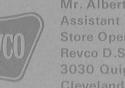


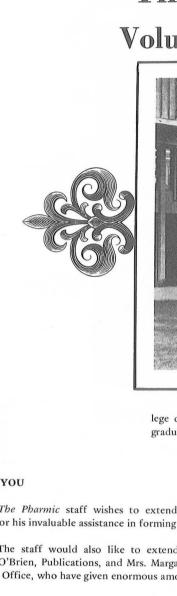
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THANK YOU

The Pharmic staff wishes to extend its appreciation to Dr. Dunker for his invaluable assistance in forming this publication.

The staff would also like to extend special thanks to Mrs. Virginia O'Brien, Publications, and Mrs. Margaret Hartz, Student Organizations Office, who have given enormous amounts of assistance.

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The WAYNE PHARMIC Volume 16 1972 Number 2





The Wayne Pharmic is the official publication of W.S.U. College of Pharmacy, written by, for, and about Pharmacy students and

HELP

The Pharmic would like to have YOU as a staff member. Please contact Frances Zalewski, Dr. Dunker or leave a message in the Pharmacy Office.

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FROM THE DEAN

As I was preparing to write my remarks for the Spring Issue 1972 of The Pharmic, I came across an editorial by H. Richard Henderson, M.D., which appeared in the March 6, 1972 issue of Detroit Medical News. I have decided to reproduce Dr. Henderson's editorial as a substitute for my remarks because of its relevance to contemporary issues in health-care and its importance to pharmacy.

THE ROLE OF THE PHARMACIST

A task force to develop criteria for a clinical role for the pharmacist sponsored by the Department of Health, Education and Welfare, published a report in the Spring of 1971. Virginia Cleland, Ph.D., Professor, College of Nursing, Wayne State University was a member of this task force. The report begins by stating "The pharmacist is a health resource whose potential contribution to patient care and public health is grossly underdeveloped and, thereby, is used ineffectively."

LOOKING AHEAD to SPARE TIME

"Tell me what you do with your spare time," says the sly old gypsy fortune teller. "and I will tell you what sort of a person you are."

The rule holds good for all, the high-paid executive and the young beginner. During business hours you are doing things that you have to; even the president of a nation must obey the strict discipline of many important matters to be handled quickly. And there's no use trying to judge a man by the things he does under pressure.

But when the pressure is over, and you can do as you please, what do you do then? Four nights a week in the bad air of a movie? Most of Sunday reading the funny sheets and the murder trials? Then the gypsy fortune teller will have no trouble predicting your unhappy future.

For happiness is made of better things than these. The pleasure seeker never finds it. It comes to those who have planned wisely for their spare time. To the man or boy who has learned to get recreation and renewal of energy out of an evening at home with a book.

Good books in the long run cost no more than cheap amusement, and the whole interest on the investment is a whole lot higher. Books furnish your mind with thoughts and keep it bright and up-to-date. A bookless man is like a haunted house, its emptiness, dust, and cobwebs never attract.

Include a book budget in your regular living expense account, and see what it does for you by the end of the year! Plan to spend a small sum out of your allowance each week or each month for books. Go home each night with the knowledge that a good book is waiting to be begun or finished after dinner. You'll be surprised how much real happiness you will find and how much unexpected prosperity will come your way. Better than all, you'll find yourself thinking, forming a

From the Dean's Desk

Dean Martin Barr

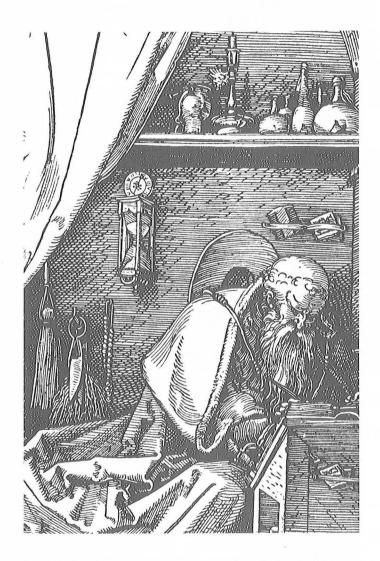
With this as background, I would like to suggest that the position taken by the AMA House of Delegates on its support of antisubstitution drug laws should be reviewed. I do not feel that repeal of these laws would turn order into chaos as has been suggested by one of the JAMA, August 9, 1971. I would further support the statement of Dr. Parks, President of the American Pharmaceutical Association, who states, "if pharmacists are to take an even greater role in patient care in the future, physicians and others must begin today to grant pharmacists the opportunity to function at a higher level. Drug product selection is a function which the pharmacist is qualified to assume today. It is a function that can lead toward even more responsible roles in the future.'

Today, in Detroit, at Wayne State University, the graduate student in Clinical Pharmacy is, in fact, assuming a greater role in health care. He is consulting directly with patients, not only in the pharmacy but in the ambulatory care unit, in the hospital ward and in the home. Emphasis is placed on proper drug utilization, patient compliance, drug education and possible adverse drug reactions and interactions. In addition, direct patient contact offers the opportunity to provide health care support in terms of interest, compassion and understanding. The clinical pharmacist is participating in drug education for the medical students, nurses, and other members of the health care team including physicians. He is consulting with physicians on appropriate drug substitutions. He is functioning in drug use and abuse education programs for citizens in the community. He is taking blood pressures, giving immunizations, and performing drug utilization reviews (the right drug for the right diagnosis at the right time) to determine whether the patient is complying with his physician's medication instructions. The clinical pharmacist's role is expanding and becoming more patient oriented. With the opportunity to perform a higher level he is accepting the challenge and growing with his new role. Technicians, under the supervision of pharmacists can package and dispense medication. A clinical pharmacist is capable of much more. The AMA talks about developing new categories of health professionals and this is fine, yet pharmacists already have the capacity and expertise to assume certain functions which can be important in improving the standard of health care. With greater AMA support, clinical pharmacists can assume a more responsible role.

thinking habit, and what a kick you'll get out of your mental "growing pains"



Reflections from the Editor



As I look back on my five years at the College of Pharmacy, I cannot help but reflect on the memories of events past. Although all of us were united by a common professional bond in a health care team, there was something more that united the students in my class. It was the bond of friendship. It was never announced publicly, but it was noticeably present.

Nowadays, it is difficult to find someone who has a moment extra for you. Besides giving professional medical advice, the extra minute or two that you may spend with a patient chatting about his family or business will prove to him that you really care about his well being. Perhaps, a bad feature of our curriculum is that it does not give us more of an opportunity to learn how to cope with people. Bedside manners can be a very effective cure for many so-called patients. It is like keeping a bottle of medications home and not using it when it is needed. We should open our alabaster box of understanding and tenderness and allow it to diffuse. It never hurts anyone to speak approving, cheery words. It's saying the thoughtful things you mean to say now before they are gone. Try to be refreshing and cheerful to those who are wearied and troubled. A friendship gained can be an asset to you one day that no amount of money could ever provide. Remember: Everyday is a new life to a wise man. Life, we learn too late, is in the living, in the tissue of every day and hour. "For yesterday is but a dream and tomorrow is only a vision, but today well lived makes every yesterday a dream of happiness and every tomorrow a vision of hope.

Best of luck, life and happiness to all in the coming years!

