

WAYNE PHARMIC



VOLUME 8, NO. 1

SPRING, 1962



career men

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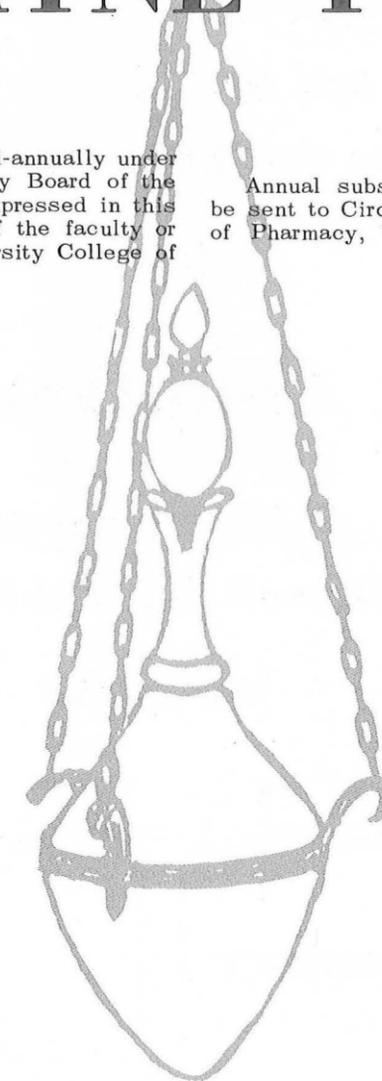
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THE WAYNE PHARMIC

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I have, on occasion, been "let in" on the fact that Pharmacy is not practiced on the same level that it is taught in the College. This information is usually imparted by a recent graduate, either "in confidence" or "broken gently" so as not to be too great a shock. The fact is, however, that the same situation also prevailed at the time of my graduation—levels may have changed, but the difference has always been there.

A similar situation exists in other fields. The great judge, Harold R. Medina, who presided so fairly and so brilliantly over the trial a few years ago of eleven communists accused of treason, relates that when he was just starting to practice law his first client committed suicide after losing a case on a legal technicality—a travesty of the ideals of justice.

It is easy, but of course quite fruitless, to excuse a situation as exists today by thinking of it as part of a decline in ethics generally. There are large numbers of people who, it seems to me, have settled for a second choice, a second rate philosophy of life, probably because of a lack of knowledge, a lack of a full background of understanding. I am not sure I can describe this philosophy to you, but I might try to do it briefly by indicating the half-truths on which it is based. These people believe, for example, that money is the aim, the objective, the end, of all human endeavor; that honesty is an intangible something practiced only by fools; that beauty is an optical illusion; that art is a pastime of lunatics; that love is a product of glandular activity; that poetry is the effervescence of an unsound mind; that the pleasure of the moment is more important than the security of the future; and that life is a "racket" in which they must be constantly on the lookout

(Continued on p. 6)



DEAN STEPHEN WILSON

from

the

DEAN

IN YOUR HANDS -- THE FUTURE

by

Nelson M. Gamfer

**Chairman of the Board of
William S. Merrell Co.**

The honors which a number of you students are about to receive today will, I am certain, be remembered and cherished for as long as you may live. These are marks of achievement of which you have every right to be proud, and I congratulate you.

Although it is not the good fortune of everyone to receive these signal honors and this public recognition, the road ahead is nevertheless filled with opportunity for all of you—opportunity to serve; opportunity to achieve no matter what area of pharmacy you might choose as your niche in the health team.

So, while I commend and congratulate the recipients of these honors, I also feel impelled to express a word of encouragement for all of you, whether or not you might be the object of special recognition at today's exercises.

What you will do with these future opportunities of service and achievement depends upon your will to succeed as professional men and women and upon how well you make use of the tools and knowledge and experience you have acquired during your training here at Wayne State University.

Your training is meaningless unless you put it to work. It is a means to an end, and not an end unto itself. A cross-cut saw has no reason for existence unless it is placed in the hands of a man. It isn't the saw which fells the tree and which divides the tree into planks and boards with which to build the house—it is the person who uses the saw. And, the keener the blade, the better the job he can do.

Your pharmacy education is your kit of tools and today, as you stand at the threshold of your future, these tools are as sharp and keen as a new saw—ready for use in building a career of service in pharmacy. The degree of success that you will experience in the years ahead, will be determined by the wisdom and skill with which you use the tools that you now possess. And, when I use the word success, I do not imply the material gains which I am confident you will enjoy, but rather the greater spiritual and moral rewards that come only from having served your fellow human beings well and bountifully in their needs for health care.

Just as a carpenter must keep his saw sharpened and oiled to prevent rust and inefficiency, so must you, as pharmacists, keep your kit of tools in good, servicable condition and to add to the kit as time goes on by seeking new knowledge and by the continuous training of your minds and hands. This self-imposed discipline together with the experience you accumulate as you practice in your respective fields of service within pharmacy will progressively en-

rich your know-how, sharpen your intellect, and enable you to better meet the challenges of the ever-changing world in which we live.

Next in importance to your education is the interest you take in your profession. Interest not only is the impelling force that puts your hands and hearts to work in the service to which you have dedicated yourselves as pharmacists, but it is the principle that makes for doing things well. I am sure that interest in pharmacy was the motivating factor to your being here today. That interest now will broaden beyond pharmacy to an interest in people—an interest in helping people. This is the true basis for any professional service—interest in helping others.

You are entering a profession which is historically and traditionally dedicated to the objective of keeping people healthy and of helping sick people to get well. To those ends you will be devoting your professional lives no matter where you serve—in the pharmacy, the hospital, industry, or in the research laboratory or our academic halls.

The future of pharmacy is in your hands. Today, in this room, there may well be a future president of the American Pharmaceutical Association; a captain of industry, a dean, eminent scientists, professors of pharmacy, hospital administrators. This leadership is important.

But, the progress of pharmacy cannot depend solely upon its leaders. Pharmacy, just as every other profession, is as weak or as strong as the sum total of its membership.

The progress of pharmacy in future years, therefore, depends upon every one of you young people in this room, and all of the young people in all of the pharmacy schools throughout the United States.

The character of pharmacy as a profession, is founded upon the character traits of all pharmacists collectively. And, it is the character of pharmacy that determines the degree of acceptance and respect it will receive from the public.

Good character consists of a great deal more than a compelling personality

or a cordial attitude. It goes much deeper. The ingredients of good character, honesty, dependability, fairness and morality, all add up to that over-used and sometimes misunderstood word "integrity"... a word that is synonymous with Virtue or to Fidelity.

Good character, therefore, is one of the seeds of professional success and when cultivated by the knowledge and skills you have gained here in college and through the experience you will be gaining when you enter practice, and fostered in the warm climate of interest in your calling as pharmacists—your personal future, as well as that of the profession, can and will be a bright one, rich in rewards both tangible and spiritual.

But, lacking virtue, lacking fidelity, lacking integrity, lacking good character, only one such person can bring untold harm to himself, to his profession and, most regrettably of all, to the public.

Abraham Lincoln once said that... "public sentiment is everything. With public sentiment nothing can fail, without it nothing can succeed..."

Favorable public sentiment can come only from public awareness of the important role assumed by pharmacy in the American system of health care. The public consciousness of your profession, whether good or bad, is the result of day-to-day human experiences in the pharmacy and becomes a reflection of how badly or how well individual pharmacists have conducted themselves as professional people.

Good public sentiment is important. And, in the climate of favorable public sentiment, pharmacy serves at its greatest efficiency, with completeness and with the utmost benefit both to itself and to the people in need of health care assistance.

Favorable public sentiment is achieved not by elaborate, bombastic public relations programs and not by high-sounding encomiums, enunciated in public places. Favorable public sentiment comes from doing many little things well. Public sentiment favorable to pharmacy comes not by fiat but through day-to-day deeds and services well performed by individual pharmacists.

