lyon, Director of the TMA Foundation, which established the memorial; Mrs. Elsie Goodrich; W. J. Smith, Administrator of the Consolidated Pharmacy Loan Fund which will administer the loan program.

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STATE OF NORTH CAROLINA

Department of Justice
Raleigh, North Carolina

February 7, 1978

Mr. Kenneth Wooten, Jr.

P. O. Box 2246

Raleigh, North Carolina 27602

RE: Chapter 482—1977 Session Laws
(G. S. 90-114 and G. S. 90-125.1)

Dear Mr. Wooten:

We have received your letter requesting an opinion as to the responsibility and liability of pharmacists licensed by the North Carolina Board of Pharmacy by reason of the passage of the above-captioned act which became effective July 1, 1977. The questions you posed are as follows:

- (1) Whether the pharmacist has the responsibility of ascertaining when a prescription is presented to him issued by an optometrist, that the optometrist has been certified by the Board of Examiners of Optometry to be a person authorized to issue such prescription?
- (2) Whether the pharmacist, upon being presented with a prescription for other than topical pharmaceutical agents issued by an optometrist has the responsibility or obligation to determine or inquire into whether or not before issuing this prescription the optometrist has communicated or corroborated with a physician as required by this statute?
- (3) Whether the pharmacist, upon being presented with a prescription issued by an optometrist has any greater or lesser responsibility with reference to dispensing this prescription than he may have in dispensing a prescription issued by any other authorized prescriber?

With respect to your first and second questions, the provisions of Article 4 of Chapter 90 of the General Statutes are directed at the practice of pharmacy. Within this Article are set out the grounds upon which the Board of Pharmacy may refuse to grant a license, or may suspend, revoke, or refuse to renew a

license issued by it to any pharmacist or assistant pharmacist. It is our opinion from a reading of this article, together with Article 6 of Chapter 90 of the General Statutes, relating to the practice of optometry, that a pharmacist has only those responsibilities and obligations specifically set out in Article 4 or set out by regulation by the Board of Pharmacy. Nowhere, either in Article 4 or Article 6 of Chapter 90, is a pharmacist given the responsibility for determining whether or not an optometrist has been certified by the Board of Optometry Examiners. Likewise, the pharmacist is not given the responsibility for determining whether or not an optometrist has communicated or collaborated with a physician before issuing a prescription. (Similarly, a pharmacist is not required to determine whether a prescription has been issued by a physician who holds a valid license, provided the prescription itself meets the requirements of law). We have concluded, therefore, that the responsibilities of a pharmacist do not encompass the matters described in your first two questions and that nothing stated in Article 6 of Chapter 90 and specifically G. S. 90-114 and G. S. 90-125.1 would serve to make the matters covered by your first two questions the responsibility of the pharmacist.

Our opinion concerning your third question is based on the reasoning outlined above. That is, we find nothing in either Article 4 or Article 6 of Chapter 90 which would enlarge the responsibility a pharmacist has with reference to dispensing a prescription issued by an optometrist. Thus, the liability of the pharmacist would be in the nature of the liability he would have with respect to the dispensing of a prescription issued by any other authorized prescriber.

If you have further questions concerning either of these statutes, or if you find anything in this letter which requires a more detailed analysis, please do not hesitate to let me know.

Yours very truly,

RUFUS L. EDMISTEN
Attorney General

Ann Reed
Special Deputy Attorney General

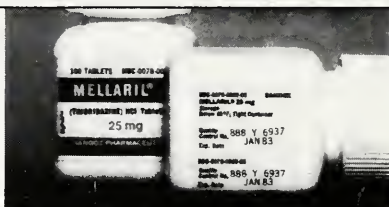
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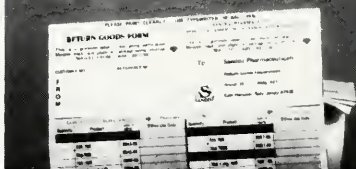
OUR SERVICE

- Give us simpler dating of products for easier inventory control.



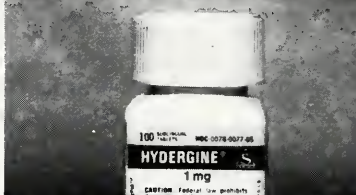
- Semi-annual dating (January or July) for our products with a shelf life of over two years.

- Make returns as easy and as economical as possible.



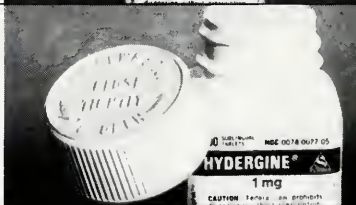
- Revised return-goods policy with computerized system to speed up service.

- Make label-reading easier.



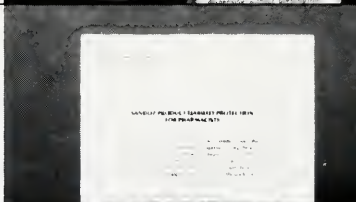
- Greater label clarity with "up-front" identification of strength and product form.

- Help keep children from getting into medications.



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- Provide realistic liability coverage.



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TAR HEEL DIGEST

DURHAM

Ralph P. Rogers, Jr., executive vice president of N. C. Mutual Wholesale Drug Company, has been elected a director of Security Savings and Loan Association, a Durham financial operation with assets of more than \$100 million.

BOONE

Wilcox Drug Company reports the going rate for a pound of wild dried ginseng root is \$75.00. It has been as high as \$95.00. An effort is underway to place wild ginseng on the endangered series.

LITTLETON

Pharmacist Jimmy King is the newly elected president of the Littleton Merchants Association.

SILER CITY

Henry Dunlap, President of Carolina Pharmacy and Chatham Rexall Drug Store, is a candidate to succeed himself for one of Chatham County's commission seats.

FAYETTEVILLE

Gary Newton, Prescription Center, was guest speaker at the March 14th meeting of the Student Branch of the NCPHA/APhA, Beard Hall, UNC/CH.

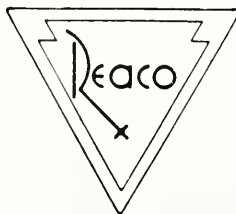
Pharmacist Newton is a past president of the American College of Apothecaries.

BURLINGTON

Cary Allred, President of Econo Med, has filed as a candidate for election to the North Carolina State Senate.

CROSSNORE

Linda Tennant Taylor is a candidate for the Crossnore School Board. She and her husband, Bob, operate Crossnore Drug Store.



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HOWARD NIVEN: REFLECTIONS ON AN INTERESTING CAREER

by Steve Snow

Traditions.

They can hold us back, and make changing things harder.

They also can help us by providing a base for our actions.

And they can provide continuity for our lives.

The tradition at Niven's Drugs, 131 E. Park Avenue (Charlotte) is the last kind. Every year Howard Niven, Sr. gives away about 2,000 Cardui calendars and Ladies Birthday almanacs.

It's a small thing, but it's one of those little niceties that make doing business a friendly, personal part of living. But if you knew Niven, you'd also know it's not an uncommon gesture. It's natural he'd do something like that, because that's how he conducts all his business—with that personal, friendly touch. "I love to meet the public, to talk to people, and help them if I can," Niven said the other day.

"I came up the hard way," he said. "I had three jobs when I was 13. I never finished high school. When you come up the way I did and work as hard as I have worked, you don't forget it."

He was interrupted by a phone call—a customer had a prescription to phone in, but wanted to give it to Niven, and only Niven. "I've had many of the same customers for 30 years or more," he said. "They live all around—Pineville, Monroe, Davidson, over near Gastonia. It makes me feel good when

they still come to me." He's worked in the store since 1930, starting as a soda jerk for then-owner E. F. Rimmer.

And now, at 67, Niven feels it's a time for reflection.

"During the Depression, we weren't supposed to work too many hours. Rimmer got around that by making me a vice-president," he said. "I saved that city directory for many years; I was so proud that I was a vice-president."

"I didn't get any more pay, though. I was a vice-president working about 75 hours a week for \$16."

In 1941, Rimmer wanted to sell the store. Niven was going to leave, but met a man in the store who asked him how much it would cost for him to buy the store.

"That man—I won't mention his name—was like a Santa Claus for me," Niven said. "We talked awhile, and he told me to go down to the old Commercial Bank." "The bank let me have \$5,000 on my name, and I got into the drug store business with \$5,000 in inventory and \$50 in cash. I put \$25 in one register and \$25 in the other, and I was in business."

Rimmer started the calendar/almanac tradition more than 50 years ago, and Niven continued it. "I could give away 4,000 of them," he said. "It costs me money, but the people look forward to it so much every year. There are even some people who come in here just to get a calendar, but I don't mind."

"Service in Wholesale Quantities"



But it's been Niven's personality—a personality that says what happens to people is more important than making a lot of money, and that providing a service warmly is more important than being efficient—that has made the store a success. And he knows it.

"I can't stand to see someone go without medicine if they need it," he said. "I guess that's cost me a fortune. I just want to see that people get taken care of when they need it."

He's pretty much turned the business over to his son Archie now. Reluctantly, he now works only in the mornings, and as a fill-in when someone's sick. He just can't bring himself to quit completely.

"My wife thinks I'm crazy. She wants to travel more. And my friends ask me why I don't get away from there and get out and enjoy life."

"But I can't explain it. I'm a young 67. Lots of other people have to retire; they work for somebody else. But I don't."

As Niven stands by the front door, customers pass by, nodding hellos in his direction. He looks out the front window and takes off his glasses. "I guess I am enjoying my life. This is my life," he said. "When you walk through the front door for 48 years, you get addicted. It's hard to stop."—*Reprinted from The Charlotte News.*

HIGHLIGHTS

NCPHA Executive Committee Meeting, Chapel Hill, February 15, 1978

Among the highlights of the February 15, 1978 Executive Committee meeting were:

Selection of Priscilla C. Brown and Fred M. Eckel as official delegates to the annual convention of the American Pharmaceutical Association in Montreal, May 13-18.

Financial report indicating acceptance of the increased dues structure. Members are aware of the increased costs of Association work and are apparently willing to finance this work.

Update on the 98th annual convention of the North Carolina Pharmaceutical Association by Executive Director W. J. Smith. Convention plans are now completed and pre-registration forms are to be mailed to members.

William H. Wilson was selected as chairman for the 1980 Centennial Convention of the NCPHA, to be held in Raleigh.

Report by Jack G. Watts, 1979 Fly-Cruise Convention Chairman. The Committee selected a four-day cruise to Nassau and Berry Islands for the dates of April 22 through 27.

Five pharmacists were selected to meet with the N. C. Medical Society Committee on Drug Abuse. They are David R. Work, Julian Upchurch, Ralph Ashworth, Patricia Giddings, and Roger Crane.

The Committee was briefed on the proceedings of the Medical Cost Containment Commission, attended by Association staff. Emphasis seems to be on curtailing escalating costs of hospitalization.

A repeat of the 1975 survey (salary and fringe benefits) was authorized by the committee. The updated survey, to cost \$600.00, will be conducted by Dr. Jean Paul Gagnon of the UNC School of Pharmacy.

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Script

A MESSAGE FROM THE DEAN . . .

When one looks at the changing face of all facets of pharmacy, one needs to be impressed with the dynamic nature of the profession. A common factor necessary in such an environment is communication and understanding, whether it concerns changes involving a few or a broad spectrum of pharmacy.

All of you will be hearing and reading sometime in late spring of the activities of a task force to evaluate and report on the impact of state health planning on pharmacy practice in North Carolina. This task force grew out of an interest and concern on the part of your School, the North Carolina Pharmaceutical Association and the State Board of Pharmacy. Funding for the project will be provided by the North Carolina Pharmaceutical Foundation. I believe that the task force study will be exciting and that the report will be revealing and offer for the first time to the broad spectrum of pharmacists in North Carolina an understanding of the role pharmacy and pharmacists will (must) play in a state health plan.

Your School is not only involved in projects such as described above, but engaged in a variety of pursuits at the local and national level. A number of other projects involving consumer and practitioner-oriented and basic research and graduate training activities are on-going. Not to be overlooked is the preparation for the impending new Doctor of Pharmacy degree program.

In future issues of the Script we will be presenting a capsule view of the major elements of specific projects in which your School is involved.

FROM THE STUDENT GOVERNMENT . . .

George Abercrombie

Spring is always a busy season for the Student Senate and other school organizations. The Senate is currently working on several short-range projects in addition to considering issues that will affect the Pharmacy School in the years ahead.

Plans were drawn up early in December for the traditional Pharmacy Weekend events to be held this year April 7, 8, 9. Bill Fonville, Student Body Vice President, is chairman of the Pharmacy Weekend committee and deserves much credit for organizing this year's activities. Wendy Gibson (5/5), Dewayne Caldwell (4/5), and Ray Burke (3/5) have also contributed a great deal to the preliminary Pharmacy Weekend plans. Friday afternoon, April 7, a picnic will be held at Storybrook Farm on Jones Ferry Road. Saturday, April 8, the school will sponsor a golf tournament at Finley Golf Course, and Saturday night the Castaways will play for the spring dance at the American Legion Hut. Then on Sunday, April 9, softball games will be held at Carmichael Field pitting faculty members against students. All students, faculty members, and their families are invited and encouraged to attend all the Pharmacy Weekend Activities.

The Senate is also assisting in organizing the annual Awards Night program to be held in April. At press time, Rho Chi and the Senate were investigating the possibility of combining the Rho Chi initiation dinner with Awards Night into a single school-wide awards night dinner. Students are urged to read the bulletin boards in the school for further announcements. In addition to the Awards Night program, the Senate and administration together are making plans for the annual senior dinner to be held in Beard Hall following graduation exercises in May. Every year the student body sponsors the graduation dinner for the seniors and their families. The dinner gives the senior's parents an opportunity to not only see Beard Hall but also to meet the members of the Pharmacy School faculty and administration.

The need for a Pharmacy School alumni association was discussed at the Senate's February meeting. Advantages and disadvantages of such an organization were debated. The Senate is contacting various alumni from the school in addition to the North Carolina Pharmaceutical Association for ideas relating to the establishment of an alumni association.

Congratulations are in order for Iris Hall, Associate Professor of Medicinal Chemistry, who was elected Senate Faculty Advisor at the January meeting.

IMAGE AND PHARMACY SUCCESS

Robert N. Zelnio, M.S.

Research Assistant, Division of Pharmacy Administration

In 1958, Martineau defined image as the personality projected by an institution, or the way in which the store is defined in the shoppers' minds, partly by its functional qualities and partly by an aura of psychological attributes. Since the introduction of this concept, most of the business world has assumed that a consumer's image of the stores in his or her area significantly influences the choice of which to patronize. In fact, some researchers have concluded that significant market penetration, or the development of a loyal clientele, is impossible without a well defined image. Furthermore, an establishment's image is said to both determine and result from management's retailing strategy. This involves management's objectives and the manipulation of variables concerned with the outlet's products and services, prices, promotional activities, and distribution policies so as to achieve these objectives. The retailer's problem appears to be one of incorporating image measures into the pharmacy's retailing program.

The solution of this problem requires that data be gathered which will answer two questions. First, what is the current image of the pharmacy as perceived by existing customers? Second, what are the strengths and weaknesses of a pharmacy's image relative to those of competing pharmacies? Answers to these questions were sought by recent research carried out in Chapel Hill and Carrboro.

METHODS AND RESULTS

In November 1977, one hundred questionnaires were distributed to consumers in each of the ten Chapel Hill-Carrboro pharmacies and simultaneously mailed to a randomly selected sample of one thousands consumers in the same area.

In order to gauge the importance of image to economic success, the ten sample pharmacies were split into three groups based on seven measures of performance, i.e., average number of prescriptions dispensed per day, prescription market share, total prescription sales per year, total outlet sales per year, percent of profits, gross margin, and sales per square foot. This information was obtained from the individual outlets by questionnaire and verified against financial statements when necessary. The top three pharmacies, based on their average ranks, were categorized as the "most successful," the second group of three comprise the "moderately successful" class, and the four lowest ranked make up the "less successful" category. This relationship was then investigated by comparing the mean image perceptions of patronized pharmacies across pharmacy success categories.

Thirteen of the fifteen image components differed indicating that there is a difference in image which may contribute to pharmacy success. The most logical assumption is that the most successful pharmacies should have the best images. But, this was the case with only three image components, "drug store is large," "drug store has lower prices than other stores," and "drug store has colorful, bright lighting." The moderately successful pharmacies were rated highest on "drug store provides few chairs for waiting," "drug store has colorful, attractive displays," "parking is inexpensive," "easy to find a parking space," "the drive time to the drug store is short," and "pharmacists are courteous." Finally, the least successful pharmacies were rated highest on "fast check-out," "drug store employs few nonpharmacist clerks," and "drug store is located close to home." "Fast check-out and lower prices" were of greatest importance to patrons of pharmacies in the most successful category, while "colorful, attractive displays" was of highest importance to patrons of moderately successful pharmacies (although it was unimportant to all consumers). "Drug store provides few chairs for waiting" and "pharmacists know about health services" were of greatest importance to consumers patronizing pharmacies classified as least successful. The remaining image components were of equal importance to the patrons of pharmacies in all three categories.

The findings show that pharmacies of varying degrees of economic success are differently perceived, i.e., have different images. The implication of this statement is that by seeking to improve your image along the lines desired by consumers, you should expect some degree of improved economic success. As these data show, however, pharmacies in the higher categories of success are not always rated higher on each image components. This would imply that favorable performance on some image components can contribute more to economic success than can favorable performance on others.

DRUG INFORMATION REPORTS

PNEUMOCOCCAL VACCINE

Edited by David Rudd

Director, Drug Information Center

Instructor, Clinical Pharmacy

Recently the Food and Drug Administration approved the relicensing of pneumococcal vaccine in the United States. Pneumococcal vaccine was marketed in 1945, but the advent of new antimicrobial agents resulted in infrequent use of the vaccine and subsequent discontinuation by the manufacturer. Though antibiotics have certainly decreased the mortality caused by pneumococcal (*Streptococcus pneumoniae*) pneumonia, it is still estimated that 13,000 to 66,000 deaths occur from the disease annually in the U. S.¹

Two independent studies have shown that even the patients treated with antibiotics, the case fatality rate for patients with bacteremic pneumococcal pneumonia was on the order of 25%. Case fatality rates were even higher in patients who had extrapulmonary pneumococcal infections. As expected, deaths were more frequent in elderly patients and inpatients with complicating chronic diseases. These findings suggest that the only method available to decrease the mortality rate for pneumococcus is immunoprophylaxis.^{1,2}

The marketed vaccine is polyvalent, being composed of polysaccharides obtained from the capsules of several types of pneumococcus bacteria. Eighty-three types of pneumococcus have been identified, but the majority of infections are caused by only a few. Selection of the polysaccharide types to be included in the vaccine are based on previous studies and a prospective multi-center investigation. From 1968 to 1973 investigators in nine geographically distinct hospitals in the U. S. identified the polysaccharide types which cause 3,225 bacteremic pneumococcal infections. It was found that 78% of the infections were caused by 12 of the 86 polysaccharide types.¹ The 14 types of polysaccharides included in the present vaccine represent the group known to cause about 80% of the pneumococcal infections in the U. S.³ Each dose of vaccine provides 50 micrograms of each polysaccharide antigen. The antibody response elicited by each distinct antigen is equivalent whether administered alone or in a polyvalent vaccine. The vaccine does not afford protection against the remaining 69 types of pneumococcal bacteria.

Clinical studies of the vaccine in several popula-

tions have been encouraging. The largest controlled study involved over 4,000 patients and was carried out in young novice gold miners in South Africa where the incidence of bacteremic pneumococcal pneumonia is high—200 cases per 1000 population per year.¹ Two separate studies were done using a 6 valent vaccine in one and a 12 valent vaccine in the other. In each study, novice miners were vaccinated on their first day of work with pneumococcal vaccine, meningococcal vaccine, or placebo solution in a random fashion. Both the miners and investigators were blinded to the type of vaccine received. The studies showed that little protection was present until 14 days after vaccination with the 6 or 12 valent pneumococcal vaccine. During the following year, the 6 valent vaccine was shown to result in a 76% reduction in laboratory-verified cases of pneumococcal pneumonia. The 12 valent vaccine resulted in a 92% reduction.⁴ Previous studies in South Africa have supported these results.⁵ Other studies in the U. S. using polyvalent vaccines are being conducted at Dorothea Dix Hospital in Raleigh, North Carolina, and at the Kaiser Permanente Medical Center in San Francisco, California.

The need for booster injections of the vaccine has not been determined. Adequate antibody levels should persist in most patients for at least two years. Trials to date have shown that children under two years of age respond poorly to the vaccine. No data is available on the use of the vaccine in pregnancy.

The dose of the vaccine is 0.5 ml, and should be administered subcutaneously or intramuscularly. Side effects including local soreness or induration are not uncommon, and low grade fever occurs occasionally.

The information necessary to make firm recommendations for the appropriate use of the vaccine is not yet complete. The Center for Disease Control has asked that those responsible for the health of communities and individuals evaluate each possible use of pneumococcal vaccine according to the following general concepts:³

*Use in Communities**

1. Mass immunization of healthy people is not currently recommended.
2. Special populations, particularly closed groups such as those in residential schools, nursing homes, and some institutions, can be at enhanced risk of systemic pneumococcal disease, either in endemic or in epidemic form. When such is the case, immunization

of the entire closed population might be an effective control measure.

- Geographically localized outbreaks in the general population can sometimes be due to the spread of a single pneumococcal type. When this is observed, selective immunization of groups in the community epidemiologically believed to be at particular risk may be useful.
- In view of the risks of influenza to some segments of the population, consideration should be given to vaccinating patients at high risk of influenza complications (particularly pneumonia) with pneumococcal vaccine (see below).



*Use in Selected Individuals**

- One the basis of preliminary evidence, persons over 2 years of age who have splenic dysfunction (due to sickle cell disease or other causes) or who have anatomical asplenia should benefit from being immunized.
- Persons over 2 years of age with certain chronic illnesses where there is an increased risk of pneumococcal disease, such as diabetes mellitus and functional impairment of cardiorespiratory, hepatic, and renal systems, might benefit from immunization. Because of the risk and case-fatality rate from pneumococcal disease increase with increasing age, the benefits of vaccination should increase with increasing age.

*Center for Disease Control Guidelines

References

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- Morbidity and Mortality Weekly Report 27:25-31, 1978.
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March 20th Date Set

EMPLOYMENT INTERVIEWS TO BE HELD AT SCHOOL

Monday, March 20th has been set aside for May graduates to interview with prospective employers here at the School.

In the past, employers were invited to select their own days to interview students, but it is now necessary to limit this to a single day to the fact that so many graduating students are on externship rotations during the Spring semester. The March 20th date will allow these externs to return to Chapel Hill, spend the day here, and return to their rotation sites.

Invitations have been extended to personnel directors who have participated in the past. This does not exclude, however, any prospective employer representing independents, chains, hospitals, manufacturers or others who may have an interest in hiring May graduates. Anyone interested in interviewing students on March 20th, should contact Leonard Berlow at the School, (919) 966-1121.

It should be noted that interviews are not necessarily limited to May graduates since many underclassmen are desperately in need of summer externship positions and may also be interviewed at that time.

ABBOTT ANNOUNCES NEW ROCKY MOUNT PRODUCTION FACILITY

Abbott Laboratories has announced that the Food and Drug Administration has approved its new production facility in Rocky Mount, N. C. for the production of intravenous solutions in the firm's *LifeCare* plastic container. The new \$28-million, 210,000 square foot facility, is Abbott's second site for the production of this vital product line. The other facility is located in North Chicago, Ill.

"Our investment in this plant represents Abbott's continued commitment to serve the rapidly expanding hospital market," Robert A. Schoellhorn, president of Abbott, said.

Abbott Laboratories is a worldwide manufacturer of health care products employing some 26,000 people. Reported 1977 net sales were \$1.245 billion. Sales of hospital and laboratory products reached \$527 million in 1977, accounting for 42 percent of total worldwide sales.

DISASTERS—MAJOR AND MINOR

Caldwell Memorial Hospital pharmacy of Lenoir was robbed Wednesday night, February 8, by a lone bandit who tied a pharmacy employee to a chair with tape and left with three to four hundred dollars worth of controlled drugs. When the bandit first appeared at the pharmacy window, he asked for change for a \$5.00 bill. As the employee opened the narcotics safe, the robber produced a .38 caliber pistol and ordered the employee into the narcotics room. No one was injured and the bandit escaped unnoticed.

King Drug Store was robbed by two gunmen Friday night, January 27, who demanded money and drugs. The money was turned over to them but the drugs provided by the pharmacists were vitamins.

Police apprehended three men inside Eckerd Drug Store on Westchester drive in High Point February 16 and charged them with breaking and entering and larceny. The three entered the store about midnight through the duct system of the air conditioner and were caught with a large quantity of controlled substances, syringes and needles, valued at \$850.

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MRS. VIVIA CREECH

SMITHFIELD'S CITIZEN OF THE YEAR

Mrs. Vivia Creech of Smithfield was recog-
nized as 1977 Citizen of the Year by the
Greater Smithfield-Selma Chamber of

Commerce. Her outstanding work as
Chairman of the Bicentennial Celebration
Committee was just one of her many com-
munity contributions. The award was pre-
sented to Mrs. Creech by her husband,
James L. Creech, who was named 1976 Cit-
izen of the Year.

Pictured below are, left to right, E. L. Wilson,
Selma and Paul Keller, Smithfield, who
were recognized as distinguished citizens.
Mr. Wilson is an educator and Mr. Keller
was recognized for his work in the Johnston
County League for Community Action.

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LEFT TO RIGHT: E. L. WILSON, PAUL KELLER AND MRS. VIVIA CREECH



IN COMMEMORATION OF FILLING RX #1,000,000, MSD PROFESSIONAL REPRESENTATIVE JOE G. BLAKE (LEFT) PRESENTS A SPECIAL PLAQUE TO MICKY WATTS, PHARMACIST-OWNER OF MEDICAL CENTER PHARMACY, CONCORD.



AN ORIGINAL NEEDLEPOINT STAMP BY MRS. MESCAL FERGUSON OF RANDLEMAN, NORTH CAROLINA. THE ORIGINAL, IN COLOR, IS IMPRESSIVE . . . IS A PRIZED POSSESSION BY THE HOWARD FERGUSON FAMILY.

FEDERAL DEBT COLLECTION LAW MAKE EXPENSIVE DEMANDS

The most important challenge facing the collection industry in 1978 is adaptation to the new FAIR DEBT COLLECTION PRACTICES ACT which takes effect on March 20, 1978. Although its primary stated purpose is to curb harassment and abuse of the consumer, this is not its most significant aspect. Legitimate collection people don't rely on unethical tactics anyway. More important to the industry are the expensive and detailed systems and procedures a collection agency must employ in order to comply.

Perhaps the most significant new procedural requirements provide for enforced two-way communications between debtor and collection agency. Collection agencies must now stop collection activity upon written demand and respond to specified debtor questions and complaints. It is no longer permitted to ignore communications from the debtor and simply hammer away at demanding payment.

Fortunately these requirements pose no new problems for the association approved collection service provided by I. C. System. Their highly sophisticated computer system enables them to come into full compliance by making minor adjustments rather than sweeping changes. As a result, their complete service remains available to members, and—at no increase in cost. For example, members can benefit from I. C. System's free pre-collection system just as they have in the past, with no changes required. Similarly, members can continue sending in accounts of any age or size. No account is too small or too old to handle under the new laws. Finally, there is no need to fear legal repercussions.

The new federal law applies only to collection agencies and to creditors who send out forms or correspondence or otherwise lead debtors to believe that a third party is involved in the collection process when, in fact, the creditor is doing the job himself. I. C. System provides no materials that would bring a client under the law and their hold harmless indemnity agreement protects both the association and its members from liability for any acts committed by the company in its collection activity.

The company, now in its 40th year in the

collection business, is living proof that collection work can be carried on effectively, both by telephone and through the mail, within Federal Trade Commission guidelines and the laws of the various states. During 1977 I. C. System collected a record \$22.6 million for members of nearly 1,000 business and professional associations. Working within the new law should pose few difficulties.

There are some aspects of the new law which may open the door to abuse by the debtor who learns to "use the law" for his own purposes. By and large, however, I. C. System applauds this legislation as a step in the direction of upgrading the collection industry as a whole. It calls a halt to the kinds of practices that are neither necessary for effective debt collection, nor desirable as elements woven into the fabric of American business.

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HARNETT COUNTY

The Harnett County Pharmaceutical Association met at Heath's Steak House in Dunn January 30. Herman Medlin, Vice-President, gave a report of the meeting he attended at the Institute of Pharmacy in Chapel Hill for officers of local or regional pharmaceutical associations.

ALAMANCE COUNTY

The February 18th Valentine Party, sponsored by the Alamance Pharmaceutical Society at the Alamance Country Club, was dedicated in honor of Vivian and W. J. Smith of Chapel Hill.

Steve Detter continues as president of the organization; Jack Watts, secretary-treasurer.

Ninety members and guests attended the dinner dance.

DURHAM-ORANGE

The Durham-Orange Pharmaceutical Association met February 9, 1978 at 7:30 p.m. at the Institute of Pharmacy in Chapel Hill, President Jerry Palmer, presiding.

Mr. Palmer reminded the membership of the social hour, tour and dinner to be held at Burroughs-Wellcome in the Research Triangle Park on March 9, 1978. All members and their spouses are invited to this function sponsored by Burroughs-Wellcome.

Mr. Ben Staples, of the Durham County Mental Health Clinic, was the featured speaker, and told of the problems he faced working with drug addicts. He urged all pharmacists to verify the authenticity of prescriptions for controlled substances, particularly Dilaudid, Preludin and other "hard" narcotics.

CHARLOTTE AUXILIARY

Reported by Mrs. W. B. Hawfield

The Charlotte Woman's Pharmaceutical Auxiliary celebrated Valentine's Day with a luncheon meeting at the YMCA on February 14th. Mrs. A. E. Galloway, president, presided.

The speaker for the luncheon was Mrs. Stanley Kaplan, a member of the Charlotte-Mecklenburg Community Relations Commit-

tee. Her presentation consisted of human relations problems of the area and progress being made in better housing, education, crime prevention, aid to victims of crime, fair employment practices and development of the talent bank. She challenged the Auxiliary members to participate in human relations improvement.

MARRIAGES

Miss Elizabeth Anne Livengood and Dennis Roy Ayers were married Friday, December 9, 1977 at Home Moravian Church in Winston-Salem. The Rev. D. Wayne Burkette officiated.

The bride graduated from the University of North Carolina School of Pharmacy at Chapel Hill and is a member of Kappa Epsilon. She is employed as a pharmacist with Forsyth Memorial Hospital. The groom received a B.A. degree in English and History from the University of North Carolina at Chapel Hill and a J. D. degree in law from Wake Forest University. He is employed with the firm of A. Carl Penney. The couple will make their home in Winston-Salem.

DEATHS

L. M. LAMM

Lewis Marion Lamm, age 76, Mount Airy pharmacist, died January 26 in Northern Surry Hospital.

After graduation from the UNC School of Pharmacy, Mr. Lamm was employed in Chapel Hill and Monroe before becoming a partner in the Turnmyre and Lamm Drug Company of Mount Airy. In 1932, Mr. Lamm became sole owner of the pharmacy and renamed it Lamm Drug Company. Following retirement, in recent years he followed his favorite hobby—golf—in Florida.

JACK AMMONS

Jack Austen Ammons, 50, Robbinsville pharmacist, died February 13 in an Asheville hospital after a short illness.

A graduate of Atlanta's Southern College of Pharmacy, he was owner and manager of Ammons Drug in Robbinsville. Prior to establishing the pharmacy in Robbinsville, he operated Medical Arts Pharmacy in Waynesville.

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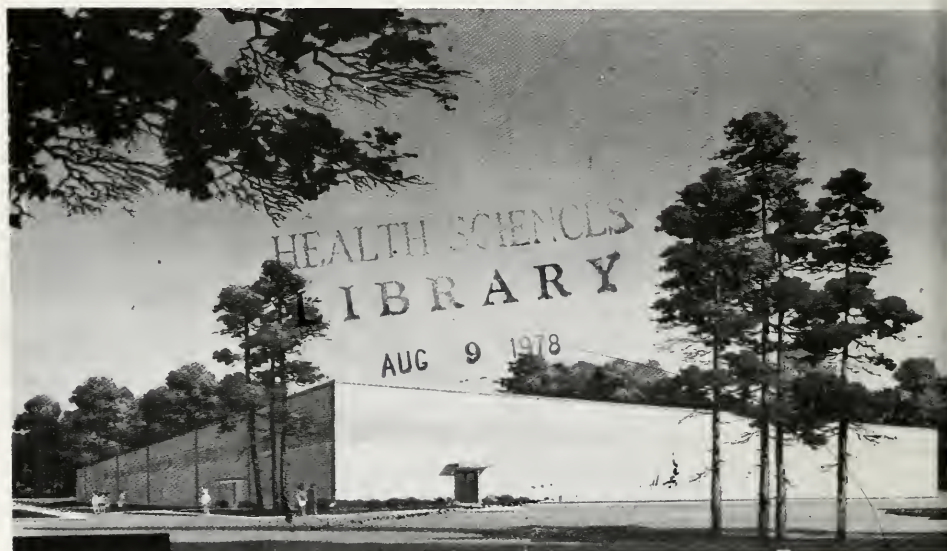
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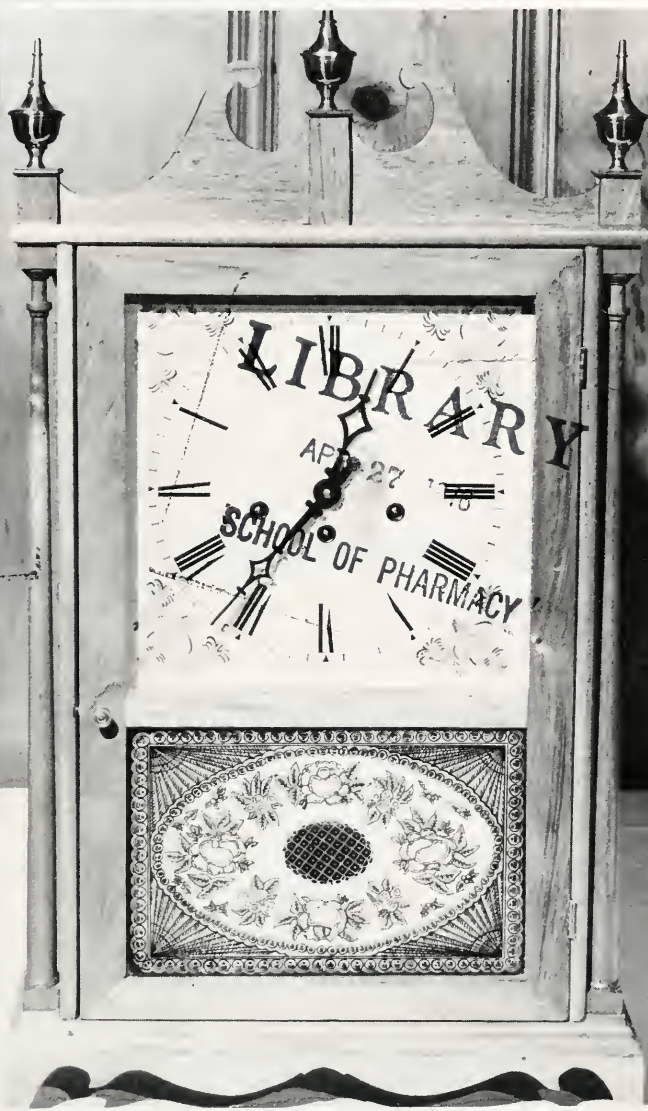
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SCIENCE
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9 1978

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April 1978



Following retirement from Parke-Davis, pharmacist Gilbert C. Hartis, Sr. of Winston-Salem started building clocks—wall, table, grandfather. Pictured above is a sample of Gilbert's handicraft; another, a grandfather clock, can be seen in the North Carolina Institute of Pharmacy, Chapel Hill.

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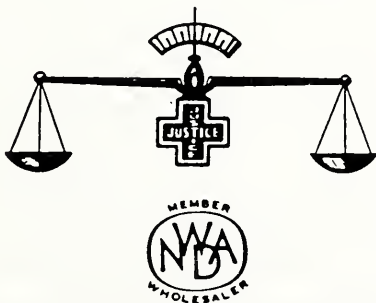
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THE CAROLINA JOURNAL of PHARMACY

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HEALTH PLANNING TASK FORCE

The first meeting of the *Task Force on Planning Impacts on Pharmacy Practice* in North Carolina was held at the Institute of Pharmacy, Chapel Hill, on Tuesday, February 28.

After welcoming remarks from Dean Tom Miya, delivered by Jim Utt, staff assistant to the Task Force, Chairman Larry Burwell presented an overview of the federal government's efforts in health planning followed by an update of activity in North Carolina. Priorities of health planning were described with emphasis on the state of development of the State Health Plan, which is expected to be a major policy document for use in determining state-sponsored health programs.

Dr. David R. Work described pharmacy manpower and the workings of the Board. He said there is the proper supply of pharmacists for the needs of the state at present.

Al Mebane discussed the nature of pharmacy practice in the state, recognizing the different areas in which pharmacists serve, such as retail, hospital, nursing homes, etc.

W. J. Smith presented information on pharmacist involvement in health planning

boards and agencies in North Carolina and discussed the importance of further involvement in this field.

Fred M. Eckel presented ideas on the pharmacist's role in the delivery of health care. This role is the one professional responsibility for overall effective drug therapy in health care. The pharmacist must be reimbursed for professional services delivered, not merely for a product, stated Mr. Eckel.

Members of the Task Force are:

Larry Burwell, Chairman
Director, N. C. State Health Planning and
Development Agency
Department of Human Resources
Raleigh

Paul Alston, Project Director
Orange-Chatham Comprehensive Health
Services
Carrboro

Tom Burgiss, Pharmacist
Druggare of Alleghany, Inc.
Sparta
(Board Member, Western North Carolina
HSA)

Sybil Champion
Clayton



HEALTH TASK FORCE—First row, left to right: Peed, Champion, West, Burwell, Henderson-James. Second row: Burgiss, Mebane, Work, Utt and Skolaut. Third row: Alston, Eckel, Lingle, Warren, Smith and Moore.

(Chairman, Capital HSA)
 (State Health Coordinating Council Member)
 Estelle Fulp, R.N., Chief Nurse
 Division of Health Services
 Department of Human Resources
 Raleigh

Douglas Henderson-James
 Director of Planning
 Capital HSA
 Durham

Buddy Lingle, Graduate Student
 Department of Pharmacy Administration
 UNC School of Pharmacy
 Chapel Hill

Sam Lowman, Pharmacist
 Pharmacy Operations Manager—Charlotte
 Region
 Jack Eckerd Drug Company
 Charlotte

Arthur McBay, Ph.D.
 Chief Toxicologist
 N. C. Medical Examiner's Office
 Chapel Hill

E. A. Pearson, D.D.S.
 Chief of Dental Health Section
 Division of Health Services
 Department of Human Resources
 Raleigh

Gretchen Peed
 Hickory
 (Board Member, Western North Carolina
 HSA)
 (State Health Coordinating Council Member)
 Margaret Pollard, M.P.H.
 Public Health Coordinator
 Wake Area Health Education Center
 Wake Medical Center
 Raleigh

Harry Phillips, M.D.
 Associate Dean
 UNC School of Public Health
 Chapel Hill
 (Board Member, Capital HSA)
 Milton Skolaut, Pharmacist
 Director of Pharmacy Services
 Duke University Medical Center
 Durham

Dave Warren, J. D., Professor
 Department of Health Administration
 Duke University
 Durham

June West, Pharmacist

Clark Infirmary
 N. C. State University
 Raleigh

Ex Officio Members:

Al Mebane, Pharmacist, Associate Director
 N. C. Pharmaceutical Association
 Chapel Hill

Tom Miya, Ph.D., Dean
 UNC School of Pharmacy
 Chapel Hill

W. J. Smith, Pharmacist, Executive Director
 N. C. Pharmaceutical Association
 Chapel Hill

David R. Work, Pharmacist, J. D.
 Executive Secretary
 N. C. Board of Pharmacy
 Chapel Hill

Staff Members:

Fred M. Eckel, Chairman and Professor
 Department of Pharmacy Practice
 UNC School of Pharmacy
 Chapel Hill

Steve Moore
 Department of Health Administration
 UNC School of Public Health
 Chapel Hill

Jim Utt
 Department of Pharmacy Practice
 UNC School of Pharmacy
 Chapel Hill

MITCHENER RECEIVES AWARD

John A. Mitchener, III, Edenton pharmacist, was the recipient of a twenty five dollar honorarium, as one of the runners-up in the 1977 *Drug Topics* writing contest. Ralph M. Thurlow, Executive Editor of *Drug Topics*, announced that Mr. Mitchener's manuscript will be published in the magazine at a later date.

NAMED MERCHANT OF THE YEAR

Winfred A. King, pharmacist and partner in the W. S. Wolfe Drug Company, was named Merchant of the Year by the Mount Airy Merchants Association.

King, a graduate of the UNC School of Pharmacy, has practiced pharmacy in Mount Airy since 1949, and has been associated with W. S. Wolfe Drug Company since 1967. He is a past president of the Merchants Association, city commissioner, and is very active in church and civic activities.

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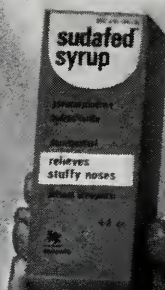
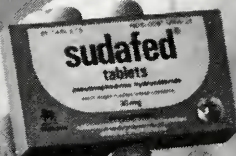
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Improving a not-so-successful pharmacy can be difficult. But look at the following points. For, across the board, if your pharmacy does indeed fall short in any of them, then you will have put your finger on a crucial weakness in your store's operation—one which, most likely, will need immediate attention.

One crucial weakness in many pharmacies is a lack of up-front, or out-front enthusiasm. Sincere helpfulness, cheerfulness, and concern just seem to be missing. But I caution you, don't make the mistake of shifting the blame totally to the "hired help." Look at yourself.

As a pharmacist, do you really care about people? This is a sensitive point, perhaps, but lasting patronage is won by getting to know the people you're serving and taking them into a paternalistic, or maternalistic, relationship.

Your minute of personal contact, personal concern, personal one-on-one assurances will do more for the growth and well-being of your pharmacy business than anything else you can do—short of locating next to a large, doctor-rich clinic, of course!

Do you want a growth business? Are you willing to pay the price and give of yourself? If you are in a rut, are you prepared to strike out with a new image? Are you prepared to show the people, regularly, consistently and with devotion and commitment your new attitude?

I believe, with all due respect to this article's purpose, that Creative Services can help you mold a new image in your community if you are ready internally to truly commit. CSA, however, cannot work miracles. We can only reflect an image of your true nature. The people will know if, or come to know it in time. Image advertising is communicating.

In small towns, or large, you can't fool people. If you're genuine and true, your image should reflect that truth through your advertising effort.

Here's another point. Suppose you already have a successful and growing pharmacy business. Then, the need for a stabilizing effect on your image is just as important as for the pharmacy in need of a general image upgrading. Remember, competition never ceases. It chip, chip, chips away at your base, or at your reservoir of potential new patrons. Either way, what you do today can stabilize the effects of new and expanding competition, tomorrow.

Think of it this way. You've done everything that you should to make a patient a lasting patron. And you've been quite successful at it. But the patron of today must continually receive your input, your assurances, your re-enforcements if he or she is not to change allegiance sometime in the future.

So, keep in touch with your patrons. If they don't frequent your prescription counter often enough for you to stay in touch, and many of them don't, then resolve to stay in touch, reinforce and remind them through media advertising of who you are, where you are, and what you are. Think of the hundreds in your market area who, like lost sheep, will eventually forget or be persuaded away from only a brief exposure to your pharmacy services?

Experience of successful pharmacies asserts, "Stay in touch!" Creative Services Associates has no patent gimmicks. We have no guaranteed door-buster schemes. But we do have the best approach in pharmacy advertising of gentle persuasion and of staying in touch with patrons and potential patrons.

Have a success on your hands this year. Write me for a non-obligatory interview. When you see what we have to offer, I'm confident you'll be impressed. Write me. W. Joe Davis, today! (Please allow 60-90 days for set-up of our media program)

Respectfully Yours,

W. Joe Davis

Box 5051, Raleigh, NC 27650

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Members—W. R. Adams, Jr., Wilson; David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514

NEW PHARMACIES

Revco Discount Drug Center, Oxford
Industry Drive and Hwy. 15
N. Michael Sites, pharmacist manager

Rite Aid Pharmacy, Asheville.
Asheville Mall. Gail L. Mason, pharmacist
manager.

Kroger Sav-On, Charlotte. 500 Tyvola Rd.
Thomas R. Upchurch, pharmacist manager.

Kroger Sav-On, Charlotte. 101 Eastway Dr.
James H. Millard, pharmacist manager

K-Mart Pharmacy, Winston-Salem. 2690 Pet-
ers Creek Parkway. William J. Clinard,
pharmacist manager.

K-Mart Pharmacy, Charlotte. 2701 Freedom
Drive. Wilbur L. Kenner, pharmacist man-
ager.

K-Mart Pharmacy, Charlotte. 4101 N. Tryon
St. William L. Thompson, pharmacist man-
ager

K-Mart Pharmacy, Raleigh. 400 E. Six Forks
Rd. John D. Jones, III, pharmacist manager.

The Medicine Shoppe, Raeford. 121 S. Main
St. Ruth S. Parish, pharmacist manager.

CHANGE IN OWNERSHIP

Eckerd Drugs, Wilmington. 3501 Oleander
St. Frederick M. Henrickson, pharmacist
manager.

Oakboro Drug Center, Oakboro. 120 N. Main
St. James M. Hatley, pharmacist manager

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Linda Boyd Griffey from Iowa
James Dallas Neal from Virginia

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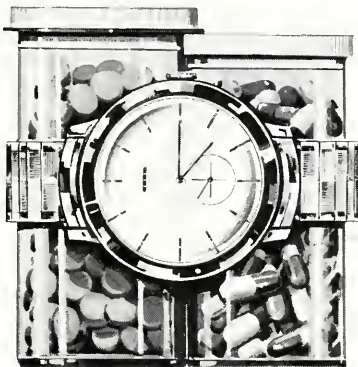
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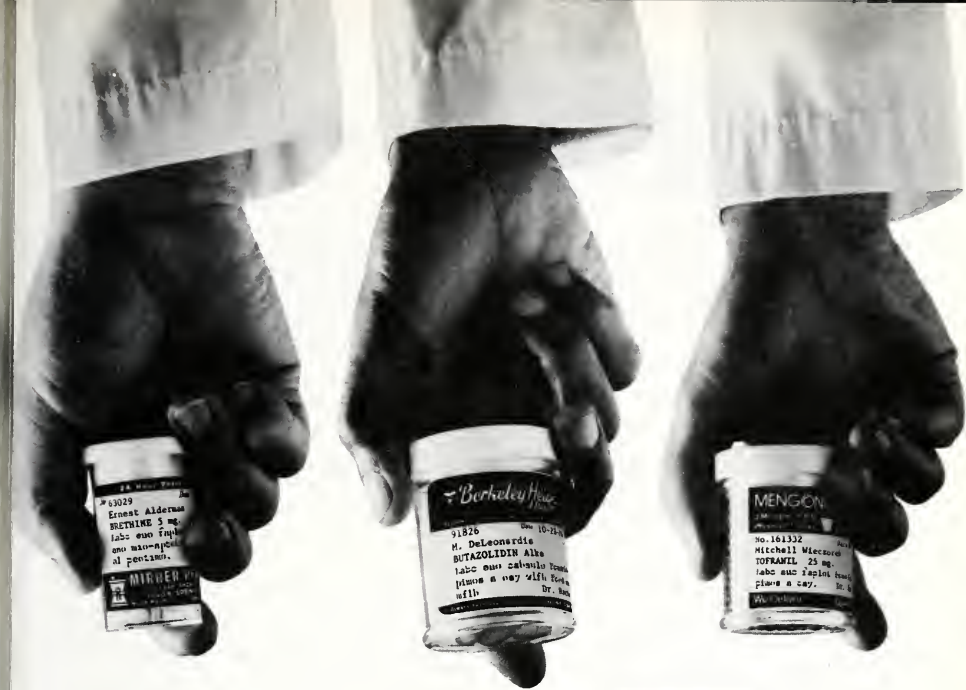
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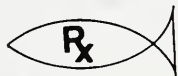
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ANIMAL MODEL FOR HUMAN DRUG ABUSE

Drug and alcohol abuse has long been a problem, and even more difficult to study in humans because of ethical and experimental questions. Now researchers are confident they have a suitable animal model to study these abuses.

Robert Young of Health and Welfare Canada described the model at the 28th Annual Meeting of the American Association for Laboratory Animal Science. Miniature swine or "mini-pigs" are being used for medical studies in drug abuse because their cardiovascular and digestive systems and metabolic rates are similar to man's.

Since a one year old mini-pig is comparable to man in terms of body weight and physical development, human-sized drug doses can be given. The pigs will consume alcohol and marijuana readily, are intelligent and capable of learning complex behavioral tasks without being deprived of food. Pigs are much cheaper to keep than nonhuman primates and can be housed separately or in groups.



DOUGLAS RECEIVES GRANT

Mrs. Jerry L. (Jean) Douglas, staff pharmacist of Moses Cone Hospital in Greensboro, has received a \$1,500 Roche Hospital Pharmacy Research Grant. This grant is for an in-hospital comparison of calculated and predicted serum levels of two drugs, digoxin and gentamicin, and is one of 10 grants awarded nationally.

A native of Benson, Mrs. Douglas is a graduate of the UNC School of Pharmacy, holds an accredited residency at Moses Cone Hospital, and received a Doctorate of Pharmacy degree from the University of Tennessee Center for the Health Services.

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CHARLOTTE CONTINUING EDUCATION PROGRAM RESCHEDULED

The February 22 Continuing Education program "Bowel Management of the Geriatric Patient" has been rescheduled to June 7.

The course was canceled due to a snow storm which prevented speakers from leaving Chapel Hill.

The location—Holiday Inn—Woodlawn—remains the same as does the registration fee of \$15.00 (which includes lunch).

Speakers are Marvin B. Shapiro, M.D., "Anatomy, Physiology and Pathology of the Gastrointestinal Tract;" Dorothy Burford, R.N., M.P.H., "Bowel Management of the Geriatric Patient;" and Philip Gerbino, Pharm. D., "The Laxatives From a Geriatric Point of View."

A brochure will be mailed to all pharmacists in April.

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We hear you, Dennis Peña.

Many pharmacists like yourself have told us how concerned they are about holdups. SK&F can't solve the crime problem, Mr. Peña, but we're doing what we can to acquaint pharmacists with security measures that help prevent robberies and shoplifting—and maybe save someone's life.

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Erie Cocolas, left, and Betty Jane Upchurch test out a coconut pie recipe from "The Apothecary Kitchen" the new cookbook compiled by the Woman's Auxiliary of the North Carolina Pharmaceutical Association to raise funds for scholarships and student loans. The two members were among contributors to the cookbook. *Staff photo by Harold Moore accompanied story by Betty Hodges, Women's Editor of the Durham Morning Herald.*



Photo made in Mrs. Milton Skolaut's new kitchen shows copy of the Woman's Auxiliary's new project, "The Apothecary Kitchen," a cookbook which is being favorably received by the more than 500 purchasers. Shown in the picture are Mrs. W. J. Smith, to whom the book was dedicated, Mrs. Milton Whaley, Auxiliary advisor and cookbook business manager, and Mrs. Skolaut, Woman's Auxiliary president. *Story by Carolyn Satterfield, Women's Page Editor of the Durham Sun, accompanied the staff photo by Sparks.*

DURHAM-ORANGE

The March meeting of the Durham-Orange Pharmaceutical Association was held Thursday, March 9, at the Burroughs Wellcome offices in the Research Triangle Park. Refreshments and dinner were furnished the members and their spouses by BW Co.

After dinner, a panel discussion on drug product selection was presented, moderated by Mr. W. J. Smith, Executive Director of the North Carolina Pharmaceutical Association. Panel members representing different areas of pharmacy were: LaVoice Howard, chain; Lloyd Riggsbee, Hospital; William Birch, Community; Milton Whaley, wholesaler; Douglas Reiff, manufacturer.

GUILFORD COUNTY

At the March 8 meeting of the Guilford County Society of Pharmacists, William Sawyer, AHEC pharmacist in Charlotte, presented an interesting program on non steroidal anti-arthritic agents, including a comparison of the drugs as to side effects, efficacy and cost to the patient. President Judy Crouch presided at the meeting and announced the plans for Poison Prevention Week, and other programs scheduled for the Society. Jackie Roh and others manned an exhibit table at the Greensboro Youth Council professional exhibit and talked to about fifty young people about pharmacy.

CAPE FEAR

The Cape Fear Pharmaceutical Association, meeting in Fayetteville on January 17th, installed the following officers: President, Bob Harris; Vice-President, Bill Brady; Secretary, Craig Stewart; and Treasurer, Hunter Smith.

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MEDICAID UPDATE

March 9, The Computer Company mailed checks totalling \$1,038,419.01, for 157,733 prescriptions to pharmacies in North Carolina. This is an average of \$7.08 per prescription. Since October, TCC has paid out over ten million dollars to pharmacies participating in the Medicaid program.

HAS SETTLES WITH STATE

Health Applications Systems, former North Carolina Medicaid contractor, has reached an out-of-court settlement with the state in a suit involving \$28 million. Beside payment of \$825,000 to the state and loss of a \$2 million escrow deposit, HAS agreed to drop a \$6.1 million countersuit against the state. The original suit, filed in March, 1977, against the California-based company, for alleged breach of contract and fraud, was for \$27.8 million. The final settlement of \$2.8 million is about 10% of the amount originally sought.

FARRAR HONORED BY I. C. SYSTEMS

Virgil Farrar was honored as one of its top representatives by I. C. Systems, Inc., at an awards banquet in St. Paul, Minnesota, on February 2.

Farrar, whose area is western North Carolina, enrolled 249 business and professional people in the company's collection pro-

gram during 1977. For clients in the state of North Carolina, collections were in excess of \$790 thousand, up 53% over the previous year.

SEIGLER PROMOTED BY BW

Burroughs Wellcome Co. announces the appointment of Mr. Larry L. Seigler to the position of Superintendent of the Animal Health Division.

Larry received a B. S. Degree in Pharmacy from the University of North Carolina in Chapel Hill in 1970. He joined BW Co. as Supervisor in the OCL (Ointments, Creams and Liquids) Department in August, 1971, and was promoted to Assistant Department Head in the Compressed Products Department in July, 1974. As part of the Company cross-training program, Larry assumed the duties of Training Coordinator for the Training Department in April, 1977.

In his new capacity, Larry will be responsible for operations in AHD and will report to the Manager of Chemical and Animal Health Production.

Burroughs Wellcome Co. is a part of a worldwide organization of privately held pharmaceutical, veterinary, and chemical companies whose distributable profits, after taxes, are devoted to research in medicine and allied fields. This dedication to the discovery of new medicinal agents is reflected in the motto, "Research is our only stockholder."

NOTICE

The NCPHA office in Chapel Hill will be closed April 17, 18 & 19 for the Annual Convention in Asheville. In an emergency, call Great Smokies Hilton, Asheville. Telephone (704) 254-3211

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If you think you're ready for bauds, bytes and boots, computerization, once you get the hang of it, will forever change your style of practice. As for the size of the investment, you'll outget more than you input

by George Pennebaker, Pharm.D.

Computers are no longer the futuristic dream. They are here today, doing their work in many otherwise typical community pharmacies. But while they relieve burdens—especially paperwork—they also create questions, such as: Is a computer the right thing for my pharmacy? If it is, which one?

It is not difficult to take some of the mystery out of the words and equipment and provide a number of points to think about as you encounter the various systems. It is all keyed to a check-off sheet (see page 10) which will help you evaluate your pharmacy's needs and the features of the various systems.

As with any new thing, there are many opinions about what is right. But it is best that you consider all the facts and develop your own conclusions.

Basically, computers are just highly-organized sets of ON and OFF switches—millions of them, changing rapidly, but always in a predetermined manner. They are fast.

And they are dumb. They only do what they have been told, or "programmed," to do, but they do it so fast they sometimes appear to be smart. They can file and find information, and they can do calculations. Whether or not you will find a computer useful is a matter of whether or not it files and finds the information you need and whether or not it does the calculations you need. You do not need the astronauts' computer to run your pharmacy anymore than you need a trigonometry calculator to balance your checkbook.

Computer salesmen often use words that seem to mean one thing and turn out to mean another. "Our computer *can* . . ." usually means that the computer is *capable* of doing a certain task but has not yet been taught how to. A "drug interaction notification system capability" can mean that the computer checks each new prescription against the patient's profile and immediately notifies you of a probable interaction and its nature and the details of the interacting prescription. Or, it

can mean that the computer tells you at the end of the month that a patient received a drug that is known to interact with other drugs, implying that maybe you check it. Or, it may be someplace in between.

"Our computer *will*" do this or that often means that *in the future* it will do that task. Care should be exercised in reading advertisements and listening to computer people.

The simulating of a desired function is an oft-used sales technique. This is like driving a car in what is now the Fifty-cent Arcade. You put a coin in the slot, work the gas pedal and brakes, and steer through the maze on the screen before you. A lot of it looks and feels real, but it isn't.

In simulation situations the computer operator or salesperson is very careful about letting anybody else touch anything, especially when it involves filing information or asking the system to retrieve or digest something a little bit unusual. Simulation is commonly used during the developmental phases. Do not sign up on the basis of a simulation unless you are willing to help de-bug the system. If you have any doubts about what you are seeing, ask if it is a simulation. Better yet, ask if you can push the buttons.

There are a number of functions to look for
Continued on Page 23

THE LAYMAN'S GLOSSARY

Hardware—The pieces of equipment: printers, keyboards, the computer itself, memory devices, etc.

Software or Programs—The instructions that tell the hardware what to do.

Programming—Putting together the software.

Data entry—Entry to specific information: patients, prescribers, drugs, etc.

Simply stated, the software tells the hardware what to do with the data that is entered.

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in a pharmacy computer. Each needs to be evaluated with regard to your pharmacy in terms of how important it is to you to have that function, now and in the future. Then examine the various systems with regard to their ability to perform the functions.

PATIENT PROFILES: Does the profile hold all the information you want to know about the patient and his prescriptions? Is the format readable? How long does it take to get a profile? How many prescriptions will a profile hold?

INTERACTION NOTIFICATION: What exactly does the system tell you and when? What are the criteria used by the system to detect an interaction? When an interaction is identified, what happens next?

ALLERGY NOTIFICATION: Same as Interactions.

WARNING NOTICES: Some systems tell you which auxiliary labels to put on the container, others print out canned warning notices automatically. Again, determining what fits your practice is important.

LABEL PRINTING: Assume that the label is legally complete, but is it worth checking. In addition, its legibility and size (does it fit on a 7-dram vial?) are important.

PRICING: Prices consist of ingredient costs plus your fee or markup. You should be interested in who is entering the ingredient costs and what definition of cost is used. Right now, the computer is right in the middle of the AWP-AAC controversy because some systems can handle either one easily while others may have problems.

The pricing system for your private prescriptions should be flexible enough to accommodate your needs, now and in the future. Changing it should also be a relatively straightforward operation. Pricing for Medicaid should also be flexible enough to deal with the sudden changes that can occur in the program. The same is true of other third parties.

OTHER THIRD PARTIES: There are a variety of ways to handle claims for third parties. Some systems have the capability to send information directly from their computer to the third party's computer. This is usually called tape-to-tape transfer. Other systems fill out the forms for you—some right away, others at the end of the day, week, or month.

Another system may provide you with all the information to fill out the form but will not actually print it. Some do nothing about third parties.

When evaluating this feature, it is advisable to determine exactly how much time you are now spending on third-party forms and how much time each system will save. By the way, the tape-to-tape transfer system may still require that a hand-entry log be kept in the pharmacy, in which each transaction is recorded and signed for by the patient so that the third party will have an audit trail.

CONTROLLED DRUG ACCOUNTABILITY: The Drug Enforcement Administration has specified detailed requirements that must be met by these systems. Do you assume that the system you are looking at meets these requirements.

ACCOUNTS RECEIVABLE: There are a variety of accounts-receivable programs available. In fact some of the "pharmacy" systems now being marketed started out as general business accounts receivable systems and have been expanded in varying degrees to accomplish pharmacy functions. Does the system fit in with your operation? Does it accomplish the functions you need to provide too little, or too much?

MANAGEMENT REPORTS: It seems that each computer company has its own idea of what a pharmacist needs in the way of reports. One of the modern management problems is the proliferation of reports that nobody reads. It is easy to overrate—or for that matter to underrate—the value of reports that a system may produce. Again, is it important to your practice?

In addition to evaluating the various functions of a system, you should also take into account other considerations, such as **OUTPUT MECHANISM.** Essentially, computers tell you things in one of two ways: by printing it out on paper or by displaying it on a CRT (TV screen). Either way can have its problems. Printing is slow and uses up a lot of paper. CRT display is fast but temporary. Some systems have the ability to selectively print information that is displayed on the CRT. Other considerations:

HARDWARE: Is the hardware appropriate for the job that needs to be done? Million-word-a-minute printers are silly in a pharmacy. Conversely, hardware that is slow and

Continued on Page 25

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awkward is probably just as questionable. What is its size? Is it noisy? How much modification of the pharmacy will be needed?

SPACE: There are some systems that only occupy as much space as a large typewriter, just as there are those that require a separate room to house the equipment. A few minutes measuring space can save considerable grief when it comes time to install. By the way, practically all systems need a solid, grounded, 110-volt electric power supply. If you have deficiencies in your electrical system they will probably have to be fixed. Computers tend to be sensitive to such problems.

TELEPHONE LINES: Many computer systems are dependent upon telephone lines to link a pharmacy with a central computer somewhere else. This may give you access to more information which is generally useful to all of the company's clients. The disadvantages are in the time that it takes to transmit information and in the possibility of telephone line failure. If you are in an area that is known for telephone problems, special care is appropriate.

SERVICE: There are a large variety of service arrangements available in the computer field. There are freelance service agents, there are people who work for the manufacturer of the hardware, and there are those who both make and service what they sell. Each has advantages and disadvantages. This is also an area in which unexpected costs can develop. At this point you may also wish to consider the big versus small question; the large corporation or the small firm?

APPEARANCE: It is important that the system you install looks good in your pharmacy. Yet, so far, elegant styling seems to be designed for sit-down, office-type settings. Few pharmacies are set up that way; most do not even have the space for it.

THROUGHPUT: Can the system really handle your volume? The experience of other pharmacies, especially those with styles of practice similar to yours, is important.

SYSTEM CAPACITY: Every computer system has a limit to the amount of information it can keep in its active files. When this limit is reached, information must be removed, or "purged," to make room for more. In evaluating the various systems you should determine what their capacities are, what is done when

capacity is reached, and what they look like after the purge is done. In other words, how much does the system hold, and what are the characteristics of purged information?

CODES: Computers deal in absolutes: everything is either black or white, any grays are no more than combinations of blacks and whites. For this reason it is easier to program computers to deal with numbers rather than names, and many systems use codes or numbers for drugs, patients, doctors, and other data. Codes have the advantages of being clear-cut, direct identifiers of something or somebody to the computer, but they can be just the opposite for the computer operator. Codes must be looked up (except for those you have memorized) and must be entered precisely. Find out what the coding system is and exactly how to deal with it. You should avoid looking up things for the computer when it is supposed to be looking up things for you.

USER MANUAL: Every system has a user's manual. Get copies of the manuals for the systems that look the best for your pharmacy. Take the time to read and understand them.

Continued on Page 26

THE GROUND WORK

Lay a solid foundation for your computer system. Some cornerstones:

Gather information on all of the systems that you think may be useful in your own pharmacy style of practice . . .

Narrow down your choices to a manageable number, disregarding systems that offer too much or those that offer too little. . . .

Talk to others who have installed systems. You'll find out things about computers that only those who own one would know. . . .

Push the buttons on the systems that look good. Run demonstrations yourself and become familiar with each. . . .

Prepare your staff. You'll find that people who are threatened by the presence of computers are on shaky ground anyway.

CALCULATED TO MAKE A MOLEHILL

LEGAL REQUIREMENTS: Each state has different legal requirements that may be applicable to pharmacy computer systems. In addition, the Drug Enforcement Administration has recently written some pretty stringent rules regarding computer storage of information relating to controlled drugs. Another factor to consider along the same lines is what would Medicaid require regarding data retrieval? Obviously, it is important that any system you are seriously considering should not get you into any legal problems.

DATA SECURITY: It is appropriate to ask who will have access to your prescription files. If the information in your files is to be used for any purpose other than meeting your pharmacy's needs, be sure that such use meets your ethical and legal requirements.

DATA LOSS: It is possible to lose data because of mechanical or electrical failure, as well as through operator or programming errors. Inquire about backup mechanisms that will provide recovery from such problems.

CONTRACTS: Read contracts carefully. Get the fine print explained. It is especially important that the paragraphs about discontinuing the system, for whatever reason, be clear regarding ownership of the files, and who is responsible for what. Already, some serious disagreements have occurred over such matters.

FEES: Find out exactly what it is going to cost you to operate the system in *your* pharmacy. Be especially alert for costs that you may assume are included, such as telephone line charges, hardware service, paper, etc. Keep asking if there are any additional costs you should know about.

Along the same lines, carefully consider the virtues of owning versus renting computer equipment. Ownership may have some tax advantages that you should discuss with your accountant. On the other hand, renters don't have to worry about getting stuck with obsolete or difficult-to-service, or for other reasons unwanted equipment.

COST-BENEFIT ANALYSIS: When you hear what you are going to be charged for the computer, your response will be, "It costs too much." But, if it does half the things the salesperson said it would, it will save you money. List all of the functions it performs, and put a price on each one. Decide how much

a feature is worth to you, regardless of whether or not you have an immediate need for it. If it is something you are doing now, figure out how much it is really costing you. For example, many pharmacies are now spending many hours filing and finding profile cards. Time is money.

PEOPLE: Getting to know the people that you will be dealing with can be very helpful. Many of the people working with pharmacy computer systems have come up through the accounts-receivable ranks, where it is desirable, but not mandatory, to get the bills out on the right day. You know your patients need their prescriptions *today*. Be confident that the organization providing your computer and service understands and appreciates your priorities.

Once you have decided to do it and which system you will do it with—and probably after you have given some money to the computer company—the day will soon arrive when you actually get the system. Be sure you are well rested. People will arrive with lots of wires and equipment which you may have seen before but which still look strange in your pharmacy. They will probably be talking

BE CAUTIOUS

Avoid getting stuck with a system that you *hope* will do what you want it to do. Get one that *does* what you want it to.

Computers are not for everybody. Some pharmacies just do not have enough prescription activity to keep a pharmacist busy, much less keep a computer busy. Too, some people just don't get along with machines. However, computers can be featured in promotional efforts designed to demonstrate your pharmacy's modern, complete service. And, they are much easier to operate than you may expect.

The decisions that you make are important both financially and professionally. You will be committing yourself to spending hundreds of dollars each month. And you will be setting a professional course for your pharmacy that will significantly affect your style of practice and the level of service your patients receive. The time and money you invest in the decision should be proportionate to its significance.

a foreign language that includes words like baud rates, modems, bits, bytes, boots, ICs, and interface boards. They will poke holes in your fixtures, and string wires over and under your prescription counter. This may last for an hour or for several days, depending on the system and the inevitable miscellaneous little problems that pop up. Bear with them. They are just as anxious as you are to get the system up and working properly.

They should leave one person behind to help you get familiar with the day-to-day operation of the system. Make sure that person answers all of your questions, and listen carefully to what he says. If you do not understand something completely, keep pursuing the point until you do. It is better to avoid costly errors than to have to correct them later.

Do not plan on putting all of your prescriptions through the new system the first day. Listen to the company's advice regarding how to best phase the system into your pharmacy. Without exception, everyone who has put a system in says that the first week is very trying, the first month is not easy, and at about the third or fourth month things really smooth out. Except in those cases where the system does not match the pharmacy's needs, after the fourth month it becomes an integral part of your practice, and it becomes very difficult to function without it.

During the first few weeks clerks, technicians, stockboys, and spouses need to be aware of your preoccupation, and maybe frustration, in getting the thing to work right. Just remember that those who have gone before you are glad they did, for they now have a new and useful tool which is enabling them to do a better job faster and more accurately than was before possible.

Keep a "want-book" handy, and label it **COMPUTER QUESTIONS**. Every time a little question occurs, note it on that pad. Experience has shown that there are a lot of little questions that come up that do not have to be answered right away but usually end up forgotten when the person who can answer them is there. A phrase computer people frequently hear is, "I wish I could remember what I wanted to ask you."

Lastly, a word of caution for the do-it-yourself types. There are a number of fascinating hobby computers that have the capability of meeting many of pharmacy's needs.

"Having the capability" does not mean that it is easy to put them together and teach them all of the things they need to know in order to help you in the pharmacy. It will probably take several months of spare-time work before you have reached the point where your computer will play a decent game of tic-tac-toe. One can imagine how long it will be before it can cope with Medicaid and DEA rules.

George Pennebaker, Pharm.D., is president of ApotheTech, Inc., a California computer firm. His article is reprinted with permission from the CALIFORNIA PHARMACIST.

Convention News In May Journal

*Remember the Day
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FACULTY NOTES

RAYMOND JANG, Associate Professor, Division of Pharmacy Administration, attended the American Association for the Advancement of Science meeting in Washington, D. C. Jang is Secretary, Section of Pharmaceutical Sciences and presented a plaque to Dr. Takeru Higuchi as the annual distinguished lecturer for this group.

Associate Professor **CLAUDE U. PAOLONI**, Director, Pharmacy AHEC Program and **DAVID CLAYTOR**, Assistant Director, Pharmacy AHEC Program, presented a practitioner-instructor workshop in Greensboro on March 1. The meeting brought together area pharmacists for a discussion of the UNC School of Pharmacy externship program.

Dr. K. H. LEE, Professor of Medicinal Chemistry, presented "Structure-Antitumor Activity Relationships and Mechanism of Action of Helenalin Related Sesquiterpene Lactones" to the Department of Chemistry, University of Tennessee at Chattanooga on March 1.

A drug abuse education program, sponsored by the School, was attended by a number of area counselors and other school administrators. The program featured **Dr. GEORGE H. COCOLAS**, Head, Division of Medicinal Chemistry, and Assistant Professor **LEONARD BERLOW**, Director of Drug Education. Berlow also presented a drug education program to parents at the Immaculate Conception Church, Durham, on March 19.

Dr. Jean P. Gagnon, Head, Division of Pharmacy Administration, presented "Cash Flow" at the 30th Annual Pharmacy Seminar sponsored by the Georgia School of Pharmacy. Dr. Gagnon also moderated a panel relating to cash flow in pharmacy practice.



Dr. SOINE HARTUNG LECTURER

Dr. Taito O. Soine presented the 10th Annual Walter H. Hartung Memorial Lecture at the School on April 12. His topic was "Nonclassical Blockades in Curare Research."

Dr. Soine is Professor of Medicinal Chemistry at the University of Minnesota.

The Hartung Lectures are in memory of Dr. Walter H. Hartung who passed away in 1961. He was a member of the UNC School of Pharmacy faculty during the period 1948-1956.

UNC LEADS AACP

American Association of Colleges of Pharmacy membership reached an alltime high with the January total listed at over 1,375. North Carolina enjoyed the largest increase and with 42 affiliated members of the UNC School of Pharmacy, the school is at the top of total membership.



COMPUTERS AND CONTROLLED SUBSTANCE RECORDS

by Jacquelin A. Touloupas

With today's increased emphasis on minimizing the diversion of controlled substances, the need for accurate recordkeeping and reporting is not only necessary, but mandatory. As the number of controlled substances increases, the paperwork required by pharmacists increases also. On November 2, 1976, the Drug Enforcement Agency (DEA) published a Notice of Rulemaking in the Federal Register. This action, prompted by the request of pharmacy associations and professionals, would permit pharmacists to keep up with advancing technology by letting computers store and retrieve prescription refill information for Schedules III and IV. After considering remarks and objections submitted to them, the DEA finalized the ruling on June 6, 1977, thus amending Section 1306.22, Title 21 of the *Code of Federal Regulations*.¹ This regulation does not apply to drugs in Schedule II since their refilling is prohibited by law, nor does it apply to drugs in Schedule V since many of these items can be sold over-the-counter.

In order to meet the approval of the DEA, computer records must be in compliance with all existing federal regulations so that enough information and accountability is provided to allow monitoring against diversion. Even if all the information on the original script has been transcribed into the computer, the script must not be destroyed. Instead, it must be dated and signed by the dispensing pharmacist and appropriately filed according to Federal regulations. This is to insure that each entry on the computer can be substantiated. However, when refilling the prescription, it is not necessary to retrieve each script in order to date and initial it on the back.²

There are two types of computer systems available to pharmacists for the computerization of prescription refill information. The first is completely self-contained on-site at the pharmacy. It does not involve any teleprocessing, but is equipped with a printer which produces a hard-copy print-out of each day's refill data for CIII and CIV. In order to prevent unauthorized people from filling false prescriptions, the pharmacist must date and sign the print-out, verifying the fact that the information entered into the computer is correct and that the refills are valid. If there is more than one pharmacist on duty, each must individually sign for the

refills he personally dispenses. The print-out must then be stored in a separate file for two years according to federal law (five years according to North Carolina state regulations).³ Because none of the information leaves the pharmacy, it is not necessary to file a Permit to Maintain Central Records with the DEA.⁴

The second type of computer offered is one which utilizes teleprocessing equipment. Information entered into the computer is transmitted from a remote terminal to a computer center via telephone lines. Because the data is stored at a location other than the pharmacy, DEA requires pharmacists to file a Permit to Maintain Central Records.⁵ If this type of system does not produce on-the-spot hard-copies, the computer company must provide a print-out of the prescription refill data within seventy-two hours of the refill date. Instead of maintaining the print-out on file as described above, a bound logbook or a separate file may be kept in which the pharmacist attests under signature that the information entered into the computer has been reviewed by him on the cathode ray tube (CRT) and is correct as shown. This book must then be kept for two years after the date of the last entry. If a DEA agent requests to see the controlled substance records, the computer firm must be able to send printouts within forty-eight hours.⁶

Because computers experience periodic down-time or occasional breakdowns, it is necessary to have an auxiliary system to insure that refills are authorized. Ms. Lady T. Faircloth of the North Carolina Drug Commission points out that keeping an accurate patient profile could serve this purpose. The profiles would indicate the number of refills received to date and the original script could be checked to determine if an additional refill would be allowable. All down-time information must be retained and entered into the computer as soon as it is back in operation.⁷

Most computer systems are capable of providing information such as patient profiles, drug interactions, inventory data, and billing statements. However, many are not able to provide all the information required by federal regulations. Because it is the responsibility of the registrant to guarantee that the programming is adequate,

Continued on Page 31

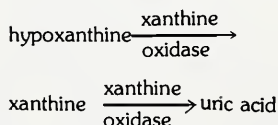
DRUG INFORMATION REPORTS

Judith Zallman, Pharmacy Resident
David Rudd, R.Ph., M.S., Editor

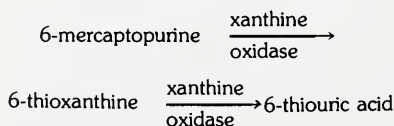
QUESTIONS RECENTLY RECEIVED:

What interaction occurs between allopurinol and azathioprine or mercaptopurine?

Allopurinol is well recognized as an effective agent in the treatment of primary gout. It is also frequently prescribed for patients with neoplastic diseases or those receiving therapy with cytotoxic agents or radiation. These conditions are associated with rapid cellular destruction with high turnover rates of nucleic acids which are then incorporated into uric acid. Resulting hyperuricemia and possible complications such as urate deposits in the kidney can be prophylactically treated with allopurinol. Allopurinol and its active metabolite, oxypurinol, cause a decrease in serum uric acid levels by inhibiting the enzyme xanthine oxidase which normally converts the more soluble end products of purine metabolism to uric acid.