What Is Graduation?



duation is an end, But also a beginning . . . The start of all the dreams That every graduate is spinning. Graduation is sighs and laughter Mingled liberally with tears, Lingering memories of one's sharing Life with classmates through the years. Graduation is conclusion Of one big phase of work and fun, A milestone passed, new things begun. Graduation is excitement, Speeches, farewells And applause, diplomas And a mortar board . . . The gate to pathways unexplored. Katherine Davis



am only one, but still I am one; I cannot do everything, but still I can do something; and because I cannot do everything I will not refuse to do the something that I can do. Edward Everett Hale

To All Undergraduates . . .



welve Things to Remember The value of time; The success of perseverance; The pleasure of working; The dignity of simplicity; The worth of character; The power of kindness; The influence of example; The obligation of duty; The wisdom of economy; The virtue of patience; The improvement of talent; The joy of originating. Marshall Field

---IMPACT ON HEALTH AND HEALTH PROFESSIONS---



On February 22, 1972 the 19th Annual Stephen Wilson Seminar with its theme "Health Maintenance Organizations - Impact on Health and Health Professions", sought to propose a solution to successfully meet the challange of the health care delivery crisis of the 70's.

The first speaker that morning was Mr. William McCloud, an H.E.W administrator, who spoke about the "Context for the Development of HMO's". He emphasized the important developments in federal involvement in health care since 1960 and stressed that the federal government HMO strategy was to build upon the strengths of the present health care system. He stated that the common goal of all health care strategy is better health care for all in the U.S. on an equitable basis. His definition of a HMO was a very flexible one encompassing prepaid group practice and preventative care as well as a standing fee-for-service concept in some instances to ensure the goal of total health care. He indicated where the federal government stands in the organization of health care delivery, on financial assistance and on management accountability for HMO's.

The next speaker Mr. Marvin Meltzer, the director of the WSU Reginal Medical Programs, spoke on the "Multiple Definitions of a HMO". He stressed the need for physician control and peer review to ensure just and equitable costs in any HMO model developed.

The third speaker Dr. Caldwell B. Esselstyn, director of the Bureau of Emergency Health Services in the New York State Department of Health, spoke on "One Form of a HMO - Prepaid Group Practice". This is a non-profit prepaid, consumer sponsored, group practice plan based on capitation. This plan is not new but has been utilized by unions, group health cooperatives and the Kaiser Foundation for years. Dr. Esselstyn emphasized that unlimited free choice on the part of a patient seeking medical care is not necessarily in the patient's best interests. This is because the patient frequently is not in the best position to choose from an "unlabeled product" - namely the ability of a particular practitioner to treat his particular medical condition. Dr. Esselstyn concluded his talk by listing the appealing advantages of the prepaid group practice HMO to the medical practitioner, the patient and to the federal government. This type of HMO appeals to the medical practicioner because:

(1) It ensures him that his patients will receive good medical care in his absence.

- (2) It gives him some time off without loss of income.
- (3)It increases the amount of equipmtent, facilities and the like available to him.

(4)It provides him with increased opportunity for consultation with colleagues.

(5) It has attractive fringe benefits.

(6) It allows him increased time for training others.

HEALTH MAINTENANCE ORGANIZATIONS

Malle



O CO C

Paul L. Zollars Mast



Mene

It appeals to the patient because:

(1) All services are provided under one roof.

(2) Emphasis is placed on preventative medicine.

(3) Twenty four hour service is provided.

(4) It is more economical in the long run in terms of costs for services rendered to the patient.

(5) It provides a consumer vote in the operation of the HMO.

It appeals to the federal government because:

(1) Liability is predictable.

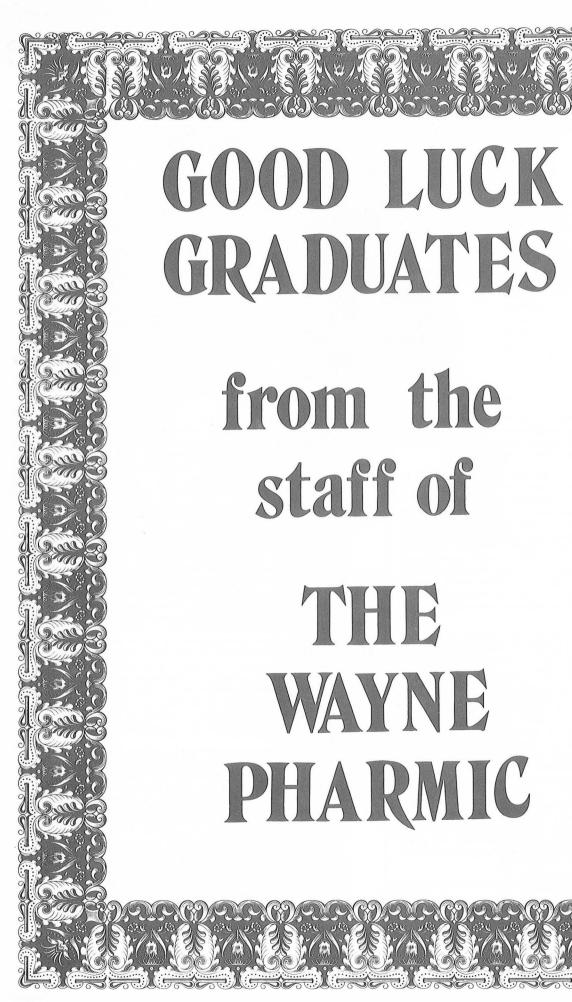
(2) An incentive is provided for the establishment of an economical drug formulary system.

Dr. Axelrod, a professor in the department of Medical Care Organizations at the U. of M. school of Public Health, followed with "Alternatives for Financing HMO's. He emphasized the necessity of getting the most Medical care possible for the taxpayer's dollar. He stated that the HMO is not a substitute for national health care insurance. He emphasized tha HMO preventative care may very well prove more costly in the short run because in providing for the earlier detection of individual health problems that would not otherwise be detected, an increase in medical expenses would be incurred by the HMO. In other words it may take more than an ounce of prevention to be worth a pound of cure. The social value provided by the HMO, however, would indeed make it's cost worthwhile in the long run. Dr. Axelrod went on to discuss the developmental costs in initiating an HMO which seemed to be almost astronomical and finally he covered the sources of financing HMO's.

The first afternoon speaker was Dr. Albert I. Wertheimer from the HEW Office of Research and Statistics Division of Health Insurance Studies. He spoke on "The Role of the Pharmacist in a HMO". Dr. Wertheimer is a pharmacist who thinks that pharmacy as it exists today is a marginal profession and that in order for a pharmacist to fit into an HMO setting as an integral part of the health care professional team, he needs to be re-educated. In order to achieve this goal the present pharmacy curriculum will have to be revised.

The final speaker of the day was Dr. M. Keith Weikel, HEW Director of the Division of Health Evaluation, who presented "The Evaluation of HMO's". Dr. Weikel stated that in any evaluation of a HMO one must first define the criteria used for the evaluation. He then stressed that one must acquire good pertinent data upon which decisions can be made concerning the value of an HMO in providing good health care delivery services for all of its members.

Good health care in the United States is rapidly becoming thought of as a right that all citizens should be able to expect. Hopefully the health maintenance organizations will be able to extend that right equally to all citizens by providing the solution to the health care delivery dilemma of the 70's.