The future of pharmacy is in your hands. Whether you become a leader or a follower; whether you become great or obscure, your responsibility for the progress of pharmacy as a profession and as a servant to mankind is a personal responsibility.

The degree of skill and intellect which you expend in your services as pharmacists, an unimpeachable professional morality, your personal interest and

(Continued on p. 6)

IN YOUR HANDS

(Continued from p. 5)

integrity applied to your dealings with all men, will be determining factors in earning success as professional people and will be determining factors to the advancement of pharmacy as a profession.

To each of you, whether you be graduates, upper classmen or freshmen, regardless of which field of pharmacy you may enter, I offer these guidelines for your future and through you, for the future of your profession:

Keep up to date. Read your professional journals and when feasible take refresher courses and post-graduate training to maintain your knowledge and skills in this rapidly progressing world of medicine.

Join your professional society and not only attend its functions but participate in them.

Be a neighbor. Make the affairs of your community, your church, your lodge, your club, your school, YOUR affairs by participating in their activities.

Be a friend. The person to whom you grant a favor today may be a professional client tomorrow.

Be a citizen. Exercise your privileges

at our polls and even though you may not actively participate in political affairs, get to know your legislator, local alderman, state and federal representatives, and, whether you get to know him personally or not, be prepared always to make your views known to them. Pharmacy frequently needs to be heard in our legislative halls and we are sometimes too inclined to argue our case among ourselves instead of to those who represent us as lawmakers.

And finally, work at your job of being a pharmacist and professional man. Success is built upon personal integrity, sound thinking, wise planning and steadfast effort in doing each job well. Success does not just happen. It certainly cannot be attained by ignoring your problems or by "sitting on your hands" wishing for it to arrive. Success favors those who are sincere, alert and aggressive and who have the desire to succeed.

What I have said today I hope may, in some small way at least, prove helpful to all of you young people who are about to embark upon the great era ahead of us — an era which like every other era, will present opportunity for all who have the will to succeed.

On you depends the stature of pharmacy in the years to come — a stature based upon one foundation stone of strength and one alone — service to others.

DEAN'S MESSAGE

(Continued from p. 4)

for an "angle" which will give them a temporary advantage to "play it cool" and "make a fast buck."

With the greatly increased breadth of educational background in the Pharmacy program today, I would sincerely hope and trust that you will never be able to settle for any part of such a second-rate philosophy with any degree of satisfaction.

Ethics is a much more personal thing than legal requirements, and professional ethics is no more and no less than the sum total of the personal ethics of those who practice the profession.

Prescription for Professional Ethics

R_X Let every pharmacist look deep in his own heart and search his own soul for the courage and strength to do only those acts which will redound to the long-term benefit of the profession.

Sig: Double the dose in times of stress.

Caution: The path of personal expediency will lead to ruin.

SULFAS: The First Miracle Drugs

By

Hanley Abramson

At the dawn of the Twentieth Century the physician had at his disposal only a handful of specific chemical compounds useful in the treatment of human diseases caused by micro-organisms. Mercury, against syphilis, and quinine against malaria were established therapeutic agents while the synthetic drug known as methenamine was fast gaining acceptance in the treatment of urinary tract infections caused by bacteria.

Modern chemotherapy of blood stream infections using synthetic drugs began in 1910 when Ehrlich developed arsphenamine, and later neoarsphenamine, for the successful treatment of syphilis and trypanosome infections. This started a search for other chemotherapeutic agents which would effectively kill not only protozoal but bacterial invaders as well without seriously injuring the hosts in the process. Among the compounds tested, certain of the dyes were highly effective against bacteria in the test tube and some had a slight effect in the animal body.

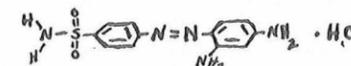
The only partial success in combatting bacterial infection of the blood stream was the discovery of Morgenroth and Levy in 1911 that ethylhydrocupreine (a quinine derivative) would protect mice against small inoculations of pneumococci. This drug was tried clinically but was not sufficiently effective to be of real value.

Heidelberg and Jacobs in 1919, while following this lead and that offered by the dyes, prepared a number of azo dyes, i.e. dyes which owed their color to a special nitrogen to nitrogen linkage in the molecule, by chemically combining dihydrocupreine (another quinine derivative) with several colorless dye intermediates. Among the dye intermediates was para-amino-benzenesulfonamide which had originally been synthesized in 1908 by a Viennese chemist named Paul Gelmo. This para-amino-benzenesulfonamide or sulfanilamide, as its name was shortened to, was patented by the I. G. Farbenindustrie, Germany's great chemical concern, for use as an intermediate in the production of dyes which exhibited a high degree of fastness. Unfortunately, the compound formed when sulfanilamide was reacted

with dihydrocupreine had only slight activity against bacteria and so was discarded. The results of these experiments might have been far different if the investigators had carried on their studies by testing the compounds in animals infected with streptococci rather than testing their antibacterial activity in the test tube only.

The search for an agent which would be effective in treating bacterial infections of the human blood stream was continued by a team composed of Fritz Mietzsch and Joseph Klarer, chemists, and Gerhard Domagk, pharmacologist, working in the laboratories of the I. G. Farbenindustrie.

Over the years this team synthesized a great number of azo dyes and tested their ability to protect mice infected with deadly streptococci. For the most part their efforts were fruitless. Late in 1930 the team had a "hunch". They knew that the introduction of a sulfamyl group (NH₂-SO₂-) into a dye molecule favorably influenced a number of important dyeing properties, such as fastness to washing and light. This indicated affinity for protein molecules and bacteria were known to be composed essentially of protein. Therefore, they thought, such dyes should be capable of killing bacteria in the human blood stream by combining with bacterial protein. Following this "hunch", the sulfamyl group was introduced into one of the compounds they had already tested, giving:



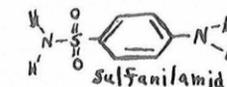
This red dye, which came to be known as Prontosil, and others like it for the first time showed a specific action against streptococcal infections in mice. Late in 1932 a supply of Prontosil was sent to the Dusseldorf Medical School to test the value of the dye in treating human infections, but it was not until May, 1933 that Prontosil was administered to a human patient. The patient was a ten month old baby suffering from a seemingly incurable staphylococcal infection. Nothing seemed to aid the child's steadily worsening condition until Dr. Richard Foerster, as a

last resort, administered brick-red tablets containing Prontosil to the child even though this drug had been recommended for streptococcal infections. Miraculously, the baby's temperature began to fall and in three days he was cured. The powers of this drug were indeed astonishing.

The initial success with Prontosil was followed up in 1933 and 1934 by reports of several German physicians who confirmed the effectiveness of the dye in treating strept and staph infections in humans. Domagk himself, who later was to win a Nobel Prize for his work on Prontosil, administered the dye to his own daughter, suffering from a virulent strept infection, after doctors had given up hope for her recovery. Her condition quickly improved and she was soon completely well.

The German patent on Prontosil was issued on Jan. 2, 1935 and during the next month, the scientific world outside of Germany was made aware of the importance of Prontosil when Domagk published the results of his studies on infected mice treated with the dye.

Soon after Domagk had published his findings, chemists at the Pasteur Institute in Paris, headed by Ernest Fourneau, proceeded to synthesize Prontosil and test its effectiveness in human patients. Indeed, they found it capable of doing everything Domagk and the German physicians claimed it would, but the French investigators were puzzled by the fact that, as Domagk had stated in his report, Prontosil did not harm bacteria in the test tube although it was highly active in the animal body. The French team of Jacques and Mme. Trefouel, working under Fourneau, decided to investigate this phenomenon. They discovered that the nitrogen bond in the Prontosil molecule was split in the animal body to form sulfanilamide and that it was the sulfanilamide which was responsible for the antibacterial action of Prontosil.