Azathioprine is a purine analog which has developed numerous indications over the past several years. Originally approved as an immunosuppressive agent for adjunctive use in prevention of renal transplant rejections, the drug has found valuable applications in a wide variety of autoimmune disorders such as rheumatoid arthritis, systemic lupus erythematosus, and certain skin disorders. Azathioprine is slowly converted in vivo to 6-mercaptopurine, an antimetabolite primarily used in the treatment of acute leukemias as a component of multiple drug therapies. Side effects of these antimetabolites are related to their non-specific action as immunosuppressive agents. Major cytotoxic effects are on the bone marrow, resulting in leukopenia, anemia and thrombocytopenia. One of the main pathways of mercaptopurine metabolism is conversion to 6-thiouric acid, which is excreted in the urine.



This sequence of reactions is analogous to the metabolism of endogenous hypoxanthine to uric acid. One would expect that concurrent administration of allopurinol and mercaptopurine or azathioprine would result in higher levels of mercaptopurine along with increases in both the immunosuppressive and cytotoxic effects of the drug. In fact, the original investigators of allopurinol were using the drug to potentiate 6-mercaptopurine. Only later was its effect on uric acid discovered.

Drug Information Reports March 15, 1978

Clinical data shows that the addition of allopurinol in doses as low as 75 mg will increase urinary mercaptopurine measurements from 7 to 29% and decrease 6-thiouric acid urinary levels from 25 to 3% in patients receiving mercaptopurine.¹ Other studies show changes in free urinary mercaptopurine from less than 3% to 27%.² Investigators have tried to take advantage of this interaction in the treatment of leukemias and found they could reduce the dose of 6-mercaptopurine by one-fourth when allopurinol was given concurrently. One case appears in the literature which supports an azathioprine-allopurinol interaction. A patient developed thrombocytopenia, agranulocytosis and petechiae after the addition of 300 mg/day of allopurinol to a stabilized regimen of 150 mg/day of azathioprine.³

On the basis of this data, recommendations of several authors have been to decrease the normal initial dose of mercaptopurine or azathioprine by one-third to one-fourth when allopurinol is given concurrently.

REFERENCES

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2. Volger WR, Bain JA, Huguley CM, et al: Metabolic and therapeutic effects of allopurinol in patients with leukemia and gout. *Amer J Med* 40:548, 1966
3. Nies AS, Ostes JA: Clinicopathologic conference: Hypertension and the lupus syndrome revisited. *Am J Med* 51:812, 1971

A MESSAGE FROM THE DEAN . . .

If the Dean can please most of the faculty and most of the students most of the time, he has been successful. However, perspectives as to why and when things are done I submit are different from different vantage points.

Among the faculty there are those who believe that their activity is relevant and most important and should be accorded preferential treatment. This is how it should be in a competitive society, and I consider the School a microcosm of society. Competition to excel as an individual, subunit of a division or a division is healthy and leads to excellence in the School as a whole. On the other hand, although competition and excellence need to be fostered and nurtured, the finite resources of any organization and national peer reaction dictate that we be innovative and bold, but not reactionary and above all dictate objectivity in the assessment phase.

Students as well as faculty need to understand what their personal commitments and responsibilities ought to be to the School and to the profession and to society as a whole and to themselves.

I believe that there is nothing that cannot be accomplished, but worthwhile goals are not obtained without dedication, sacrifice, and persistence.

The seed for this message came from an editorial by the same title which was printed in the University of Nebraska (one of my alma maters) Alumni Magazine. I apologize for the liberties I have taken with the article.

This message is purposely written in broad terms and is a challenge to every reader.

FROM THE STUDENT GOVERNMENT . . .

George Abercrombie 5/5

With the school year quickly drawing to a close the Pharmacy School Student Body is busy working on many traditional spring-time projects. On Thursday, April 27, the first annual Awards Night Banquet will be held at the Ranch House beginning at 6:30 p.m. This year the Rho Chi initiation ceremony and the awards night program have been combined into a single banquet open to all students, faculty members, their families, and friends. The Awards Banquet is designed to honor those senior pharmacy students who have displayed exceptional academic and extracurricular performances while enrolled in the school's professional curriculum. This year the guest speaker will be N. Ferebee Taylor, Chancellor of the University of North Carolina at Chapel Hill. This year's Awards Night Banquet will prove to be a very memorable and enjoyable occasion for everyone attending. Tickets are available at the School of Pharmacy. Dr. Jack Wier and Lynn Velborn (5/5) deserve much credit for organizing this year's banquet.

Graduation exercises will be held Sunday, May 4. This year the School of Pharmacy's graduation ceremony will be held at 2:00 p.m. in Hill Hall and the University's graduation exercises will be held at 4:30 p.m. in Carmichael Auditorium. As a result of these time changes, a luncheon (instead of dinner) will be held in Beard Hall for graduating seniors and their families beginning at 11:30 a.m.

on May 14. The luncheon provides an opportunity for seniors' parents and friends to visit the school and meet members of the faculty and administration. Tickets are available at the school.

COMPUTER RECORDS

pharmacists should have a Compliance Investigator inspect the system to approve its operation before relying on it for their recordkeeping.⁸

FOOTNOTES

1. *Federal Register*, Vol. 42, No. 108 (June 6, 1977), p. 28877.
2. Mr. Deward N. LeFavre, Jr., Regional DEA Compliance Investigator, Greensboro, N. C.; interview by Jackie Touloupas, November 11, 1977.
3. Ms. Lady T. Faircloth, Administrative Officer of the North Carolina Drug Commission, Raleigh, N. C.; interview by Jackie Touloupas, November 15, 1977.
4. Memorandum from DEA Office provided by Mr. LeFavre.
5. *Ibid.*
6. *Federal Register*, p. 28877.
7. Ms. Faircloth.
8. Mr. Delbert D. Konnor, Staff Coordinator for Voluntary Compliance, Drug Enforcement Agency, Washington, D. C.; telephone interview by Jackie Touloupas.

Controlled substance thefts— a matter of life and license

by Thad L. Weber, Security Consultant, SK&F Laboratories

Studies by federal and state drug law enforcement officers have revealed various abuses of the regulations at the pharmacy level ranging from theft for personal use to illegal distribution on the street.

Compliance audits at the pharmacy level have been limited by manpower availability and are likely to increase in scope and frequency as more state agencies are established.

Since failure to protect controlled substances from theft may result in the loss of your "license to dispense," you must take the initiative to prevent thefts and other abuses.

Theft by employees may be for:

- personal use
- a friend's personal use
- resale to other dispensers
- street sale profits

Other abuses include:

- dispensing without a prescription
- failure to confirm verbal prescriptions
- dispensing large quantities of controlled substances without investigation
- failure to safeguard prescription records

Analysis of pharmacy crimes reveals that the **theft of controlled substances may involve:**

- pharmacists
- other employees
- customers
- practitioners

- other visiting individuals, such as delivery truck drivers.

Drug thefts have been accomplished:

- from incoming orders along the delivery route between the supplier's stockroom and the pharmacy
- from open (or sealed) containers in the pharmacy storage cabinet or on the shelf
- by placing unauthorized orders to suppliers and then intercepting the delivery
- by altering, forging or counterfeiting prescription blanks or records
- by exceeding the quantity prescribed
- by unauthorized renewal of prescriptions in collusion with individuals supplying or prescribing controlled substances

The pharmacy proprietor can prevent drug theft by:

- employing pharmacists of proven integrity
- requiring the same integrity tests for other employees who may have occasional access to controlled substances
- maintaining the prescription department restrictions detailed in last month's column (access, storage and key controls)
- instituting procedures for prompt reconciliation of incoming supplies by *two* assigned individuals

- running frequent physical inventories of critical items
- conducting random checks of factory seals on back-up stocks
- personally reviewing prescription logs for authenticity, quantity, frequency, user, etc.
- analyzing prescription department cash register sales

It's **your business!** That's sufficient reason for you to be personally involved in drug theft prevention. It's why most proprietors:

- handle a portion of the Rx department workload
- vary work schedules occasionally to prevent habitual and personal relationships from leading to drug abuse
- periodically measure the integ-

- rity of key personnel by further background investigation, polygraph examination, and the use of "shopping services"
- promptly investigate and resolve any shortages or irregularities and then immediately report losses of suspicious circumstances to law enforcement authorities
- **MAKE VERY CLEAR THEIR INTENT TO PROSECUTE ANYONE INVOLVED IN THE THEFT OF CONTROLLED SUBSTANCES, SINCE THESE CRIMES MAY RESULT IN LOSS OF LIFE— THAT OF THE ILLICIT DRUG USER—AND YOUR BUSINESS!**



ADVALUE WINS AD AWARD

E.S. "Bud" Albers, Jr. (right) President of Albers Drug Company, Knoxville, TN, headquarters for the ADVALUE DrugCenter Program, and W. W. "Bill" Albright, Vice-President DrugCenter Services, have been honored with an American Advertising Federation VII Gold Award for Point-of-Purchase Sales Themes. The themes keynote ADVALUE's bi-monthly DrugCenter-listing newspaper ads, and are featured on cross-plug point-of-purchase signage in each store. Currently in its ninth year, the ADVALUE DrugCenter program features five regional wholesalers in eight distribution centers serving over 350 independent pharmacies in 11 states with customized regional sales promotions. The licensee wholesaler for the central Carolinas is Scott Drug, Charlotte.

N. C. MUTUAL PRESENTS SYMPOSIUM

The North Carolina Mutual Wholesale Drug Company, under a grant from, and with the encouragement of, Lederle Laboratories, presented a **Symposium on Communications in Pharmacy**, Wednesday, March 15, 1978, at the Velvet Cloak Inn, Raleigh.

With General Manager Ralph P. Rogers presiding over the morning session, the following speakers delivered their talks: L. Peter Bast, M.S., Ph.D., College of Pharmacy, University of Minnesota, *The Art and Skills of Communication*; Gregory D'Angelo, Community Pharmacist, East Rockaway, New York, *Communicating With Your Patients*; Mavan J. Myers, Ph.D., J.D., Philadelphia College of Pharmacy, *The Pharmacist's Liability As A Consultant*.

The afternoon session was presided over by L. Milton Whaley, Assistant Manager, with Paul Zarbock, M.S.S.W., University of Tennessee School of Nursing, discussing *Communications, The Health Care Delivery Team*, and Gregory D'Angelo speaking on *Being More Patient Oriented and Staying Competitive*.

A question and answer session involving all of the speakers followed these presentations.

Approximately 100 Mutual members and guests attended this well-planned and organized program, and all were impressed with the caliber and competency of the program participants.

DRUG THEFTS AND BREAK-INS

Raleigh. A Richmond, Va., man was charged March 2, in separate warrants with stealing prescription cough syrups from four Raleigh pharmacies. Kelvin A. Hockaday was accused of stealing Tussionex Syrup from Starmount Pharmacy, Melvin's Pharmacy, North Hills Pharmacy and Northside Pharmacy.

Community Drug Store, Inc., Lexington, was broken into about 5 am, Monday, March 6. The front door was entered by breaking the lock with a auto lug wrench and the narcotic cabinet was opened, setting off the silent burglar alarm.

The police arrived promptly and arrested three men who were placed in jail under \$15,000 bond each. This was the second break-in in thirteen months and the second capture due to the silent burglar alarm.

A Fayetteville man who was arrested inside a Clinton drug store last fall during a burglary attempt received a 6-year prison term in Sampson County Superior Court.

In addition to the 6-year sentence, the man was fined \$2,500 and the costs of the court plus \$500 restitution to the state for his attorney's fees. The sentence is a new type just authorized by the General Assembly and is designed to see that law breakers make restitution to their victims.

MRS. JOHN K. CIVIL

Mrs. John K. Civil, charter member of The Woman's Auxiliary of the NCPHA, died March 14 at the age of 91.

A native of Charlotte, Mrs. Civil was president of The Woman's Auxiliary in 1936. At one time, her husband represented the Norwich Pharmacal Company and later established a chain of drug stores in Charlotte.

ROCKINGHAM COUNTY

Tom Johnstone, Physician Assistant, was the featured speaker at the bi-monthly meeting of the Rockingham County Society of Pharmacists, held in Eden on March 19.

Mr. Johnstone's talk covered his educational background as well as his professional duties.

A FIRST FOR GRANDVIEW

Two UNC School of Pharmacy graduates—Carl Capps, a native of Dunn, and Wyatt Moser, a native of King, have opened the Grandview Pharmacy on the Yadkinville Highway. It is the community's first drug store.

PHARMACISTS ATTEND NARD CONFERENCE

Jesse Pike, Shelton Brown, Eugene Hackney and Al Mebane were among the pharmacists from across the nation who attended the National Association of Retail Druggists' Tenth Annual Conference on National Legislation and Public Affairs, held in Washington, D. C. March 20-22.

About 125 pharmacists attended the conference and in addition to meeting with their respective congressional delegations, heard presentations from Vincent R. Gardner, Director, Office of Pharmaceutical Reimbursements, HEW; James T. McIntyre, Jr., Director, Office of Management and Budget; Birch Bayh, Senator from Indiana; Donald Kennedy, Commissioner, Food and Drug Administration; Michael Pertshuk, Chairman, Federal Trade Commission; and William B. Cherkasky, Staff Director, Senate Select Committee on Small Business.

Other talks were given by John Lewis, Executive Director, Small Business Legislative Council; Lester Smith, Sal Rubino and Donald Arthur, Pharmaceutical Society of New York; and Dr. D. C. Huffman, Executive Director, American College of Apothecaries. From all of the presentations, the audience gleaned much useful and stimulating information, and most talks ended with a vigorous session of questions and answers. Among the highlights of the conference were Dr. Kennedy and his discussion of the Drug Reform Bill and the address by Mr. McIntyre, which was his first public speech since assuming his present post.

MIYA ELECTED

Dr. Tom S. Miya has been elected to the office of President-elect of the Society of Toxicology, it was announced at the annual meeting of the Society in San Francisco, attended by over 1200 participants. Dr. Miya is Dean of the School of Pharmacy and Professor of Pharmacology, School of Medicine, at the University of North Carolina in Chapel Hill. He has served as a member of Council and the Education Committee of the Society and is Associate Editor of the Society's Journal.

LAMBETH TO MANAGE U-SAVE DRUG

Donald C. Lambeth of Morganton has been named manager of U-Save Drugs, Spruce Pine.

Lambeth, a graduate of the University of South Carolina School of Pharmacy, owned and managed Kibler Drug Company of Morganton prior to closing the pharmacy following a fire in 1976.

Arthur (Andy) Anderson, a 1951 graduate of the UNC School of Pharmacy, will assist Mr. Lambeth in the operation of the pharmacy.

U-Save Drugs is owned by Rx Drugs Services of Mars Hill, whose president is Pharmacist E. C. Howard.

MERGER IN RALEIGH

Melvin's Pharmacy at 1300 St. Mary's Street in Raleigh has been purchased by F. Michael James of Raleigh and merged with Glenwood Village Pharmacy at the corner of Oberlin Road and Glenwood Avenue.

The purchase was made from Medi-Sav Inc., based in Baton Rouge, La. James is also the owner of Person Street Pharmacy, Raleigh.

OPENS IN RAEFORD

Ms. Ruth Parish, a Fayetteville pharmacist, has opened a Medicine Shoppe in Raeford at 121 South Main Street.

In addition to prescription service, free health services such as blood pressure screenings, glaucoma screenings and oral cancer screenings will be offered by Medicine Shoppe.

WINDOWS SHATTERED

Vandals smashed two plate glass windows and caused \$500 in damages at Fox Drug Company, Asheboro.

The windows were broken by beer bottles tossed from a passing car.

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Open for employment in the Asheville area BCH-4.



BICKET NOW PRECEPTOR FOR NCMH PHARMACY RESIDENTS

James Bicket, Chief Hospital Pharmacist for the North Carolina Memorial Hospital and Clinical Assistant Professor, UNC School of Pharmacy, has been named preceptor of hospital pharmacy residents as of January 1.

Bicket replaces Professor Fred M. Ecker who held the position of preceptor since 1967. Bicket was appointed in accordance with American Society of Hospital Pharmacist regulations which require preceptors to be chief hospital pharmacists. Bicket is a graduate of the University of Illinois and came with the North Carolina Memorial Hospital, February 1975.

Presently, there are eight hospital pharmacy residents in the program:

Middleton John Coburn, University of Georgia; Judith A. Zallman, University of Michigan; Vicky L. Rhodes, Washington State University; James K. Utt, University of Kansas; James T. Burke, University of Missouri at Kansas City; Robert W. Ritter, St. Johns University; Donald J. Harry, University of Connecticut; and Paul R. Webster, University of Maryland.

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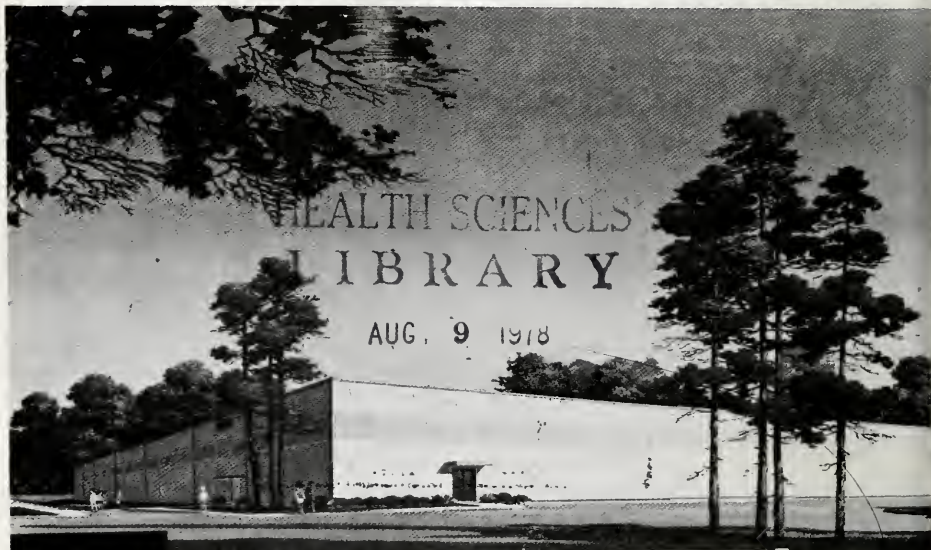
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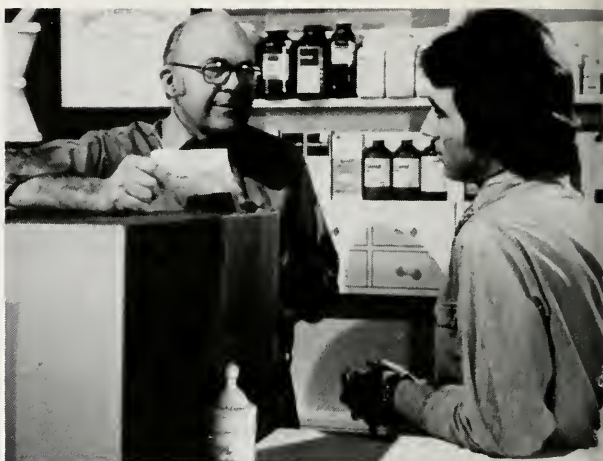
Edward R. Thomas, III, Shallotte (right), presents an antique apothecary jar to the North Carolina Pharmaceutical Association, in memory of his father, Phillip Langston Thomas (left), with Eugene W. Harkins, NCPHA President, accepting the gift.

Photo by Colorcraft

MAY 26 1978

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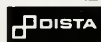


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THE CAROLINA JOURNAL of PHARMACY

May 1978

Volume 58

Number 5

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*From a special report reprinted from U.S. Pharmacist 2(4) 18-23, 1971 "Pharmacy Law," by Michael R. Sonnenreich, J.D.

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COMMITTEE ON PUBLIC HEALTH & WELFARE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

The major responsibility of the Committee on Public Health & Welfare is within the day-by-day operational framework of the North Carolina Medicaid Prescription Drug Program. This is accomplished through mutual discussions, as necessary, with officials of the Medical Services Section of the N. C. Department of Social Services, the Social Services Commission, and the prescription administrative agency, The Computer Company of Richmond, Virginia.

During the past twelve months, the Committee is discharging its assigned responsibility, has engaged in three major activities believed to be in the best interests of pharmacy providers and the contracting and administering agencies:

(1) The Committee urged that a broadly based survey be conducted in North Carolina to ascertain what it costs to dispense a non-Medicaid prescription. The Committee seeks an increase in the current Medicaid fee but to realize this aim, reliable data must be compiled.

The N. C. Department of Social Services, with the approval of HEW, funded such a survey which is now nearing completion under the direction of Dr. Jean Paul Gagnon of the School of Pharmacy, University of North Carolina. It is anticipated the results of the survey will be announced this summer.

(2) At the request of the Medical Cost Containment Commission, the Committee prepared and presented a statement to the Commission covering recommendations relating to the delivery of drug therapy to Medicaid recipients.

Since that time, two of the Committee's recommendations (a) to keep the administrative phase of the program under control of outside agencies rather than having the State do this, and (b) extend the contract to a minimum of two or three years, have also been recommended by a company retained to survey the entire program and submit its findings. The Committee was given an opportunity to

submit suggestions to the survey company and did so.

(3) The Committee has frequent input on the day-by-day operation of the Medicaid Program with Mr. Benny Ridout of Social Services and with Mr. Shelton Brown of The Computer Company. Generally, a telephone call is all that is necessary to satisfactorily adjust a request between a provider and these agencies, which runs all the way from an eligibility question to payment of a claim. In all cases, our requests have been courteously received and action taken.

As all providers are aware, the Medicaid Rx Program was modified in 1977 by legislative act of the North Carolina General Assembly whereby, under specified conditions, less expensive drugs could be supplied to Medicaid recipients in lieu of brand name drugs.

The change was estimated to save \$4 million a year. Since a year has not elapsed from the initial date of the changeover, we have no firm statistics as to the total savings other than an estimate that the savings will fall far short of the \$4 million goal.

The Committee has been informed that some information has been compiled for review by the Medical Cost Containment Commission, and doubtless will be reflected in the Commission's report to the General Assembly in June 1978.

Some brief statistical information which may be of interest: In 1971, 3,277,396 Medicaid prescriptions were dispensed at a billed cost of \$14,545,517. In 1977, the Rx total had increased to 4,103,092 and total cost to \$27,242,549.

The number of eligibles rose from 276,000 in 1971 to 350,000 in 1977. During the same period, average Rx prices increased from \$4.43 to \$6.63.

Although the administrative agency switched from Paid Prescriptions to EDS and then to TCC within a relatively short period, payment of claims has remained steady at approximately \$2 million a month. The Computer Company is making a determined effort to pay claims as promptly as possible and the backlog of unpaid claims, some going back to other contract administrators, is being reduced each month.

Since the Medicaid budget will be up for review by The General Assembly in June, the

(Continued on page 24)

A lot more goes into Abbott drug products than simply drugs.



Gerry Hietala, Abbott research pharmacist, on flavoring:

"One 'yuck' from any of these panel members and it's back to the drawing board. This is the final, most critical test for flavoring in our suspensions. No matter how much effort goes into the flavoring system of a pediatric drug, this is the bottom line. Kids simply won't take a bad-tasting medicine.

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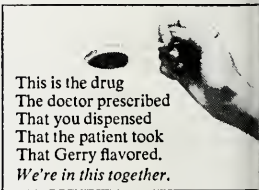
be able to cover the increased bitterness to maintain palatability of the suspension.

We've developed a product that minimizes the amount of free erythromycin base that will develop, and we carefully control the quality of the starting drug. These two factors assure long-range stability . . . and good taste . . . when the product is out in the field.

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TASK FORCE ON HEALTH PLANNING AND PHARMACY PRACTICE MINUTES

The second meeting of the Task Force on Health Planning and Pharmacy Practice was called to order at 1:15 p.m. on Tuesday, March 28, 1978 at the Institute of Pharmacy in Chapel Hill by Larry Burwell, chairman. Members present were: Paul Alston, Tom Burgiss, Larry Burwell, Sybil Champion, Estelle Fulp, Buddy Lingle, Sam Lowman, Art McBay, Alex Pearson, Gretchen Peed, Harry Phillips, Margaret Pollard, Milt Skolaut, and June West. Ex officio members present were: Al Mebane, Tom Miya, W. J. Smith, and Dave Work. Staff members present were: Fred Eckel, Steve Moore, and Jim Utt. Members absent were: Doug Henderson-James and Dave Warren. Each person introduced himself to the others present.

Mr. Utt reviewed the background paper on the pharmacist's role in primary care. Discussion by the Task Force followed and included comments on the following issues: patient-oriented pharmacy instruction being relatively new to pharmacy education; the legal questions surrounding expanded roles for pharmacists; accessibility of pharmacists versus physicians; whether physician-extender roles are appropriate for pharmacists and good for health care; pharmacy technicians and their training; and proposed changes in licensing agencies in the state.

Mr. Utt reviewed the background paper on cost factors related to pharmacy services. Discussion followed and included comments on the following subjects: a "third class of drugs" and what types of agents would likely be included in such a category; the quality of generic drugs; the determinants of whether a product is sold by prescription only or over-the-counter; price posting of prescription drugs; and the concept of the family pharmacist.

Mr. Utt commented on the background paper on pharmacist involvement in various health system services and settings.

Mr. Moore reviewed the background papers on cost effectiveness of pharmacy services, the pharmacist's role in health education, and the review of the Health Systems Plans.

The third Task Force meeting is a luncheon meeting scheduled for Monday, April 24, 1978

at the *Carolina Inn—South Parlor* in Chapel Hill. The time of the meeting is 1 p.m. Mr. Moore called the members' attention to a proposed introductory section for the final Task Force report which was distributed at the meeting. This section deals with background information on the status of pharmacy practice in North Carolina. Members' comments were solicited for this paper as well as the background papers for the March 28 meeting since most of these papers are planned for inclusion in the final Task Force report (with necessary modifications).

The Task Force then divided into three groups for discussion and proposal of recommendations to be drawn up for the third meeting and which will constitute the primary recommendations of the Task Force regarding health planning and pharmacy practice. The afternoon's activities concluded when these discussion groups adjourned (each at approximately 4:15 p.m.).

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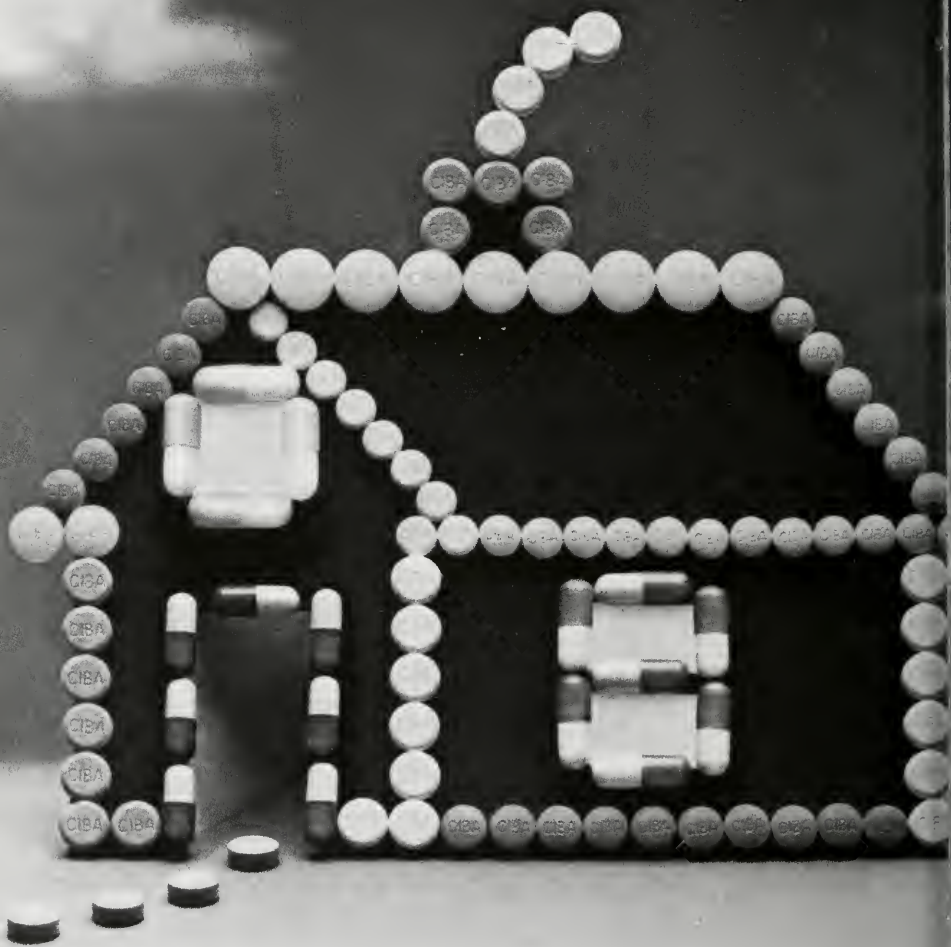
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- (2) Earley's Broadway Drugs, Inc., 728 South Broadway, Forest City 28043. James P. Earley, Jr., pharmacist manager.
- (3) Suttle's Cliffside Pharmacy, Inc., North Main Street, Cliffside 28024. E. Wilson Crawford, Jr., pharmacist manager.
- (4) Revco Discount Drug Center, 4917 Arendell Street, Morehead City 28557. Douglas M. Williams, pharmacist manager.
- (5) Rite Aid Pharmacy, 2215 New Hope Church Road, Brentwood Shopping Center, Raleigh 27604. Henry B. Ridenhour, pharmacist manager.
- (6) Yarborough Pharmacy, 1300 St. Mary's Street, Raleigh 27605. Frank F. Yarborough, pharmacist manager.
- (7) Soul City Pharmacy, Soul City Blvd., Soul City 27553. James B. Duman, pharmacist manager.

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Candler

Valley Drug Store, Valley View Shopping Center. Pharmacy lost more than \$400 in cash and a quantity of CS drugs in a late March break-in.

Jonesville

Jonesville Discount Drug Store, Jonesville. Two Tri-County men have been charged in the burglary of more than \$500 worth of drugs taken from the pharmacy.

Reidsville

Two drug stores—Link Brothers Pharmacy and Carolina Apothecary—were broken into in early April, but drugs and money were taken only from Link Brothers Pharmacy.

Forest City

Two South Carolina men were arrested following a break-in at Forest City Pharmacy.

Denver

An alarm apparently prevented a robbery of the Denver Pharmacy. The alert sounded when suspects knocked a hole in the wall in an attempt to enter the pharmacy.

Kannapolis

Detectives of the Kannapolis Police Department and agents of the State Bureau of Investigation have wrapped up an intense five month investigation into four area drug store break-ins, arresting six individuals in connection with those break-ins.

Among the drug stores involved: Landis Drug Store, Landis; Moose Drug Store, Mount Pleasant; Jackson Park Drug Store, Kannapolis; and Baxter's Drug Store, Kannapolis.

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JOINT COMMITTEE EXPLORES MUTUAL CONCERNS OF PHYSICIANS & PHARMACISTS

At the suggestion of the North Carolina Medical Society, the Committee on Drug Abuse of the Medical Society met with representatives of the North Carolina Pharmaceutical Association in Chapel Hill at the Institute of Pharmacy on April 2nd.

Major decision resulting from the meeting was a recommendation the State Medical Society encourage county and district medical societies to establish on-going committees of physicians and pharmacists to discuss and seek mutual solutions to problems and service opportunities as deemed appropriate at the local or district level.

The April 2nd agenda included consideration of (1) more control over pre-signed Rx blanks and telephone prescriptions; (2) pre-

scribing outside normal range of practice or prescribing in the absence of customary MD/patient relationship; (3) system to monitor unusual prescriptions; (4) need to alert physicians of the street value of signed and unsigned Rx blanks; (5) forged prescriptions; need for state-wide alert system; and (6) prescribing controlled (abusable) substances for members of the prescriber's family.

It is anticipated some of the information and recommendations generated by the joint committee will be channeled thru the Pharmacy Information Alert System now being finalized by the NCPHA.

Committee members in attendance at the April 2nd meeting are pictured below with the exception of Pharmacist Julian Upchurch of Durham who was absent at the time the photo was made. Dan Finch represented the State Medical Society staff and served as meeting recorder.



COMMITTEE ON DRUG ABUSE—Front row, left to right: Myron B. Liptzin, M.D., Chapel Hill; Dan Finch, Raleigh; John A. Ewing, M.D., Chapel Hill; Philip G. Nelson, M.D., Greenville; and Robert W. Whitener, M.D., Greensboro.

Back row, left to right: David R. Work, Pharmacist, Chapel Hill; Patricia C. Giddings, Pharmacist, Durham; Ralph Ashworth, Pharmacist, Cary; Roger M. Crane, Pharmacist, Raleigh; Lady Faircloth, N. C. Drug Commission, Raleigh; and W. J. Smith, NCPHA, Chapel Hill.—Photo by Al Mebane.

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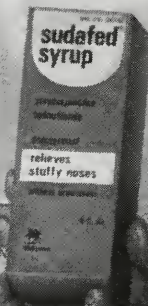
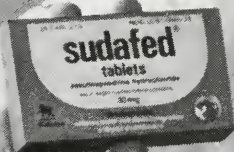
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COMMITTEE ON LEGISLATION NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

The Committee on Legislation, in discharging its assigned responsibilities, has discussed various legislative matters in terms of short and long term solutions. The North Carolina General Assembly will reconvene in late May, primarily to adopt a budget, but carry-over legislative proposals from the 1977 session will be considered. A regular session of The Assembly is slated for January 1979.

In connection with the short-term session coming up, two pharmacist members of The Assembly, Senator John T. Henley, Majority Leader in the Senate, and Representative Barney Paul Woodard, Chairman of the House Health Committee, will be present. And hopefully, both of these experienced legislators along with other pharmacist candidates will be successful in the May 2 primary.

Since the delivery of health care is increasingly being influenced by political decisions, the Committee recommends that pharmacists become more politically involved. A beginning can be made by joining and financially supporting the North Carolina Pharmacy Political Action Committee.

The Committee recommends that a concerted effort be made to increase the current North Carolina Medicaid Rx Fee to a level which will adequately compensate providers for professional services rendered. In anticipation of data from Dr. Gagnon's survey of *What it Costs to Dispense A Non-Medicaid Prescription in North Carolina*, the Committee is prepared for immediate follow-thru discussions with officials of the North Carolina Division of Social Services regarding the Medicaid Rx Fee. HEW is insisting on implementation of EAC or Usual and Customary, whichever is lower, hence the necessity for review of the Medicaid Rx Fee as it relates to these cost control measures.

The Association's position in respect to the future of the Medicaid Rx Program has been made a part of the record of the Health Care Cost Containment Commission which, in turn, will report to The Assembly in June 1978. The Association's Committee on Public Health & Welfare will discuss this in greater detail.

The Committee recommends that the Physician Assistant/Family Nurse Practitioner Bill (90-18.1) which permits these extenders to prescribe, compound and dispense drugs under supervision, be revised to eliminate dispensing privileges. Only a limited number of permits have been issued by the Board of Pharmacy for this purpose, hence the Committee feels the legislation is serving no useful purpose.

The Committee recommends the NCPHA cooperate with the Board of Pharmacy in a complete rewrite of the Pharmacy Laws of North Carolina, some parts which remain unchanged since 1881.

By legislative mandate of The General Assembly—the so-called Sunset Law—all professional licensing boards must justify their continued existence or cease to be operational. Within the time framework as established by The Assembly, Pharmacy will be up for review in 1981. Hence, the Sunset Law provides an opportunity to update a pharmacy act which in some respects needs attention.

Of special interest to members of the Association, incorporation of the NCPHA—a part of the Pharmacy Laws of North Carolina—was by action of The Assembly in 1881. Therefore, we have a two-fold interest and responsibility in this matter.

Due to some ambiguities in the Prescription Signature Bill, which was passed by The Assembly in 1977, the Committee recommends a slight modification in the Bill as agreed by conferees from the Medical Profession, the Food & Drug Division, N. C. Drug Commission, and the NCPHA.

While the intent and purposes of the Prescription Signature Bill are still being implemented, the legislation has had a positive impact in the State, eliminating time-loss in signature identification and to some degree, has been helpful in controlling forged prescriptions. As prescribers become more familiar with the requirements, compliance will improve.

The Committee received a request to add quantity and expiration date to Rx labels but declined to approve the request. The Committee feels this additional information would not be of significant benefit to public health; also, from a practical viewpoint, there is limited space on the Rx label.

The Committee recommends an in depth review of drug dispensing practices in county

(Continued on Page 33)

FOUR GENERATIONS OF ROBINS FAMILY HAVE GUIDED A. H. ROBINS COMPANY

Four generations of the Robins family have guided A. H. Robins Company to its present position as a multinational corporation with annual sales of more than \$300 million. Pictured from left to right are founder Albert Hartley Robins; Claiborne Robins; Martha Taylor Robins; chairman of the board E. Claiborne Robins; and president and chief executive officer E. Claiborne Robins Jr. The company had anticipated observing its 100th anniversary this year, but when it began researching its history and making plans for the observance, it was startled by the discovery that founder A. H. Robins had launched the business in 1866 rather than 1878, as had been believed. (See accompanying news release)



A. H. ROBINS IS TWELVE YEARS LATE WITH CENTENNIAL OBSERVANCE

Have you ever looked forward to a big birthday party only to discover at the last minute that you had marked the wrong date on the calendar? Well, this is exactly what has happened to one of the country's leading pharmaceutical manufacturers.

A. H. Robins Company, which has grown from a small apothecary in downtown Richmond, Virginia, to a multinational corporation listed on the New York Stock Exchange, had regarded 1878 as the year founder Albert Hartley Robins began the business. So a gala centennial birthday party was being planned for this year.

But as preparations and research of the company's history were proceeding a startling fact was uncovered in an old City of Richmond business directory. Robins' apothecary, the directory clearly indicated, has been open for a dozen years by 1878, thus making 1978 not the 100th, but the 112th year in the company's history.

Undismayed, A. H. Robins and its employees are going to have their observance nevertheless.

"Why shouldn't we?" asks president and chief executive officer E. Claiborne Robins, Jr. "When you have kept a business going for a century, you have good reason to be proud. The additional 12 years we have just found out about are icing on the cake."

Still headquartered in Richmond, only a few miles from the site of the original apothecary, A. H. Robins has broadened the scope of its operations in recent years to include a variety of consumer products. But it continues to concentrate on the development and production of pharmaceuticals which are marketed throughout the United States and, through subsidiaries, branches and independent agents, in Canada, Latin America, Europe, Africa and the Middle and Far East.

A. H. Robins' principal products are drugs for cough and cold ailments, antispasmodics for gastrointestinal disorders, and skeletal muscle relaxants. Altogether, the company produces approximately 55 pharmaceuticals, 10 of which are among the 200 most-widely prescribed drugs in the United States.

Robins Jr., who has been active in the management of the company since 1968 and chief executive officer since the first of this year, is the great grandson of the founder. His grandfather, Claiborne Robins, headed the company from 1896 until his death in 1912 at the age of 39. His grandmother, Martha Taylor Robins, kept the business going until his father (now chairman of the board) graduated from the Medical College of Virginia School of Pharmacy and took over in 1933.

Thus, four generations of the Robins family have participated in building A. H. Robins Company into a worldwide organization with annual sales of more than \$300 million. The company is continuing to grow, and its 5,500 employees are looking forward not only to this year's observance, but a 125th birthday party, now only 13 years away.

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To the Editor:

INSURANCE RATES AND SAFE DRIVING

The 1977 Session of the General Assembly of North Carolina House Bill Number 658 was passed to promote the public welfare by regulating rates to the end that they shall NOT be EXCESSIVE, INADEQUATE or UNFAIRLY DISCRIMINATORY.

From our point of view they have missed the boat. OK—punish the Drunken driver, the Reckless driver, the Speeder, the fellow who creates Accidents. There is a Big catch-basin. You get one point against you for Each moving violation.

In Durham, at present, the congested areas in town carry a 35 mile per hour speed limit. Drive 2-3-4-or 5 miles out into safe areas and posted limit is still 35. In these safe areas our Patrol Cars sit on the side streets and wait for the victim cruising at 40 miles per hour. Records from our Police Department show that 90% of the arrests in 1977 were for citizens driving between 35 and 45 miles per hour. Over 6,600 arrests—so it is easy to see that almost 6,000 people were victims for driving in the area of 40 miles per hour.

Two such moving violations and you are punished as though you had driven 74 miles per hour. Four violations in your family and all of you are punished as though one had driven 80 miles per hour.

What is the answer? Try to get your speed limits changed by your City Councils. It does not always work. Recently I garnered 400 signatures to a petition to ask for an increase in speed limits on two streets. Our Public Works Committee passed it with the approval of the City Traffic Control office and when we

appeared before the City Council, TWO people appeared against the petition and it was denied by unanimous vote.

Speed limits are unfair in Fringe Areas of many cities; the Point System is unfair to Safe Drivers at 40 miles per hour. Let your representatives to the General Assembly hear from you. Call your City Council Officials and let them hear your protests!

Tom Reamer
30 Stoneridge Circle
Durham, N. C. 27705

REACTION

This is a very brief note to express my deep appreciation for the opportunity of meeting with you and your group along with the Committee on Drug Abuse of the North Carolina Medical Association on April 2nd. It seems to me that this opportunity to share views and problems was of great value. I had never before had the opportunity of discussing some of these issues with pharmacists. I had not even a slight idea that there are problems between the pharmacists and the physicians of our state. I feel that they can probably rather easily be corrected with some communication. The hospitality of you and your colleagues was deeply appreciated.

Sincerely Yours,

Philip G. Nelson, M.D.

KINSTON

Guest speaker at a recent meeting of the Coastal Plains Occupational Health Nurses Association was Larry Siegler, Superintendent of Burroughs Wellcome's animal health division and a 1970 graduate of the UNC/CH School of Pharmacy.

"Service in Wholesale Quantities"



PHARMACISTS LICENSED

Pharmacists licensed by the North Carolina Board of Pharmacy as a result of the March 6, 7 and 8 examination in Chapel Hill are:

Tennie Ashley Allen, Concord
 William Franklin Allen, Jr, Cherryville
 John Parker Austin, Jr., Four Oaks
 Michael O'Neal Baxley, Wingate
 Carol Ann Bias, Wadesboro
 JoAnn Canaday Black, Chapel Hill
 Amy Stuart Brown, Ahoskie
 Michael Lynn Brown, Charlotte
 Claude Franklin Burney, Raleigh
 Dennis Nelson Casey, Wilmington
 Peggy Anne Cooke, Huntersville
 Deborah Lewis Cranfill, Winston-Salem
 Patricia Ann Daly, Durham
 Cynthia Byrd Dunham, Chapel Hill
 Will Washington Eason, III, Rocky Mount
 Dessie Ann Elliot, Erwin
 Mark Allen Goodson, Winston-Salem
 Susan Gibson Goodson, Winston-Salem
 Patrick Smith ale, Chapel Hill
 Julia Diane Harris, Wrightsville Beach
 Charlotte Marie Hawkins, Asheville
 Dannie Marion Hayes, Hope Mills
 Michael Douglas Howard, Charlotte
 Gary Walter Idol, Kernersville
 Hugh Kenneth Idol, Raleigh
 Terry Lynn James, Southern Pines
 Robert Darrell Jenkins, Jr., Raleigh
 Harold Bleckley King, III, Asheville
 Joseph Solomon Lewis, Jr., Stoneville
 Earle William Lingle Jr., Chapel Hill
 Jackie Badger Little, Jefferson
 George Edward Long, Jr, Charlotte
 Virgil Solomon Lucas, Jr., Durham
 Martha Nell Walker Lyon, Lexington

Milton Lee McCoy, Charlotte
 Charlotte Ann Martin, Charlotte
 Charles Edwin Matheson, Shelby
 Peggy Lee Morgan, Salisbury
 Robert Leroy Moser, Jr., Newton
 Richard Congleton Nelson, Fayetteville
 James Ronald Newby, Roanoke Rapids
 Nancy Sperling Parrish, Miami Lakes,
 Florida
 Victor Joe Pendergrass, Rock Hill, S. C.
 Deborah Zurek Pleasants, Durham
 Roy Alton Pleasants, Jr., Durham
 Dennis David Poteat, Marion
 Vicky Lee Poythress, Wilson
 Albert Johnson Rachide, Goldsboro
 Terrie Ammons Rallings, Charlotte
 Max Gardner Reece, Jr., Pineville
 Michael Scott Reinhardt, Iron Station
 Jeffrey Risse, Durham
 Deborah Willis Ritter, Greensboro
 Deborah Walker Robinson, Conover
 David Graham Sheffield, Warsaw
 James Gary Shively, Rocky Mount
 Kayren Elaine Shiver, High Point
 Thomas William Sowell, Hickory
 Jennifer Lucille Stancil, Kenly
 Nancy Hardy Thigpen, Raleigh
 Teresa Grace Truitt, Greensboro
 Joseph Edward Vojtecky, Greenville
 Lou Ann Wasson, Statesville
 Bruce Alexander Williams, Jr.,
 Hendersonville
 Carol Lynn Yates, Rockingham
 Carolyn Renee Zaleon, Greensboro

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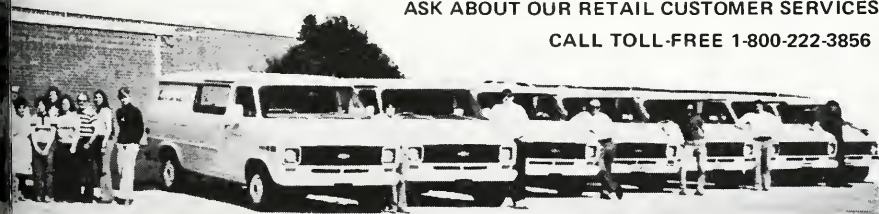
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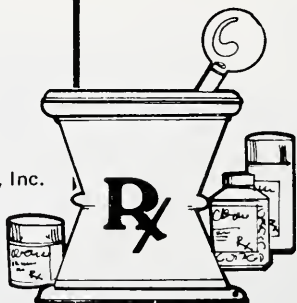
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Miss The 1st ANNUAL *Carolina Gift Expo*

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• Luncheon served on Monday, July 10th

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Pat Kamaneck Byrne
U. of Michigan

Karen Jensen
St. Louis College
of Pharmacy

Gary McGowan
U. of South Carolina

Remember the summer of '77?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '77.

Upjohn

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NCAP HONORS W. J. SMITH

At the 15th Annual Meeting of the North Carolina Association of the Professions held at the Governor's Inn, Research Triangle Park, March 29, 1978, Mr. W. J. Smith was honored by the Association.

Mr. Smith, who served as President in 1968-69, is retiring as Executive Director of the North Carolina Pharmaceutical Association at the end of April, 1978. Mr. Smith was active in the formation of the Association and has been supportive of all programs and activities throughout the 15 year span of the Association.

At the Annual Meeting, at which Thomas G. Thurston, M.D. of Salisbury, was installed as President, two topics were of primary importance: Education and Third Party Interference; and a Center for Scientific Research to be established in the Research Triangle Park. Panelists for the programs included: Dr. Ray Dawson, Vice-President of the University of North Carolina; Dr. John Tart, President, Johnson County Technical Institute; Ben A. Fountain, Director, Community College Division, N. C. State Board of Education; A. Craig Phillips, Superintendent, N. C. Board of Public Instruction; Dr. William Little, Vice-President, University of North Carolina; Dr. Kent Mullikan, Staff Associate, Center for Humanities; Dr. Aleksandar S. Vesic, Dean, School of Engineering, Duke University; and Dr. Henry B. Smith, Associate Dean of Engineering for Research and Graduate Students, North Carolina State University. Mrs. Howard Holderness, Vice-Chairman, UNC Board of Governors served as Moderator.

Among the other officers installed at the meeting was J. Marshall Sasser, Smithfield pharmacist, as Secretary.

PERSONNEL & ADDRESS CHANGES

William James White, pharmacist at Hayes Barton Pharmacy, Raleigh, has accepted a position as manager of Glenwood Pharmacy, Raleigh.

Glenwood Pharmacy is owned by F. Michael James, also owner of Person Street Pharmacy.

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NEWS FROM THE LOCAL/DISTRICT PHARMACY ORGANIZATIONS

HARNETT COUNTY

Reported by Edith Ann Caviness

On Monday evening, March 27th, the Harnett County Pharmaceutical Association met at the Western Sizzlin Steak House in Dunn. There was a brief business meeting presided over by Herman Medlin, Vice-President. The nominating committee presented its slate of nominations for new officers, which was accepted by acclamation. Officers for the new year are as follows:

President—Herman Medlin

Vice-President—Neil McPhail

Program Chairman—I. J. Pruett

Secretary & Treasurer—Edith Ann Caviness

Items of current pharmaceutical interest were discussed by those present: Caul Jernigan, Larry Thomas, J. I. Thomas, Herman Lynch, Ernestine Lynch, and Herman Medlin of Dunn; Neil McPhail, Bill Randall, Fleming Lovette, and Edith Ann Caviness of Lillington.

The next meeting is scheduled for May 22nd.

JOHNSTON COUNTY

Reported by Carlyle Woodard

New officers for the coming year elected at the April meeting of the Johnston County Drug Club held at the Holiday Inn in Selma are:

President: Franklin Wells of Warren Drug Company, Benson.

Vice-President: Kay Carroll, Carroll Pharmacy, Smithfield.

Secretary-Treasurer: Carlyle Woodard, Woodard Drug Company, Princeton.

The club voted to hold a ladies night in July at the home of Alan Boyd of Kenly Drug in Kenley and to tour the new Squibb plant now in operation in Kenly.

Mr. and Mrs. J. Marshall Sasser of Smithfield entertained the pharmacists of Johnston County and their spouses at a buffet dinner in their home on St. Patrick's Day evening.

Among the 36 guests were Mr. and Mrs. W. J. Smith and Mr. and Mrs. Al Mebane of Chapel Hill.

J. A. Creech, Jr. of Selma, president of the Johnston County Drug Club, and Carlyle Woodard of Princeton, secretary-treasurer, conducted a short business session.

The Sasser home was decorated in the Irish tradition of St. Patrick's Day.

WAKE COUNTY

Reported by Karen Barton

Members of the Wake County Pharmaceutical Association, at two recent meetings of the organization, heard guest speakers discuss pharmacy legislation and pharmacy education.

Steve Moore, Executive Director of NC-PharmPac, at Wake's February meeting in Raleigh, discussed the objectives of NC-PharmPac and its legislative record of accomplishments.

The new $\frac{3}{4}$ program to be initiated by the UNC/CH School of Pharmacy was discussed by Dean Tom S. Miya at Wake's March 7th meeting in Raleigh. A progress report on the planned PharmD program was also a part of Dean Miya's presentation.

The April 4th meeting of the Wake County Pharmaceutical Association was held in Raleigh at the Villa Capri with 28 members and guests present.

Roger Crane reported on a drug abuse committee meeting which he attended in Chapel Hill called at the request of the N. C. Medical Society (details appear in this issue of *The Journal*).

Pam Joyner, Pharmacy Coordinator of AHEC, presented a short background of AHEC and explained her duties as Pharmacy Coordinator.

Officer nominees for 1979 are: Ginger Lockamy, president elect; Bill Scarboro, vice president; Ron Salem, secretary; Larry Bullock, treasurer; and Betty Rowe, executive committee member.

(Continued on Page 24)

1978 Geer's Trade and Gift Show

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GEER'S 1978 TRADE and GIFT SHOW

The **LARGEST** *by a landslide!*

Local/District News

(Continued)

CABARRUS COUNTY

Dean Tom Miya was guest speaker at the March 28th meeting of the Cabarrus County Pharmaceutical Society, held in Concord. Also attending were Dean Worley, and Prof. Paoloni from the U.N.C. School of Pharmacy, and Bill Sawyer, with the Charlotte div. of A.H.E.C.

Dean Miya spoke to the group concerning the School of Pharmacy's role in health care planning for our state, new ideas in education, such as the Pharm.D. degree, and budget considerations now facing the school.

Officers for the Cabarrus County Society are Bob Dayvault, Pres.; Bill Harris, Treas.; and Mike Clark, Sec. The society seeks support from all interested pharmacists in Cabarrus County, as well as those in adjoining areas.

DURHAM-ORANGE

The final meeting for the 1977-78 year of the Durham-Orange Pharmaceutical Association was held Friday, May 5th. A progressive dinner at the home of Mr. and Mrs. L. Milton Whaley, Durham; at the Ranch House, Chapel Hill; concluding at the home of Mrs. Babette Blaugh, Chapel Hill, was the feature of the evening. Officers for 1978-79 installed by Al Mebane, Executive Director of the North Carolina Pharmaceutical Association were: *Connie McFall, President; Tim Williams, Vice-President; Barbara Burke, Secretary Treasurer; Bill Burch and Jerry Palmer, Executive Committee.*

RHETA SKOLAUT NAMED HOSPITAL PHARMACIST OF THE YEAR

In Atlanta on Thursday, April 6, 1978, Rheta Skolaut received the "Pharmacist of the Year Award" from the Southeastern Society of Hospital Pharmacists. It was awarded for sustained contributions to Hospital Pharmacy over many years. The award is "The Lillian Price Award," named after the first recipient.

Mrs. Skolaut was cited for her many contributions, both in hospital pharmacy and in community and volunteer activities.

COMMITTEE ON PUBLIC HEALTH

(continued)

Committee will follow the proceedings with interest and will be available for input when necessary. It is anticipated the recommendations of the Medical Care Cost Containment Commission will have a significant influence on whatever direction The Assembly moves on the Medicaid budget for 1978-79.

The Committee commends the service of Rex Paramore, currently a member of the Social Services Commission; Benny Ridout, Pharmacist Consultant, N. C. Division of Social Services; Shelton Brown, Project Director, The Computer Company. These three pharmacists have been helpful in the day-by-day operation of the North Carolina Medicaid Drug Program, which is generally acknowledged to be one of the more acceptable programs of its type in this country.

MEMBERS

- Kenneth Edwards, Chairman, P.O. Box 40, Stantonsburg 27883
 Jean Paul Gagnon, UNC School of Pharmacy, Chapel Hill 27514
 Leon Irvin Graham, 403 E. Westbrook St., Wallace 28466
 Julius F. Howard, Seashore Drugs, 2059 Carolina Beach Rd., Wilmington
 Evans Jackson, 804 Cutlar Street, St. Pauls 28384
 William D. (Billy) Smith, P.O. Box 1091, Elizabethtown 28337
 B. Paul Woodard, Woodard's Pharmacy, Princeton 27569
 CONSULTANT: W. H. Wilson, 2000 Fairview Road, Raleigh 27608

CONCORD

Pharmacist Mickey Watts explained the new Rx Law, effective January 1, 1978, at a meeting of the Cabarrus County Chapter of the American Association of Medical Assistants. Also discussed were refills, illegal drug trafficking and how to write prescriptions so they cannot be altered by patients.

SILER CITY

Pharmacist Al Simmons appeared on the North Carolina Zoo Telethon fund-raiser.

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Script

Graduation Held May 14th

CLASS OF '78 HAS 146 GRADUATES

Graduation ceremonies for the U.N.C. School of Pharmacy were held in Hill Hall on Sunday, May 14. The Class of 1978 consisted of 84 females and 62 males. Included in the ceremonies were 25 students who had completed academic requirements in December, 1977.

This is the first graduating class to fulfill new requirements for a semester of rotation through various chain, community, hospital and other pharmacy settings. This rotation adds essential practical experience to formal class studies.

Although exact figures are not known, it appears that a majority of graduates will intern in chain stores. A number have selected hospital pharmacies while others go into community practice. Several graduates will enter medical and dental schools or go on to pharmacy graduate studies.

The graduation speaker was Herman Lynch of Dunn, President of the North Carolina Pharmaceutical Association.

Names and hometowns of the Class of 1978 appear on the following pages.

Dr. Brecht Receives Distinguished Service Award



Dr. Edward Armond Brecht was named the 1978 recipient of the coveted U.N.C. School of Pharmacy Distinguished Service Award. This award is made annually to an individual, other than faculty or student, who has made outstanding contributions to the instruction research, and/or service functions of the School.

Dr. Brecht is respected as a teacher-researcher-administrator. He vividly demonstrated these characteristics during his 35 year career in pharmacy academia. During this period, from 1950 to 1965, Dr. Brecht was Dean of the UNC School of Pharmacy. He has continued to actively participate in School of Pharmacy affairs including his recent election as a Director of the

North Carolina Pharmaceutical Research Foundation.

Dr. Brecht received the Bachelor, Master and Doctor of Philosophy degrees in pharmacy from the University of Minnesota. He came with the U.N.C. School of Pharmacy as an instructor in 1939 and rose to professor in 1946. In 1966, after fifteen years as Dean of the U.N.C. School of Pharmacy, Dr. Brecht left to become Professor of Pharmaceutics at Northeast Louisiana University School of Pharmacy and Allied Health. He was in this position from 1966 to 1974.

In addition to various pharmacy and professional organization offices, Dr. Brecht was co-author of *American Pharmacy* and *Scoville's Art of Compounding*.

Dr. Brecht is most proud of his entire family's relationship with the pharmacy profession. His father was the owner of City Drug Store, Minnesota Lake and all members of his family including his mother, brother, sister were also pharmacists. He is also extremely pleased with the fact that his needlepoint picture of the City Drug Store was used as a cover of *Modern Pharmacy*, published by Parke-Davis & Company.

As a now retired resident of Chapel Hill, Dr. Brecht, in addition to his interest in pharmacy affairs, is an avid golfer.

A Message From The Dean . . .

It is commencement time again. How time does fly! To all the graduating students, hearty congratulations and a reminder that commencement, if nothing else, connotes the beginning, the starting point, the point of embarkation. We have often heard the old cliché in recent years that the pharmacy profession is at the crossroads. This may be true, but a cross in the road implies a selection of a direction we want to go. It is time to remind all of you that you will make up the profession of the future. Pharmacy collectively must take bold steps in the right direction to correct what is wrong and strive for what is our domain. Often, taking small steps is the better part of valor, but in order to avoid stepping into a filthy puddle, giant steps must be taken.

ANNUAL AWARDS GIVEN STUDENTS

The School of Pharmacy honored a number of graduating students with various awards in ceremonies held at the Ranch House, Chapel Hill, on April 27.

The Student Body President Award was presented to **GEORGE BYRD ABERCROMBIE** (Brevard); who was also the recipient of two other awards, the Pharmacy Faculty Award, as the student in the graduating class who attained the highest average during the four years of professional study and the Lilly Achievement Award in recognition of his superior scholastic and professional achievement.

MAUDE ANNE BABINGTON (Chapel Hill) also was the recipient of three awards. She received the Kappa Epsilon Award as the woman student demonstrating outstanding characteristics of leadership, character, service and scholarship; she was also presented the Upjohn Achievement Award as the graduating student displaying outstanding services to the School in an effective and exemplary manner. In addition, she was selected for the Pharmacy Student Body Award as the member of the graduating class demonstrating the highest quality of character, deportment, scholarship, participation in extracurricular activities, and promise of future distinction in the profession.

The McKesson and Robbins Award went to **PATSY ELIZABETH MILLAR** (Winston-Salem), as President of the Student Chapter of the American Pharmaceutical Association.

The Bristol Award went to **AMY JO ALFORD** (Greensboro), which recognizes a graduating senior for noteworthy achievement in pharmacy.

KATHLEEN MARIE REILLY (Southern Pines) received the Buxton Williams Hunter Award given annually to the graduating student who excels in campus citizenship and scholarship. She also was the recipient of the Division of Pharmacy Practice Achievement Award honoring that graduating student demonstrating a high degree of professional motivation and concern about the role of the pharmacist in the delivery of health care.

MICHAEL JAMES MULLEN (Siler City) was named winner of the M. L. Jacobs Award in recognition of a student who demonstrates excellence in Medicinal Chemistry.

TONI KAY MASCHERIN (Trenton, N. J.) received the Rexall Award for the highest achievement in Pharmacy Administration courses.

The Johnson & Johnson Award went to **TONY CURTIS GURLEY** (Marion) as the fourth year student who displayed outstanding performance in Pharmacy Administration studies.

The Smith-Kline & French Award for academic excellence with demonstrated ability to apply this expertise to clinical practice was given to **ANITA GERTRUDE LORENZO** (Boone).

The Merck Award is made annually to graduating seniors for noteworthy achievement in pharmacy. This year's awards went to **DETRA DAWN BECK** (Greensboro); **RALPH WILLIAM FONVILLE** (Reidsville); and **SUSAN LYNN POWERS** (Winston-Salem).

The APhA Certificate was awarded to **BILLIE NELL HINES** (Columbia, S. C.) on behalf of the American Pharmaceutical Association for outstanding services to the Student Chapter.

MARY CLAIRE SHERRILL (Statesville) was presented the Rho Chi first-year award in recognition of highest scholarship in the first year of the pharmacy curriculum.

CONGRATULATIONS TO THE CLASS OF 1978

George B. Abercrombie	Brevard	Joseph T. Goins	Randleman
Amy J. Alford	Greensboro	Christine S. Goodman	China Grove
Lester R. Alsup, Jr.	Chapel Hill	David T. Gowarty	Raleigh
Maude A. Babington	Chapel Hill	Gary R. Glisson	Nashville
Jonnie K. Barbour	Clayton	Brenda A. Hall	Fayetteville
Detra D. Beck	Greensboro	Julia D. Harris	Greensboro
Stephen D. Bennett	Rocky Mount	Dannie M. Hayes	Hope Mills
Joseph L. Black	Indian Trail	Beatriz E. Hernandez	Jacksonville
Jane B. Boone	Jackson	Callie R. Higgins	Durham
Michael E. Brewer	Wilkesboro	Billie N. Hines	Columbia, S. C.
Robert S. Bullock	Creedmoor	Mark W. Hohenwarter	Greensboro
Michael E. Bunch	Windsor	Elaine A. Holzweig	Doraville, Ga.
Rhonda L. Butler	Dublin	Michael D. Howard	Durham
Patricia A. Butler	Richmond, Va.	Carmen D. Isenhower	Conover
Lillian J. Canaday	Four Oaks	Terry L. James	Durham
Cynthia D. Canipe	Charlotte	Terri S. Jernigan	Fairmont
Mary J. Carter	Thomasville	Joan W. Johnson	Weaverville
Stephen R. Carroll	Willow Springs	Michael F. Johnson	Conway
Dennis N. Casey	Morehead City	Roslyn F. Johnson	Durham
Myra S. Casey	Oxford	Gary M. Jolly	Charlotte
Gina E. Chamberlain	Roanoke Rapids	Ernest C. Jones, Jr.	Dunn
Margaret P. Chenoweth	Roanoke Rapids	Jan S. Kennett	Greensboro
Kemp J. Childress, II	Sanford	Harold B. King, III	Wilmington
Grace Chu	Carboro	Cheryl A. King	Tryon
Ned L. Clark, Jr.	Littleton	James T. Kiser	King
Dana E. Coleman	Rich Square	Pamela M. Kiser	Durham
Jeffrey P. Coleson	Mt. Airy	Janis L. Kuran	Durham
Vernon D. Collins	Chadbourn	William E. Link, Jr.	Clarkton
David C. Cook, Jr.	Whiteville	Jackie B. Little	Jefferson
Kelly A. Cooper	Signal Mountain, Tn.	John A. Long, Jr.	Chapel Hill
Tara Correll	Kannapolis	Anita G. Lorenzo	Boone
Deborah L. Cranfill	Burlington	Deborah A. Lovelace	New Bern
Barbara A. Creason	Spencer	James K. Lowery	Raleigh
Bruce B. Creech	Selma	Michael A. Lupton	Bayboro
Carl R. Creech	Newton Grove	John R. MacIntosh	Matthews
Marcia A. Creech	Smithfield	Elena J. Marsh	Charlotte
Cheryl A. Crickmore	Dallas	Toni K. Mascherin	Trenton, N. J.
Garry C. Dark	Winston-Salem	Jack W. McAdams	Burlington
Joy L. Davis	Laurinburg	Jo W. McCall	Concord
Harold V. Day, Jr.	Spruce Pine	Karen L. McClure	Gastonia
Victor B. Delapp	Reidsville	Margaret L. McDuffee	Fayetteville
Bobby J. Dorsett, Jr.	Rockingham	Jane F. Mederer	Fanwood, N. J.
John S. Dorsett	Raleigh	Elizabeth G. Merritt	Franklinton
Elizabeth S. Drake	Fayetteville	Deborah D. Metcalf	Gastonia
Beverly C. Dupree	Angier	Amy J. Mittman	Mount Airy
Dessie A. Elliot	Erwin	James E. Moody	Fayetteville
James A. Fisher	Salisbury	Jack W. Moore	Durham
Ralph W. Fonville	Reidsville	Peggy L. Morgan	Salisbury
Constance H. Garrison	Chapel Hill	Robert T. Morgan	Roxboro
Wendy J. Gibson	Mt. Airy	Marla G. Moss	Kannapolis
Elizabeth E. Gillum	Chapel Hill	Michael J. Mullen	Siler City
Howard L. Glasser	Siler City	Colin E. Murchison	Chapel Hill

(Continued)

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Senior class students vote to determine the teacher they feel best presents his material; has the greatest interest in students; presents fair and relevant quizzes; and has contributed most to the pharmaceutical education of students.

Lafferty is a 1972 graduate of the U.N.C.-Chapel Hill School of Pharmacy and the U.N.C.-Charlotte School of Business Administration. He teaches pharmaceutical dispensing, calculations and pharmaceuticals. In addition to his teaching duties, Lafferty is also an assistant to the Director of Continuing Education.

Lafferty is a past-president of the Durham-Orange County Pharmaceutical Association and has served as Chairman of the NCPHA Committee on Public and Professional Relations.

CLASS OF 1978

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Robert E. Parrish	Selma
Cynthia T. Patterson	Durham
Jane E. Powers	New Bern
Susan L. Powers	Winston-Salem
Nancy G. Raines	Durham
Kathleen M. Reilly	Southern Pines
Deborah W. Ritter	Matthews
Deborah W. Robinson	Newton
Alfred R. Rogers	Graham
Shelly M. Ross	Gastonia
Jeanne A. Rouser	Waynesville
Mark F. Sanders	Clinton
Martha L. Saunders	Rural Hall
Janet L. Sawyer	Elizabeth City
Susan E. Schenck	Chapel Hill
Christopher L. Seats	Mocksville
Brenda B. Shropshire	Elon College
Lary D. Smith	Turkey
Leon J. Smith	Greensboro
Pamela F. Smith	Thomasville
Forest L. Sprinkle	Marion
Sylvia B. Stallings	Charlotte
Maca S. Steadman	Salisbury

Carol A. Summer
Nancy H. Thigpen
Loni C. Traylor
Robert H. Tripp
Teresa G. Truitt
Jeffery P. Tugwell
Joseph S. Vinson
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Bonnie F. Willis
Cathy D. Wilson
Michael S. Woodard
Richard B. Woodard
Gina C. Woodruff

Chapel Hill
Seven Springs
Fayetteville
Ayden
Greensboro
Farmville
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Chapel Hill
Statesville
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Ronda
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Faith
Burlington
Greensboro
Princeton
Graham
Mocksville

ALCHEMY SYMBOLS AND THEIR MEANINGS

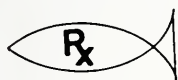


1 AIR	21 QUICKLIME
2 EARTH	22 COPPER
3 FIRE	23 COPPERAS
4 WATER	24 AQUA VITAE
5 ANTIMONY	25 MAGNESIA
6 YELLOW SULPHURET OR ARSENIC	26 MARCASITE
7 RED SULPHURET OR ARSENIC	27 RED LEAD
8 POTASH	28 POWDER
9 OIL	29 MERCURY
10 LEAD	30 SAL AMMONIAC
11 BORAX	31 SALT PETRE
12 SPIRIT OR WINE	32 COMMON SALT
13 IRON	33 AQUA FORTIS
14 VINEGAR	34 SULPHUR
15 CALAMINE	35 SILVER
16 SPIRIT	36 STONES
17 GLASS	37 TO SUBLIME
18 GOLD	38 HUMAN SKULL
19 VERDIGRIS	39 TUTTY
20 WINE	40 OIL OF VITRIOL

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Committee on Legislation

(Continued)

and district health departments now that such departments are being encouraged to add treatment to their traditional preventive role. In the review, the Committee suggests that current pharmacist members of the county and district boards of health be consulted as well as the Chief, Office of Pharmacy Services, North Carolina Division of Health Services (formerly State Board of Health).

In some instances, the drug dispensing function has been assigned to a low bidder in a county; in other instances, pharmacists have been employed to dispense prescriptions on a part-time basis. In order that the best interests of all parties involved be protected, it is evident that immediate attention be devoted to this matter.

The Committee recommended that the N. C. Board of Pharmacy seek an interpretation of the Optometry Bill (HB 655) from the State Attorney General as the Bill applies to liabilities of a pharmacist receiving and dispensing a prescription written by an approved optometrist. The opinion of the Attorney General's Office appeared in the Carolina Journal of Pharmacy, March 1978 issue.

Since some members of the General Assembly have requested the Association's position in respect to the sale of Laetrile in North Carolina, the Committee recommends that the position be the subject of an appropriate resolution at the 1978 Convention.

In order to expedite the rapid dissemination of information to members, the Committee endorses the Pharmacy Information Alert System which is now being finalized by the NCPHA Office in Chapel Hill. While the objectives of the System are broadly based, the Committee sees the System as a vital force in informing members once The General Assembly gets the legislative process underway.

Finally, the Committee recommends that our incoming president appoint the 1978-1979 Committee on Legislation as quickly as possible since this Committee will assume legislative responsibilities in late May when our state legislative body returns to Raleigh.

MEMBERS

James L. Creech, Chairman, Creech's Pharmacy, 109 S. 3rd St., Smithfield 27577

Priscilla C. Brown, Rt. 2, Box 177A, Germantown 27019

Fred M. Eckel, 713 Churchill Drive, Chapel Hill 27514

Bob Henley, 3728 Hillcrest St., Hope Mills 28348

Randy Jones, P.O. Box 398, Clarkton Rd., Elizabethtown 28337

Steve Moore, P.O. Box 592, Chapel Hill 27514

A. Rowland Strickland, Stantonsburg Drug Co., Stantonsburg 27883

CONSULTANT: David R. Work, P.O. Box 471, Chapel Hill 27514

NEW PRODUCTS INTRODUCED IN 1977

According to de Haen New Product Data, 73 new pharmaceutical products were introduced in the United States in 1977. Of these, 18 were new single chemical agents; 26 were duplicate single agents; and 29 were combination products. This compares with 62 new products in 1976.

RALEIGH

Mrs. Elizabeth P. Dildy was awarded the Banks Kerr Trophy for Cosmetician of the Year at the Annual Kerr Drug Cosmeticians' Luncheon held at the Velvet Cloak Inn. Mrs. Dildy is the cosmetician for the Kerr Store in Rocky Mount.

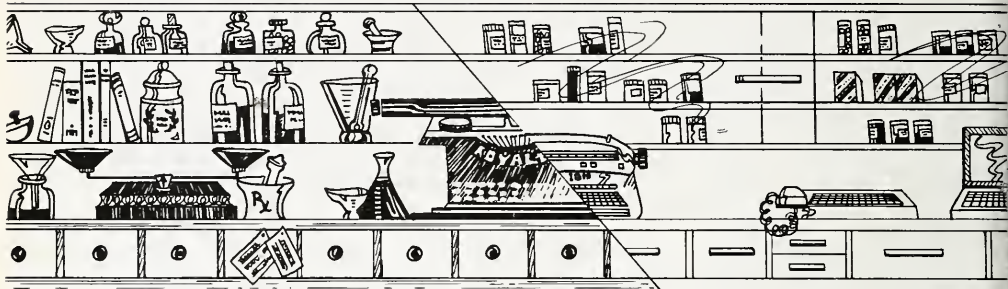
YADKINVILLE

Carl Capps and Wyatt Moser, former pharmacists with the Eckerd chain, have opened their own pharmacy, Grandview Pharmacy, in the old post office building near the Grandview Food Market.

BUTNER

Bill McKellar, a 1970 graduate of the UNC/CH School of Pharmacy, has been named a director of Union National Bank. Prior to moving to Butner in 1975, Pharmacist McKellar worked in Greenville and Clarkton.

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BIRTHS

Mr. and Mrs. Steve L. Koontz, Fairview Medical Park Pharmacy, Lexington, announce the birth of a son, Russell Stephen, on March 8th.

DEATHS

Herman Cline

Frederick Herman Cline, 80, long-time Charlotte pharmacist and former member of the Mecklenburg County Board of Health, died March 26 at Providence Convalescent residence.

Mr. Cline, a graduate of the UNC/CH School of Pharmacy in 1920, was president and part-owner of one of Charlotte's leading pharmacies, T. A. Walker Drug Store, for many years. The pharmacy was sold in 1971.

Prior to retirement, Mr. Cline was active in various civic and professional groups of Mecklenburg County, including the local pharmacy organization. At the state level, he served as a director of the N. C. Pharmaceutical Research Foundation.

Immediately following his death, the Herman Cline Pharmacy Student Loan Fund was established by pharmacist friends and associates. The Loan Fund was to be operational as a part of the NCPHA Consolidated Pharmacy Fund.

Mr. Cline is survived by his son, Frederick Cline of New York City, and two sisters. Burial was in Forest Lawn Cemetery.

SACCHARIN NOTICE PROGRAM BACKGROUNDER

Atlanta, Georgia—The United States Congress passed, and President Carter signed, on November 23, 1977, the Saccharin Study and Labeling Act, which provides for the continued availability of saccharin-containing products and for further studies.

NOTICES

One of the requirements of the Act is that all retail establishments, except restaurants, post saccharin notices on and after June 1 if they sell saccharin-containing food products. The notice contains the same statement

which must be included on the label of all saccharin-containing food products introduced into interstate commerce after February 20, 1978.

The number of notices to be posted in a retail establishment is dependent upon the size of that establishment:

—3200 square feet or less of floor space 1 notice

—more than 3200 square feet, but less than 10,000 square feet of floor space 2 notices

—10,000 square feet or more of floor space 3 notices

One sign must be posted near the entrance of the retail establishment and arranged so consumers are likely to see the notice upon entering. The second sign, if required, shall be centrally located where the greatest quantity of diet soft drinks are displayed. The third sign, if required, shall be displayed in the area where the largest quantity of saccharin-containing foods (including saccharin sold in package form as a sugar substitute) are displayed, other than the area where diet soft drinks are displayed.

A large retail establishment, e.g., department store, which sells saccharin-containing foods, but whose primary business consists of selling non-food items (i.e., the proportion of food sold is extremely small compared to other items) shall not necessarily be required to display more than one notice, but shall display a notice only in each area in which saccharin-containing foods are displayed.

The retail store notice shall read as shown in the facsimile on the attached page.

The statement was mandated under strong pressure from the Food and Drug Administration, which cited two Canadian studies, one in rats and one in humans, as the principal reasons Congress should, as a minimum, require retail store notices and warning labels on saccharin-containing products.

The FDA store notice regulation requires each manufacturer of saccharin-containing foods and/or beverages to make available to retail establishments up to three notices and to arrange to supply additional notices as required.