Richard Ballentine 23, Single Phi Delta Chi APhA, SAB, CHIP VD Awareness Program Clerkship Community and Hospital



Robert W. Baran 27, Married GDI, APhA **Community Pharmacy**



Stuart E. Bas 25, Married Phi Delta Chi APhA **Community Pharmacy**



Hershel B. Cohen 22, Single GDI, APhA





Maudestine Bell Single APhA, ASHP Clerkship Hospital Pharmacy

Community Pharmacy



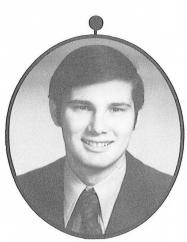
Gerald I. Cohn 34, Married GDI, APhA, ASHP



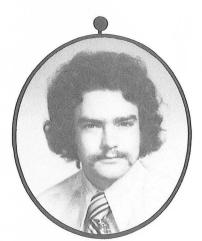
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James W. Culver 23, Married Phi Delta Chi APhA, SAB **VD** Awareness Program Clerkship Hospital Pharmacy



Eugene P. Dillard 23, Married GDI, APhA



Howard Efros

Ralph Essien 27, Single APhA, ASHP

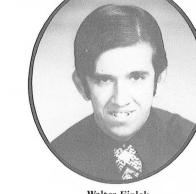
Community Pharmacy

23, Single GDI, APhA Curriculum Committee

Barry P. Edwards 23, Single GDI, APhA Wayne Pharmic Community Pharmacy



Robert K. Edwards 24, Married GDI, APhA **Community Pharmacy**



Walter Fiolek 23, Single GDI, APhA Rho Chi Clerkship



Thomas F. Gahan 23, Single GDI Community Pharmacy



Phillip Goldsmith 22, Married GDI, APhA Clerkship Community Pharmacy



Henry A. Goodman 24, Single Kappa Psi, APhA Drug Abuse Program SAB, CHIP Clerkship Hospital Pharmacy



Alan Gottesman 23, Married Phi Delta Chi APhA Community Pharmacy



Kenneth R. Gragg 26, Single GDI, APhA **Community Pharmacy**



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John Harper 23, Single APhA, GDI Hospital Pharmacy

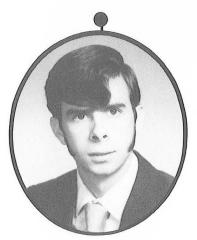


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Horace T. Johns 22, Single GDI, APhA Rho Chi Clerkship Clinical Pharmacy



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Carolyn Kalczynski 23, Single Lambda Kappa Sigma APhA, SAB Clerkship Hospital Pharmacy



Richard C. Kiefer 23, Single Kappa Psi APhA Pharm D Program

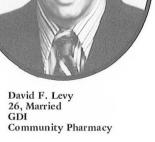


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Bernard Levine 24, Married GDI, APhA Wayne Pharmic Community Pharmacy



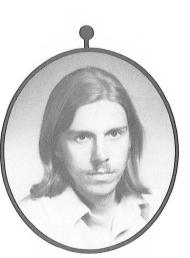




Larry Little 23, Single GDI, APhA Hospital Pharmacy



Ronald Macafee Single, GDI APhA, ASHP Community and Hospital

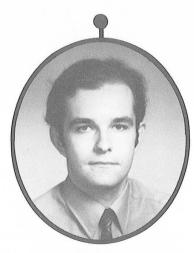


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William T. Maskill 28, Married Phi Delta Chi APhA, Rho Chi VD Awareness Program Clerkship Pharm D Program





Ronald J. Michalski 23, Single GDI, APhA Hospital Pharmacy

Joseph J. McCloskey 22, Single Tau Kappa Epsilon GDI, APhA Hospital Pharmacy

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Thomas J. Miller 29, Married GDI, APhA Clerkship Community Pharmacy



Harold Olshansky 26, Single Gamma Delta Rho **Community Pharmacy**



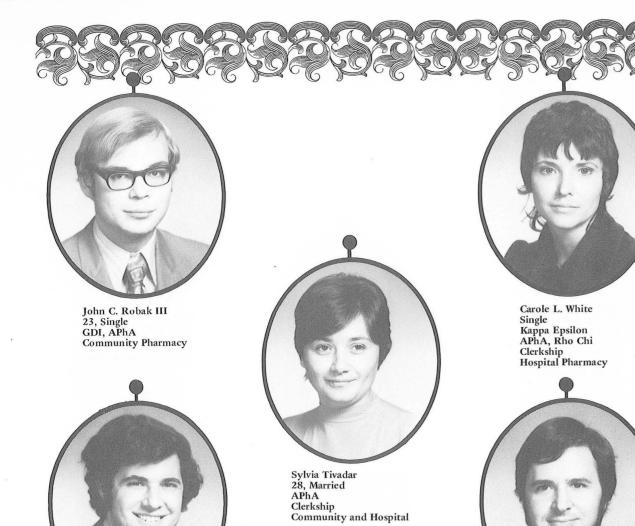
Gerald Petrosky 25, Married Phi Delta Chi APhA Community Pharmacy



Paul Prentis 25, Married GDI, APhA Community Pharmacy



Kenneth Reiman 24, Married Phi Delta Chi APhA, ASHP Commissioned J Community and Hospital





Richard Schiff 23, Single GDI Community Pharmacy



Barry Sternberg 23, Single GDI, APhA Hospital Pharmacy



James M. Wallace 22, Single GDI Chain Pharmacy

 \bigcirc Norman Zuchowski







Bennett Wilson 27, Married GDI, APhA Hospital Pharmacy



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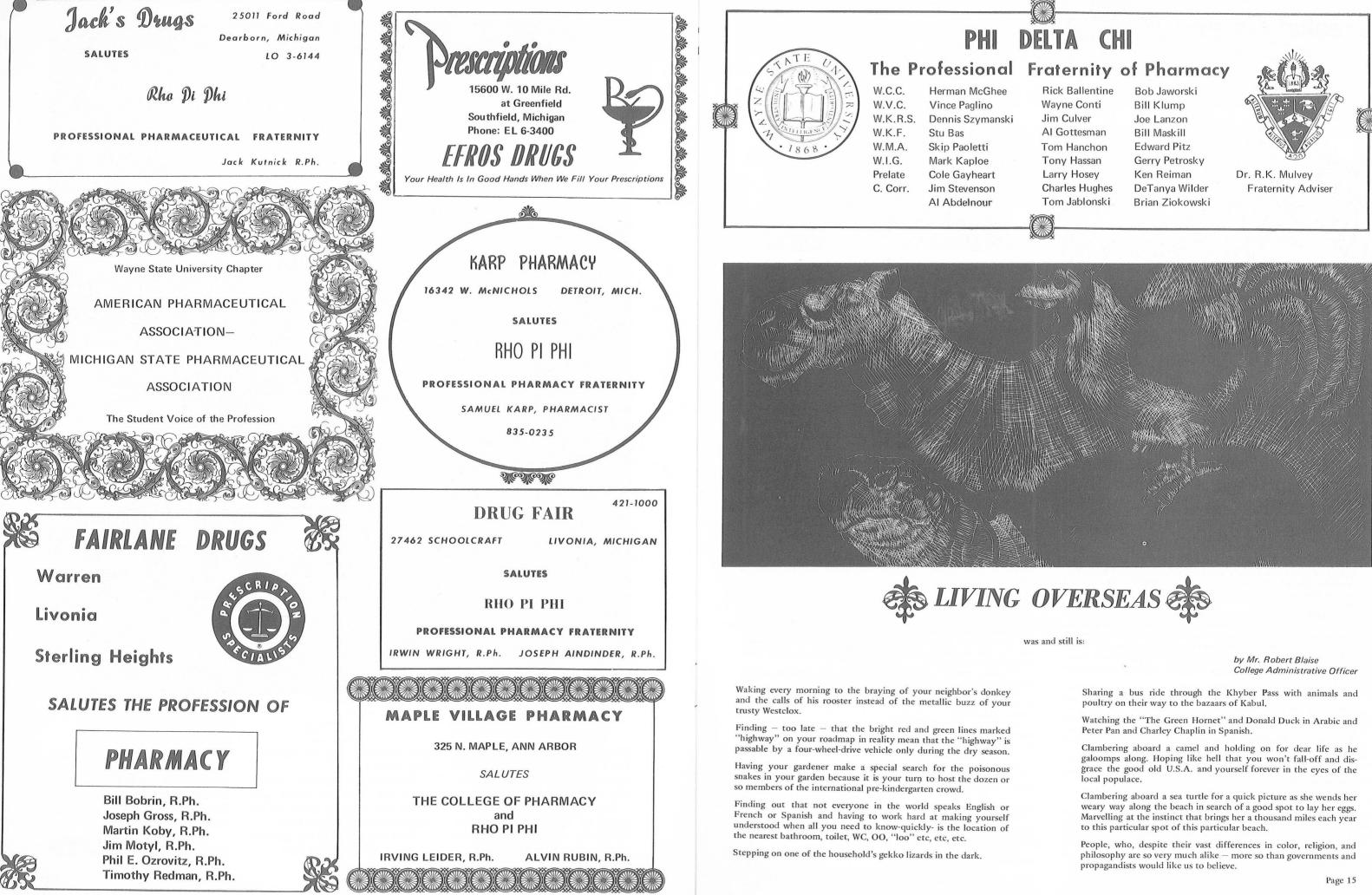
They'll be looking to you for the answers.