This was the same sulfanilamide which had been sitting on the shelves of the I. G. Farbenindustrie for over twenty-five years and which had been regarded as nothing more than a curiosity because of the desirable properties it possessed as an intermediate in the production of some dyes. When sulfanilamide was administered alone, it was found to produce quantitatively and qualitatively the same effects as Prontosil. Furthermore, sulfanilamide could be produced far more cheaply than could Prontosil. However, several years were to pass before Prontosil could be removed from the scene completely.

(Continued on p. 8)

Best Wishes

from the

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COLLEGE OF PHARMACY
WAYNE STATE UNIVERSITY

SULFAS

(Continued from p. 7)

In 1935 physicians in continental Europe were using Prontosil and sulfanilamide to save patients from certain death, but doctors in England and the rest of the world were slow to react to reports emanating from France and Germany concerning the effectiveness of these drugs.

In the spring of 1936 British medical authorities decided to make their own investigations. The honor of performing the crucial tests was given to Dr. Leonard Colebrook at Queen Charlotte's Hospital, the London maternity institution, which was faced with 38 cases of mothers with deadly childbirth fever. On past experience, ten would certainly die. He tried sulfanilamide; only three died. His results were first announced at the International Congress of Microbiology in London during the summer of 1936 and had research men and physicians completely convinced.

One of the few Americans who attended the conference, Dr. Perrin Long of Johns Hopkins, hurried back to Baltimore with a supply of sulfanilamide. He and his colleagues treated childbed fevers and middle ear infections, peritonitis and blood poisonings, scarlet fever and impetigo, and they knocked the mortality rates for a loop. They tried the drug even on the deadly streptococcal meningitis (mortality 99%) and cured 36 out of 43 patients.

For a while, all the work at Johns Hopkins was kept within the confines of Baltimore. Long and his group of astonished miracle men kept their records to themselves, and only a handful of outside men even knew the work was going on. Then one day late in 1936 the lid was lifted.

Up in Boston, a young man was lying in the Massachusetts General Hospital. Starting from an infected sinus, the infection had begun to spread throughout his body. His doctor knew that an operation was necessary, but dared not perform surgery with those virulent microbes present. An urgent call was made to Dr. Long to supply the boy with sulfanilamide. Long responded and the boy was soon out of danger. This was only one in a long series of cases treated with sulfanilamide, but this particular case proved to be a very special one, for the young man was Franklin Delano Roosevelt, Jr.

By the next morning the name of sulfanilamide was in every newspaper in the country. The drug that saved the President's son was front page news. The news made patients demand the treatment, and it made doctors use it.

By the end of 1936 every large medical research institution and pharmaceutical manufacturing concern in the world had initiated research on sulfanilamide and

its derivatives, collectively referred to as the sulfas. Hundreds of sulfas were prepared and studied but a really outstanding advance was not made until May of 1938 when sulfapyridine was found to possess a remarkable curative effect in pneumonia. However, sulfapyridine had to be used with great caution because it was found to be highly toxic to the kidneys.

Clinical use of sulfapyridine became rare when the more potent and less toxic sulfathiazole was introduced in 1940. This was followed in quick succession by sulfadiazine, sulfamerazine, and sulfamethazine which were employed in very large quantities by the armed forces in World War II. During the war, Sulamyd (sulfacetamide) became highly popular for use in combatting infections of the eye and skin. Sulfaguanidine was introduced in 1940 for the treatment of intestinal infections and proved its value by preventing any major epidemic of bacillary dysentery among the troops in World War II.

The popularity of the sulfas began to decline in the late 1940's when the antibiotics, such as penicillin, were found to be more effective and safer to use in conditions formerly treated with sulfas. But the sulfas were far from being dead, for they did possess some important advantages over the antibiotics.

In recent years several new sulfas have been introduced into therapy. These newer sulfas offer such advantages as decreased toxicity, increased solubility in body fluids, longer and higher blood levels, and increased palatability, in comparison with the older sulfas. Among the most widely used of these newer sulfas are Gantrisin, Sul-Spansion, Thio-sulfil, Madribon, Gantanol, Kynex, Midicel, Sulfasuxidine, and Sulfathalidine.

The search for newer and more effective sulfas has had many far-reaching effects. For example, a group of workers in 1942 noticed that a certain sulfanilamide derivative in a clinical trial caused a marked fall in blood sugar in non-diabetic human beings. Further research showed that other sulfas exerted hypoglycemic effects not only in normal humans but also in patients with certain types of diabetes mellitus. From these observations were born such valuable oral antidiabetic drugs as Carbutamide, Orinase, Diabinese, and DBI. The chance observation that certain sulfas would inhibit enzyme carbonic anhydrase led to the development of such potent diuretics as Diuril, Hydorduril, and Diamox.

The story behind the sulfa drugs is filled with its heroes and near-heroes, their feats and defeats. Perhaps the credit for starting this adventurous tale should be given to the individual who first discovered coal, centuries before the idea of treating disease with specific

chemicals was born. Perhaps it should be given to those countless individuals who labored long to isolate and identify the numerous substances contained in this black mass of prehistoric origin. Maybe the credit should go to William Henry Perkin who at the age of eighteen attempted to synthesize quinine but instead prepared the first synthetic dyes from chemicals contained in the coal tar distillate and started the great synthetic dye industry, or to Carl Weigert who was the first to stain tissues with these dyes, or to Paul Ehrlich who conceived the modern notion of chemotherapy.

The story of the sulfas is not just the story of men and women seeking the conquest of disease nor is it the tale of the group of drugs which resulted from their search, but it is rather the story of the growth of a notion, the idea that disease can be cured or prevented by specific chemical agents. The spirit kindled by the success of the sulfas continues to grow with every passing day, and will reach its climax only when we will have available a specific cure for each and every human malady, whether of physical or emotional origin. The surface has barely been scratched and the road ahead may be far longer than that which we have already travelled, but with a little inspiration and much perspiration (with apologies to Tom Edison) our dream may yet be a reality.



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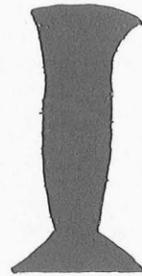
PROFESSIONAL

IMAGE

WITH

A

FUTURE



JED L. MEES

Assistant Marketing Director
CIBA Pharmaceutical Company

Is the pharmacist's professional image being tarnished or is it on the decline. If it is, can we do something about it?

Much has been written recently about the "Image" of the pharmaceutical industry and the professional pharmacist. Just what is this image? A recent newspaper article from Amarillo, Texas carried this headline, "Pharmacists Chided for Poor Impression." Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, addressing the West Texas Pharmaceutical Association, is reported to have said the pharmacist today is his own worst enemy. According to Dr. Apple, the public considers pharmacists promoters who are more interested in the public's money than in its health. He cited several instances of how pharmacists themselves are creating this false image:

1) A pharmacist being interviewed on a nationwide radio show on the supposed high cost of drugs used such terms as how many "scripts" he had to push a day and how the cut-rate chislers" are "hurting his business."

2) A pharmacist who didn't take the time to explain the cost of a drug to a layman on long-term therapy.

3) A pharmacist who wrote to President Kennedy stating that pharmacists are peddling barbiturates, amphetamines, and narcotics because they can't make a living in a poor business economy.

On another occasion, a WNBQ-TV special, aired by the NBC's Chicago outlet, carried a program in March which showed a teenager getting "goof-balls," barbiturates and amphetamines from his local neighborhood drug store at a high price because he had no prescription.