COMPLETE 98TH ANNUAL CONVENTION NEWS AND PICTURES IN JUNE JOURNAL

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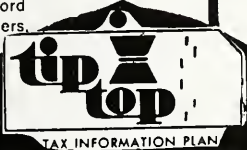
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THE CAROLINA JOURNAL of PHARMACY

Number 6

Volume 58

June 1978



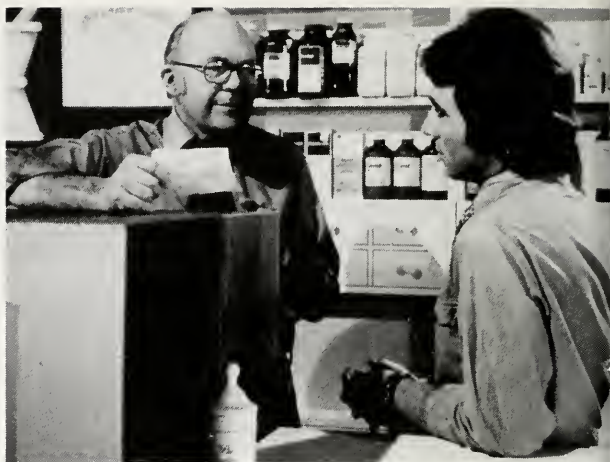
Vivian and W. J. Smith hold their Certificates of Membership in the North Carolina Pharmacy Hall of Fame, awarded at the Annual Convention in Asheville, April 18, 1978. (story on page 5)
Staff photo

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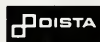


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THE CAROLINA JOURNAL of PHARMACY

June 1978

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Number 6

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From a special report reprinted in *U.S. Pharmacist* 2(4) 18-23, 1977, "Pharmacy Law," by Michael R. Sonnenreich, J.D.



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VIVIAN AND W. J. HALL OF FAME

Vivian S. and William J. Smith, Chapel Hill, received the highest honors available from the North Carolina Pharmaceutical Association, at the conclusion of its 98th Annual Convention held at the Great Smokies Hilton, Asheville, April 18.

Mr. and Mrs. Smith have served the Association as Executive Director and Auxiliary Coordinator, respectively, since 1940, and retired effective May 1.

Induction into the *North Carolina Pharmacy Hall of Fame*, gifts and letters of appreciation were among the many ways the Smiths were honored at the "Smith Appreciation Dinner," with pharmacists and friends from throughout the state on hand to recognize the contributions to pharmacy and the North Carolina Pharmaceutical Association made by this couple.

The North Carolina Pharmacy Hall of Fame certificate is the most prestigious award granted by the Association. Established in 1955, the award is for "Distinguished Service to the Advancement of Pharmacy and the Carolina," and with the latest two members, now totals eleven recipients.

Born in Ashland, Kentucky, Mrs. Smith attended Berea College and Brookover School of

Music. She is a member of the Chapel Hill Woman's Pharmaceutical Auxiliary, Life Member of the Woman's Auxiliary of the North Carolina Pharmaceutical Association, North Carolina Art Society and the North Carolina Historical Society as well as many other organizations. She has worked with the Association in various capacities since 1940.

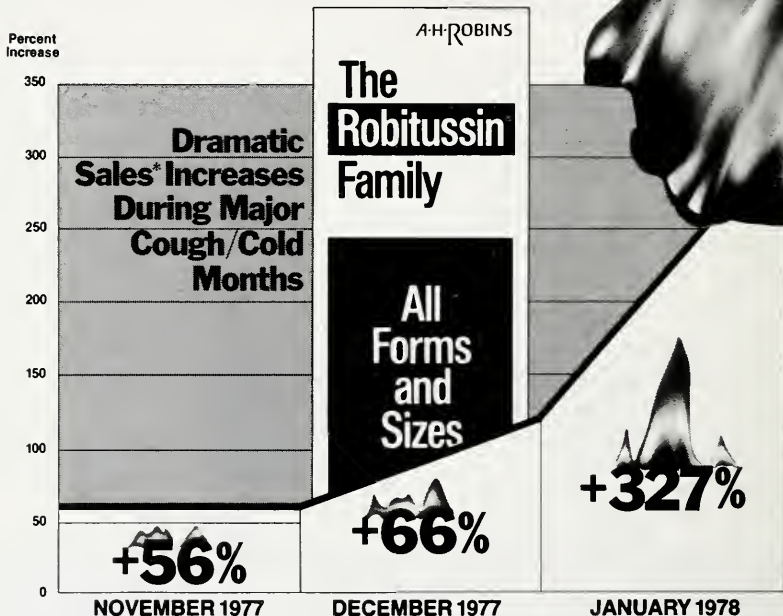
Born in Morganton, Mr. Smith attended N. C. State University and received his B.S. in Pharmacy in 1937 from the UNC School of Pharmacy. He worked for both the North Carolina Board of Pharmacy and the N. C. Pharmaceutical Association before assuming his present post. While in college, he was a member of Rho Chi Honorary Scholastic Fraternity, founder and first President of the Student Branch of the NCPHA, and recipient of the Buxton Hunter Williams Medal for leadership and scholarship. He was an incorporator and director of the N. C. Pharmaceutical Research Foundation, and President of the North Carolina Associations of Professions. He received the North Carolina School of Pharmacy Distinguished Service Award and was named Tar Heel of the Week by the Raleigh News and Observer.

Mr. and Mrs. Smith have one son, Dr. William Allen Smith, Professor of Mathematics, Georgia State University, Atlanta, and two grandchildren, Wendy and Vicky.



W. J. and Vivian Smith, left, receive keys to an automobile given by the NCPHA from Mrs. B. Cade Brooks, at the Annual Convention in Asheville. Photo by Colorcraft

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WOODARD RECEIVES BOWL OF HYGEIA AWARD

Barney Paul Woodard, Princeton community pharmacist and North Carolina state legislator, has been honored by the North Carolina Pharmaceutical Association as its 1978 recipient of the A. H. Robins "Bowl of Hygeia" Award, for outstanding service to his community.

The award plaque was presented to Woodard, owner of Woodard's Pharmacy in Princeton, Sunday (April 16) during the association's annual convention in Asheville.

Norman D. Schellenger, manager of the South Atlantic Division of A. H. Robins Company, presented the award on behalf of the North Carolina association.

The recipient is a native of Princeton, and received his training in pharmacy at the University of North Carolina.

Woodard is serving his fourth term in the North Carolina House of Representatives, and is currently chairman of its Committee on Health. He also serves on a subcommittee dealing with human resources. During the 1975 term he was chairman of a committee on Military and Veterans Affairs.

He is a past president of the Princeton Lions Club, and served for 16 years on the Princeton school advisory commission, including two years as its chairman. He is also a past president of the Johnston County school board, and a former chairman of Princeton's Boy Scout committee. As a member of the town board, he helped to organize the town's Fire Department.

Woodard also has served on the boards of the Johnston County Red Cross and Salvation Army, and has led fund drives for both the United Fund and the Tuberculosis Association. He is a member of St. Patrick Masonic Lodge, and a Shriner, and serves on the board of United Methodist Church.

In pharmacy, he is a member of the North Carolina Pharmaceutical Association and the North Carolina Academy of Pharmacy. At the national level, he holds membership in 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 classic symbol was a bowl containing a medicinal potion, with the serpent of Wisdom (or guardianship) 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 cast 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.



Woodard, left, receives award from Schellenger.
Photo by Colorcraft.

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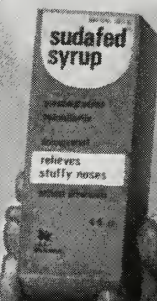
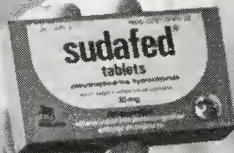
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Revco Discount Drug Center

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Winfred E. Lesh, Jr., Ph. mgr.

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Mary Jane Cole, Indiana

Danny Allen Shive, Georgia

Robert Glen Williams, Tennessee

STATE BOARD OF PHARMACY EXAMINATIONS

The next examinations of the North Carolina Board of Pharmacy for licensure will be given September 28 and 29, 1978.

REPORT IN BRIEF

**98TH ANNUAL
NCPHA CONVENTION
APRIL 16-18, 1978
GREAT SMOKIES HILTON
ASHEVILLE**

Sunday, April 16.

Awards Session.

The Awards Session, presided over by Eugene W. Hackney, President, was opened by Mrs. A. H. Mebane, III, singing "Thanks Be To God" as the invocation, accompanied by Rebecca Hill on the piano.

Norman D. Schellenger, A. H. Robins Company, presented the Bowl of Hygeia Award to Barney Paul Woodard, Princeton (story and picture on page 5). The Don Blanton Award, presented by Charles D. Blanton, Kings Mountain, in memory of his father, was given to Milton H. Skolaut, Chapel Hill. (story on page 21). Dean Tom S. Miya presented the Syntex Preceptor of the Year Award to James W. Adams, Asheville. Ken-

neth Edwards, Stantonsburg, presented the N. C. Association of Professions Presidential Certificate to Eugene W. Hackney, Lumberton. Mr. Hackney also received the E. R. Squibb Presidential Award, presented by J. C. Canipe. The McKesson-Robbins Presidential Award was presented to Herman W. Lynch, Dunn, the Incoming President, by Robert Pyles, District Sales Manager. Mrs. Sara Jackson Hackney received the Pharmacist Mate Award, from H. L. Baxley, Geigy Pharmaceuticals.

Mr. Lynch inducted William L. Brady, III, Lumberton, and David L. Patterson, Mount Airy, into the North Carolina Academy of Pharmacy, reading a partial list of their accomplishments and areas of service and presenting their Membership Certificates. Inducted into the "50+" Club, for fifty or more years of service to pharmacy and their communities were; James R. Curtis, Bessemer City; William L. Harper, Hendersonville; Arthur B. Hendrick, Mt. Croghan, South Carolina; Clarence E. Mitchell, Highlands; and Clifton A. Ring, Jr., High Point.

Immediately after the Awards Session, a reception was held on the deck of the Hilton



Fifty-Plus Inductees, left to right: William L. Harper, Hendersonville; Clarence E. Mitchell, Highlands; C. A. Ring, Jr., High Point; James R. Curtis, Bessemer City. Photo by Colorcraft

Convention In Brief

pool honoring the award recipients and Mr. and Mrs. A. H. Mebane, III, Chapel Hill, orchestrated by Tom R. Burgiss, Sparta, Convention Registrar.

Prior to the Awards Session, Carl J. Stewart, Jr., Speaker of the House, North Carolina General Assembly, addressed the N. C. Pharmacy Political Action Committee (PharmPac) on "Pharmacy and the Legislature."

OPENING SESSION, SUNDAY NIGHT

The 98th Annual Convention was officially opened in the Great Smokies Ballroom at 7:00 p.m., as Henry H. Shigley, NCPHA Convention Chairman, introduced NCPHA President Eugene W. Hackney, Woman's Auxiliary President Mrs. Milton H. Skolaut, and Traveling Men's Auxiliary President Roland Thomas who officially declared their respective organizations to be in convention assembled.

The Invocation was brought by Reverend Orion N. Hutchinson, Jr., Pastor of the Central United Methodist Church. Bill B. Horton, Vice-Mayor, City of Asheville, welcomed the members and guests to the city. Mrs. Henry H. Shigley, Local Auxiliary Chairperson, extended greetings from the local pharmaceutical auxiliary. The W. J. Smith Speaker was introduced by Mr. W. J. Smith, Executive Director, NCPHA, who told that Mr. Robert H. Henry, a former member of the faculty of Auburn University, was now a full-time member of the "Folded Napkin and Green Peas" circuit.

President Hackney recognized Henry Shigley for the NCPHA, Horace Lewis for the TMA, and Canie Smith for the N. C. Wholesalers, for announcements. The session was concluded with the announcement of the 1978 Pharmacist of the Year Award which went to James L. Creech, Smithfield. Details regarding the dinner to honor Mr. Creech will appear later.

At the close of the session, Jack Watts, 1979 Convention Chairman presented Mrs. Kathryn Hopkins, Hopkins Travel, Inc., and representatives of the Norwegian Caribbean Lines, who gave a preview of the Fly/Cruise Convention and a film showing the areas the ship will visit on the cruise.

Monday, April 17

Morning Session

The session was opened with the Rite of the Roses, a memorial service to those pharmacists and friends of pharmacy who had died during the year, conducted by George M. Willets, III, Wilmington, NCPHA Executive Committee, assisted by his wife, Susan.

President Hackney presented his President's Address, the text of which will be printed in a later Carolina Journal of Pharmacy. He then recognized those who were attending an NCPHA Convention for the first time.

The Report of the Associate Director of the Association was given by A. H. Mebane, III. David R. Work, Secretary-Treasurer, N. C. Board of Pharmacy, gave the Report of the Board of Pharmacy.

Jean P. Gagnon, Associate Professor, Pharmacy Administration, UNC School of Pharmacy, spoke on "Maximizing Your Investment In Computer Services," an introduction to what you can expect from a computer in your pharmacy, and how to select one.

Jack G. Watts, Burlington, NCPHA Third Vice-President, introduced James C. Simmons, pharmacist and attorney, Atlanta, who spoke on "Malpractice in Pharmacy." Representatives of N. C. Mutual Wholesale Drug presented a program "The Incredible Service Machine."

President Hackney reminded the members of the computer demonstrations to be held that afternoon, golf and tennis tournaments, and the "Little Brown Jug Party" that night.

(Continued on next page)

1978

CONVENTION REGISTRATION

N. C. Pharmaceutical Association	157
Woman's Auxiliary, NCPHA	113
Traveling Men's Auxiliary, NCPHA	78
Visitors	15
Guests	24
Students	6
Total	393

Convention In Brief



PROGRAM PANELISTS, left to right: Louis Shields, Jacksonville; Julian Upchurch, Durham; Ernest Rabil, Winston Salem; Ralph Ashworth, Cary. *Photo by Colorcraft*

Tuesday, April 18

Morning Session

The Session was presided over by Second Vice-President, NCPHA, Joseph C. Miller, Boone, who introduced James L. Creech who gave the invocation.

The following committee reports were given, which will appear in this and later Journals: Continuing Education—E. A. Brecht, Chairman; Legislation—James L. Creech, Chairman; Institutional Pharmacy—Joseph L. Johnson.

Tom S. Miya, Dean, UNC School of Pharmacy, reported on the School of Pharmacy and the Pharmaceutical Research Foundation. The Report on the Student Branch of the NCPHA was delivered by Patsy Millar, President.

Joan P. Lennon, R.N. and Ernest Rabil spoke on "RN-Home Health Care Service, An Opportunity For Professional Involvement." Dr. Peter Curtis, Family Practice Center, UNC-Chapel Hill, presented a talk on "The Family Practice Center And Its Potential Impact On The Delivery of Primary Care in North Carolina."

Mike Ryan, Associate Director, American College of Apothecaries, spoke on the topic

"Maintaining Profits In A Highly Competitive Market," which was followed by a panel discussion on "How To Survive In Today's Increasingly Competitive Climate," with panelists Ralph Ashworth, Ernest Rabil, Louis Shields, and Julian Upchurch.

Afternoon Session

The Tuesday afternoon session, with President Hackney presiding, and David R. Work serving as Parliamentarian, consisted of reports of NCPHA committees and officers. Those reports were: Community Pharmacy—Marshall Sasser, Chairman; Employer/Employee Relations—Mickey Watts, Chairman; Delivery of Pharmaceutical Services—Claude Paoloni, Chairman; Public Health and Welfare—Kenneth Edwards, Chairman; Public and Professional Relations—William Sawyer; Social and Economic Relations—Ernest Rabil, Chairman; and Mental Health—presented as printed.

Financial reports presented were: Consolidated Pharmacy Fund—Robert Hall, Chairman; NCPHA Endowment Fund/Institute of Pharmacy—B. Cade Brooks, Chairman; NCPHA Fiscal Affairs—W. J. Smith, Secretary-treasurer.

Convention In Brief

Closing reports were presented on Resolutions by Herman Lynch, Chairman (printed in this Journal); Time and Place Committee which stated the 1979 Annual Convention would be the Fly/Cruise Convention, 1980 Centennial Convention would be held in Raleigh and the 1981 Convention would be in Charlotte; Convention attendance was reported by Tom Burgiss, Registrar; Nominations were delivered by Milton Whaley, Chairman, Nominating Committee; and the Report of the NCPHA Central Office was given by W. J. Smith, Executive Director.

CONVENTION SIDELIGHTS

The "Big Apple" was not New York but the hope of all registrants at the Convention. Tom Burgiss, Registrar, flawlessly executed his dual role as Registrar and Official Applier as each conventioneer tried to pick the heaviest apple from the barrel. Since fifty dollars was to be awarded for the prize, Mr. Burgiss was meticulous in weighing the apples and the first prize went to Mickey Whitehead, Ramseur. This Convention was lucky for the Whiteheads, for Pat Whitehead won the door prize, a giant bunny, at the Woman's Auxiliary Craft Room.

Monday night was "Mountain Night" at the Convention, with the Little Brown Jug Party, featuring a buffet of mountain vittles, Clogging by the "Carolina Road Runners," and a mountain hoedown featuring the "Bear Creek Ramblers." The entertainment was sponsored by the North Carolina Wholesale Drug Houses. During the intermission, an auction of crafts donated by the Woman's Auxiliary was held, with Tom Burgiss as auctioneer. Obviously experienced in this activity, Mr. Burgiss was able to detect the most secretive and insignificant indications of bidding signals and raised over one thousand dollars to benefit the Auxiliary Scholarship Fund. Never have so many sat so still for so long.

On Tuesday night, the Smith Appreciation Dinner was the feature of the evening, followed by the TMA-Sponsored Dance, with the Paul Nichols Orchestra. Eugene Hackney was Master of Ceremonies for the Dinner, with Tom Burgiss and Bernice Brooks as Co-Chairmen for the collection of letters and gifts. Ida Wells and Mr. Burgiss read excerpts

of the letters, Bernice Brooks presented the gifts and Mr. Hackney announced the induction of Vivian and W. J. Smith into the North Carolina Pharmacy Hall of Fame, and presented the certificates of membership. During a break in the dance, trophies for golf and tennis were presented.

OFFICER NOMINEES N. C. PHARMACEUTICAL ASSOCIATION

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Jack Watts, Burlington

George M. Willets, III, Wilmington

Second Vice President

David Patterson, Mount Airy

Marshall Sasser, Smithfield

Third Vice President

Ernest Rabil, Winston-Salem

Donald L. Weathers, Newton

Member of the NCPHA Executive Committee, 1 year term

Keith Fearing, Manteo

Gilbert C. Hartis, Jr., Winston-Salem

Joseph L. Johnson, Jr., Greensboro

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Milton Skolaut, Chapel Hill

Julian Upchurch, Durham

C. Michael Whitehead, Ramseur

RESOLUTIONS ADOPTED BY THE 1978 ANNUAL CONVENTION

(1) Commend Steven R. Moore

WHEREAS, the North Carolina Pharmacy Political Action Committee has been instrumental in furthering the progress of North Carolina Pharmacy, and

WHEREAS, in achieving the purposes for which it was organized, N. C. PharmPAC has encouraged pharmacists to become more politically involved and in so doing, has made it possible for interested pharmacists to contribute to the advancement of public health through their legislative effort, and

WHEREAS, Steven R. Moore, as Executive Secretary-Treasurer and Editor of PHARM-ACTION, has served the organization, competently and efficiently, and

WHEREAS, Steven R. Moore, in mid-May, will be entering a new field of endeavor following receipt of a graduate degree from the School of Public Health, University of North Carolina, therefore

BE IT RESOLVED, the North Carolina Pharmaceutical Association, in convention assembled in Asheville, North Carolina, April 18, 1978, commend Steven R. Moore for his loyal and exemplary service as Executive Secretary-Treasurer and Editor of PHARM-ACTION.

(2) Resolution of Thanks

WHEREAS, the members of the North Carolina Pharmaceutical Association, deem it appropriate to enter on the record of this 98th Annual Convention, April 18, 1978, this resolution of thanks for a job well done, to Vivian and W. J. Smith, who are retiring after 38 years of loyalty and fidelity to the North Carolina Pharmaceutical Association.

WHEREAS, Vivian and W. J. Smith have managed our Association as a team and managed it well from 1940 to 1978, and

WHEREAS, they, through their leadership, have caused the NCPHA to achieve an efficiency of operation unique to the profession, and

WHEREAS, they have instilled into the hearts of all of us who are a part of Pharmacy, a sense of pride and esprit de corps within the profession which will inspire us to seek to achieve the high goals to which they have so far led us, and

WHEREAS, they have reminded and shown us that ours is an Association of service and dedication to the betterment of the state in which we live, therefore

BE IT RESOLVED, upon their retirement, we do bring this resolution which says "Thank You, Vivian and W. J. Smith, for your vital contribution to the improvement and growth over the years of, not only the North Carolina Pharmaceutical Association, but the profession of Pharmacy as a whole."

"Service in Wholesale Quantities"



(3) Laetrile

WHEREAS, requests have been received by the North Carolina Pharmaceutical Association for a position statement in regard to the sale of Laetrile in the state; and

WHEREAS, it is anticipated a bill authorizing the sale of Laetrile will be introduced in the 1979 session of the General Assembly of North Carolina at which time the NCPHA will be requested to express its position on the issue; therefore

BE IT RESOLVED that the North Carolina Pharmaceutical Association oppose legislation which will legalize the distribution of Laetrile unless and until it has been proven safe and effective by the Federal Food and Drug Administration and adequate quality controls in its manufacture are assured.

(4) Unit Dose Systems

WHEREAS, unit dose systems are in common use in institutional pharmacy settings in the state, and

WHEREAS, there is no compendium and/or evaluation of these systems presently available to pharmacists, and

WHEREAS, it would be useful to have such a compendium and/or evaluation for reference by pharmacists of the state, therefore

BE IT RESOLVED, the Committee on Institutional Pharmacy urges the Association to conduct a survey of its members to compile a list of unit dose systems currently in use; a critique of these systems, including cost effectiveness; and any other such information regarding unit dose which might be appropriate, and

BE IT FURTHER RESOLVED, that the committee urges the Association to encourage the Department of Human Resources, Medicaid Division, to reimburse pharmacists who dispense medicaid prescriptions in Unit Dose Packaging for the slight additional cost of this packaging.

(5) Structure of the NCPHA Committee on Institutional Pharmacy

WHEREAS, the Committee on Institutional Pharmacy of the NCPHA recognizes the need for input into the North Carolina Society of Hospital Pharmacists and output from the NCSHP, and

WHEREAS, the term "Institutional Pharmacy" encompasses more than Hospital Pharmacy, and

WHEREAS, the North Carolina Pharmaceutical Association embraces all aspects of pharmacy in North Carolina, therefore

BE IT RESOLVED, the Committee on Institutional Pharmacy of the NCPHA be structured in the following manner:

(Continued on page 18)

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This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

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Resolutions, continued

(Institutional Pharmacy)

1. All appointments to this committee be for a two year term, with half the membership rotating off the committee each year. Exception: the first appointments under this new structure must include some one year terms to accomplish a staggered rotation.
2. The chairman of this committee must have served at least one year on the committee before being chairman, to insure continuity.
3. One-half the membership of this committee be appointed from names recommended by the president of the N. C. Society of Hospital Pharmacists, after ascertaining those nominated to be members of the NCPHA. The remaining members to be selected from the general membership of the NCPHA with special emphasis on those engaged in other types of institutional pharmacy, such as clinics, nursing homes consultants, etc.

(6) Patient Package Inserts

WHEREAS, patient package inserts are a mandated fact of pharmacy practice, and WHEREAS, the avowed purpose of patient package inserts is to supplement the patient counseling by the physician and the pharmacist, and

WHEREAS, pharmacy is dedicated to the improvement and efficiency of drug therapy and an informed patient will more closely follow a prescribed regimen of therapy, therefore

BE IT RESOLVED, that the North Carolina Pharmaceutical Association approves and recommends the use of patient package inserts, and

BE IT FURTHER RESOLVED, that

- (1) Patient package inserts be standardized in size and format;
- (2) Patient package inserts be written for therapeutic classes of drugs;
- (3) Patient package inserts be written in layman's language;
- (4) Physicians retain the right to request NO PPI if, in their judgement, more harm than good would result from that patient receiving the insert; and
- (5) A copy of this resolution be sent to the Food and Drug Administration, the National Pharmacy Council and the Pharmaceutical Manufacturers Association.

(7) Continuing Education Survey

WHEREAS, it has been a number of years since the membership of the N. C. Pharmaceutical Association was last surveyed to determine their attitudes on continuing education (to maintain and improve competence) as a condition for relicensure, and

WHEREAS, the national pharmacy scene is reflecting growing support for demonstration of competence through continuing education as a condition for relicensure; as

- (1) 16 states require continuing education for relicensure
- (2) 5 states have given legislative authority to their Boards of Pharmacy to require continuing education for relicensure, and
- (3) 11 other states are in the process of studying this issue or have enabling legislation before their legislatures, and

WHEREAS, the American Council on Pharmaceutical Education is now serving to approve and certify providers of quality educational programs, thus lessening the burden of the state in this difficult process, therefore

BE IT RESOLVED, that the North Carolina Pharmaceutical Association conduct a survey of its membership to determine their current attitudes on whether the Association should go on record to support continuing competence through mandatory continuing education as a condition for relicensure, and

BE IT FURTHER RESOLVED, that the survey of the membership also contain sufficient information and data to describe the current national status of this issue and the various acceptable means of obtaining continuing education.

(Continued on page 19)

KAPPA PSI CENTENNIAL CELEBRATION

Kappa Psi Pharmaceutical Fraternity is preparing to celebrate its Centennial Anniversary in Scottsdale, Arizona in 1979. Our fraternity, which is the largest pharmaceutical fraternity in the United States and the third largest pharmacy organization in the United States, with a membership in excess of 45,000, is preparing to celebrate its 100th anniversary.

During the years, we have lost contact with many of our membership and we would like to reunite with our lost brothers in order to inform them of our Centennial celebration.

To all members of Kappa Psi who are presently not receiving the current issue of *The Mask*, or official publication, we encourage you to fill out the form below and return to our Central Office as soon as possible so we can inform you of the plans of our memorable event, and also update you on the present status of your fraternity.

Sincerely yours,

William A. Fitzpatrick
Grand Regent

Name _____

Chapter _____

Date of Initiation _____

Address: _____

Resolutions, continued**3) Cost Effectiveness of Institutional Drug Programs**

WHEREAS, quality health care in institutional settings involves the delivery of quality pharmaceutical services, and

WHEREAS, expanding drug programs in institutions have been shown to be cost effective measures, and

WHEREAS, the emphasis in legislative hearings has been directed toward reducing the increasing cost of hospitalization, therefore

BE IT RESOLVED, the North Carolina Pharmaceutical Association, through its legislative contacts, discourage any attempts to restrict or reduce the present and proposed pharmacy services in institutional facilities, and

BE IT FURTHER RESOLVED, that this resolution be forwarded to the proper state and federal agencies involved in funding medical institutions.

3) Patient Medication Records

WHEREAS, the North Carolina Pharmaceutical Association at its 1977 Annual Convention adopted the resolution defining the components of professional services, and

WHEREAS, among these components is the maintenance of patient medication records, and

WHEREAS, pharmacists utilizing patient medication records provide superior total patient drug monitoring services and in many cases, pharmacists would normally not stamp the refill prescription as required by current medicare regulations but make notations on the patient medication records, and

WHEREAS, under these circumstances the necessity of having to record refills on the back of the prescription would represent duplicative effort, therefore

BE IT RESOLVED, the North Carolina Pharmaceutical Association make every effort to have patient medication records and/or computer records accepted by the Division of Social Services as valid records for refilling of prescription dispensed under the Medicare Drug Program.

(Continued on page 21)

**THERE IS A WORD
FOR A COMPANY THAT
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Resolutions, continued**(10) Nursing Home Consultants**

WHEREAS, pharmacists engaged as nursing home consultants are expanding the horizons of pharmacy practice, and

WHEREAS, the role of a nursing home consultant has not been clearly defined at the state level and a lack of information exists concerning duties, formulas for reimbursement, and services offered by nursing home consultants, therefore

BE IT RESOLVED, the North Carolina Pharmaceutical Association, in order to have the best available information about Nursing Home Consultants, conduct a survey of all its members to determine who is serving as a consultant, the scope of their activities in this role, rates and schedules of reimbursement and any other information which the Association deems necessary to provide a sound background for those pharmacists now serving or contemplating serving as nursing home consultants.

(11) Appreciation

WHEREAS, the 1978 Annual Meeting of the North Carolina Pharmaceutical Association and its Affiliated Auxiliaries, in convention assembled in Asheville, North Carolina, April 16-18, was well planned and executed with regard to the program and local arrangements, and WHEREAS, it has been a very enjoyable, informative and successful meeting for all who participated; therefore

BE IT RESOLVED, that sincere appreciation be extended to the program participants and committee members—in fact to all those who worked diligently toward the success of this convention; and

BE IT FURTHER RESOLVED that special recognition and gratitude be expressed to Virginia and Henry Shigley, whose planning and efforts extending over months contributed greatly to the success of the meeting; and

BE IT FURTHER RESOLVED, that recognition be accorded the Wholesale Druggists of North Carolina, the Woman's Auxiliary, the Traveling Men's Auxiliary, the convention sponsors and financial contributors and to all others who in any way helped to inscribe this 98th convention in the record books as one of Pharmacy's most informative and helpful 3-day annual sessions.

SKOLAUT WINS BLANTON AWARD

Milton H. Skolaut, Chapel Hill, was the recipient of the Don Blanton Award at the Awards Session of the 98th Annual Convention of the NCPHA in Asheville, April 16. Given by Charles D. Blanton, Jr., Kings Mountain, in memory of his father, the Blanton Award is presented for outstanding service to pharmacy in the past year.

Mr. Skolaut, Director of Pharmacy Services, Duke Hospital, Durham, is a Past-President of the American Society of Hospital Pharmacists, and is currently serving as Treasurer of the Society, a post he has held since 1968. He was chief of the pharmacy department, Clinical Center, National Institute of Health, Bethesda, Md., and is an active member of the North Carolina Society of Hospital Pharmacists and the North Carolina Pharmaceutical Association.



Milton H. Skolaut, left and Charles D. Blanton, Kings Mountain. Photo by Colorcraft

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1978-1979 NCPHA OFFICERS. Left to right, Joe Miller, Milton Whaley, Barney Paul Woodard, Al Mebane, Marshall Sasser, Jack Watts, Herman Lynch, Ernest Rabil, Eugene Hackney, Tom Burgiss, David Claytor. *Photo by Colorcraft*

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

OFFICERS 1978-1979

President—Herman W. Lynch, Dunn
First Vice President—Joe C. Miller, Boone
Second Vice President—Jack G. Watts, Burlington
Third Vice President—Marshall Sasser, Smithfield
Executive Director & Secretary-Treasurer—
 A. H. Mebane, III, Chapel Hill
Consultant—W. J. Smith, Chapel Hill

EXECUTIVE COMMITTEE

Herman W. Lynch, Dunn
 Joe C. Miller, Boone
 Jack G. Watts, Burlington
 Marshall Sasser, Smithfield
 Ernest J. Rabil, Winston-Salem
 David D. Claytor, Chapel Hill
 Barney Paul Woodard, Princeton
 Eugene W. Hackney, Lumberton

Tom R. Burgiss, Sparta
 L. Milton Whaley, Durham
 A. H. Mebane, Chapel Hill
 W. J. Smith, Chapel Hill

PLAN NOW

To attend the 1979 Fly/Cruise Convention of the North Carolina Pharmaceutical Association. May 27 through June 1, 1979 are the dates during which your Association will sponsor a one-day business session at the Royal Villa in Raleigh and then fly on Monday to Miami for a four day cruise to Georgetown, Great Exuma Islands, Nassau and the Berry Islands, returning to Raleigh/Durham Airport Friday afternoon. Look for the brochure in the mail (if you haven't already received it) and make your plans to go.

Besides films and talks by prominent Continuing Education speakers, there will be entertainment every night aboard ship, gourmet food, and the company of hundreds of your fellow North Carolina pharmacists and spouses. See you aboard ship . . .



1978-1979 Woman's Auxiliary Officers. Left to right, Mrs. Jerome Johnson, Mrs. Henry Shigley, Mrs. Roger Barricks, Mrs. A. H. Mebane, III, Mrs. B. Cade Brooks, Mrs. Milton Skolaut, Mrs. Milton Whaley, Mrs. Shelton Boyd, Mrs. Marshall Sasser. *Photo by Colorcraft*

WOMAN'S AUXILIARY, NCPH α

OFFICERS 1978-1979

- President*—Mrs. Milton Skolaut, Chapel Hill
First Vice President—Mrs. Marshall Sasser, Smithfield
Second Vice President—Mrs. Shelton Boyd, Mt. Olive
Recording Secretary—Mrs. Henry Shigley, Asheville
Corresponding Secretary—Mrs. Jerome K. Johnson, Raleigh
Treasurer—Mrs. A. H. Mebane, III, Chapel Hill
Parliamentarian—Mrs. R. C. Barricks, Greensboro
Historian—Mrs. G. Haywood Jones, Zebulon
Advisor—Mrs. Milton Whaley, Durham
Advisor—Mrs. B. Cade Brooks, Fayetteville
Coordinator—Mrs. W. J. Smith, Chapel Hill

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TMA NEWS

The Asheville Convention held in April was enjoyed by all in attendance. In our Business Session it was announced by our Secretary, Mr. L. M. McCombs, that we received some 40 new members into our organization this past year which is thought to be a record.

Our most important item of business was the name change of our organization from Traveling Men's Auxiliary to TRAVELING MEMBER'S AUXILIARY. The purpose of this name change was that we have some fine lady members in the organization and look forward to having many more in the future.

The Rite of Roses Ceremony for deceased TMA Members was held paying tribute to J. Floyd Goodrich and Armstrong Cannady.

At the conclusion of our Business Session a standing vote of thanks and a plaque was given to Roland Thomas, our outgoing President, for his excellent leadership during the year.

It is not too early to begin think about our membership program for the year and hope that each member will strive to attain at least two new members this year. All Membership Applications should be submitted to Mr. L. M. McCombs, Box 7, Creedmoor, NC 27522. Also, let's all begin thinking about our next convention which will be the Carribean Cruise Convention, May 28-June 1, 1979.

My thanks to each member for the opportunity to serve as your President for the coming year and hope it will be a year of growth and prosperity.

W. H. Andrews, President
TMA

TMA CHANGES NAME

The Traveling Men's Auxiliary at its annual meeting in Asheville, North Carolina, April 18, 1978, changed the name to TRAVELING MEMBER'S AUXILIARY of the North Carolina Pharmaceutical Association, still known at TMA for short.

The officers for 1978-79 are as follows:

W. H. Andrews, Greensboro
President
Justice Drug Company

Horace J. Lewis, Raleigh
First Vice-President
Colorcraft Corporation

Charlie L. Kimball, Fayetteville
Second Vice President
W. H. King Drug Company

L. M. McCombs, Creedmoor
Secretary-Treasurer
Eli Lilly and Company (retired)

David F. McGowan, Chapel Hill
Assistant Secretary-Treasurer
Eli Lilly and Company

Board of Governors:

Ronald G. Thomas, 5 years
R. G. Thomas Company

W. F. Elmore, 4 years
Bellamy Drug

Ray Black, 3 years
Colorcraft Corporation

Canie B. Smith, 2 years
Dr. T. C. Smith Company

James R. (Bob) Case, 1 year
Stanback Company, Ltd.

TMA Foundation

Since the initials TMA remain the same for the organization, the TMA FOUNDATION will remain the same.

The officers for the TMA Foundation for 1978-79 are as follows:

Tom Sanders, Chairman
W. P. Brewer, Secretary-Treasurer
L. M. McCombs, Assistant Secretary-Treasurer

Executive Committee

Tom Sanders, Chairman
C. Rush Hamrick, Jr.
Frank Fife
L. M. McCombs

Board of Directors

One Year	Three Years
C. Rush Hamrick, Jr.	W. P. Brewer
L. M. McCombs	S. T. Forrest
Reuben Russell	J. A. Wolfe
Tom Sanders	Canie B. Smith

Two Years

Ray McArtan
Frank Fife
Zack Lyon
Ralph Rogers, Jr.



1978-1979 TMA OFFICERS. Left to right, Bill Andrews, Horace Lewis, Charlie Kimball, L. M. McCombs, David McGowan. *Photo by Colorcraft*

EDWARDS SERVES ON SELECT COMMITTEE

Joseph A. (Joey) Edwards, Jr, Raleigh, was one of seven practitioners selected from across the country to serve on a select committee to determine standards of practice in pharmacy. This joint committee, appointed by the American Pharmaceutical Association and the American Association of Colleges of Pharmacy, has its roots in the 1973 Task Force on Continuing Competence in Pharmacy, established by the two associations.

The Committee on Practitioners met in Washington, D. C., in April to work with Educational Testing Service project staff, to make some judgments about the competencies required of pharmacists in certain professional areas. One area of discussion was "Activities Related to Processing the Prescription," and encompassed the step-by-step procedures and variables which may be encountered. After agreement was reached on this topic, the Committee discussed the competencies required of a pharmacist to complete this function at a satisfactory level of expertise.

Patient Care Functions were also among the topics presented to the Committee for its consideration and the various pharmacist-patient interactions such as self-medication advice, drug information, patient profiles and patient referrals were listed, and weighted in order to evaluate the total functions of Patient Care.

GEBHARDT NAMED TO AHEC POST

Margaret C. Gebhardt has been appointed Pharmacist in the Area Health Education Center for the Greensboro area. In addition, she has been named a Clinical Assistant Professor, Division of Pharmacy Practice, UNC School of Pharmacy.

Gebhardt is a graduate of the UNC School of Pharmacy for both the B.S. and Masters degrees. She previously was a pharmacist at Rex Hospital in Raleigh and the North Carolina Memorial Hospital.

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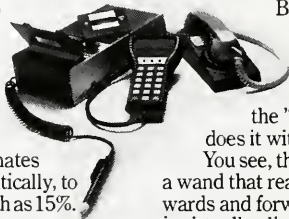
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Scott Dinkins Receives Check

Scott Dinkins, third from left, receives award from Ralph P. Rogers, Jr., as Dean Tom S. Miya, left, and Dr. Jean P. Gagnon look on. *Staff Photo*

DINKINS RECEIVES ROGERS AWARD

Benjamin Scott Dinkins, a 3/5 student at the UNC/CH School of Pharmacy, was the recipient of the newly established "Ralph P. Rogers, Sr. Pharmacy Administration Award" for meritorious performance. He was selected on the basis of grades in pharmacy administration, participation in class and personal interviews by the pharmacy administration staff.

The award is named in honor of Ralph P. Rogers, Sr., who served as President of the NCPHA in 1941-42 and was active in North Carolina Pharmacy for many years. He died in 1973.

Participating in a dinner program at the Carolina Inn on April 26 were Dean Tom Miya of the UNC School of Pharmacy; Dr. Jean Paul Gagnon, Director of Pharmacy Administration at UNC; and Ralph P. Rogers, Jr., who presented the award. W. J. Smith served as toastmaster for the award ceremony.

Mr. Dinkins, a native of Yadkinville, plans to establish a community pharmacy following graduation from the School of Pharmacy.

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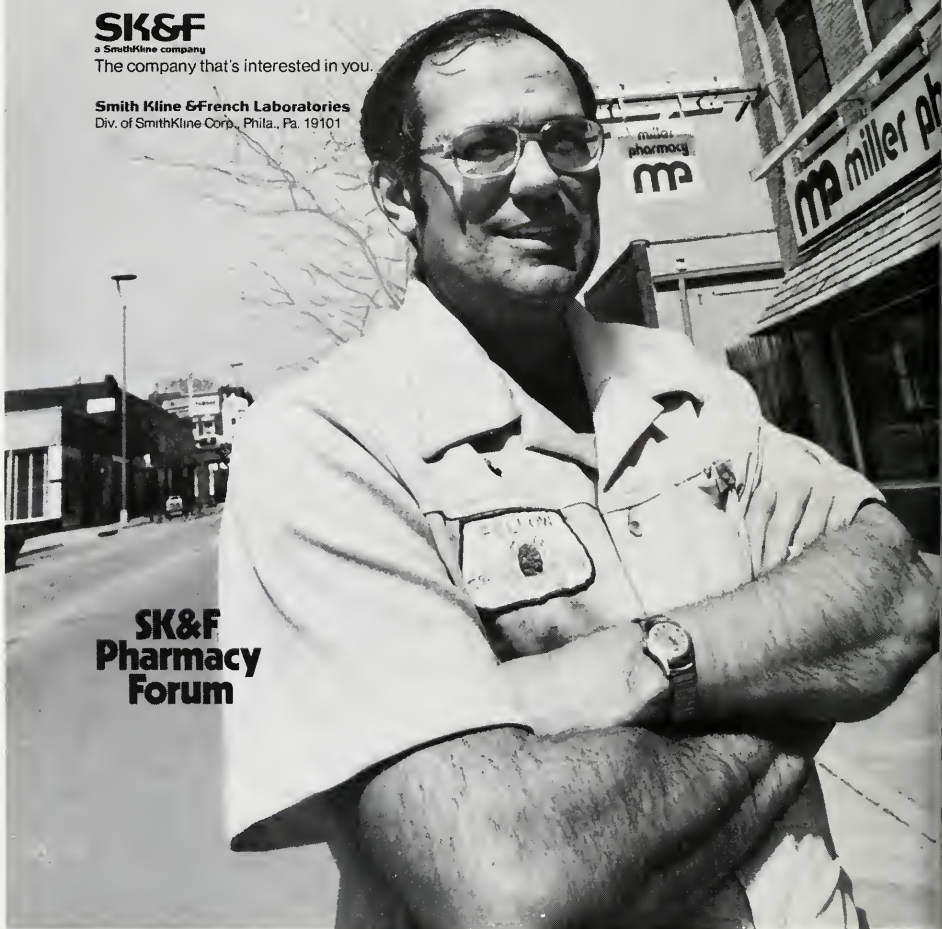
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CONVENTION REPORT, WOMAN'S AUXILIARY, NCPH

The Fifty-First Annual Convention of the Woman's Auxiliary of the North Carolina Pharmaceutical Association was held April 16-18, 1978, at the Great Smokies Hilton, in Asheville.

On Sunday, Bernice Brooks, with assistance from Mary West and Brenda Johnson, opened the Crafts Sale and Hospitality Room, which earned \$1018.25 during the Convention for the Vivian S. Smith Scholarship Fund of the Auxiliary. The same afternoon, the "Apothecary Kitchen" cookbook autographing party and demonstrations by the Southern Highland Handicraft Guild were held in the Sunken Lobby of the Hilton.

Following a tour of Biltmore House on Monday morning, the ladies enjoyed a luncheon at the Asheville Downtown City Club, with musical selections by the "Sounds of Harmony" and a film presentation by James Gentry, Education and Assistant Director of the Handicraft Guild, providing a pleasant atmosphere.

Rain dampened clothes but not spirits on Tuesday, as the members visited the Biltmore Handweavers Craft Shop. Grove Park Inn was the scene of the luncheon, fashion show and business session of the Auxiliary. The fashion show, sponsored by Lilli Rubin of Miami, was arranged and coordinated by Eva Glenn, Past-President of the Asheville Auxiliary, and featured Kathy Conley, Jackie Glenn, Jane Hall, June Hall, Neta Whaley and Rebecca Work, in addition to the five Lilli Rubin Models. Background music for the show was provided by Rebecca Hall, Virginia Shigley's daughter.

At the Business Session which followed, greetings were brought by Virginia Shigley, Convention Chairperson for the Woman's Auxiliary, after which Iva Lee Garrett, the first President of the reorganized Woman's Auxiliary and a Life Member was recognized. Becky Henley and Anne Woodard, wives of state legislators were also recognized, and Vivian S. Smith, the Auxiliary Coordinator was presented a white orchid and silver flatware in her pattern. Maxine West read a resolution commending Vivian and W. J. Smith for their years of service to pharmacy and the Woman's Auxiliary.

A special award presentation of a Life Membership in the Auxiliary was made to Vivia Creech by Ruby Creech, who was equally surprised when Vivia presented a like award to Ruby. The Minutes of the Secretary, Treasurer's Report, the Report of the Executive Board, Committee Reports of the Hospitality Chairman, Membership Chairman, Publicity Chairman, Parliamentarian, Historian and Publications Chairman were all submitted in written form. Neta Whaley gave the Cookbook Report which showed that 730 cookbooks had been sold, for a total of \$3,802.50. Bernice Brooks reported that \$1,153.00 from the Auction and \$1,018.25 from the Crafts Sale had been realized which would aid the Vivian S. Smith Scholarship Fund.

Vivia Creech submitted the Report of the Nominating Committee which was unanimously accepted: For President, Mrs. Milton W. Skolaut; First Vice-President, Mrs. J. Marshall Sasser; Second Vice-President, Mrs. Shelton B. Boyd; Recording Secretary,

(Continued on page 33)

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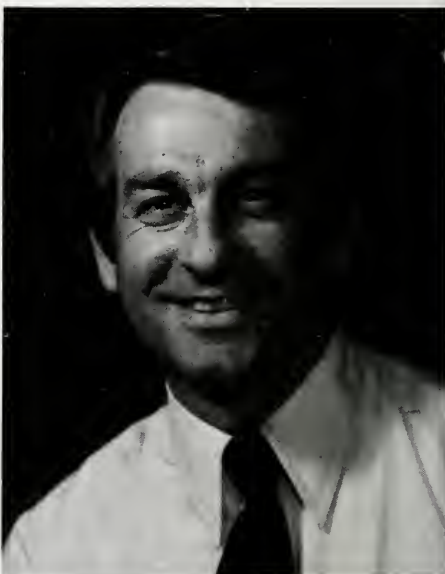
HULL JOINS BURROUGHS WELLCOME

Burroughs Wellcome Co. announces the appointment of Mr. J. Heyward Hull to the position of Clinical Research Scientist II in the Department of Clinical Research, Medical Division.

A graduate of the University of North Carolina where he received his B.S. degree in Pharmacy and his M.S. degree and Certificate of Residency in Hospital Pharmacy, Mr. Hull joined the Company in 1977. For the past six years, Mr. Hull has been employed on the faculty of The School of Pharmacy where he was an Assistant Professor with joint appointments within the School in the Department of Pharmaceutics and Pharmacy Practice. He also was on the staff at N. C. Memorial Hospital as a Clinical Pharmacy Specialist and participated in medical ward rounds where he was actively involved with the design and surveillance of drug therapy regimens. Also he was recently appointed as Clinical Assistant Professor in the Department of Medicine of The School of Medicine where he had educational responsibilities for both pharmacy and medical students. He will continue clinical appointments in both the Schools of Pharmacy and Medicine.

Mr. Hull is a member of several organizations including The American Society of Hospital Pharmacists, American Pharmaceutical

Association, American Association of College of Pharmacy, The North Carolina Pharmaceutical Association and The North Carolina Society of Hospital Pharmacists. In January this year, Mr. Hull was elected as President of The North Carolina Society of Hospital Pharmacists.



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LYNCH ADDRESSES GRADUATES

Herman W. Lynch, President of the North Carolina Pharmaceutical Association, was the principle speaker at the special ceremony for 108 Graduates of the UNC School of Pharmacy, held in Hill Hall on the campus of the University of North Carolina, Sunday, May 14.

"Give to each patient all the knowledge you have which will increase the compliance so necessary with the complicated drug regimens now being utilized," said Mr. Lynch. He urged the graduates to keep abreast of their field and take advantage of continuing education opportunities, for the future may bring a mandate for mandatory continuing education as a requisite for relicensure.

Mr. Lynch's talk, entitled *Prescription for the Future*, included seven guideposts to be noted as the graduates begin their professional careers. Among the guideposts were: the employment situation in the state; the changing delivery of pharmaceutical services; computers and their impact on pharmacy; necessity for political action; continuing education; support of organized pharmacy; and the need for patient orientation.

The graduation ceremony was presided over by LeRoy D. Werley, Jr., Assistant Dean of the School of Pharmacy.

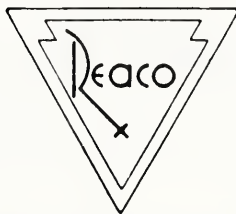
CONVENTION GOLF RESULTS GOOD AND BAD

The winners at the N. C. Pharmaceutical Association Golf Tournament are as follows:

1. **TMA**
Best (Low Net)—Rusty Hamrick—70;
Paul Brewer—71
Worst (High Net)—Bob Ferguson—79
2. **NCPHA**
Best (Low Net)—Teamie West—71; Jack Friday—71
Worst (High Net)—Al Mebane—80
3. **WOMEN**
Best (Low Net)—Mrs. Howard Edwards—77
Worst (High Net)—Mrs. Hope Hall—77
(lost on show of cards)

LOW GROSS:

1. **TMA**
Rusty Hamrick—70
2. **NCPHA**
Ragan Harper—79



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3. WOMEN

Mrs. Howard Edwards—114
Closest To The Hole—Roland Thomas
Longest Drive—Teamie West

Woman's Auxiliary, continued

Mrs. Henry H. Shigley; Corresponding Secretary, Mrs. Jerome K. Johnson; Treasurer, Mrs. A. H. Mebane, III; Parliamentarian, Mrs. Roger C. Barricks; Historian, Mrs. G. Haywood Jones; Advisors, Mrs. B. Cade Brooks and Mrs. L. Milton Whaley; Coordinator, Mrs. W. J. Smith.

The President's Report was given by Rheta Skolaut, who also expressed thanks to 1978 Convention Chairperson, Virginia Shigley and her assistants: Betty Brown—flowers; Nell Donnelly—Pages; Lorene Dover—Publicity. President Skolaut presented the Pages, Tara Gordon, Brenda Netherton, Alica Spittle, and Tanja Tucker, gifts in appreciation for their assistance. The final announcement was the 1979 Convention would be a one-day business session in the Triangle area, continuing with the fly/cruise to Nassau.

1978 Geer's Trade and Gift Show

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ONE Big Show - Greenville, S.C.

August 6-7-8, 1978

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GEER'S 1978 TRADE and GIFT SHOW

The LARGEST *by a landslide!*

NEWS OF THE LOCAL/DISTRICT PHARMACY ORGANIZATIONS

ROCKINGHAM COUNTY

Reported by Phil Link

Peggy Gebhardt was guest speaker at the bi-monthly meeting of the Rockingham County Society of Pharmacists held May 21 in Eden.

Ms. Gebhardt, Pharmacy Coordinator for AHEC (Area Health Education Center) discussed regional continuing education programs to be held in Greensboro at regular intervals. The purpose of the AHEC workshop programs is to improve the professional practice of pharmacy.

Mrs. Gebhardt also talked about training students in community practice settings to improve the geographic and specialty distribution of health manpower throughout the state.

CHARLOTTE AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary has completed a very profitable and happy year under the capable leadership of Mrs. A. E. Galloway. In addition to the scholarship at the School of Pharmacy in Chapel Hill, the organization has contributed to Operation Santa Claus at Broughton, the Christian Rehabilitation Center of Charlotte and the Smith Appreciation Fund.

The monthly luncheon meeting was held at the YWCA on May 9, 1978. Mrs. Galloway presided over the meeting. Since it was the 40th Anniversary of the Auxiliary, the following charter members were recognized: Mrs. H. L. Bizzell, Mrs. Mae Dixon, Mrs. Bland Robinson, Mrs. C. H. Smith, and Mrs. Foster Thomas.

Honorary Life Memberships were awarded to Mrs. Leslie Barnhardt and Mrs. F. F. Potter for years of dedicated service to the Auxiliary.

With a festive Maypole theme, Mrs. Barnhardt installed the following officers for the year 1978-79:

President—Mrs. Douglas Corwin

First Vice President—Mrs. Leslie H. Davis

Second Vice President—Mrs. Sam E. Lowman

Recording Secretary—Mrs. Ed Anselment
Corresponding Secretary—Mrs. Thomas Williams

Treasurer—Mrs. Robert C. Barbee

Historian—Mrs. Jesse Oxendine

Parliamentarian—Mrs. Leslie Barnhardt

Advisor—Mrs. A. E. Galloway

GREENSBORO

The Guilford County Society of Pharmacists met May 10, 1978 at the Wesley Long Hospital meeting room, Judy Crouch, President, presiding.

David Wheeler, Vice-President, introduced the speaker for the evening, Al Mebane, Executive Director of the North Carolina Pharmaceutical Association, who spoke on the activities of the Association. Mr. Mebane urged all those who were presently not members of the Association to join, so that the Association might speak for all the pharmacists in North Carolina.

President Crouch announced that an effort was being made to up-date the membership records, and compile a list of all pharmacists in the county, including recent graduates. Peggy Gebhardt reported on the meeting for the AHEC Advisory Committee, and stated that a program on Diabetes would be offered at the end of July in three parts for the six county area.

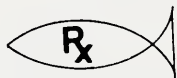
FORSYTH COUNTY

The Forsyth County Pharmaceutical Society sponsored a program for older adults on June 1, 1978 at the First Presbyterian Church in Winston-Salem, entitled "Understanding the Medicines You Take." Included on the program, moderated by President Priscilla C. Brown, was a film "Its Up To You," from the National Pharmaceutical Council, and workshops on vitamins, analgesics, stomach preparations and cold preparations. Besides Mrs. Brown, participants were Leslie Myers, Ernest Rabil, Tom Thutt and Elizabeth Ayers.

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REPORT OF THE PRESIDENT OF THE STUDENT BRANCH

By Patsy Millar

Members of Student Branches have been busy this semester in co-ordinating and initiating various projects and programs, preparing for elections, anticipating both National SAPHa and State NCPHa Conventions.

Over the year, we have sponsored six speakers. At our two fall monthly meetings, Mr. John Mitchener, III, spoke to us on "Allied Health Services," and Mr. Lamar Hammett presented a stimulating talk on "Malpractice Insurance." Student attendance at these meetings was excellent, and I thank all of those who attended. At the January meeting, Mr. Claude Paoloni and a few 5/5 students, who had just completed fall rotation, summarized the revised Externship Program as they saw it. Mr. Shelton Brown discussed "Third Party Prescription Programs" at our February meeting. In March, Mr. Gary Newton presented an interesting talk on "Professional Pharmacies." At our final meeting in April, Mr. Banks Kerr presented his view on "Chain Drug Stores and Independent Pharmacies." Many thanks to all of these men for taking time out of their demanding schedules to share their knowledge with us.

Also, Student Branches wish to express appreciation to the Burroughs Wellcome Company, the Schering Corporation, and the Purdue-Frederick Company for contributing to our cause of raising money to send students to the National SAPHa Convention in Montreal. A delegation of six members represented the chapter at the Convention.

In addition to monthly meetings, this spring semester the annual diabetes and hypertension screenings at University Mall during the months of January and February were held. In March, we participated in Poison Prevention Week by visiting four elementary schools informing the fifth and sixth graders about the importance of poison prevention, supplying the local radio, TV and newspapers with public service announcements concerning poison prevention, and finally, by advertising this event by painting it on the cube located at the pit on the Carolina Campus. On April 1st, we sponsored a booth

at University Mall under the direction of the North Carolina Arthritis Foundation. A few members were present to distribute pamphlets and answer questions concerning arthritis, or refer any interested person in the Mall to the Arthritis Foundation. Committee chairpersons, Elena Holak, Gail Molic, Kim Haas, Frances Rader, and Blythe Forrest (as well as the other members who participated) deserve congratulations for programs well conducted.

We appreciate the contribution made by Merck Sharpe and Dohme to our Poison Prevention and V-D Awareness Campaigns.

Elections for officers of the Student Branches were held in April. The officers for 1978-1979 include:

Gail Molic—President
 Jack Koford—Vice President
 Kitty Kemp—Secretary
 Janice McKinne—Treasurer
 Elena Holak—Assistant to the President

All of whom are current 3/5 students.

Four student members (Bill Fonville, Patsy Millar, Linda McDuffy, and Elaine Holtzweig) attended the State NCPHa Convention held in Asheville in April. The meetings were very challenging and stimulating.

BIRTHS

Dr. and Mrs. Joe W. Burks, Fayetteville, announce the birth of a daughter, Katherine Anne, born March 23, 1978. Mrs. Burks, the former Anne Marie Kelly is a 1965 graduate of the UNC School of Pharmacy.

Virginia Lee Lockamy, daughter of Ginger and Al Lockamy, Raleigh pharmacists, arrived in good health May 2, 1978. Both parents are doing well. Mrs. Lockamy, the former Lucille Virginia Lee, is a 1973 graduate of the UNC School of Pharmacy, and Mr. Lockamy was graduated in 1963 from the same school.

WHY SHOULD TECHNICIANS—AND NOT PHARMACISTS— DISPENSE RXS FOR CONGRESS?

In the U. S. Capitol, Navy technicians are dispensing prescriptions to members of Congress and their families—*without the direct, day-to-day personal supervision of a pharmacist*, according to an article in the May 1978 issue of *Pharmacy Times*.

In this connection, *Pharmacy Times'* editor Irv Rubin warns: "These Navy technicians, in effect, have *totally* replaced pharmacists. This is in direct conflict with the proper use of technicians who are intended to serve as pharmacist-extenders—*not* as pharmacist-replacers. Any pharmacist who has ever worked with technicians is well aware of their limitations with respect to pharmaceutical knowledge."

This is not to say that there is no place for technicians in pharmaceutical services. However, it is to say—and to *emphasize*—that technicians *must be closely supervised by pharmacists*. Whatever technicians do—such as typing Rx labels—must be double-checked by a pharmacist who bears the ultimate responsibility for dispensing prescriptions. To permit technicians to dispense today's potent Rx drugs on their own—on a daily basis—is against the patient's best interest.

It also is understandable that the military services need technicians to safe-guard against shortages of trained manpower in preparing for their wartime missions of combat. However, no military emergencies exist in the U. S. Capitol.

Congress Has Recognized Clinical Pharmacy

Interestingly, members of Congress—the patients of the U. S. Capitol pharmacy—have themselves recognized the importance of pharmacists by passing the Veterans Health Care Amendments of 1977. This Congressional legislation notes the significance of Clinical Pharmacy—as provided by pharmacists. Specifically, the U. S. Senate and the House of Representatives asserted: "Where clinical pharmacy services of this scope have been utilized, studies indicate that medication error rates have decreased substantially, that inappropriate drug utilization has been reduced, that adverse drug reactions have been averted, and that substantial dollar savings have been realized."

Contact Your U. S. Congressmen—Now!

What can people connected with Pharmacy do to improve a pharmaceutical situation that does *not* serve the *best* interests of the public?

The answer: Flood members of Congress with "gallons" of messages urging them to insist that a full-time pharmacist be assigned to dispense and/or personally supervise the dispensing of prescriptions in the U. S. Capitol pharmacy. Also, pharmacists can urge their relatives, friends, customers, local newspaper editors, civic groups—and *anyone* else — to write their U. S. Congressmen. These letters, wires, postcards, etc., should be addressed as follows:

The Honorable . . .

United States Senate
Washington, D. C. 20510

or

The Honorable . . .

House of Representatives
Washington, D. C. 20515

Handwritten letters or postcards exert the maximum effect on legislators.

SISTERS LICENSED

Two daughters of Paul M. Walker, Newton pharmacist, have passed the N. C. Board of Pharmacy examinations and received their licenses. Mrs. Martha Walker Lyon of Lexington and Mrs. Deborah Walker Robinson of Conover graduated from Medical University of South Carolina and the UNC School of Pharmacy respectively, in 1977.

APhA PICKS '81 MEETING SITE

Looking ahead to 1981, the American Pharmaceutical Association has chosen St. Louis as the site for its annual meeting. APhA is making plans to accommodate 5,000 attendees at the 1981 sessions, scheduled to be held March 28 to April 3.

PHARMACY THEFTS AND BREAK-INS

MOUNT AIRY

AAA Drugs was entered Monday, April 3, by thieves who broke the front door glass, and drugs valued at \$200.00 were taken.

ARCHDALE

Thieves took several thousand dollars in cash and an assortment of drugs from Archdale Pharmacy, early Friday, April 21. Everett Grayson, manager, reported a quantity of controlled substances were among the drugs taken.

MEBANE

After discovering drugs in a car stopped for speeding, Mebane police discovered forced entry into the Mebane Drug Company. The value of the stolen drugs was listed at \$50.00. The break-in took place April 13.

GREENVILLE

Greenville police arrested two men they found inside Clow Drugs after the store's burglar alarm went off early Wednesday, April 26. The two gained entry to the building through a rear window, and were apprehended as they attempted to flee through the same opening.

Hargett's Drugs was the scene of an attempted burglary Tuesday, April 25, as police arrested three men who were charged with attempted breaking and entering, and with possession of burglary tools.

YANCEYVILLE

Burglars entered the North Village Pharmacy and stole several items, including drugs, Monday night, May 1.

NORTH WILKESBORO

Two Yadkin County men were arrested and charged with breaking into Blue Ridge Pharmacy Friday night, April 28. Entrance was made by cutting a large hole in a back wall. Large quantities of controlled substances were taken.

JONESVILLE

D-Rex Drug Store was entered through a hole cut in the roof Monday night, May 1, but only a small amount of drugs were stolen. Approximately one hundred dollars or less was the value of the missing drugs, according to the pharmacist, Keith Denny.

The burglars left thirty-two dollars of their own money and assorted burglary tools.

THOMASVILLE

May 2nd was a busy night for drug store burglaries in Thomasville as two pharmacies were broken into. Medical Arts Pharmacy was entered through the roof but the thieves were deterred when a flood alarm was tripped. The front door glass was broken as they escaped.

The second break-in was discovered by police at Consumer Pharmacy later that night. An air duct had been removed and drugs, watches and a CB radio were taken from the pharmacy.

WINSTON-SALEM

Eckerd's Drug Store on Patterson Street was the scene of three burglars' thwarted efforts to illegally enter the building. As the store manager was preparing to leave, he heard footsteps on the roof and called the police who arrested two of the three men seen on an adjoining roof. In an attempt to escape, one of the burglars-to-be leaped from the building and fractured both of his feet. The third man was not caught. Three roof hatches had been pried open and part of the roof had been chopped up.

FRANKLIN

Two alert telephone company employees saw burglars entering Carolina Pharmacy after hours and called the police who arrested the two Kentucky men after they left the pharmacy with a large quantity of controlled substances, syringes and money from the store cash register. The burglary took place the week of April 6.

MADISON DRUG STORE CLOSES AFTER 51 YEARS

Emory Watson, owner and pharmacist manager of Madison Drug Store since 1968, announced the closing of the store the first of April. "Madison Drug is an institution itself, it's been there a long time. I hated to make the move, but I didn't have a choice," said Mr. Watson, who said he closed the store for economic reasons.

Madison Drug was moved to its present location in 1927 by Mr. John Hughes, who operated the business until his death in 1945. His wife and son managed it until 1968, when Mr. Watson bought the business.

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A PREVIEW OF COMMUNITY PHARMACY . . . 1978

This year's preliminary *Lilly Digest* report, based on 1977 operating statistics from 872 community pharmacy operations, indicates an ever-higher cost of goods sold, with further decline in net profit. The data suggest that stronger effort must now be exerted to "hold the line" on operating costs. When the income and expense statement items are expressed as percentages of total sales and compared with *Lilly Digest* figures for 1976, they show that . . .

The cost of goods sold has increased, and although total expenses decreased somewhat, it was not enough to prevent net profit before taxes from dropping to 3.5 percent of sales.

Total sales reached a new high of \$325,656—\$15,931 (5.1 percent) over 1976 sales. This rate of increase, however, is lower than the average annual growth rate of 6.4 percent observed during the past ten years. Prescription sales continued to outdistance other sales by showing an 8.0 percent gain in contrast to a 2.3 percent increase in other sales. Total prescription sales accounted for over half of the community pharmacy volume at 51.0 percent of sales (up from 49.6 percent in 1976). This illustrates the dominant position the prescription department maintains in the financial picture of the average community pharmacy.

The greater cost of goods sold forced the gross margin down again to 34.9 percent of sales (down from 35.1 percent in 1976).

Total operating expenses rose by \$4,392 (4.5 percent) but, as a percentage of sales, fell slightly to 31.4 percent. Employees' wages increased in dollars but remained constant at 11.8 percent of sales. The average proprietor's salary was lower both in dollars (by \$194) and as a percent of sales (6.9 percent—down from 7.3 percent). Although net profit declined as a percent of total sales, it was \$491 higher (up 4.5 percent over 1976). This allowed total income (salary plus net profit, before taxes) to increase slightly in terms of dollars but to drop sharply from 10.9 to 10.4 percent in 1977.

Although prescription inventory required more dollars, it declined percentage wise, while other merchandise inventory increased on both respects. This caused the prescription department's sales productivity to move up slightly to \$8.32 per stock dollar (0.4 percent higher), whereas other merchandise productivity decreased from \$4.81 to \$4.70.

The share of new prescriptions continued to grow. The number of new prescriptions increased by 626 (up 4.9 percent over 1976), while refills were 103 under last year's figure. As a result, the total number dispensed was 27,686, a gain of 523 prescriptions. Since this reverses the past two years' prescription trend, it will be interesting to see whether the final 1977 operating statistics show a similar increase. The average prescription charge went up to \$6.00 during 1977, up 34 cents from \$5.66.

The following table summarizes the preliminary *Lilly Digest* report of the 1977 operating figures of 872 community pharmacies and compares these with the 1976 *Lilly Digest* averages from 1,705 pharmacies. The annual *Lilly Digest* will be completed and distributed in September, 1978.

(Continued on page 42)

**CARRAWAY ELECTED
AS CHAIRMAN**

Ernest L. Carraway, Jr., Windsor pharmacist, has been elected as Chairman of the Bertie County Board of Health. Mr. Carraway, a 1957 graduate of the UNC School of Pharmacy, has been associated with Windsor Pharmacy since 1962.

TMA FOUNDATION

Recent contributors to the TMA Foundation include Bill Brewer, Canie Smith, J. A. Wolfe, L. M. McCombs, Reuben Russell, Tom Sanders, Frank Fife, Bob Case and W. J. Smith.

LILLY DIGEST PRELIMINARY REPORT—1978

Averages per Pharmacy	1977 (872 Pharmacies)		1976 (1,705 Pharmacies)		Amount and Percent of Change	
Sales						
Prescription	\$166,032	51.0%	\$153,735	49.6%	+\$12,297	8.0%
Other	159,624	49.0%	155,990	50.4%	+\$ 3,634	2.3%
Total	\$325,656	100.0%	\$309,725	100.0%	+\$15,931	5.1%
Cost of goods sold	211,919	65.1%	200,871	64.9%	+\$11,048	5.5%
Gross margin	\$113,737	34.9%	\$108,854	35.1%	+\$ 4,883	4.5%
Expenses						
Proprietor's or manager's salary	\$ 22,403	6.9%	\$ 22,597	7.3%	(-\$ 194)	0.8%
Employees' wages	38,545	11.8%	36,417	11.8%	+\$ 2,128	5.8%
Rent	8,120	2.5%	7,758	2.5%	+\$ 362	4.7%
Miscellaneous operating costs	33,168	10.2%	31,072	9.9%	+\$ 2,096	2.1%
Total expenses	\$102,236	31.4%	\$ 97,844	31.5%	+\$ 4,392	4.5%
Net profit (before taxes)	\$ 11,501	3.5%	\$ 11,010	3.6%	+\$ 491	4.5%
Total income (net profit plus proprietor's salary, before taxes)	\$ 33,904	10.4%	\$ 33,607	10.9%	+\$ 297	0.9%
Value of inventory at cost and as a percent of sales						
Prescription	\$ 19,946	12.0%	\$ 18,554	12.1%	+\$ 1,392	7.5%
Other	33,970	21.3%	32,454	20.8%	+\$ 1,516	4.7%
Total	\$ 53,916	16.6%	\$ 51,008	16.5%	+\$ 2,908	5.7%
Annual rate of turnover of inventory	4.0 times		4.1 times			
Number of prescriptions dispensed						
New	13,486	48.7%	12,860	47.3%	+ 626	4.9%
Renewed	14,200	51.3%	14,303	52.7%	(- 103)	0.7%
Total	27,686	100.0%	27,163	100.0%	+ 523	1.9%
Average prescription charge	\$ 6.00		\$ 5.66		+\$ 0.34 6.0%	

ROBINSON FILES FOR SEAT IN HOUSE

John M. "Mike" Robinson, pharmacist of Hickory, has filed for the Republican nomination to run for one of two open seats in the State House of Representatives from the 37th District. Robinson is a pharmacist at Glenn R. Frye Memorial Hospital and is the youngest

person to serve as president of the Catawba Heart Association.

He is basing his candidacy on improving the quality of living standards and increased educational benefits through state-funded school systems for the elderly, with emphasis on continuing education for all citizens. In addition, Mr. Robinson would like to see health care costs lowered.

CEKADA HONORED FOR OUTSTANDING SERVICE

Emil Cekada, Chief, area pharmacy branch, Alaska area native health service, was awarded a painting created by noted artist Robert Thom at the Alaska Pharmaceutical Association Convention held in Anchorage February 18. The painting was presented by the Parke-Davis Pharmaceutical Company in recognition of outstanding professional achievement. The painting, "The First Hospital Pharmacy in Colonial America" is one of a series painted by Thom. Parke-Davis, in their praise of Cekada, said "this award is not only from Parke-Davis, it also reflects the outstanding recognition given to you by your professional associates." The plaque on the painting reads "in recognition of a dedicated commitment to patient care of the highest quality."

Born in Durham, North Carolina, Cekada's academic credits include a B.S. in chemistry from the College of William and Mary; a B.S. in pharmacy from the University of North Carolina, and an M.P.H. masters degree in Public Health Administration from the University of Minnesota.

He is a member of the Rho Chi Pharmacy Honor Society and received the Lehn and Fink Gold Medal award for noteworthy achievement in pharmacy and is also a member of the Phi Delta Chi professional pharmaceutical fraternity.

Cekada entered the Public Health Service in July 1963 at Mt. Edgecumbe, Alaska. He was commissioned in the regular corps of the Public Health Service in May 1975 and assigned to the Alaska area native health service in Anchorage in August 1972 as chief, area pharmacy branch. He was promoted to senior pharmacist (CDR) grade July 1974.

Cekada has encouraged the involvement of the community pharmacist to work as consultant to local hospitals in various small community areas. He has served with other members of the Alaska Society of Hospital Pharmacists in helping them train hospital administrators, nursing personnel and community pharmacists in a workshop outlining the role of the consultant pharmacist and drug delivery systems. This was the first workshop in Alaska for pharmacists and other health professionals involved in drug distribution in the institutional setting.

Cekada was appointed coordinator of the statewide Poison Control Program by the Maternal and Child Health Division, state of Alaska. Public Health Service Hospitals in Anchorage, Mt. Edgecumbe and Bethel are involved as providers of information and participate in the reporting program. He also assisted Providence Hospital in becoming a poison control center. Cekada provided supporting expertise on poison control for the state of Alaska's comprehensive health plan, which included assisting in the development of radio spot announcements broadcasted locally and in two native languages.

Cekada, in coordination with the governor's office and local officials, has also helped publicize "National Poison Prevention Week." The area pharmacy branch of the Alaska area native health service is now listed with the national clearinghouse for poison control centers as the state of Alaska's coordinator for epidemiology. This branch is the only federal agency listed as administering the program in any of the 50 states or various territories.

Cekada has been actively involved in the development of externship programs with various schools of pharmacy. These include the universities of North Carolina, Tennessee, Washington, Washington State and Oregon State University. He was appointed clinical instructor in the department of pharmacy practice at the University of Washington's school of pharmacy.

He currently is beginning his second year as editor of "The Alaska Pharmacist," the Journal of Alaska Pharmaceutical Association.

MATTOCKS RECEIVES PHARMACY AWARD

CHAPEL HILL—Dr. Albert M. Mattocks, Professor of Pharmacy, UNC School of Pharmacy, was selected to receive the 1978 Industrial Pharmaceutical Award for Achievement in Industrial Pharmacy. The award, sponsored by the G. D. Searle Company, was in recognition of Dr. Mattocks' contributions to basic pharmaceutical research and leadership in establishing graduate research programs in pharmaceutical technology.

The award of a plaque and \$1000 was made at the annual meeting of the American Pharmaceutical Association held in Montreal, Canada.

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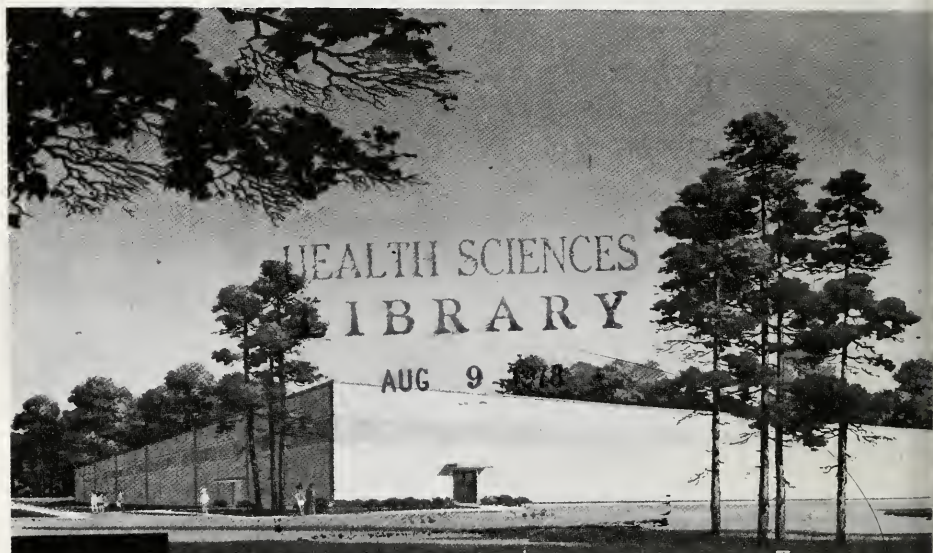
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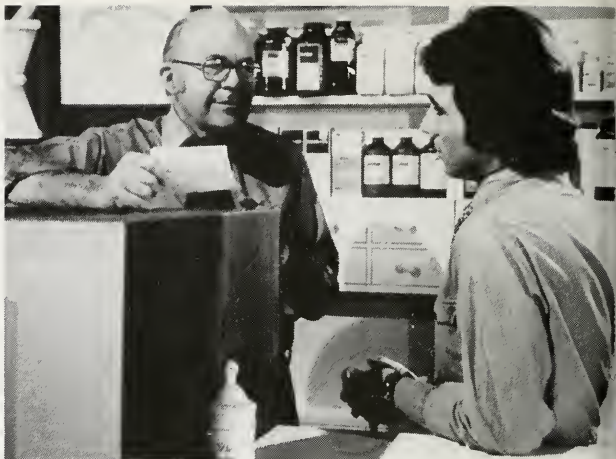
Eugene W. Hackney, Out-Going President, NCPHA (right) is presented a Certificate of Appreciation from the North Carolina Association of Professors, by Kenneth L. Edwards, Board of Directors, NCAP. Photo by Colorcraft

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NCPHA ELECTION RESULTS

The Elections Committee, NCPHA, meeting in Chapel Hill, June 28, announced the following results of the mail balloting, for NCPHA offices, N. C. Board of Pharmacy, and North Carolina Pharmaceutical Research Foundation Board of Directors:

First Vice-President of the NCPHA:
(*President-Elect*)

Jack G. Watts, Burlington

Second Vice-President of the NCPHA:

J. Marshall Sasser, Smithfield

Third Vice-President of the NCPHA:

Ernest J. Rabil, Winston-Salem

Members of the NCPHA Executive Committee for a one year term:

Keith Fearing, Manteo

Jean Bush Provo, Raleigh

Waits A. West, Roseboro

NCPHA officers-elect will be installed at the 1979 Annual Convention at the Royal Villa, Raleigh.

Members of the N. C. Board of Pharmacy for a five-year term:

District 2

James A. Way, Jr., Winston-Salem

District 4

William R. Adams, Jr., Wilson

Directors of the N. C. Pharmaceutical Research Foundation:

Ralph Ashworth, Cary

Herman W. Lynch, Dunn

Julian Upchurch, Durham

C. Michael Whitehead, Ramseur

Members of the Election Committee are: Robert L. Smith, Chapel Hill; Steven G. Dettner, Burlington; Connie W. McFall, Durham; J. Frank Pickard, Greensboro.

DUNLAP ELECTED TO COUNTY BOARD

Henry H. Dunlap, Jr., Siler City pharmacist, was re-elected to the Chatham County Board of County Commissioners. Mr. Dunlap, graduate of the UNC School of Pharmacy in 1955, is associated with Chatham Rexall Drug Store and Carolina Pharmacy.