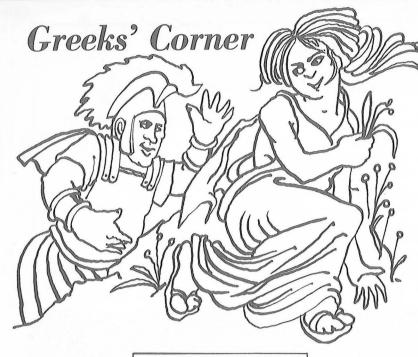
They'll listen to you. They'll know that when you speak, you speak with authority based on indepth education in your field.

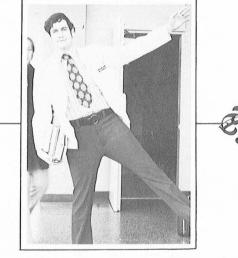
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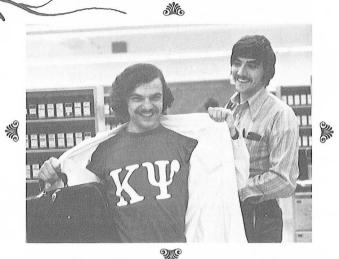
Phi Delta Chi

The Alpha Eta Chapter of Phi Delta Chi Fraternity has been continuing its contribution to the well-being of Pharmacy and WSU. Last November Phi Delta Chi participated in the WSU Blood Drive held on campus. Over sixty percent of the blood donors were recruited by Phi Dex Men.

Venereal Disease Prevention has been the object of a series of lectures given by the Phi Dex Men throughout the fall and winter quarters. Drug Abuse also has been a topic met with great interest and enthusiasm by the Phi Dex Men. We have traveled throughout the Metropolitan Detroit Area as informants to classrooms of Junior and Senior High Schools, other Detroit area universities and to other interested groups.

National Poison Prevention Week will be an active one for Phi Dex Last year we participated in Poison Prevention Week by going out and distributing poison prevention literature to concerned parents and individuals at two Detroit area malls. Seven thousand antidote charts were received from the Upjohn Company and nearly all of these were distributed. In addition to the antidote charts, Drug Abuse information was also presented in the form of pamphlets and charts. This year Poison Prevention Week will be March 19th through the 25th, and Phi Dex will be there again. How about YOU making a friend during Poison Prevention Week?

Friendship is an education. It draws the friend out of himself and all that is selfish and ignoble in him and leads him to life's higher levels of altruism and sacrifice. Many a man has been saved from a life of frivolity and emptiness to a career of noble service by finding at a critical hour the right kind of friend.



Kappa Psi

Mu Omicron Pi Chapter of Kappa Psi Pharmaceutical Fraternity extends greetings to all fellow pharmacy students.

During the early fall the mighty men of KY played and won the football game against Phi Delta Chi. In October the fraternity sponsored another of its annual hayrides and "soda" bash in the rolling wilderness of Lower Michigan. At the end of the Fall Quarter we held a Christmas dance at the fraternity house. The admission charge was one small toy, all of which were given in the Christmas Spirit to the patients at Detroit's Childrens Hospital.

During the Fall Quarter our membership list grew larger with the initiation of seven more brothers.

During our Winter Quarter we have had to curtail most of our functions due to an increased academic load. With the close of the Winter Quarter, the scholars of Kappa Psi were all anxious to unwind at our regional convention which was held in Ohio.

With Poison Prevention Week near we are preparing to distribute poison antidote charts to members of Wayne State University.

Dennis Schneider Historian

Lambda Kappa Sigma

The Omicron Chapter welcomed three new members to our Fraternity this past fall. They are Susan Bonk, Kathy Gaither and Linda Stark

We hope this spring will be as successful as we planned it. Our Second Annual Raffle was kicked off on April 10. Prizes included were a basket of cheer, a panasonic casette tape player and two cash prizes. Tickets were compliments of Przybylski Pharmacy, J. Stark, R. Ph., proprietor. Our College Pharmacy decals are still available. Some people said it couldn't be done, but several of our sisters planned a road rally that was just fantastic and will keep several of our fraternal rivals wandering for quite awhile.

Of course, we will still have our bake sale. We appreciate all the support you've given us. Keep up the good work!!

Best wishes are in order for Linda Stark and Carolyn Kalczynski on their recent engagements. September and December weddings are planned respectively.

Our chapter recently welcomed our Midwestern Regional Supervisor, Mrs. E. Raiman, from Chicago, Illinois. Mrs. Raiman spent the day touring our campus facilities, reviewing our files and enjoying the sites of the Metropolitan area.

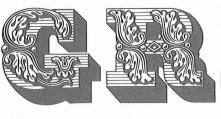
This summer several of our sisters will be bound for St. Louis, Missouri for our Biennial National Convention. A good time is guaranteed for all who attend.

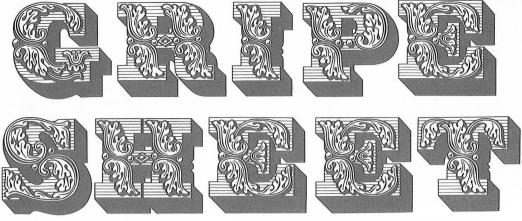
During the first two weeks of April we've held our Spring Rush parties. We are hoping for eight new members.

All the Sisters wish to extend well-deserved congratulations to the graduates. This especially includes our sisters, Colleen Cullen, Carolyn Kalczynski and Frances Zalewski.

From all of us to all of you, may you have a delightful, fun-filled, and fantastic summer vacation!!!

Janice Wootton Recording Secretary





Did you know that the College of Pharmacy is Shapero's Shack and that heat can be turned on in Room 100?

Would you believe that the new student lounge is something we will never see . . . that they do take attendance at Commencement Exercises?

Can you imagine Stu Bas wearing a white shirt and a solid-colored tie. forgetting what invert sugar is and telling Dean Barr that not all of us will graduate?

How about Rick Ballentine buying dinner for Mrs. "T"?

Can you imagine Jim Culver getting the only "A" from Dauphinais?

Can you see Hershel Cohen without a beard and growing six inches . . . Barry Edwards wearing a shag . . . Richard Schiff winning the bestdressed award?

Imagine Bob Baran not knowing what the Zimmerman Reaction is and not skipping class every other day every other week . . . Maud Bell not studying at all . . . Richard Kiefer being the worst note-taker in class . . . Bernie Levine doing extra classwork after regularly scheduled classes or sitting in the first row in Room 100 . . . Horace Johns being on academic probation . . . Norm Zuchowski getting his picture taken for the Pharmic . . . "Norm, just what is the 'Standing Air Column'?"