A recent READER'S DIGEST survey demonstrated that only 35% of the pharmacists defended the manufacturers and 31% defended themselves when a customer raised the question about the high cost of drugs and large profit margins, but 25%, representing about 13,000 drug stores, offered no defense at all. In

this same survey Mr. Walter Cousins, Editor and Publisher of the SOUTHERN PHARMACEUTICAL JOURNAL commented as follows:

It came as something of a shock to me to learn that over 45% of the country's pharmacists, who are supposed to be the industry's trained and professional representatives to the public, feel that the adverse publicity regarding drug manufacturers' prices are completely or partly justified! How can the public help but be confused when you, the industry's own representatives, are split right down the middle on this vital subject?

CIBA, Upjohn, Merck Sharp & Dohme, Lederle, and Smith, Kline & French, have jointly budgeted \$1,500,000 in a campaign to improve public understanding of the industry. These companies are using full page ad spread advertisements in national magazines to emphasize the value of drug research and the industry's "contribution to national life and health." Moreover, pharmaceutical companies like CIBA through community relations programs, i.e., speakers' bureaus, plant tours, exhibits at professional and public meetings, distribution to high schools of a film on drug research and production, are helping to advance pharmacy's image. Other industry efforts include advertising, pre-recorded radio programs, magazines which are distributed to doctors' offices, public service TV programs, and booklets designed for the public describing the medical-pharmaceutical collaboration.

What can you as an individual do against these unjust attacks upon all pharmacy, since an attack against the industry is an attack against yourself?

1) Defend your profession. Execute moral leadership and support the efforts of the industry to improve the image of pharmacy. (It may well be that in retrospect the pharmaceutical industry may

regard the Senate Hearings as beneficial rather than detrimental. It stimulated the ethical manufacturers to survey the consumer's attitude. The Committee tried to destroy our "Image" with the public, and we suddenly awoke to the realization that actually the public had no real image of what the industry has done for them in raising health standards to the highest level in the history of man...now we are doing something about it, but without the understanding and help of the other half of our pharmaceutical team—you, the pharmacists—little can be done to enhance pharmacy's image.)

2) Write to the Reader Opinion column of your local newspaper and rebut these unwarranted attacks. But don't do it emotionally or you will lose the whole effect of the letter — or —

3) Take a one-half or a full page ad and explain your story. Be moderate in your rebuttal. Moderation is always more persuasive than "hitting hard."

4) Actively participate in your local and national pharmaceutical associations.

5) Join in your community affairs. Become a part of your local health team.

6) Improve your relations with the medical profession. Make a personal call on your local physician and offer your services.

7) Improve your customer relations by instilling customer confidence. Take the time to discuss prescription prices and the reason for them.

8) Encourage and recruit the best young men and women in your neighborhood to study pharmacy.

These are only a few of the suggestions as to what you can do to make your "Image" better.

The Pharmaceutical Associations, the ethical manufacturers, your State Board of Pharmacy and the Colleges of Pharmacy are all actively engaged in improving the "Image" of their profession but all this will not be fully effective until you, the ethical pharmacist, become a partner and participant with the industry instead of just an observer.

ETHICS, along with prayer, must be learned at Mother's knee. Let us first realize the meaning of the word. The dictionary defines it thus: "The principals of morality, or the science of morals or right conduct," or as in pharmacy, the laws and duties of those in the practice of their profession.

We have often heard the expression "He operates an 'Ethical Pharmacy'," by which is meant that the store in question specializes in prescription filling. In my estimation, nothing could be less true, for there are many pharmacists who fill only a few prescriptions daily, but who can be said to be truly ethical in the handling of their profession. There are many, we must admit who fill many prescriptions daily who are much less than "Ethical."

What then is the difference. In my estimation there is only one way to fill a prescription. That is, exactly as the doctor ordered, with the brand name he prescribed regardless of whether one could make more money using a substitute brand. It is also regarding the practice of pharmacy as a profession and acting accordingly. Prescription products are not to be pawns in spurious methods of getting people into a store. Prices on these products should not be advertised, else the practice of pharmacy cannot be regarded as a profession. One does not see fees charged by a doctor, or an attorney, or a teacher, nor a preacher of the Gospel advertised in fliers or brochures to lure the public into the offices of these professional



FOR ETHICS IN PHARMACY

people, but how many pharmacists prostitute their profession by advertising prescription prices, etc.?

It is often noted that the type of pharmacy the student works in during their school days and immediately after will tend to govern their attitude to the profession of pharmacy. This needn't be, for if one is by nature "Ethical," he or she just regards the actions of their employers with repugnance, and they can be reminded not to conduct THEIR pharmacy in that manner.

Another phase of the ethical practice of the profession of pharmacy is cleanliness. It is even much more important for a place where prescriptions are filled to be clean than one's kitchen where their food is prepared. The garb of the pharmacist should also be clean.

Thus, in order to practice pharmacy in an ethical manner one must have a clean approach to the profession, a desire to work with their fellow practitioner not against him, to operate in a moral and proper manner, not to try to steal customers from their competitors by wrongfully advertising come-in prices, regard the patient as a fellow human who is to be treated like another human. Only then can one be called an "Ethical" practitioner.

Remember, "Man does not live by bread alone." Pharmacy as well as any other profession or business can succeed when the pharmacist thinks right, looks right and acts right.

Thus can the Rx for pharmaceutical ethics be properly filled.

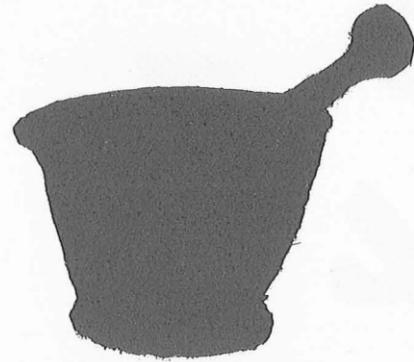
Henry J. Maicki, Reg. Ph.

Owner of Great Lakes Pharmacy

SOME THOUGHTS ON PROFESSIONAL ETHICS

by WILLIAM BLOCKSTEIN, Reg. Ph., Ph.D.

Faculty Adviser - Wayne Pharmic



What we are discussing here are considerations of ethics as they apply to a specific profession — that of pharmacy. One definition of ethics is "The science of moral duty; broadly, the science of ideal human character." At this point, one feels tempted to place a period to the article, for if one practices his special ethics (pharmaceutical) as he does his general ethics (daily living) there is no need for any reminder to tell one how he should act.

The above notwithstanding, pharmacists are not alone in demanding special codes of conduct to serve as guidelines for their actions. It is the hallmark of professions that those who claim the term "professional" are bound by special sets of rules differing in degree and in application from rules of conduct that bind those who are not a part of the profession. Thus, we see "Codes of Ethics" for attorneys, physicians, nurses, accountants, and for the whole host of occupations that have come to be regarded as "professional" in their function.

Cutting across all lines in the above and similar callings is the service function performed by professionals. To many professionals, this idea of unselfless service is the keystone in the structure that causes a profession to rise and soar above the mass of occupations and jobs that are so much a part of our modern society. Without the idea and spirit of giving of one's self, no profession would be worthy of the name. With it, the spirit of giving permeates all of one's actions, and brings satisfaction to both the giver and the recipient.

Recently, in our profession, there has been a ground swell of action aimed at enacting Codes of Ethics into law. To

my mind, this would point out the failure of the pharmacist to act and to be professional. If his code of conduct must be written into law, this means that without law, society could not be protected from the pharmacist. I am sure that the reader will agree with me that laws are written for the benefit of society, and not for special groups such as pharmacists. The volunteer code of conduct, properly followed by practitioners is so much more desirable than a law with provisions for enforcement and penalties for noncompliance with its sections.