COMMITTEE ON MENTAL HEALTH NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

Admissions and readmissions to mental health hospitals are expensive. Expensive to the patient, to the family, to the community and to the taxpayers of the state. The average length of stay in a North Carolina mental health hospital in 1977 was 75.5 days, even though those admitted for drug abuse, alcoholism and marital problems averaged a stay of only 5 to 24 days, compared with psychoses and neuroses admissions of 66 days and schizophrenics of 147 to 283 days. The average daily cost of these institutions per patient day is \$47 to \$54 in the psychiatric wards, and \$87 to \$154 in the medical/surgical areas. Since few people can afford the cost of this hospitalization, and third party payers can be expected to contribute less than \$1,000,000 per year, the taxpayers are having to foot the largest part of the bill.

Two factors seem to be important in keeping the mental health client in the community. The first is compliance with drug therapy and the second is adequate follow-up to assure that the client is remaining compliant and/or that the therapy is working. Robert Allen, Pharmacy Consultant for the N. C. Department of Human Resources, Division of Mental Health and Mental Retardation Services, did a study in 1975 using Paid Prescriptions' medicaid recipient drug profiles for 8 community mental health centers and 3 mental health hospitals. The results were:

Of the recidivists
38% were compliers
62% were non-compliers
Of the non-recidivists
71% were compliers
29% were non-compliers
Of the compliers
81% were non-recidivist
19% were recidivist
Of the non-compliers
53% were non-recidivist
47% were recidivist

Gerald Hogavity, Assistant Professor of Psychiatry and Director of Community Treatment Evaluation, University of

(Continued on Page 7)

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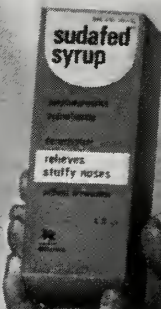
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of 4 fl oz
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North Carolina 27709

(Committee on Mental Health)

Pittsburgh School of Medicine, states in a Sandoz publication on recidivism, that a relapse rate of 65% to 70% within one year of discontinuation of maintenance drug therapy is expected with about 11% per month for the first six months and then gradually declining, whereas, if maintaining the therapy, a 4% to 6% relapse rate is expected in the first month, and the risk declines with time, down to 1.5% to 2%. The odds for not relapsing lean heavily in favor of maintaining drug therapy.

Community Mental Health Clinics clients will become non-compliant for various reasons, including (1) expense of taking the medication, whether it can be afforded or not, (2) low motivation to void institutionalization, (3) misunderstanding how to take the medication properly, (4) self-diagnosed as being cured and thus discontinuing their treatment, (5) unpleasant side effects such as extrapyramidal or tardive dyskinesia, (6) local general practitioners may be wary of initiating or continuing "high" dose neuroleptic therapy and (7) some reluctance by pharmacists to fill such prescriptions.

This committee therefore recommends that community mental health center clients have every opportunity to maintain proper drug therapy in order to reduce the chance of admission or readmission to a mental health hospital, and to do this, the prescriptions must first be filled and refilled. Because many of the prescribed drugs are fairly expensive, provisions should be made with the community mental health clinic and area pharmacies to provide these prescriptions at a reasonable cost to the client and/or clinic when not covered by third party payers. There are several programs already in effect that work towards this goal.

- 1) The client pays for entire prescription at a cost of AWP plus a fee.
- 2) The pharmacy is reimbursed with replaced drug purchased by the clinic from regional mental health hospital (at cost plus 10% and dropshipped to the pharmacy) plus a fee. The client will pay a percentage of the prescription cost according to his financial ability to pay (determined by the clinic).
- 3) The mental health clinic providing in-house pharmacy services.

The first two plans may work with only one pharmacy participating, but all area pharmacies are encouraged to participate so that

the client may go to the pharmacy of his choice. In order to hold down costs, the clinic may want to establish a formulary for prescriptions that it will pay for. This formulary is effective if the physician knows that the client may not get the prescription filled if it costs too much.

The committee does not endorse any one plan for pharmacy services since there are over 40 different clinics with different budget considerations, geographical differences, etc. and no single plan could be applied for each location. It must be pointed out, that in order to keep the mental health hospitals' census reduced, at least from the point of readmissions, the state may see fit to provide pharmacy service by mail, working with the mental health clinics, in order to assure that the medications are available and that non-compliance with drug therapy is not due to the drug being unavailable.

Once the client has the prescription from the mental health clinic physician, he may or may not get the prescription filled. Therefore, to monitor which prescriptions are filled, some clinics use a 3-part prescription. The second copy is retained by the clinic, and the first two parts are carried to the participating pharmacy. The original is filled and filed, and the first copy is then sent back to the clinic periodically so that the clinic staff may determine which prescriptions were not filled. This is a good first step towards compliance, however, since there is a good possibility that the client may have to take the medication for a long period of time and may experience adverse reactions or even need a change in therapy as well as becoming non-compliant, additional follow-up by the mental health clinic is recommended at least on a monthly basis. The Roanoke-Chowan Mental Health Clinic gets the clients to return to get prescription refill authorization. While the client is at the clinic, the professional staff can evaluate compliance and need for reassessment by the physician. Of course, if the client fails to come in on schedule, the follow-up can be initiated from the clinic with the assumption that the client is non-compliant.

Naturally, there is no panacea, neither with the use of drugs nor with the follow-up programs, however, by improving drug compliance, the number of people who must be institutionalized could be significantly reduced.

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A recent article on pharmacy law stated that "it is not unlikely that pharmacists substituting therapeutically or bioequivalent drugs for those prescribed will face increasing confrontation in the courts on the issue of their liability for unanticipated or adverse reactions from drugs dispensed by them."*

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*From a special report reprinted in *U.S. Pharmacist* 2(4):18-23, 1971. "Pharmacy Law," by Michael R. Sonnenreich, J.D.



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William L. Frostick, Ph. Mgr.

Allan's Pharmacy
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Hendersonville,
Allan Berg, Ph. Mgr.

Eckerd Drugs
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E. First Street
Rutherfordton
Annette E. Aman, Ph. Mgr.

RECIPROCITY CANDIDATES LICENSED

Bernard Jerome Adams, Georgia
Charles Thomas Faison, Tenn.
James F. Reale, New York

PHARMACY STUDENTS SELECTED FOR SUMMER INTERNSHIPS

The following were chosen in national competition to serve summer internships by the National Pharmaceutical Council from the student body of the UNC School of Pharmacy:

Cathryn M. Lott
fifth-year student
hometown—Raleigh, N. C.
serving internship with Smith Kline & French Laboratories

Carol L. Maple
fifth-year student
hometown—Mena, Arkansas
serving internship with Burroughs Wellcome Company

Patsy E. Millar
fifth-year student
hometown—Winston-Salem, N. C.
serving internship with McNeil Laboratories

Karen R. O'Malley
fifth-year student
hometown—Charlotte, N. C.
serving internship with Geigy Pharmaceuticals

Toula Panagiotopoulou
fourth-year student
hometown—Chapel Hill, N. C.
serving internship with Hoffmann-La Roche, Inc.

No. 4 in a series.

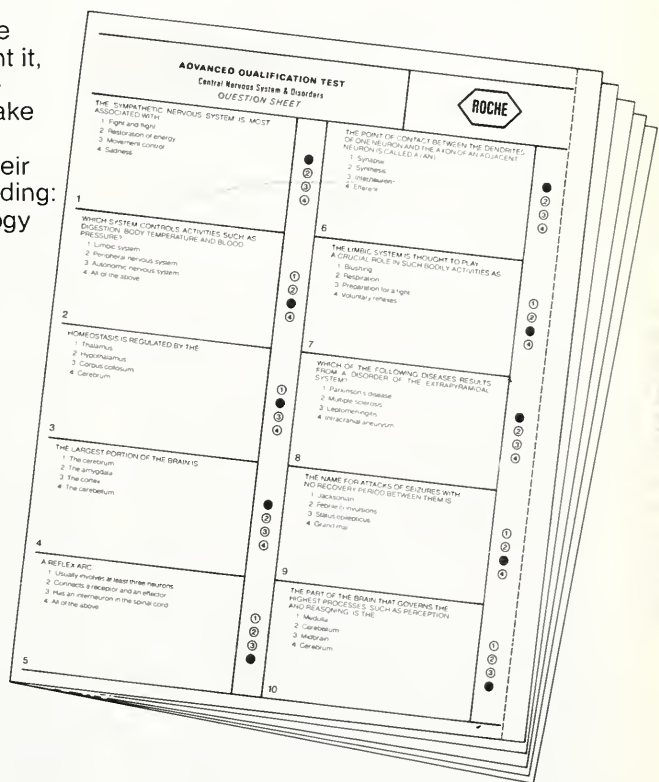
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1. THE SYMPATHETIC NERVOUS SYSTEM IS MOST ASSOCIATED WITH 1 Fight and flight 2 Restoration of energy 3 Movement control 4 Sadness	① ② ③ ④	① ② ③ ④
2. WHICH SYSTEM CONTROLS ACTIVITIES SUCH AS DIGESTION, BODY TEMPERATURE AND BLOOD PRESSURE? 1 Limbic system 2 Peripheral nervous system 3 Autonomic nervous system 4 All of the above	① ② ③ ④	① ② ③ ④
3. HOMEOSTASIS IS REGULATED BY THE 1 Thalamus 2 Hypothalamus 3 Corpus callosum 4 Cerebrum	① ② ③ ④	① ② ③ ④
4. THE LARGEST PORTION OF THE BRAIN IS 1 The cerebrum 2 The amygdala 3 The cortex 4 The cerebellum	① ② ③ ④	① ② ③ ④
5. A REFLEX ARC 1 Usually involves at least three neurons 2 Connects a receptor and an effector 3 Has an interneuron in the spinal cord 4 All of the above	① ② ③ ④	① ② ③ ④
6. THE POINT OF CONTACT BETWEEN THE DENDRITES OF ONE NEURON AND THE AXON OF AN ADJACENT NEURON IS CALLED A (AN) 1 Synapse 2 Synthesis 3 Interneuron 4 Efferent	① ② ③ ④	① ② ③ ④
7. THE LIMBIC SYSTEM IS THOUGHT TO PLAY A CRUCIAL ROLE IN SUCH BODILY ACTIVITIES AS 1 Blushing 2 Respiration 3 Preparation for a fight 4 Voluntary reflexes	① ② ③ ④	① ② ③ ④
8. WHICH OF THE FOLLOWING DISEASES RESULTS FROM A DISORDER OF THE EXTRAPYRAMIDAL SYSTEM? 1 Parkinson's disease 2 Multiple sclerosis 3 Leptomenigitis 4 Intracranial aneurysm	① ② ③ ④	① ② ③ ④
9. THE NAME FOR ATTACKS OF SEIZURES WITH NO RECOVERY PERIOD BETWEEN THEM IS 1 Jacksonian 2 Febrile convulsions 3 Status epilepticus 4 Grand mal	① ② ③ ④	① ② ③ ④
10. THE PART OF THE BRAIN THAT GOVERNS THE HIGHEST PROCESSES, SUCH AS PERCEPTION AND REASONING, IS THE 1 Medulla 2 Cerebellum 3 Midbrain 4 Cerebrum	① ② ③ ④	① ② ③ ④

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PRESIDENT'S ADDRESS, NCPHA ANNUAL CONVENTION

April 17, 1978, Asheville

Eugene W. Hackney, President, NCPHA

I have tried to think of one word or phrase that will sum up this past year and the profession of pharmacy in North Carolina. This has been a very special year for me personally and one which is filled with happy and pleasant memories. However, I do think this past year would have to be titled "The Year of the Change." We have been faced with many unusual and complex situations on the Association level in addition to all of the new things to affect our individual practices. We can only hope that the decision made and actions taken this year were wise ones.

Probably one of the most traumatic changes ever to affect this Association took place this past year. W. J. Smith has been our Executive Director for the past 38 years and his retirement on May 1st will mark the end of an era. His tenure has been filled with nothing but progress for pharmacy in North Carolina. This success has been due to the genuine love and concern shown by W. J. and Vivian for all phases of pharmacy. Because of their meticulous attention to the needs of our profession, our Association has grown and prospered. It was with deep regret that the Executive Committee of the Association accepted the retirement plans of the Smiths, but I am happy to announce to you that Vivian and W. J. will continue to live in Chapel Hill. They will maintain their close ties with this Association and will both serve as consultants. So we are not losing the Smiths but gaining a strong Smith-Mebane team to continue the work the Smiths began 38 years ago.

A committee was appointed last year to fill the vacancy created by the Smiths retirement. A number of very qualified people applied for the job representing various phases of pharmaceutical practice. We were very impressed with the credentials of all of them and I want to thank them officially for their interest and cooperation. A. H. Mebane of Greensboro was selected and in September he began his duties as Associate Director. Al and his wife Betsy are well known to all of our members because of their active participation in Association functions for many years. They

have served as officers and convention chairmen. Al served as convention registrar for several years. So we feel they are most qualified to accept this new job. We welcome Betsy and Al and we pledge to them our continued support and encouragement. This Association could not function without the excellent staff at the Institute in Chapel Hill. They are famous for their efficiency and cooperation and we are grateful to have them help us. So a very special thank you to Donna, Erie and Neta for the extra efforts they have given this year.

Changes have also taken place at the School of Pharmacy. Dean Tom Miya has proven that he is an effective and efficient leader and his first full year in this job reflects many innovations. The most significant of these is the 2-3 program. This means that a student has two years of general college before entering the school for 3 years of professional work. In this way the pharmacy student is older and more mature when he starts his professional studies. It is hoped these students will have fewer academic problems. The

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(President's Address)

curriculum now includes strong courses in pharmacy administration and we encourage the continuation of this trend. A very high percentage of the students go into some form of community pharmacy after graduation. Although the school has a clinical approach to the practice, strides are being made to augment these courses with training needed for the community situation. The school is in excellent condition and the prevailing atmosphere is one of cooperation and goodwill. This was very evident to all who visited the school during the fall seminar. I encourage all of you to visit the school when possible and to see for yourself the work they are doing. You will find a high degree of excellence. I want to thank all of you who worked so hard to make this school one of the best.

Changes are also in the air in our program of continuing education. Efforts have been made this past year to establish the needs and interests of our Association members. The sole purpose of this program is to provide us all with the information necessary to improve our particular practice situations. It is only a matter of time before a program of mandatory continuing education is a legal requirement. Our members will never be totally in favor of this, for the word mandatory makes us all uneasy. We would all prefer the voluntary program we now follow. The Continuing Education Committee is faced with this problem and they have many unanswered questions. If a mandatory program is thrust upon us, who will pay for it, who will administer it, how many hours will be required, and how often should one recertify himself? This Committee needs your ideas and your support if they are to present us with a workable plan. It is our hope that they come up with a solution that is acceptable to us all before the government slips in with a plan we will have to accept—like it or not.

Changes are also being made in our vocabulary. Bureaucratic words like cost containment, MAC and EAC are now in common usage. Dr. Jean Gagnon is conducting a survey to determine what it costs to fill a prescription in North Carolina. We are all anxious for the results of this work as we hope that a more equitable reimbursement fee, to the pharmacists, will be a result. Cost containment has been a major issue this year and

we have been asked to do a variety of things to save government monies. The substitution legislation was designed to accomplish this, along with MAC and EAC. We have done our part in cost containment and I feel it is time to ask the manufacturers to share some of this burden. They must resolve the price differential problems before the government steps in and makes all drug purchases. Unless this is resolved the distribution system as we know it today will be destroyed. We are asked to contain costs and provide new extra services. Computers, patients profiles and patient counseling all cost money and time. They can only be done if we are adequately reimbursed for them.

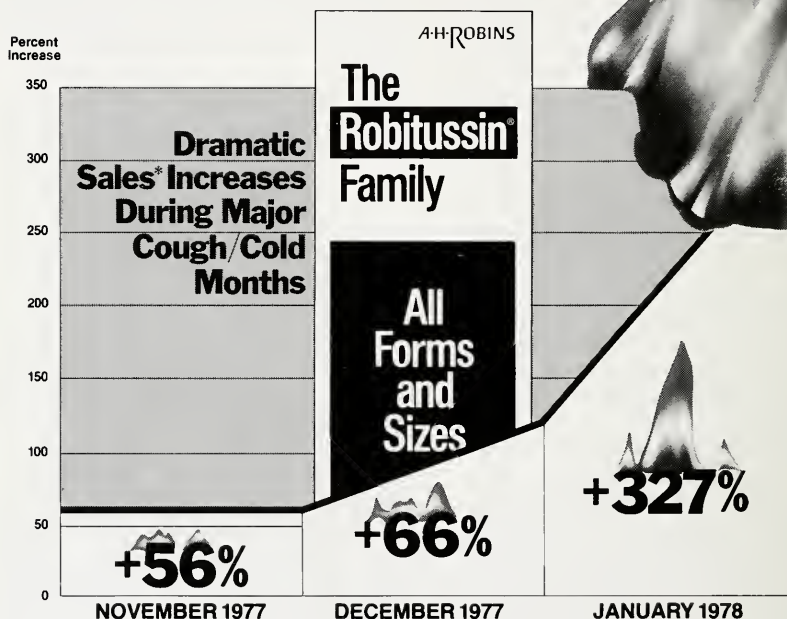
Legislative changes and proposals are of major importance to us and I want to mention a few of these briefly. The NCPHA was successful this year in that a bill was passed in the General Assembly requiring name, address, telephone and DEA number of physicians using hospital blanks. We were unable to prevent substitution legislation from being attached to the State Budget. This provision was a total surprise to us and was quickly enacted (on a weekend). It provides that a pharmacist must substitute on Medicaid prescriptions when a drug of lesser cost is available in his pharmacy.

The Executive Committee has endorsed a proposed amendment to the Physician Assistant/Family Nurse Practitioner Legislation to eliminate dispensing privileges granted in the law. The State Board of Health has retained a pharmacist, Charles Reid, to coordinate pharmacy services at the County Health Departments. Plans for this pharmacy division include hiring full-time and part-time pharmacists or contracting with local pharmacies on a per prescription basis. Several counties are using the latter method at the present. Fees range from no fee to 90¢ per prescription. I personally feel that the pharmacists should get a reasonable fee even though the drugs are supplied by the County and there are no inventory requirements. If the government should purchase and supply all drugs to you, could you then fill prescriptions for no fee?

The Executive Committee has approved assistance to the Board of Pharmacy to rewrite

(Continued on Page 15)

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(President's Address)

the North Carolina Pharmacy Act. Amendments and changes made in the past will be incorporated into the new writing. This will help the Board of Pharmacy to be prepared to meet the requirements of the Sunset Laws in 1981 . . . the Sunset Laws will require the Board to justify its being.

Major federal legislation dealing with drugs is being proposed in Washington. The main items are 1) To improve marketing methods for new drugs; 2) To aid the pharmacist in product selection by supplying comparative information; 3) Mandatory price posting, and 4) Patient package inserts for every drug product. Some of these items you will like and others you will not. For instance, can you visualize your pharmacy filled with PPI's as bulky as we have recently received for birth control pills? I would suggest that they be developed by product class and be simple and brief. Get a copy of these proposals (from the FDA) and read them and then make your wishes known to your elected representatives in Washington.

The legislative situation is complicated and yet it demands our constant attention on a state and national level. Our representatives in Washington and Raleigh want, need, and expect input from us on matters pertaining to pharmacy. NC Pharmapac offers one very positive way to solve some of our legislative problems. This political action committee can financially support candidates who are receptive to our professional needs. The North Carolina Pharmaceutical Association can and will give moral support to any pharmacist who wishes to run for the Legislature. The two outstanding pharmacists who currently serve are Senator John Henley and Representative Barney Paul Woodard. They are men of high calibre and the kind of legislators North Carolina and pharmacy need. Our special thanks to them for their fine efforts and we wish them every success in their campaigns for re-election. Several of our members serve on State Agencies, Commissions and Boards where their influence is effective. I urge all of you who can to run for public office or to serve on these boards, for how else can the image of pharmacy be improved?

An important new change is the Alert System recently developed to meet the need to quickly inform the pharmacists of any prob-

lems. This may range from a legislative question to forgers and stolen blanks. The necessary information can quickly be spread from the office in Chapel Hill to regional, district and local coordinators who see that all pharmacists have the facts in a few hours. I am sure the value of this system is evident and our thanks to all who will make it function.

The North Carolina Pharmaceutical Association is today a strong and vital organization. It embraces every facet of pharmacy in North Carolina and we feel the new dues structure makes it truly an association of all pharmacists. The local societies with their fine leadership have been an outstanding part of our organization this year. Their programs have been excellent and I urge each of you to support the group in your area. A special thanks to the Woman's Auxiliary and to President Rheta Skolaut for they, too, have been an outstanding part of our organization this year. Their programs and projects reflect careful planning. The men and women who have served as officers and members and chairmen of committees were another vital part of our organization and there would have been no year without them. A very special thank you to them for all the time and energy they gave us.

So, I would like to close my remarks today with a challenge to all the members of this Association. You are the vital elements that make this organization what it is. I urge you to do your part to improve your individual practice and to meet the new changes with a positive attitude. Let's work together to insure the North Carolina Pharmaceutical Association continues its pattern of growth and that the image of pharmacy remains untarnished.

HERRIN PURCHASES PHARMACY

J. Clegg Herrin has purchased Murray's Pharmacy, 1907 Poole Road, Raleigh, from B. R. Murray, effective July 1, and will continue to operate the pharmacy under the same name.

Mr. Herrin, formerly of Henderson, is a 1954 graduate of the UNC School of Pharmacy and had previously worked at Franklin Drug Store in Greensboro, Parker Drug in Henderson, Mast Drug and Jones Drug Store in Oxford.

Social Security Bill Is Signed Gives Pensions to Aged, J

Roosevelt Approves Message Intended to Benefit 3
Persons When States Adopt Cooperating Laws—
the Measure 'Cornerstone' of His Economic Pro

SENATE APPROVES 15-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution
is Sent to House, Where
Passage is Expected

WASHINGTON, March 15, 1935—The Senate approved today, 94 to 0, and sent

WASHINGTON, Aug. 15—The Social Security Bill, a broad program of unemployment insurance and old age pensions, and counted upon to benefit 20,000,000 persons, became law today when President Roosevelt signed it. The bill is the cornerstone of his economic program, those chiefly responsible for its passage.

Mr. Roosevelt called it "the cornerstone of my economic program."

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PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W. WASHINGTON, D. C. 20005



Dr. Tom Miya, Dean of The School of Pharmacy at the University of North Carolina (center), accepts a donation of \$5,000 from Burroughs Wellcome Co., Research Triangle Park. Presenting the check are: Clea Baker, Vice President of Corporate Planning (far left) and Peter Howsam, Vice President of Marketing. The contribution will be donated to the North Carolina Pharmaceutical Research Foundation, Inc.

GOLDEN BANANA AWARD

In an attempt to focus attention on poor, undecipherable prescription writing by doctors, one hospital, on a weekly basis, has inaugurated a Golden Banana Award.

The winner, whose writing is judged the least decipherable, receives a banana and an appropriate certificate.

In the works: An award for the most legible hand-writing.

TENNIS TOURNAMENT RAISES \$500

The Greensboro Drug Club has given \$500 to the Greensboro Cerebral Palsy School, from proceeds taken in during the Annual Tennis Tournament. The Greensboro Drug Club is comprised of pharmacists, pharmaceutical manufacturer's representatives and pharmaceutical wholesalers.

NORTH CAROLINA PHARMACY POLITICAL ACTION COMMITTEE BOARD OF DIRECTORS 1978-79

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CREECH APPOINTED TO HOSPITAL BOARD

J. A. Creech, Jr., Selma pharmacist, has been appointed to the board of trustees of Johnston Memorial Hospital. The Johnston County Commissioners voted unanimously for Mr. Creech to serve the unexpired term of a deceased board member.

LOCAL/DISTRICT NEWS**Greensboro**

Ms. Brenda Hall, Ayerst Representative, presented a film, "Update: Hypertension," to the Guilford County Society of Pharmacists June 14 meeting, held in the Wesley Long Conference Room.

President Judy Crouch presided at the business session during which Peggy Gebhardt reported on the AHEC Advisory Council meeting. Programs are to be presented at Moses Cone Hospital August 16, August 30 and September 13 on the "Hardware of Diabetes."

The next meeting of the Society will be August 16, after the AHEC meeting.

SURRY COUNTY

The semi-annual ladies night and installation of officers of the Surry County Pharmaceutical Association was held Sunday, May 28th at the Mount Airy Elks Lodge.

Officers installed were: Barry V. Gates of Eckerd Drugs, President; Charles Glace of Dobson Drugs, Vice President; and David Patterson of Hospital Pharmacy, Secretary-Treasurer.

After the social hour and dinner, informal discussions were held regarding continuing education, local drug abuse problems, and the local political scene.

FORSYTH COUNTY

Sara Lore was elected President of the Forsyth County Pharmaceutical Society at its May meeting. Serving along with Pharmacist Lore will be James Tucker, 1st Vice President; Gene Braddy, 2nd Vice President; Priscilla Brown, 3rd Vice President; and Elizabeth Ayers, Secretary-Treasurer.

Outgoing President, Priscilla Brown, urged the officers to support the new president in implementation of her goals for the Society.

WOMAN'S AUXILIARY, NCPHA, COMMITTEES MEET

The Minutes and Auditing Committees of the NCPHA Woman's Auxiliary met June 20th at the Institute of Pharmacy in Chapel Hill to review records of the 1977-78 activities. Serving on these committees were Mrs. William P. Wells, Mrs. W. H. Wilson, Mrs. Leslie Myers, Mrs. G. Haywood Jones, Mrs. A. C. Dollar, and Mrs. Jerome K. Johnson. Also meeting with the committee were Mrs. Shelton B. Boyd, former Recording Secretary and Mrs. A. H. Mebane, III, Treasurer.

Joining them for lunch were members of the 1978-79 Executive Board: Mrs. Milton W. Skolaut, Mrs. J. Marshall Sasser, Mrs. Henry H. Shigley, Mrs. Roger C. Barricks, Mrs. L. Milton Whaley and Mrs. W. J. Smith. Absent was Mrs. B. Cade Brooks.

Mrs. Milton Skolaut, President, presided during the afternoon session of the Executive Board. Business transactions included:

- (1) Establishment of a \$500.00 scholarship from the Vivian S. Smith Scholarship Fund. This will be the fourth student scholarship of \$500.00 awarded by the Woman's Auxiliary each year.
- (2) Mrs. Jack G. Watts was appointed as Chairman of the Nominating Committee. Serving with her will be Mrs. James Creech, and Mrs. Joseph Johnson.
- (3) Decision to continue selling "The Apothecary Kitchen" as the major fund raising project of the year. Mrs. B. Cade Brooks will serve as Chairman of this committee.
- (4) Decision to continue Alcohol Abuse and Misuse as the service project of the year.
- (5) The appointment of Mrs. George H. Cocolas as Chairman of the Publications Committee.

Future meetings are scheduled for September 11, 1978, and January 16, 1978 at the Institute of Pharmacy. The Fall Meeting is planned for October 6th. The 1979 Convention will be May 27th at the Royal Villa, Raleigh, NC, followed by a fly/cruise to Nassau.

NORTH CAROLINA PHARMACEUTICAL RESEARCH FOUNDATION CONTRIBUTORS

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(Continued on Page 22)

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BURROUGHS WELLCOME INCREASES SCHOLARSHIP AWARDS TO \$750

Pharmacists can now win more for their favorite pharmacy school in the Pharmacy Education Program this year than ever before. For its fifth annual program, Burroughs Wellcome Co. has increased the award to \$750 per winner.

The award will be made in the name of each winner to the pharmacy school of his choice to be used as a revolving student loan fund. Three winning names from each state plus the District of Columbia and Puerto Rico will be drawn at the National Association of Retail Druggists (NARD) Annual Meeting in New Orleans, Louisiana, September 18-21, 1978.

Sixty-nine of the 72 pharmacy schools in the United States, two in Canada and one in Puerto Rico have received awards totalling \$208,000 since the program began in 1974. When the 156 awards have been made this year, a total of \$325,000 will have been donated to pharmacy education.

Burroughs Wellcome will be contacting 65,000 retail and hospital pharmacies in late July inviting their pharmacists to participate by returning a simple entry form. Any pharmacist not receiving a form may notify the Company through a Medical Sales Representative or by writing: Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, North Carolina 27709.

Through this program, Burroughs Wellcome continues its partnership with pharmacy by helping to assure the future of the profession through education.

COMMITTEE ON MENTAL HEALTH

(Continued from Page 7)

FOR FURTHER STUDY

Since the mental health drug program is working quite well in the Roanoke-Chowan area of North Carolina, the committee recommends the program for study and possible implementation elsewhere.

On request to the

N. C. Pharmaceutical Association

P. O. Box 151

Chapel Hill, North Carolina 27514

a copy of the Roanoke-Chowan Mental Health Service Operations Manual, including policies and procedures, will be mailed.

The Manual includes (1) Patient Medication Committee; (2) Formulary; (3) Procuring Drugs; (4) Storage and Security; (5) Prescribing; (6) Administration of Medication and (7) Emergency Drugs. Plus copies of (a) Drug Order Form and (b) Pharmacy Replacement Authorization Form.

Drugs purchased on state contract which are utilized as part of the program are listed.

MEMBERS

Michael W. Craven, Chairman, Vernon Hall Cottage, Kinston 28501

Dallas M. Evans, 324 Forest Road, Oxford 27565

Connie W. McFall, 1333 Clermont Drive, Durham 27713

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Remember the summer of '77?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process ... learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '77.

Upjohn

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WAKE COUNTY PHARMACEUTICAL ASSOCIATION

The Wake County Pharmaceutical Association met on Tuesday, May 2, 1978 at Milburnie Fishing Club. President Joe Rowe called the meeting to order. Treasurer Daryl Estes reported that the association had \$139.15 in checking and \$392.75 in savings.

Shelton Brown, Secretary of TCC, reported that their contract had been extended through June 1979. He also asked that everyone include the NDC code, not the catalog number, on all forms to avoid a delay in payments of claims.

Benny Rideout brought everyone up-to-date on the new HEW regulations. The most important change goes into effect on July 1, 1978. At that time, everyone will be required to bill their usual and customary charge on all Medicaid claims.

New Officers.

PRESIDENT:

Elaine Watson

PRESIDENT ELECT:

Ginger Lockamy

VICE PRESIDENT:

Bill Scarrboro

TREASURER:

Larry Bullock

EX. COMMITTEE MEMBER:

Betty Rowe

NARD PICKS BOSTON FOR '82 CONVENTION

The National Association of Retail Drug-gists has selected Boston as the site for the association's 1982 convention. The convention, marking the 84th year of annual meetings by the 25,000-member association of independent retail pharmacists, will be at the Sheraton-Boston hotel.

This year's convention of the group, the 80th annual meeting, will be September 17-21 in another historic city, New Orleans, and is expected to attract more than 3,000 independent pharmacists for a traditional pharmacy trade exposition, a full line-up of governmental and other speakers and specific sessions on merchandising, consumer issues and other topics of interest to the owners of independent pharmacies. For more information contact Thomas M. Driscoll, Convention Department, NARD.



Wake County Pharmaceutical Association Officers. Left to right Ginger Lockamy, Larry Bullock, Elaine Watson, Betty Rowe. Staff Photo

ILLEGAL ACTS

Charlotte

A masked robber terrorized employees and customers of Kiser Drug Company for 20 minutes, banishing a pistol and demanding drugs from pharmacist Barbara Pittman, on Monday, May 29. About 11:30 a.m. a man wearing a ski mask entered the store, placed a pistol against the neck of a customer and ordered everyone in the store to lie down on the floor. As other customers, including an off-duty policeman, entered the door, they too were ordered to lie on the floor. After finding about \$500 worth of Valium, the bandit pulled the receiver from a telephone and fled on a motorcycle.

Sanford

\$800 worth of controlled drugs were taken from Lazarus-Lee Drug, Inc. early Thursday, June 16. The intruders entered the vacant portion of the building above the drug store, and then cut a hole in the ceiling of the store to gain access.

Southern Pines

The pharmacy at St. Joseph Hospital was burglarized by persons unknown, who dismantled several panes of a louvered window, entered the pharmacy, and stole a large quantity of prescription drugs, including controlled substances. The break-in occurred Tuesday, June 21, between 11 p.m. and 4 a.m.

Monroe

A Charlotte woman was arrested after she had attempted to obtain "Tussionex" from Marshville Pharmacy with a forged prescription. Sam Goodwin, pharmacist, became suspicious and notified the local police, who found a pad of stolen prescription blanks in the possession of the woman.

Ahoskie

Two Virginia Beach men were arrested Saturday, May 20, and charged with breaking and entering Capps-Daniels Drug Store. The store burglar alarm went off when one of the men entered the store through a hole in the roof. One of the burglars had previously been arrested twice for breaking into Copeland Drug Store, also owned by Mr. Hal Daniels.

Dunn

Three Fayetteville youths, two girls and a male companion, were arrested in Dunn after passing a forged prescription for "Dilaudid" at Eckerd Drugs. Pharmacist Frank Purdy alerted the police who stopped the car and found a forged prescription which one of the defendants had thrown out of the car. The three were in jail without bond following their arrest Monday, May 22.

Elkin

Revco Discount Drug was the scene of an attempted break-in early Monday, May 15. The two men arrested were also charged with breaking into Bridge Street Pharmacy and one of them was also charged with breaking and entering and larceny of the Jonesville Drug Store.

Asheboro

A man who robbed the cash register at Mann's Drug Store of thirty dollars was thwarted in his escape when pulled from his getaway car and pursued on foot by a citizen responding to the pharmacist's plea for help. The citizen, who preferred not to be named, tripped and the robber was not caught, but his automobile was confiscated by the Asheboro police.

Hillsborough

James Pharmacy was broken into late Monday, May 29, or early Tuesday morning by thieves who took around \$220 in cash and \$300 worth of controlled substances. According to pharmacist Allen Lloyd, the rear door was pried open to get into the store.

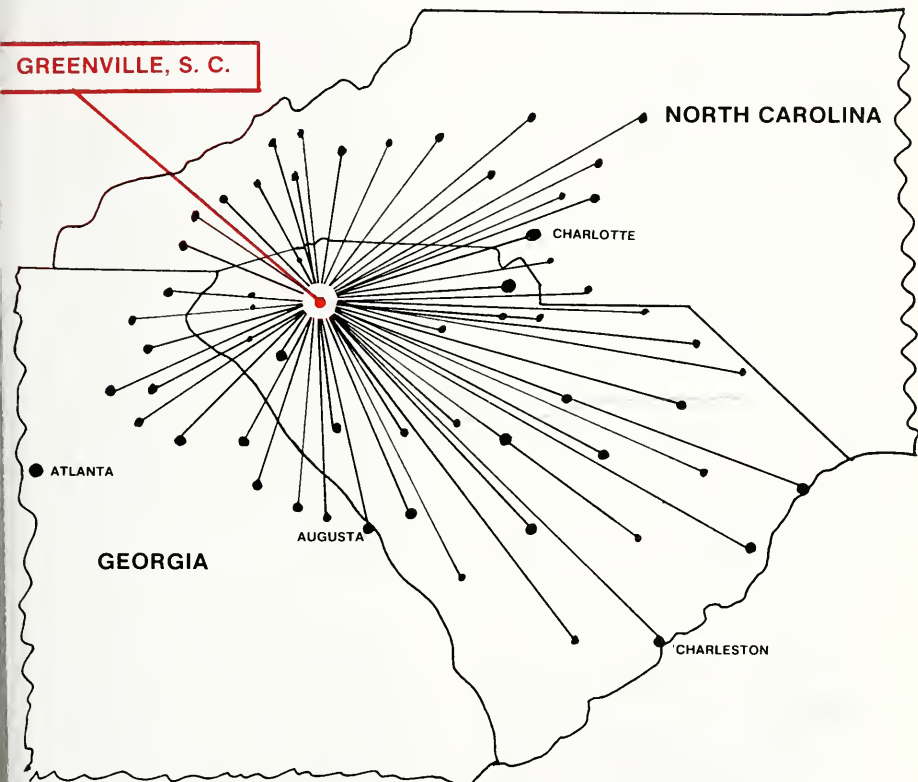
Apex

Thieves hit Bennett's Pharmacy early Tuesday, May 31, and made off with \$5,000 in cash and checks, a \$600 camera and an undisclosed amount of drugs. The professional appearance of the burglary led police to believe it was connected to other similar burglaries in the area.

Mebane

Dilaudid and Ritalin tablets were reported stolen from Carolina Drug Store over the weekend of June 17-18. According to the police, the back door was pried open and the drugs and \$200 from the cash register were taken.

All Roads Leads To Greenville, S. C. and to Geer's 1978 Trade And Gift Show



PLAN NOW TO ATTEND
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August 6-7-8, 1978

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UNC SCHOOL OF PHARMACY

*Annual Report
to the North Carolina*

Pharmaceutical Association

Annual Convention, Asheville, April 18, 1978

Tom S. Miya, Dean

Last year in Greensboro, I presented a truncated report to this body. I am pleased this year to give a more complete report.

My overall perspective is that we have made some progress in all fronts, albeit slowly. The maze of University policies and politics reminds me of H. R. Halderman's description of the State Department in which he describes it as being like the mating of lumbering elephants with a two year waiting period for anything to happen. Nevertheless, allow me to present to you several items which may be of interest to you.

I. B. S. Graduates

1) December 1977—26

2) May 1978—109

3) August 1978—22

M. S. September 1, 1977 to 1 July 1978—4

Ph.D. September 1, 1967 to 1 July 1978—2

II. Programs

1) Use of 2-3 rather than the 1-4 option for the B. S. degree beginning in the fall of 1978.

Two basic reasons precipitated this change in philosophy.

a) Improve selection of students

b) Improve articulation from other UNC campuses as well as other institutions of higher learning.

This change translated to an immediate effect is that the next full class of pharmacy students will not be accepted until fall, 1979.

2) The Doctor of Pharmacy program, which the School has attempted to initiate since 1968, finally has possibilities for coming into fruition. For the first time, the program was given approval for authorization and the request has worked its way tortuously to the point where it has now been approved by the UNC Faculty Council. It will now go forward to the Board of Governors. As I see it, the only item which will prevent

us from implementation of this much needed program—now offered as an optional or single degree tract by 27 of the 72 Schools of Pharmacy—is the budget.

The program is intended for a maximum of 15 students per class. The students selected will proceed at the end of their 4th year and earn their doctorate in 2 additional academic years plus intervening summer sessions. Provisions have been made for qualified individuals with a B. S. degree to matriculate into the program. Eventually, some provision for current practitioners to earn The Doctor of Pharmacy degree must be made.

3) *Academic Externship Program*—We are just completing our first year of the expanded externship program. By and large, I am pleased with the program and I hope that we will have learned sufficiently from our experience this year that the rough spots will be taken care of in the coming year. The cooperation we have received from the practitioner-instructors has been nothing short of remarkable and I thank you for it.

4) An application for a University-wide predoctoral training program in toxicology, co-directed by Dr. John Perkins, Chairman, Department of Pharmacology, School of Medicine and Dean Tom S. Miya, has been made. If funded, the School of Pharmacy will be taking part in the training of toxicologists where there is an acute national need. I would add parenthetically that no other group of baccalaureate-trained students is better qualified for advanced studies in toxicology than are graduates of Schools of Pharmacy.

III. Honors—selected

Although premature, I would like to announce two honors which will be bestowed on members of our faculty at the Montreal Meeting of the Academy of Pharmaceutical Sciences held in conjunction with the Annual Meeting of the APhA.

1) Dr. Albert Mattocks will receive the Industrial Pharmacy Technology Award—a selection based on peer determination of his contributions in this area.

(School of Pharmacy Report)

2) Professor K. H. Lee (Med. Chem.) will be inducted as a *Fellow* of the Academy of Pharmaceutical Sciences.

IV. *Health Planning Task Force*

The UNC School of Pharmacy in cooperation with the North Carolina Pharmaceutical Association and the North Carolina State Board of Pharmacy has convened a task force on the impact of Health Planning on pharmacy practice. At this time of developing plans for health care in North Carolina and ultimately a National Health Plan, it is important that we examine all alternatives and options to improve and make health care more cost effective. The Task Force is charged with evaluating how the State Health Plan might impact on pharmacists and pharmaceutical services and how pharmacy might impact on the Health Plan. The Task Force has already had two meetings and is chaired by Mr. Larry Burwell, Director, N. C. Health Planning & Development Agency, Department of Human Resources.

V. *Faculty Retreat*

The Retreat held last October was, I believe, a great success. The Faculty discussed and reduced into writing their thoughts on a competency-based curriculum. Also adopted was a new student progression guideline which in effect, will increase the quality of our graduates.

VI. *Anticipated Evaluation Visits*

We have just completed a self-evaluation report of our graduate program. The report is currently being examined by one external reviewer and on May 2nd & 3rd, four site visitors will descend on Chapel Hill for an in-depth evaluation of our program.

Our School accreditation site visitation (once each 6 years) will take place next November, we are now busily putting together a self-evaluation document. This will be an important and significant event. I look forward to this accreditation visit with keen anticipation and with the confidence that we have attempted to develop to the fullest extent possible the resources we have within the limits of our budget.

VII. *Budget*

The report would not be complete without mention of our long standing budgetary problems which I inherited. Although some inroads have been made, no big step in correcting these deficiencies have yet materialized. I am hopeful, however, and optimistic that we will not be denied much longer. The immediate budgetary problem looming ahead is the cut-off of the federal capitation grant (decapitation). Most of you know that President Carter's budget for 1979 for the health professions *does not* include the VOPP Schools (veterinary, optometry, podiatry, & pharmacy). Our already low budget will be more than strained if provisions are not made for this impending "decapitation." As you may know, certain school programs were mandated by the Health Manpower Act and now required for accreditation by the American Council for Pharmaceutical Education. I need not spell out in detail the tenuous position this places your School.

(Continued on Page 31)

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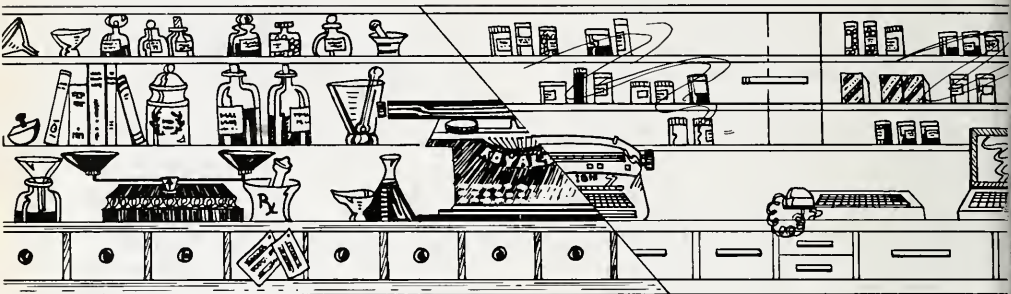
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(School of Pharmacy Report)

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VIII. North Carolina Pharmaceutical Research Foundation

After many years of yeoman service, George Hager has resigned as secretary and I have consented to serve in this capacity. In a capsule, a Task Force was appointed to optimize giving to the Foundation. A Mortar and Pestle Club was created and a charger member classification was established as those having given an average of \$25.00/year for the last five years and \$50.00 for the giving year 1977-78. Other categories of giving were established as: Supporter \$10-24; Sustainer \$25-99; Sponsor \$100-999 and Fellow \$1,000 or more. A list of contributors in the various categories are to be published periodically in *The Carolina Journal*. As of March, 1978, we have 31% of last year's total. Among other things ongoing, this year a portion of the Dean's discretionary fund is being used to fund the Health Planning Task Force which I alluded to earlier. The needs are great and span the spectrum of educational to "generic" professional pharmacy needs in North Carolina. Your support is much appreciated.

In conclusion, the year has been one of significant preparatory changes to accommodate the future. I ask your continued cooperation.



Brevard

C. Brooks Harrell, III, former Chief Pharmacist at the Morgan County Appalachian Regional Hospital, West Liberty, Kentucky, has joined the staff of Transylvania Community Hospital as Clinical Pharmacist and Materials Manager.

Mr. Harrell is a native of Elizabeth City and a graduate of the University of North Carolina School of Pharmacy, from which he received a B. S. in Pharmacy in 1969 and an M. S. in Hospital Pharmacy in 1971.

Druggists, my wife said, are always nice people. Good people, she added. She looked thoughtful. I nodded in agreement. I have never met a bad druggist or one that I didn't like, she went on. Nor have I, I said. She seemed pleased.

The fact was that up to that moment I had never considered the subject of druggists. I felt a twinge of conscience when I thought of my wife's splendid and generous view of druggists and my own indifference.

Was I alone in not giving druggists their due? I doubt it. The popular media—radio, television, newspapers and magazines—had never made heroes of druggists as they had of doctors, lawyers, engineers, physicists, fliers, soldiers and cowboys. We raise a small monument, a Central Park statue, to Balto, the husky who carried the diphtheria serum across the Alaskan Arctic wastes to Nome in the winter of 1925, and we don't even know the name of the druggist who prepared the serum. (We don't know the name of the hero who ate the first tomato either).

It isn't that druggists lack our respect. The television commercials picture him as a pretty astute guy in a long white coat who knows just the right thing for that ache or pain, for arthritis, rheumatism, diarrhea and the fantods. Unfortunately for the druggists this sort of swindling nonsense does nothing for his public image.

The druggist is entitled to our respect, and of course he gets it from people who take the trouble to see him as the man he is. These people admire the druggist for his mastery of a language and a science that has never become familiar to the layman and never will. We all pick up the jargon of the psychiatrist and a few medical terms, legal phrases and opinions, and we have no difficulty coming to grips with electronics, computers, ten-speed imported bicycles and blackboard replays of pro football games. But who among us can decipher a prescription or fill it? Who would know to which page of the book to turn and how to measure whatever it is that goes into the mortar and how even to handle the pestle? The druggist knows, and he doesn't go around boasting.

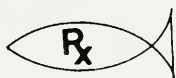
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William L. Brady, III, Lumberton, left, receives Certificate of Membership in the NCPHA Academy of Pharmacy, from Herman W. Lynch, NCPHA President, at the Annual Convention in Asheville. Photo by Colorcraft



David Patterson, Mount Airy, left, receives Certificate of Membership in the NCPHA Academy of Pharmacy, from Herman W. Lynch, NCPHA President, at Annual Convention in Asheville. Photo by Colorcraft

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MARRIAGES

Miss Susan Faye Morris of Kinston and *Stephen Edward Garvin* of New Bern were married Saturday, June 3, in Godwin Heights Baptist Church in Lumberton.

The bride and bridegroom are both graduates of the School of Pharmacy at the University of North Carolina in Chapel Hill. The bride is a member of Kappa Epsilon, professional pharmacy sorority. The groom is a member of Phi Delta Chi pharmacy fraternity. Mrs. Garvin is employed by Eckerd's Drug Store in New Bern and Mr. Garvin is a staff pharmacist at Craven County Hospital in New Bern. The couple plan to make their home in New Bern.

On Sunday, June 4, in the Mount Carmel United Methodist Church in Pikeville, *Miss Johnnie Annette Hicks* became the bride of *Roger Paul Casey, Jr.* The Rev. Robert L. Bame, and the Rev. Graham Nickens, officiated at the double-ring ceremony, which included the lighting of the unity candle.

The bride is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is employed at Eckerd Drugs in Goldsboro as pharmacist manager. The groom is employed by Southern Bell Telephone Company in Raleigh. The couple will reside in Goldsboro.

BIRTHS

Mr. and Mrs. Donald J. Smith, Willow Springs, announce the birth of a daughter, *Amelia Anne*, Thursday, May 25.

ANATOMY UPDATE

A fifth-grade pupil in the Seattle schools gave this description in a homework paper:

"The human body is composed of three parts: the Brainium, the Borax, and the Abominable Cavity.

"The Brainium contains the brain. The Borax contains the lungs, the liver and the living things.

"The Abominable Cavity contains the bowels, of which there are five: A, E, I, O and U."

READERS' SURVEY

PLEASE . . . help us evaluate the content and format of the CAROLINA JOURNAL OF PHARMACY (CJP) by checking the appropriate responses and returning the survey before October, 1974. Readers' opinions are needed to shape the direction of the Journal. Your response can be anonymous.

1. READERSHIP

On the average, how much of the CJP do you customarily read?

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Number 8

Volume 58

August 1978



James L. Creech, left, is presented the NCPHA Mortar and Pestle Award at the Pharmacist of the Year Dinner in Smithfield, by Immediate Past President Eugene W. Hackney. Story page 4. Photo by Colorcraft



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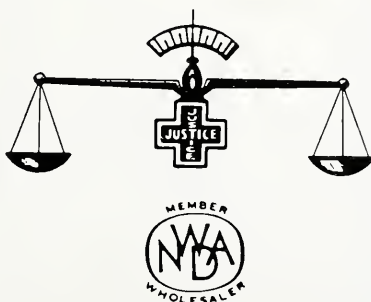
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JAMES L. CREECH HONORED AS PHARMACIST OF THE YEAR

James L. Creech was honored by the North Carolina Pharmaceutical Association, friends and neighbors in his home town of Smithfield, Friday, July 14, at the Mortar and Pestle Dinner held in the Fellowship Hall of the Centenary United Methodist Church.

Mr. Creech, owner of Creech's Pharmacy, was presented the Mortar and Pestle Award by Eugene W. Hackney, Lumberton, Immediate Past President of the NCPHA, at the close of an evening filled with tributes to Mr. Creech.

Prior to the dinner, a Patio Party was given for the guests, with punch and light refreshments being served. The rain which forced the party from the patio to the covered walk of the church, did nothing to dampen the enthusiasm of those in attendance. Billy Jo Austin's band, of Smithfield, featuring Mary Creech, daughter of Mr. Creech, as soloist, and Marshall Sasser, Smithfield pharmacist, on drums, kept the guests entertained while dinner was being served.

Herman W. Lynch, President, NCPHA, presided over the dinner, with the invocation being brought by the Reverend James E. Creech, minister of the United Methodist Church of Ocracoke, nephew of the Honoree, and greetings from the town by the Honorable Robert F. Wallace, Mayor of Smithfield. Mrs. W. M. Stancil, wife of one of the program participants, sang "Wunderbar" and "It's a Grand Night for Jimmy," to the delight of the audience. Tributes to Mr. Creech were delivered by James L. Talton, vice-president of First Citizens Bank and Trust Company; W. M. Stancil, president of Stancil Oil and Tire Company; and Dr. Woodrow Batten, internist, all of Smithfield. W. J. Smith, of Chapel Hill, consultant to the North Carolina Pharmaceutical Association, also paid tribute to Mr. Creech, and in addition, spoke on the pharmaceutical heritage of the

Smithfield-Selma area, as the birthplace of the Richardson-Merrell Company, international pharmaceutical manufacturers. After the dinner, Mr. and Mrs. Creech were hosts at their home for an informal reception for the guests.

Mr. Creech was recognized as Pharmacist of the Year by the NCPHA for his outstanding service to pharmacy, his church and his community, in which he has practiced for forty years. Mr. Creech has been very active in the North Carolina Pharmaceutical Association having served as president in 1968-69. A graduate of the UNC-CH School of Pharmacy Mr. Creech is currently serving as a director of the North Carolina Pharmaceutical Research Foundation and a member of the Board of Capital Area Health Systems Agency. In 1974, he was the recipient of the A. H. Robins Bowl of Hygeia Award, given in recognition of outstanding community service and received the Smithfield "Citizen of the Year" award in 1977. Very interested in mental health, Mr. Creech is a past president of the Johnston County Mental Health Association and a member of the North Carolina Mental Health Association. He has also served as chairman of the Policy Advisory Board of the Johnston County Alcohol Recovery Program.

He is a member of the Smithfield Centenary United Methodist Church, which he has served as chairman of the administrative board, treasurer, Sunday School superintendent and teacher. In addition, he is a past president of the Johnston County Pharmaceutical Association, a member of the North Carolina Academy of Pharmacy and the National Association of Retail Druggists.

Jimmy Creech is married to the former Vivia Rives of Enfield, and they have one daughter, Mary, a 1978 graduate of Meredith College.



Program participants at Mortar and Pestle Dinner in Smithfield: Left to right; Rev. James E. Creech, W. M. Stancil, Eugene W. Hackney, James L. Creech, James L. Talton, W. J. Smith, Mayor Robert F. Wallace, Herman W. Lynch and Dr. Woodrow Batten. Photo by Colorcraft



"Pharmacists of the Year" at the Mortar and Pestle Dinner: Left to right; seated, Jesse M. Pike, B. Cade Brooks, June B. West, Jean B. Provo, W. Dorsey Welch. Standing D. R. Davis, Robert B. Hall, I. T. Reamer, Hoy A. Moose, James L. Creech, John T. Henley, B. R. Ward. Photo by Colorcraft

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(Continued on Page 13)

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Three registered pharmacists from each state, plus D.C. and Puerto Rico, will have the opportunity to present an education grant in their names to the pharmacy colleges of their choice. Burroughs Wellcome Co. is pleased to express its commitment to your profession by raising the amount of each grant from \$500 to \$750. These grants establish permanent revolving student loan funds to help deserving pharmacy students complete their studies. Every registered pharmacist in the country is eligible, including those in D.C. and Puerto Rico.

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Pamela Joyner, right, receives Certificate of Membership in the NCPHA Academy of Pharmacy from A. H. Mebane, III, at the June 6 meeting of the Wake County Pharmaceutical Association.



Joey Edwards, right, receives Certificate of Membership in the NCPHA Academy of Pharmacy from A. H. Mebane, III, at the June 6 meeting of the Wake County Pharmaceutical Association.

A lot more goes into Abbott drug products than simply drugs.



Gerry Hietala, Abbott research pharmacist, on flavoring:

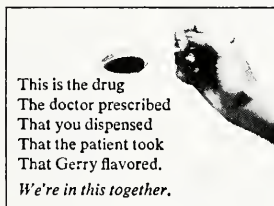
"One 'yuck' from any of these panel members and it's back to the drawing board. This is the final, most critical test for flavoring in our suspensions. No matter how much effort goes into the flavoring system of a pediatric drug, this is the bottom line. Kids simply won't take a bad-tasting medicine.

There are two basic objectives in flavoring a suspension; first, naturally, you want to mask the drug taste. Erythromycin is a prime example. It's bitter. Second, you want to maximize flavor stability. Over a period of time even insoluble drugs will hydrolyze to a limited extent. The flavoring must be able to cover the increased bitterness to maintain palatability of the suspension.

We've developed a product that minimizes the amount of free erythromycin base that will develop, and we carefully control the quality of the starting drug. These two factors assure long-range stability . . . and

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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.

Hemophilus 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. During prolonged or repeated therapy, there is a possibility of overgrowth of non-susceptible bacteria or fungi. Surgical procedures should be performed when indicated.

Adverse Reactions:

Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

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Charter members of the North Carolina Pharmaceutical Research Foundation have contributed at least \$125.00 over the last five years, or have given \$50.00 or more in the current year. To recognize these members, a plaque is to be placed in Beard Hall on the UNC campus.

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DRUG COMPLIANCE PROGRAM INAUGURATED

The Food and Drug Administration recently announced a new compliance program to its field offices across the United States. The program's objective is to remove from the market all prescription drugs which are being marketed without approved new drug application or abbreviated new drug applications. Among those drugs scheduled for priority action is diethylpropion.

FDA has confirmed that the only firms that hold approved NDA's or ANDA's for diethylpropion are Merrell-National Laboratories and Riker Laboratories. All other Tenuate-type drugs manufactured by other than these two companies are in violation and subject to FDA's new compliance program. The basis for FDA action is not substitution, but marketing without approved NDA or ANDA.

If you have generic diethylpropion in stock, manufactured and distributed by firms other than Merrell Labs or Riker Labs, you may want to return them.

STUDENT IS AWARDED NACDS SCHOLARSHIP

Jacquelin Alex Touloupas of Burlington has been awarded one of two \$500 scholarships given to fourth year students at the Pharmacy School of the University of North Carolina by the National Association of Chain Drug Stores.

The scholarships are awarded on the basis of high scholarship achievement and exemplary interest in the future of community pharmacy practice, as evidenced by their essays on needs and opportunities in the area of pharmacy practice. The scholarships were donated by the Pharmacy Education Foundation of NACDS.

WHALEY AND BULLOCK DIVERSIFIED PHARMACISTS

Hobart Whaley (UNC 1957) and John Bullock (UNC 1958) moved to Wilmington in 1959 and purchased Professional Pharmacy, which at that time was a 1000 sq. ft. store in the older section of Wilmington. In the following years they owned and operated four other drug stores. While Whaley and Bullock carry on the pharmacy business, their wives also work. Alene Whaley operates two Merle

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Norman stores, and Jean Bullock is a licensed real estate broker, actively engaged with a local agency.

Recently Bullock and Whaley formed a real estate corporation primarily devoted to the buying and selling of drug stores throughout North Carolina. As licensed real estate brokers, they feel there is a great need for this service. In addition to Professional—which is now a 3,700 sq. ft. store, relocated when the new hospital was built about ten years ago—they are also part owners of a shopping center, several doctor's offices and a land development corporation.

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(Continued)

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THE PHARMACIST'S ROLE IN SELF-MEDICATION

J. Web McAdams
2831 Forestvale Drive
Burlington, N. C. 27215

(This paper was completed in partial fulfillment of the requirements of the UNC School of Pharmacy Academic Externship Program while the author was on rotation in the Charlotte Area Health Education Center, Charlotte, North Carolina.)

It is often suggested that most "over-the-counter" (OTC) products are ineffective or dangerous because of their content or potential for misuse. This is true in some cases, but these medications are an important, and effective, part of the overall health care system in this country. Of the 400 OTC drugs which have been tested so far by the National Academy of Science-National Research Council only 11% have been found to be ineffective.² Of course, there is a potential for misuse of any drug and this points out the need for the pharmacist's expertise in ensuring proper patient use of these products. The pharmacist must realize the unique opportunity that OTC's provide for helping the patient, and secondly the public should realize that the pharmacist is the one health care professional in the best position to aid in "self-medication." It would be unreasonable for a person to call a physician for recommendation of an antacid. On the other hand, if the person were taking a tetracycline, it would not be wise to pick up just any antacid at the grocery store. Pharmacists could explain that aluminum or magnesium containing antacids could form complexes with the tetracycline and render it ineffective and thus recommend an appropriate antacid regimen.¹²

Self-medication can be historically divided into four phases:

The first phase began during the Renaissance and continued until about 1870. During this time self-medication (Folk Medicine) was popular because professional medicine was exclusive and expensive.

The second phase began during the European Industrial revolution (about 1870) when the public tended to shift from folk medicine to "patent" medicines (most of which were examples of pure charlatanism).

The third phase started somewhere between 1920 and 1950. During this time there was a national rise in health insurance coverage which made professional medical services available to more individuals. There was a hardening of attitudes toward "patent" medicines and people felt their use would rapidly disappear.

The fourth phase started about 1960 when it was evident that self-medication was likely to persist.⁴

We have come a long way from the time when the directions on a patent medicine read "one for a man, two for a horse" and elixirs were primarily whiskey and coloring (very popular during prohibition).⁸ In the early 1900's the Sears, Roebuck & Company catalog had 20 pages of self-medication products, many of which contained cocaine, opium and cannabis.⁸ Starting with

"Service in Wholesale Quantities"



the 1938 Federal Food, Drug and Cosmetic Act, there has been a slow but definite trend toward increased safety and efficacy of all medicines. That trend continues today with the FDA's OTC Drug Product Evaluation Program which began in 1972.⁵

The pharmacist has traditionally provided many of the elements of primary health care. Pharmacists have been approached by individuals and asked to recommend drug preparations for minor complaints and illnesses. It has been not only acceptable but customary in the past for pharmacists to provide medication for both serious and minor illnesses. The pharmacy is a 'walk-in' health care delivery facility which is open to the public for longer periods of time than other health centers, and is, therefore, a logical place for people to seek some form of primary health care, as well as health information and referral to local health care resources such as emergency care and physician's services.

Some feel that the pharmacist's role is changing to a more formal one which could reduce the pharmacist's availability to the public where primary health care is concerned. There are three reasons, however, why the pharmacist should remain a prominent figure in the primary health care and self-treatment systems.

- (1) For the patient.
- (2) For the profession of Pharmacy and the health care system as a whole.
- (3) In response to public demand.

For the Patient

Over 65% of all illness episodes in the US (including life threatening situations) are cared for by the individual or the family.¹⁰ In the case of non-prescription medications only the pharmacist stands between the patient and the 'do-it-yourself' practice of medicine. Therefore, to a considerable extent, the pharmacist's role in relation to over-the-counter preparations is or should be analogous to the role of the physician in relation to their prescribing of treatments. When we had only a few, relatively impotent, medicines which seldom could be expected to alter the course of a disease, it was much less important what was used or how.³ With the advent of modern pharmacotherapeutics, and the availability of more potent OTC products pharmacists have two main responsibilities to the public as far as OTC's are concerned. One is to help the patient choose the proper drug and regimen for successful treatment and the second is to impress upon the patient the need for *safe* use of the medication.

The results of a recent study show that the pharmacist is perceived as being second only to a physician as a reliable source of health advice.⁷ People deserve and should receive the best available information with regard to OTC medications and the pharmacist must be the one to meet this responsibility.³ But, do OTC's help the patient? Yes, says Alan K. Done, M.D. Non-prescription medications, by their very nature, usually offer only symptomatic relief. If other measures are needed, the patient should be referred to a physician and this triage function is also part of the pharmacist's OTC service.³ A pharmacist must move carefully to interpret and respond to the patient's needs. A referral to a physician may not be accepted kindly by the

(Continued on Page 18)

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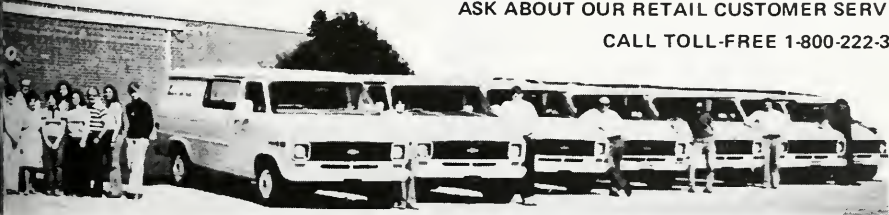
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THE SYMPATHETIC NERVOUS SYSTEM IS MOST ASSOCIATED WITH 1 Fight and flight 2 Restoration of energy 3 Movement control 4 Sadness	① ② ③ ④	THE POINT OF CONTACT BETWEEN THE DENDRITES OF ONE NEURON AND THE AXON OF AN ADJACENT NEURON IS CALLED A (AN) 1 Synapse 2 Synthesis 3 Interneuron 4 Efferent	① ② ③ ④
1. WHICH SYSTEM CONTROLS ACTIVITIES SUCH AS DIGESTION, BODY TEMPERATURE AND BLOOD PRESSURE? 1 Limbic system 2 Peripheral nervous system 3 Autonomic nervous system 4 All of the above	① ② ③ ④	6. THE LIMBIC SYSTEM IS THOUGHT TO PLAY A CRUCIAL ROLE IN SUCH BODYLY ACTIVITIES AS 1 Blushing 2 Respiration 3 Preparation for a fight 4 Voluntary reflexes	① ② ③ ④
2. HOMEOSTASIS IS REGULATED BY THE 1 Thalamus 2 Hypothalamus 3 Corpus callosum 4 Cerebrum	① ② ③ ④	7. WHICH OF THE FOLLOWING DISEASES RESULTS FROM A DISORDER OF THE EXTRAPYRAMIDAL SYSTEM? 1 Parkinson's disease 2 Multiple sclerosis 3 Leptomeningitis 4 Intracranial aneurysm	① ② ③ ④
3. THE LARGEST PORTION OF THE BRAIN IS 1 The cerebrum 2 The amygdala 3 The cortex 4 The cerebellum	① ② ③ ④	8. THE NAME FOR ATTACKS OF SEIZURES WITH NO RECOVERY PERIOD BETWEEN THEM IS 1 Jacksonian 2 Febrile convulsions 3 Status epilepticus 4 Grand mal	① ② ③ ④
4. A REFLEX ARC 1 Usually involves at least three neurons 2 Connects a receptor and an effector 3 Has an interneuron in the spinal cord 4 All of the above	① ② ③ ④	9. THE PART OF THE BRAIN THAT GOVERNS THE HIGHEST PROCESSES, SUCH AS PERCEPTION AND REASONING, IS THE 1 Medulla 2 Cerebellum 3 Midbrain 4 Cerebrum	① ② ③ ④
5.		10.	

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QUESTION SHEET

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THE SYMPATHETIC NERVOUS SYSTEM IS MOST ASSOCIATED WITH:

1. Fight or flight
2. Relaxation of energy
3. Movement control
4. Sadness

1 (1) (2) (3) (4)

WHICH SYSTEM CONTROLS ACTIVITIES SUCH AS DIGESTION, BODY TEMPERATURE AND BLOOD PRESSURE?

1. Limbic system
2. The central nervous system
3. Autonomic nervous system
4. All of the above

2 (1) (2) (3) (4)

HOMEOSTASIS IS REGULATED BY THE:

1. Thalamus
2. Hypothalamus
3. Corpus callosum
4. Cerebrum

3 (1) (2) (3) (4)

THE LARGEST PORTION OF THE BRAIN IS:

1. The cerebellum
2. The amygdala
3. The cortex
4. The cerebrum

4 (1) (2) (3) (4)

A REFLEX ARC:

1. Usually involves at least three neurons
2. Connects a receptor with an effector
3. Has an intermission in the spinal cord
4. All of the above

5 (1) (2) (3) (4)

THE POINT OF CONTACT BETWEEN THE DENDRITES OF ONE NEURON AND THE AXON OF AN ADJACENT NEURON IS CALLED A(N):

1. Synapse
2. Synthesis
3. Interneuron
4. Effector

6 (1) (2) (3) (4)

THE LIMBIC SYSTEM IS THOUGHT TO PLAY A CRUCIAL ROLE IN SUCH BODY ACTIVITIES AS:

1. Learning
2. Relaxation
3. Preparation for a fight
4. Voluntary reflexes

7 (1) (2) (3) (4)

WHICH OF THE FOLLOWING DISEASES RESULTS FROM A DISORDER OF THE EXTRAPYRAMIDAL SYSTEM?

1. Parkinson's disease
2. Multiple sclerosis
3. Leptodermicosis
4. Intracranial aneurysm

8 (1) (2) (3) (4)

THE NAME FOR ATTACKS OF SEIZURES WITH NO RECOVERY PERIOD BETWEEN THEM IS:

1. Jacksonian
2. Focal convulsions
3. Status somnolens
4. Grand mal

9 (1) (2) (3) (4)

THE PART OF THE BRAIN THAT GOVERNS THE HIGHER PROCESSES SUCH AS PERCEPTION AND REASONING IS THE:

1. Medulla
2. Cerebrum
3. Midbrain
4. Cerebellum

10 (1) (2) (3) (4)



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patient who believes their ailment to be minor or who does not want to incur that expense.⁹

Pharmacists should view OTC's with an eye on safety for two reasons.

- (1) Non-prescription medications are prime sources of accidental or therapeutic poisonings and drug reactions.
- (2) The potential for harm for non-prescription medications is proportionately greater than the potential for good than in the case of prescription medications.³

Pharmacists can promote safety in OTC use in several ways. First, they should sell only products they consider to be safe, and then only to persons who they feel will use them properly. One can "sell safety" by promoting an OTC product which has a safer container rather than one which yields a higher profit (all other considerations being equal). The patient should be advised of the advantages of the safety cap and the need for storage of medication out of children's reach. In one study, 50% of all accidental poisonings of children by drugs involved uncapped containers. Individual dosage packaging was found to be the safest when children were in the household. The pharmacist should always show a respect for medication sold and try to convey this respect for safety to the patient.³

Another area where the pharmacist has responsibility for the safety of the patient is that of drug interactions because, in the words of Dr. Done, "(The pharmacist) is in even a better position than that of the physician to detect and avoid rather frequently encountered incompatibilities among modern medicines."³

*For the Profession of Pharmacy and
the Health Care System as a Whole*

The area of OTC product dispensing offers the pharmacist many opportunities to improve the image of the profession of pharmacy in the eyes of the community. It has been found that the patient will usually request information from the pharmacist, as opposed to the pharmacist volunteering it, especially in discount pharmacy sites where the pharmacist is perceived as being too busy to counsel the patient on health matters.⁷ At a time when pharmacist-patient interaction is stressed as a professional responsibility, pharmacists should seek every opportunity to offer information. The editor of *Pharmacy Times*, Irving Rubin, R.Ph. sees five opportunities to offer information when dealing with OTC's.

- (1) *General Information:* Identity of the product; symptoms relieved by the product; active ingredients; name and address of the manufacturer.
- (2) *Directions:* Amount of each dose; how frequently it can be taken; how to take it (by mouth, with water, etc.).
- (3) *Warnings:* Total dose taken daily; limit on length of possible side effects and circumstances which require a doctors supervision for taking the OTC product.
- (4) *Drug Interactions and other precautions:* Warning statements to avoid misuse.
- (5) *If Symptoms Persist:* How long it should be taken; referral to a physician.¹³

We should re-emphasize here the importance of dispensing all drugs in a manner which promotes the respect of the public for the drug and the dispenser.

Pharmacists should also realize that they have an almost professional prescribing role when it comes to schedule V. drugs. These drugs, which can be purchased without a prescription, but only from a pharmacist, offer, through control of their use and discrete handling, an opportunity to promote the profession of pharmacy in the eyes of the public and other health care professionals. Dr. Done says, "We scarcely can expect the public to treat drugs with respect when they are dispensed in the same manner and by the same individuals as sell groceries, confections or kitchen appliances. I would strongly favor the type of legislation under consideration which would restrict the handling of at least some types of non-prescription medications to registered pharmacists; however, I would go a step further and favor the handling of all medications in this manner."³

It should be noted here that the Proprietary Association strongly opposes the idea of a special class of OTC drugs which are dispensed by pharmacists only. The Association reported to the FDA that it would not be in the best interest of the consumer (they do not mention the best interest of the *patient*) because of the inconvenience it might cause. The PA also contends that a

third class of drugs would not be in the best interest of the registered pharmacist because they would be unable to take full advantage of nonprofessional personnel and modern merchandising techniques.¹⁴

Quite on the contrary, however, pharmacists' professional duties are to counsel the patient on medication use (be it an OTC or a prescription drug). Pharmacists must learn to delegate the nonprofessional responsibilities (such as typing labels) to nonprofessional personnel.

The pharmacist-patient "self-medication" system also helps the overall health care system (when applied appropriately) by reducing the workload of the physician. Substitution of an OTC product for a visit to a physician is not totally inappropriate. It would severely strain the existing medical care system, in terms of personnel and expense, if all health problems were brought to the physicians.² Some sources estimate that it would take twice as many doctors to handle the case load that would result if self-medication were eliminated.⁷

In Response to Public Demand

The public seems to be demanding that the pharmacist take a more active role in monitoring the use of OTC products. The demands are taking the form of laws and regulations being proposed, legislated and passed.

Legislation to establish a third class of drugs to be sold over the counter by pharmacists only has passed the California state senate by a vote of 25 to six. The new measure would authorize the pharmacy board to limit the sale of any new OTC drug it decides should not be sold without a personal warning from the pharmacist. The thrust of the campaign would be to control drugs which "could affect the ability to operate a motor vehicle" or drugs which have "adverse effects when taken with alcohol." The first drugs which are expected to fall into this new category are certain legend antihistamines which the Food and Drug Administration's OTC review has recommended be released for OTC sale.¹⁵

A class of drugs sold only by a pharmacist could result from revisions in the drug law recently proposed by the Food and Drug Administration. Establishment of such a third class of drugs would be permitted under Section 108 of the proposed law. This law would apply to all states.¹⁴

Hopefully the pharmacist will take steps to become the controller of this new movement instead of the controlled. To do this, it might be helpful to look at other pharmaceutical communities where similar laws have already been put into action.

The government of Ontario, Canada, for example, passed a Health Discipline Act in 1976 requiring pharmacists to exercise personal control of certain OTC drugs including cough syrups, antacids, laxatives, analgesics, and other popular self-medications. The law gave the pharmacist a new legal responsibility without any guidelines as to how to put it into operation. The pharmacists in the Ontario Province did not co-ordinate an effort to implement the law until late in 1977.¹⁶ The Ontario Pharmacists' Association noted that the public and the pharmacists were confused about the law¹⁷, and, as a result, formulated a program to educate the public and the pharmacist and enhance the professional image of the pharmacist.¹⁶ A survey was sent to all pharmacies to assist pharmacists in responding to questions which might be presented to them from the public and the media. The general feedback, as of February, 1978, (with a 44% response) seemed to indicate that the pharmacists supported the program, they felt that the public did not understand the program, and that it was the responsibility of the pharmacist to counsel the patients on the proper usage of drugs.

Next, using the slogan "Take an extra step for drug safety," the association launched a multi-media consumer education campaign,¹⁶ with primary emphasis on newspaper ads (a sample newspaper is shown). The public education campaign was intended to explain the reasons for the new laws and how they were to be implemented in the pharmacies.

To help update the pharmacists' knowledge of the drugs in the new schedule (over 2,000 items), the Ontario College of Pharmacists has prepared a reference manual which will be distributed to all 1,500 stores in the province.¹⁶

There are several things we should learn from what is happening in Ontario. First, the public is demanding that the pharmacist take a more active role in the self-medication system. Secondly, the pharmacist should not wait to be forced to do so. The community pharmacist can

(Continued on Page 21)



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do this by reeducating himself in the area of OTC drug misuses and interactions and making a conscious effort to counsel each patient requesting an OTC medication. All pharmacists should work together on local, state, and national levels to promote their profession as a self-medication consultant.

Summary

With respect to patient self-medication, pharmacists are not utilized to the degree to which they should be. The pharmacist apparently has only been contributing knowledge in this area when asked,⁷ rather than volunteering it.

It is said that the extensive practice of self-medication will continue because of a variety of social factors in the U.S.⁸ Private expenditures for non-prescription drugs increased from \$3 billion in 1972 to an estimated \$8 billion in 1976.^{6,5} The practice, by the pharmacist, of encouraging the general public to purchase more of a medicinal product or several various products other than they may reasonably require should be strongly discouraged.⁴ Especially in the community pharmacy the self-medication system provides opportunities for the pharmacist to enhance the profession's image and develop a good working relationship with the public. The pharmacist should listen patiently and sympathetically to a patient analyze and explain the nature of the difficulty, and to recommend a course of palliative action.⁹ Showing true concern for the clientele in this small manner will go a long way in furthering the reputation and insuring the longevity of any community pharmacy practice.

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POINT OF VIEW

A long time friend in the oil business visited me recently. Everybody's got troubles. I was explaining to him the difference between generic names, trade names, and chemical names. He said that the oil companies have problems too, and so I listened. I think his message is important and it went something like this:

Oil companies perform a miracle of efficiency. They find oil halfway around the world, under the sand of Araby, pump it, ship it, refine it, and deliver it to a station not far from my house for 67 cents a gallon. A block away, a gallon of milk costs me \$1.46 and the milk comes from a farm just three miles away. In the same super market, a gallon of bottled water costs forty cents more than a quart of oil.

Without taxes, direct and indirect, the oil companies could sell us gasoline at just over 20 cents a gallon, and still turn a profit.

Government is the reason gasoline costs 67 cents a gallon.

COMMENCEMENT QUOTES

You are about to graduate from one of the most progressive health schools in the nation. Your intensely clinically-oriented curriculum, your hospital affiliation programs, your participation in training with medical and dental students make you better prepared than are your predecessors to serve patients and assist other health professionals in making increasingly complex health care decisions. You have the opportunity and the wherewithall to enhance the status of your profession and the statute of this institution as you assume your places in community and national life.