Would you believe that Eugene Dillard is really "Mr. Short Wit" . . Robert Edwards is "George" . . . Howard Efros is a "Beautiful Dreamer" . . . Walt Fiolek is "Cool Hand Luke" . . . Hank Goodman is "Mr. Drug Abuse" . . . Joe McCloskey is "Tarzan" . . . Frances Zalewski is "Mama Cass" . . . John Harper is "Mr. America"?

Me the S	ater Follo	wing
Dr. Moore –		1. "Suppose "
Dr. Moore – Dr. Fenn –	3	2. "Well, that may be true
Dr. Barr –		3. "Fred, Fred"
Dr. Wormser –		4. "The Living End"
Dr. Mulvey –		5. "Semantics"
Mr. Kamienny –		6. "Only Lady Clairol knows fo
Dr. Dunker –		sure"
Dr. Bailey –		7. "With relevance to or wit
Dr. Nagwekar –		respect to"
Professor Dauphinais –	1	8. "Let's Keep the Loung
rotosor 2 aupriliais		Clean"
		9. "If you will put your book
ini.		away, we will have just en time for a five minute quiz."

G.D. Prentice

gock it to 'em

Did you know that Alan Gottesman finally became a U.S. Citizen . . . that Bob Jubenville is a Canadian . . . Ken Reiman moonlights as a singer . . . John Robak is a language interpreter for the U.N. in the summer . . . Ben Wilson is a cheerleader . . . James Wallace is Perry Mason's nephew . . . Tom Miller is a cousin to Tom Jablonski?

Could you picture Harold Mansch worried about something . . . Bill Klump losing his sense of humor . . . Ron Macafee showing up ten minutes early for class . . . Ron Michalski not smoking . . . Paul Prentis starting a riot?

Can you imagine Dave Levy not lending a helping hand . . . Harold Olshansky getting by without a little help from his friends . . . Gerry Petrosky going to school one more year . . . Bill Maskill with nothing to do . . . Barry Sternberg making the Dean's Honor List every quarter . . . Carole White not having to ask a question of every instructor after every class . . . Colleen Cullen not involved with a petition?

Can you imagine what would happen if we would not let Gerald Cohn say something . . . Ralph Essien saying "Hey, woman!" . . . Phil Goldsmith saying "Hey, pal!" . . .?

Could you picture Tom Gahan without a box of "No-Doz" . . . Ken Gragg crying at "the gaul of this discussion" . . . Carolyn Kalczynski losing an election to the SAB?

Would you believe that Janis Haynes is not a member of Phi Delta Chi. . . Dave Jakubowski does not know every girl at Henry Ford Hospital . . . Larry Little has a low I.Q. . . . "Teeveedar" is a member of the Romanian Secret Police?

Alas! The hours is come!! We are finished!!!

Can You Imagine?

Dean Barr without a national health crisis. Dr. Moore with a new office. Dr. Fenn wearing his crew-cut again. Dr. Dunker dropping his index cards. Dr. Abramson being voted the worst teacher of the year. Dr. Bailey not having our class. Professor Dauphinais is really a fugitive from justice. Dr. Hill buying a can of anti-freeze for his English racer. Dr. Mulvey allergic to animals. Dr. Nagwekar running out of semi-log paper. Mr. Kamienny forgetting his statistics. Mrs. Turczynski losing her calculations. Dr. Smith without a handy reference. Mr. Williams a stockholder in "Gilette". Dr. Wormser arrested for possession of marijuana. The graduating seniors organizing this article without fear of their grades!

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Introducing Dr. W. Hill . . .

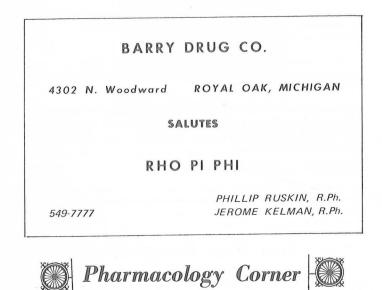
by Janice Wootton

Dr. Wendell T. Hill is an Associate Professor who is currently teaching Hospital Pharmacy and Hospital Pharmacy Problems in the Pharm D. Curriculum.

Dr. Hill came to Wayne in 1970. He received his B.S. from Drake University, and his M.S. in Pharmacy and Pharm D. from the University of Southern California. Just prior to Wayne, Dr. Hill was the Chief Pharmacist at Orange County Hospital in California. The pharmacy program there has an undergraduate program similar to Wayne's Clerkship. The program has a daily Pharmacy Medical Conference with the students. While in California, Dr. Hill was also Director of the Orange County Poison Center.

Currently, he is the Director of Pharmaceutical Services at Detroit General Hospital. He has also recently been elected President-Elect of the American Society of Hospital Pharmacists. This organization is active in Continuing Education Programs, and also in publishing materials of interest to hospital pharmacies, such as American Journal of Hospitals.

We are proud to have Dr. Hill as a part of Wayne's Faculty.



Dr. Richard K. Mulvey, Associate Professor of Pharmacology, and Mr. Casimir J. Zalewski, doctoral student in pharmacology, will attend the Fifth International Congress of Pharmacology being held this summer at the University of California, San Francisco, California. Dr. Mulvey will present the paper, "Behavioral and Brain Biochemical Alterations Following Small Doses of Chlordiazepoxide (CDP) in Mice". Mr. Zalewski will present the paper, "Conditioned Avoidance Behavior in Mice Following Small Doses of Chlordiazepoxide (CDP)". At the present time work on the minor tranquilizer LibriumR (Chlordiazep-

quility. We wish both Dr. Mulvey and Mr. Zalewski a safe journey to and from the West Coast and a most successful presentation!

oxide, CDP) has been of much importance due to the extensive use of

this compound clinically for relief of anxiety and for purposes of tran-



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MODEL NEIGHBORHOOD DRUG ABUSE PROGRAM by Denise Parker (Cooley H.S.)

A few students who are members of the Cooley High School Pharmacy Careers Club have become involved with the Model Neighborhood Drug Abuse program. Miss Denise Parker, one of the students involved, gave her impressions of the program and how she became involved.

This past summer I became involved with the Model Neighborhood Drug Abuse program. My involvement with this program came about as a result of my membership in the Cooley High Pharmacy Careers Club. Other Pharmacy Club members who work with me in the program

are: Linda Williams, Arvella Massie, Deborah Bacon, and Corliss Brown. The Medication Respect Program, which is sponsored by the Model Neighborhood Comprehensive Health Program teaches young children a respect not a fear of drugs.

contains an alkaloid. A test for antibiotic properties follows the plant During the summer I worked for Dr. Harold E. Bailey, Professor of chromatography experiments. Only the samples that showed the bright Pharmacognosy at Wayne State University. Pharmacognosy is the study blue spot under flourescent light are used. The test for antibiotic of extracting drugs in their crudest form obtained from various parts of properties is called the biological assay. An assay is made by soaking a plants; leaves, stem, flowers, roots. One of the substances (drugs) which small paper disc into the methanol-plant solution. The disc is then are extractable from plants are alkaloids (Alkaloids are substances placed on an agar dish which contains bacteria. The bacteria are allowed containing nitrogen, hydrogen, and oxygen and are found in plants and to grow from 18-24 hours. If the area around the disc is clear (called animals.). the zone of inhibition) this means that the sample is antibiotic. If the area around the disc is cloudy in appearance, this means that the sample Dr. Bailey's experiments consisted of searching for a new type of does not have antibiotic properties.

alkaloid which is suspected of containing antibiotic properties. Different types of plants from southeast Canada, Mexico, and the United States (not including Alaska and Hawaii) were the species used. Each plant is separated into parts - leaves, roots, and stem - and the parts are grounded into a powder. The powder is covered with an alcohol, usually methanol. The methanol-powder solution is stored in a 10 F (approximately) refrigerator for a day or two.