During the past year, I have had the opportunity to serve on a five-man panel for a small professional group. The panel was charged with drawing up a code of ethics for the group. After a year of work and correspondence, two of us recommended that our examination of existing codes, such as those of various state pharmaceutical associations, major societies such as A.S.H.P., A.C.A. and others, and national associations such as N.A.R.D. and A.Ph.A., led us to one conclusion... the group need only adopt the Code of Ethics of the American Pharmaceutical Association as its own, and then live up to the sections of the code. In the A.Ph.A. code one finds all that one needs to have his special ethics agree with his own concept of his general ethics.

To those of you who read this special issue of the PHARMIC devoted to Professional Ethics, may I recommend that you once again turn to your personal copy of the Code of Ethics of the American Pharmaceutical Association. Read it, reread it, and adopt it as your own. You, society, and pharmacy will be better for it.



by Robert C. Johnson

Executive Secretary, M.S.P.A.

Ethics is a term often spoken of but sometimes overlooked by practitioners in the profession of pharmacy. Perhaps the reason is that Ethics is based on individual interpretation rather than a statement of hard and fast rules to which everyone can adhere.

Webster defines Ethics as a "study of standards of conduct and moral judgment," leaving to the individual the responsibility of judging or interpreting moral standards as they apply to his own practice.

Since Ethics is based on morals, it is necessary for a person to possess a set of moral principles that will determine his ethical practices. If he is lacking in these principles, it will be reflected in his professional practice.

Often we misinterpret Ethics as something that can be legislated and thus, by so doing will provide certain definite rules and regulations by which everyone can and must abide in order to practice his profession. Under these circumstances, we are overlooking the fact that ethics is an individual quality or characteristic that is inbred. We can not shift responsibility to a law enforcing body to issue directives for morals.

Likewise, Ethics is not something that can be acquired through formal training in a College of Pharmacy. On the contrary, it is something we must learn as a child during our formative years.

If we reach adulthood without acquiring a set of sound moral principles, then it becomes too late to expect that we can develop them through a college course or by subscribing to a code of ethics as dictated by law.

I do not mean to imply that one cannot

further his moral principles by exposure to ethical standards while acquiring his professional education. On the contrary, such exposure might broaden his understanding of ethical principles as they apply to the profession which he is studying. Nevertheless, he must accept, at an early age, a respect for moral standards if he is to be expected to live by such standards later in life.

Likewise, as students, it is important to realize that, although through early training you have acquired a certain moral philosophy, your principles can be influenced, in fact reshaped, by exposure to individuals who have never learned respect for ethics as a staff of life.

This will not be the case, however, if your morals are deeply rooted and you do not allow yourself to be influenced by a false set of principles that place selfish interests ahead of professional obligations to the public which you serve.

As students, who have acquired a certain moral philosophy, you must set individual standards by which you are willing to practice your profession, realizing that you have spent five years in formal training to become a professional person. If you are willing to accept the first position offered without first assuring yourself that your ethical principles will not be compromised, then you are performing a disservice to the public you serve. We can never impress upon the public respect for a pharmacist, unless they can look to him as a man of professional dignity with a high moral character.

Occasionally, we witness pharmacy being practiced in somewhat less than an atmosphere of professional dignity. If

you subscribe to this by accepting employment in such a firm, then you are admitting that you do not possess a set of moral principles but instead, are willing to accept the selfish interests of an employer to the detriment of the professional responsibility which you have assumed.

Ethics, today, carries a price tag; the price tag being survival of the profession. Again, it is up to you as an individual to determine the price you are willing to pay. Are you willing to stand aside and close your eyes to your moral obligations as a pharmacist and thus witness the downfall of your profession? Or, instead, are you willing to assume the responsibility to take pharmacy out of the hands of those who use it as a means of attaining financial gain at all costs?

The answer rests in the hands of those just entering the profession. Are they pleased with what they see or will they attempt to bring about a revolution based upon a need for higher ethical standards? These standards will subsequently require that pharmacy be practiced as a profession involving solely the compounding and dispensing of prescriptions and other purely pharmaceutical services.

A prescription for pharmaceutical ethics is thus dependent upon individual interpretation of professional standards based upon the desire to enhance the professional image of pharmacy.

A Code of Ethics as provided by an association, such as that of the A.Ph.A., can serve only as a guide. It cannot take the place of moral responsibility. The responsibility rests with you.



GREEK'S CORNER

PHI DELTA CHI

"Recognizing the necessity of and the mutual benefits to be derived from an organization devoted to the sciences of Pharmacy and Chemistry, a careful investigation into, and a free discussion of subjects relative to the same; we do agree to form an association for its government to adopt the following Constitution and By-Laws...." For these reasons, Phi Delta Chi, The Pharmacy Fraternity was organized.

Phi Delta Chi, The Professional Pharmacy Fraternity was organized on November 2, 1883, at the University of Michigan, Ann Arbor, Michigan. Since the early days of the founding of the Fraternity, the men of Phi Delta Chi have assumed many activities in the profession of Pharmacy. The men of Phi Delta Chi have been active both in civic and professional organizations. Their influence has guided many young men to follow the Career of Pharmacy, and many of the Brothers, including Dean Wilson and several members of the faculty of Wayne State University College of Pharmacy are continuing to train capable young men to enter the Profession of Pharmacy.

Phi Delta Chi prepares the student for the future. Phi Delta Chi teaches leadership to all of its members by promoting them to assume positions of leadership in the fraternity and college organizations. Fraternity life demands that the cooperation of various individuals be wholehearted to run a successful fraternity. This lesson, when learned, further develops the desire to work in civic activities for the betterment of the community, state and country. It will broaden the member's knowledge and tolerance, instill a spirit of cooperation, improve his loyalty to both his college and community and teach him to live with his brothers.

The Alpha Eta Chapter of Phi Delta Chi was started at Wayne State University College of Pharmacy in 1928. Since this time the men of Phi Delta Chi have assumed positions of leadership in

the College of Pharmacy. During this past academic year, the brothers of Phi Delta Chi have served on the Student Advisory Board, the Executive Board of the Student Branch of the APHA-MSPA, and one of our brothers was Editor of the Wayne Pharmic.

The brothers of Phi Delta Chi are able to work together well because each believes that "Each needs the help of the other" and by following this belief, the members also extend their help to not only their fraternity brothers, but to all who are working for the advancement of Pharmacy. Being dedicated to a cause and able to do hard work for that cause has been the formula of success for the Brothers of Phi Delta Chi, The Pharmacy Fraternity.

During the past semester the brothers of Phi Delta Chi have accepted four new members into the fraternity. It is our hope that these new members will continue to carry on the work of Phi Delta Chi at Wayne State University and in their future years, continue to apply the ideals of Phi Delta Chi to all their work as has been done by so many of our brothers.

In June 1962, Brothers Andrew Zbikowski, Mike Demchak, Larry Pilot, Richard Pitocki, John Gawryk, Leroy Kareus and Fred Nickols will graduate and enter their chosen fields of Pharmacy. Some will be in retail pharmacy, others will continue their education in Graduate School but all will continue to uphold the ideals of Phi Delta Chi, and it is hoped that all will be able to assume leadership in their profession as they have assumed in the Fraternity during their college days. All the undergraduates of Phi Delta Chi extend their best wishes for success to their graduating Brothers.

ALPHA ZETA OMEGA

This spring semester finds us expectantly awaiting the appearance of leaves on the trees, and on other plants such as foxglove, peppermint, belladonna, and the like. We also are proud of our brothers who have shown outstanding qualities during the year. Fraters Abramson and Peltz were honored



at the May 1st honors convocation for their achievements of scholarship. We are also proud of the fraters we are losing to graduation this year. We would like to wish fraters Peltz, Abramson, Koby, Sternberg, Manello, and Porvin the best of luck in the future.