I hardly need tell you that our country's increasing mal-distribution of health personnel has, in many areas, left the pharmacist as the lone health professional in his or her community. This status, coupled with the terrifying overuse and misuse of drugs, both legal and illegal ones, in my view dictates increased responsibilities for the pharmacist. Pharmacists are the most improperly used health asset in this country. Yet, they have the potential to become mainstays in primary care administration. They have the potential to greatly assist government in the evaluation of clinical data—as we move into provisional approval of new drugs. Old rigidities—old jealousies—are breaking down and your contributions to the continuing education of physicians can and must be accelerated.

(Taken from the Commencement Address at Arnold and Marie Schwartz College of Pharmacy and Health Sciences, delivered by Representative Paul G. Rogers, Chairman, House Sub-Committee on Health and the Environment)

MORGANTON PHARMACY CELEBRATES MILESTONES

Community Pharmacy in Morganton observed two milestones in July; it celebrated its 28th anniversary and also dispensed its one-millionth prescription.

G. B. Propst opened Community Pharmacy in June, 1950, in its present location. A 1948 graduate of the UNC School of Pharmacy, Mr. Propst was employed for two years at Lenoir Drug Company before purchasing Community Pharmacy.



James W. Adams, right, Asheville, receives the Syntex Preceptor of the Year Award, from Dean Tom S. Miya, at the Annual Convention of the NCPA, held in Asheville, April 16-18.

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Script

DEAN'S MESSAGE

Fall for academicians is like the coming of nature's spring—the beginning of another cycle. The huge onslaught of students reminds us also of the youths we must nurture and of our responsibilities. It brings into sharp focus the reasons for our existence—the quality education of our students to carry on the traditions of the profession and to move it ahead to greater service to society. This is not to say that the faculty has not been busy all during the summer months. The activities have been many.

Elsewhere in this issue you will note that the House of Delegates of the American Association of Colleges of Pharmacy voted for a multiple-degree system in pharmacy. This, I believe, will give our School an opportunity to develop a truly great Doctor of Pharmacy degree program commensurate with our resources and our needs.

The second year of our experiment of printing the "Script" in the *Carolina Journal of Pharmacy* begins with this issue. There will be some changes made, and I hope you will like them. We intend to give you more detailed news of our faculty and students and their activities.

On behalf of the faculty, I welcome all of you to another year at Chapel Hill as we all work to fulfill our respective responsibilities.

WITH THE DEAN

Dean Miya was chairman of a task force commissioned by the American Institute of Biological Sciences for the purpose of evaluating the U. S. Naval Research Development Command, Toxicology Programs. He visited research sites in Bethesda, Maryland and the Wright Patterson Air Force Base. The report was completed in July.

The Environmental Protection Agency's Office of Toxic Substances has appointed Dean Miya to a special group for writing guidelines for implementation of the Toxic Substances Control Act. He has met with the group during the summer.

On June 21 Dean Miya testified in behalf of AACP on H. R. 11611, particularly regarding Title 2 of the proposed act which will attempt to establish a National Center for Clinical Pharmacology. The title of the proposed Center, through efforts of AACP, has not been changed by the Subcommittee to the National Center for Clinical Pharmacology and *Clinical Pharmacy*.

Dean Miya attended the National Research Council, National Academy of Science Toxicology Information Program Committee, of which he is chairman, on 15 June in Washington, D. C.

"Toxicology of Cadmium" was the subject of a lecture by Dean Miya to the Research Triangle Toxicology Group at the EPA auditorium on June 8.

Scholarships

The Jack Eckerd Corporation Scholarship Foundation recently increased its scholarship funds to be made available for worthy students at the School of Pharmacy.

Mr. Sam Lowman, Regional Operations Manager, and Ms. LaVoice Howard presented a check to the School in the amount of \$4,000 for four \$1,000 scholarships for the 1978-79 academic school year. This increase of \$500 per scholarship is certainly appreciated and is in keeping with the rising costs of education.

With the Faculty

Associate Dean LeRoy D. Werley, Jr. presented a seminar on "Drugs and Food Interactions" at the V.A. Hospital, Fayetteville on July 11.

Dr. Kuo-Hsiung Lee was an invited speaker at the Annual Meeting of the phytochemical Section of the Botanical Society of America held at Blacksburg, West Virginia on June 26. He presented a paper on his ongoing research in the area of natural products entitled, "Structure Antitumor Activity Relationships and Mechanism of Action of Sesquiterpene Lactones and Related Compounds."

Dr. K. H. Lee was also an invited speaker at the 16th American Chemical Society National Medicinal Chemistry Symposium held at Kalamazoo, Michigan on June 19. He presented a summation of his research efforts on sesquiterpene lactones.

Dr. Khalid S. Ishaq attended the 16th American Chemical Society Medicinal Chemistry Symposium at Kalamazoo, Michigan on June 19-22, 1978.

Dr. George P. Hager attended the Annual Meeting of the Drug Information Association held on June 18-20 in Philadelphia, Pennsylvania.

Dr. Jean Paul Gagnon presented two lectures at the Annual Meeting of the Nova Scotia Pharmaceutical Society, June 19 and 20, at Truro, Nova Scotia. The talks were entitled, "Inventory Control and Merchandise and Cash Management" and "Consumer Receptivity to Pharmaceutical Services."

James C. McAllister, Adjunct Instructor, represented the Division of Pharmacy Practice at a special meeting of the National Coordinating Committee on Large Volume Parenterals on July 13 and 14 in Washington, D. C. On Thursday, July 13, he attended the Subcommittee Meeting on Microbial Pyrogenic Contamination and Dissemination of Results and the Subcommittee Meeting on Research. On Friday, July 14, he attended the major meeting of the NCCLVP.

Professor Fred M. Eckel attended a two-week Pharmaceutical Manufacturers Association Fellowship at Eli Lilly and Company from June 4-16 in Indianapolis, Indiana.

Professor Eckel offered a new course on Administrative Principles in Pharmacy Practice to graduate students in the Division of Pharmacy Practice starting in July and running through August.

Stephen M. Caiola attended the ASHP Ambulatory Care Institute on June 11-14 in Memphis, Tennessee. He also presented lectures on intravenous admixtures at an Intravenous Therapy Seminar in Chicago, Illinois on June 16-17 and in St. Louis, Missouri on June 23-24.

Charles C. Pulliam attended the Thirteenth Graduate Summer Session in Epidemiology at the University of Minnesota from June 18-July 9. Representatives from 28 countries were in attendance.

On Monday, July 3, Claude U. Paoloni traveled to Wilmington to meet with Dewey Lovelace, Director of AHEC, and Bruce Canaday to discuss the quarterly meeting of Pharmacists-in-AHEC's held in Wilmington on July 24 and 25 in the Cameron Education Building of the Wilmington AHEC.

On July 11, Mr. Paoloni traveled with Associate Dean Werley to Fayetteville to meet with Harold Godwin, Director of AHEC; Dr. Hans Koek, Director of Family Practice Residency Program; and Dr. Julian Lentz, Chief of Medical Staff of the V. A. Hospital in Fayetteville, to discuss pharmacy educational programs in the AHEC's.

Mr. Paoloni and Robert L. Smith attended the 78th Annual Meeting of the American Association of Colleges of Pharmacy in Orlando, Florida, where they presented an exhibit on Pharmacy AHEC.

Mr. Robert L. Smith traveled to Jacksonville, North Carolina on June 29-30 to visit students and Practitioner-Instructors in the Eastern and Wilmington AHEC's. Mr. Smith is the Student Liaison for the AHEC Program at the UNC School of Pharmacy.

During the month of June, David D. Claytor traveled to several sites in North Carolina to visit with the Practitioner-Instructors. Some of the cities he visited were Winston-Salem, Lexington, Raleigh, Salisbury, and Asheville. Mr. Claytor is Practitioner-Instructor Liaison for the AHEC Program in Chapel Hill.

Mr. Claytor, on July 13, traveled to Winston-Salem to visit James L. Inabinet at Community Drug to deliver material concerning clinical pharmacy in nursing homes. From there he went to N. C. Baptist Hospital to visit Ron Small for a discussion of the 92L program and to present him with a certificate of participation. He then traveled to Sparta to visit with Tom Burgiss for the above reason.

Mr. Claytor, on July 18, attended the monthly meeting of the Board of Pharmacy in Chapel Hill.

On Wednesday, July 19, Mr. Claytor traveled to the Northwest AHEC to meet with Timothy Poe, Pharmacist-in-AHEC. Together they visited Broughton and Grace Hospitals in Morganton and then traveled to Hickory to visit Catawba Memorial Hospital.

Dr. Claude Piantadosi attended the American Oil Chemists Society Meeting held May 14-18 in St. Louis, Missouri.

Self-Evaluation for Accreditation Site Visit

In November, 1978, the UNC School of Pharmacy is scheduled for an important evaluation by the American Council on Pharmaceutical Education (ACPE). Accreditation by this national organization makes the School's graduates eligible for examination and licensure by the State Board of Pharmacy.

ACPE representatives will inspect the School, interview the faculty and intensively examine a self-evaluation report prepared by the School in deciding to either:

- (a) reaffirm accreditation for 6 years
- (b) fail to accredit
- (c) place on probation

ACPE will focus on the School's undergraduate professional program and assess the School's capability to adequately prepare competent pharmacists for practice today and in the future. The scope of the assessment includes numerous other activities of the School that touch upon and contribute to undergraduate education, such as; graduate education, in-service training, research, publications, continuing education, and professional-interprofessional relations. The comprehensive assessment looks at both the basic science and general education (humanities, social science) content of the curriculum.

Considerable work has already taken place in preparation of the School's self-evaluation report. Reports and analyses have been gathered from the School's four academic divisions: Medicinal Chemistry, Pharmaceutics, Pharmacy Administration, and Pharmacy Practice. Surveys and questionnaires have been circulated amongst the faculty. It is hoped that when completed, the self-evaluation report will be an objective and critical assessment of the School's strengths and weaknesses. Preparation of the self-evaluation report is the responsibility of a committee consisting of:

- Dewayne Caldwell, President, Student Body
- B. Wesley Hadzija, Pharmaceutics
- Raymond Jang, Pharmacy Administration, Chairman
- Larry J. Loeffler, Medicinal Chemistry
- A. H. Mebane, N. C. Pharmaceutical Association
- A. Wayne Pittman, Pharmacy Practice
- David R. Work, N. C. Board of Pharmacy

The Faculty will discuss accreditation and the self-evaluation at a faculty retreat to be held immediately prior to the ACPE site visit. Although

the accreditation process entails a great deal of work, it is a splendid opportunity to take stock and to move towards a stronger and more excellent school for North Carolina.

Faculty Attend Pharmacist of the Year Dinner

Dean and Mrs. Tom S. Miya (accompanied by their visiting daughter), Associate Dean and Mrs. LeRoy Werley (accompanied by their grandson), Professor and Mrs. George Cocolas, and Professor Melvin Chambers attended the Pharmacist of the Year festivities in Smithfield on 14 July honoring Mr. J. Creech. Dean emeritus Edward Brecht was also in attendance.

Grants and Contracts

Dr. Kuo-Hsiung Lee, Professor of Medicinal Chemistry, received notice of a renewal of his grant from the National Cancer Institute. The award is for \$146,263 for the three-year period beginning June 1, 1978. The project title is "Plant Antitumor Agents."

Dr. Lee also received notice of a grant from the American Cancer Society for a research proposal on "Isolation and Mode of Action of Antitumor Agents." The grant is for a period of one year and is for \$50,519.

The National Institute on Drug Abuse (NIDA) has awarded a subcontract to Dr. James L. Olsen to work on "Dosage Form Development and Production of Marijuana Compounds." The three-year subcontract is part of a prime contract to the Research Triangle Institute with Dr. Monroe Wall as principal investigator. Dr. Olsen, principal investigator for the 92,377 subcontract, has been associated with NIDA for several years and has worked on dosage form development as part of past contracts.

The School has received HEW Student Loan Funds in the amount of \$37,063 which will be matched by a sum from the NCPRF for loans to needy Pharmacy students.

Publications

Raymond Jang, Ph.D., co-authored an article published in the *American Journal of Pharmaceutical Education*, vol. 42, no. 2, May 1978 (pp. 155-158) entitled, "Establishment of a Regional Network of Coordinators for Continuing Pharmacy Education, Planning and Implementation."

Dr. William A. Wargin, with Rex S. Lott, Donald L. Uden, Richard G. Strate, and Darwin E. Zaske, had an article published in the June, 1978 issue of the *American Journal of Hospital Pharmacy*. The title of the article is "Correlation of Predicted Versus Measured Creatinine Clearance Values in Burn Patients."

Curriculum (2-3 Program)

The single entry level (2-3 program) for admission to the UNC School of Pharmacy becomes effective this fall semester, 1978. The present second year class (the last class to be enrolled in the 1-4 program) consisting of 148 students, will be starting the third year. The Admissions Committee admitted 13 new students (4 women, 9 men) to the third-year class, bringing the total to 161 students. Of this total, 58% are women. The new admissions are as follows:

Edwin Lyon Ball, Jr. (Durham, NC)	Mary Alison Jordan (Edenton, NC)
Carlisle Chenault (Raleigh, NC)	Keith Gordon Hood (Carrboro, NC)
Harry George Cocolas (Chapel Hill, NC)	Michael King Jolly (Louisburg, NC)
Linda Jeanne Eddy (Gastonia, NC)	William Hayes Richardson, Jr. (Greensboro, NC)
Kevin M. Golden (Raleigh, NC)	John Felix Rink, Jr. (Salisbury, NC)
Rodney Sloop Gordon (Mebane, NC)	George Lewis Stringer (Canton, NC)
Katherine Jennelle (Vienna, VA)	

Status of the Pharm.D. Degree

The Doctor of Pharmacy Degree (Pharm.D.) proposal, an optional degree program for a selected number of students (maximum of 15 students per year), is currently awaiting review and evaluation by the Board of Trustees. If approved and budgeted, the program should become effective in the Fall Semester, 1979.

New Faculty Appointment

Ms. Cynthia B. Dunham joined our faculty on July 17, 1978, as a Clinical Instructor. She will be participating in the educational and service activities of the Division of Pharmacy Practice. She will also be completing the requirements for the Mas-

ter of Science degree on a part-time basis. Ms. Dunham is a former graduate of our School of Pharmacy.

With the implementation of this program, students will be considered for admission to the School of Pharmacy during their sophomore year of college. Applicants must have completed a minimum of two years of prepharmacy college course work, including at least 62 academic semester hours credit as indicated below.

Requirements for Two-Year Prepharmacy Program*

	Sem. Hrs.
English Composition	6
General Chemistry	8
Math (including Calculus)	6
Biology—Vertebrate Zoology	8
Economics	3
Organic Chemistry and Advanced Analytical chemistry	8-12
Electives	9
Humanities	3
Social Science	3
Physics	4-8**
Physical Education	2

* A minimum of 62 academic credit hours exclusive of physical education activity courses required for admission to the 2-3 professional program.

**Physics 20, if taken at UNC at Chapel Hill—if taken elsewhere, Physics 24 and 25 (or their equivalents). (Most schools do not have an equivalent for Physics 20 given at UNC at Chapel Hill.)

Remodeling of Beard Hall

Earlier this year the School was allocated \$220,000 for remodeling of the basement for small animal research. The remodeling will place us in compliance with HEW guidelines and will give opportunities for graduate research as well as undergraduate special projects.

Locker Room Converted

The locker room located adjacent to the lounge has been converted to much needed office space. Adequate lockers for student use have been relocated, and students will no longer automatically be assigned lockers.



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ACCP Votes for Two-Degree Education System

The resolution which came to a vote in Orlando was as follows:

WHEREAS, The American Association of Colleges of Pharmacy has studied the issue, "Types of Pharmacy Personnel Required to Meet Society's Future Needs," for the past four years, and,

WHEREAS, a number of individuals and organizations have expressed their views concerning the issue, therefore,

BE IT RESOLVED that the 1978 House of Delegates of the Association now express its opinion concerning one aspect of this issue through the process of a ballot.

The voting issue—

"Types of Pharmacy Personnel Required to Meet Society's Future Needs." The interests of society and pharmacy will be best served by (check only one):

___A. Maintaining the present bachelors degree (B.S. or B.Pharm.) as the minimum entry level degree program for pharmacy, or

___B. Establishment of the Doctor of Pharmacy (Pharm.D.) degree as the minimum entry level degree program for pharmacy.

One hundred seven delegates voted for "A," 58 for "B," and 2 abstained. The vote was not close as was predicted. The reason might have been because of the secret ballot which was called for on the floor.

Official voting delegates from the UNC School of Pharmacy were Dean Miya and Charles Pulliam.

Library Relocation

With the continuing development of the Health Sciences Library (HSL) located just across the street and the acute need for additional space within Beard Hall, the decision has been made to incorporate most of our holdings into the HSL. The HSL is accessible many more hours during the week, and the services they provide cannot be equaled at the School level. The reading-study room will be retained, but the stack space will be converted to office and learning resources space. Unique titles purchased by the School will be retained in divisional libraries, and subscriptions for heavily used materials will be maintained.

Faculty and Students Attend ACCP Meeting

1. Bruce Canaday—Wilmington AHEC (display).
2. George Cocolas—Program Committee, Section of Teachers—presented paper on "Role of Chemistry in Contemporary Curriculum."
3. Jean Gagnon—Program Committee, Teachers' Seminar; moderator for Teachers' Seminar; presented two papers on CE; Chairman of Council of Sections; presented poster session on graduate program in Pharmacy Administration.
4. Raymond Jang—Presented paper on Pharmacy Administration.
5. Patsy Millar—UNC student representing District II (voting delegate).
6. Tom Miya—Nominations Committee, Council of Deans, voting delegate.
7. James Olsen—Chairman, Teachers of Pharmaceutics.
8. Claude Paoloni—AHEC-UNC—in charge of display.
9. Wayne Pittman—Section of Clinical Pharmacy.
10. Charles Pulliam—Section of Clinical Pharmacy, voting delegate.
11. Frances Rader—UNC student representative.
12. Robert Smith—AHEC-UNC (display)
13. LeRoy Werley—alternate delegate.
14. Edwin Webb—Asheville AHEC (display)

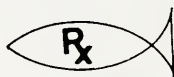
The Paoloni-AHEC Show

The School of Pharmacy presented one of three academic displays among a number of commercial displays at the ACCP Annual Meeting in Orlando. Claude Paoloni, Director of the Pharmacy AHEC—externship Program, assisted by Associate Director Robert Smith; Ed Webb, Pharm.D., Asheville AHEC; and Bruce Canaday, Pharm.D., Wilmington AHEC, presented a superb display which received wide attention. Undoubtedly, the display which depicted the AHEC system and our externship program drew the largest crowd. As a result, many ACCP member schools have requested that they be given the opportunity to travel to Chapel Hill to discuss the UNC system in depth.

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ILLEGAL ACTS

Eden

Eden police discovered a break-in early Wednesday, July 12, at the Village Pharmacy. Harry Mathews, owner, confirmed that a considerable amount of controlled substances had been taken.

Lexington

The pharmacy at Lexington Memorial Hospital was broken into July 5th, but nothing was found missing. The break-in was discovered by hospital employees about 6:30 a.m., and it was determined that the intruder(s) entered through the ceiling in front of the pharmacy door.

Asheville

A man armed with a pistol fired a shot inside Pinner's Drug Store Sunday afternoon, May 28, and took all of the money and Schedule II drugs from the safe. According to police, a white male entered the drug store at 5:30 p.m. and fired a shot over the heads of the store employees and demanded money and drugs. After taking approximately \$200 in money and the drugs, he left in a car.

High Point

The front door glass of Eckerd's Drug on Westchester Drive was damaged due to forcible entry early Wednesday, June 14, and one bottle of Quaalude was taken. Damage to the door was estimated at \$500.

High Point

Eckerd's Drug on Linden Avenue was broken into by two men early Monday, June 19, who were caught in the act by police. Police said they found the two inside the store about 1 a.m. with a bag half filled with prescription drugs. Entry to the building was gained by breaking through the roof.

Greensboro

Burglars made off with drugs and watches valued at \$1,982 from Edmonds Drug Store in Guilford College, sometime before dawn, Wednesday, June 21. Police said the burglars got into the building through an air vent on the roof.

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Whiteville

The person who broke into Guiton's Drug Store Saturday night, June 22, and stole a quantity of narcotics, might have needed some to kill the pain he probably suffered while leaving the building. Entry was made through the roof, and into the main store through air conditioning work. Drugs stolen included Demerol, Preludin and Seconal. Also missing were watches, electric razors and assorted other items.

The burglar left the store the same way he entered and apparently leaped from the roof to the awning of a nearby department store, but fell through the awning.

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REIDSVILLE

A Reidsville man was arrested Saturday morning, July 22, when discovered inside the Belmont Pharmacy at 3:40 a.m. He was charged with breaking and entering with intent to commit larceny.

NORLINA

A burglary at Walker Drug Store was thwarted by local police who arrested two males observed standing around the drug store after closing time July 17. Discovering the front window broken, the police pursued the men on foot and later captured them.

WARSAW

Clark's Drug Company was entered through an air vent on the roof, Monday, July 17, between 7:00 p.m. and 10:35 p.m. and a large amount of schedule II drugs were taken. The thieves left through the rear door. According to Pharmacist George Clark, the thieves knew exactly what they were looking for, and broke into a cabinet containing the drugs.

MOUNT OLIVE

Glenn-Martin Drug Store, the scene of two previous burglaries, was hit again by thieves the week of July 10. No drugs were taken, but \$85.00 was stolen. The thieves entered the building by pulling up plywood which covered a hole used by former burglars.

HENDERSON

A rear door was forced open and a quantity of drugs stolen during a break-in at Woolard Drug Store #2 the weekend of July 15 and 16. Six bottles of Ritalin and \$10.00 in cash were taken, but no other drugs or merchandise was discovered missing.

SOUL CITY

Only a small loss was sustained by the Soul City Pharmacy as a result of thieves breaking the front glass door early July 25. Pharmacist James Duman reported only \$8.00 in change stolen from the cash register; an inventory of drugs was made and none were determined missing.

DUNN

Drug thieves, apparently professionals, pried open the rear door of Thomas Walgreen Drug Store late Tuesday night, July 18, and fled with several thousand dollars worth of drugs, including Quaalude and Nembutal. Pharmacist Larry Thomas discovered the burglary at 8:00 a.m. Wednesday morning when he arrived for work. The rear door is in full view of the Dunn Police Department. This was the second burglary in nine months at this store.

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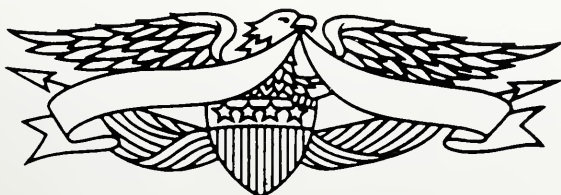
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Federal Crime Insurance

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Washington, D. C. 20014

or the North Carolina Pharmaceutical Association.



HEW PRB PLANS NEW MAC'S

In its first official action since HEW announced the dissolution of its Pharmaceutical Reimbursement Advisory Board (PRAC), the Department's own Pharmaceutical Reimbursement Board has served notice that it intends to set Maximum Allowable Cost (MAC) figures for 13 additional drugs for reimbursement under Medicare and Medicaid. They are: Meproamate, 200 mg and 400 mg tablets; Phenylbutazone, 100 mg tablets; Doxepin HCL, 10 mg, 25 mg and 50 mg tablets; Probenecid, 0.5 mg tablets; Amoxicillin, 250 mg and 500 mg capsules; Amoxicillin, 125 mg and 250 mg/5 ml solution; Erythromycin, 250 mg and 500 mg capsules; Erythromycin Stearate, 250 mg and 500 mg tablets; Penicillin G Potassium, 400 mg and 800 mg tablets; Acetaminophen w/ codeine, 30 mg and 60 mg tablets; Levothyroxin Sodium, 0.1 mg, 0.2 mg and 0.3 mg tablets. The Board also contemplates setting new MAC limits for ampicillin.

NORTH CAROLINA EMPLOYEE PHARMACISTS STUDY

In order to provide information concerning employment conditions to employee pharmacists, pharmacy manager/owners, and students, the University of North Carolina School of Pharmacy and the North Carolina Pharmaceutical Association have prepared a questionnaire which is to be mailed at the end of August.

Be on the lookout for this material, complete the questionnaire and return as soon as possible. This study will be analyzed and completed by the first of January, 1979, and the results will be made available to all pharmacists. Complete anonymity will be maintained and no attempt will be made to identify the participants by name. Please return the survey by September 30, 1978, to avoid the time and expense of duplicate mailings.

MOORE ACCEPTS JOB WITH FDA

Steven R. Moore has accepted a job with the Food and Drug Administration in Rockville, Maryland. He will be working with the Drug Labeling Staff and more specifically with the development and management of the Patient Package Insert Program. Moore is a 1970 graduate of the UNC School of Pharmacy, and a 1978 graduate of the School of Public Health in Chapel Hill where he earned his Master's in Public Health Administration.

GREENSBORO AHEC SPONSORS DIABETIC HARDWARE SEMINAR

Margaret C. Gebhardt, Pharmacy Education Coordinator, Greensboro Area Health Education Center, will present a three part seminar on The Hardware of Diabetes, August 16, 30 and September 15.

Sponsored by the Greensboro AHEC in cooperation with the Pharmaceutical Societies of Guilford, Rockingham and Alamance Counties and the UNC School of Pharmacy, the seminar/workshop is designed to describe, demonstrate and compare the devices and equipment used by diabetics and health professionals in the treatment and management of Diabetes Mellitus. For further information, contact Greensboro AHEC 1200 North Elm Street, Greensboro, N. C. 27420.

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WORKSHOPS ON PATIENT CARE PLANS ANNOUNCED

The North Carolina Division of Facility Services, North Carolina Medical Peer Review Foundation, Inc., the North Carolina Health Care Facilities Association and the Greater Carolinas Association of Nonprofit Homes for the Aging will present a series of workshops on Patient Care Plans, with emphasis on the Interdisciplinary Process at various locations throughout the state.

The three pharmacists participating in these workshops are:

Mr. Darryl Estes
5222 Duraleigh Road
Raleigh

Mr. Tom Moore
Division of Facility Services
Greenville

Mr. J. W. Bradley, III
Division of Facility Services
Raleigh

Dates and locations for the workshops are:

August 24 & 25	Wilmington
September 14 & 15	Asheville
September 28 & 29	Greensboro
October 12 & 13	Greenville
November 9 & 10	Charlotte
November 16 & 17	Raleigh

This important aspect of patient care will enable pharmacists to become more involved in health care management on a service rather than a product basis. Those interested should contact any of the above listed pharmacists or the NCPHA for further information.

HEW MAILED OUT ITS MAC PRICE BOOK

Five hundred draft copies of the Health Care Financing Administration's "Rx Guide to Drug Prices" were mailed last week.

A final version will be mailed next January, HEW says, to 350,000 medical and osteopathic physicians, pharmacists, and consumers who request it.

The catalog divides 196 of the most frequently prescribed drugs, plus the painkillers aspirin and acetaminophen, into 16

therapeutic categories such as analgesics and anti-infectives.

Under each category, the guide lists the trade name and the generic name for each drug, the manufacturer, the price to the pharmacists per tablet or other measure, and the total cost of the recommended daily dose. A graph shows the daily cost of each drug relative to most other brands.

The guide will be updated every six months; data for each edition will be six weeks old, HCFA Administrator Robert Derzon claims.

In Memoriam

HARRY W. TIMBERLAKE

Harry Wilson Timberlake, 57, Roanoke Rapids, died Tuesday, July 18, in Halifax Memorial Hospital. He was owner and pharmacist manager of Timberlake Drug Company, Roanoke Rapids, and a 1953 graduate of the UNC School of Pharmacy.

Mr. Timberlake was a member of the North Carolina Pharmaceutical Association, Kappa Psi Pharmaceutical Fraternity and served in the U. S. Navy, 1942-1946. He is survived by his wife, Mrs. Violet Francis Timberlake; one son, Harry W. Timberlake, Jr.; and his parents, Mr. and Mrs. Harry T. Timberlake, Milwaukee, N.C.

WEDDINGS

Miss Lisa Lore Shackelford of North Wilkesboro and *Claude Franklin Burney* of Wilkesboro were married in the First Baptist Church in Greensboro. The bride graduated from the University of North Carolina at Chapel Hill, where she received a degree in early childhood education, and is employed by the Wilkes County Schools.

The bridegroom graduated from the School of Pharmacy at UNC-CH and is employed at Revco Drugs in North Wilkesboro, where the couple will live.

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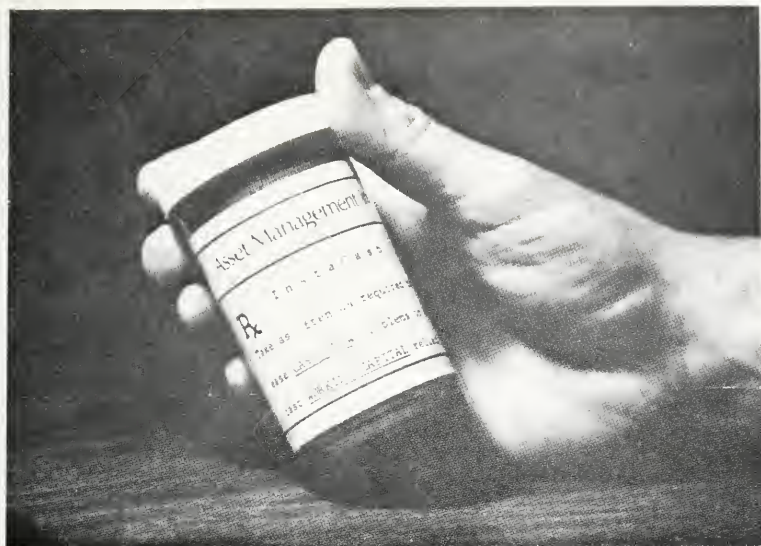
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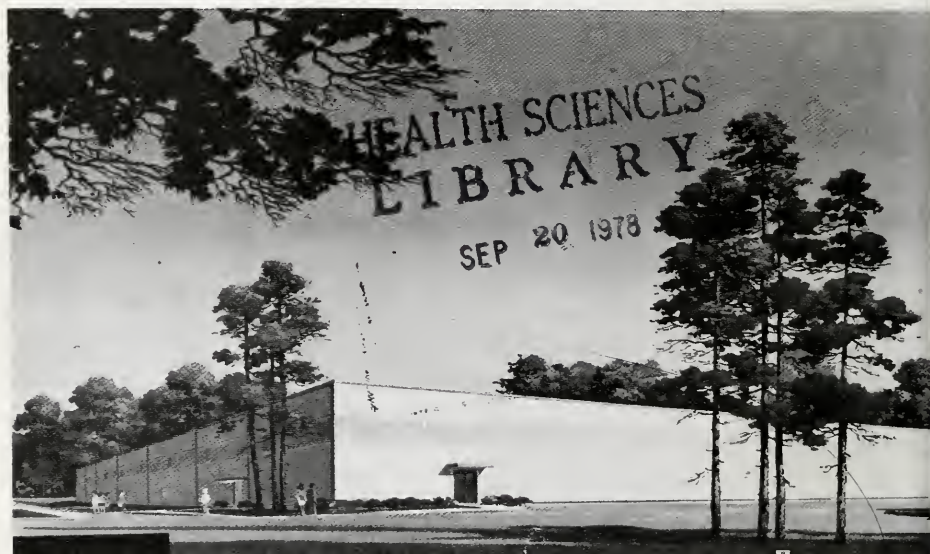
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THE CAROLINA JOURNAL of PHARMACY

Number 9

Volume 58

September 1978



Everette Dunn, representative of Eli Lilly & Co., left, presents Phil Link, of Link Bros. Pharmacy, Reidsville, with an apothecary jar, commemorating Link Bros.' two millionth prescription, filled in their 70th year of business. Pharmacist Hunter Gammon, who joined the company in 1960, is pictured on the right.

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Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with

severe illness, nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including fungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin.

[102175]

*Equivalent to penicillin V.

Additional information available to the profession on request.



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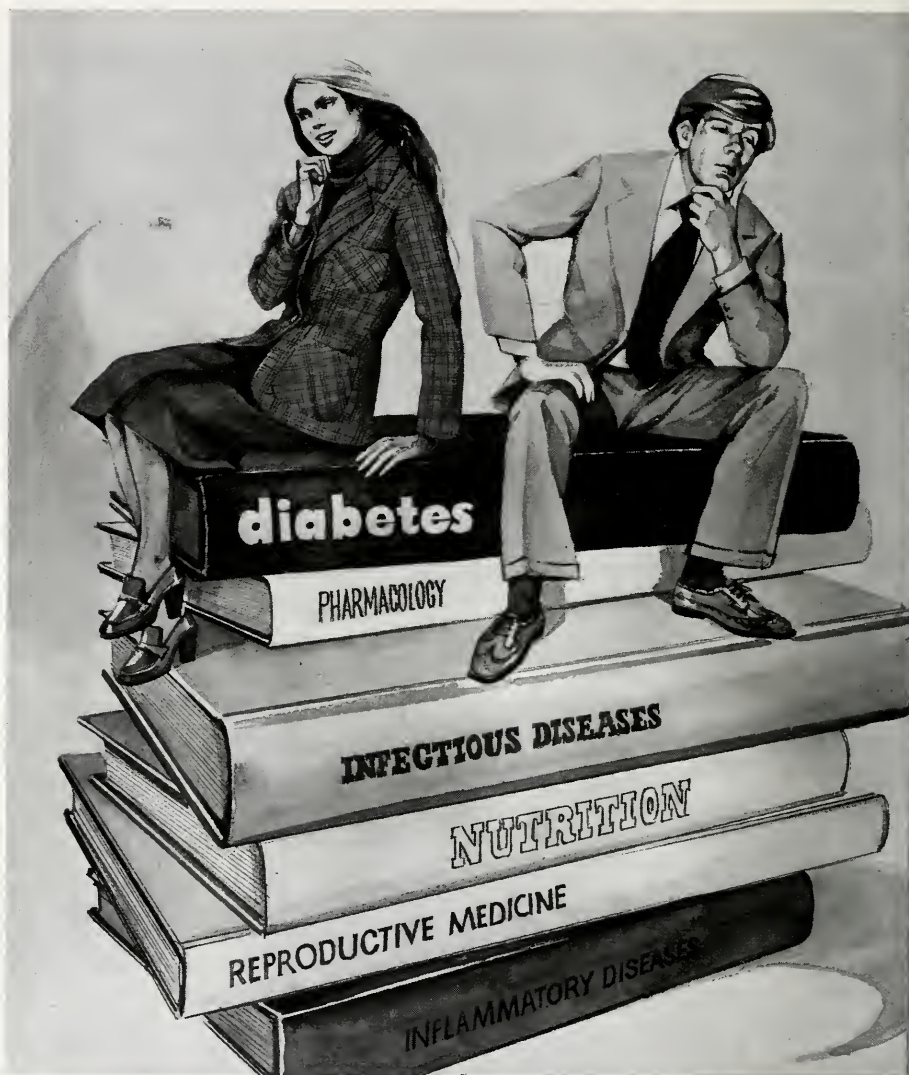
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**COMMITTEE ON INSTITUTIONAL PHARMACY
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION****GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA****APRIL 16-17-18, 1978**

The Institutional Pharmacy Committee of the North Carolina Pharmaceutical Association met at the Institute of Pharmacy on Sunday, April 2.

The first topic discussed dealt with the purpose and effectiveness of this committee. It was decided that a closer working relationship should exist between the North Carolina Pharmaceutical Association and the North Carolina Society of Hospital Pharmacists in resolving problems concerning institutional practice. It was therefore resolved that one half of the committee membership be appointed by the North Carolina Pharmaceutical Association and one half by the North Carolina Society of Hospital Pharmacists. All members appointed must belong to the NCPHA. While institutional practice is also concerned with clinics and nursing homes in addition to hospitals, representatives engaged in these types of practice were also recommended to be members of this committee.

The second item discussed dealt with unit dose drug distribution systems. Since unit dose is the drug distribution system of choice in the institutional setting, it was recommended that a list of institutions using the unit dose system be compiled to serve as a reference for other pharmacy practitioners in the state desiring information on this subject. Also, included in this unit dose survey would be a critique of the systems presently in use, including a cost effective analysis. Concern was also expressed for obtaining reimbursement for Medicaid prescriptions dispensed in unit dose packaging since this method of dispensing is more expensive. It was decided to bring this matter to the attention of the Medicaid Division of the Department of Human Resources.

The third item of discussion was directed to the recent emphasis that has been placed on reducing the cost of hospitalization. There are programs that institutional pharmacists are trying to implement in order to upgrade the quality of pharmaceutical services which are increasing institutional costs. While many of these programs have proved to be cost effective, they still increase the expense of hospitalization. So as not to jeopardize the quality of pharmaceutical programs being proposed in North Carolina institutions, it was recommended that the NCPHA, through its legislative contacts, approach the appropriate state and federal agencies to discourage any attempts to prevent any cut backs in present pharmacy services being provided as well as the implementation of newer pharmacy programs.

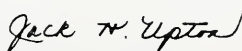
The fourth item of business dealt with pharmacists serving as consultants to nursing homes. It was recommended that the role of the nursing home consultant be more clearly defined regarding duties, formulas for reimbursement and services being offered. A survey of NCPHA members are suggested to provide a better background for pharmacists now serving in this role for those pharmacists contemplating involvement as a nursing home consultant.

Mandatory continuing education was the fifth item discussed. The committee felt this subject should be thoroughly investigated and that another survey of NCPHA members be performed to get their feeling on this matter.

The last recommendation of the committee concerned pharmacy's input into inservice education programs within institutions. It was stressed that pharmacist's should help educate hospital personnel and the medical staff regarding drug abuse, legal requirements for outpatient prescriptions and other matters related to drug therapy.

Resolutions regarding several of these items discussed were prepared for submission to the Resolution Committee.

Respectfully submitted,



Jack H. Upton
Chairman



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APhA ELECTS RUNGE FIRST WOMAN PRESIDENT

Mary Munson Runge, a practicing community pharmacist from Oakland, California, has just been elected president of the American Pharmaceutical Association (APhA), the national professional society of pharmacists with almost 60,000 active and student members.

She is the first woman and the first black to be elected president of APhA, which was founded 126 years ago. She is also believed to be one of the first black women to serve as president of a major national, professional, medical association.

Runge and APhA's other officers were elected by a mail vote of the entire active membership. The results of the balloting were announced August 30 by the APhA Board of canvassers.

Runge served as speaker of APhA's House of Delegates for 1977-78 and is a member of the Board of Trustees. She obtained her B.S. in pharmacy from Xavier University in 1948.

Active in California pharmacy affairs, pharmacist Runge was named in 1978 California Pharmacist of the Year. She served as president and vice president of the California Pharmacists Association and as speaker of its House of Delegates. She has also been president of the California Society of Hospital Pharmacists, the Northern California Society of Hospital Pharmacists, and the Women's Pharmaceutical Association of the Pacific Coast. She is the current APhA representative on the American Council on Pharmaceutical Education, the accrediting body for schools of pharmacy.

All the newly elected APhA officers, trustees and Judicial Board members will be installed during the 1979 APhA Meeting, April 1-26 in Anaheim, California.

(Continued from page 5) **Institutional Committee Members**

Jack H. Upton, Chairman, Moses Cone Hospital, 1200 N. Elm St., Greensboro 27420

Laura G. Burnham, 2957 Buena Vista Rd., Winston-Salem 27106

Stephen M. Caiola, 505 Colony Woods Drive, Chapel Hill 27514

Marian (Sue) P. Hudson, 307 Selkirk Trail, Southern Pines 28387

Joseph L. Johnson, Jr., 5004 Lancaster Rd., Greensboro 27410

John H. Myhre, 1005 Park Avenue, Garner 27529

William M. Oakley, 3515 Canterbury Rd., New Bern 28560

John Michael (Mike) Robinson, 1265 6th Street, NW, Hickory 28601

Olin H. Welsh, PO Box 477, Cary 27511

Consultant: George M. Willets, III, 3527 Kirby Smith Dr., Wilmington 28401

ACA APPOINTS GARY NEWTON

Fayetteville Pharmacist J. Gary Newton, a past president of the American College of Apothecaries, has been appointed to two of ACA's committees: Admissions and Nominations.

ACA's 1978 annual conference is scheduled in Atlanta at the Marriott Hotel, October 12-15.

STUDENT IS AWARDED NACDS SCHOLARSHIP

Edwin Reid Costner, Kings Mountain, was awarded one of two \$500 scholarships given to fourth year students at the Pharmacy School of the University of North Carolina by the National Association of Chain Drug Stores.

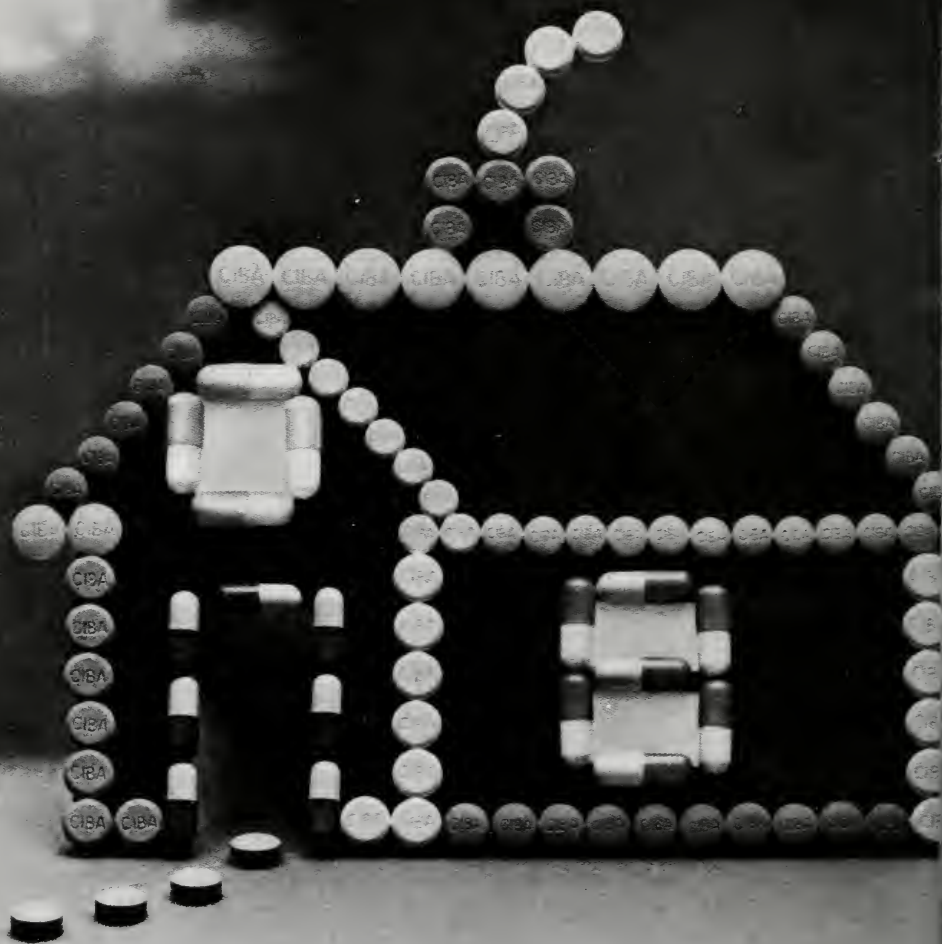
The Scholarships are awarded on the basis of high scholarship achievement and exemplary interest in the future of community pharmacy practice, as evidenced by their essays on needs and opportunities in the area of pharmacy practice. The scholarships were donated by the Pharmacy Education Foundation of NACDS.

HOW DO YOU RATE?

In elementary terms, here is rating system used by some politicians:

1. Those who can help or have helped me get elected.
2. Those who can cause me to be defeated.
3. Everyone else (and they don't count).

Increasingly, North Carolina politicians are becoming aware of the activities and potential impact of the North Carolina Pharmacy Political Action Committee—NC-PharmPac.



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Charlotte, NC 28212
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- Family Drug Center, Inc.
1355 4th St. Dr., NW
Hickory, NC 28601
Mr. Gregory N. Hale, ph-mgr.
- Hospital Pharmacy, Inc. ZII
Wade, NC 28395
Mr. Ralph K. Allen, ph-mgr.
- K Mart Pharmacy
521 Highway 70 SW
Hickory, NC 28601
Mr. William E. Walton, Jr., ph-mgr.
- Kroger Sav-On
715 E. Innes Street
Salisbury, NC 28144
Mrs. Gertrude H. Dawson, ph-mgr.
- Medicine Chest Drugs
South Ridge Shopping Center
Hickory, NC 28601
Mr. William R. Long, ph-mgr.
- Oak Manor, Inc.—Pharmacy
317 Rhodes Avenue
Kinston, NC 28501
Mr. William N. Hardy, Jr., ph-mgr.
- Revco Discount Drug Center
State Rd. 1577 & U. S. Hwy. 19 & 23A
Canton, NC 28716
Mr. Michael B. Ray, ph-mgr.
- Revco Discount Drug Center
1511 Ehringhaus Street
Elizabeth City, NC 27909
Mr. John B. Bartlett, ph-mgr.
- Rite Aid Pharmacy
160 Valley Hills Mall
Hickory, NC 28601
Mr. Peter S. Bieber, ph-mgr.
- Wilkins Hospital Pharmacy
Hospital Street
Mocksville, NC 27028
Mr. Roy W. Collette, Jr., ph-mgr.
- Big Value Discount Drug Center (transfer)
Highway 258—Academy Street
Richlands, NC 28574
Mr. Ralph B. Hunter, ph-mgr.
- Whitakers Community Pharmacy—LSP
Railroad Street
Whitakers, NC 27891
Mr. Stephen S. Shearer, ph-mgr.
- Reciprocity Candidates:*
- Gerald Dean Northrup
Hudson Drug Store
P. O. Box 33
Hudson, North Carolina 28638
Michael Overman
Crown Drugs
P. O. Box 258
Winston-Salem, North Carolina 27103
George William Poulos
Bobbitts Northwood Pharmacy
200 E. Northwood Street
Greensboro, North Carolina 27401
Jonathan David Adams
Womack Pharmacy Services
WAH USA MEDDAC
Fort Bragg, North Carolina 28307
Sharman Cooper Leinwand
Sir Clinton Apt. z9
Clinton, North Carolina 28328
James Michael Morton
1-B Colony Village Apts.
New Bern, North Carolina 28560
Robert Stephen Porter
UNC School of Pharmacy
Beard Hall 200 H
Chapel Hill, North Carolina 27514

(Continued on Page 17)

GOVERNMENT FIGURES SHOW SHARP INCREASE IN USE OF SAFETY CAPS AND DRAMATIC DROP IN CHILDREN'S POISONING DEATHS

The use of safety caps and closures has apparently made a dramatic impact on accidental poisonings among children, according to the latest government data.

Child-resistant closures on drugs and other hazardous products increased by 200 per cent over a three year period, according to preliminary 1977 figures released by the U. S. Census Department.

Coincidental with this increase in safety cap use, the U. S. Consumer Product Safety Commission (CPSC) reported a decrease of 47 percent in the number of accidental poisoning deaths among children age five and under. The decrease in children's deaths is marked from 1972 when the CPSC required child-resistant caps on containers of children's aspirin.

Total safety caps shipped in 1977 equalled 1.8 billion units, an increase of 1.3 billion since 1974 when the CPSC made safety caps mandatory on all oral prescription drugs. In 1972, the number of safety closures in use could be counted in the thousands.

While the great majority of safety closures are found on prescription vials and aspirins, numerous other products are now protectively packaged—products like furniture polish, drain cleaner and turpentine have been added to the list—contributing to the dramatic increase in safety cap usage.

"The decrease in the number of deaths among children coincidental with the application of safety caps is in itself a testament to their value," reports John B. Carroll, Vice President, Closures, Glass Packaging Institute, the industry association which has been

following the success of these closures in reducing accidental deaths. During National Poison Prevention Week, celebrated this past March, it was reported that:

- Accidental aspirin poisonings have declined 63 per cent.
- Accidental ingestions of methyl alcohol products (such as windshield cleaner) dropped by 83.3 per cent.
- Ingestion of controlled drugs such as amphetamines have declined 34.9 per cent.

In line with the rapid growth in safety closures used in many types of hazardous products, the Environmental Protection Agency is now working on a revised promulgation of regulations to cover the wide variety of pesticide products used in the home. A preliminary regulation was published a year ago for consideration and it is expected that a final form will be forthcoming at the end of the summer.

"However," Mr. Carroll added, "although we are making progress in poisoning prevention, a significant number of ingestions remain as a cause for concern. What is needed is a nationwide overview of what potentially dangerous poisons continue to be accessible to

(Continued on Page 11)

MOOSE DESIGNS PERSONAL TOTEM POLE

Pharmacist W. Whitaker Moose, Mount Pleasant, has designed and constructed the totem pole pictured on the right, and installed it on his farm. Mr. Moose said he is working on designs for other pharmacists in the state (on his own initiative) such as Pike and Beaver of Concord, Apple of Greensboro, Badger of Jefferson, Bass of Wilmington, Fish of Charlotte, Fox of Winston-Salem, Lamb of Forest City, and Pigg of Lincolnton. The designs have not been authenticated by the Totem Pole Society of North America at time of this publication, but the Moose totem pole reportedly has been fired on by several low-flying hunters.



NONPRESCRIPTION MEDICINE INDUSTRY APPLAUDS SUNSCREEN MONOGRAPH

The Proprietary Association said that the Advisory Panel Report and Proposed Monograph on over-the-counter topical sunscreen products would help increase the value of these products to the public. The Panel's voiced concern with harmful effects of the sun, such as premature aging of the skin and skin cancer and recommended label references to these effects may help reduce their incidence through increased use of sunscreen products. The additional labeling of a sun protection factor (SPF) will provide a practical consumer guide to the relative strength of these products. James D. Cope, President of the Association which represents the manufacturers of these nonprescription products said "We applaud this Report as an example of responsible, effective work by an OTC Review Panel." The FDA Proposed Monograph is based on the recommendations of an OTC Review Advisory Panel's Report completed in December 1977.

The sun protection factor is defined as the ratio of the amount of energy required to produce a minimal sunburn through a sunscreen product film to the amount of energy required to produce the same burn without any treatment. The higher the SPF, the more protection the product will give. Products having an SPF of less than 2 would not be able to make sun protection claims. Sunscreens with an SPF of 2 would allow an individual to stay in the sun twice as long as before without sunburning. These products would offer "minimal" protection. Similarly, an SPF 4 product would permit an individual to stay in the sun 4 times as long as without protection and is classified as a "moderate" protection product. An SPF 6 product is said to offer "extra" protection and an SPF 8 to under 15 product offers "maximal" protection. "Ultra" protection products have an SPF of 15 or greater.

Twenty-one of the twenty-seven sunscreen ingredients reviewed have been classified as safe and effective. The Advisory Panel has recommended that all sunscreen products have labeling which states, "Overexposure to the sun may lead to the premature aging and wrinkling of the skin and skin cancer. The liberal and regular use over the years of this

product may help reduce the chance of premature aging of the skin and skin cancer." In addition, the Panel has said that sun protection products may carry a variety of claims on the label including "safe, sure sunscreensing agent" and "filters (or screens) out the sun's burning rays to prevent sunburn."

SCRIPT 19

Script 19, a tape-to-tape Medicaid transmittal system, is now being made available to pharmacies in North Carolina by Computer, Inc., Wichita, Kansas.

Now in operation in Georgia, Kansas, Kentucky, Oklahoma, Indiana, and Illinois, Script 19 offers a Medicaid billing service, not to be confused with in-house, or on-line pharmacy computers, which provides faster and more accurate processing of claims, with fewer rejections. Transmittal of claims is by hard copy on especially designed forms to Computer, Inc., who checks the claims for completeness and accuracy, and then submits the claim via magnetic tape to the Computer Company, Raleigh, the North Carolina Medicaid Agent.

Among the claims of Script 19 are; over 98% of claims paid the first time through; reduction of bookkeeping by 80%; reduction of claim-submission time by 80%; automatic, up-to-date pricing of prescriptions; and saves 100% of checking time.

Safety Caps (Cont.)

children in our society."

Aware that some adults find that the caps take an extra effort to remove, the closure industry and the CPSC have been engaged in educational campaigns to teach adults how to use the caps effectively. Three simple guidelines for adult consumers are:

1. Carefully note the directions printed on each cap; not all caps are alike.
2. Follow directions slowly to remove the cap.
3. Be certain to replace each safety cap properly to re-establish its child-resistant properties.

Mr. Carroll noted that an essential question adult consumers should ask in relation to child-resistant closures is "Isn't it worth a little extra effort to save the life of a child?"



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This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

Geigy Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardley, New York 10502

**COMMITTEE ON COMMUNITY PHARMACY
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

**GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA**

APRIL 16-17-18, 1978

It has been a privilege to serve the North Carolina Pharmaceutical Association as chairman of the Committee on Community Pharmacy. Though we have many concerns about Pharmacy in General, several of the important items we felt needed attention are at present being discussed by other committees. Some of these we also discussed and reported so as to reinforce the actions of the Association. Others we left to the specific committee. In certain cases we have been asked to examine subjects we may deem not the concern of the Association. In these cases we have tried to be as objective as possible in reaching this conclusion.

We are pleased that actions by this committee have led to consideration as program material subjects discussed in the past year. *Is There A Computer in Your Future?*, *Product Liability*, and *Maintaining Profits in A Highly Competitive Market* covered material the 1977 committee felt was very important.

Work is also continuing on the matter of return goods policies and availability of consultant in management from the Association and the University. Information about these programs is available from the Executive Secretary.

Some members of the Association have wished us to discuss in depth, more use of group buying to obtain maximum discounts from manufacturers. However, beyond the help now available from mutual buying and line item discounts, the next step would be up to each individual to cooperate with nearby stores to obtain these additional discounts. Of more concern to the Committee is the consideration that some strong or massive action taken by pharmacists to eliminate discriminatory pricing in offering unusually low government bids an extra hospital discounts that certainly drive up prices to legitimate retail pharmacies. Such flagrant violations of fair play will certainly hasten repeal of the anti-substitution laws, and the demise of a segment of the pharmaceutical industry in the future.

Upon a request made that community pharmacists become involved with public service programs such as blood pressure, diabetes and cancer screening, it is recommended that a many pharmacists as possible offer these services and/or space in their pharmacies to the appropriate health agencies. (Approval of local physicians seems to be recommended.) Obvious benefits include good community public relations, often free advertising, and increased traffic. Costs are usually minimal.

The Medicaid program seems to be stable for now, but our members need to continually urge the Departments of Social Services to aid the Computer Company in elimination of questions of eligibility that now delay payment of thousands of claims each month. It will take a grass root effort beginning in the counties to solve this very critical problem.

(Continued on Page 16)

"Service in Wholesale Quantities"





Pictured above are: (left to right) Jim Mahon, Burroughs Wellcome; Greg Downing, Ferris State College (Big Rapids, Michigan); Don Mantz, South Dakota State University; Janet Hinderliter, University of Iowa; Betsy Rowe, University of Connecticut; Kimberly Kallstrom, Washington State University.

BURROUGHS WELLCOME HOSTS SUMMER INTERNS

Eight top-ranking pharmacy students from universities around the country completed summer internships at Burroughs Wellcome Co.'s manufacturing facilities at Greenville, N. C. Sponsored by the National Pharmaceutical Council, the internship exposes the students to ethical industry practices.

The Students worked under the direct supervision of pharmacists in production and the Pharmaceutical Research and Development Laboratories. They will receive up to 100 hours of credit toward licensure in their respective states. This is the sixth year Burroughs Wellcome has hosted interns.

NATIONAL PHARMPAC FORMED

The political scene for pharmacists may change in the next few years in Washington because of the formation of a new Pharmacists' Political Action Committee. Pharmacists from several states and the District of Columbia have banded together to develop political support by raising funds to support candidates for Federal office who will support pharmacy.

The new political action committee is known as PharmPAC and is chaired by pharmacist James B. Powers of Florida. James L. Creech, pharmacist of Smithfield, North Carolina, is a member of the steering committee.

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The Committee again recommends that the Association take no stand on condemning or condoning the 10% Senior Citizen Discount. The non-discounter certainly has a selling point to the 6-to-60 population. The net price of the prescription, after considering the services rendered, should be the only consideration of the consumer.

As for recommendations on patient package inserts, some uniformity as to size and form must be forthcoming. Otherwise a complete new filing system for this material alone will be required. Let us urge that the PMA adopt some sane method of furnishing these inserts as required by law.

The Committee again recommends that the Association take no stand so far as Employee Polygraph Tests are concerned. It was pointed out that the test can be a useful tool for employer, or employee if the occasion need arises, and that a majority of pharmacists positions in North Carolina do not require the tests for routine employment. The pharmacist who opposes these tests can use this requirement to eliminate a prospective employer.

The Committee also recommends that the Association go on record endorsing the S.K.F. Uni-Price system, eliminating deals and using one wholesale price. We hope other manufacturers will follow suit and at the same time eliminate discriminatory contracts and discounts. This would surely lead to the lowering of most drug costs, allow a fair markup or fee to the pharmacists, and still give the consumer quality pharmaceuticals at reasonable prices.

There have been inquiries to the Association about the payment record of third party claims (Paid, PCS, etc.). We would appreciate your sharing any unusual experiences with your claims. One fact the Committee is sure of, the fee authorized by several of these companies is too low. We have heard of one pharmacy dropping out of busy claims program due to low fees. If others would follow suit, these companies would be forced to reevaluate their contracts. The new survey being made to determine dispensing costs may give the Association the information we need to get these fees raised.

Mention was made of renewed efforts by some organizations to require price posting of a minimum number of higher volume prescriptions. The Committee recommends that the Association stay on guard and report any effort toward attempts by persuasion or regulation. We feel the majority of pharmacists in North Carolina would still oppose mandatory price posting.

To conclude, one last concern of the Committee on Community Pharmacy is the growing realization that many problems arising from drug therapy are caused by *Patient Non-Compliance*. Several full length reports could be developed about this one problem. However we just want to remind pharmacists of the awesome responsibility we have in this complicated multifaceted therapy we now dispense. With patient profiles, easily retrievable drug interaction information and more patient consultation, we feel the situation is improving. However the future is spelled out clearly. The Community Pharmacist must be equipped with the knowledge and the tools to give the best professional pharmacy service if community pharmacy is to survive. And within the framework of the system, adequate reimbursement must be provided for the time, the expertise, and the investment. The alternative?—We shudder to think what that might be.

COMMITTEE MEMBERS

- J. Marshall Sasser, Chairman, PO Box 736, Smithfield 27577
 J. Wayne Avery, 1725 Westwood Avenue, Wilson 27893
 Barden Robbins Browning, 117 Washington St., Plymouth 27962
 Wyndham Dukes, 1216 Onslow Drive, Greensboro 27408
 Benjamin K. Mobley, 1410 Arror Wood Road, Asheboro 27203
 Radford H. Rich, Medicine Shoppe, 628 Person St., Fayetteville 28301
 Roy B. Smith, Jr., Newland Pharmacy, PO Box 552, Newland 28657
 Franklin E. Wells, 604 W. Harnett St., Benson 27504
 Robert U. Whatley, 104 Glen Cannon Drive, Pisgah Forest 28768
 Julian E. Upchurch, Consultant, 5201 Pine Way, Durham 27712

LOCAL/DISTRICT PHARMACEUTICAL SOCIETY ACTIVITIES

Please: Secretaries of Pharmaceutical Societies are urged to send in reports of meetings as promptly as possible for inclusion in the *Carolina Journal of Pharmacy*.

WAKE COUNTY PHARMACEUTICAL ASSOCIATION

The Wake County Pharmaceutical Association met Tuesday evening, August 1, at Don Murray's Barbecue, President Elaine Watson presiding. The Drug Alert System will be revised by Carol Summer. President Watson urged all members to write their congressmen to have pharmacists hired to dispense prescriptions to congressmen and their families. Bill Wilson reported the 1980 Convention of the NCPHA, the 100th Anniversary meeting, would be held in Raleigh.

Submitted by Al Lockamy, Sec.

HARNETT COUNTY

The Harnett County Pharmaceutical Society met for a business and dinner meeting Monday, July 17. Ciba Pharmaceutical Company representatives Jay Woody and Ray Schoenke presented a film and talk on hypertension, which was followed by a question and answer session.

reported by Ralph K. Allen

Rouse, Donna Taylor, Ray Burke, Debbie Lovelace, Danny Rivenbark, Russell Phipps, and Steve Tripp. After the introduction of these students by Charles Pace, Ray Burke responded by thanking those preceptors for their patience and understanding in working with the students.

Herman W. Lynch, President of the North Carolina Pharmaceutical Association, introduced A. H. Mebane, III, Executive Director, NCPHA, who spoke on "Awareness." Passing out a list of initials and acronyms which "we use or read every day," Mr. Mebane challenged the audience to fill in the name of the agency, organization or phrase represented by the initials. Those organizations affecting pharmacy were briefly discussed by the speaker, stressing the need for pharmacists to be aware of the climate in which they practice and to become involved in politics and state and local agencies which may impact on pharmacy.

JOHNSTON COUNTY DRUG CLUB

The quarterly meeting of the Johnston County Drug Club was held Wednesday, July 12, in Kenly. The meeting was a husband and wife night, and the group was given a tour of the new E. R. Squibb plant. After touring the facility, the members were treated to barbecued chicken at the home of Kenly pharmacist Alan Boyd and his wife Rose.

Friday, July 14, Johnston County Drug Club members served as a welcoming committee for the "Pharmacist of the Year" Dinner in Smithfield honoring Jimmy Creech, member in good standing of the Drug Club.

reported by Carlyle Woodard

Board of Pharmacy (Cont.)

Roger Dale Wells
Midway Professional Pharmacy
P. O. Box 511
Canton, North Carolina 28716
Charles Marion Wilson
Peoples Drugs
Southgate Mall
E. Ehringhaus Street
Elizabeth City, North Carolina 27909
(Change in Phar.-Manager)
Vanceboro Pharmacy
Cor. of Farmlife Ave. and Main Street
Vanceboro, N. C. 28586
Mr. James M. Morton, ph-mgr.

PHARMACEUTICAL SOCIETIES HONOR STUDENTS

The Pharmaceutical Societies of Duplin, Lenoir, Onslow, Craven, Wayne, Sampson, Jones and Pitt counties honored the pharmacy students in the area at the Twelfth Annual Banquet held at the Country Squire Restaurant in Kenansville, August 8, 1978.

Students recognized were Julie Scott, Patty

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

1. MEDICATION PROFILE

Jack Craft CHF		305 Main St. History—Myocardial Infarction			
		<i>Drug</i>		<i>Quantity</i>	<i>Days Supply</i>
6-21	Jack Craft	Digoxin	0.25mg	30	30
6-21	Jack Craft	Coumadin	5 mg	30	30
7-21	Jack Craft	Digoxin	0.25mg	30	30
7-21	Jack Craft	Coumadin	5 mg	30	30

Mr. Craft brings in prescriptions for Atromid S to be taken one 3 times a day and Colace 100mg, one at bedtime. Which of the following statements is most significant?

1. Atromid S increases the action of Coumadin.
 2. Atromid S is contraindicated for a patient with a myocardial infarction.
 3. Colace increases the action of Coumadin.
 4. Colace adversely affects the action of Coumadin and Digoxin.
 5. Atromid S decreases the response to Coumadin.
2. With reference to the sale of Schedule V OTC substances, which of the following is false?
1. They may be sold OTC without a prescription to a person at least 18 years of age.
 2. The name, address and substance purchased must be recorded in the book specified for that purpose.
 3. Only a pharmacist can sell a Schedule V preparation.
 4. A pharmacy technician, intern or extern can sell a Schedule V preparation but only under the direct supervision of a pharmacist.
3. Paregoric, under N. C. law, is a Class V controlled substance. Yet, it can only be sold in N. C. by prescription. This is because:
1. Paregoric was being abused and the N. C. Drug Commission made it prescription only.
 2. It was recognized by the DEA as having a great potential for abuse.
 3. The Controlled Substance Act changed paregoric from a Schedule V substance to Schedule III.
 4. The DEA kept paregoric in Schedule V but removed it from OTC sales.
 5. All of the above.
4. There are several preparations available for the prevention and treatment of tetanus. For those who have had the initial series, which one of the following preparations is recommended where there has been a tetanus-prone wound?
1. Tetanus toxoid (precipitated).
 2. Tetanus antitoxin.
 3. Tetanus toxoid (fluid).
 4. Tetanus immune human globulin.
5. A liter of 0.9% sodium chloride contains _____ meq Na/liter:
1. 77
 2. 308
 3. 154
 4. 90
 5. None of the above.

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AMERICAN DRUGGISTS INSURANCE COMPANY	Lamar E. Hammett	PO Box 248, Concord 28025
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AYERST LABORATORIES	James P. Jeck	Route 1, Box 107, Efland 27243
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AYERST LABORATORIES	James S. Pope	4305 Wingate Drive, Raleigh 27609
AYERST LABORATORIES	Romas White	3613 Old Post Road, Raleigh 27612
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BELLAMY DRUG COMPANY	W. F. Elmore	3854 Gillette Drive, Wilmington 28403
BELLAMY DRUG COMPANY	J. W. Millis, Jr.	211 Huntington Rd., Wilmington 28403
BELLAMY DRUG COMPANY	Morris F. Powell	315 Pine Grove Dr., Wilmington 28403
BELLAMY DRUG COMPANY	George Waddell	PO Box 16, Fair Bluff 28439
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COLORCRAFT CORPORATION	Ernest L. Smith	4620 Bunker Hill Lane, Virginia Beach, VA 23462
DISTA PRODUCTS COMPANY	Ben Brown, Jr.	117 Bruce Drive, Cary 27511
DISTA PRODUCTS COMPANY	H. William Rowell	1889 Hallford Ct., Atlanta, GA 30338
HOME LABORATORIES, INC.	R. L. (Bob) Brown	119 Wilmont Drive, Raleigh 27606
HOME LABORATORIES, INC.	Michael J. Bruce	707 Fairmont St., Greensboro 27401
DORSEY LABORATORIES	Edgar L. Thompson	905 Vickie Drive, Cary 27511
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GEER DRUG COMPANY	Foster Culbreth	Key Pines Apts. D-208, Spartanburg, SC 29301
GEER DRUG COMPANY	Jim Davis	Drawer 5527, Spartanburg, SC 29304
GEER DRUG COMPANY	J. F. Duncan	1297 Brentwood Drive, Spartanburg, SC 29302
GEER DRUG COMPANY	Frank O. Ezell, Sr.	894 W. O. Ezell Blvd., Spartanburg, SC 29301
GEER DRUG COMPANY	Carlisle Friday, Jr.	3820 Sheridan Drive, Charlotte 28205
GEER DRUG COMPANY	D. A. Geer	102 Greenbriar Rd., Spartanburg, SC 29303
GEER DRUG COMPANY	James W. Hart	16 Bevlyn Drive, Asheville 28803
GEER DRUG COMPANY	R. Glenn Holt	612 Sharondale Court, Spartanburg, SC 29303
GEER DRUG COMPANY	Charles J. Trippe	203 Midway Drive, Spartanburg, SC 29301
GEER DRUG COMPANY	Robert C. Yarbrough	461 Oakdale Road, Charlotte 28216
HEALTH-RITE NUTRITIONAL PRODUCTS	G. Douglas Sanders	4747 Wedgewood St., Raleigh 27612
HOECHST-ROUSSEL	Francis K. Davis	2408 Fairview Drive, Alexandria, VA 22306
HOECHST-ROUSSEL	Gene Vezina	41 Perimeter East, N.E., Atlanta, GA 30346
JUSTICE DRUG COMPANY	W. H. Andrews	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	M. L. Beavers	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	D. L. Bowden	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	W. P. Brewer	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	W. P. Brewer, Jr.	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	Gil Davis	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	S. T. Forrest	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	J. C. Knight	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	J. V. McBride	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	J. M. Pearson	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	B. H. Peoples, Jr.	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	J. L. Salmon	PO Box 22025, Greensboro 27420
JUSTICE DRUG COMPANY	W. C. Warren, Jr.	PO Box 22025, Greensboro 27420

ILLEGAL ACTS

KANNAPOLIS

A delivery man for Justice Drug Co. of Greensboro was kidnapped and robbed of pharmaceutical supplies on August 25th. He had just made a delivery to a pharmacy in Kannapolis when he was approached by a man brandishing a pistol who forced him to drive the delivery van to rural Rowan County. The robber then bound and gagged the delivery man, left him along the county road, and drove off with six boxes of pharmacy supplies including some narcotics.

WELDON

The Selden Pharmacy was broken into on July 29th. The burglary was discovered about 6:30 a.m. by city sanitation workers. Store owner J. S. Selden reported that the store had been ransacked but the only thing missing was a bag containing about \$15. in change. Entry was made by prying open the front door of the pharmacy.

MOUNT AIRY

Sixteen thousand Valium tablets worth \$1495. were the only items taken in a burglary of the Eckerd Drug Store on August 4th. Entry was made by throwing a brick through the front window of the store. Police officers discovered the break-in shortly after it occurred at approximately 4:30 a.m.

NEW BERN

An undetermined amount of merchandise was taken by thieves who entered Eckerd's Drug Store on the night of July 26th. Entry was made by boring a hole in the roof of the store.

SALISBURY

Rowan Manor nursing home reported the theft of 25 mg. of meperidine from its drug room on the night of August 6th.

CARTHAGE

Shields Drug Store was entered by burglars who tampered with the front door on the morning of July 27th. Approximately fifty bottles of prescription drugs were stolen.

BESSEMER CITY

Two pharmacies were burglarized by apparently professional thieves on August 10th. A safe was opened at Central Drug Store and a quantity of drugs and cash taken. At Morris Pharmacy, cash was stolen along with amphetamines and barbiturates. Both businesses were entered by breaking locks on the front doors.

KANNAPOLIS

A key was apparently used by burglars to enter Pike's Drug Store on August 2nd. A drug storage cabinet was broken into and an undetermined amount of drugs was taken.

MONROE

On August 3rd, a man was seen stealing a cash bag from Faulkner's Drugs. Gary Faulkner, co-owner of the pharmacy, chased the thief through the streets of downtown Monroe while other citizens notified the police. The suspect fled into a private home where he was apprehended by police officers. The stolen cash was recovered.

EDENTON

Two persons were arrested by local police officers on charges stemming from the theft and forgery of prescription blanks to obtain controlled substances. They had used the stolen blanks to obtain Ionamin. John Mitchener III of Mitchener's Pharmacy notified police of the caper when the suspects attempted to obtain the drug from him.

SILER CITY

The Chatham Rexall was entered by burglars on September 3rd, but little was stolen from the store. The total loss was approximately \$30 in small change. Entry to the business was gained through the roof with the use of a crowbar.

MARION

On August 29th, approximately \$1,500 was stolen from the Evans Rexall. Suspected in the theft were four men who entered the store just prior to closing. These men asked numerous questions of store employees and then left. Later that evening the owner discovered the missing money.

DOBSON

Several hundred dollars worth of drugs was stolen from the Dobson Drugstore on August 12th. Thieves apparently entered the business through the back door after cutting wires to the store alarm system.

ARCHDALE

A teen-age employee of the Archdale Drug Company in Archdale has been charged with larceny and possession of controlled substances from the store. The local sheriff's office had received information regarding the theft, and the theft was confirmed after an inventory was taken. A quantity of Schedule II drugs had been taken and were being resold by the employee.

DURHAM

Mangum Street Pharmacy was burglarized on August 17th. Thieves apparently entered a side door and took drugs as well as several other items of value.

TAYLORSVILLE

Burglars entered the People Drugstore in Taylorsville the morning of August 7th and stole several thousand dollars worth of controlled substances. Entry to the store was gained through an air conditioner on the roof.

NEWPORT

Seymour Rubin, Newport pharmacist, and his daughter were held at knifepoint for about fifteen minutes on the evening of August 9th by a Navy hospital corpsman who entered the Newport Pharmacy demanding narcotics. Mr. Rubin suffered some minor lacerations as a result of a brief struggle with the assailant. According to reports of the crime, the corpsman injected some liquid containing crushed Demerol tablets into his arm and swallowed several Nembutal capsules during the incident. A local policeman and fireman apprehended the corpsman in the store after being alerted by a passerby.

ASHEBORO

Police foiled an attempted burglary of Prevo Drug on the night of August 30th. Responding to a report of some suspicious persons near the store, police found one suspect at the rear of the building and another fled into the woods. No entry into the pharmacy had been made at the time, but the would-be thieves were apparently trying to gain entry through an adjacent vacant building.

GREENSBORO

A silent alarm in the Kinard Drug Store alerted police to a burglary in process on the night of September 6th. Apprehended in the incident were two men and one woman. The woman was apparently serving as a lookout and get-away driver for the trio. Entry had been made by chopping a hole in the store's roof. More than \$200 had been stolen, but was recovered by police.

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QS/1 PHARMACY SYSTEM

Breathes there a pharmacist who hasn't at one time or another—surrounded by piles of paper work—said to himself, or to anyone within earshot: "There must be a better way!"

The growing flood of forms and the ever-increasing overhead of business are just two of the big reasons why more and more busy pharmacy owners and managers are searching for that better way.

The QS/1 Pharmacy System is a "stand-alone" system designed to operate on the new IBM Series/1 Computer. The QS/1 was developed by pharmacists to meet their ever-growing needs. The Smith Processing division of Smith Wholesale Drug Company, headquarters in Spartanburg, S. C. is the developer of the QS/1 Pharmacy System, in cooperation with Gary Gilstrap, RPH of Galena, Kansas. Smith Data Processing and other Licensee's will install as well as educate the user to insure a smooth transition.

Louis Phipps, a Spartanburg Pharmacist who services seven nursing homes in the area, said in a recent interview that his QS/1 System has definitely eliminated many clerical duties that previously consumed time and profit.

Phipps, the immediate past president of

South Carolina Pharmaceutical Association and now on the Board of Pharmaceutical Examiners, said he chose the QS/1 System because he needed to attain five major objectives: (1) to reduce the growing burden of third party paper work; (2) to cut his operating costs by stepping up productivity in daily operation; (3) to eliminate costly pricing errors or omissions—every pharmacist's nightmare; (4) to improve and enhance the level of his professional services; (5) to handle with speed the precision the Rx needs of all types of patients—in this case, those in the nursing homes he services.

The QS/1 was installed in the Phipps facility in February. "It has met all of our objectives," said Phipps. "I sincerely doubt if we could do without it now."

Each patient has a drug profile which can be displayed on the computer screen in Phipps's office. New prescriptions can be entered into the system in less than 30 seconds. The QS/1 prints a set of labels and the receipt, simultaneously. It updates inventory, accounts receivable and third-party billing files, as well as the patient's profile record. Refill requests, said Phipps, can be checked in only a few seconds, then processed the same way as a new prescription.



Glenn Hammett and J. M. Smith, Jr. look on while Louis Phipps demonstrates QS/1.

WHITEHEAD NAMED NFIB MEMBER

Willis L. Whitehead, Siler City, has been appointed as an Action Council Member of the National Federation of Independent Business. NFIB is a non-profit, non-partisan organization representing the needs of small businesses across the country. Founded in 1943, it was designed to promote the concept of free enterprise and to give independent business a greater voice in shaping the laws which govern business.

QS/1 System (Cont.)

"Another feature we like," said Phipps, "is that the QS/1 is designed so that we can immediately spot any adverse drug interactions and over utilization or duplication of medications while the prescription is being processed."

Flexibility is another key element of the QS/1 System. Thus, "prescription profiling" is not mandatory. It can be bypassed on refills, but it is available on demand when desired.

Probably one of the major functions of the QS/1 System that appeals to every pharmacist who sees it in operation is the way it handles state Medicaid prescriptions. The QS/1 provides complete welfare number validation, pricing, and finally the actual printing or transmitting of charge back information, any printing of forms can be done unattended.

For instance, if your state has a Recipient co-pay, the amount the patient owes the pharmacy is printed on the sales receipt, and the remainder is stored in the computer for final processing to the third-party.