The solutions are now ready to test for alkaloids, containment process known as plant chromatography. In plant chromatography, the alcohol plant solution is placed on a glass plate which is covered with a special My job as a summer assistant has been fruitful because I plan to study white powder called silica gel. A drop of the solution is placed on the pharmacy at Wayne, and pharmacognosy is a basic part of pharmacy. I silica gel plate. The silica gel plate is placed in a glass jar containing a learned many laboratory techniques that will be useful in biology and mixture of the alcohols, methanol and benzene. The menthanol and chemistry. benzene forces the drop of solution on the plate to "run" or stretch upward. The silica gel plate is removed from the jar, allowed to dry, and Becoming acquainted with Dr. Bailey was of great importance to me is viewed by a flourescent lamp. If a bright blue color is seen under flourescent light, this means that the sample dropped on the plate



MINORITY RECRUITMENT IN PHARMACY

Last summer a number of high school students were involved in two summer research projects sponsored by the College of Pharmacy. Half of the students worked in a Cancer Research project and were paid through the Neighborhood Youth Corps. These students worked in a laboratory furnished by the Chemistry Department. The other students were part of Wayne State's Upward Bound program.

The Upward Bound students were involved in lab work at the College of Pharmacy two days a week for a five-week period. The students received lab experience in cold cream making, fruit extraction, pharmacology, and a demonstration on tablet making. This was the first time that a pharmacy lab experience had been a part of the Upward Bound program. The following are the impressions of two students about their summer experiences at Wayne State University.

Each of the six students working with the program takes a turn at playing the parts of Archie Aspirin and Charlie Cough Syrup. We also show the children apothecary jars filled with pills and capsules, bottles found in medicine cabinets and household chemicals that are potentiall dangerous to them and smaller brothers and sisters.

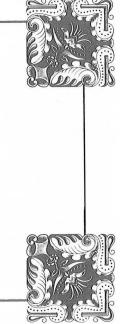
I have been working with this program over the past five months. I find putting on the program and just standing there watching the children ask questions, fascinating. But most of all by doing this volunteer work I feel that I am doing something to help curb the rapidly growing drug problem. Maybe out in the audience there's a child who will be saved from a life of drug abuse one day, by just remembering what we are trying to get across. I believe that the Medication Respect Program is really together and will become nationally known and used.

Summer Project I

Linda Williams Cooley High School

Only the samples with positive results are destined for further use.

As Dr. Bailey's summer assistant, I was responsible for grinding the leaves, fruit, and so on into powder and adding the methanol to them. I made the silica gel plates, and the agar for the biological assay. I would also run the silica gel plates and make the assays. Also, I recorded the physical properties of each experiment.



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THE PHARMACIST-MERCHANDISER

OR MEMBER OF THE HEALTH-CARE TEAM?



Henry Goodman

We, as members of the Profession of Pharmacy, attempt not to segregate ourselves in our own Profession, but promote our Pharmacy colleagues as members of the health-care team. To promote public health and the interest in the patient are our primary goals.

A recent editorial from the August 9, 1971, issue of the Journal of the American Medical Association has done much to negate our attitudes. Entitled "Drug Substitution - How to Turn Order into Chaos", this article portrayed Pharmacists as unethical merchants, tainted by the drive for increased profits. Dealing with the question of Pharmacists' ability to substitute proprietary equivalents for identical nonproprietary drug substances, the AMA maintained that the physician must have the ultimate power to dictate the drug product to be dispensed to the patient.

The editorial also contended that 1) the pharmacist is in no better a position than the physician in determining which product should be given to the patient, and 2) the pharmacist works in a partial vacuum of information, in that he has not examined the patient and has no firsthand knowledge of the goals of the drug-therapy the physician has ordered for his patient.

The profession of Pharmacy is now trying to "spread its wings", so to speak. Increased needs for pharmaceutically-oriented professional skills has caused the Profession to finally take a stand and be allowed to exercise our best professional judgements solely in the interest of the patient and public health. "A pharmacist should hold the health and safety of patients to be of first consideration; he should render to each patient the full measure of his ability as an essential health practitioner."



It is stated in the Principles of Medical Ethics of the AMA that "Physicians should recognize and promote the practice of pharmacy as a profession and should recognize the cooperation of the pharmacist in education of the public concerning the practice of ethical and scientific medicine." Has this principle been forgotten by our medical colleagues?

The Practice of Pharmacy originally revolved around the functions of compounding and dispensing of medicinals. Soon pharmaceutical manufacturers took the responsibility of bulk compounding (manufacturing), such that the pharmacists' responsibilities included the safety and efficacy of drug products, as well as retaining the dispensing function. It soon followed that the APhA established references of standard for the active ingredients of drug dosage forms. By thus determining the quality of active ingredients, this provided a rapid and meaningful basis for the comparison of competing drug products.

By protecting the public from counterfeit drugs as well as being able to select economical sources of supply for equally high quality drug products, drug therapy for the patient has been improved.

We as pharmacists must strive to improve communications with members of the medical profession, solely to institute more rational drug therapy.

To state that the pharmacist lacks the needed information to make a professional judgement is rash. Although we have the same information upon which to base our judgements as physicians, because of our Pharmaceutical training, we are in a much better position to evaluate that information. This statement can be borne out simply by asking the question, "How much education regarding drub substances does the physician receive as compared to that of the pharmacist?"

The editorial suggests that the physician is hesitant in allowing the pharmacist the right to choose the source of the drug product, yet in the past decade, physicians wrote over one billion prescription orders for non-proprietary drug substances. In these instances, it was not the physician who chose the pharmacist whose professional judgement determined the drug product, but that of the ultimate consumer!

The AMA vehemently opposes all laws designed to restrain unethical physicians, yet simultaneously demands to restrain other health-care professions.

Until recently, physicians have been looked upon as unerring saints, top on the totem pole. To dictate responsibilities to the other healthcare professions is no longer being well received, and physicians' orders are beginning to be questioned.

It is time to reject our subservient position and demand to be treated as equal members of the health-care team. When the members of the medical profession accept this fact, pharmacists will then be able to assume their role as medication consultants for proper patient care.

Summer Cancer Research

During this past summer ten high school students worked in the Chemistry Department at Wayne State University. The students were paid through the Neighborhood Youth Corps. Half of the students were assigned from the Neighborhood Youth Corps. The other half were members of the Pharmacy Medical Careers Club of the Detroit Public Schools. The lab space, equipment, and a graduate student assistant for this project were provided jointly by the College of Pharmacy and the Chemistry Department.

The purpose of this project was to expose these students to some fundamental kinds of laboratory research. The basis for this summer research was a cancer research project initially begun four years ago by Mr. James Riley a student at Wayne and formerly a student assistant at the College of Pharmacy. The following is a brief account of the project by one of the students who participated in it:

In our summer cancer research project we used fruit flies who had cancer tumors. We did experiments by raising fruit flies in various mediums that we made up. We wanted to find out the effects these mediums would have on the expression of tumors in the fruit flies. We used Maxcine Green - Student Chadsey High School

mediums with plant embryo extract, plant root extract, fetal calf serum, fly larvae, and enzymes. We wanted to see the results these extracts would have on the fruit flies.

We found that one of the enzymes showed a great depression, there was 35% expression of tumors and another enzyme showed a 65% expression of tumors. But the summer ended before we could get much further into the results of our research.