As usual AZO made full use of the time it was allotted in the showcase to display the features of pharmacy which Frater Abramson felt best. Because of its location many nonpharmacy students pass it on their way to liberal arts and engineering classes. Thus we feel that the show case is an excellent visual aid to the College of Pharmacy.

Morris Prostack, Danny Feber, and Max Jacobs attended the spring regional in Cleveland where they found conditions which were very unfavorable to the independent druggist. Ever since pocket-book placation replaced Pharmaceutical Service, many of the independents have lost their stores and many more pharmacists their jobs. We hope that this does not happen in Detroit.

The Spring Semester also finds us wondering about our profession and our obligation to improve it, and the question arises: Do we as pharmacists fulfill the functions of a profession? If we continue our educations after graduation, whether on a formal or informal basis, we do. If we contribute new knowledge to that body of knowledge which is passed on to the next generation of pharmacists, we definitely fulfill the function of a profession. If we help to train, encourage, and assist young pharmacists, we again fulfill one of the functions of a profession. If we actively participate in the societies devoted to the aim of furthering our profession and hold a body of ethics dear enough to be practiced, we are fulfilling the functions of a profession. Unless we fulfill our functions as a profession we cannot be considered one. Professionalism is not a part time occupation but a full time obsession, requiring devotion, energy, and enthusiasm. It is not easy to come by. Professionalism requires that accurate, thoughtful action over shadow the pile of gold in the till, and the sincere belief that care of the hurt and sick requires a professional. Professionalism also requires the attitudes and actions fitting to a profession. Men are judged not for what they say they will do, but what they are seen actually doing.

RHO CHI

Alpha Chi chapter's initiation-dinner on May 23rd at the McGregor Memorial witnessed the induction of ten new members into the society, representing the largest single group to be initiated in the nine-year history of the Wayne State University chapter. Those admitted to membership were Sister Mary Naomi Holysko, Leroy P. Kareus, John V. Mrgan, James Stringer, Edward Kilbourne, Maxwell Miller, Edward Slingerland, George Fuller, Irving Sable, and William Andrews. Our guest speaker for the evening was Dr. J. Russell Bright, assistant dean of the Wayne State University College of Liberal Arts, who spoke on the subject "Unlimited Scholarship Possibilities."

Alpha Chi chapter of Rho Chi is proud to count among its membership two national officers in pharmacy's honor society. Dr. William L. Blockstein is serving as national secretary-treasurer, while Dr. Martin Barr is a member of the executive council. Alpha Chi is presently the only Rho Chi chapter that can boast of having more than one national officer in its midst. This unique situation has greatly solidified the bonds between this chapter and the national organization. As a result, Alpha Chi chapter can more effectively aid in achieving the objectives of the Rho Chi Society—to promote the advancement of the pharmaceutical sciences through the encouragement and recognition of intellectual scholarship; to promote scholarly fellowship in pharmacy; and to encourage and promote pharmaceutical research.

KAPPA PSI

At the last Kappa Psi convention held in Philadelphia (1961), more than one member of our group commented on the ease with which one could spot a Kappa Psi Member from among the many dozens of people registered at the hotel during that holiday season. It was but a matter of moments before introductions had been made and new friendships already started.

After this very gratifying experience, the author could not help but search his memory for a common denominator which makes the Kappa Psi Man such an outstanding person in any group of people. No doubt there are many factors involved in the experiences gained when a young man engaged in the study of Pharmacy aligns himself with and becomes a Brother in Kappa Psi. As examples we might cite mutual aid and association. However there is one com-

mon experience which serves to distinguish a member of Kappa Psi from the general run of fraternity men.

Following some thought on the subject, the author settled upon one facet of the early training of a KY man which is considered to be a most influential factor in producing what we consider the typical KY Brother. Indeed this factor is of such importance as to have guided KY since its inception. This facet of training learned by any privileged to become Brothers in KY are the principles of Industry, Sobriety, Fellowship and High Ideals.

Industry signifies wholehearted application of one's talents to the job at hand, be it your studies or the myriad of activities of your profession.

Sobriety is moderation in all our thoughts and actions. It implies a rational weighing of all considerations, both pro and con before we speak or act and then governing our speech and actions by what we consider best for ourselves, our profession, our community.

Fellowship signifies one of the fundamental building blocks upon which true fraternalism is built. It means the joy of working with others whose standards of conduct and action agree with our own.

High Ideals signifies a willingness not only to assert but even to fight for what we know is just and right for our profession and our fellow man whom we serve. It means also the fortitude to admit one's own mistakes and to accept and profit by constructive criticism. In short, a sincere desire to place the welfare of society and the Fraternity above self.

This is the training which Kappa Psi inculcates within its members to be their guiding influence through school and their professional life later on. It is by continually striving to implement this training that has made the KY Man stand out through the years as a better citizen, professional man and member of society.

LAMBDA KAPPA SIGMA

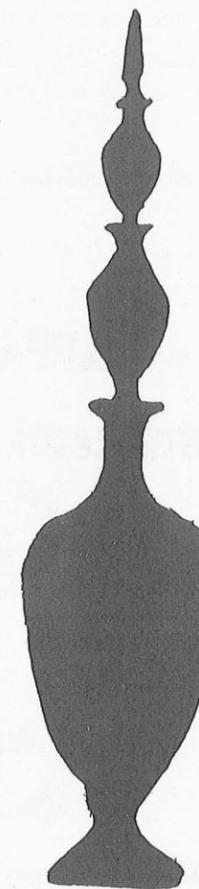
The Omicron Chapter of Lambda Kappa Sigma International Sorority has been very busy this past school year. First of all, we initiated three new members, who are: Jacqueline Roggin, Martha Macilynsky, and Betty Koroscil. Our beautiful formal initiation ceremony and dinner were held at the Stockholm Restaurant.

Soon after, our President, Mary Edna Aboud and members Carol Kurz and Betty Koroscil, attended the convention of the Michigan State Pharmaceutical Association at Kalamazoo.

We celebrated Hygeia Day, or the day of the patroness of our sorority, on Wednesday, March 21st. The Alumni Chapter was invited, and this year our mothers also, whom we decided to better acquaint with our functions. The program consisted of a short talk and film from the Michigan Bell Company on the subject of the correct use of telephone facilities and the successful way of dealing with people in business and the professions.

This year, as two years before, our chapter held a very successful Monte Carlo rush party with various games and refreshments. We became good friends with some prospective pledges and at present are conducting a very small but select pledge class. Imagine, two new sisters!

At present, all our Lambs are eagerly looking forward to the College of Pharmacy Dinner-Dance and the Sorority Golden Jubilee Convention in June.



Congratulations Graduates

**ALPHA ZETA
OMEGA**



2670
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3/250

Compliments of

**LAMBDA KAPPA SIGMA
SORORITY**



Omicron Chapter

Dr. B. P. Block Speaks to the A.Ph.A.-M.S.P.A. Student Branch

by JANICE PLETSCHE

Dr. B. P. Block, Professor of Pharmacology at the School of Pharmacy, University of London, was the distinguished guest speaker at the March 13th meeting of the Student Branch of the A.Ph.A.-M.S.P.A. Dr. Block informed us about the profession of pharmacy in Great Britain, its development and present status.

In 1841 the forming of the Pharmaceutical Society of Great Britain was undertaken by Jacob Bell in London. Dr. Bell also was responsible for the publication of a pharmaceutical journal at this time.

Until 1843 pharmacy had no legal or professional status in Great Britain. But in that year the Pharmaceutical Society obtained its first Charter of Incorporation by which it obtained royal, public and official recognition. The Society was designated as the "public authority for pharmaceuticals." The first pharmaceutical laboratory was opened by the Pharmaceutical Society in 1844 to give practical instruction. Shortly thereafter the Society was invited to assist with the British Pharmacopeia.