Accounts Receivable is another strong feature of the QS/1 Pharmacy System. Posting of prescriptions as well as OTC's are no problem to the system. The ability to produce aged trial balances and statements offer the user concise and updated information as well as providing the customer with an accurate, itemized billing statement.

The QS/1 will also handle the billing for many of the major third-party private insurance carriers, such as PCS, PAID, Aetna and Medi-Met. In fact, any third-party insurance company that will accept the Universal Claim Form and a signature "log" kept in the pharmacy can be handled perfectly by the QS/1.

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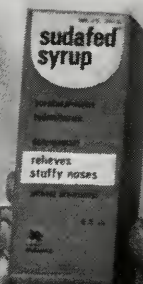
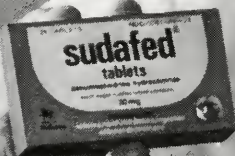
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Script

FROM THE DEAN

A TIME FOR INTROSPECTION

Sometime ago Dr. Raymond P. Mariella, Associate Executive Director of the American Chemical Society, spoke at an American Institute of Chemists dinner in Chicago and parts of his speech were published in *Chemical and Engineering News*. It was so good, I thought I would tear it out and file it for future use. What he said is as relevant to pharmacists as it is to chemists; and although I may have taken some liberties with it, those of you who have known me know that what follows espouses my thoughts. At a time when pharmacists (and students also) are asking questions about pharmacy and where it is going, I believe what Dr. Mariella had to say is appropriate.

What is a pharmacist? Is a pharmacist a professional? What does a pharmacist do? Does he or she perform any really useful function? How would the general public answer these questions? Not only would the general public have some difficulty in answering these questions, I suspect that there are many practitioners who would have similar difficulties. Some of us are finding it difficult to agree on a simple definition of a pharmacist or the minimum training needed to qualify as a pharmacist.

What do pharmacists do? They do just about everything. Pharmacists are remarkably resourceful people. They go through five years and some go through even more years of education and training, where they learn to think, reason, analyze and to make judgments. Such education is an excellent background for many careers. It is no wonder that pharmacy is known as the "gateway profession." What we believe to be the strength of our education, however, may be confusing to the general public, since most of the public are not really sure what a pharmacist does and, it is a fact of life that society rewards, generally, the individual as society deems fit and proper.

Let us face the issue squarely. Pharmacists have an image problem. What do outsiders think of us? If we are health professionals, do we act like it and do outsiders consider us so? Elsewhere in this issue of *Script* is a letter to Dr. Bruce Canaday, Wilmington AHEC pharmacist, from Dr. Harold Godwin, Medical Director of the Duke AHEC in Fayetteville. Long-time images are difficult to change, but change them we must. Pharmacists are performing an essential task! We need to inform others about it!

FOCUS—SENIOR GRAD STUDENTS IN PHARMACY PRACTICE

The senior pharmacy practice graduate students at UNC are a good representation of what pharmacy practice is today. We have clinicians, ambulatory care specialists, researchers, administrators, and health managers in our group. It is this wide diversity that gives our department, and the profession, its strength. These types of people make up our profession, and indeed, help to maintain its viability.

To demonstrate the versatility of students in this class, we asked them how they visualized their final year in the graduate program. These were their responses:

"As for me, I see this next year at UNC as an exciting opportunity to gain experience in my own special area of interest: ambulatory care. My responsibilities will include, clinical rounds at NCMH, administrative and out-patient experience at Orange-Chatham Comprehensive Health Services and the Wake-AHEC, and teaching responsibilities here at the School. All of these opportunities, combined with my research in pharmacist-patient interviewing techniques, will provide a good background for my future goals."

Joni Berry

"I am especially interested in my upcoming clinical rotations at NCMH and completing my research project on the kinetics of intravenous chloramphenicol sodium succinate. I will also be privileged to spend three months at Burroughs Wellcome Company at the Research Triangle Park, learning clinical research methodology and industry operations."

Jim Burke

"It is my philosophy that future pharmacy practice in organized health care settings must be prepared to accept total responsibility for drug use control. This year my activities are designed to enable me to develop a relatively broad, practically oriented foundation in rational drug use and total parenteral nutrition, with the communications skills necessary to optimize pharmacists' contribution in the patient care setting. My various residency rotations will enable me to determine pharmacy-related patient care needs and consider practice settings and techniques designed to meet these needs."

Don Harry

"This year I intend to apply much of the theoretical knowledge obtained thus far to practical situations in my residency rotations. I am especially desirous of obtaining a broad-based experience in all aspects of hospital pharmacy practice with emphasis on administration and management. Since my career will be in federal pharmacy practice, I am particularly grateful for having the opportunity to pursue my administrative rotation at the Veteran's Administration Hospital in Durham."

Bob Ritter

"My primary objective for the coming year is to expend my efforts in a way which will prepare me for an interesting, challenging career encompassing clinical responsibilities with an opportunity for involvement in teaching and research. I have recently been appointed as a fellow in clinical pharmacy practice. Through this appointment, I will have the opportunity to attain this objective by continuing my present research in parenteral and enteral nutrition, as well as getting more teaching experience and broadening my clinical interests."

Kathy Teasley

"I'm especially looking forward to three activities. First of all, I'll be continuing to work with the Task Force on Health Planning and Pharmacy Practice. I've been very pleased with the work accomplished by this group thus far and look forward to more success in the future. Secondly, I'm excited about spending two months of my residency rotation with NCPHA and the State Board of Pharmacy. Since I'm interested in entering pharmacy organization work after graduation, this time should be a valuable training experience for me. Thirdly, I'll be spending the last six months of my residency in three AHEC sites: Tarboro, Wilmington, and Asheville. I'm expecting to get some valuable and unique experiences in pharmacy administration in each of these AHEC's."

Jim Utt

"I am excited about my Master's project working on the competencies and objectives for future pharmacy practice residents at UNC. I am also looking forward to the clinical and administrative experience to be gained from my rotations at NCMH and the AHEC sites at Wilmington and Asheville."

Paul Webster

PUBLICATIONS—ARTICLES

Stephen W. Shearer, Jean Paul Gagnon, and Fred M. Eckel collaborated on an article entitled "Community, Hospital and Clinical Pharmacists and Drug Information Centers as Physician Drug Information Sources," which appeared in the August/1978 issue of the *American Journal of Hospital Pharmacy*, Volume 35, pages 909-914.

Iris H. Hall, Kuo-Hsiung Lee and Salwa A. ElGebaly published an article in the *Journal of Pharmaceutical Sciences*, Volume 67, pages 552-554 (1978). The title of the article is "Antitumor Agents XXVII: Effects of Helenalin on Anaerobic and Aerobic Metabolism of Ehrlich As-

cites Cells."

Steven Wyrick and Claude Piantadosi co-authored "Effects on Molecular Modification of Hypocholesteremic Activity of 1,3-Bis(substituted phenoxy)-2-Propanone and Related Derivatives" which was printed in the *Journal of Medicinal Chemistry*, Volume 21, pages 386-390 (1978).

Kuo-Hsiung Lee, Toshiro Ibuka, Eng-Chi Mar, and Iris H. Hall published an article in the *Journal of Medicinal Chemistry*, Volume 2, pages 698-701 (1978). The article is entitled "Antitumor Agents 31: Helenalin sym-Dimethyl Ethylenediamine Reaction Products and Related Derivatives."

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NORTH CAROLINA PHARMACISTS IN NATIONAL STUDY

The Center for Occupational and Professional Assessment, Educational Testing Service, with the American Pharmaceutical Association and the American Association of Colleges of Pharmacy has recently released a document entitled, "A National Study of the Practice of Pharmacy." Dean Miya served on the Steering Committee and Charles Pulliam, of the Division of Pharmacy Practice at UNC School of Pharmacy, served on the Technical Advisory Committee. Joseph Edwards, Jr., a pharmacist from Raleigh, North Carolina and an alumnus of UNC, participated in the validation phase.

PUBLICATIONS—BOOK

Publication of a book entitled *The Pharm.D. in Industry* was announced by Suzanne Greene, Pharm.D., of the Hoffman-La Roche Company and Dr. James L. Olsen of the UNC School of Pharmacy. The book contains reprints of papers presented at a special session of the Section of Teachers of Pharmacy, American Association of Colleges of Pharmacy in Seattle, Washington in 1977. At the time of the meeting, Dr. Olsen was Chairman-Elect of the Section.

THE NEW YEAR with STUDENT BRANCHES

If you did not know it, you can get a lot more from belonging to Student Branches than membership in two organizations, APhA and NCPHA, and subscriptions to their journals. Student Branches is a great way to participate in activities beneficial to you and the profession. Also, it gives you an opportunity to get to know other pharmacy students. This year, we have come up with a lot of new ideas for improving our chapter activities. We want to sponsor more projects that students feel are worthwhile.

We plan to undertake two new major committee projects. The first will be a public relations committee that will try to communicate to the public exactly how important professional pharmacy services are. By speaking to various community organizations, we want to rid many of the public's misconceptions of exactly what we as pharmacists are trained to do for them.

Secondly, we would like to start a drug information service for senior citizens. Through a series of films and lectures presented to senior citizens organizations, we will be providing useful information to a large portion of the populations responsible for consuming the medications we dispense. Topics presented will include common geriatric diseases and frequently-encountered medication abuse problems. Through this program, we can begin to play a larger role in geriatric health care.

One of the major complaints about Student Branches last year was that students did not know what activities our chapter sponsored. This year we plan to keep students more informed of what is happening through a Student Branches bulletin board and a monthly newsletter.

Active members this year will have an opportunity to attend the regional convention to be held October 12-14, in Atlanta. Student Branches hopes to sponsor a workshop on communicative skills and their importance to pharmacy.

Finally, our Student Branches chapter can be as beneficial and interesting as its member make it. All new ideas and suggestions for activities are welcome. Come to the meetings, and really get involved!

Gail Molic, President
Student Branches of
APhA and NCPHA

DRUG INFORMATION REPORTS

Edited by: David Rudd

I. What is Brompton's Cocktail?*

Brompton's Cocktail, or Brompton's mixture, is an oral solution which has been found effective in relief of chronic pain associated with malignancy. The formula originated at Brompton Chest Hospital in England and contained heroin, cocaine, ethyl alcohol, cherry syrup, and chloroform water. However, due to the recent ban on chloroform in oral preparations and to the fact that heroin cannot be prescribed in the United States, the product has been modified. North Carolina Memorial Hospital uses the following formula:

240 mg morphine sulfate
160 mg cocaine hydrochloride
32 ml ethyl alcohol 95%
64 ml cherry syrup

q.s. ad. 240 ml with distilled water

The usual dosage of the cocktail is 15 milliliters given four or five times a day, increasing as needed. It is important to give the mixture on a regular regimen, as opposed to p.r.n., so that pain anticipation can be diminished. Also, dependent upon the patient's pain and anxiety levels, the physician may choose to concomitantly administer a phenothiazine.

Reference: Canadian Med Assoc Journal 115:125, 17 July 1976

II. Can combination estrogen-progesterone oral contraceptives increase blood pressure, and if so, how long should it take for the blood pressure to return to normal after the contraceptives have been discontinued?*

In the late 1960's reports of an association between administration of oral contraceptives and increased blood pressure began appearing in medical and pharmaceutical literature.¹ Contraceptive-induced hypertension has since been well-documented, the risk appearing to be higher in women who are overweight, who have experienced hypertension in pregnancy, or who have a family history of hypertension.² Whether the causative mechanism is increased renin activity or some other mechanism has not yet been established.

Prediction of how soon contraceptive-induced hypertension should return to normal is difficult. Studies have shown some patients becoming normotensive as early as one week after discontinuation of the oral contraceptive therapy, while others required several months, and still others were hypertensive at nine to twelve months post-pill.^{3,4}

REFERENCES

¹ Lancet 2:653, 23 Sept 1967.

² Brit Med Jour I:58, 10 Jan 1976.

³ Arch Intern Med 126:621, Oct 1970.

⁴ Ann Intern Med 74:13, 1971.

* For Further information or references, please contact the Division of Pharmacy Practice, School of Pharmacy, UNC.

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School of Pharmacy Emblem

The School of Pharmacy needs an emblem—a seal that sets us apart and shows our pride in our school. If you have any designs, mottoes, or other ideas, please bring them to Carolyn Clayton in room 117 Beard Hall. Let's try to have our seal displayed by Homecoming!

Script Editorial Board

The *Script* is establishing an editorial board this year. If you have interest in journalism and would also like to be considered for membership on the Board, please submit your name by October 15th to Dean Miya or Carolyn Clayton, Editor.

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WITH THE FACULTY

Dean Tom Miya and Associate Dean LeRoy Werley, along with faculty members, George Cocolas, Dave Claytor, Arthur McBay, Melvin Chambers and Claude Paoloni attended the District III Meeting of the American Association of Colleges of Pharmacy and the National Association of Boards of Pharmacy in Savannah, Georgia from August 13 to August 15. Mr Paoloni contributed to the meeting as a member of the panel discussing "Extended Education Design Models or Providing Practice Proficiencies."

Claude U. Paoloni, Associate Professor, Robert Smith, Assistant Director, and David D. Claytor, Assistant Director, attended the 5th Quarterly Meeting of the Pharmacists-in-AHECs in Wilmington, N. C. on July 23-25, 1978.

Professor Fred M. Eckel, Chairman, Division of Pharmacy Practice, participated on a consultant panel for the Upjohn Company in Kalamazoo, Michigan on July 24-28.

Professor Eckel also participated on the State Advisory Committee for Pharmacy Technicians at the North Carolina Department of Community Colleges in Raleigh, on Wednesday, August 9, and attended a management workshop sponsored by Burroughs Wellcome Company at the Research Triangle Park on August 14-16.

A. Wayne Pittman, Assistant Professor of Pharmacy Practice, attended the Annual Hospital Residents/Preceptors Conference at the University of Kentucky in Lexington on July 23-26.

R. Stephen Porter, Pharm.D., Assistant Professor in the Division of Pharmacy Practice partici-

pated as Visiting Professor at the New Hanover Memorial Hospital and the Wilmington AHEC. During the week of July 31-August 4, Dr. Porter visited pharmacy preceptors in the area, rounded on a medical team, and lectured on drug therapy.

With the Students

Pharmacy Practice graduate students Joni Berry, Jim Burke, Don Harry, Alan Hess, Marita Quigley, Kathy Teasley, Mike Thorne, Jim Utt, and Paul Webster attended the Annual Hospital Residents/Preceptors Conference in Lexington, Kentucky on July 23-26, 1978.

On August 2, pharmacy students from Dr. James L. Olsen's Non-Prescription Drug course toured Vick Manufacturing plant in Greensboro, North Carolina. The Vick plant, one of the largest of its kind in the country, was founded in Greensboro.

Cartoon Feature

Beginning with the October issue, there will be a "Cartoon Feature-of-the-Month" column in the *Script*. All students, faculty, and staff members of the School of Pharmacy are invited to participate. You may contribute as many original entries as you wish, about any topic of interest to pharmacy or the School of Pharmacy. All should be drawn on plain white paper with black felt tip pen or india ink, approximately 8" x 10" or 5" x 7" (caption typed at the bottom). You may bring your entries to Room 117 at any time, preferably early in each month to insure consideration for the next issue. Please don't forget to include your name and title so that we may give you credit.

CORRECT ANSWERS

(1) Under product information in the P.D.R., a history of myocardial infarction is not a contraindication for the use of Atromid S. Information from *Drug Interactions* by Phillip D. Hansen, 3rd Edition, page 31: "The interaction of Coumadin with Atromid S produces an increased anti-coagulant effect in some patients. The interaction is listed as having major clinical significance.

(4) N. C. Pharmacy Law G. S. 90-93 (b). This is clarified some in G. S. 90-93 (c) but all matters relating to a Schedule V OTC sale must be handled by the pharmacist except for the cash transaction and the delivery.

(3) G. S. 90-88 (d). The DEA changed paregoric from Schedule V to Schedule III effective June 3, 1972.

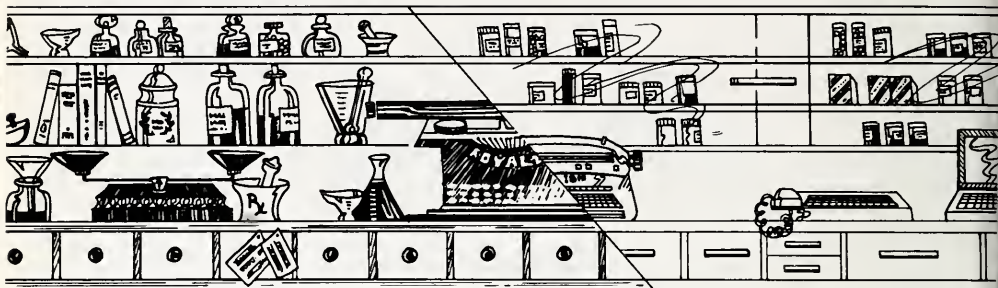
(3) The toxoid series of injections creates active immunity. The fluid form is preferred because it causes a faster antibody response than the slower released precipitated form. The latter form is preferred for a routine series of immunizations because of the sustained antibody stimulation.

(3) $1 \text{ Gram Molecular Weight} \div \text{Valence} = 1 \text{ Gram Equivalent weight}$. $1 \text{ Gram Equivalent weight of NaCl (58.5 Grams)} = 1000 \text{ meq}$. $1000 \text{ ml of } 0.9\% \text{ sodium chloride contains } 9 \text{ Grams NaCl}$ Thus,

9g

$58.5\text{g} \times 1000 \text{ mEq} = 153.8 \text{ mEq}$ of sodium and also 153.8 mEq chloride

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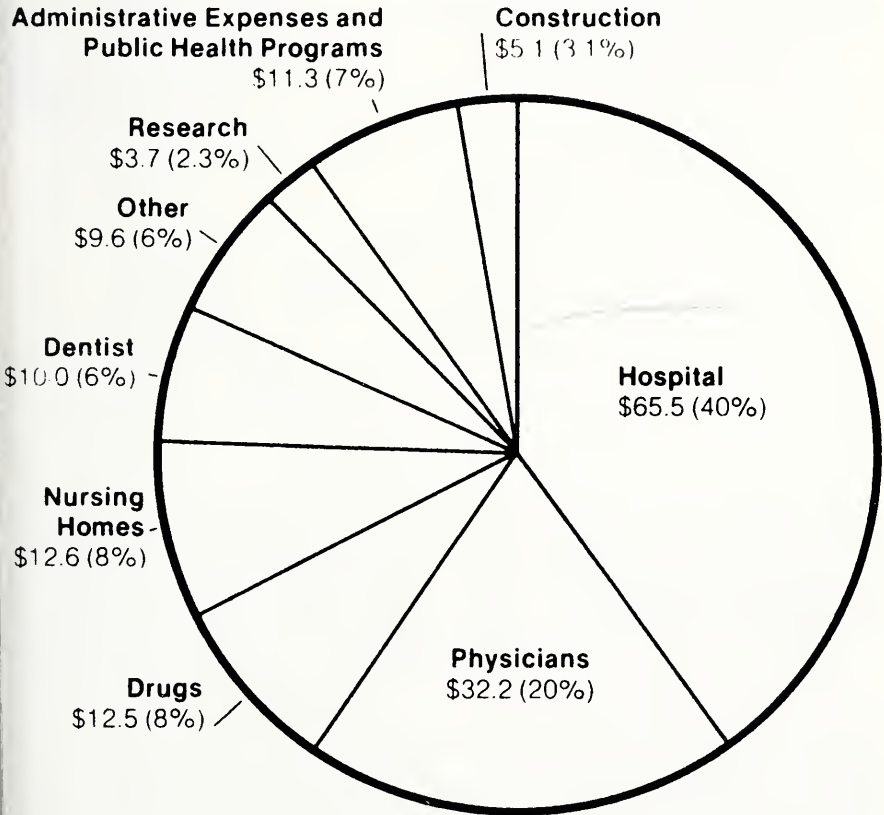
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Total: \$162.2 Billion

GAGNON SELECTED AS AACP COUNCIL CHAIRMAN

Dr. Jean Paul Gagnon, Professor of Pharmacy Administration, UNC School of Pharmacy, was selected as Chairman of the Council of Sections at the Annual Meeting of The American Association of Colleges of Pharmacy, July 20, Orlando, Florida.

CORRECTION:

Page 24, August issue; The proposed Center for Clinical Pharmacology has *now* been named National Center for Clinical Pharmacology and Clinical Pharmacy.

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APhA URGES AUTO MANUFACTURER TO STOP RUNNING RADIO COMMERCIAL

The American Pharmaceutical Association (PhA) has called on Toyota Motor Sales to immediately discontinue use of a radio commercial which APhA said is a disservice to the pharmacy profession.

In a letter sent August 8 to Isao Makino, president of Toyota Motor Sales, U.S.A., APhA Executive Director William S. Apple objected to a Toyota radio commercial for trucks in which a patient complains to his pharmacist that today's prices for prescription drugs are making him sick.

"This advertisement indicates that the cost of professional pharmacy services is unreasonably high. Facts simply do not support your viewpoint.

The government's own Consumer Price Index proves you wrong. Drugs and prescriptions have, in fact, been one of the best buys in the health care field," Apple wrote in his letter to Makino.

"Let the facts speak for themselves. According to U. S. Department of Labor figures, the Consumer Price Index shows that the cost of medical services rose 9% last year. The cost of drugs and prescriptions rose only 6.9%. This was considerably less than the rise in hospital service charges (10.4%), the rise in semi-private hospital room charges (10.8%), the rise in physicians' fees (12%), and the rise in dentists' fees (7.3%). Of all the charges for medical care, the cost of drugs and prescriptions showed the smallest increase.

And, this has been the case for many years. In fact, during a seven-year period from 1959 to

1968, the cost of drugs and prescriptions actually decreased by 0.7% annually, and for the next eight years, the annual rate of price increase was 1% or less. Not many professions can boast such a record," Apple said.

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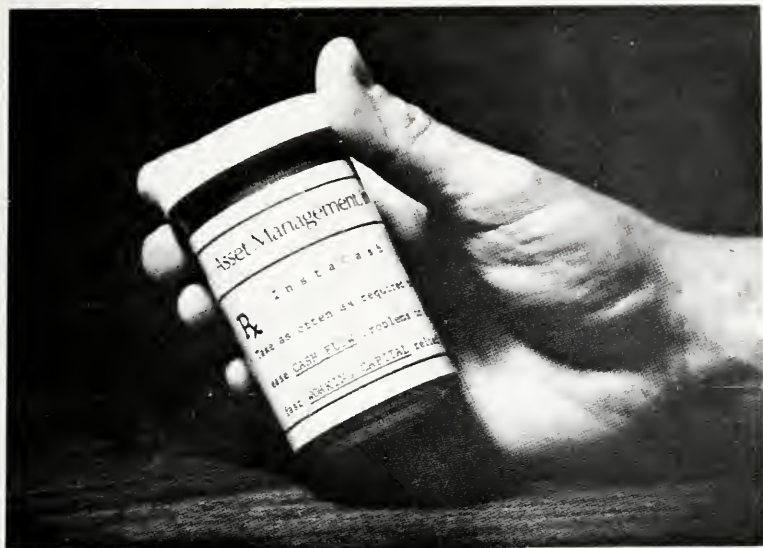
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NOVEMBER 1970
VOLUME 30
OCTOBER 1970



Left to right: Governor James B. Hunt, Jr. congratulates Dean Tom S. Miya on the Report of The Task Force on Health Planning and Pharmacy Practice. Photo by Colorcraft

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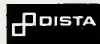


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HEALTH PLANNING AND PHARMACY: Rx for better health care

Two common meanings for the symbol "Rx" are pharmacy and therapy. In the above headline, title of the report of the Task Force on Health Planning and Pharmacy Practice in North Carolina, both meanings are appropriate. The pharmacy profession is concerned with improving the health care delivery system, and involvement of pharmacy in the health planning process can be a good therapy modality for improving health care. Both of these facts were established in the recently published report.

On September 6th in Raleigh, the first copy of the Task Force's report was presented to Governor James B. Hunt, Jr. This presentation ceremony marked a high point in the Task Force's work so far. Many pharmacists and others concerned with health care in North Carolina were in attendance. Several noted persons associated with the Task Force made comments as a part of the program.

Emcee for the ceremony was Fred Eckel, Chairman of the Division of Pharmacy Practice at the UNC School of Pharmacy. Dean Tom S. Miya of the School of Pharmacy made comments on how pharmacist intervention in health care delivery can improve the care delivered and lower the total health care bill. Involvement of pharmacists in health planning can be a significant means of improving and expanding pharmacy practice throughout the state, Dean Miya said. Dave Work, Secretary-Treasurer of the North Carolina Board of Pharmacy, said that the Task Force's report was very valuable and would assist the board when rewriting the state's pharmacy laws. Al Mebane, Executive Director of the North Carolina Pharmaceutical Association, also expressed strong support for the efforts of the Task Force. Mr. Mebane noted the significance of the Task Force's multidisciplinary take-up and that the report is an objective one—not a "pat-on-the-back" statement produced by pharmacists about themselves. Hence this Task Force is the first of its kind, Mr. Mebane noted that the report will be sent

to other state pharmacy organizations, schools of pharmacy, boards of pharmacy, and interested national figures in hopes that other states will follow North Carolina's lead in get-

ting health planning and pharmacy working together actively.

Larry Burwell, Director of the State Health Planning and Development Agency and Chairman of the Task Force, spoke briefly on the health planning process in North Carolina and the importance of the Task Force's work thus far. A key point to be remembered, Mr. Burwell said, is that the Task Force isn't going to just release its report and then fade away. The Task Force will continue to meet periodically to follow up on the recommendations made and take whatever steps it can to ensure their implementation.

Pharmacy services of the type supported in the report can be of significant help in providing better health care to economically deprived populations, said Paul Alston, Project Director of Orange-Chatham Comprehensive Health Services. The poor often wait til the last minute to seek health care for a problem, and then it's usually much harder to treat. Also, these people frequently don't use their medications appropriately and effectively, said Mr. Alston. If more of these underserved people had a family pharmacist, they could get better and more appropriate access to health care, and their compliance with drug therapy would be much improved.

Doug Henderson-James, Director of Planning with the Capital Health Systems Agency, expressed his appreciation for the Task Force's efforts. He noted that health planners need and want active input from all types of health care practitioners. Pharmacists have taken an important step in aiding health planning in North Carolina through this study group. This Task Force will serve as a model for other segments of the health care system to become involved in the health planning process.

Milt Skolaut, Director of Pharmacy and Materials Management at Duke University Medical Center, emphasized the Task Force's support for the family pharmacist role model in his comments. The family pharmacist can be a key provider in improved health care delivery since better care at lower total cost can be achieved. Services provided by a family pharmacist can significantly reduce the number of physician visits and hospital admissions which result from ineffective or inappropriate drug therapy. Mr. Skolaut under-

(Continued on Page 7)



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Health Planning and Pharmacy

cored the Task Force's proposal that a reimbursement mechanism for non-dispensing services be established for pharmacists. Such a mechanism is needed to enable much broader availability of family pharmacist services. The need for the public to be more aware of the value of family pharmacist services was also pointed out. Ultimately, the public must demand patient-oriented pharmacy practice if such practice is to become firmly and widely established. Mr. Skolaut expressed his belief that the public will demand these services once the benefits are recognized.

State Senator John T. Henley, pharmacist from Hope Mills, introduced Governor Hunt to those assembled. Dean Miya then presented the Governor with the first copy of the Task Force report. Governor Hunt expressed his appreciation for the report and said he knew how concerned pharmacists are with the improvement of health care in North Carolina. He said that careful consideration would be given to the report, especially to those recommendations which impact on state

government activities.

Dean Miya then presented the second copy of the Task Force report to Tom Gilmore, Deputy Director of the Department of Human Resources. Mr. Gilmore was accepting for Dr. Sarah Morrow, Director of the Department of Human Resources, who was unable to attend the presentation.

Now the attention of the Task Force turns to helping to implement its recommendations. The work done thus far has been quite meaningful as is evidenced by the broad support given to the Task Force's findings. With the help of pharmacists, health planners, and others concerned with health care in North Carolina, the job of helping to establish better health care at reasonable cost for all North Carolinians can proceed.

Limited additional copies of the Task Force Report are available at \$5.00 per copy from:

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Program participants in Task Force Report Presentation. Left-right: A. H. Mebane, III, Douglas Henderson-James, Paul Alston, Lawrence Burwell, Milton Skolaut, Fred M. Eckel, David R. Work, Dean Tom S. Miya. Photo by Colorcraft

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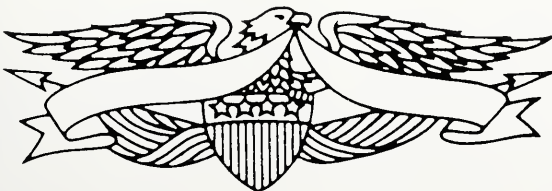
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R. L. "Bob" Hood, PO Box 37, Pink Hill 28572

Gary W. McKenzie, Rt. 1, Pineview Drive,
Laurinburg 28352

John E. Nance, 1911 Alderwood Drive,
Greensboro 27410

Michael V. Rogers, Box 81, Cherry Hospital,
Goldsboro 27530

Mickey Watts, PO Box 39, Concord 28025

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CONSULTANT: J. L. Creech, Creech's
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Pharmacy, Beard Hall 200H, Chapel Hill
27514

Jerry Brunson, 4940 Windhaven Court,
Dunwoody, GA 30338

Fred Eckel, 713 Churchill Drive, Chapel Hill
27514

Seymour Holt, 6325 North Ewing Street, In-
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WARNING ISSUED ON GLUE

Several of the Poison Information Centers have issued warnings on Cyanoacrylates, better known as Krazy Glue, Super Glue, etc., now widely used in repair work around the home. Warnings pertain to bonding the eyelids or the lips together.

The chemicals are essentially nontoxic, and very rapid hardening of the adhesive will take place in the mouth. Lips, if bonded, can be gently peeled apart using warm water or very small amounts (drops) of acetone to lessen the bond strengths.

Tissue bonding of the eyelids occurs very rapidly. If separation cannot be accomplished by using copious amounts of water immediately, the eye should be allowed to remain closed, and the bond will separate naturally, usually within a few days. The Centers advise that this can be hastened by use of a wet patch.

BROWN, ECKELS NAMED TO APhA COMMITTEES

Mrs. Priscilla C. Brown, Germanton, and Fred M. Eckel, Chapel Hill, have been named to committees of the American Pharmaceutical Association, by APhA President Jacob W. Miller.

Mrs. Brown, a community pharmacist, was named vice chairperson of the Policy Committee on Organizational Affairs, and Mr. Eckel, Chairman of the Division of Pharmacy Practice, UNC School of Pharmacy, was named to the Policy Committee on Professional Affairs.

Both Mrs. Brown and Mr. Eckel were official delegates to the annual convention of APhA held in Montreal, May 13-18.

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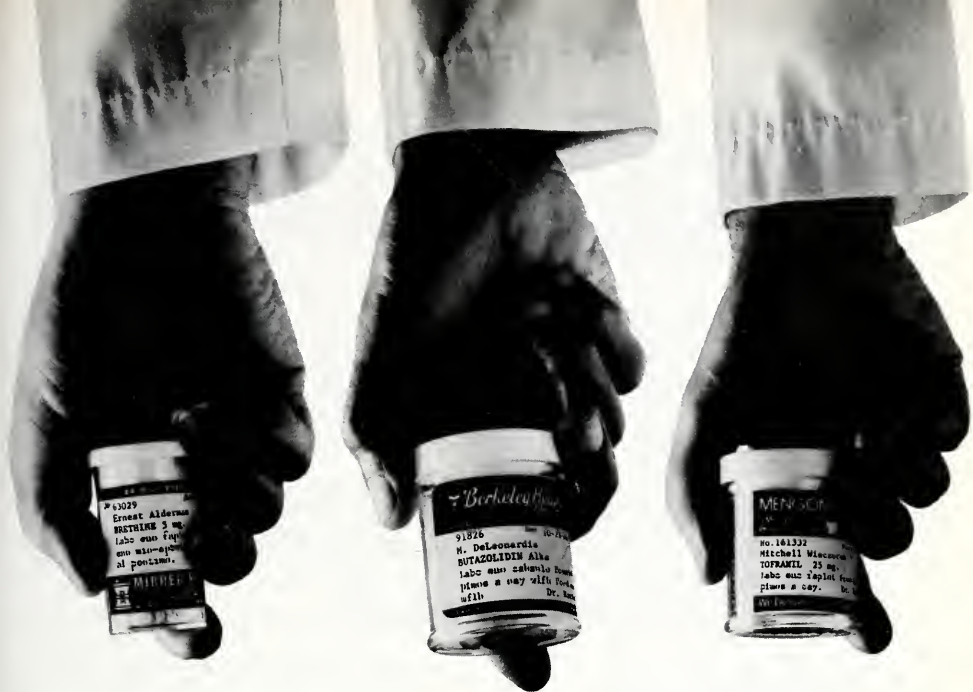
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and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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We have all heard the phrase "he has a bad **attitude**" . . . and maybe "he" does, but just because one's opinion is different from ours does it mean his attitude is bad?

Surely a "good **attitude**" person is more responsive and knowledgeable about changes going on around him. His insight, depth and willingness to listen and respond are valuable traits in adjusting to change . . . but to see changes taking place and say nothing . . . to witness government intervention and regulation without reacting . . . to

be the brunt of change in professionalism and yet stand motionless . . . these are not caused by people with good or bad attitudes, but by "no **attitude**" people . . . and they are the worst kind! What kind are you?

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WOMAN'S AUXILIARY NEWS

The Executive Board of the Woman's Auxiliary, NCPHA, held its second meeting of the year September 11, at the Institute of Pharmacy, Chapel Hill.

President Rheta Skolaut announced the recipients of the scholarships sponsored by the Auxiliary as follows:

W. J. and Vivian S. Smith Scholarships awarded to Sara D. Stocks and Toula Panagiotopoulou;

Lucile S. Rogers Scholarship awarded to Brenda K. Montjoy;

Vivian S. Smith Scholarship awarded to Kim L. Hargrove

Neta Whaley reported that 814 copies of the "Apothecary Kitchen" had been sold for \$4,338.10, leaving about 150 copies left.

President Skolaut announced that Sue Chapman had been appointed to direct the Auxiliary's service project, Alcohol Abuse, and a committee will be chosen to coordinate the efforts of the Auxiliary. There will be a list of projects which can be done by a local chapter or individuals available at the October 6 meeting in Chapel Hill, and there will also be an exhibit on "Alcohol Abuse" at the same time. Shirley Barricks stated she will attend a Task Force Meeting on Women and Alcohol Abuse in High Point, October 14.

The next meeting of the Executive Board will be January 16, 1979. Since the Nominating Committee will meet in January, please

MARRIAGES

Miss Patricia Lynn Claytor of Spartanburg, S. C. was married to Robert Jeffrey Lee of Denver, Colorado, August 19th in Greensboro in the First Presbyterian Church.

The bridegroom is a graduate of Embry-Riddle Aeronautical University, Daytona Beach, Florida and is employed as a pilot with United Airlines. The bride graduated from the School of Pharmacy, University of North Carolina at Chapel Hill where she served as secretary-treasurer of the student body and secretary of Kappa Delta Sorority. The couple will live in Chicago.

contact Mrs. Jack Watts (Eloise), 444 Tarleton Ave., Burlington 27215, if you would like to suggest a candidate for office. Members of the Board present were: Mrs. Milton Skolaut, President; Mrs. Marshall Sasser, First Vice-President; Mrs. Shelton Boyd, Second Vice-President; Mrs. J. K. Johnson, Corresponding Secretary; Mrs. A. H. Mebane, III, Treasurer; Mrs. R. C. Barricks, Parliamentarian; Mrs. Haywood Jones, Historian; Mrs. Cade Brooks and Mrs. Milton Whaley, Advisors; and Mrs. W. J. Smith, Coordinator.

It was announced that the North Carolina Council of Women's Organizations, of which the Auxiliary is a member, is sponsoring the Annual Fall Forum at the Benton Convention Center and Hyatt Hotel in Winston-Salem November 9. Theme of the Forum is "The Homemaker and the Law" and each member is encouraged to attend if possible.

BIRTHS

Mr. and Mrs. Irvin W. Hankins, III of Charlotte, announce the birth of their second daughter, Laura Jane, on June 7, 1978. Laura's mother, Barbara and her grandmother, Marsha Hood Brewer of Pink Hill, are both pharmacists.

Susan and Lewis Cooper of Southern Pines announce the birth of a daughter, Jessica Ruth Cooper, on August 5. Jessica's father, a graduate of the UNC School of Pharmacy, Class of 1972, is associated with Medical Center Pharmacy of Pinehurst and her grandfather is a pharmacist, Hallie C. Reaves, Sr., Class of 1936.

Carol and John Badgett of Chapel Hill were pleasantly surprised at the Durham County General Hospital when twin boys, Christopher Dean and Jonathan Peters, were born on Sunday, September 3. John is a 1972 graduate of the UNC School of Pharmacy and is presently a staff pharmacist at Murdoch Center in Butner, North Carolina.

REPORT

COMMITTEE ON THE DELIVERY OF PHARMACEUTICAL SERVICES NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

**GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA
APRIL 16-17-18, 1978**

The Committee met on Sunday, January 29, 1978, at 2:00 P.M. Tommy Peete Davis, Pharmacist member of Division of Health Services (formerly N. C. Board of Health), State of North Carolina, and Charles D. Reed, were also present.

The Committee on the Delivery of Pharmaceutical Services reviewed and encouraged further implementation of the resolution proposed by the Committee last year, and adopted by the Association at the 1977 Annual Convention, defining the components of professional services. For the purpose of recall, I will mention them here. These include:

- Patient consultation and education
- Maintenance of a patient medication record
- Assessment of appropriate use and effect of medications or appliances
- Education of other health care providers related to drug usage and therapeutic efficacies
- Evaluation of patient problems and, when necessary, referral to appropriate health care facilities and/or providers

The Committee also urged the Association to attempt to have patient medication records and/or computer records accepted by the Division of Social Services as valid records for refilling of prescriptions dispensed under the Medicaid Drug Program. It was felt that the duplication of work to also record the refills on the back of the prescription per se denied many Medicaid patients the benefits of patient profiles; since, in many cases the pharmacist would normally not stamp the refilled prescription as required by current Medicaid regulations if he were using patient medication profiles.

Mr. Charles Reed reported on his activities in the area of county health department drug dispensing. His first goal is legal drug dispensing in all clinics operated by county health departments. This objective may be achieved by:

- (1) an in-house full-time pharmacist; or,
- (2) an in-house part-time local pharmacist;

or,

- (3) contracting with a nearby pharmacy for a certain number of hours devoted to clinic prescriptions; or,
- (4) contracting with a local pharmacist on a per prescription basis.

Another development of the drug program in several counties is the selection of one pharmacy in the county on a lowest bid basis of the dispensing fee. Under this plan the pharmacy would be supplied by the county with drugs purchased under state contract and would be dispensed to the county health department patient at no charge. The pharmacist would bill the county only for the agreed-upon dispensing fee which has ranged from 0 (no fee) to \$.90. Relating to this practice, the Committee recommended the follow-

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ing position:

1. All prescriptions should be dispensed by, or under the direct supervision of, a pharmacist:
2. Pharmacists who are asked to supply pharmacy services to county health boards by dispensing state-purchased drugs should be adequately compensated for their time, both in the dispensing of the drugs and for the additional record-keeping inherent in such a contract;
3. Pharmacists should be aware of the possible ramifications of dispensing prescriptions at a fee less than the Medicaid fee, taking into account they have no capital invested in inventory in the county drug plan.

Mr. Reed said the county health clinics were beginning to emphasize treatment more than in the past. Traditionally, health departments focused their attention on prevention of disease, but are now increasing their scope of operations to include treatment. With statistics pointing to an oversupply of primary care physicians in a few years, this trend of the county health departments was noted by the Committee to further increase the number of physicians, which would lead to increased fees, due to the smaller number of patients per physician.

MEMBERS

Maude U. Paoloni, Chairman, 300 Spruce Street, Chapel Hill 27514

Earl J. (John) Bennett, Jr., 202 Evans St., Morganton 28655

Robert Bizzell, 504-H North Hillcrest Drive, Goldsboro 27530

Gene Hall, 1500-B Ridge Townhouse Apts., Asheville 28805

W. Howle, P. O. Box 1388, Marion 28752

Frank A. Measamer, P. O. Box 1087, Robertsonville 27871

Wayne Pittman, UNC School of Pharmacy, Chapel Hill 27514

Alton W. Skolaut, Route 2, Box 110, Chapel Hill 27514

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program

As of January 1, 1978 which of the following items will be required on all written prescriptions in North Carolina?

1. Name, address, and telephone number of prescriber
2. Prescribers DEA number or physician's extender I.D. number
3. Printed name and signature
4. All the above

A 45 yr. old male comes to your pharmacy, he is a regular patient who has been on thyroid replacement for 10 years. Today he has a prescription for cholestyramine. What would be appropriate?

1. Dispense the new prescription with direction to the patient on its use.
2. Call his physician because cholestyramine will bind thyroid in the gut and suggest another drug.
3. Advise patient to take the medicine 5 hours apart and call his physician to advise him to monitor the patient for hypothyroidism.
4. Send the patient back to his physician for a different medicine and call the physician to tell him what you've done.

Castellani's paint is used primarily as:

1. An antifungal preparation
2. An agent to relieve sunburn
3. An agent to treat Decubitus ulcers
4. A skin-marker to outline an area for surgery

One of the most accurate pH indicators available in the average pharmacy is:

1. Litmus paper
2. Nitrazine paper
3. Acetest
4. Uristix

5-6. Your hospital has a unit dose system and you receive an order for kanamycin injection for a pediatric patient. The patient weighs $4\frac{1}{2}$ lbs. and the usual intramuscular dose is 7.5 mg/Kg every 12 hours for adults and children without renal dysfunction. The injectable product is available in three forms: 0.5 Gm/2 ml; 1.0 Gm/3 ml; 75 mg/2 ml. Use this information to answer questions 5 thru 6 inclusively.

The daily dose for this patient is:

1. 7.5 mg
2. 45.0 mg
3. 15.0 mg
4. 30 mg
5. 60 mg

Each dose of a unit-dose syringe will contain:

1. 0.09 ml; concentration 1.0 Gm/3 ml
2. 0.18 ml; concentration 1.0 Gm/3 ml
3. 0.24 ml; concentration 0.5 Gm/2 ml
4. 0.40 ml; concentration 75 mg/2 ml
5. 0.80 ml; concentration 75 mg/2 ml

(Answers on Page 39)

DID YOU KNOW?

The American Chemical Society's Chemical Abstracts Service lists over 4 million distinct chemical entities as having been reported in the scientific literature. The UNC medicinal chemists contribute to this number, which grows by about 6,000 per week.

REPORT

COMMITTEE ON CONTINUING EDUCATION

GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA
APRIL 16-17-18, 1978

Conclusions

The committee does not recommend mandatory continuing education at this time.

It does recommend that prompt action be taken to complete detailed legislation ready for immediate use if such is threatened by some outside group, such as activists, consumerists, bureaucrats, etc., or the due time for CE arrives.

Background

Active interest in continuing education was shown by the indicated preference of members for appointment to this committee and several letters of thoughtful information as soon as the committee membership was published. It was also shown by the excellent attendance by ten of the thirteen members at the meeting in the Institute of Pharmacy on February 12th. An active discussion resulted in the conclusions above. It was agreed, also, that continuing education by self study is available and effective as it always has been. Finally, it was decided that it was appropriate to offer another questionnaire to learn the preferences of members. Of approximately 1,700 sheets mailed, 125 were returned and showed the following results:

The list showed 64 specific subjects of which an average of 17.9 held "major interest" per respondent. One pharmacist stated "all" and others checked subjects to total 58, 46 by correspondence only, 39 (two), 4 (two), and none. Added subjects included colds, drug law review, implementation of I-V additive program, pediatric drug regimens, psychopharmacology, pharmacokinetics, and vitamins.

Favored subjects, with the number of pharmacists selecting each were:

1. Concise and significant drug interactions (78)
2. Antibiotic review (76)
3. Hypertension (71)
4. Upper respiratory infections (68)
5. Congestive heart failure (63)

and least favored were:

60. Pharmacy layout (14)
61. Pharmacy security (14)
62. Public health education (13)
63. Risk management and insurance (12)
64. Preceptor certification (10)

Preference of type of program:

Combination of seminars and correspondence courses (65)

Seminars only (40)

Study of journals and/or textbooks with tests to be mailed and graded for credit (18)

Correspondence courses only (10)

Cassettes were added by write-in

Preference of location for seminars, willing travel to:

Chapel Hill (54)

50 miles (48)

25 miles (35)

Other: Asheville, Fayetteville AHEC Greensboro, and Raleigh (three)

Preference of time:

Weekday night (72)

Weekday day (30)

Sunday afternoon (30)

Saturday afternoon (14)

The completed questionnaires have been kept to be available to other committees and the School of Pharmacy.

Current Information

North Carolina is one of the twenty states which do not require continuing education credit. The usual requirement is 15 hours per year (30 in two years or 45 in three years). The board of pharmacy is the supervising agency. One state specifies an alternate examination by the board at least ten months before July 1 each year.¹

There are 105 providers of continuing education accredited by the American Council on Pharmaceutical Education.²

Attention is turning to continuing education. Questions to this purpose are being produced and tested by the Educational T

ing Service. This is better than letting courts set practice standards because the test items can be geared to real pharmacy practice.³

Richard P. Penna, associate executive director for professional affairs of the A.Ph.A. in an address at the 55th Annual Southern Educational Congress of Optometrists in Atlanta "expressed personal opposition to mandatory continuing education. (The optometry profession universally approves mandatory CE.) He said that mandatory CE can't discriminate between good and bad practitioners—the competent and incompetent." He said that it is critical that health professions define competence."⁴

The completion of a doctoral dissertation at the University of Wisconsin produced interesting results in "Determining Pharmacists' Real Needs for Continuing Education." A pool of 959 questions was developed and tested in a period of six months from which the need for education was indicated by test scores of 75 per cent or lower. Different examinations for community and hospital pharmacists were constructed each containing twenty multiple-choice questions selected for frequency of use and criticalness. The examinations were tested on senior students and then administered to pharmacists in Iowa, Maine, and Wisconsin, three states with mandatory continuing education. Results: "No remarkable differences were detected between community and hospital pharmacists. Apparently, many community pharmacists had knowledge, were able to retrieve knowledge from reference tools, and could adequately perform activities describing the cognitive domain. "The greatest need . . . is learning how to perform evaluation activities adequately. "Until recently training and education . . . has not emphasized evaluating the therapeutic effects of drugs in patients." It was suggested that the many contacts with patients experienced by community pharmacists . . . has been helpful in their gaining this ability. ". . . managers performed significantly better than employees in evaluating information . . . "Female hospital pharmacists performed significantly better on the test than male counterparts." It was believed that the study showed the need and feasibility for test to determine needs for continuing education.⁵

References

¹Status Report on Continuing Pharmaceutical Education, American Pharmaceutical Association, 2215 Constitution Ave., N. W., Washington, DC 20037, Sept. 1977.

²American Council on Pharmaceutical Education, News release, One East Wacker Drive, Chicago, IL 60601, (about) Feb. 1978.

³Samuel H. Kalman and John F. Schlegel, "Measuring Up: Don't let the courts set practice standards," American Pharmacy, April 1978, pp. 24, 54.

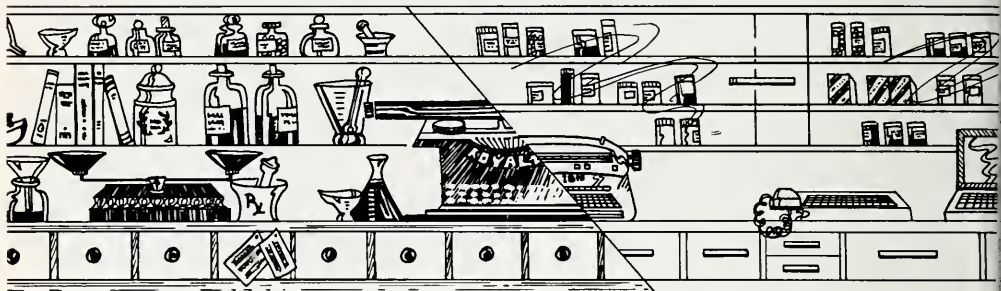
⁴Pharmacy weekly, Mar. 11, 1978, p. 38.

⁵Michael C. Shannon and Melvin H. Weinswig: "Determining Pharmacists' Real Needs for Continuing Education," Wisconsin Pharmacy Extension Bulletin, July 1977; through The Louisiana Pharmacist, Feb. 1978, pp. 18, 19, and 21-3.

MEMBERS

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 Robert Lee Crouch, 1723 E. Meadow Rd., Eden 27288
 Gray Davis, 43 White Oak Trail, Chapel Hill 27514
 A. C. Dollar, 1017 Englewood Drive, Winston-Salem 27106
 Gilbert C. Hartis, Jr., 800 Kenwick Dr., Winston-Salem 27106
 Pamela U. Joyner, 6717 Valley Drive, Raleigh 27612
 Ruth W. Mitcham, 108 Ryan Street, Lexington 27292
 W. Whitaker Moose, P. O. Box 67, Mount Pleasant 28124
 Claude U. Paoloni, 300 Spruce St., Chapel Hill 27514
 David L. Patterson, 1722 Farmbrook Road, Mount Airy 27030
 R. Nathan (Skip) Sykes, Jr., P. O. Box 3983, Wilson 27893
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BURROUGHS WELLCOME ANNOUNCES PHARMACY EDUCATION AWARDS

Kenneth B. Capes, Haw River Drug, Haw River, C. Michael Whitehead, Ramseur Pharmacy, Ramseur, and James M. Taylor, Rite-Aid Pharmacy, Charlotte, have each won \$750 in the Burroughs Wellcome Pharmacy Education Program.

The award money will be presented to the North Carolina Pharmaceutical Association in the name of each of the award recipients to establish a revolving loan fund for deserving pharmacy students.

The \$117,000 Pharmacy Education Program is sponsored by Burroughs Wellcome Co., Research Triangle Park, North Carolina. Three pharmacists from each state, the District of Columbia, and Puerto Rico were elected as winners this year, in a drawing held at the annual meeting of the National Association of Retail Druggists in New Orleans. More than 32,000 pharmacists across the country submitted entries.

AWARD WINNING ENTRIES DRAWN AT NARD CONVENTION. Mrs. A. H. Mebane, III, holds the three cards drawn from North Carolina pharmacists' entries in the Burroughs Wellcome Pharmacy Education Program.

GUILFORD COUNTY

The Guilford County Society of Pharmacists met on the evening of October 11 and were treated to a very interesting and enjoyable discussion and slide presentation by Dr. Russell Kitchens, a Greensboro plastic surgeon. Dr. Kitchens demonstrated through his slides various types of both cosmetic and reconstructive plastic surgery.

In the business session that followed the program, Joe Johnson proposed that the Society adopt as a project the sponsorship of the Guilford County Diabetic Teaching Nurse, as the United Way funds which have supported this program in the past have been cut off. The Society of Pharmacists would basically act as the organizing agency behind the fund-raising drive being planned by the county's medical community and diabetic agencies to continue this valuable service to the community. After some discussion, the Society voted to adopt this project for the coming year.

Reported by J. Frank Burton, Sec. Treas.



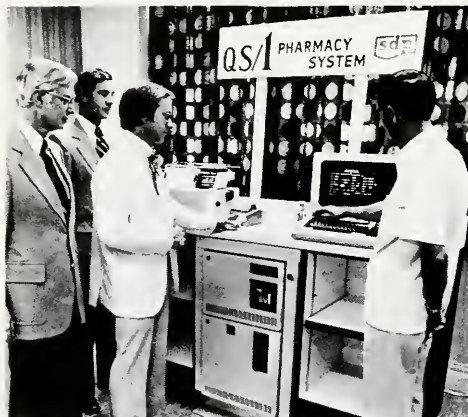
Left to right: Seymour Holt; A. H. Mebane, III; Jay Salem; Mrs. Mebane; Mrs. Salem; Mrs. Holt; Jesse Pike, Jr.; Jesse Pike.

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TRIPARTITE COMMITTEE MEETS

The North Carolina Pharmacy Tripartite Committee on Pharmacy Extern/Internship met at the Institute of Pharmacy Monday, September 18. New officers elected were Joseph A. Edwards, Chairman; Stephen M. Caiola, Vice-Chairman; and Claude U. Paoloni, Secretary.

Members present representing the N. C. Board of Pharmacy were David C. Claytor and William H. Randall; representing the UNC School of Pharmacy—Stephen M. Caiola, LeRoy D. Werley, Jr., and Claude U. Paoloni; representing the N. C. Pharmaceutical Association—Marion M. Edmonds. Ex officio members present were W. J. Smith and David R. Work, with Dewayne Caldwell, Gail Folic and Patsy Millar, students, and Jim Utt, graduate resident as guests.

The 92L Academic Externship Program was discussed and reviewed, with Mr. Claytor summarizing the positive nature of student evaluations. Mr. Paoloni reviewed the additions and revisions of the 1978 Manual of Program Instructions, which resulted from the first year program evaluations submitted by the students, faculty and practitioner-structors.

Jim Utt presented a comprehensive review of the Report of the Task Force on Health Planning and Pharmacy Practice with special emphasis on the "action-type" recommendations of this report, which are to be implemented by the three organizations represented on the Tripartite Committee.

Among the other items discussed were the 100 hour Post-graduation practical experience requirement and the need for additional scholarships to assist students and make up for the loss of Health Professions Scholarship appropriations.

NEW APPOINTMENT

Carolyn W. Clayton, a native of Rocky Mount and a 1969 graduate of UNC at Chapel Hill, has recently been appointed Director of Public Relations and Clinical Instructor at the School of Pharmacy. For the past two years she has served as Research Assistant for the UNC Drug Information Center located at North Carolina Memorial Hospital.

Ms. Clayton will serve as liaison to all news media and direct the dissemination of infor-

mation about the School and its activities to appropriate groups and agencies—both local and national. The recent news of the unveiling of the Report of the Task Force on Health Planning and Pharmacy Practice in North Carolina is an example of her work.

DURHAM-ORANGE

Dean Tom S. Miya was the featured speaker at the September 14 dinner meeting of the Durham-Orange Pharmaceutical Association, held at the Blair House. He spoke on his concerns about the School of Pharmacy, the report of the Task Force on Health Planning and Pharmacy Practice and the status of the Doctor of Pharmacy Degree program at UNC.

President Connie McFall complimented the members of their attendance, but urged all present to continue to work on increasing the membership. Vice-President Tim Williams presented the list of programs already planned and requested suggestions for the January, February and March meetings.

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SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

Script

MESSAGE FROM THE DEAN

During my travels, I have had the opportunity to meet with a wide spectrum of individuals and groups with varying interests. My most notable observation has been that no group, institution or individual is completely without problems. I have also noted that those with the least problems are those who have optimally utilized their advantages and essentially neutralized their disadvantages.

In this State, and in this School, and in this particular environment, the potential for making great contributions to pharmaceutical education, research and practice is greater than in most states, in most schools or in most locations of which I am aware. Some of our many advantages are:

- 1) The University of North Carolina at Chapel Hill is one of a handful of universities with such an array of major health professional schools;
- 2) We are the only School of Pharmacy in the State;
- 3) We have a unique location and relationship with the State Pharmaceutical Association and the State Board of Pharmacy;
- 4) Our AHEC system, manned by AHEC pharmacists, is considered the best of the fifteen systems in the nation;
- 5) We are supported in part by the North Carolina Pharmaceutical Research Foundation;
- 6) We have frequent interaction with the Research Triangle Park, with all of its resources.

This list can be expanded, but the point has been made. The primary concern is to guard against complacency.

It is my belief and strong conviction that we have all the elements of greatness in North Carolina. Let us all—faculty, students, and practitioners—work diligently toward it.

WITH THE DEAN

September 17, 18 found Dean Miya in Akron, Ohio at the Society of Toxicology headquarters as part of his duties as the president-elect of that Society.

September 19, 20, Dean Miya attended tandem meetings of a special committee of the Office of Toxic Substances and the Board of Toxicology of the National Academy of Science in Washington, D. C.

Newly-Elected Officers

Elections were held the week of September 18-22 for class officers and President-Elect of the Student Body. The results were:

Vice-President of Student Body—Earl Key, Rockingham, N. C.

Secretary-Treasurer of Student Body—Jan Lassiter, Rocky Mount, N. C.

5/5 Class President—Bob Morgan, Roxboro, N. C.

5/5 Class Vice-President—Art Minton, Ahoskie, N. C.

5/5 Class Secretary-Treasurer—Jan White, Hickory, N. C.

4/5 Class President—Russ Phipps, Turkey, N. C.

4/5 Class Vice-President—Al Munday, Hickory, N. C.

4/5 Class Secretary-Treasurer—Wayne Fish, Charlotte, N. C.

3/5 Class President—Randy Ball, Raleigh, N. C.

3/5 Class Vice-President—Chuck Zimmerman, Valdese, N. C.

3/5 Class Secretary-Treasurer—Pam Voyl, Linwood, N. C.

President-Elect of the Student Body—Ray Burdette, LaGrange, N. C.

MESSAGE FROM THE PRESIDENT

Dewayne Caldwell
President, Student Body

Another busy and exciting year is on tap for the Pharmacy School Student Senate. This academic year will certainly prove to be one of change for the UNC Pharmacy School in many ways, and the members of the Student Senate are eager to see that the Student Body is well represented in the administration's decision-making process.

The Senate is a representative organization designed to be a forum for student opinions on important issues within the school. Members of the Senate include the Student Body Officers (President, Vice-President, and Secretary-Treasurer of each class as well as the same three officers of the entire Student Senate) and two members from each recognized organization in the Pharmacy School. Those organizations currently represented on the Senate include: Student Branches of the North Carolina Pharmaceutical Association and American Pharmaceutical Association, Kappa Epsilon, Kappa Psi, Rho Chi, Phi Delta Chi, Student National Pharmaceutical Association, and Phi Lambda Sigma.

Current plans for the Senate include a fall dance on October 6 (weekend of the Carolina-Miami football game) with the band being Harry Deal and the Galaxies. We are also planning to co-sponsor a pharmacy career seminar with Student Branches for all pre-pharmacy freshman and sophomores. Hopefully this will help the pre-pharmacy majors learn more about the school and its activities.

Drug Information Reports

Isoniazid-Induced Hepatitis

Recent studies have shown an association between isoniazid therapy and the development of clinical hepatitis. The following case rates have been approximated for patients receiving isoniazid:

Age (Years)	Case Rate Per 1,000
< 20	0
20-34	3
35-49	12
50-64	23
> 64	8

All patients for whom isoniazid is prescribed should be instructed to report the appearance of symptoms consistent with hepatitis. These include fatigue, weakness, malaise, anorexia, nausea, or vomiting. Laboratory monitoring of patients receiving isoniazid may present some difficulty since asymptomatic elevations of certain liver enzymes occur in 6-20% of these patients. Most of these elevations occur in the first months of therapy and usually revert to normal even if the drug is continued.

A warning section on this particular adverse reaction is now required in isoniazid packaging information.

For references or further information please contact the Division of Pharmacy Practice, School of Pharmacy, The University of North Carolina at Chapel Hill.)

Travel to Area Pharmaceutical Societies

"Changes in Pharmacy Education," was the topic presented by Dr. Tom S. Miya, Dean, UNC School of Pharmacy to a record crowd of 44 participants at the September 10 meeting of the WAYNE COUNTY PHARMACEUTICAL SOCIETY in Goldsboro. Dean Miya reviewed the role of the UNC School of Pharmacy in relation to the recent Health Planning and Pharmacy Task Force Report. One response is the School's development of the Pharm.D. degree to be implemented in the near future. Attending the meeting were State Representative and Mrs. Barney P. Woodard of Princeton. Representative Woodard is a graduate of the UNC School of Pharmacy. Officers of the WAYNE COUNTY PHARMACEUTICAL SOCIETY are Larry Coor, President; Henry Stewart, Vice President; Herbert Taylor, Secretary.

On Thursday, September 14, Dean Miya and Mr. Paoloni also found themselves traveling to Durham, for the Dean to give a presentation to the DURHAM-ORANGE PHARMACEUTICAL ASSOCIATION at a dinner meeting at the Blair House. The topics for the evening were pharmaceutical education and news both at the UNC School of Pharmacy and nationally. Connie McFall is President of the DURHAM-ORANGE PHARMACEUTICAL ASSOCIATION, Tim William is Vice President, and Barbara Burke is Secretary-Treasurer.

PRIORITIES OF PHARMACEUTICAL EDUCATION

The UNC at Chapel Hill School of Pharmacy has maintained a position of prominence in the state of North Carolina and in the Southeast Region for the past 81 years. It has operated continuously with a full program of pharmaceutical education since the initial curriculum was established in September, 1897. As the only school of pharmacy in the State, it is an academic unit of the University and one of the five health professional schools in the Division of Health Affairs, UNC at Chapel Hill.

During the ensuing 81 years, the School has conferred the following degrees:

1) Undergraduates

1897-1931 (2 Year and 3 Year Program)	
Special Degrees	129
Pharmacy Grad. (Ph.G.)	417
Pharmaceutical Chemists (Ph.C.)	12
Doctor of Pharmacy (P.D.)	8
1932-1959 (4 Year B.S. Program)	857
1960-Present (5 Year B.S. Program)	1585
	<hr/>
Total Undergraduates	3008
 Graduate Students	
1937-Present	
M.S.	54
Ph.D.	46
	<hr/>
Total Graduates	100

Evolution in pharmaceutical education has brought pharmacy from apprenticeship training in the late 1880's to the accepted standard five-year B.S. in Pharmacy Degree Program. In the early 1950's two of the 72 schools of pharmacy in the United States recognized the need to establish a six-year professional degree program to provide graduates with the education and skills necessary to more actively participate in the rapidly changing health care system. By 1969 there were seven schools offering the professional degree.

The UNC at Chapel Hill School of Pharmacy, in response to the increased sophistication and complexity of the health care system, proposed a similar program in 1968 and for the past ten years has continued its efforts to initiate the professional degree program at UNC at Chapel Hill. In the meanwhile there are now 27 schools of pharmacy offering the professional degree (Pharm.D) as an optional or as the only professional degree.

The importance of the Pharm.D. Degree was accentuated by a four-year study by the American Association of Colleges of Pharmacy. This culminated in a House of Delegates vote (July, 1978) on the question of whether *all* schools would be mandated to implement a six-year (minimum) Pharm.D. Degree as the *only* degree leading to licensure or to retain the two degree system.

The adoption of a minimum six-year professional degree is the response of pharmacy education to the rapidly changing health care system and the dissatisfaction with the existing scheme of drug utilization in today's society. It is the conviction of the American Association of Colleges of Pharmacy and the American Council on Pharmaceutical Education (accrediting body) that pharmaceutical education must assure that future pharmacy practitioners accelerate the profession's contributions in addressing national health priorities.

There has been a dramatic transition in professional academic programs in pharmacy toward direct patient care in a clinical environment. To meet the requirements of national accrediting bodies, federal funding agencies and standards for licensure, the School has maintained a systematic update of its curriculum and programs.

One further indication of the future direction of the School was the elimination of the 1-4 Program and the full implementation of the 2-3 basic baccalaureate curriculum. This was coupled with an increasing commitment by the Division of Health Affairs to correct budgetary deficiencies.

All pharmacy students in the present B.S. Program must complete a 15-week Academic Externship Program during their fifth year at institutional and community practice sites. Each of these sites is located in AHEC based clinical environments with pharmacist instructors acting as supervisors and coordinated by the Pharmacist-in-AHEC. This clinical training received by the B.S. Degree pharmacist

assures him of a wide range of professional and managerial functions so that he can appreciate the complex problems of human pharmacotherapeutics and can function safely and effectively in a role where control and distribution of drug products constitute his major contribution.

On the other hand, pharmaceutical education priorities have demonstrated the need for advanced level pharmacy specialists whose additional academic and interprofessional training promotes: 1) independent thinking, 2) the pursuit of scholarly activity, 3) expertise in drug therapy, 4) evaluation of clinical problems and 5) more effective drug utilization.

The patient-oriented professional degree program (already being offered in 27 schools of pharmacy) has had a decided impact on national health priorities. Pharmacy practice achievements, as they relate specifically to cost containment, primary care and access to health care services, involve the pharmacist's expanded roles in ambulatory, acute and extended care.

A recent Task Force Report on Health Planning and Pharmacy Practice in North Carolina, chaired by Lawrence B. Burwell, Director, North Carolina State Health Planning and Development Agency, Department of Human Resources, recognizes the broad range of health services provided by pharmacists. The findings show that pharmacists can have an extensive role in improving the quality, quantity and distribution of health care services in North Carolina.

Pharmacy, as an integral and vital component of health care, has made some strides in containing health care costs, improving primary care and assuring better access to health services. Over the long term, the extent to which these contributions can be maintained and enhanced to their full potential depends almost exclusively on the content and quality of pharmaceutical education.

The objective of the advanced professional degree (Pharm.D.) is to supply well qualified teachers who can serve as role models and to supply teaching and non-teaching hospitals and other health care delivery sites (HMO's, AHEC, OCCHS, group practice, clinics and pharmacy care areas) with a pharmacy practitioner who can make a significant contribution to health care delivery in cooperation with other health personnel. This has been demonstrated by the Pharm.D. faculty members on our staff and by the AHEC pharmacists (Pharm.D.) who interact with medical and pharmacy students on their training rotations, organize continuing education programs for B.S. practitioners and provide clinical services that are beyond the scope of many B.S. pharmacists.

The professional degree program (Pharm.D.) proposed by the School of Pharmacy is consistent with the University's mission to educate and train students to achieve the highest level of skills and competencies. It is also consistent with the School's mission to provide clinical pharmacy training as a requirement for accreditation.

The Doctor of Pharmacy (Pharm.D.) curriculum is designed to specifically provide knowledge in medically related sciences which relate to clinical utilization of drugs and assures comprehension of the knowledge. The program involves a course of study that encompasses a minimum of four full semesters (24 consecutive months) beyond the fourth year of pharmacy school.

In the immediate future the number of students in the Pharm.D. Program will not exceed fifteen per year. Since it is an optional degree program for a selected number of students, it is not expected to interfere with the present B.S. Program nor will there be any appreciable change in the total number of graduates from the School of Pharmacy. The current advanced M.S. and Ph.D. Programs will continue to be offered in disciplines approved by the Graduate School.

The Program can be implemented with the addition of one clinical staff member and several teaching assistants to meet student/faculty ratios required by guidelines set forth by the AACP and Federal Capitation Mandate. Actual funding requirements, including instruction and departmental research, would approximate \$50,000/year.

A separate review and advisory committee will assume the responsibility of admissions, policies and guidelines, evaluation of candidate's progress in clinical classroom assignments, course material, academic attainment and professional competence.

The School of Pharmacy, UNC at Chapel Hill is prepared to implement the Pharm.D. Program in the Fall of 1979, and it is eager to take a leadership role in the education of future pharmacists, pharmaceutical scientists, and in the training of patient-oriented practitioners in the state of North Carolina. This is evident in the role it has played in the development of the AHEC Program, and the significant contribution it has made in the conception and guidance of the Task Force on Health Planning and Pharmacy Practice.

FOCUS—SHAC Pharmacy Student Volunteers

The Student Health Action Committee (SHAC) is a joint effort between students in the Medical School, Dental School, and Pharmacy School as well as in related fields. At the present time, there are two clinics, the *Edgemont Clinic* in Durham (open two nights a week) and the *SHAC Clinic* in Chapel Hill-Carrboro (open one night a week). The clinics are staffed by volunteer students from each of the above schools as well as a licensed practitioner in each of the related fields as a preceptor for the students.

With ten years of operation behind them, the SHAC Clinics are the oldest surviving free clinics in the United States.

The Student Health Action Committee has set the following goals and principles in its constitution:

1. Development of an awareness and understanding of the varied aspects of one's environment, including financial, social, and cultural mores and how they relate to individual health, family health, and community health.
2. Improved health services for the medically indigent population by making more efficient use of the existing health care delivery system and where indicated, the establishment of new programs and the replacement of old programs that have failed to meet the health needs of the community.
3. Promotion of an awareness of vocational opportunities in the health science professions.
4. Promotion of a more meaningful relationship between community and the health professions through mutual understanding, mutual endeavors and mutual accomplishments.

The SHAC clinics provide free medical, dental, and pharmaceutical services to the residents of

their respective communities who cannot afford good health care. A patient is able to receive a medical examination (including certain lab tests), a dental examination, and needed medication (made possible by cooperation from various pharmaceutical manufacturers) through the visit to the clinic. Additionally, a chart is maintained for all patients and appointments are made to provide needed checks on existing problems.

Pharmacy students participate in many aspects of the patients' physical examinations, screening, and lab work. The pharmacy students are in charge of dispensing the medications to the patients and consulting with them on the proper strength, dosage, and procedures for taking the medication. They warn the patients of possible side effects of certain drugs and how to recognize them. The pharmacy keeps a medication profile on each patient to help guard against drug interactions.

By working at the SHAC clinics, the pharmacy students also obtain a training slightly different from other aspects of their profession. The pharmacy students are in charge of giving injections such as those for allergy, and providing information on diabetes, various forms of insulin, and proper insulin injection techniques. The student also distribute literature on hypertension, birth control, and other areas of health care. Additionally, the pharmacy is responsible for developing and maintaining an emergency kit which would be used at anytime necessary in the clinics.

Through the joint efforts of the students from the various schools, these SHAC volunteers are able to work toward their goals of improving individual and community health for the needy; and by so doing they obtain a rewarding experience for themselves.

Henry Smith

Contributions by:

Julie Parmer

Georganne Sebastian

Priorities of Pharmaceutical Education, cont.

"Any changes that occur in the delivery of health care systems over the next few years will be the result of a variety of influences, both external and internal."¹ The School is committed to meet these influences through effective curriculum design and improved training techniques.

LeRoy D. Werley, Jr.
Associate Dean
UNC at Chapel Hill,
School of Pharmacy

¹"Report of the Task Force on Health Planning and Pharmacy Practice in North Carolina."

LIFE EXPECTANCY INCREASES

A REPORT FROM APHA'S ACADEMY OF PHARMACY PRACTICE shows the life expectancy of the average American has increased by two years since the inception of the National High Blood Pressure Education Program in 1972. It has been estimated that 600,000 persons are alive today because they learned to control their blood pressure. During the period from 1970-1976, deaths due to coronary artery disease declined 15%, deaths attributable to strokes declined 22%, and deaths caused by hypertension dropped 39%.

GRANTS

The American Cancer Society Institutional Grant has recently awarded **Dr. Iris H. Hall** a 1400 grant for a period of one year for her research entitled "The Effects of Diaminodiamonate-Platinum (II) on P₃₈₈ Lymphocytic Cell Metabolism."

Dr. Lawrence J. Hak, Associate Professor, Division of Pharmacy Practice, has received a \$2,000 grant from McGaw Laboratories in support of his research in parenteral and enteral nutrition.

PUBLICATIONS

Dr. Claude Piantadosi, Professor in the Division of Medicinal Chemistry, has collaborated with several researchers in a recent article in *Chemistry and Physics of Lipids*, Volume 21, pages 175-187. The title of the article is "Membrane Lipid Modifications: Biosynthesis and Identification of Phosphatidyl-N-Methyl-N-Isopropylethanolamine in Rat Liver Microsomes."

Dr. Kuo-Hsiung Lee and **Dr. Iris H. Hall** of the Division of Medicinal Chemistry have published jointly with two other researchers an article entitled "Antitumor Agents 32. Synthesis and Antitumor Activity of Cyclopentenone Derivatives Related to Helenalin." The article appeared in the *Journal of Medicinal Chemistry*, Volume 21, pages 819-822.

PIKE NAMED TO AIHP COUNCIL

Jesse M. Pike, Concord, will represent The National Association of Retail Druggists as a member of the Council of the American Institute of the History of Pharmacy. Mr. Pike has served the NARD in many official capacities and is presently a member of its Executive Committee.

WITH THE FACULTY

Dr. Iris H. Hall, Associate Professor, Division of Medicinal Chemistry, has been recognized by *Chemical and Engineering News* for the animal research she has headed with a group of chemists at Duke University using boron-containing analogs of amino acids. At this stage in the research, the compounds appear to be beneficial in animals with arthritis, high blood cholesterol, and certain types of cancer.

Dr. Jean Paul Gagnon, Associate Professor, Division of Pharmacy Administration, discussed decision-making techniques and moderated a panel on pharmacy management at the annual meeting of the National Association of Retail Druggists in New Orleans, September 18 and 19.

On Tuesday, September 5, **Mr. Claude Paoloni** attended the Greensboro AHEC Pharmacy Advisory Committee Meeting at Wesley Long Hospital to plan for the year's continuing education programs.

Dr. Jack K. Wier was recently nominated for the office of Vice President/President-elect at the annual business meeting of the American Society of Pharmacognosy. The meeting, held in Stillwater, Oklahoma, was the first joint meeting of that society and the Phytochemical Society of North America.

On September 6 and 7, **Dr. Jean Paul Gagnon** traveled to Rosslyn, Virginia to attend the Board Meeting of the American Pharmaceutical Society.

Dr. Allen E. Cato, Jr., Adjunct Assistant Professor, Division of Pharmacy Practice, and Head of the Department of Clinical Research at Burroughs Wellcome Company, is offering a new course this semester designed to provide the student with insights in the development and implementation of clinical drug trials. The title of the course is "The Development and Clinical Investigation of Drugs."

Fred M. Eckel, Professor and Chairman, Division of Pharmacy Practice, was interviewed by WPTF-TV on Tuesday, September 12. The topic presented concerned the changing role of pharmacists in community health planning.

WHITEVILLE

Twenty bottles of insulin and 4,500 Valium, Librium and other drugs were stolen from Guiton's Drug Store Sunday night, September 10. Police discovered the glass broken in the door around 3:20 am. Damage to the door was estimated at \$100.00 and the value of the stolen drugs was \$620.00.

USP DRUG PRODUCT PROBLEMS REPORT

Published by the USP Convention, Inc.
12601 Twinbrook Parkway, Rockville, MD. 20852 Tel. (301) 881-0666
Edited by Joseph G. Valentino, J.D.

Name Game

Several reports from pharmacists around the country pointed out that the same brand name was being used for three different dosage forms of a product and that the dosage forms contained different active ingredients. The ingredient in the liquid dosage forms was aminophylline; but the solid dosage form contained theophylline. The reports indicated this caused confusion in converting from one form of the brand product to another, in generic prescribing and in product selection. A regulatory letter citing misbranding was issued by the FDA to the manufacturer.

Hypertensive OTC

A Virginia community pharmacist became concerned about an OTC combination antacid laxative-diuretic product that two of his hypertensive patients were taking. After carefully reading the label, he indicated on a DPPR that the medical claims were misleading and extremely dangerous. The FDA issued a regulatory letter to the manufacturer stating that the labeling was in violation of the Food, Drug, and Cosmetic Act.

Antidote Anecdote

A North Carolina hospital pharmacist pulled a bottle from a case of a topical antiseptic solution for the infant umbilical area and found that it was labeled as syrup of ipecac. The label was apparently incorrect and the contents did appear to be the antiseptic. There was immediate concern that bottles of antiseptic labeled as ipecac would be used when ipecac was hurriedly needed in an emergency poisoning situation. The firm was unable to determine the extent of the mix up and issued an urgent recall letter.

Hypodermic Tablets Obsolete

The manufacturer of a narcotic analgesic discontinued the use of hypodermic tablets, but three years later was no longer specifying on the label that the tablets were "for oral use only." The new tablets contained inert fillers and dyes and were no longer to be used IM. A consultant pharmacist for a Texas hospital reported the hospital staff has been trying with difficulty to dissolve the tablets for IM use. The company notified the pharmacist and USP that the label would be amended to state again "for oral use only."