During the summer we also had lectures on the fruit flies, antibodies, and differentiation. Mr. Rice, a science instructor at King High School gave us some information in these areas. Mr. Rice had started this research a few years ago with a group of students at King High School. He was very helpful to us throughout the summer project.

The biggest thing the summer did for us was that it showed us and helped us to know that education should be viewed as a humanizing element, rather than a way to increase one's wages. We were very proud to have had a chance to participate in this program.



Willis E. Moore, Ph.D., Assistant Dean

What is it that concerns the pharmacy student in this Spring of 1972? Is it for the war escalation brought about by the B-52 bombing raids in North Viet Nam? Was it for the safety of the crew of 'Casper' that took flight on April 16? Is it the curriculum of the College program? Is it the results of the Winter Quarter Course-Instructor evaluation? Is it about their place in the rapidly changing pattern of health care delivery? Or is it all of these, plus many more?

This academic year has been quite unique in the several events that have lead to students discovering that their concerns are of importance to the Faculty and the Administration of the College. Never before has the student been asked formally for his opinion so frequently, on so many subjects, by so many questionnaires and petitions as in this past year.

The College has always felt that students want to make their opinions know, but the students have not asked their student organizations to become spokesmen for them. One must ask, "Why?" The trite answers often given are, "I just don't have the time to go to another meeting", or "Any free time I have is used for R & R because I am working 20-30-40 hours a week besides going to school." These are excuses, they are not answers. Thus, in the past the student has relied more upon himself than upon his student organizations to voice concerns common to all of the students.

Many of the upper classmen will recall a questionnaire conducted by the University administration and the Student Affairs Committee in 1971 concerning the student's knowledge of the organizational structure of the College of Pharmacy and the extent to student input into the decision and policy making process of the College. The data is somewhat limited because our classes were sampled only at random and only about 50% of the College's enrollment could be sampled at that time. Some of the results follow.*

Of the 177 pharmacy students responding, 106 were able to name at least one organization operating within the College which allowed the student voice in academic policy decision-making. The organizations named were:

	Student Advisory Board 79
	Curriculum Committee
	Student-Faculty Committee 29
	Student Chapt. A.Ph.A
	Dean's Liaison Committee 1
Т	wenty-one of the 177 responding students indicated that they per
son	ally had participated in one of the organizational units which af
cte	d academic policy decision-making. That is just about 12%.
Т	heir stated reasons for lack of involvement were:

sonall

fected a

sc	No Interest							-	 		-				-	 -	-				10
	No Time												•					•			70
	No Faith																				
	They were n	ot	as	sk	e	1	•														3
	Miscellaneou	15		•			•		•			•					•		•		34

But now look at their response to the question: "Should students be involved in academic decision-making?'

Yes	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	136
No								,							•		•				10
Don't Care									•				•			•	•				17

If 84 percent of you feel that you should have a part in the academic decision-making process, where in the name of justice have you been? I am reminded of the quote I read in the Peter Max series in the Detroit News: "A man who remains silent when he should speak sins. In this sinning, he becomes a coward,"

Only by your active participation in the student organization of your choice can we progress together.

*The complete results of the pharmacy student questionnaire are available on loan upon request.



THE GRADUATE PROGRAM

Melvin F.W. Dunker, Ph.D.

Requests for information and completed applications for the regular graduate programs leading to the M.S. and Ph.D. degrees have been coming in to the College in a steady and somewhat more rapid rate than usual. Many of the requests are from abroad and all admitted will not, in fact, register in September for any of a variety of reasons. In a like manner, the inquiries about the Pharm. D. program are also running somewhat higher rate than last year. These facts suggest that there will be some increase in our graduate enrollment in both types of programs in the Fall of 1972.

In our past December Commencement, Miss Chung Su Kim obtained her M.S. degree with a major in Pharmaceutical Chemistry under Dr. Abramson. Patrick McKercher and Kenneth Resztak received M.S. degrees with a major in Hospital Pharmacy. Our first two Pharm. D. degrees were awarded to Mary L. Kerins and Paul J. Munzenberger.

The remaining four of the original group of Pharm, D. students should have no trouble in completing the requirements for June. They will be joined by Richard P. Hoffmann who has already turned in his doctoral project paper.

There are six who will very probably complete requirements for the M.S. in Hospital Pharmacy. Mr. Pravin Patel has completed his requirements for the M.S. in Pharmaceutics under Dr. Nagwekar and Mr. Gerald Schumacher is pushing hard to come up with his Ph.D. in Pharmaceutics here before he joins our staff in the Fall. After a long pull, the graduate program is finally getting established.



Student Advisory Board

When I was elected to the presidency of the Student Advisory Board, one of my goals was to bring to the faculty student opinion on pertinent subjects relevant to pharmacy. Partly due to my own inability and partly due to student apathy this goal was not reached. I am sorry. I would suggest to the next president of the Student Advisory Board

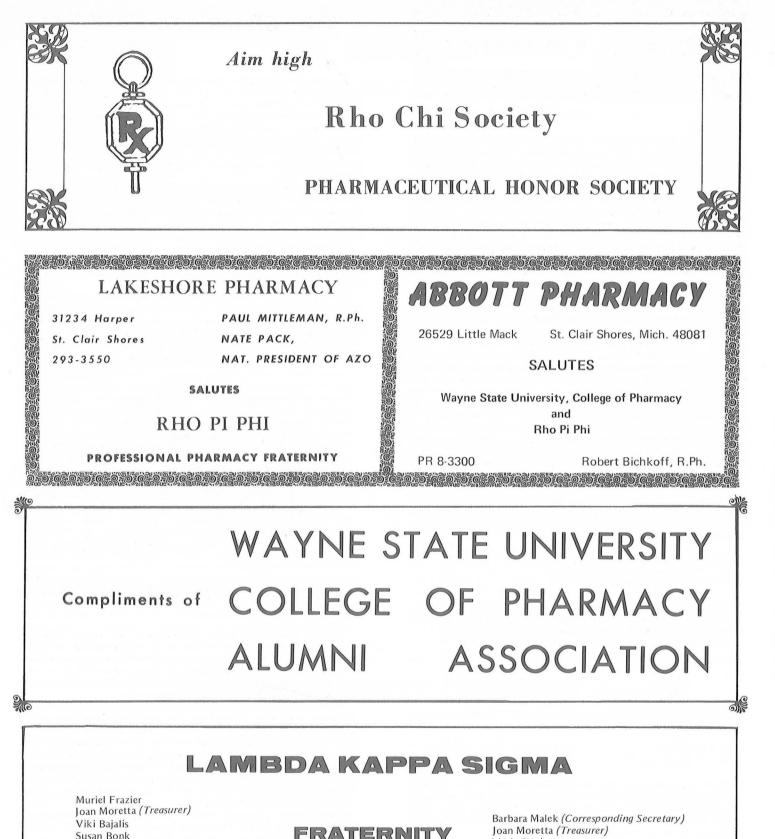
that he work even harder to foster student opinion.

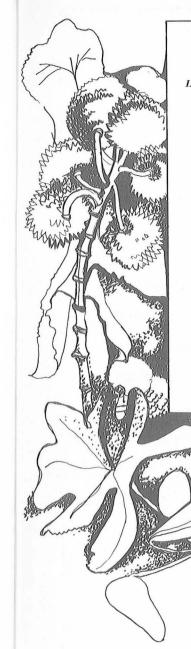
One manner in which we have been able to reach students is through the course evaluation. Most of you have completed these forms and we appreciate your endeavors. Many of us wished the evaluations to be more detailed. With the permission of the individual instructors, each class will have a detailed evaluation including evaluations of the instructor, course content and the texts used. We hope all of the instructors will allow their courses to be evaluated in order to allow the Curriculum Committee to meet their goals to provide the best instruction possible. Your cooperation will be appreciated.