In 1948 the School of the Pharmaceutical Society was taken over by the University of London, and at this time the Pharmaceutical Society was given the power to determine who the legal pharmacists would be. A two year course was taken in the School of Pharmacy at which time a Diploma of Pharmaceutical Chemistry was obtained. The Diploma may still be earned, however with an additional year of study. Eleven hours of lectures are attended per week with twenty four hours of practical work. The hours are from 9:00 a.m to 5:00 p.m. An examination is taken after years of study and another after the last year. (25% of the students fail the first exam.)

This amount of training entitles one to dispense medications in hospitals and retail establishments. A program of four years of academic work is offered which affords a Bachelor of Pharmacy Degree. This allows the graduate to go further in pharmaceutical research. This program is getting more popular now since the training for the Diploma of Pharmaceutical Chemistry has been extended from two to three years.

Drug inspectors visit retail stores and

hospitals and give prescriptions which require compounding to the pharmacist. One third of the amount dispensed is kept by the pharmacist, one third is kept by the Pharmaceutical Society and one third is analyzed.

It is illegal in Great Britain to advertise prices and products on television or by means of signs on the fronts of the stores. No soda fountains or lunch counters are found in these stores and non-pharmaceutical shops provide the common American "drugstore" commodities.

The pharmacies are under the direction of the National Health Service which had its beginning in 1948. This is the governmental organization which heads the system of socialized medicine. Under this system each person pays one third of his wages to the Health Service which then takes care of his medicinal needs. Very small standard charges are made by the professional person when he provides his service. For instance, the standard price which the patient pays for any prescription filled is twenty five cents. The pharmacist receives a check

(Continued on p. 24)

**KAPPA PSI
Pharmaceutical Fraternity**



**Mu Omicron Pi Chapter
Detroit Graduate Chapter**

Congratulations
Graduates



PHI DELTA CHI

Aim high

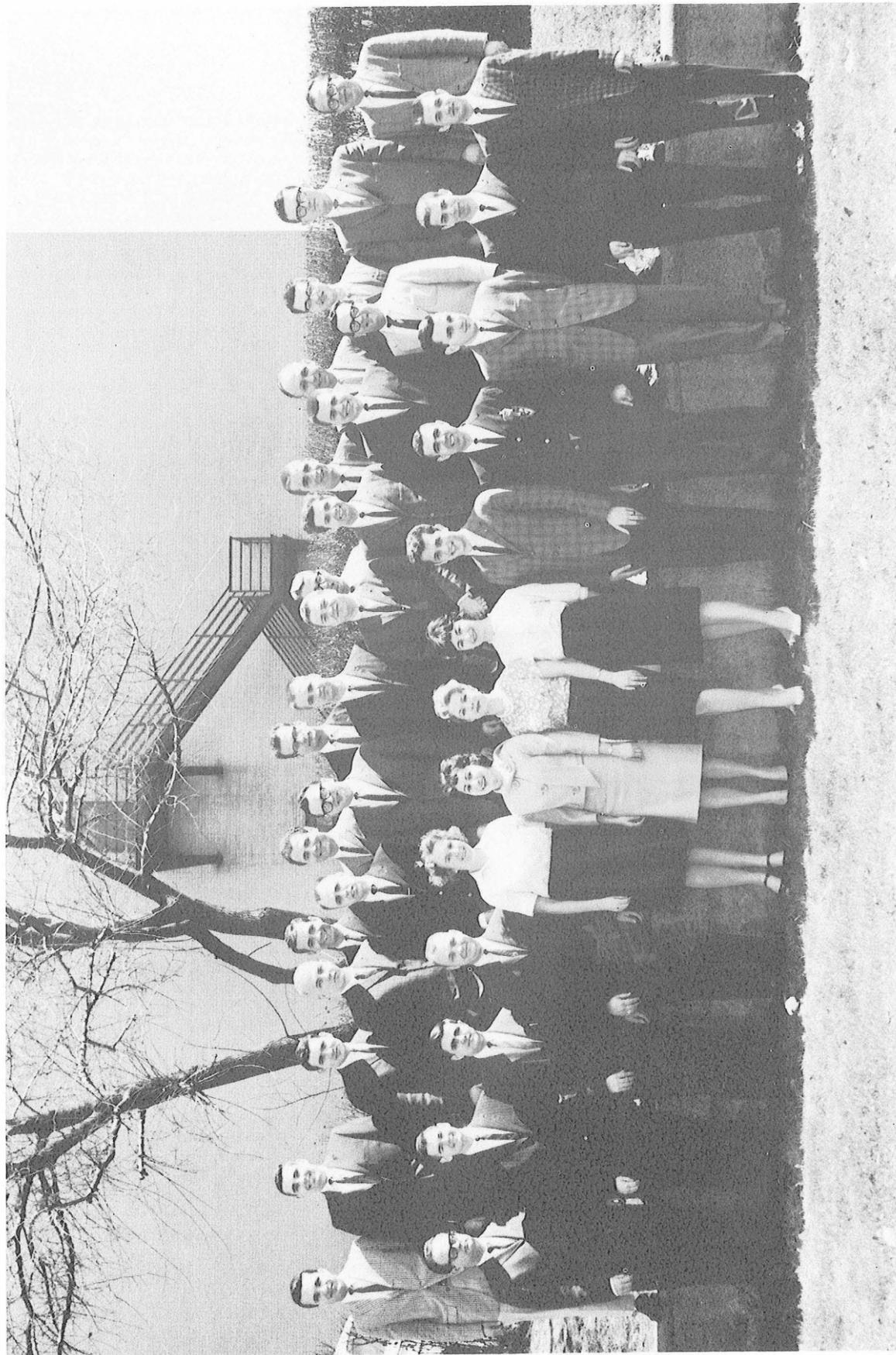
Rho Chi Society

**PHARMACEUTICAL
HONOR SOCIETY**

**CONGRATATIONS
TO THE GRADUATES**

RHO PI PHI FRATERNITY

Xi Chapter



GRADUATING CLASS JUNE 1962
COLLEGE OF PHARMACY
WAYNE STATE UNIVERSITY

FAREWELL SENIORS

by MARVIN MEYER

The June and August Graduating Class of 1962 numbers thirty-one. Those pictured on page 18 are:

First Row (from left)

SEYMOUR MANELLO,

SEYMOUR GOSS--Seymour is a member of Rho Pi Phi Professional Fraternity, member of Tau Epsilon Phi Social Fraternity, and a member of the debate team of the Forensic Union. He plans to do graduate work in medicine.

KHAMIS A. ZIADEH--He is a member of Kappa Psi Professional Fraternity and a member of A.Ph.A.-M.S.P.A. Like Seymour, Khamis also wishes to go into medicine upon graduation.

DOUGLAS C. ACORD--President of A.Ph.A.-M.S.P.A.-Student Branch, member of the Student Advisory Board, and member of Kappa Psi Professional Fraternity. These were the active duties which Doug fulfilled during his senior year. In July he will be married and in the future Doug plans to do graduate work in Pharmaceutics or Pharmacy Administration.

MRS. BRONISLAWA OLEJARCZYK.

MARY EDNA ABOUD--Mary is a member and past Vice-President of A.Ph.A.-M.S.P.A.-Student Branch, member and Secretary of the Student Advisory Board, President and past Treasurer of Lambda Kappa Sigma Professional Pharmaceutical Sorority, and is the assistant editor of the Pharmic.

MARIE PODGORSKA,

JOVANKA PETROVICH.

LARRY R. PILOT--He is President of Student Advisory Board, President of Phi Delta Chi Professional Fraternity, President of Omicron Delta Kappa-Honorary Leadership Fraternity, past treasurer of A.Ph.A.-M.A.P.S.-Student Branch, and past president of District IV, A.Ph.A. Larry is also College of Pharmacy Representative to, and Treasurer of Student-Faculty Council. His plans include graduate work in Pharmacy Administration and Law.