Neither Too Hot Nor Too Cold

The hard gelatinous precipitate in an aluminum magnesium suspension was reported by a Kansas pharmacist as being difficult to resuspend. An FDA inspection of the firm revealed that the storage of the product at temperatures too hot or too cold would cause the product to precipitate. The specific temperature range was not given on the label, only to "avoid freezing." The firm said it will include a more complete storage statement in the next label printing.

Skid Halted

A pharmacist in a medical center pharmacy in North Carolina using 5ml vials of sodium chloride solution 0.9% found that although the vial labels and cartons of 100 correctly listed the volume, inner bags of ten vials incorrectly stated the contents as 3ml. At the firm the problem was traced to mixed order of bags received from the printer which was not detected during normal inspections. The firm tightened incoming inspection procedures to assure that the printer did not mix different bags together on the same skid.

Macro Number Of Reports

Over a period of fifteen months, fourteen reports were received regarding precipitation and crystallization in two suspensions of theophylline. Exposure to temperature variations was causing macrocrystal formation which led to either sub-potency or super-potency. Storage at room temperature for several days and vigorous shaking was required to return the product

its original condition. The manufacturer had been cooperative in exchanging the merchandise, but recalled all lots of both products when the extent of the problem became apparent.

Syringe Graduates

After an injectable antispasmodic became available in prefilled 2 ml syringes, several hospital pharmacists reported that the syringe lacked graduated markings for a partial dose. They furthermore noted that the label stated the amount of drug present in mg per ml without making clear there were 2 ml present in the unit. The manufacturer plans to use calibrated syringes in the near future.

Box-Work Orange

An Oregon pharmacist prophesied that in a tense situation, hospital personnel would mistake the units of drug per ml. declared on the label as the amount of drug present in the 0.5ml syringes. Although the prefilled 0.5ml syringes of heparin correctly listed the units per 0.5ml on the label also, it was done in orange print; the number of units per ml. were listed in bold black print. To avoid this possibility the manufacturer deleted the "units per ml" statement on the boxes of the various strength of heparin syringes.

V Additive

A community pharmacist from Florida reported that the label of chloral hydrate capsules manufactured for a distributor lacked the control symbol IV. The firm informed USP that the label was corrected after the labeling problem was brought to their attention.

Diagnostic Error

An in-vitro diagnostic used to test for sugar in the urine had an incorrect package insert belonging to another form of the same product. The incorrect insert would have resulted in an inaccurate interpretation of test results. When an Indiana community pharmacist's observations were brought to the attention of the manufacturer through the DPPR program, the lot involved was recalled.

Spell It Out

A unit dose package of Phenobarbital Tablets was labeled with only an abbreviated form of the drug name "pheno." A Rhode Island pharmacist pointed out that this common two syllable prefix could denote several drugs or chemicals. The manufacturer reviewed the situation after receiving the report and redesigned the unit dose labeling to show the entire name.

What's The Score

A suburban Washington, D. C. pharmacist telephoned a report on tablets used for myasthenia gravis. He estimated that one out of every four times, the top of the tablet would cap when trying to break the tablet in half at the score mark. The manufacturer sent a copy of the report to their production department for comment and evaluation. The production department noted a new set of punches was being used in the tableting process, that the score was not as deep as with the old punches, and this might have caused the problem. They discontinued these punches and ordered a new set of deep score punches.

CORRECT ANSWERS

- (4) Food & Drug Administration (Agriculture) G.S. 106—134 (4)—page 161 of Pharmacy Laws of North Carolina.
- (3) Hantsen's "Drug Interactions," 3rd edition, lists cholestyramine and thyroid interaction as being of major clinical significance. It is recommended the two drugs be given 4 to 5 hours apart.
- (1) Castellani's paint has been and still is used occasionally, for fungal infections.
- (2) Litmus paper may indicate acidity or alkalinity but Nitrazine paper gives the approximate Ph.
- (4) $4\frac{1}{2} \text{ lb} = 2\text{Kg} \times 7.5\text{mg} = 15\text{mg}$ every 12 hours or 30mg each day.
- (4) Each dose contains 15mg Kanamycin— $0.4 \text{ ml of } 75\text{mg}/2\text{ml} = 15\text{mg}$

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.

RELIEF PHARMACIST NEEDED

One or two days a week in the Boone area. Contact Joe C. Miller (704) 264-3766.

PHARMACY FOR SALE

Established pharmacy in Charlotte, North Carolina. Gross Sales \$110,000. Will sell for cost. Contact: SDC-10-1, P.O. Box 151, Chapel Hill, NC 27514 for further information.

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Patient oriented pharmacist with at least 2 years experience, for apothecary. Approximately 40 hour week. No nights or Sundays. Excellent salary. Paid vacation, holidays, life and health insurance. Gary Newton, Fayetteville (919) 864-1808.

FOR SALE

Complete set of store fixtures, prescription counter, cash registers, safe, adding machines, office equipment and fountain equipment. Call (919) 929-3450 after 6 pm.

RELIEF PHARMACIST AVAILABLE

Pharmacist available, relief work; Raleigh, Durham, Chapel Hill and surrounding area. Experienced in chain and independent operations. Licensed 1963. Call Fred Chamblee, (919) 929-3450 after 6 pm.

FOR SALE

Prescription counter, cash register, Rx Balance, safe and adding machine. Call Greenville (919) 752-5584.

FOR SALE

Hallmark Fixtures. Wood-grained, excellent condition. 92 feet—Complete shop. Atractive price. Available Oct. 28 or after. Contact Paul Owenby, Varner's Drug Store, Brevard. (704) 884-4165.

WANTED

Used Rx File Cabinet. Contact Joe Milton, Colonial Pharmacy, Murfreesboro, NC 27855.

PHARMACISTS WANTED

Looking for registered pharmacists or co-owner to operate franchise pharmacy Georgia, South Carolina, or North Carolina. Excellent hours—40 per week. Investment—approximately \$20,000. JGSC—10-

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Modern, low style pharmacy fixture (front only), four years old. Call Jim Haitcock, Mt. Gilead, N. C. 27306 (919) 439-654

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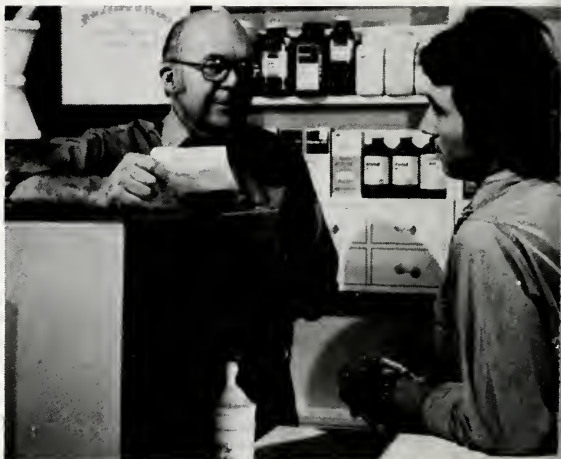
THE CAROLINA JOURNAL of PHARMACY



Left to right: Herman W. Lynch, President, North Carolina Pharmaceutical Association; Mrs. Milton W. Skolaut, President, Woman's Auxiliary, NCPHA; and Dr. Stuart M. Sessoms, Senior Vice President, Blue Cross-Blue Shield of North Carolina, Program participants in the Second Annual Pharmacy Seminar and Football Weekend held at the Institute of Pharmacy in Chapel Hill, October 6 and 7, 1978. Photo by Colorcraft.

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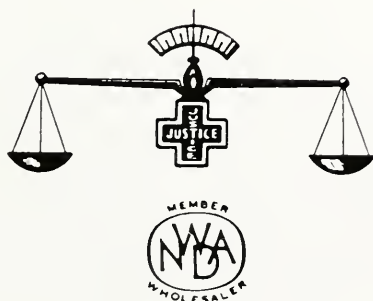


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THE CAROLINA JOURNAL of PHARMACY

NOVEMBER 1978

VOLUME 58

NUMBER 11

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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.

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A recent article on pharmacy law stated that "it is not unlikely that pharmacists substituting therapeutically or bioequivalent drugs for those prescribed will face increasing confrontation in the courts on the issue of their liability for unanticipated or adverse reactions from drugs dispensed by them."*

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*From a special report reprint *U.S. Pharmacist* 2(4):18-23. "Pharmacy Law," by Michael Sonnenreich, J.D.



SECOND ANNUAL PHARMACY SEMINAR AND FOOTBALL WEEKEND

The Second Annual Pharmacy Seminar and Football Weekend featuring nationally recognized speakers, seminars, culminating with attendance at the UNC-Miami of Ohio football game, was held October 6 and 7.

Sponsored by the North Carolina Pharmaceutical Association and the Woman's Auxiliary, NCPHA, the program began with a luncheon at the Institute of Pharmacy, Mrs. Milton Skolaut, President Woman's Auxiliary, presiding. Special greetings from the NCPHA were brought by President Herman Lynch. After the luncheon, a business session of the Auxiliary was conducted. The speaker for the afternoon was Dr. Stuart M. Sessoms, Senior Vice President, Blue Cross-Blue Shield of North Carolina. Dr. Sessoms, who received a B.S. in Pharmacy from UNC in 1943 before going on to the Medical College of Virginia, from which he graduated in 1946, spoke on the topic "You and Your Health Insurance."

A reception and social hour honoring Mr. and Mrs. Kenneth Mehrle took place at the Institute of Pharmacy Friday night, after which the members went to the Old Well Room of the Carolina Inn for dinner. Jesse Pike, an immediate past member of the Executive Committee of the National Associ-

ation of Retail Druggists, introduced the newly installed president of that organization, Kenneth G. Mehrle, Cape Girardeau, Missouri, who talked about NARD and what his plans for the coming year included.

Saturday morning, at the Institute of Pharmacy, a continental breakfast was served and Peter S. Howsam, Vice President, Marketing, Burroughs Wellcome Company, delivered a slide and talk presentation on "How to Motivate People." An unusual aspect of the presentation were the intriguing slides prepared by the artists at B. W. Co., who had no guidance on the slides other than the declarative statements in the talk.

A barbeque buffet was served on the front porch and the entire party then attended the football game between UNC and Miami of Ohio. The weather was perfect, the stands were full, and the UNC football team played the perfect host, allowing the visitors to win; this was the only disappointment during the weekend activities. Many of those spending the evening in Chapel Hill had a pleasant evening of dining and dancing Saturday night at the Governor's Inn.

Pharmacy, football and fellowship—this combination once again proved to be a success, offering excellent programs, an opportunity to renew friendships, and a Saturday afternoon of football in the pleasant Chapel Hill setting.



Left to right: Herman W. Lynch, Dunn; Rheta Skolaut, Chapel Hill; Kenneth G. Mehrle, Cape Girardeau, Missouri; and Jesse Pike, Concord.



Woman's Auxiliary scholarship recipients with President Rheta Skolaut at the Pharmacy Seminar and Football Weekend held at the Institute of Pharmacy on October 6th and 7th. Left to right: Kim Hartgrove, King, N. C.; Brenda Montjoy, Robbins, NC; Mrs. Skolaut; Toul Panagiotopoulou, Durham, NC and Denise Stocks, Washington, NC. Photo by Colorcraft



Barbeque buffet on a beautiful Saturday afternoon during Pharmacy Seminar and Football Weekend in Chapel Hill. Photo by Colorcraft

EDS FEDERAL CORPORATION OPEN HOUSE

EDS Federal Corporation is hosting an Open House on Wednesday, December 13, 1978, from 1 p.m. to 5 p.m., for all Medicaid providers, to view the EDSF facilities and claims processing methods.

The State of North Carolina has just issued a request for bids for a new four year contract for the Medicaid program which will include pharmacy claims processing. The pharmacy program has been a separate contract for many years, but on recommendation by an independent advisory company, all Medicaid claims will be processed by a single agent. The awarding of the contract is expected in early 1979.

All pharmacists are invited to the open house to exchange ideas on possible improvements in the submission and reimbursement of claims. EDSF will have a presentation for all provider categories, of recent developments in claims submission and processing, and will provide refreshments and a tour of the facilities. The EDSF office is located at 905 Waters Edge Drive in Raleigh.

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Greenville, NC 27834
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Mt. Olive, NC 28365
Mr. William Bruce Carlton, Jr., Ph-Mgr.

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Mr. Edward L. Lowdermilk, Ph-Mgr.

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Red Springs, NC 28377
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Mr. Gerald T. Davis, Ph-Mgr.

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Wilmington, NC 28406
Mr. William J. White, Ph-Mgr.

Family Medicine
Clinic-Harkers Island
Harkers Island, NC 28531
Mr. C. M. McGee, Ph-Mgr.

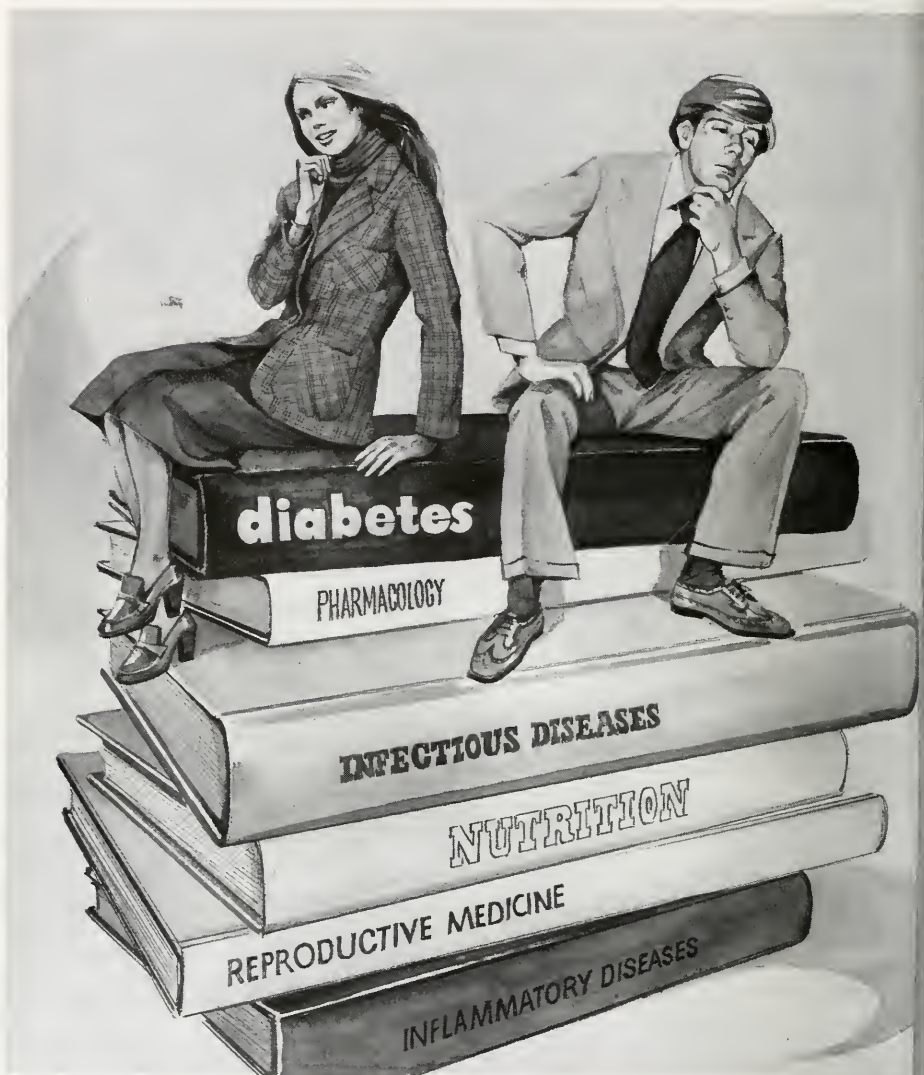
Walker's Randolph Medical Center Pharmacy
1928 Randolph Road
Charlotte, NC 28207
Mr. Herbert Q. Gladden, Ph-Mgr.

The Medicine Shoppe
Baldwin Woods
Whiteville, NC 28472
Mr. Nicholas R. Gross, Jr., Ph-Mgr.

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Eckerd Drugs
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Winston-Salem, NC 27107
William Durbin Day—West Virginia
Moses Cone Memorial Hospital
1200 N. Elm St.
Greensboro, N. C. 27420
Lucy Zahran Rhode—Maryland
Veteran's Administration Hospital
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(Continued on Page 11)



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NORTH CAROLINA PHARMACY FOUNDATION
A COMMITMENT TO EXCELLENCE
A REPORT

This is an attempt at NCPRF update on its activities and needs.

Did you know that your school has one of the worst student/faculty ratios of any School in the country and that its appropriations per student is also one of the lowest—even in comparison with the Schools in the Southeast? As we begin the uphill battle of gaining some degree of parity you should know that state legislatures are not very prone to find anything but a "bare bones" budget.

The funds the Foundation generates allows the School to reach out for excellence in arenas where it is not totally possible with state funds. Your support as well as your personal commitment to excellence for your school and for North Carolina pharmacy is requested.

Ten activities which the Foundation has supported are listed below:

1. Task Force on Health Planning and Pharmacy Practice. The report of this Task Force was presented to Governor Hunt in ceremonies conducted in Raleigh on September 6, 1978. It is the first such Task Force in any state.
2. Undergraduate Student Loan Fund, the largest single expenditure to match Federal funds.
3. SHAC (Student Health Action Committee). Upper class student volunteers, under direction of a volunteer R.Ph. faculty, to deliver pharmacy services to the needy. The activity is coordinated with students in the Schools of Medicine and Dentistry.
4. Student participation in national and regional meetings. (SAPhA, AACP, etc.)
5. Distinguished lecturers.
6. Division library purchases.
7. Graduate teaching assistantships to support course load.
8. School of Pharmacy Faculty Conference. (The latest, held in Hillsborough, to review the self-evaluation report for national accreditation by the American Council on Pharmaceutical Education Accreditation, necessary for graduate's

eligibility for the Licensing Board examination.)

9. Pharmacy Continuing Education.
10. Faculty development.

For any contribution over \$25.00, a beautiful pin (lapel or stick) in the shape of the state of North Carolina (Carolina blue) with a mortar and pestle inset (white) will be sent to you. These will be forwarded sometime after 1 January 1979. Wear it as a sign of your *Commitment to Excellence*.

The battle cry is "Commitment to Excellence." Join the Mortar and Pestle Club and become a part of our efforts!

Sincerely,
 Ralph P. Rogers, Jr.
 President

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 1200 N. Elm St.
 Greensboro, NC 27420

Russell G. Stevenson, Jr.—West Virginia
 The Evergreens
 4007 Wendover
 Greensboro, NC 27405

Gary C. Lott—Mississippi
 Washington County Hospital
 Plymouth, NC 27962

Katherin Metts Lott—Mississippi
 Pungo District Hospital
 Belhaven, N. C. 27810

Dorothy Merel Proffitt—Georgia
 Day's Drug Co., Inc.
 309 Oak Ave.
 Spruce Pine, NC 28777

Robert G. Proffitt—Georgia
 Hospital Pharmacy
 Spruce Pine, NC 28777

Joan J. Rainsford—Pennsylvania
 Kroger Sav-On
 101 Eastway
 Charlotte, NC 28213

MINUTES

NORTH CAROLINA PHARMACEUTICAL RESEARCH FOUNDATION, INC.

Thirty-second Annual Meeting of the Board of Directors

Wednesday, September 6, 1978

Chapel Hill, N. C.

Attending: R. H. Ashworth, C. F. Baker, C. D. Blanton, E. A. Brecht, B. C. Brooks, D. D. Claytor, J. L. Creech, J. V. Day, S. T. Forrest, W. A. Gilliam, S. J. Hackney, J. C. Hood, Jr., W. R. Inman, B. D. Kerr, H. W. Lynch, A. H. Mebane, T. S. Miya, H. A. Moose, R. P. Rogers, Jr., R. H. Sloop, W. J. Smith, J. E. Upchurch, Jr., L. M. Whaley, C. M. Whitehead.

Fiscal agents, N. Verano accompanied by D. Toney and C. Knight (North Carolina National Bank, Central Carolina Bank), were present to give their respective reports.

The meeting was called to order by President Blanton at 9:40 a.m., Beard Hall, Room 102. Spirited, succinct reports to the Board were made by the Division Heads, Associate Dean Werley and AHEC & CE Director C. U. Paoloni, as well as remarks from Dean Miya. Written reports were presented to each member present.

Generally, with some notable deficiencies in the budget and faculty recruitment difficulties, the School continues to make improvements on a variety of fronts. Significant is the on-going work of the Division of Pharmacy Administration headed by Dr. J. Gagnon.

Because of the afternoon schedule, portions of the Business Meeting were completed prior to lunch. President Blanton called the Business Session to order at 11:00 a.m. 1) He recognized the new directors and the directors elect. The new directors are: E. A. Brecht, D. R. Davis, Jr., H. V. Day, W. A. Gilliam, J. E. Mills and F. F. Yarborough. The directors elect are: R. H. Ashworth, J. L. Creech, H. W. Lynch, R. P. Rogers, Jr., J. E. Upchurch, Jr., and C. M. Whitehead.

2) The minutes of the 27 September 1977 Board Meeting were approved as previously distributed.

3) Secretary's Report and Budget Presentation were made by Dean Miya.

The fund drive for 1977-78 was a dismal failure with only 249 individual contributors, the lowest number in the last ten years. Corporate contributions were also down from past years. It is obvious that although some new techniques (contribution categories) were implemented, the lack of contact, both by mail and personal, made a significant difference. Renewed efforts are planned for the next fund drive.

The 1977-78 expenditures of \$36,600 was 30% less than the budgeted amount of \$52,150. This occurred because of several reasons, including overbudgeting for matching funds for student scholarships and loans, Health Planning Task Force expenditures offset by a participating organization and above all, some minor relief from state funds.

The support of the Health Planning Task Force by NCPRF, is the first venture of the Foundation into areas which benefits *generic pharmacy* in North Carolina. The report, hopefully, will have a positive impact on the practice of pharmacy.

The 1978-79 Budget was approved as presented for a total of \$40,000.

NOON BREAK

Lunch was served in the Carolina Room at the Carolina Inn for Board members and their spouses. Also attending were Charles Shaffer of the University Development Office, representing the University and James Utt, Pharmacy Practice graduate student and staff for the Health Planning Task Force.

The Board of Directors meeting was reconvened at the Institute of Pharmacy at 1:30 p.m.

North Carolina National Bank and Central Carolina Bank (Fiscal agents) representative Mr. N. Verano accompanied by Don Toney and Mr. C. Knight, respectively presented the reports. A discussion of the performance of the investments followed.

Mr. Inman presented the auditor's report and accented the fiscal agents' report on the performance. Discussion regarding the "conditions" of the loan to the Kappa Psi fraternity (\$10,000) which currently draws no interest was discussed. Mr. Inman was charged with ferreting out the "conditions" which may now have been met so that the Fraternity could begin to meet their obligations. The total assets of the Foundation on 30 June 1978 was \$514,54

NORTH CAROLINA PHARMACEUTICAL RESEARCH FOUNDATION, INC. MINUTES

compared to \$525,872 on 30 June 1977.

The *Investment Committee*, chaired by R. P. Rogers made its reports and recommendations which were approved by the Board of Directors. Their report and recommendations are attached. The recommendations were approved.

In summary, the financial condition of the Foundation is perceived to be deteriorating and a concerted effort is being made to correct it.

NOMINATING COMMITTEE REPORT

Mr. Wade A. Gilliam reported for the nominating committee (S. Forrest, R. H. Sloop and W. A. Gilliam).

President—Ralph P. Rogers, Jr.

Vice President—E. A. Brecht

Secretary—T. S. Miya

Executive Committee:

S. T. Forrest

B. D. Kerr

H. Moose

M. M. Edmonds

J. L. Creech

Executive Committee ex officio:

C. D. Blanton

E. A. Brecht

W. A. Gilliam

R. B. Hall

R. P. Rogers

T. S. Miya

A. H. Mebane and W. J. Smith

F. J. Andrews

W. Gurley

The slate was unanimously approved by the Board of Directors.

Mr. Gilliam thanked President C. Blanton for his unselfish service to the Foundation. Mr. Blanton received a standing ovation tribute from the Board of Directors.

Being no further business, the meeting was adjourned at 2:55 p.m. for photographs and the trek to Raleigh to the unveiling of the Task Force Report.

Tom S. Miya
Secretary

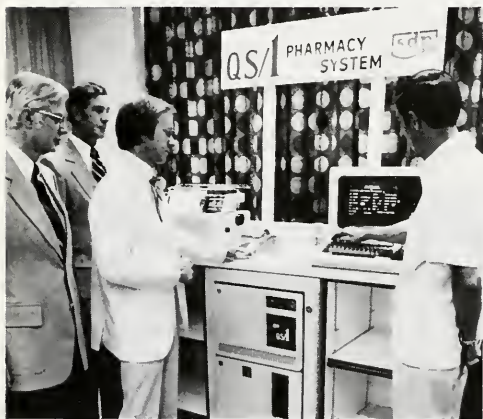


North Carolina Pharmaceutical Research Foundation Board of Directors: First Row left to right: Harold Day, Roger Sloop, Cade Brooks, Ralph Rogers, Charlie Blanton, Julian Pugh, John Hood; Second Row: David Clayton, Tom Miya, Milton Whaley, Wade Gilliam, Lea Baker, Herman Lynch, Ralph Ashworth, and Banks Kerr; Third Row: Hoy Moose, C. M. Whitehead, Steve Forrest, James Creech, Sara Hackney and Ed Brecht.

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PHARMACIST-SCOUTMASTER TOURS GREAT BRITAIN AND ISRAEL

George Williams, pharmacist and Scoutmaster in Greenville, and two other Eagle Scouts from his troop, spent several weeks this past summer backpacking in Israel, and England, with brief trips to Scotland and Ireland. Mr. Williams, who does relief work in eastern North Carolina, has for several summers, led groups of scouts, who must be Eagle Scouts and members of the Order of the Arrow, on tours of Europe and the Middle East. This year, the group visited Israel and the British Isles. The following is from George Williams' account of the tour:

"On our arrival at Tel Aviv's Ben Gourien Airport, two Israeli Boy Scouts took us by bus to Yarqon River Youth Hostel for our first night.

Israel, a tiny nation, is at one point only ten miles wide, and in quick succession we saw and explored ancient and modern places of interest—Caesarea, King Herod's city: Haifa, the largest seaport: Acre, the ancient Crusader city, captured by the Crusaders in 104.

The next day we visited Nazareth, passing through areas populated largely by Arabs. The "Good Fence" at Metulla allows sick and wounded Lebanese Christians to get medical aid from Israelis.

In the Golan Heights area, ruins from the battles of 1967 are evident in gutted buildings and vehicles.

In Jerusalem, the three of us spent considerable time visiting ancient, holy sites—the Church of the Nativity, where priests burned incense, the Via Dolorosa, Golgotha, the Holy Sepulchre, Dome of the Rock, and the Mount of Olives.

Following our days in the holy city, we turned south, passing through the Negev region and the city of Beersheba on our way to the northern tip of the Gulf of Aquaba. Here, two sister port cities are located—the Israeli city of Eilat and Jordan's port, Aquaba.

Aquaba interested me personally, as it is the city taken from behind by the fabled Lawrence of Arabia and his Bedouins when Turkish forces held it in 1917.

On our return trip north, we visited Masada, the ancient Jewish fortress where Jewish defenders committed suicide en masse rather than surrender to the Romans; and sat (you can't swim) in the salty waters of the Dead Sea.

Our final sightseeing jaunts were in the West Bank, the Dead Sea Scroll site of Qumran and the city of Jericho.

In England:

(Continued on Page 16)



Left to right: George Williams, RPH; Israeli soldier with M-16 rifle; Michael Crane; Larry Ordeaux. Picture taken adjacent to the "Western" or "Wailing" wall. Photo by Paul Gin-off

PHARMACIST-SCOUTMASTER

London impressed us most in two ways—the density of the population, and the massiveness of buildings.

Once settled in, we soon discovered that the shops, theaters, restaurants, winding streets, and museums make London a fine place for entertainment and excitement.

Going southward, we rode to Salisbury, then camped on the Old Sarnum Campground. We found the ancient stones at Stonehenge and the vastness of the Salisbury Plains both impressive.

At Gilwell Park, headquarters of scouting in England, we camped, saw the Scout Museum and met Scouts from many nations.

Our southern tour completed, we headed north for Edinburgh, home of a large medical center and home town of Robert Louis Stevenson, Robert Browning, and Sir Walter Scott.

North of Edinburgh, we spent an afternoon at the Scottish Boy Scout Jamboree at Blair Atholl, and from there went to Inverness.

Liverpool, home of the Beatles and spawning ground for Punk Rock, was fun with its punk-mania and strange poetry—which we took with a grain of salt.

With time growing short, we made a few more rounds of interesting sights, took in three plays—"A Chorus Line," "Annie" and "Oliver," then reported into "Lakerville."

"Lakerville" was the temporary shantytown set up on streets near Victoria Station—where thousands of American students waited for stand-by flights. The London press termed it the "Slickest evacuation since Dunkirk."

Eventually, our turn came to be evacuated, and tired and happy, we headed back home to Greenville."

OBJECTIVE:

1. To show that young men with the basic skills of survival learned through Scouting can, with good leadership and discipline, be moved over thousands of miles through foreign countries with no harm and much learning.

2. To enhance the image of Scouting in the Greenville area and elsewhere by bringing Scouting "out of the woods" and letting Scouts face modern problems of transportation and language in addition to those strictly Scout skills of camping and hiking.

3. To show parents and Scouts that physical and mental limitations are imaginary in many cases.

4. To teach the value of planning.

5. To teach the problem of making unsupported assumptions.

REQUIREMENTS:

1. Be an Eagle Scout

2. Be a member of the Order of the Arrow

3. Have a talent, e.g. administrative, photographic, good in sports, academic

4. Be able to pay own way, with money to spare in case of trouble

5. Parents must be fully committed

6. Good physical shape

7. Prefer 15 or 16 years of age

TRAINING:

1. Scouts must camp together five nights before leaving

2. Must be able to jog four miles in 90 degree weather without rucksack (approx. 30 lbs)

3. Must be able to jog one mile with rucksack

4. Must be able to think clearly under stress

5. Must obey the leader and be able to work with the group

"Service in Wholesale Quantities"



ROSEBORO PHARMACY CELEBRATES 70TH ANNIVERSARY

Celebrating its 70th anniversary the week of October 2nd was Tart and West Druggists in Roseboro, the oldest pharmacy in Sampson County.

The business is now in its fourth generation, with Thomas L. West having joined the firm in 1975 to follow in the footsteps of his father, W. Artemus West, his grandfather, W. Latham West, and his great-great uncle the late D. W. Tart, who founded the business in 1908.

D. W. Tart came to Roseboro in the winter of 1908 and opened the drug store after graduating from the University of North Carolina and serving an internship at a Dunn store.

W. L. West came into the business in 1925 following his graduation from the School of Pharmacy at Chapel Hill and remained with the company until his retirement a few years ago. He was active in the North Carolina Pharmaceutical Association, having served as president in 1956 and in 1959 was named "Pharmacist-of-the-Year" by the association. Following his retirement, W. Artemus West joined his father and uncle in the operation of the drug store and his son, Thomas, came into the firm in 1975 after he, too, had completed the pharmacy school like his father, grandfather and great uncle had done before him.

Also a member of the firm now is Matilda West, sister of W. Artemus West and a former teacher at Hobbton and Lakewood High Schools.

The store was doubled in size last year when an adjoining building was purchased

and a wall removed and a gift department was added. The store was completely remodeled both inside and out and is a modern and up to date drug store.

MENTAL HEALTH STAFF PHARMACISTS MEET

The staff pharmacists of the Division of Mental Health & Mental Retardation Services met at the Institute of Pharmacy on Sept. 12, 1978. The meeting began by a participant from each institution presenting a brief description of their institution and their pharmacy operations.

The following topics composed the agenda for the meeting: continuing education for mental health & mental retardation pharmacists, clinical services currently being offered by each pharmacy department, legal considerations of dispensing in an institutional setting, and a general idea sharing session.

Those institutions represented and their participants were: Western Carolina Center (Morganton)—Susan G. Lail and Frank J. Grill; John Umstead Hospital (Butner)—Karen Jordan; O'Berry Center (Goldsboro)—Jake Aycock and Ed Weeks; Broughton Hospital (Morganton)—Robert Lowe; Caswell Center (Kinston)—Melvin Lassiter, Jr.; Dorothea Dix Hospital (Raleigh)—John H. Myhre and Kathryn Edwards, and Murdock Center (Butner)—Curtis Crofts and John D. Badgett. Also present was Robert J. Allen (Raleigh)—Chief of Pharmacy Services, Division of Mental Health & Mental Retardation Services.

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Vice-President

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WOMAN'S AUXILIARY NEWS

CHARLOTTE

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, October 10, 1978 at the YWCA. The President, Mrs. Douglas Corwin presided and twenty-four members attended. Reverend Gordon Weekly who is currently Executive Director of Christian Rehabilitation was the guest speaker. Plans were made for the November Annual Bazaar to help with our scholarship fund. Ornamental gourds, leaves and flowers in fall colors were used as table decorations.

Mrs. Thomas H. Williams
Corresponding Secretary

RALEIGH

The Raleigh Woman's Pharmaceutical Auxiliary started the year off with a dinner meeting at the Ramada Inn. Prospective members were invited as our guests. Potted plants and beautiful dried flower arrangements were given as door prizes. Much time was spent studying, revising and updating our by-laws.

Our October meeting was held at the Carolina Country Club following a delicious luncheon. Kenneth Flynt, Economic Advisor to the Government Health Administration, spoke to us on "Where Our Taxes are Going." The subjects of Proposition 13 and welfare were included in the discussion.

Two of our fund raising projects this year are selling knives and pocket calendars.

Members of our auxiliary served refreshments at the Pharmacy Seminar and Football Weekend held in Chapel Hill on October 6 and 7 at the Institute of Pharmacy.

Mrs. L. E. Coats
Reporter-Historian

MARRIAGES

Miss *Angela Lynne Gray* and Andrew Kowalski, Captain USMC, were united in marriage on September 2 at the Fellowship Chapel at Cherry Point.

The bride is a graduate of the University of North Carolina School of Pharmacy and is employed as a pharmacist in Morehead City. The groom attended Western Illinois University where he received a Bachelor of Science degree in Criminal Law and is presently stationed at Cherry Point.

Miss *Sondra Louise Chambers* of Mount Airy and *Thomas Philip Shoffner* of Edenton were married Saturday, September 30th in the First Baptist Church of High Point.

The bride received a degree in music from the University of North Carolina at Greensboro and is an organist and music director at Central United Methodist Church in Mount Airy. The bridegroom is a graduate of the School of Pharmacy, University of North Carolina at Chapel Hill and is director of pharmacy at Chowan County Hospital in Edenton. The couple will reside at 103 Cypress Drive, Edenton.

Miss *Loretta Diane Roberson* and *Dann Wade Creech* exchanged wedding vows October 15th at New Jerusalem Free Will Baptist Church in Kenly.

The bride completed the laboratory technician program at Wake Technical Institute and is a laboratory technician at the Wilson Clinic in Wilson. The groom is a graduate of the University of North Carolina at Chapel Hill School of Pharmacy and is employed by Vinson's Pharmacy in Zebulon. The couple will make their home in Kenly.

TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program

I. Kayexalate (sodium polystyrene sulfonate), an ion exchange resin, is administered orally or rectally to lower serum potassium in hyperkalemic patients. It is normally supplied as a 20% solution and theoretically removes 1 meq. of K⁺ per gram.

The number of milligrams of K⁺ that will be theoretically removed from a patient by administering a 120 ml dose of the Kayexalate solution is approximately:

1. 9 mg.
2. 615 mg.
3. 936 mg.
4. 1788 mg.
5. > 1800 mg.

II. Thiazide diuretics cause K⁺ loss from the extracellular fluids of the body. When combined with digitalis preparations, thiazide diuretics can cause digitalis cardiotoxicity. What type of long term diuretic would you use in these patients?

- | | |
|-------------------------|----------------------------------|
| 1. Mercaptomerin sodium | (Thiomerin Sodium [®]) |
| 2. Triamterene | (Dyrenium [®]) |
| 3. Ethacrynic acid | (Edecrin [®]) |
| 4. Chlorthalidone | (Hygroton [®]) |
| 5. Furosemide | (Lasix [®]) |

III. Which of the following agents has hypoglycemic activity with tolbutamide?

1. Alcohol
2. Imipramine (Tofranil[®])
3. Meprobamate (Equanil[®])
4. Cholestyramine (Questran[®])
5. Cephalosporins (Keflex[®])

IV. A licensed pharmacist intern can practice by himself without supervision for:

1. Five hours a week, intermittently or consecutively.
2. Ten hours a week, intermittently or consecutively.
3. Ten hours a week but no more than five hours consecutively.
4. Forty hours a week but only for no more than two weeks a year.
5. No time.

V. Which of the following products should you recommend for an infant who has had diarrhea for about two days?

1. Donnagel[®]
2. Kaopectate[®]
3. Parapectolin[®]
4. Kaopectate Concentrate[®]
5. None of the above

YOUR HELP NEEDED

A pharmacist from the State of Washington urgently needs a supply of *Xanthinix* (Cole Co., St. Louis, Missouri). A call to the company indicates that it has been withdrawn from distribution. This medication is needed for use by a young pharmacist who was injured in an automobile accident which rendered him a quadriplegic. Anyone with a supply of *Xanthinix* should contact Marvin R. Gibson, PhD., Professor of Pharmacognosy, Washington State University College of Pharmacy, Pullman, Washington 99163.



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mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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REPORT

**COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**

**GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA
APRIL 16-17-18, 1978**

MEMBERS

Ernest J. Rabil, Chairman, Bobbitt's College
Phcy., Hawthorne at Lockland, Winston-
Salem 27103

Roger M. Crane, 5309 Old Force Circle,
Raleigh 27609

W. Keith Elmore, Box 997, Burgaw 28425

Frank P. Purdy, 200 W. Poppy Street, Dunn
28334

Ed Vaughn, 103 Roundtree Road, Chapel Hill
27514

CONSULTANT: Joe E. Miller, P. O. Box 151,
Boone 28607

Subjects for discussion and action:

1. Liability policies of Pharmaceutical
Manufacturers
2. Survival of the Independent Pharmacy
in the face of chain competition
3. Fee Increase on Third Party Pay Pre-
scriptions
4. Continuing Education—Voluntary or
Mandatory
5. Patient Profiles
6. Identification of the actual manufac-
turer of a drug

Chairman Rabil called the meeting to order and opened the discussion by bringing up several areas for the committee to deliberate and act upon.

The first topic of discussion was the *Liability Policies of the Pharmaceutical Manufacturers*. With the trends and the demands by the government going towards the use and substitution of generic drugs for trade name drugs, the question arises—Who is to be liable for these substitutions? There was much discussion on this issue. It was pointed out that many malpractice suits are popping up all over the country. The committee feels very strongly about pharmacists using drugs by manufacturers who will help defend them, if need be, in malpractice suits.

The results of the discussion led the committee to recommend the Association compile a list of all manufacturers that sell drugs in North Carolina with the terms of their liability policies. This list is to be made available through the Carolina Journal of Pharmacy or

the Tar Heel Digest.

The second topic of discussion was *What can the Independent Pharmacist do to survive in the face of competition?* It was noted that independent pharmacies are on the decline and the chains are on the increase. Chains showed a larger percentage of new prescription business in 1977 than independent pharmacies. In order to compete, the pharmacist must convince his patrons that they can receive all of the services they need at a fair price and that they cannot get these services anywhere else. These services could consist of patient profiles, charge accounts, tax and insurance information, consultation about the drugs they are taking, explanation of OTC drugs, etc. Ernest Rabil reported that after reading the Califano report suggesting that we keep our sick at home rather than send them to a hos-

(Continued on Page 23)

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COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS

pital or nursing home where costs are spiraling upward everyday, he was offering a new service call "Home Health Care." A registered nurse was hired to help patients and their families set up a sick room at home and instruct patients or family members as to the importance of complying with the drug regimen prescribed for them and the use of supplies and equipment that will be needed by the patient at home. Another idea to increase business is to seek out nursing home business. This would add much volume and meaning to you as a professional. These two subjects will be a part of the program at the Annual Convention in Asheville.

The third subject discussed was about the *Fee Increase on Third Party Prescriptions*. It was pointed out that many companies have come into North Carolina and said, "this is the fee we are going to pay." No one had any knowledge of any bargaining going on to set this fee. With the FTC rules making it difficult to do collective bargaining, we are going to have to get out and do our bargaining on a one to one basis.

Dr. Jean Gagnon was invited to this meeting to give us a report on his new survey, "What it cost to dispense a prescription in North Carolina." Dr. Gagnon said that the final tabulation would not be available until early June. He said this survey would give us the needed information to go out and bargain for an increase in fee. With the economy on the rise, we cannot continue to fill prescriptions for a fee that does not cover our overhead.

Continuing Education was discussed. This committee, realizing that this study comes under another committee, recommended the Association make another survey to determine if Continuing Education should be made mandatory or voluntary. Here again, it was pointed out that all pharmacists have some type of C. E. available to them through journals or area meetings.

Should *Patient Profiles* be mandatory? The committee feels that patient profiles are a valuable and necessary tool in providing good pharmaceutical services, but the opinion was that they not be mandated at this time. However, we must remember that most consumers assume that all pharmacies keep these records. Upon completion of Dr. Gagnon's survey, a more exact figure of what percentage of pharmacies keep patient profiles will be

available.

The last subject discussed was "Should the actual manufacturer of a drug be identified on the label?" Most pharmacists know that many pharmaceuticals are manufactured by one company and distributed under the labels of many different distributors. The committee felt that this information would be helpful to the pharmacist. W. J. Smith pointed out that several years ago the Pharmaceutical Manufacturers Association asked the states not to pursue state laws that would require this—rather they wanted to do it on a national level. The PMA seems to have dropped the ball. The committee instructed W. J. Smith to contact the PMA and strongly recommend that they push for Federal legislation to be enacted which would require the name of the manufacturer and place of manufacture on the label of every drug. The committee would be in favor of a N. C. law requiring such labeling, if the PMA is not interested or is not successful in having such a law enacted.

HEXACHLOROPHENE LINKED TO BIRTH DEFECTS

Pregnant nurses who washed their hands 10 to 70 times daily with soap containing hexachlorophene had children with an incidence of severe birth defects 50 times greater than normal.

This finding was a result of a study of 693 nurses who had worked in the geriatric wards of six hospitals in Sweden. The study was reported at the International Conference on Health Effects of Halogenated Aromatic Hydrocarbons, sponsored by the New York Academy of Sciences.

Among 460 children born to nurses who had been using soap containing one to three percent hexachlorophene, 25 had severe congenital defects, including heart and lung malformations, cleft lips and palates, central nervous system disorders, and a missing hand. Another three had Down's syndrome and 46 more had minor deformities, such as slight heart problems and foot deformities.

In a matched control group, no children had severe defects, although there were eight minor ones. The normal incidence of severe defects is in the range of one per 1,000 births.

Although hexachlorophene is no longer used in over-the-counter health care products, it continues to be used by surgical staffs in many U. S. hospitals because of its antibacterial properties.

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SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

Script

DEAN'S MESSAGE

Henry David Thoreau once wrote, "... when I hear a grown man or woman say, 'Once I had faith in men, now I have not,' I am inclined to ask, 'Who are you whom the world has disappointed? Have you not rather disappointed the world?'" Dr. Vannevar Bush in "Science Is Not Enough" writes, "For if we fail to struggle and fail to think beyond our petty lot, we accept a sordid role." Yet another author wrote what is now a cliché, "If you're not a part of the solution, you're part of the problem."

For fear of repercussions from identifying specific groups or individuals in pharmacy, I will write in generic terms. (When have I been reticent to be outspoken?) Pharmacy does have a problem, a problem which permeates all segments of our society—a problem that is not uniquely that of our profession. The problem, as I am able to define it, is the "Let George do it and complain when you don't like what George did" syndrome combined with a fierce "natural instinct" of the protection of individual or group "turf." The beginning paragraph contains some remarkable "truths" that have been written by sage men. Won't you read them over again and see if you "fit"?

WITH THE DEAN

Dean Tom S. Miya was in New Orleans on September 28, 29, for a program planning meeting for the Society of Toxicology. He is president-elect and program chairman for the Society.

The American Association of Colleges of Pharmacy's Argus Commission met in Minneapolis on October 3, to discuss plans for matters concerning the future of pharmacy education. The Argus Commission is made up of Dean Miya and the other four recent past-presidents of AACP.

PRE-PHARMACY RECEPTION AND SEMINAR

On Thursday night, October 19, the UNC Counseling Service, the Student Branches of the American Pharmaceutical Association, and the UNC School of Pharmacy sponsored a reception and seminar for pre-pharmacy students. The reception began at 7:00 p.m. in the lobby of the School of Pharmacy. Approximately seventy-five pre-pharmacy students, current pharmacy students, and faculty members attended.

All four panelists for the seminar were pharmacists coming from a variety of practices in the area. Martha Peck, from the Medical Research Division of Burroughs Wellcome Company, introduced the students to the concept of industrial pharmacy, including clinical drug trials, and marketing. Joseph Edwards, a community pharmacist from Revco in Raleigh, invited the students to "get to know a pharmacist." With daily interaction with

patients, their physicians, and drug monitoring, "the pharmacist is directly involved in making the patient well." Pam Joyner, pharmacist at Wake AHEC, presented the opportunities available in AHEC to coordinate continuing education programs in a multi-county region. Consultation and interaction with all health science disciplines in the community are very rewarding experiences in AHEC service. Ralph Raasch defined the idea of clinical pharmacy, which involves taking drug therapy to the patient either at the bedside in the hospital or in consultation with the patients in a community setting. This brings the pharmacist closer to the patient in looking out for drug-drug interactions, drug-food interactions, adverse drug effects, and appropriate drug dosing regimens for the individual patient. All four panelists encouraged pre-pharmacy students to take any summer or part-time positions they can find enabling them to learn more about the practice of pharmacy.

ACADEMY FELLOW

Dr. Kuo-Hsiung Lee, of the Division of Medicinal Chemistry, UNC-Chapel Hill, School of Pharmacy has recently been named a Fellow of the Academy of Pharmaceutical Sciences in recognition of his research in natural products chemistry. The Academy of Pharmaceutical Sciences is the scientific arm of the American Pharmaceutical Association and serves as a science resource for APhA opinion about drug legislation and other matters of national pharmaceutical concern.

According to the By-Laws of the Academy, Fellows are defined as "members of unusually high distinction" through their scientific accomplishments. Election as a Fellow is a life membership, and Dr. Lee is now one of only about 25 Fellows who have been so honored in medicinal chemistry.

The process for election to the Academy of Pharmaceutical Sciences is highly selective. The individual must be nominated by an Academy member; must be approved by a two-thirds vote of the Academy's Fellows Committee; and must subsequently be approved by a majority vote of the Academy's Executive Committee.

Dr. Lee, who has authored or co-authored approximately 100 original research articles, is one of only nine scientists chosen as an Academy Fellow this year. He will be officially awarded a certificate for this honor at the national meeting of the Academy of Pharmaceutical Sciences to be held in Hollywood, Florida on November 15.

Dr. Lee, who joined the faculty of the UNC-Chapel Hill School of Pharmacy in 1970, received a B.S. in Pharmacy from Kaohsiung Medical College (Taiwan); an M.S. in Pharmaceutical Chemistry from Kyoto University (Japan); and a Ph.D. in Medicinal Chemistry from the University of Minnesota (Minneapolis).

WITH THE FACULTY

Dr. Jean Paul Gagnon, Associate Professor in Pharmacy Administration, was in Philadelphia on Sunday, October 8th to present a talk on cost analysis at the Pharmacy Management Symposium sponsored by the Philadelphia College of Pharmacy and Science (with an educational grant from McNeil Laboratories). Dr. Gagnon also discussed, "What the Consumer Wants from Pharmacy" on Wednesday, October 18th at the Symposium on *Communicating with your Patients* held in Columbia, South Carolina. The sym-



Dr. Kuo-Hsiung Lee

posium was sponsored by the South Carolina Pharmaceutical Association and the University of South Carolina College of Pharmacy.

Drs. Iris H. Hall and K. H. Lee of the Division of Medicinal Chemistry have recently published three research papers in the *Journal of Pharmaceutical Sciences* regarding their continuing work in isolation of active anticancer agents from plants commonly found in the Orient. The research is supported by grants from the American Cancer Society and the National Cancer Institute.

Dr. Claude Piantadosi, Professor in the Division of Medicinal Chemistry, attended the Annual Regional Lipid Conference held at Long Beach, North Carolina on September 27-29, 1978.

Margaret C. Gebhardt, Pharmacist of Greensboro-AHEC and Clinical Assistant Professor, Division of Pharmacy Practice has been appointed as a member of the Specialty Council on Nuclear Pharmacy. The Specialty Council results from the designation of nuclear pharmacy as a specialty by the APhA Board of Pharmaceutical specialties.

Stephen M. Caiola, Associate Professor, Division of Pharmacy Practice, is offering a new course this semester entitled, "Ambulatory Care" (Pharmacy Practice 91). The course is oriented toward developing proficiency in ambulatory clinical pharmacy practice through both discussion sessions and laboratory experience in specific ambulatory patient care environments.

MEDICAL DIRECTOR PRAISES PHARMACY

The following letter is self-explanatory. Steven Porter referred to in the letter is Dr. R. Stephen Porter of the Division of Pharmacy Practice, School of Pharmacy.

Mr. Bruce R. Canaday
Pharmacy Coordinator
Wilmington AHEC
2131 South 17th Street
Wilmington, N. C. 28401

Dear Bruce:

Thank you very much for allowing me to observe first-hand your interaction with the Wilmington AHEC medical residents and students. To have had Steven Porter from the N. C. Memorial Hospital on rounds with us was a fortunate coincidence and I am indebted to you both for your information and candor. I was greatly impressed by your wealth of pharmaceutical knowledge and its immensely adaptable clinical application and by the complete absence of competition with the physicians. The symbiosis was overwhelmingly obvious.

I have been made aware of your duties as preceptor and monitor for pharmaceutical students on out rotations in the Wilmington area but I had not recognized your role as a resource for Nursing and Allied Health continuing education functions. I also had failed to recognize your role as a non-competitive source of information for the area retail pharmacists. Finally, I observed that you fulfilled all of these roles in a pleasant, affable, creative way and that you were quite satisfied with the entire situation.

Thanks again and by copy of this letter I will express appreciation to Dewey Lovelace and Dr. Werk for allowing me in their shop and to Claude Paoloni for his insistence on my visit. Mr. Paoloni now needs to clone a Bruce Canaday for the Fayetteville AHEC.

Warm regards.

Sincerely yours,
Harold L. Godwin, M.D.
Medical Director, Duke-FAHEC

WITH THE FACULTY

Fred M. Eckel, Professor and Chairman of the Division of Pharmacy Practice has been appointed to the APhA Policy Committee on Professional Affairs. He will serve a one-year term on this committee.

Dr. R. Stephen Porter, Pharm.D., Assistant Professor, Division of Pharmacy Practice, presented a seminar entitled, "Update on New

Drugs," at the Wake-AHEC on September 19, 1978. Dr. Porter discussed approved and non-approved indications for cimetidine, beclomethasone, disopyramide phosphate, prazosin, and pneumococcal vaccine. He also discussed adverse reactions, side effects, and how to evaluate new drugs in relation to old therapy.

Charles C. Pulliam, M.S., Lecturer in the Division of Pharmacy Practice has been appointed to the Education Committee of the American College of Clinical Pharmacology.

DRUG INFORMATION REPORTS

New Requirements for Ipecac Syrup David Rudd

Thirty milliliter bottles of ipecac syrup will soon be subject to new labeling requirements mandated by the FDA. The proposed changes have resulted from the report and recommendations of the OTC Laxative, Antidiarrheal, Emetic, and Antiemetic Panel. A tentative final order regarding the new requirements was recently issued in the Federal Register.

Ipecac Syrup is the drug of choice for induction of emesis in selected poisoning cases. Proposed labeling requirements still instruct the rescuer to call a physician, Poison Control Center, or emergency room before using the drug. New warnings state that neither milk nor carbonated beverages be given along with the ipecac syrup. Milk has been reported to decrease the efficacy of ipecac syrup, and carbonated beverages may cause distention of the stomach. Since activated charcoal absorbs ipecac syrup, it should only be administered after emesis has been successfully induced with the ipecac syrup.

New recommendations have been made for infants less than one year old, while those for older infants, children, and adults have remained the same. For infants less than one year of age the oral dose is 5 to a maximum of 10 milliliters of ipecac syrup, followed by 120-240 milliliters of water. For all other victims, an oral dose of 15 milliliters of ipecac syrup should be given and followed by 240-480 milliliters of water. In either case, if vomiting does not occur within 20 minutes the dose should be repeated.

Ipecac syrup is a safe and effective emetic when used as recommended. In addition to knowing how to induce emesis with ipecac syrup, pharmacists and physicians must be able to quickly identify those poisoning cases where induction of emesis is contraindicated.

(For references or further information, please contact the Division of Pharmacy Practice, University of North Carolina at Chapel Hill School of Pharmacy.)

INTRODUCING NEW OSR

...

Hello, I am Debbie Edwards, and I have recently been elected Organizational Student Representative for the 1978-79 term. I know many of you are wondering what an Organizational Student Representative is. OSR is simply a new name for what has in the past been the Council of Students or COS.

As OSR, I am the student representative from our School to the American Association of Colleges of Pharmacy. The purpose of the AACCP is to promote the advancement of pharmaceutical education. One major function of the Association is to set policies and standards used in accrediting the curricula of pharmacy schools.

In my position, I will serve as liaison between the student body and the AACCP. To achieve this interrelationship it will be necessary to inform the students of the issues being discussed by the Association, to collect their viewpoints on these educational issues, and to transmit them back to the AACCP. This can be accomplished by working directly with the students, faculty, administration, and student organizations. Through these channels I hope our School will be able to participate in molding the future of the pharmacy profession.

TRAVEL TO AREA PHARMACEUTICAL SOCIETIES

At the WAKE COUNTY PHARMACEUTICAL ASSOCIATION'S meeting on Tuesday, October 3, Fred M. Eckel served as a member of a panel discussing the future of pharmacists' professional image and services. Officers of the WAKE COUNTY PHARMACEUTICAL SOCIETY are President Elaine Watson; President-elect Ginger Lockamy, Vice President Bill Scarbboro.

Dean Miya, and Claude Paoloni attended the MECKLENBURG PHARMACEUTICAL SOCIETY meeting at the Hilton in Charlotte on Sunday, September 24th. Dean Miya discussed current trends in pharmaceutical education both nationally and at the UNC School of Pharmacy.

Tom Dagenhart is President of the MECKLENBURG PHARMACEUTICAL SOCIETY, Tom Sinnett is Vice President, and Wayne Rinehart is Treasurer.

On October 11th, Mr. Paoloni and Dean Miya flew to the NORTHEASTERN CAROLINA PHARMACEUTICAL ASSOCIATION in Williamston, North Carolina for a 7:30 p.m. meeting held at the Town and Country Restaurant.

Jim Blount, President of the Association presided over the meeting.



"Quick, I need a steel neck brace!!!"

ILLEGAL ACTS**RUTHERFORD COLLEGE**

The College Pharmacy in Rutherford College was victimized by vandals Saturday, September 23, but no merchandise was taken. Early Saturday morning, police responded to a burglar alarm at the pharmacy and found a plate-glass window broken in the front of the store. Damage was listed at \$400.

LOCUST

Over \$1000 worth of drugs, most amphetamines and barbiturates were taken from Pike's Locust Drug Store Tuesday, September 17. Employees of the store discovered the break-in Wednesday morning. Besides the drugs, \$250 worth of cameras, radios and other merchandise were also taken. Entry was apparently gained through the roof.

SALISBURY

Salisbury Pharmacy was broken into late Monday night, September 18, and an undetermined quantity of drugs were taken, along with seven watches and a pistol valued at \$75.

REIDSVILLE

Mann Drug Store #2 was entered Tuesday night, September 19, through a hole cut in the roof. A small amount of cash was taken, but it was not immediately determined if any drugs were missing.

KANNAPOLIS

An unknown quantity of drugs was taken from Baxter's Pharmacy Tuesday night, September 19. The thieves entered through an opening in the roof used for an exhaust fan. The exact number of missing drugs had not been determined, but according to an employee, "pretty much was gone."

HENDERSONVILLE

Two men were arrested early Monday morning, October 2 after they allegedly used an ax to chop their way into Whitley Drug Co. When police, alerted by the store's burglar alarm, arrived at 1:28 a.m., they found the door chopped open, and one of the suspects fled by jumping through the plate glass front entrance.

DURHAM

Durham police apprehended a man attempting to leave Eckerd's Drug Store on Hillsborough Street about 3:30 a.m. Monday, October 2nd, carrying syringes and over 15,000 tablets and capsules, some of which were controlled substances. The burglar lowered himself through an air conditioning duct on the roof and took almost 2½ hours to select his drugs before he was caught.

The store was broken into again late Saturday, September 23 or early Sunday, September 24. The roof was again used as means of entry. An undetermined amount of money and drugs was taken.

STATESVILLE

Cooke's Pharmacy, which was damaged by fire Monday night, October 2, was apparently broken into before the fire started, according to local police. A large quantity of controlled substances was reported missing. Police have not determined how the building was entered.

FARMVILLE

An unknown quantity of drugs was taken from Family Center Pharmacy Friday, October 6, or late the previous night. Entrance was gained through a utility room and a heat duct.

REIDSVILLE

William E. Post has been nominated for the Jack Eckerd Corp. Public Service Award, an award. This award is designed to recognize and honor employees who perform outstanding service for voluntary participation in civic, charitable or governmental activities.

Mr. Post has been active for many years in Boy Scout work, serving as Assistant Scoutmaster of a local troop, and is on the executive committee of Tslagi Lodge Order of the Arrow. This past January he was awarded the Scout District Award of Merit, and is also advisor to an Explorer Post in Reidsville.

MOCKSVILLE

Bob Rauch was named first vice president of the board of directors of Tri-County Mental Health Complex, at a board meeting held in Mocksville.

PRESCRIPTION LABELLING REGULATIONS FOR HOMES FOR THE AGED AND INFIRM AND FOR FAMILY CARE HOMES

The Department of Human Resources, Division of Social Services, has requested the publication of the Rules and Regulations regarding prescription labelling for patients in "Homes for the Aged and Infirm" and in "Family Care Homes."

Medications shall be plainly labeled by the pharmacist with the following:

1. Name, address and telephone number of the pharmacy.
2. The serial number of the prescription.
3. The name of the prescribing physician.
4. The resident's full name.
5. The date of issuance (last date filled or *re-filled*).
6. The directions for use clearly stated (not abbreviated) and when the prescribing physician's directions change, the pharmacist must correctly re-label the container.
7. The name, strength and quantity of the drug.
8. The name of the dispensing pharmacist.
9. Expiration date of time-dated drugs when applicable and other auxiliary labels when necessary.

CHAPEL HILL PHARMACIST WORKS WITH CANCER RESEARCH CENTER

Larry C. Burks, weekend resident of Chapel Hill, is currently employed at the Baltimore Cancer Research Center, a division of the National Cancer Institute.

A 1975 graduate of the West Virginia School of Pharmacy, Mr. Burks was formerly a staff pharmacist at North Carolina Memorial Hospital in Chapel Hill, but now commutes to his job as Clinical Pharmacist in Baltimore. The Baltimore Cancer Research Center's main areas of interest include both adult leukemias and Hodgkin's Disease, although patients with all types of cancer are admitted. The program treats patients with chemotherapy and radiotherapy in an outpatient clinic and in a 36 bed inpatient ward.

The Clinical Research Pharmacy Service offers the following services: clinical pharmacy,

drug information, intravenous additives, a unit dose drug distribution system and an outpatient dispensing area.

Mr. Burks said "One of the most exciting clinical pharmacy functions I perform here at the Center involves pure tone audiometric hearing tests on patients receiving ototoxic chemotherapeutic agents. Also, the pharmacists monitor clinical laboratory data in its relationship to possible drug induced abnormalities. I am currently acting as responsible investigator for one of our research protocols. All of our pharmacists are also directly involved with at least one of the many current research protocols being studied at the Baltimore Cancer Research Center."

Larry Burks was licensed by reciprocity from West Virginia in 1976 and is a member of the North Carolina Pharmaceutical Association.

WAKE COUNTY PHARMACEUTICAL ASSOCIATION

The Wake County Pharmaceutical Association met on Tuesday evening, October 3, 1978, at Burroughs Wellcome Company. There were 52 members and guests present for the social hour and dinner.

Following dinner, a panel discussion was held on the future of pharmacists, their professional image, and services they provide. Bill Edmondson of Burroughs Wellcome was the moderator. Panel members were Fred Eckel, Joe Edwards, John Myhre, and Al Mebane.

After the discussion, President Elaine Watson called the business meeting to order and thanked Burroughs Wellcome for the delicious dinner.

President Watson dispensed with the reading of the minutes and a financial report of the Association was given. There are 86 paid members.

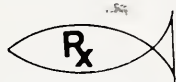
Al Mebane then reminded the group that those persons interested in the upcoming NCPHA Convention Cruise should sign up immediately as only a few reservations remain.

Respectfully submitted,
Al Lockamy
Secretary

SPEED

ORDER SYSTEM

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LILLY DIGEST FOR NORTH CAROLINA 1977

Averages per Pharmacy	1977 NORTH CAROLINA		1976 NORTH CAROLINA		1977 UNITED STATES AVERAGE	
	(45 Pharmacies)		(46 Pharmacies)		(1,712 Pharmacies)	
Sales						
Prescription	\$161,915	59.0%		59.0%		50.4%
Other	112,728	41.0%		41.0%		49.6%
Total	\$274,643	100.0%	\$326,808	100.0%	\$322,755	100.0%
Cost of goods sold	177,091	64.5%		64.3%		65.1%
Gross margin	\$ 97,552	35.5%		35.7%		34.9%
Expenses						
Proprietor's or manager's salary	\$ 22,703	8.3%		7.4%		7.0%
Employees' wages	31,486	11.5%		13.1%		11.8%
Rent	6,478	2.4%		1.8%		2.5%
Miscellaneous expenses	27,395	9.9%		9.7%		10.2%
Total expenses	\$ 88,062	32.1%		32.0%		31.5%
Net profit (before taxes)	\$ 9,490	3.4%		3.7%		3.4%
Total income of self-employed proprietor (before taxes on income and profits)	\$ 32,193	11.7%		11.1%		10.4%
Value of inventory at cost and as a percent of sales						
Prescription	\$ 17,565	10.8%		10.2%		12.0%
Other	26,330	23.4%		22.8%		21.2%
Total	\$ 43,895	16.0%		15.4%		16.5%
Annual rate of turnover of inventory		4.2 times		4.3 times		4.0 times
Number of prescriptions dispensed						
New	11,946	43.0%		43.2%		48.5%
Renewed	15,819	57.0%		56.8%		51.5%
Total	27,765	100.0%		100.0%		100.0%
Prescription charge	\$5.83		\$5.26		\$6.10	
Number of hours per week						
Pharmacy was open	61 hours		66 hours		65 hours	
Worked by proprietor	44 hours		53 hours		46 hours	
Worked by employed pharmacist(s)	30 hours		39 hours		34 hours	

ANSWERS

- I. (3) $1 \text{ meq of K}^+ = \frac{39}{1000} = .039 \text{ Grms or } 39 \text{ mg.}$
 120 ml of 20% Kayexalate = 24 Gm Kayexalate. Each gram removes 1 meq of K⁺.
 Therefore, $24 \times 39 = 936 \text{ mg.}$
- II. (2) Triamterene (Dyrenium) S.K.F. is a potassium sparing drug. It should never be used with a potassium supplement as Hyperkalemia could occur.
- III. (1) Alcohol causes a decrease in the half-life of Tolbutamide, probably by liver microsomal enzyme induction. Hantsen p. 56.
- IV. (3) Ten hours a week but no more than five hours consecutively. G.S. 90 - 61.1 and N. C. Board of Pharmacy Rules and Regulations .0214.
- V. (5) Dehydration in an infant caused by vomiting or diarrhea is a life-threatening situation. The child should be taken to a physician.

Meet our SAM.



His name is Ed.

Ed Burklow is the South Atlantic Region Special Accounts Manager (SAM) for LEDERLE STANDARD PRODUCTS. He's our sales trainer...trouble shooter...liaison man...a special link between you and Lederle. His business is *service*...a commodity you don't see much of these days. A basic philosophy of LEDERLE STANDARD PRODUCTS.

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Your regular LEDERLE Representative, one of more than 60 representing STANDARD PRODUCTS, will stop by regularly to keep you up to date on the best deals you can make for guaranteed, high quality generic drugs...at the most competitive prices.

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REPORT

COMMITTEE ON EMPLOYER/EMPLOYEE RELATIONS

GREAT SMOKIES HILTON
ASHEVILLE, NORTH CAROLINA

APRIL 16-17-18, 1978

MEMBERS

Mickey Watts, Chairman, P. O. Box 39, Concord 28025

Howard Garrett, 1603 Crescent Drive, Elizabeth City 27909

Erwin H. Kaplan, Route 1, Box 286, Sneads Ferry 28460

A. F. Lockamy, Jr., 6708 Candlewood Drive, Raleigh 27612

Frank A. O'Neil, 1600 Normandy Lane, Winston-Salem 27103

Francina Rogers, 191 School Road, Asheville 28806

Donald T. Tripp, 201 Beth Street, Greenville 27834

CONSULTANT: Tom R. Burgiss, DrugCare of Alleghany, Inc., Sparta 28675

The Committee, at the request of some NCPHA members, will revise and up-date its 1976 report covering pharmacist employment working conditions in North Carolina, including salaries and fringe benefits. The Committee's initial survey was conducted in 1975 and proved to be most helpful at that time, but inflation and other factors in the intervening years have rendered the report obsolete in 1978.

The 40-question survey will include such basic information as compensation received, employment hours, daily prescriptions dispensed, percentage of time devoted to professional and management practice and fringe benefits, for example, insurance, paid vacations, sick and retirement benefits.

Dr. Jean Paul Gagnon, Associate Professor of Pharmacy Administration at the UNC School of Pharmacy will conduct the survey and prepare the report for publication in *The Carolina Journal of Pharmacy*. In recent months, The Committee has reviewed the initial survey questionnaire in an effort to improve its content so the end results will be more meaningful.

The Association's Executive Committee has approved a budget request of \$600. and it is anticipated the survey will be conducted this summer.

The pharmacist employment service, as operated by the NCPHA on a day by day basis, is a major effort of The Committee. The service includes a listing of pharmacist positions open and pharmacists available for employment, either full-time or part-time; and pharmacies for sale. Special attention is given to pharmacy students and graduates who seek employment in North Carolina. In the case of NCPHA members, no service fee is involved.

The Committee has provided a mechanism for employers and employees to discuss mutual problems, where necessary, at the local level. Employment Standards Committees, composed of pharmacists from community, chain and hospital pharmacy, are operational in all of the state's five districts.

In order to activate the appropriate district committee, all a member need do is to request action by the committee, listing, in writing, all essential details. The request goes to the NCPHA Staff in Chapel Hill who works out final arrangements.

The Committee believes that, on a comparative basis, working conditions and employment opportunities in North Carolina measure up to the best Pharmacy has to offer, particularly in the south. The Committee solicits your understanding and continued support in order that this same condition prevail in the future.

WEBSTER JOINS HOSPITAL STAFF

W. B. "Will" Webster, Jr., former owner-manager of Webster's Pharmacy in Fairmont, has become a member of the pharmacy staff of Beaufort County Hospital in Washington. Mr. Webster is a graduate of the College of Pharmacy of the University of South Carolina and a member of the North Carolina Pharmaceutical Association. He is married to the former Gewnn Nye of Fairmont, and they have four children. The Websters have moved to Washington.

CHAMPUS FEE RAISED TO \$3.00

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the health benefits program for dependents of active duty military personnel and retired military personnel, has re-evaluated the amounts the program will pay for outpatient prescription drugs.

Beginning November 1, 1978, the pharmacies or pharmacists will be paid for drugs and medicine which are obtained only on the prescription of the physician. The CHAMPUS Program will pay the acquisition cost plus an increased amount to \$3 fixed fee per prescription.

There is a difference for insulin. Insulin will be paid on the basis of the usual retail charge. The Program interprets the word, "usual" as the usual charge that is provided to the general public.

Prescriptions which require special preparation by the pharmacist (compound prescriptions) even though one or more of the special ingredients may be dispensed without a prescription, are payable, based on the acquisition cost plus the \$3 fixed professional fee.

The above change, by increasing the fixed professional fee and handling the prescription makes uniform the fee paid by the CHAMPUS Program in all states.

PHARMACY CITED BY GOVERNOR HUNT

Governor James Hunt awarded five North Carolina businesses the first Governor's Business Awards Friday, November 3, at Tanglewood Park, Greenville.

The businesses recognized were Hanes Dye and Finishing Corp. and R. J. Reynolds, both of Winston Salem, the Liggett Group of Durham, the NCNB Corp. of Charlotte and the Graham Drug Co. of Wallace.

Graham Drug was credited with increasing contributions to the Duplin County Arts Council's annual drive and supporting a three-day area arts festival.

The awards were given to recognize and stimulate business support for the arts and humanities. A panel of artists and arts administrators choose the winners from 56 nominees.

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decongestion
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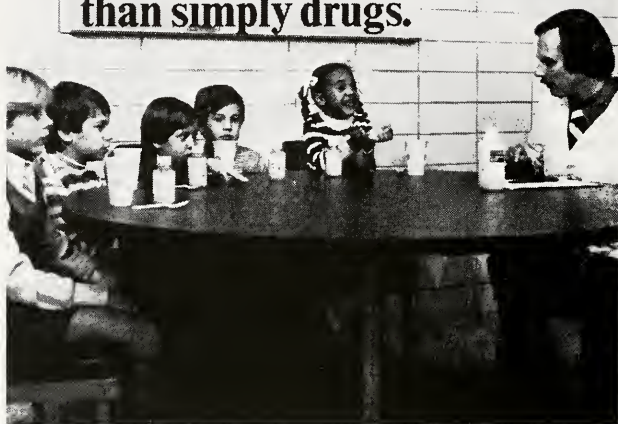


Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

**PHARMACISTS (97) LICENSED TO PRACTICE PHARMACY
IN NORTH CAROLINA
AS A RESULT OF THE SEPTEMBER 1978 EXAMINATIONS
CONDUCTED BY THE NORTH CAROLINA BOARD OF PHARMACY**

George Byrd Abercrombie, Brevard	Mark William Hohenwarter, Greensboro
Ellen Rose Adams, Elizabethtown	Carmen Davis Isenhower, Chapel Hill
Amy Jo Alford, Raleigh	Gordan Bryant Johnson, Belmont
Sarah Judiann Allen, Charlotte	Michael Francis Johnson, Chapel Hill
John Marshall Anderson, Gastonia	Ernest Chester Jones, Jr., Dunn
James Harlie Baldwin, Thomasville	Joseph Maynard Kennedy, Chapel Hill
Jonnie Kay Barbour, North Wilkesboro	Lisa Carol King, Charlotte
Detra Dawn Beck, Greensboro	James Thomas Kiser, Jr., King
Stephen Dodson Bennett, Rocky Mount	Pamela Bullock Kiser, King
Michael Edwin Brewer, Kings Mountain	Robin Katherine Lane, Charlotte
Margaret Miller Bridger, Raleigh	Kenneth Samuel Latta, Chapel Hill
Mickey Lewis Buford, Charlotte	Eugene Colon Lewis, Eagle Springs
Robert Steven Bullock, Hickory	William Edwin Link, Jr., Dunn
James Thomas Burke, Chapel Hill	Michael Anthony Lupton, Lumberton
Charles Terry Bynum, Greensboro	Toni Kay Mascherin, Chapel Hill
Lynette Owen Campbell, Greensboro	Jack Webster McAdams, Jr., Burlington
Stephen Russell Carroll, Willow Springs	Jane Frances Mederer, Chapel Hill
Mary Jeanette Carter, Thomasville	Elizabeth Gayle Merritt, Franklinton
Beth Simmons Casey, Chapel Hill	James Edmond Moody, Jacksonville
Margaret Page Chenoweth, Roanoke Rapids	Douglas Boylston Moore, Jr., Hendersonville
Kemp Jan Childress, II, Sanford	Calvin Eugene Odom, Lexington
Rose Kong-Nie Chin, Hickory	Robert Ennis Parrish, Hillsborough
Marc J. Christiansen, Pinehurst	Charles Royce Pennington, Atlanta, GA
Ned Long Clark, Jr., Rocky Mount	Jane Ellen Powers, Asheville
Harlen Lynn Cochran, Concord	Susan Lynn Powers, Winston Salem
Barbara Anne Creason, Spencer	Christopher Paul Riegert, Forest City
Bruce Bennett Creech, Asheboro	Pamela Lucille Roberson, Charlotte
Carl Rufus Creech, Chapel Hill	Shelly Marlene Ross, Whispering Pines
Harold Vann Day, Jr., Carrboro	Jeanne Anne Rouser, Waynesville
Victor Burnell DeLapp, Reidsville	Mark Fletcher Sanders, Brevard
Bobby Joseph Dorsett, Jr., Raleigh	Martha Lynn Saunders, Rural Hall
John Stephen Dorsett, Shelby	Christopher Lamar Seats, Winston Salem
Elizabeth Susan Drake, Winston-Salem	Patsy Kay Seymour, Goldsboro
John Forrest Dunwoody, Orlando, FL	Terri Jernigan Sheehan, Pfafftown
Mack Earl Erwin, Asheville	Larry Dale Smith, Clinton
Ralph William Fonville, Jr., Asheboro	Jan Kennett Stafford, Greensboro
Loni Traylor Garcia, Fayetteville	Sylvia Blankenship Stallings, Huntersville
Joseph Clements Gee, Stokes	Maca Sharm Steadman, Salisbury
Wendy Jean Gibson, Durham	David Lewis Strom, Rockingham
Elizabeth Ennis Gillum, Richmond, VA	Carol Ann Summer, Durham
Howard Lynn Glasser, Siler City	Montrose Graham Terrell, Sanford
Gary Renn Glisson, Nashville	William Thomas Ward, Cape Coral, FL
Harold Prescott Godwin, Fayetteville	Gary James Watson, Williamston
Joseph Theodore Goins, Jr., High Point	Ronald Dean Watts, Walnut Cove
Christine Sloop Goodman, Chapel Hill	Lynn Denise Welborn, Carrboro
Pamela Smith Green, Raleigh	Bonnie Fay Willis, Burlington
Judy Carol Gurganus, Wrightsville Beach	Denis Paul Wood, Williston Pk., NY
Beatriz Eugenia Hernandez, Greensboro	Gina Christine Woodruff, Greensboro
Ruth Hall Higgins, Black Mountain	

A lot more goes into Abbott drug products than simply drugs.



Gerry Hietala, Abbott research pharmacist, on flavoring:

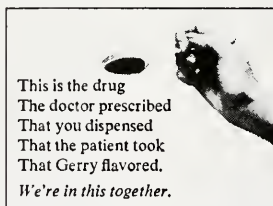
"One 'yuck' from any of these panel members and it's back to the drawing board. This is the final, most critical test for flavoring in our suspensions. No matter how much effort goes into the flavoring system of a pediatric drug, this is the bottom line. Kids simply won't take a bad-tasting medicine.

There are two basic objectives in flavoring a suspension; first, naturally, you want to mask the drug taste. Erythromycin is a prime example. It's bitter. Second, you want to maximize flavor stability. Over a period of time even insoluble drugs will hydrolyze to a limited extent. The flavoring must be able to cover the increased bitterness to maintain palatability of the suspension.

We've developed a product that minimizes the amount of free erythromycin base that will develop, and we carefully control the quality of the starting drug. These two factors assure long-range stability . . . and

good taste . . . when the product is out in the field.