Another topic of interest is the Annual Spring Picnic. Unfortunately, the University Budget Committee has eliminated funds for the picnic from our budget this year. The officers of the Student Advisory Board are doing as much as possible to get some funds allotted for this annual student-faculty affair. Even if we cannot get funds from the University, we still plan to have the picnic.

As a graduating senior I would like to take this advantage to wish all other graduating seniors the best of luck in their futures as pharmacists. On behalf of all graduating seniors I would also like to thank the faculty for their help, understanding and guidance throughout our course of study! We deeply appreciate your efforts.

Thank You James Culver President S.A.B.





Contrasting the Old With the New

Locusta - Considered the Most Famous Wholesale Poisoner of Classic Times: Tool of Despotism.

Patricia Hrycyszyn

Condemned for the offense of poisoning, Locusta was saved by Agrippina, wife of Claudius, third emperor of Rome. Agrippina required the services of Locusta, who with the complicity of Xenophon, effected the removal of Claudius. Locusta thus secured the Roman Empire for Agrippina's son Nero. (When advised by her astrologers that should her son be emperor, he would kill his mother, Agrippina replied, "Let him kill her as long as he is emperor".)

Locusta was later employed by Nero himself to remove his most dangerous rival Britannicus, son of Claudius, and without a will proclaiming another successor, the legal heir to the Roman Empire. Being reluctant and less than successful, Locusta was assisted by Nero himself in the preparation and administration of the potion. She was again lavishly rewarded for her services with estates and presents. Students were sent to her so that her art might be perpetrated.

Nero's assassination in 67 A.D. marked the end of the Julio-Claudian line of Roman emperors. A period of civil unrest ensued. Galba was proclaimed emperor. He set about arresting and executing the chief malefactors of Nero's reign - among whom was Locusta, the sorceress. Poisoning - possibly the antithesis of the practice of pharmacy requires a knowledge of drugs and their effects. With the new emphasis on the right to die and death with dignity, perhaps Locusta's art will be

perpetrated even more in our era.

"Are You Needed Pharmacist"

"Why do we need pharmacists?" Asked a medical student one day.

The Dean then came and asked my class Just what would we have said?

The pharmacist's the man you can always turn to first To give you free medical advice on the day you need it most.

Often time you know him personally by his given name; He's the person you confide in when you've got a pain.

Dosages and trade-names are just a part of his scope. After five years of college there's a lot more that he can boast.

Counting and pouring are becoming obsolete, For now the Rx man is performing a different kind of feat.

Waiting rooms in the community pharmacy are not only being used As places to pick up your prescriptions but as consulting areas too.

OMICRON COLLEGIATE AND GRADUATE CHAPTER

Linda Stark

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(Recording Secretary)

Frances Zalewski (President)

Mrs. Cecilia Turczynski (Fraternity Advisor)

Sister M. Emmanuel (Honorary Members)

Janice Wootton

Susan Bonk

Muriel Frazier

Kathy Gaither

Carol Jakubowski

Colleen Cullen (Chaplain)

Babbie Holman (Historian)

Carolyn Kalczynski (Vice-President)

Frances H. Zalewski

In hospitals the charts are being checked out, the patients interviewed; The nurses' questions answered, a bulletin published too.

The IV's are no longer incompatible, the solutions are crystal clear; Could it be the pharmacist is making quite an effort here?

The Therapeutics Committee is no longer idle and unused. After all, it's time to get moving, the pharmacist is making use of his tools

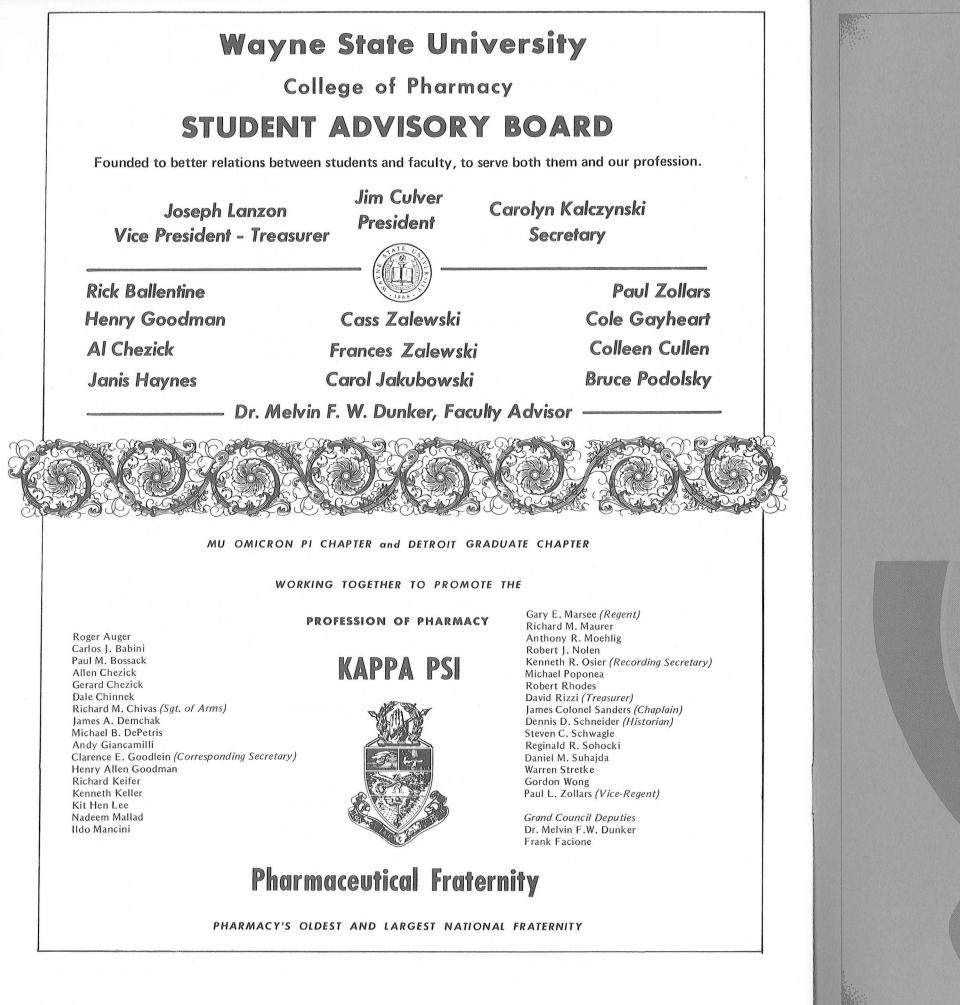
The doctors will get to like him as time passes slowly by, For soon they will begin to realize that he's the only one qualified.

To answer why we need pharmacists, there's not much that one can sav

But we know when he's finished serving us, he's had quite a busy day.

Since the times are changing and change it must,

Let the medical student be the first one to grant the pharmacist his own personal trust!



Cunningham Drug Stores is on the threshold of a decade of growth. Although we are based in Detroit, our activities extend into six states. In addition to our present activities, we have plans to expand in a manner that will not only take us into many additional areas but give us almost unlimited potential as well.

The challenge of the 70's is here NOW at Cunningham's. We need competent professional men to help us meet that challenge. We want that one man out of every hundred who revels in competition . . . that one man who will accept any challenge.

If you are that one out of a hundred, we can offer you the opportunity for fulfillment. Cunningham's also offers you a chance to enjoy professional status, to give service to your community, and to receive the financial rewards your position merits.

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