Quality is built into our product through a sophisticated system of flavor assessment. We utilize statistical preference testing in addition to the flavor profile method. These help us to arrive at a top quality taste and assure that it will be maintained in production. The result is a good-tasting product with maximum stability . . . medicine a sick kid is going to take for ten days without a single 'yuck'."



This is the drug
The doctor prescribed
That you dispensed
That the patient took
That Gerry flavored.
We're in this together.

E.E.S.[®] BRIEF SUMMARY

ERYTHROCIN[®] ETHYL SUCCINATE
(ERYTHROMYCIN ETHYL SUCCINATE)

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.

Hemophilus 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. During prolonged or repeated therapy, there is a possibility of overgrowth of non-susceptible bacteria or fungi. Surgical procedures should be performed when indicated.

Adverse Reactions:
Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

ABBOTT LABORATORIES

Pharmaceutical Products Division, North Chicago, Illinois 60064

8013236

In Memoriam

STEPHEN T. FORREST

HENRY M. BURLAGE

Stephen T. Forrest, vice president and general manager of Justice Drug Division of Strother Drug Co., died Monday, October 30, at Wesley Long Hospital in Greensboro. Mr. Forrest was president of Justice Drug Company for 15 years prior to the merger with Strother Drug. He was a member of the board of directors and executive committee of the Strother Drug Co. and a past board member of the National Wholesale Drug Association. He was a past president of the Traveling Men's Auxiliary of the North Carolina Pharmaceutical Association and was very active in the promotion of pharmacy in the state.

He was a graduate of the University of North Carolina at Chapel Hill, and was captain of the wrestling team. He was a member of the First Presbyterian Church where he was a deacon, member of the Greensboro Rotary Club, and the Greensboro Country Club. He had been a member of the Morehead Scholarship Committee, Greensboro Advisory Board of Guilford College and the Case Policy Committee of the Children's Home of North Carolina.

Mr. Forrest is survived by his wife, Virginia Hayes Forrest; daughter, Miss Beverly Forrest; and sons, Stephen T. Forrest, Jr., and Jayes W. Forrest; and his mother, Mrs. E. G. Forrest, Sr.

R. G. THOMAS COMPANY CHANGES NAME

As of December 1, 1978, R. G. Thomas Company, Charlotte, N. C. changes its name to STORE FIXTURES & PLANNING, INC. The address and phone number remain unchanged. STORE FIXTURES & PLANNING, INC. is the largest and most complete store fixture distributor in the Carolinas, with over 100 installations during 1978. R. J. Nyberg of Raleigh merged with the Company in March, 1978, and is manager of the firm's Raleigh office. Thomas and Nyberg will continue to specialize in drug stores as they have over the past 18 years. The merger will assist in expansion of the company's capabilities and services to its valued customers. The firm has 100 (9) employees as of December 1.

Henry M. Burlage, age 81, Professor of Pharmacy at UNC/CH from 1931 to 1947 and later Dean of the University of Texas College of Pharmacy from 1947 until 1962, died in Austin, Texas on October 6.

Following retirement from his deanship post, Dr. Burlage continued as Professor of Pharmacy and Pharmaceutical Chemistry until retirement in 1971, since which he was Professor Emeritus.

The author of more than 135 published articles on pharmaceutical sciences, Dr. Burlage for 15 years was chairman of the Committee on the National Pharmaceutical Syllabus. He is best remembered in North Carolina and Texas as a teacher of pharmacists for more than 55 years.

Survivors include the widow, Alleda Burlage, and a son, Robb Kendrick.



Rex A. Pararmore, left, is recognized by Bryan H. Whitford, Abbott sales representative, for outstanding community service and the filling of the one millionth prescription in Ward Drug Company, Nashville.

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.

FOR SALE

Pharmacy in Greensboro area. Volume 200-260,000 annual. Terms available. Well established store. Write Box WHG-10-1.

WANTED

Patient oriented pharmacist with at least 2 years experience, for apothecary. Approximately 40 hour week. No nights or Sundays. Excellent salary. Paid vacation, holidays, life and health insurance. Gary Newton, Fayetteville (919) 864-1808.

PHARMACY FOR SALE

Established pharmacy in Charlotte, North Carolina. Gross Sales \$110,000. Will sell for cost. Contact: SDC-11-2 P. O. Box 151, Chapel Hill, NC 27514 for further information.

WANTED

Patient oriented pharmacist with at least 2 years experience, for apothecary. Approximately 40 hour week. No nights or Sundays. Excellent salary. Paid vacation, holidays, life and health insurance. Gary Newton, Fayetteville (919) 864-1808.

FOR SALE

Complete set of store fixtures, prescription counter, cash registers, safe, adding machines, office equipment and fountain equipment. Call (919) 929-3450 after 6 pm.

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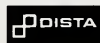


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"Community pharmacists are taking on greater responsibility in drug product selection," says Pharmacist Sue Taylor of Yadkinville, N.C. "This is especially true for pharmacists like me who service nursing homes and smaller hospitals.

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THE CAROLINA JOURNAL of PHARMACY

December 1978

Volume 58

Number 12

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RUG PRODUCT SELECTION IN NORTH CAROLINA

William A. Wargin, Ph.D.

Assistant Professor

UNC School of Pharmacy

Toula Panagiotopoulou

Pharmacy Student, UNC

The issue of drug product selection (DPS) by pharmacists is being debated in federal hearings and state legislature throughout the country. DPS is a complex issue involving practicing pharmacists and physicians, the drug industry, both state and federal assistance programs such as Medicaid, and federal agencies including the FDA and FTC. At least thirty-nine states have instituted DPS legislation with varying degrees of impact on pharmacy practice.

Drug product selection is, in many ways, an economic issue. Pharmaceutical companies, with a vested interest in brand name products, usually do not favor repeal of state anti-substitution laws. Since generic drugs are ten times less costly, impetus for repeal frequently comes from government agencies which are experiencing pressure to prevent the cost of health care from continuing escalation. In addition, consumers are trying to find ways to minimize the effects of inflation on their budgets and are becoming aware of cost savings frequently available by the use of generic drugs. There are good arguments presented by both sides on the issue of DPS. It is rapidly becoming an emotional debate, a dilemma with no easy answers.

Drug product selection is also a scientific issue. In the past the pharmaceutical literature has been replete with examples of drug products which presented bioavailability problems. We can be assured that this is the tip of the iceberg. Numerous instances of drug quality problems certainly go unnoticed, being ascribed to a therapeutic failure, (e.g. incorrect choice of drug) other than a bioavailability problem. However, a number of drugs which are documented to have bioavailability problems a few years ago do not possess these drawbacks today (e.g. mefloquine, tetracycline capsules). Closely related to bioavailability, therapeutic equivalence is another basic concern of drug product quality. The FDA is convinced that many drug products are bioequivalent and plans to publish a positive formulary of acceptable products. Such a publication is certain to in-

fluence the specific regulations which states will adopt in their repeal of existing anti-substitution legislation.

North Carolina is one of a dozen states which retains an anti-substitution law. However, a recent statute concerning generic substitution for Medicaid prescriptions does have an impact on the practice of pharmacy in this state. Apparently there has been confusion regarding this statute. According to the law, a pharmacist is *not* required to substitute with a generic drug. Consequently, pharmacists may continue to dispense a brand name drug to Medicaid patients if they so desire. The major limitation in such a decision will be of economic concern for pharmacists as Medicaid programs will reimburse only the maximum allowable cost (MAC) which may be significantly lower than the price of the brand name drug product.

Since substitution is not required (but is expected and frequently unavoidable), pharmacists find themselves in a "gray" area with regard to legal implications. Unfortunately, although it is anticipated that a generic company will provide legal support for its products in the event of a lawsuit, the statute does not address the question of pharmacist liability. Until this liability is clarified, however, the pharmacist selecting a generic product should obtain assurance from each company that support is available if legal action ensues.

Clinical pharmacy practitioners are already extensively involved in drug selection through processes of clinical drug monitoring. However, the dispensing pharmacist in North Carolina cannot exercise DPS due to existing anti-substitution restrictions. When these restrictions are removed, pharmacists must be prepared to make DPS decisions. Unfortunately, it is difficult to interpret bioavailability data without adequate training, even when sufficient information is supplied by drug manufacturers. Until pharmacists acquire the necessary competence in DPS, alternative means of selection are required, such as negative or positive formularies to assist the pharmacist in making decisions. These formularies should be prepared by a panel consisting of bioavailability experts, practicing pharmacists, physicians, consumers, and other interested parties.

The Report of the Task Force on Health Planning and Pharmacy Practice in North

(Continued on page 7)

Liability Protection

(It comes with every tablet you dispense)



A recent article on pharmacy law stated that "it is not unlikely that pharmacists substituting therapeutically or bioequivalent drugs for those prescribed will face increasing confrontation in the courts on the issue of their liability for unanticipated or adverse reactions from drugs dispensed by them."*

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copy, you might want to send for one.)

With the numerous problems facing the pharmacist today, why risk unnecessary liability problems?

*From a special report reprinted in U.S. Pharmacist 2(4):18-23, 1974. "Pharmacy Law," by Michael R. Sonnenreich, J.D.



DRUG PRODUCT SELECTION IN N. C.

Carolina has recently proposed the study of drug product selection in other states with regard to their effectiveness in cost containment and impact on pharmacy practice. It is crucial for this Task Force to have an influence on any DPS law written for the State of North Carolina.

It is a virtual certainty that DPS legislation for all prescriptions will occur at the Federal level or that North Carolina will repeal its substitution laws in the near future. Currently, a bill (The Substitution Prescription Drug Act; HR 1963) which would pre-empt existing state laws is being considered in congressional committees. It is necessary for pharmacists in this state to become active in assuring that any forthcoming legislation strengthens the role of the pharmacist in providing health care. We must make specific proposals for the language of DPS laws which describe situations when DPS is or is not allowed, mechanisms by which the patient is informed of substitution, and assurance that any cost-savings are passed along to the patient. Also, the issue of pharmacist liability must be clearly addressed by any new legislation.

It is obvious that the pharmacists of North Carolina must actively participate in this decision making process. To ignore the inevitable will result in a law which does not serve the best interests of our profession.

1979 CALENDAR ITEMS**MARCH**

18-24 Poison Prevention Week
27, 28, 29 N. C. Board of Pharmacy Examination Dates

APRIL

21-26 APhA Annual Meeting, Anaheim, California
28-May 2 NABP, 75th Annual Meeting, Chicago

MAY

27-June 1 NCPHA Fly/Cruise Convention: Royal Villa, Raleigh-Nassau

JULY

8-12 AACP Annual Meeting, Denver

OCTOBER

11-14 ACA, Annual Meeting, Scottsdale, Arizona
14-17 NARD, Annual Meeting, Las Vegas

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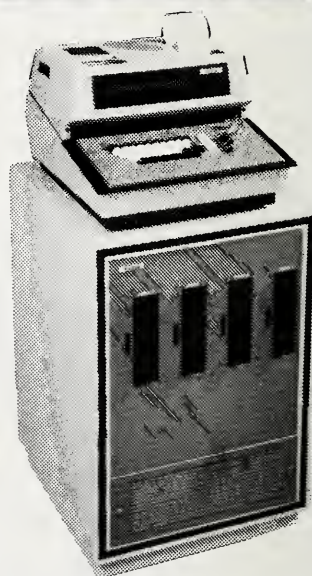
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David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514.**

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Roanoke Rapids, NC 27870

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Gastonia, NC 28052

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Lenoir, NC 28645

Mr. Richard Mack, Ph-Mgr.

Levco Discount Drug Center

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Tar Heel Drug Co. of Pittsboro

Pittsboro, NC 27312

Mr. William N. Puckett, Ph-Mgr.

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Student Health Services

Durham, NC 27707

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Good Hope Hospital, Inc. Pharmacy

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Erwin, NC 28339

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Kerr Discount Drug Store

261 New River Drive

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RECIPROCITIES

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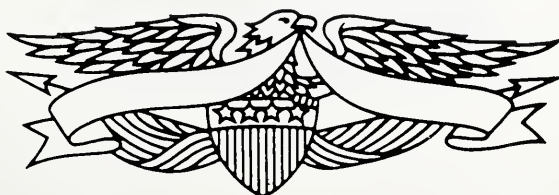
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LOCAL/DISTRICT MEETINGS GUILFORD COUNTY SOCIETY OF PHARMACISTS

The regular monthly meeting of the Guilford County Society of Pharmacists was held Wednesday evening, November 8, in the Thompson Auditorium at Wesley Long Hospital. The program, sponsored by the Greensboro Epilepsy Association, included a discussion of the drugs used in the treatment of epilepsy, especially valproic acid (Deakene), by Dr. James Adelman, Greensboro neurologist.

The Society also heard from Mr. Don Bussett of the Epilepsy Association, who discussed the possibility of a discount program being established by local pharmacists for members of the Epilepsy Association, and for the need to stimulate the pharmaceutical manufacturers to increase the research in seizure disorder drugs.

President Judy Crouch appointed a nominating committee which is to present a slate of officers at the December meeting.

Reported by
J. Frank Burton, Sec. Treas.

ROCKINGHAM COUNTY SOCIETY OF PHARMACISTS

At the bi-monthly meeting of the Rockingham Society of Pharmacists, November 19, in Eden, Charles McFalls of Madison was elected president. Other officers elected were Andy Gaster, Reidsville, vice-president; and Judy Crouch, Eden, secretary-treasurer.

reported by Phil Link

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, November 17 at the WCA. Mrs. Dollie Corwin, President presided.

A Bazaar was held and the most popular items sold were cakes, jellies and Christmas decorations. Selling fruitcakes is another money making project which is doing well.

Lucille P. Williams
Corresponding Secretary

WAKE COUNTY PHARMACEUTICAL ASSOCIATION

The Wake County Pharmaceutical Association met Tuesday evening, November 7, at Ballentines Restaurant in Raleigh.

President Elaine Watson reported the Association was solvent, with 112 paid members and over \$1200.00 in the bank. Forrest Matthews said the annual Christmas party will be Friday, December 1, at Milburnie Fishing Club, at 6:30 p.m. There will be a cocktail party courtesy of W. H. King Drug Company prior to the dinner.

Joe Edwards announced he is Chairman of the NCPHA Committee on Continuing Education and asked for comments or suggestions from the membership regarding this matter.

The next regular meeting will be January 9, 1979, at Ballentines. Pam Joyner will speak on the pros and cons of mandatory continuing education.

reported by Al Lockamy

JOHNSTON AND HARNETT COUNTY

Remarks by Dean Tom S. Miya of the UNC School of Pharmacy were the highlight of the evening as the pharmacists of Johnston and Harnett Counties met for their first joint meeting on Thursday, November 16. A group of approximately 36 assembled at the Dutch Inn Restaurant in Benson for a brief social hour, followed by a traditional Thanksgiving meal. At the speakers table were Frank Wells, president of the Johnston County pharmacists and Herman Medlin, Harnett County president, who presided. Herman W. Lynch, president of the North Carolina Pharmaceutical Association, introduced special guests. Wives were included in this early holiday outing, and it was a most enjoyable evening. Guests from Chapel Hill, in addition to the speaker, were Mrs. Miya, Associate Dean LeRoy Werley and Mrs. Werley, and NCPHA Secretary-Treasurer, A. H. Mebane, III and Mrs. Mebane.

Reported by:

Edith Ann Caviness, Secretary
Harnett County Pharmaceutical
Association

LILLY HOSPITAL PHARMACY SURVEY 1978

Table 1 AVERAGE HOSPITAL PHARMACY
(2120 hospitals reporting 1977 annual data)

	1977	1975	Percent of Change
Bed capacity	270	258	+ 4.7%
Class	Private (nonprofit)	Private (nonprofit)	
Profile	General	n/a	
Census (beds occupied)	74%	74%	
Admissions	10,008	9087	+ 10.1%
Length of patient stay	7.3 days	7.7 days	
Hours pharmacy open/week	79	74	+ 6.8%
Days main pharmacy open/week	6	n/a	
Pharmacist hours/week	187 (4.7 FTE)*	152 (3.8 FTE)*	+ 23.0%
Technician hours/week	180 (4.5 FTE)*	129 (3.2 FTE)*	+ 40.0%
Inventory	\$76,681	\$68,648	+ 11.7%
	\$1.05/Patient day	\$0.98/Patient day	
	\$284/Bed	\$266/Bed	
	\$384/Occupied bed	\$360/Occupied bed	
	\$7.66/Admission	\$7.55/Admission	
Purchases	\$392,470	\$325,409	+ 20.6%
	\$5.37/Patient day	\$4.65/Patient day	
	\$1,453/Bed	\$1,261/Bed	
	1,964/Occupied bed	\$1,705/Occupied bed	
	\$39.21/Admission	\$35.81/Admission	
Formulary	Yes	Yes	
Estimated inventory turnover rate	5.1 times	4.7 times	
Floor area	1476 sq ft	n/a	
Services offered by over 50% of pharmacies		n/a	
	Monitoring patient profiles		
	Monitoring drug interactions		
	Preparing I.V. fluids		
	Providing drug information services		

*FTE = Full-time equivalent based on a 40-hour week.

Pharmacist Staff Requirements

Table 2 Pharmacist average workload and payroll according to bed capacity and profile

Bed Capacity	General			Specialized			Psychiatric		
	Pharmacist Hours/Week	Pharmacist Annual Payroll	Total Annual Payroll	Pharmacist Hours/Week	Pharmacist Annual Payroll	Total Annual Payroll	Pharmacist Hours/Week	Pharmacist Annual Payroll	Total Annual Payroll
Under 50	39	\$ 17,793	\$ 26,918	n/a	n/a	n/a	n/a	n/a	n/a
50-99	58	\$ 26,516	\$ 37,046	96	\$ 43,640	\$ 54,300	n/a	n/a	n/a
100-199	109	\$ 49,645	\$ 70,015	169	\$ 84,075	\$167,896	n/a	n/a	n/a
200-299	182	\$ 87,848	\$129,961	258	\$129,879	\$189,540	66	\$29,571	\$ 44,455
300-399	258	\$130,228	\$191,919	336	\$167,691	\$243,747	76	\$31,746	\$ 43,939
400-499	322	\$153,979	\$235,669	548	\$257,977	\$404,862	69	\$29,450	\$ 42,830
Over 499	393	\$186,815	\$282,538	692	\$336,343	\$525,266	143	\$66,571	\$105,611

PARLIAMENTARY PROCEDURE UPDATED RESOLUTION

Whereas, Parliamentary law has a language all its own; and

Whereas, In olden times the one presiding was the only one provided with a chair, while others sat on benches, hence he was called Chairman; and

Whereas, No parliamentary law authority or dictionary recognizes the word Chairperson; and

Whereas, Since time immemorial the term "MISTER Chairman" or "MADAM Chairman" as always been employed to differentiate between the sexes; and

Whereas, Further effort toward sex differentiation is redundant and contrived; now therefore

Resolved That organizations and parliamentarians of the National Association of Parliamentarians must use the term Chairman instead of "Chairperson" and be it

Resolved That all NAP members should habitually stress the principle that the word Chairman belongs to the title of the office the same as the title of the President or Secretary.

From the 20th Convention of the
National Association of Parliamentarians



Recently Eli Lilly and Company cited Annie Penn Memorial Hospital of Reidsville, North Carolina on the occasion of the filling of 1,000,000 prescriptions with a commemorative gift jar. Observing the event from left to right are:

Everette Dunn, Eli Lilly & Company Sales Representative

Joe Estes, Director of Pharmacy—Annie Penn Memorial Hospital

Paul Tutherow, Assistant Director of Pharmacy—Annie Penn Memorial Hospital

REPORT

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The Committee on Public and Professional Relations attempted to collect and prepare items of interest in the development of neighborly exchange and the assessment of public and professional reaction. We feel that the degree of understanding between individuals, organizations and the public, and the high standards of achievement of a profession should include a moral commitment that involves little favors, a helping hand, a brief visit, a kindly word and simple understanding.

In preparing this report the Committee reviewed and discussed items of concern to the profession in terms of public image, communication and professional status. The following comments, suggestions and/or recommendations are made:

1. *Polygraph*—We recognize the need for employers to establish security and protective measures in the operation of their business, however we protest the routine use of polygraph as a management tool. It seems unfair to select pharmacists, in general, as the only profession to be exposed to this requirement. We resent the assumption made "... that many pharmacists steal to keep up life style." It damages the credibility of pharmacy ethics through implied guilt if the individual fails the exam.

Recommendation—Pharmacists who are considering employment with firms who routinely use polygraph should carefully evaluate the implications from a personal and professional standpoint.

2. *Patient Package Insert*—It appears that many patients are overwhelmed by PPI's, although there is no doubt that they need more information on certain medications in order to weigh the risks involved. If the pharmacist and the physician had been supplying effective information to the patient there would have been no intervention by FDA/HEW. We do not think the FDA should be deciding what the PPI's should contain. There is a need for more input from the pharmacist, physician, manufacturer, consumer, etc. to develop an orderly procedure.

Recommendation—Since PPI's are merely a supplement, they should be uniform, brief and understandable, so that the patient can receive full benefit. We recommend they be made up for different therapeutic classes requiring input and counseling advice from the physician and the pharmacist.

3. *New Primary Care Practitioners (P. A. and FNP)*—We have some concern re' the prescribing and dispensing of medication by practitioners whose knowledge of drug therapy is less than adequate. We realize they are under the direct supervision of a physician and we can appreciate exceptional circumstances for dispensing in rural areas. However, the ready availability of pharmacists makes dispensing by P.A.'s and FNP's, on a routine basis, unnecessary.

Recommendations—P.A.'s and FNP's not be permitted to dispense medication because it destroys the checks and balances required for providing effective medical care. Pharmacists should actively participate and assume responsibilities in rural areas to avoid losing the unique dispensing function of our profession.

4. *Continuing and Professional Education*—There is a need to encourage an organized approach to continuing education and professional education. Practitioners and the public need to take more active interest in the problems associated with health care delivery. This requires active participation and involvement with other professionals, consumers and public oriented projects. These are crucial times and our profession can no longer afford the luxury of being apathetic.

Recommendations—The NCPHA and the School of Pharmacy combine their efforts to establish guidelines for educational programs that effectively identify resources and improve competency level of the practitioner.

5. *Historical Markers*—The American Institute of History of Pharmacy is interested in placing historical bronze plaques on selected sites in the United States where pharmaceutical events of national significance occurred, e.g. in 1980, it will be 100 years since the beginning of the North Carolina Pharmaceutical Association. Bill Wilson is Chairman of Celebration of Historical Monuments in North Carolina. Other contacts are Jerry C. Cashion, Chief, Historical Section, Division of Archives and History, 109 E. Jones Street, Raleigh, North Carolina 27611.

6. *Discounting*—Continues to be an issue of concern to the Pharmacy profession because it does not mean the same to all individuals and can be misleading and detrimental. It can involve ethics as well as drug efficacy thereby directly affecting the patient's well being and damaging the image of competing pharmacists.

7. *Communications*—The failure of health professionals to communicate effectively with patients about medication and other aspects of medical care tends to drive patients to seek information from other sources and to use their own discretion concerning medication. Pharmacists have the opportunity to spend more contact time with consumers and they should take advantage of the situation to help meet self-medication needs of the health conscious public. One of the consistent complaints from patients is that they did not understand what the physician and other health personnel told them—no one offered an understandable explanation of their illness or its treatment. There needs to be more involvement with consumer studies and other health related activities. Encourage more T.V. and radio announcements on joint programs, panel discussions and screening programs. We need to make the public and other health professionals aware of the pharmacist's resources and abilities. (Eli Lilly has a T.V. consumer information program available through the NCPHA. Programs of this nature should be used in local areas.)

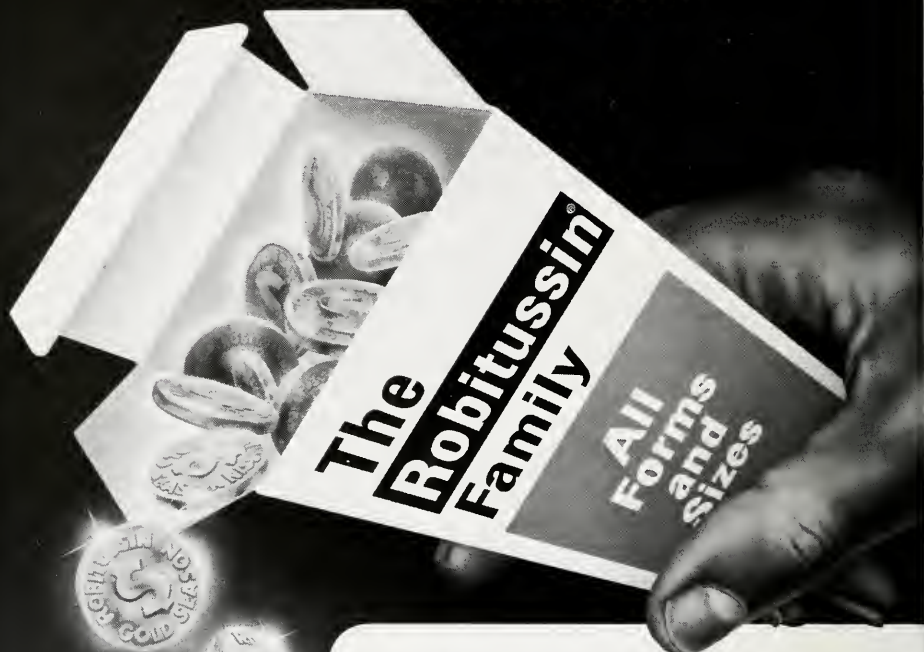
Recommendations—Practitioners must have more interaction with other health professionals to insure flow of information and reduce conflicts involving patient care. Further recommend the School and the Board of Pharmacy maintain closer liaison with the practitioner in matters that involve health care activities and health planning programs.

8. *Unit Among Pharmacy Profession*—The pharmacy profession continues to be fragmented along a number of professional, organizational and economic lines. Independents and chain stores often maintain antagonistic relationships. Some hospital pharmacists look down on community practitioners as merchants although in many cases the community practitioner is actually more clinically oriented from the standpoint of patient contact. Many professional organizations separate pharmacists according to site of practice, economic or management policies, degree of training or educational backgrounds, etc. This process often begins by separating students from licensed practitioners in various organizations and continues unabated thereafter.

Recommendations—We recognize that special interest groups and organizations (ASHP, APhA, NARD, etc.) exist to meet specific educational needs and professional interests of individual practitioners. However, regardless of our individual designation (hospital pharmacy, community pharmacy, consultant pharmacist, clinical pharmacist, educational pharmacist, student pharmacist, etc.) we are all pharmacists with a common interest that centers around

(Continued on page 17)

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the use of medication. We have an obligation to our profession and to our colleagues to maintain as much unity as possible and this unity should be reflected in our practice, associations and relationships with each other.

9. *Supportive Personnel*—Has become an issue of real significance in the future status of the pharmacy profession. When discussing "the types of pharmacy personnel required to meet society's future needs" it becomes increasingly more obvious that there is real concern for the inappropriate use of and adverse reaction to therapeutic agents. It is now very clear that pharmacists are more valuable to society when they exercise judgments and skills to assure better patient care. It seems reasonable then to expect the pharmacist to relinquish the technical and distributive roles to well trained supportive personnel under his direct supervision. We realize that this kind of transition must be carefully studied and skillfully evaluated, requiring input from the NCPHA, NCBP and the School of Pharmacy. The moment of truth is at hand and we should face the issue in a positive way. If we in Pharmacy do not set up guidelines, standards, definitions and functions as we anticipate them to be—someone else will do it for us, and not nearly as well.

10. *Activities in Progress*—a) The N. C. Medical Society's Dr. John Ewing, Director of Alcohol Study, requested through W. J. Smith, Executive Director of the North Carolina Pharmaceutical Association, the appointment of a five member committee of pharmacists to work with the Medical Society re' drug abuse education, over-prescribing, under-prescribing, indiscriminate prescription writing by physicians. Pharmacy representatives are Dr. David Work, Chairman, Patty Giddings, Roger Crane, Julian Upchurch and Ralph Ashworth.

b) A task force has been established for improving Pharmacy's input into N. C. health planning activities. Dr. Burrell, Director, Health Plans, state of North Carolina in chairing the task force. This is a first for North Carolina in that no other state has attempted this kind of activity with Pharmacy involvement in the planning of delivery of service, good health practices and cost containment. The task force includes representatives of the Association, the School of Pharmacy (including a graduate student), pharmacy practitioners, consumers, chain drug stores, Public Health Services, nursing, Dental Society, HSA, OCCHS, etc.

c) In the Western North Carolina Health Systems Agency there are two pharmacy members on the governing body, Jim Segars and Don Lambeth. This kind of participation is good for pharmacy.

11. *Other Comments and Items for Follow Up*—a) There is a need to improve drug information and physician advice activities.

b) Medication records are valuable tools in the delivery of health care services, if used as intended. Data recorded on these records *should be used* to insure that patients receive full benefit of information available to the practitioner.

c) Consumer studies involving patient compliance, drug calendars, cost containment, etc. should be carefully evaluated and made available to all practitioners.

d) Students need to be made more aware of programs and activities going on outside of the School.

e) Pharmacists have been blamed by SBI for not cooperating on matters of forged prescriptions. We need to correct this false impression and recommend the Association send a letter to the SBI.

f) Practitioners need to be informed of current practices involving the dispensing of needles and syringes.

1979 FLY/CRUISE

Update: The latest count of NCPHA members, spouses and Auxiliary members signed up for the 1979 NCPHA Fly/Cruise is 300. Information available from the NCPHA office in Chapel Hill. Dates: May 27-June 1, 1979.

BIRTHS

Clarence L. (Buck) Murchison, BS in Pharmacy 1970, and wife Tracy announce the birth of daughter Ashley Lynn, on Friday, November 10, 1978, at Nash County General Hospital, Rocky Mount.



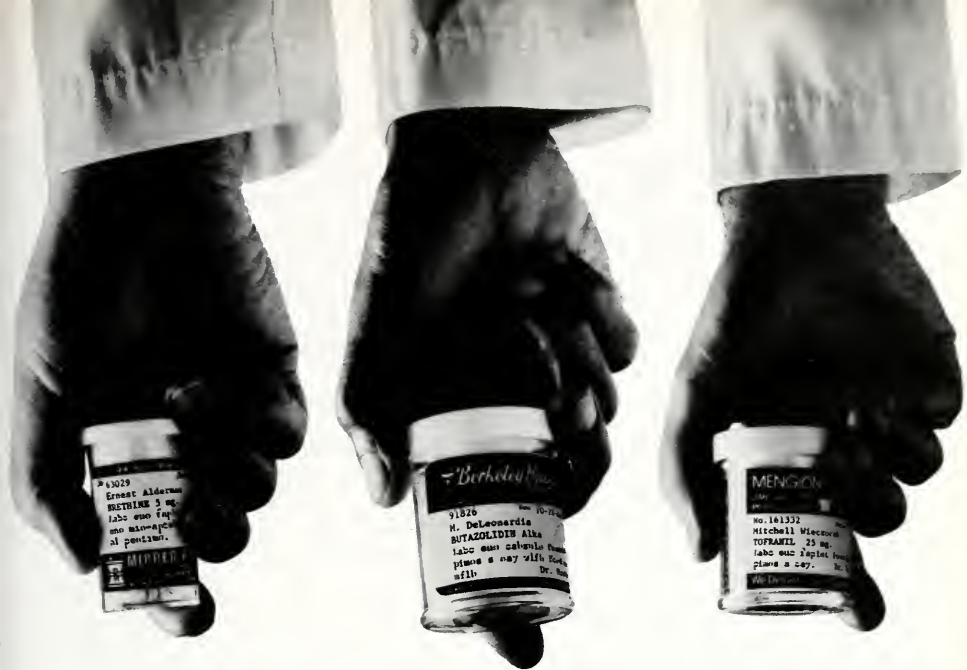
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mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on Geigy Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

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EMERGENCY PHONE NUMBERS

The following telephone numbers have been provided by manufacturers for assistance in toxic emergencies. Unless specified otherwise, when only one number is listed, it may be called anytime during the day or night. In other cases different numbers are listed for normal business hours and other periods of time. This is not intended as a complete list of all emergency numbers in existence; rather, it is primarily a listing of numbers supplied by manufacturers who send their product formulations to the National Clearinghouse for Poison Control Centers and request that their numbers be publicized. A toxic emergency should always be identified as the reason for calling to expedite speaking to a qualified individual. For any numbers not listed, please contact the NCPHA office.

Abbott Labs	312/688-6100
American Cyanamid Products	201/835-3100
Ames	219/264-8901 (bus. hrs.) 219/264-8371 (other hrs.)
Ayerst	212/986-1000
Breon Labs	See Sterling Drug
Bristol Labs	Business Hours 315/432-2838 315/432-2713 315/432-2121 (other hrs.)
Burroughs Wellcome & Co.	919/549-8371 (Dr. Singleton ext. 437)
Ciba-Geigy Pharmaceutical Products	201/277-5000
Cooper Labs	201/540-8700 (bus. hrs.)

	Other Hours 201/821-8846 (J. F. Grattan) 201/879-7606 (Y. W. Cho) 201/746-9543 (F. C. Goble)
Dorsey	402/464-6311
Dow Chemical Co.	317/873-7000
Eaton Labs	607/335-2111
Endo	516/832-2210
E. R. Squibb & Sons	609/921-4006
G. D. Searle	See Searle
Geigy Pharmaceuticals	201/277-5000
Ives Labs	212/986-1006
Lederle Labs	914/735-5000
Lilly Products	317/261-3714 (bus. hrs.) 317/261-2000 (other hrs.)
Mallinckrodt	314/895-0123 (bus. hrs.)
McNeil Laboratories (O.T.C. Consumer Products)	215/836-4500
McNeil Laboratories (Prescription Drugs)	215/628-5000
Mead Johnson & Co.	812/426-6000
Menley & James Laboratories	215/854-4970 (bus. hrs.) 215/854-5231 (other hrs.)
Merck, Sharp & Dohme	215/699-5311
Merrell-National	513/948-9111
Miles Laboratories	219/264-8111
Ortho Pharmaceutical Corp	201/524-1566
Parke-Davis	313/567-5300 617/864-600 ext. 338 (Dr. Green)
Penwalt Corp.	Office Hours

(Continued on page 21.)

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**1978 NCPHA
NEW MEMBERS ADDENDUM**

Joy Early, Charlotte
 Martha G. Peck, Durham
 J. P. Tugwell, Chapel Hill
 Vernon G. Meadows, Charleston, W. Va.
 Kay P. Plumley, Kings Mountain
 Carol Bias, Charlotte
 Tony C. Gurley, Marion
 Emanuel May, III, Burlington
 John W. Faucett, Jr., Erwin
 George B. Abercrombie, Brevard
 Stanley A. Biedny, Clemmons
 Gary Watson, Williamston
 Vernon D. Collins, Durham
 Monty Terrell, Sanford
 Lynette Campbell, Greensboro
 Ronald C. Gobble, Salisbury
 R. Stephen Porter, Chapel Hill
 Thomas Sinnett, Matthews
 Jack R. Lowe, Mebane
 Maca Sharm Steadman, Salisbury
 Joseph C. Gee, Stokes
 James Kenneth Godfrey, Murphy
 Robin K. Lane, Charlotte
 William H. McLaughlin, Jr., Durham
 Sara Boss-Isenhour, Hickory

(Continued from page 20)

Pharmaceuticals 716-271-1000
 Pfizer Labs. 212/573-2422
 Pitman Moore Products See Dow
 Robins Products 804/257-2000
 (bus. hrs.)
 804/643-7373
 (other hrs.)
 Rovhe Labs 201/235-2355
 Roerig See Pfizer
 Sandoz 201/386-7500
 Schering-Plough 201/931-2000
 ext. 3306, 3307
 Searle 312/982-7000
 Smith, Kline & French 215/854-5231
 (bus. hrs.)
 215/642-7400
 (other hrs.)
 Sterling Drug, Inc. 212/972-4141
 Syntex Labs 415/855-5545
 (bus. hrs.)
 415/855-5050
 (other hrs.)
 Upjohn Co. 616/323-6615
 USV 914/779-6300
 Wallace Labs. 609/655-1100
 (bus. hrs.)
 609/799-1167
 (other hrs.)
 Warner Chilcott 201/540-2025
 Winthrop Labs. See Sterling Drug
 Wyeth 215/688-4400



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PHARMACY BREAK-INS AND OTHER ILLEGAL ACTS

Fayetteville

A break-in at Revco Drug Company occurred Thursday night, October 19, and about \$1,000 worth of drugs was stolen. Thieves entered the building by removing an air conditioning unit from the roof and dropping through an incomplete section of the inside ceiling. The safe was turned upside down and attempts were made to rip open the door.

Sanford

Sanford police are investigating the theft of an undisclosed amount of cash taken from the Lee Drug Store early Friday morning, October 20. Pharmacist Marcus Cameron told police he and another employee were distracted by two young men who asked to be waited on and inquired about prices of many items, but left without buying anything. A third party left with them, and the theft of the cash from a drawer near the prescription department was not detected until all of the subjects had left the store.

Oxford

Mast Drug Store was entered illegally through the drive-in window and \$200 and a quantity of drugs was taken Wednesday night, November 1. Damage to the window was estimated at \$150.

Henderson

A masked bandit armed with a small caliber handgun and a note demanding drugs made off with about \$10 worth of controlled substances from the Revco Drug Store, about 6 p.m. Sunday, October 15. The robber presented the note to the store manager and fled with a vial of Demerol, and capsules of Tuinal and Seconal.

Snow Hill

Snow Hill police have arrested two men and charged them with breaking into Snow Hill Pharmacy, Thursday, October 19. The two suspects were allegedly inside the pharmacy when they were surprised by local police on routine patrol. A quantity of money was found strewn about the floor and near the rear entrance through which the suspects fled. They were arrested several hours later on a highway south of town.

Durham

Triangle Pharmacy was the scene of an armed robbery Thursday, October 26, where three shots were fired and a pharmacist was hit on the head with a pistol.

Joseph G. Smith, Jr, pharmacist on duty, suffered a scalp wound on the head from the pistol blow. One of the customers was also struck on the back of the head and threatened with death. No one required hospitalization. The two robbers took a quantity of controlled substances and two money bags containing between \$1,000 and \$2,000.

Farmville

Dean's Family Center Pharmacy was broken into Thursday night, October 5, when robbers pried open the furnace room door, climbed through air conditioning/heat ducts into the store and made off with an estimated \$10,000 worth of drugs, including a substantial number of controlled substances.

Mooreville

An armed man with a stocking over his head entered the Revco Drug Store Wednesday afternoon, November 8, and demanded drugs from the pharmacist, Pam Roberson. According to police reports, the gunman left the store with about \$300 worth of Dilaudid tablets and a quantity of hypodermic syringes. No shots were fired and no one was hurt.

Kernersville

Stonestreet Drugs was burglarized about 5 am Monday, November 6, and approximately \$1,600 worth of controlled substances was taken. The thief entered the store through an air conditioning duct on the roof, and then knocked a 15 inch hole in the storeroom wall to gain access to the prescription department. Only drugs with a high "street" value were stolen, and police said "he knew what he was after."

Black Mountain

Ward's WNC Drug was the victim of an armed robbery Tuesday, October 24, when two men wearing ski masks and carrying semi-automatic rifles demanded money and narcotics. A large quantity of drugs and several hundred dollars in cash was taken. As a result of this robbery, a spokesman for the store said they will no longer stock narcotic drugs.

CONSTITUTION AND BY-LAWS**OF THE****North Carolina Pharmaceutical Association****Article I—Name**

This Association shall be called "The North Carolina Pharmaceutical Association."

Article II—Object

The purpose of this Association shall be to protect the public health and welfare by uniting the pharmacists of this state for the advancement of their profession; to improve the art of pharmacy and to elevate its standards; to restrict the dispensing and sale of medicines to pharmacists; to encourage and promote research and study; to interest competent individuals in the practice of pharmacy as a career; to foster a system of pharmaceutical education and continuation studies; to encourage research and training for all phases of the practice of pharmacy as a means of providing the greatest protection for the public at large; to advance pharmaceutical education and support scholarships in education in pharmacy; to publish and disseminate useful knowledge; to establish and maintain high ethical standards of professional conduct and practices; to promote and encourage relations of good will and respect between pharmacists and other health professions and the public; and to promote mutual cooperation of these disciplines so as to extend their usefulness to the public.

Article III—Membership

This Association shall consist of Active, Life, Student Branch and Honorary Members.

Section 1. ACTIVE MEMBERS. An active member shall be any pharmacist of good moral standing who is registered under the Pharmacy Law of this state with a current renewal certificate and who has paid the annual dues as specified in the By-Laws. Whenever an active member ceases to be a registered pharmacist of this state with a current renewal of registration, his active membership shall terminate unless extended by action of the Executive Committee.

Section 2. LIFE MEMBERS. Any active member who has previously been declared a life member or who qualifies for life membership as specified in the By-Laws shall be exempted from further payment of dues.

Section 3. STUDENT BRANCH MEMBERS. Students enrolled in a School of Pharmacy within the limits of the state, are eligible for membership in the Student Branch of the N. C. Pharmaceutical Association at the annual membership fee as specified in the By-Laws of this Association. Members of the Student Branch shall not have the privilege of voting or holding office but shall be entitled to all other rights of membership.

Section 4. HONORARY MEMBERS. Any person whose contribution to Pharmacy, or whose knowledge of Pharmacy and the Colateral Sciences shall, in the opinion of the Association, merit that distinction, may upon nomination by the NCPHA Executive Committee be elected an Honorary Member. Honorary Members shall be exempted from the payment of dues; they shall receive the publications of the Association, but they shall not have the right to vote or to hold office in the Association.

Article IV—Officers

The Association shall have the following officers: a President, a First Vice-President who shall be President-Elect; a Second Vice-President; a Third Vice-President; and a Secretary-Treasurer.

The three Vice-Presidents shall be elected annually by mail ballot and shall hold office until their successors are elected and have qualified. The First Vice-President (President-Elect) shall automatically assume the office of Presidency without being subject to further election.

The President, the three ranking Vice-Presidents, and the Secretary-Treasurer shall be ex-officio members of the Executive Committee. Each retiring President shall be a member of the Executive Committee for a three-year term.

Article V—Amending Constitution

Every proposition to alter or amend this Constitution shall be submitted in writing and received at an annual meeting, and may be voted on at the next annual meeting when, upon receiving a vote of three-fourths of the members present, it shall become a part of the Constitution of the North Carolina Pharmaceutical Association.

(Continued on page 25)

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BY-LAWS**Article I—Election of Officers**

Section 1. A Nominating Committee of seven members shall be annually chosen by the President and charged with the duty of selecting candidates for the offices of first, second, and third vice-presidents, and three members-at-large of the Executive Committee of the N. C. Pharmaceutical Association; one member of the North Carolina Board of Pharmacy; and four Directors of the North Carolina Pharmaceutical Research Foundation, Inc.

Section 2. The Nominating Committee shall submit at the last session of each annual convention the names of two or more persons or candidates for each of the offices of First Vice-President (President-Elect), Second Vice-President, Third Vice-President; six persons for three places as members-at-large of the Executive Committee; two or more persons for members of the North Carolina Board of Pharmacy; eight or more persons as candidates for four directorships of the N. C. Pharmaceutical Research Foundation, Inc. Additional nominations may be made from the floor.

Section 3. No less than thirty days prior to the annual convention, the president of the Association shall select a committee of three pharmacists from the district of the member of the Board of Pharmacy whose term expires the following year. It shall be the duty of this committee to recommend two candidates from their district to the NCPHA Nominating Committee for membership on the Board of Pharmacy. The recommendation of the district committee shall be final unless altered by a majority vote of members present and voting at a meeting of the Nominating Committee. Candidates for membership on the Board of Pharmacy may be nominated from the floor, but such nominees must practice pharmacy in the district entitled to the nomination.

Section 4. The names of the candidates so nominated shall be submitted by the Secretary-Treasurer by mail to every member of the Association within one month after he receives them, together with the request that the members indicate their preference on a ballot enclosed for that purpose, and return the same by mail within one month.

The ballots received as indicated in the pre-

ceding paragraph are to be sent to an "Election Committee" in care of the Secretary-Treasurer, Chapel Hill. The Election Committee shall consist of four members, each selected by mail ballot for a term of three years. The Election Committee shall count as votes in the annual election only those ballots received from members whose dues have been paid for the current year. The Election Committee shall certify to the Secretary-Treasurer the results of the tally after which the latter shall be published.

The Secretary-Treasurer shall notify all candidates of the time and place of the meeting of the Election Committee and extend a written invitation to attend the counting of the ballots.

Section 5. The officers thus elected by a plurality of the votes shall be installed at the final session of the next annual meeting.

Article II—Duties of Officers

Section 1. THE PRESIDENT. The President shall preside at all meetings of the Association, enforce a due observance of the provisions of the Constitution and By-Laws and parliamentary proceedings; he shall appoint all committees and delegates not otherwise provided for or ordered by the Association; he shall be ex officio member of all committees and delegations; he shall fill by appointment all vacancies occurring in office excepting the offices of vice-presidents, and also occurring in committees and the Executive Committee by reason of death, resignation, or inability to act; he shall be chairman of the Executive Committee; he shall present, at the annual session of the Association, a report upon the operations of the Association during his term of office, and an address upon such subjects as he may select and shall make such suggestions as he may deem suitable to promote the objects and welfare of the Association.

Section 2. THE VICE-PRESIDENT. (a) The First Vice-President shall be the president-elect of the Association, and a member of the Executive Committee. In the absence of the President, he shall perform the duties of that office. If the office of the President shall be vacated by reason of death, the First Vice-President shall become the President of the Association.

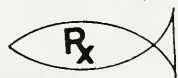
(b) The Second Vice-President shall be a member of the Executive Committee. In the

(Continued on page 27)

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absence of the President and the First Vice-President, he shall perform the duties of the President. In the absence of the First Vice-President, he shall perform the duties of that officer. (c) The Third Vice-President shall be a member of the Executive Committee and in the absence of the President and the two vice-presidents, shall perform the duties of the President. (d) In the event that the office of the President-elect and/or Second or Third Vice-Presidents be vacated for any reason whatever, such office shall be filled only by special election.

Section 3. THE SECRETARY-TREASURER. The Secretary-Treasurer shall keep correct records of all proceedings of the Association; a list of the names, residence and date of admission of each member; he shall collect all dues and all other monies due the Association and shall promptly deposit same in such depositories as the Executive Committee shall designate; he shall conduct the official correspondence of the Association and notify each member by mail of the meetings; he shall make disbursements only as directed or outlined by the Executive Committee and maintain all records pertaining thereto; he shall carefully preserve all papers and archives of the Association; he shall edit and distribute the Carolina Journal of Pharmacy and the Proceedings of the Association; he shall act as secretary to all committees of the Association and he shall discharge such other duties as the Executive Committee shall assign to him. He shall be bonded by an indemnity bonding company for a sum not less than \$10,000 and after approval of the Executive Committee, the fee for said bond being paid by the Association; he shall receive such annual salary as the Executive Committee may from time to time determine. A certified public accountant shall be engaged annually to audit the financial accounts of the Secretary-Treasurer.

Article III—Of Committees

Section 1. There shall be four standing committees: an Executive Committee in accordance with Subsection (a) of this Article; a Legislative Committee of seven members together with such nonvoting advisory members as the President may deem it wise to appoint; a nominating Committee in accordance with By-Laws Article I, Election of Officers; a Resolutions Committee of five members.

Subsection (1). **THE EXECUTIVE COMMITTEE.** The Executive Committee shall consist of the President, the First Vice-President, the Second Vice-President, the Third Vice-President, the Immediate Past-President, the Secretary-Treasurer, two past-presidents as provided in Article IV of the Constitution; and three elected members-at-large.

It shall be the duty of the Executive Committee to take into consideration and act upon all matters of business between annual meetings, and upon all propositions for membership; to approve all bonds protecting the funds of the Association; to select depositories in which the funds and securities of the Association are to be deposited; to direct the investments of funds of the Association; to contract for and make necessary arrangements for editing and publishing the Annual Proceedings, the Carolina Journal of Pharmacy, and such other publications as the Association may direct; and to perform such other duties as may from time to time be referred to it. It shall also have general charge of and final authority over all affairs of the Association which are not specifically provided for elsewhere in the By-Laws.

Subsection (b). **THE LEGISLATIVE COMMITTEE.** It shall be the duty of the Legislative Committee to use its efforts in sponsoring the passage of such legislation as the Association may specifically recommend, and to oppose such legislation as the Association resolves to oppose. During the intervals between annual meetings of the Association, if anticipated legislative developments occur, the Legislative Committee shall ask for a called meeting of the Executive Committee in order that the latter committee may act officially for the Association in advising, approving, or opposing such measures or methods as the Legislative Committee may present. This Committee may use its discretion in withholding any information which it deems unwise or unnecessary to publish. With this qualification, the report shall be presented to the Association by the Chairman of the Legislative Committee or his appointed representative.

Subsection (c). **THE RESOLUTIONS COMMITTEE.** The Committee on Resolutions shall meet together and decide on matters upon which the organization should take

(Continued on page 28)

a public stand. The Committee shall also receive all resolutions which may be referred to it by the Association members for study at any annual meeting, provided they are presented in writing to the committee no later than the first full day of the annual meeting if the meeting is scheduled for more than one day and no later than noon if the meeting is scheduled for one day only.

Section 2. APPOINTIVE COMMITTEES. The President shall appoint the following committees to be assigned applicable powers and duties, consistent with the Association's Constitution and By-Laws:

- A. Continuing Education
- B. Consolidated Pharmacy Loan Fund
- C. Delivery of Pharmaceutical Service
- D. Endowment Fund (NCPHA/Institute)
- E. Hospital Pharmacy
- F. Mental Health
- G. Nursing Homes/Extended Care Facilities
- H. Professional Relations
- I. Public Relations
- J. Public Health and Welfare
- K. Social and Economic Relations

Other committees may be appointed by the President to perform such special duties as may be assigned by the President and/or the Executive Committee.

Article IV—Of Membership

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).

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 those pharmacists residing out-of-state who shall pay thirty dollars. Pharmacists who are retired and on Social Security shall pay one-half the annual dues structure. Husband and wife pharmacists shall pay one and one-half the annual dues structure and shall receive one mailing, with the exception of Association mail elections, for which they shall each receive a ballot.

Subsection (b). NON-PAYMENT. Any member in arrears at any annual meeting shall not be entitled to vote; anyone neglecting to pay his annual dues shall lose his membership.

Section 2. LIFE MEMBERS. Any member in good standing is eligible for a life membership and thereafter he shall be exempt from all future annual dues. The cost of such membership shall be ten times the individual's maximum annual dues.

Also, the Executive Committee is empowered to vote into Life Membership a member whose contributions to his profession and/or the Association have been so outstanding that he merits this honor.

Section 3. STUDENT BRANCH. Any student in a School of Pharmacy meeting the qualifications of Article III, Section 3 of the Constitution, and paying the annual dues of one dollar is eligible for membership as specified in the above-named section.

Section 4. HONORARY MEMBERS. Honorary Membership may be conferred upon nonmembers who have made noteworthy contributions to the Association. Nomination for such honorary membership shall be made to the Executive Committee, who shall consider and act upon such nomination. Honorary members shall have the privilege of attending annual meetings of the Association but shall not enjoy any other rights or privileges of membership in the organization.

Article V—Of Meetings

Section 1. Association meetings shall be held annually, or from time to time, as the Association may determine, provided that in case of failure of this from any cause, the duty of calling the Association together shall devolve upon the President, or upon the Vice-Presidents, with the advice and consent of the Executive Committee.

Special meetings may be held upon written request of fifteen members, who shall state the purpose thereof, and only such matters shall be considered at such a meeting.

Section 2. At the opening of each annual meeting, in the absence of the President, or Vice-President, one of the Executive Committee shall take the chair. In the absence of all, a President pro tempore shall be elected by the members present. In the absence of the Secretary-Treasurer, the presiding officer shall appoint a Secretary pro tempore.

Section 3. Fifty members constitute a quorum.

Section 4. **REGISTRATION FEE.** A registration fee shall be paid by each person participating in the affairs of the annual convention, except for student branch members. The amount of such fee shall be fixed annually by the Executive Committee.

Article VI—Of Branches

Section 1. There shall be a students' branch within the Association, the membership of which shall be composed of and limited to regularly enrolled students in a School of Pharmacy within the borders of North Carolina. The Branch must organize itself, elect a president, a secretary, and a treasurer. These officers shall be responsible to the Secretary-Treasurer of the Association for funds collected as annual Association dues. It shall have a constitution and set of by-laws which shall be approved by the Executive Committee of the Association.

No action taken by such Branch shall bind the Association in any way save when a proposed action is submitted as a recommendation to the Executive Committee prior to the annual meeting. If the Executive Committee gives its approval the recommendation may be submitted first to the general membership at a regular meeting and then assigned to the Committee on Resolutions for study and report in the usual manner.

Article VII—Of Delegates

Section 1. The President shall annually appoint two delegates to the American Pharmaceutical Association and two to the National Association of Retail Druggists.

Article VIII—Amending the By-Laws

Section 1. Every proposition to alter or amend these By-Laws shall be submitted in writing at one session of the annual meeting and shall be balloted on at a subsequent session when, upon receiving a vote of two-thirds of members present, it shall become part of the By-Laws.

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy AHEC.

- I. In November 1977, the F.D.A. approved a new vaccine to be manufactured by Merck, Sharpe & Dohme. It is estimated that this vaccine will save about 25,000 lives per year. The product is used to prevent which of the following conditions?
 1. Gonorrhea
 2. Pneumococcal pneumonia
 3. Hemophilus influenza
 4. Intractable bronchial asthma
 5. Allergic response to certain insect bites

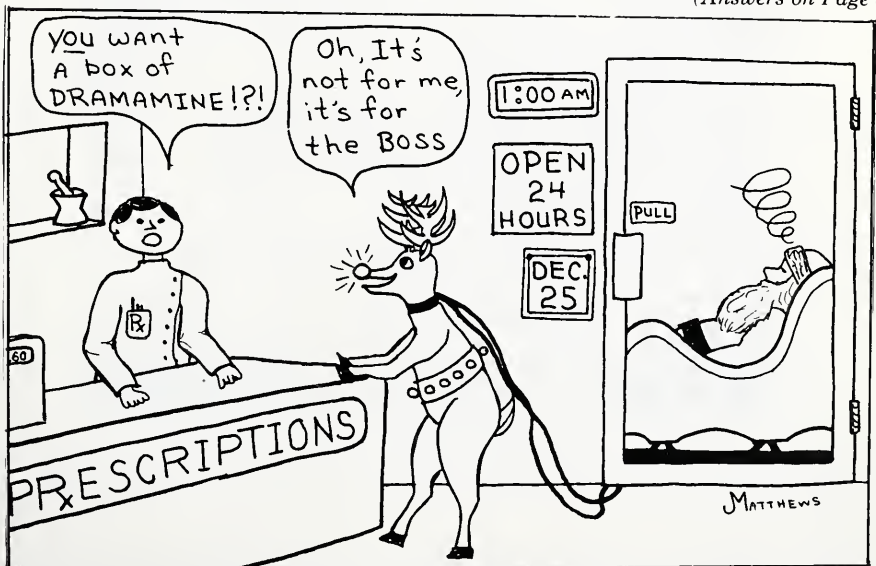
- II. Which of the following drugs is an enzyme inducer of drug metabolism in man?
 1. Isoniozid
 2. Quinidine
 3. Meprobamate
 4. Aspirin
 5. Tetracycline

- III. Methotrexate® (15 mg) day I.V. was administered to a patient who had chronic arthritis which was treated with aspirin. Methotrexate symptoms of overdose appear because:
 1. Aspirin enhanced the absorption of methotrexate in the G. I. tract.
 2. Aspirin displaced methotrexate from the plasma binding sites.
 3. Aspirin competes with methotrexate at the active tubular secretion binding sites.
 4. 1 and 3.
 5. 2 and 3.

- IV. Permits or licenses to operate pharmacies in North Carolina are issued upon application of the owner and pharmacist-manager to:
 1. The owner.
 2. The pharmacist-manager.
 3. Jointly to the owner and pharmacist-manager.
 4. The individual designated by the application.
 5. 1 and 2.

- V. A pharmacist has been asked to prepare 400 milliliters of a solution of lidocaine in 5% dextrose in water such that the final concentration is 4mg per milliliter of lidocaine. How many milliliters of lidocaine 2% should be used?
 1. 10
 2. 20
 3. 40
 4. 60
 5. 80

(Answers on Page 39)



SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

Script

TOUR OF PHARMACEUTICAL INDUSTRIES IN PUERTO RICO

The Pharmacy Manufacturing Class (Pharmacy 162) recently spent seven days in Puerto Rico touring manufacturing plants. The students, who financed their own trip, found interests in all phases of industrial work including sales, research and development, manufacturing, and quality control.

Tours of five of the seventy-three companies who are members of the Pharmaceutical Industries Association (PIA) of Puerto Rico were arranged by Ted Vandevore (A. H. Robins) and Ben Rivera (Executive Director of the PIA of Puerto Rico). Plants toured included Abbott, Winthrop, Eli Lilly, Warren-Teed, and Eaton Labs.

In addition to the manufacturing tours, the students were able to visit The School of Pharmacy, University of Puerto Rico. The Puerto Rican students were available to talk with our students about their school and their interest in manufac-

turing. Faculty members provided a tour of the facilities and were available for questions. This enabled the students to compare the two educational processes (Puerto Rico and the United States) and to share ideas with the Puerto Rican students.

The tours were quite educational since many of the students had never seen a manufacturing process. The tour guides in each plant were professionals, usually managers, who were able to respond to most questions. Having studied GMP's (Good Manufacturing Practices) prior to the trip, the students were looking for violations of these laws.

As a group, the students feel the trip was rewarding in all aspects, especially since Puerto Rico is uniquely blessed with seventy-three drug manufacturers concentrated on the island. The students feel that anyone remotely interested in industrial pharmacy would benefit greatly from such an experience.



Tour Group—Pharmaceutical Industries, Puerto Rico

Front Row, left to right:

Theresa Michaud, Phyllis Corey, Jan Nowell, Julie Parmer, Mandy Bethune, Betty Whitehead, Henry Smith

Back Row, left to right:

Betsy Stancil, Rebecca Work, Kathy Carpenter, Patti Rouse, Donna Harris, Mike Long, Earl Key, James Olsen, Ted Kyle.

Picture courtesy of Eli Lilly and Company, Inc., Puerto Rico

DEAN'S MESSAGE

I REMEMBER WHEN . . .

The title of this message indicates that I am no youngster. This message actually was kindled by a lecture some of us had the privilege to hear when the internationally known Dr. DeBakey (most well known for his heart transplants) came to Chapel Hill to deliver the Merrimon Lecture. The title of his lecture was "Relighting the Lamp of Excellence." If we would ascribe to his concepts (not new), what a great society we could be! Allow me to reminisce and at the same time give an insight to the contents of Dr. DeBakey's lecture.

I remember when students were (as a group) more serious about their reasons for a college education—not so quick to blame the instructor or the system for their own shortcomings. A personal commitment to excellence needs to be made.

I remember when, as a graduate student, the "midnight oil" was as familiar as the "lost weekends" as I perceive them to be today. I also remember when trips to meetings were entirely an "out-of-pocket" expense. I remember (fondly) the "brown bag" discussions about various research and other problems which highlighted the day. A personal recommitment to excellence needs to be made.

I remember when as a young faculty member it was the usual thing to work at the bench side with graduate students up to the early morning hours and weekends. I remember the pre-NIH days (and other agencies) when research funds were not just difficult to obtain, they were not existent. I remember when research was accomplished with blood, sweat, and tears and improvisations, without sacrificing quality—research which still stands today as "benchmarks." I certainly would not advocate going back to those days, but a personal recommitment to excellence is in order. I remember when we were so busy with our own instructional and research endeavors that we did not have the opportunity to look at others and attempt to determine what "they" were getting away with.

From students to faculty, from administrators to secretaries, from storekeepers to custodians, particularly in today's societal climate, we need a personal recommitment to excellence.

But that's enough for memory, the mythological God Janus reminds us that this is the time of year to not only look backwards but to also look forward. In the spirit of the New Year—let us relight the lamp of excellence!

. . . With apologies to those whose lamps are burning brightly.

WITH THE FACULTY

Fred M. Eckel, Professor, Division of Pharmacy Practice, participated in the Anesthesiology Graduate Clinical Rotation Program held on Friday, November 3, 1978, at Duke University Medical Center. Also, Mr. Eckel and Sandra H. Hak, Clinical Instructor, Division of Pharmacy Practice, participated in a Patient Education Seminar conducted by the American Hospital Association in Chicago, Illinois, on October 30-31, 1978.

Stephen M. Caiola, Associate Professor, Division of Pharmacy Practice, and Raymond Jang, Associate Professor of Pharmacy Administration, attended the Fifth Pharmacy Educator's Communication Skills Workshop in Athens, Georgia, on October 29-31, 1978.

Lawrence J. Hak, Assistant Professor, Division of Pharmacy Practice, and Ralph H. Raasch, Assistant Professor, Division of Pharmacy Practice, both of the School of Pharmacy, gave a seminar on hyperalimentation at the Lee County Memorial Hospital in Sanford, North Carolina, on October 25, 1978.

Heyward J. Hull, Clinical Associate Professor, Division of Pharmacy Practice, School of Pharmacy, gave a seminar on "Pharmacokinetic Mechanisms of Drug Interactions," on November 2, 1978, at the North Carolina Medical Society Headquarters Building in Raleigh, North Carolina. Mr. Hull also spoke on "Pharmacokinetic Issues in the Use of Antibiotics" on October 20, 1978, in Williamsport, Pennsylvania.

WITH THE DEAN

Sunday, October 15, The Dean spoke to the Wilson County Pharmaceutical Society, where Mr. Douglas Barron is President. AHEC pharmacist Steve Shearer from Tarboro helped to coordinate the meeting. Dean Miya was presented with a mounted tobacco leaf as a memento of his visit to the Tobacco Center of North Carolina.

Dean Miya was guest speaker at the joint Harnett and Johnson county Pharmaceutical Association meeting on Thursday evening, 16 November. He spoke on the changes and the reasons for changes which have occurred in the School and touched on the School's problems. A major portion of his talk referred to continuing competency and its linkage to a federal health cost reimbursement program. Herman Medlin, President of the Hamett County Pharmaceutical Association made the introduction. The President of the Johnson County Association is Mr. Frank Wells. The joint meeting, the first in recent history, was attended by well-known pharmacy dignitaries, including Herman Lynch, President, North Carolina Pharmaceutical Association, James Creech, the phar-

macist of the year, and State Representative, Barney Paul Woodard. Traveling from Chapel Hill were Mr. & Mrs. A. H. Mebane, Associate Dean and Mrs. Werley and Mrs. Miya.

Sunday, 29 October, found Dean Miya in Asheville, North Carolina where he was guest speaker to the pharmacists of that area. Dr. Edwin Webb, AHEC pharmacist was in charge of the arrangements. On Monday, he visited the AHEC and also Kenilworth Pharmacy and then traveled to Spruce Pines for a visit with Mr. Harold Day, a member of the State Board of Pharmacy and visited the Spruce Pine Community Hospital where Mr. Day has charge of all pharmacy-related activities.

Dean and Mrs. Miya traveled to Charlotte, North Carolina on October 20 to participate in a meeting of the Purdue Club of Charlotte. Dr. Earl Butz, former Secretary of Agriculture, spoke to the group on "Brain Power." Mrs. Butz' home is Turkey, North Carolina. The retiring Chancellor D. W. Colvard of the University of Carolina at Charlotte, Ph.D. student under Dr. Butz, received a plaque from the Club honoring him for his accomplishments.

ACPE ACCREDITATION SITE VISIT

On November 28, 29, and 30, 1978, four representatives from the American Council on Pharmaceutical Education visited our School for re-accreditation, which occurs every 6 years. The Committee was comprised of two University Deans, Dean Evelyn Handler, Division of Sciences and Mathematics, C.U.N.Y., and Dean Lawrence Weaver from the College of Pharmacy, University of Minnesota; Dr. Daniel Nona, Executive Director, American Council on Pharmaceutical Education, and Mr. Whitaker Moose from the North Carolina State Board of Pharmacy were also on the Committee.

In addition to an in-depth meeting of the Dean and Associate Dean, the visitors met with President Friday, Chancellor Taylor, Acting Vice Chancellor Turner, and the Deans of the Schools in the Division of Health Affairs.

The visitors met with individual faculty members as well as twelve students who represented the different organizations and classes within the School of Pharmacy.

Accreditation is an important process to determine minimum educational standards. Eligibility for licensure is dependent upon graduation from an accredited School.

GUEST LECTURER

Dr. T. Douglas Whittet (D.Sc., Ph.D.), who has recently completed 10 years as Chief Pharmacist of the British Department of Health and Social Security, spoke at the School of Pharmacy auditorium on November 30, 1978 at 2:30 P.M. His topic was entitled, "The British National Health Service with Especial Emphasis on Pharmacy." The presentation was co-sponsored by the UNC School of Pharmacy and The Health Services Research Center and open to the public. An interesting question and answer period followed.

Dr. Whittet, who is internationally known as a lecturer in medical and pharmaceutical history, also has numerous papers to his credit in pyrogens and drug stability. Among his more notable positions, Dr. Whittet has served as Deputy Chief Pharmacist, Ministry of Health, and as a member of the World Health Organization Expert Advisory Committee on International Pharmacopoeia. On December 5, Dr. Whittet received the Don Francke Award for his outstanding international contributions to the field of hospital pharmacy at the Mid-Year Clinical Meeting of the ASHP in San Antonio.

DRUG INFORMATION REPORTS

WHY IS THE ANTIESTROGEN, TAMOXIFEN, USEFUL IN THE TREATMENT OF BREAST CANCER?

—Betty Dennis, M.S.

Tamoxifen (Nolvadex®) is a nonsteroidal antiestrogen which has been shown to be effective in the treatment of advanced breast cancer. Since certain breast cancer cells rely on the presence of estrogen, removal of estrogens can result in suppression of tumor growth. Surgical removal of the ovaries does not totally deplete endogenous estrogens, therefore chemical compounds such as antiestrogens can be used to block the effect of estrogen on target tissues by competing for binding sites.

The overall response to tamoxifen therapy is 40% when both complete and partial remissions are included. Tamoxifen is especially effective (60-70% response) in women whose tumors are positive when assayed for estrogen receptors. Patients with estrogen receptor negative tumors respond poorly to antiestrogen therapy. The average duration of response is nine months.

Oral doses of 10-20 mg given twice a day produce only mild side effects. Nausea, vomiting and hot flashes occur in approximately 25% of patients treated but only 2% of patients have had to discontinue therapy due to side effects. Tamoxifen does not produce the bone marrow suppression commonly seen with cytotoxic therapy. However, caution should be used in leukopenic and thrombocytopenic patients because a few cases of transient decreases in peripheral white blood cell and platelet counts have been reported. Other mild and infrequent side effects include vaginal discharge or bleeding, headache and anorexia.

Tamoxifen is supplied by Stuart Pharmaceuticals as a 10mg tablet which contains 15 mg of tamoxifen citrate (equivalent to 10 mg tamoxifen). Although therapy with tamoxifen is expensive, this drug offers an effective oral therapy for many patients with advanced disease.

Reference

Kiang DT and Kennedy BJ, *Annals Internal Medicine* 87:687-690, 1977. (For further references, please contact the Division of Pharmacy Practice, UNC-Chapel Hill School of Pharmacy.)

NEW FACULTY MEMBER HANI M. SADEK

Dr. Hani M. Sadek has joined the faculty at the UNC School of Pharmacy in the Division of Pharmaceutics as an Assistant Professor.

Dr. Sadek received a baccalaureate degree in Pharmacy and a master's degree in Pharmaceutical Chemistry from the University of Alexandria, Alexandria, Egypt. He received his Ph.D. degree in Pharmacy from the University of Marburg, Marburg, West Germany. Dr. Sadek served as a postdoctoral research associate in the Chemistry Department at Texas A & M University.

Dr. Sadek's research interests include the effect of dosage form formulation on drug delivery and its bioavailability.

HIDDEN TALENT

Ms. Eleanor Kinnaird, a new member of the staff of the UNC School of Pharmacy's AHEC Division, recently performed as a violinist in a concert of French and Italian Baroque music with the "I Misici Di Capella Della Collina." Ele, a former music instructor, received her BA from Carlton College in Northfield, Minnesota, and her MA in music from UNC, and has been performing with the group since its inception. She is also a member of the UNC Symphony and the "New Music Ensemble," and is also active in community services. In addition, Ele is an avid bicyclist, using this means of transportation to and from the Pharmacy School. Ele's husband, Richard, is a member of the UNC Art Department Faculty, and they have three sons.

A SUMMER WITH A DIFFERENCE

On Tuesday, November 14, the pharmacy students who worked with drug companies during the summer of 1978 presented an Industrial Seminar. Each student talked about his experiences with individual drug manufacturers. Dr. William Edmondson, Government Affairs Manager at Burroughs-Wellcome, attended along with approximately forty pharmacy students and faculty members.

The seminar opened with an explanation of the application process and benefits in terms of salary, transportation, and housing through the National Pharmaceutical Council—SAPhA program. Out of 438 applicants, 84 interns were selected to participate and five were from UNC. Each internship was directed towards following the critical path of a drug entity from synthesis to post-marketing. This progression was highlighted by Karen O'Malley with a slide presentation compliments of Geigy Pharmaceuticals.

Karen O'Malley spent her summer primarily in Summit, NJ at Geigy's Pharmaceutical Division. Her program also sent her to Bear Mountain, NY for sales training; Philadelphia to work with sales representatives in the field; Suffern, NY to visit the production facilities and tour with the FDA inspector class that uses the Suffern plant as a training center. Karen also went to Rockville, Maryland to spend the day with the FDA. The highlight of the summer was being on hand to witness the approval and release of a new drug, LOPRES-SOR, during the last weeks of the internship program.

Patsy Millar worked with McNeil Laboratories, a subsidiary of Johnson & Johnson, in Fort Washington, Pa. Patsy also visited a sister company, Ortho Laboratories, and the FDA in Rockville, Md. Patsy brought samples of the clothing the interns were required to wear while in production areas, designed to avoid contamination of the pharmaceuticals and protection from dust.

Toula Panagiotopoulou worked in Nutley, N. J., for Hoffman LaRoche, and was impressed by the controls and pride each employee exhibited in manufacturing a quality. Frequently Toula and Roche personnel discussed such issues as profit and loss, the pharmacist's place in industry and drug reform.

Cathy Lott worked with Smith, Kline and French in Philadelphia as well as with their OTC division—Menley James. For Cathy the impor-

tance of the summer was the meeting of people and learning to communicate as well as putting past course work into use.

Earl Key worked in Greenville, NC for Burroughs-Wellcome but spent the majority of his summer in the Pharmaceutical Development labs. In addition, the BW interns spent some time at the Research Triangle with the research scientists, pharmacologists and marketing departments.

Before opening the floor to questions, Karen closed the presentations with an excerpt from the paper she submitted to Geigy at the end of the summer:

"I never realized the tremendous effort required to produce and market a quality drug product. The stringent control systems required throughout manufacturing as well as the coordination, interrelations and dependencies of each area are immense. I truly appreciate the tablets and capsules I dispense now. I sincerely wish more pharmacists could have the opportunity to work as we did. It is a start towards better relations between industry and practicing pharmacists through greater understanding and knowledge of the perspectives and problems of each party. I envy the future interns for the growing and learning their summer's adventure will be. Thank you."

NEW YEAR'S RESOLUTION

DON'T QUIT

When things go wrong, as they sometimes will,
When the road you're trudging seems all uphill,
When the funds are low and the debts are high,
And you have to smile, but you have to sigh,
When care is pressing you down a bit—
Rest if you must, but don't you quit.

Life is queer with its twists and turns,
As every one of us sometimes learns,
And many a fellow turns about
When he might have won had he stuck it out,
Don't give up though the pace seems slow,
You may succeed with another blow.

Often the goal is nearer than
It seems to a faint and faltering man;
Often the struggler has given up
When he might have captured the victor's cup;
And he learned too late when the night came down,
How close he was to the golden crown.

Success is failure turned inside out—
The silver tint of the clouds of doubt,
And you never can tell how close you are,
It may be near when it seems afar;
So stick to the fight when you're hardest hit,
It's when things seem worst that you mustn't quit.

—Author Unknown



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1919-1978



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STEPHEN T. FORREST MEMORIALS

Contributions to the TMA Foundation in memory of Stephen T. Forrest have been made by the Hamricks-Gordon, Rush, Grace, Rusty, Lydia and Dale-Kendall Drug Company of Shelby, and by Roland G. Thomas of Store Fixtures and Planning, Inc. Mr. Forrest was a past president of the TMA Foundation.

The Greensboro Drug Club Auxiliary has contributed to the NCPHA Consolidated Pharmacy Loan Fund as a memorial to Mr. Forrest.

The P. A. Hayes Memorial Fund, of the Consolidated Pharmacy Loan Fund, has been renamed the P. A. Hayes and Stephen T. Forrest Memorial Fund.

CONTRACT AWARDED

The School of Pharmacy has been awarded a contract running through June, 1979, for "manufacture of PLA/GLA Naltrexone beads for clinical trials" by Dynatech R/D Company of Cambridge, Massachusetts. The nearly \$10,000 contract calls for development of procedures for producing sterile implantable beads by injection molding techniques and aseptic pharmaceutical methods. The drug "naltrexone" is a narcotic antagonist and the bead dosage form is being tested for sustained release.

Dr. James L. Olsen, Chairman of the Pharmaceuticals Division in the School, is principal investigator.

N. C. SISTER PHARMACISTS HONORED IN PHARMACY TIMES

The four Clayton sisters all formerly of Charlotte, are featured in the December 1978 issue of PHARMACY TIMES. Carol Clayton Norris, manager of Mann's Drug Store, Boone; Peggy Clayton Gebhardt, Pharmacist in AHEC, Greensboro; Patty Clayton Giddings, part-owner of a Medicine Shoppe, Durham; and Ginger Clayton, pharmacist-manager of Eckerd's Drug Store, Matthews were recognized for their contributions to the advancement of women in management positions in pharmacy, and as Pharmacy Times says, "they come from a family with a non-pharmacist background."

Correct answers

- I. (2) Pneumovax[®] marketed in 1977.
- II. (3) Goodman and Gilman, 5th Edition, p. 189. "Meprobamate can induce microsomal enzyme systems in the liver and accelerated drug disposition, pharmacodynamic tolerance and interactions with other drugs thus occur."
- III. (5) *Drug Interactions* by Phillip D. Hansten, 3rd Edition, p. 126. "Study in man has shown a decreased clearance (about 35%) of methotrexate following salicylate administration as well as a decrease in plasma protein binding of about 30%."
- IV. (2) N. C. Board of Pharmacy Rules and Regulations—.0501 (10).
- V. (5) 400 milliliters X 4mg/ml = 1600 mg lidocaine needed.
2% lidocaine contains 20mg/ml
 $1600 \div 20 = 80$ ml 2% lidocaine needed
add to 320 ml of 5% dextrose in water

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION (ACT OF OCTOBER 23, 1962); SECTION 4389, TITLE 39, UNITED STATES CODE.

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Editor, Business Manager

September 27, 1978

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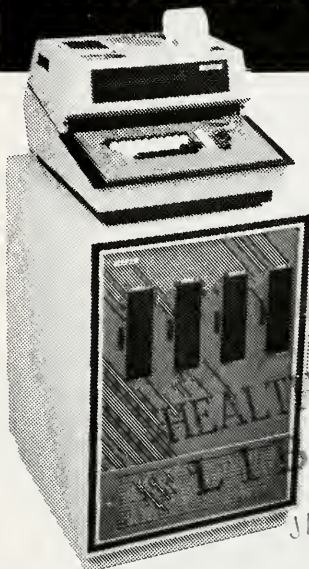
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