ROBERT M. STERNBERG--Robert is a member of Alpha Zeta Omega Professional Fraternity and A.Ph.A.-M.S.P.A. He will practice retail pharmacy upon graduation. He is married and has one child.

MICKEY KOLE.

HANLEY N. ABRAMSON--Some of Hanley's activities this year have been: Treasurer of Alpha Zeta Omega Fraternity, Treasurer of A.Ph.A.-M.S.P.A.-Student Branch, and Secretary-Treasurer of Rho Chi National Scholastic Honor Society.

HIPOLIT POTOCKI--He is a member of Phi Delta Chi Fraternity, Sigma Alpha Mu Social Fraternity and A.Ph.A.-M.S.P.A. Dick is married and has one child. He plans to work in retail pharmacy.

Second Row

STUART H. GOLDFINE--Retail pharmacy is also Stuart's chosen field. This year he has been a sportswriter for the Daily Collegian and Treasurer of Rho Pi Phi Fraternity.

LOUIS L. BLOCH.

MARTIN L. PELTZ--He is President, past vice-president and past editor of Alpha Zeta Omega Fraternity, President of Rho Chi National Honor Society and a member of A.Ph.A.-

M.S.P.A. Martin plans to do graduate study in Pharmaceutics while working in a retail pharmacy.

JOHN I. A. KOSKELA.

WILLIAM L. WILLIAMS--Bill is a member of Kappa Psi Fraternity and A.Ph.A.-M.S.P.A. Bill would like to do graduate work.

EMANUEL J. KAMON--Emanuel is interested in retail pharmacy. He has served as Vice-Regent of Kappa Psi Fraternity and has been a member of A.Ph.A.-M.S.P.A. this year.

GERALD A. WAGEL--Gerald will be married in August and plans to enter retail pharmacy. He is past secretary of Kappa Psi Fraternity and member of A.Ph.A.-M.S.P.A.

GERALD H. BELL--Gerald is married, member and Social Director of Kappa Psi Fraternity and member of A.Ph.A.-M.S.P.A.

JOHN C. GAWRYK--A member of Phi Delta Chi Fraternity, A.Ph.A.-M.S.P.A., and Student Advisory Board, John is considering graduate school.

ANDREW E. ZBIKOWSKI--After graduation Andy plans to enter the Air Force as a Lieutenant with reserve commission for three years. This year he has been Member-at-Large of Student Advisory Board, and Editor of the Pharmic. He is a member and former pledge master of Phi Delta Chi Fraternity.

CHARLES BORG--Charles is married, has two children, is a member and past Regent of Kappa Psi Fraternity and member of A.Ph.A.-M.S.P.A. He has chosen to work for Cunningham's upon graduation.

MICHAEL J. DEMCHAK--During his senior year Mike has been Corresponding Secretary of M.S.P.A.-Student Branch, member of P.Ph.A. and Pledge Master of Phi Delta Chi Fraternity. He is also past recording secretary of the fraternity.

MARTIN KOBY.

Third Row

SAMFORD L. PORVIN--Samford has played varsity tennis for three years and is presently a member of Alpha Zeta Omega Fraternity and A.Ph.A.-M.S.P.A. He is interested in retail pharmacy.

LLOYD STARR--He would like to enter retail pharmacy upon graduation. Lloyd is a member of Rho Phi Phi Fraternity, Sigma Alpha Mu Social Fraternity and A.Ph.A.-M.S.P.A.

FRANK P. FACIONE--Frank is a member and past Regent and member of the Grand Council of Kappa Psi Fraternity. While at Wayne he has also been active on the Student Advisory Board and the A.Ph.A.-M.S.P.A.

ARTHUR W. LAMBKIE.

LEROY P. KAREUS--He is a member of Phi Delta Chi Fraternity and A.Ph.A.-M.S.P.A. and plans to work in retail pharmacy.

FRED W. NICKELS--Fred is also a member of Phi Delta Chi Fraternity and A.Ph.A.-M.S.P.A. and is married.

THOMAS SCHAUT.

"FOCUS on PHARMACY - 1962"

by JANICE PLETSCH

Tuesday, February 27th, was the date of the Ninth Annual Joint Pharmacy Seminar sponsored by the Michigan Branch of the American Pharmaceutical Association, the Wayne State University College of Pharmacy and the Pharmacy Alumni Association. Registration took place from 9:00 to 10:00 a.m. in the lobby of the McGregor Memorial Conference Center after which three guest speakers presented stimulating speeches concerning our profession.

The first speaker was Robert E. Abrams, Executive Secretary, American College of Apothecaries. "The Professional Fee Concept" was his topic. In support of the professional fee Mr. Abrams stated that since a prescription is dispensed for a specific individual, for a specific purpose and it must be written by a physician, a professional service is rendered by the pharmacist. The fee should be according to the type of drug and the nature and extent of the professional service involved, and no standard percentage mark-up fits these qualifications. "You claim to be a profession but do not charge a true professional fee and you are degraded to

the status of a merchant," said Mr. Abrams.

Jack Cooper, Director of Pharmacy Research and Development Division, Ciba Pharmaceutical Products, Inc., came next on the program and spoke on "The Impact of Social and Political Change on Pharmaceutical Research." In Mr. Cooper's opinion, "Dynamic pharmaceutical research can do more for public health than to change the method of distribution of medical care. Recognition of research by pharmacy is the lifeblood of the future of pharmacy." That we cannot live on our past reputation but must get some research accounts to our credit is Mr. Cooper's strong belief.

The third and final guest speaker during the morning session was Paul A. Pumpian, LL.B., who is secretary of the Wisconsin State Board of Pharmacy. "Controlling the Distribution of Dangerous Drugs in Nursing Homes and Hospitals" was Mr. Pumpian's address. His listeners were impressed with the idea that it is the responsibility of the community pharmacist to make sure that hospitals, especially the small

nursing home type, have adequate programs for the safe handling and dispensing of drugs. Control of the dispensing of drugs in hospitals is under the State Board of Pharmacy which must take legislative action to see that conditions in these institutions are legal and safe.

Mr. Pumpian proposed that in a hospital of 100 beds or more a full time pharmacist is necessary. If the hospital is smaller a part time pharmacist could be employed who would also be on a consultation basis. Whichever the case may be the pharmacist must have complete control over the drugs with provisions for emergency drugs when he is not on duty.

In nursing homes no bulk drugs should be kept on the premises. Medications necessary for the patients can be provided by a prescription sent to a pharmacist who in turn sends the filled prescription to the nursing home. If drugs are kept in the home they must be in a locked room with only the doctor and pharmacist possessing keys. Mr. Pumpian concluded by saying, "If

(Continued on p. 21)

SPRING HONORS CONVOCATION - 1962

by MARVIN MEYER

The College of Pharmacy Honors Convocation was held on May 1, 1962 in the Kresge Science Auditorium, Wayne State University. The convocation was presided over by Dr. William L. Blockstein.

The guest speaker, introduced by Dr. Martin Barr, was the distinguished Nelson M. Gampfer, Mr. Gampfer is the Chairman of the Board for the William S. Merrell Co., division of the Richardson Merrell Corporation, Chairman of the President's Advisory Council-University of Cincinnati and past President of the National Pharmaceutical Council. The subject of Mr. Gampfer's address was, "In Your Hands... The Future." It proved to be most appropriate and inspiring.

The awards were presented by Dean Stephen Wilson, Dr. Blockstein and members of the individual contributing organizations. The awards presented were as follow:

Alpha Zeta Omega Award—A copy of the U.S.D. by the Women's Auxiliary of AZO Fraternity to the graduating student who, in the judgment of the faculty, has distinguished himself in scholarship, citizenship, and sportsmanship was won by Martin Peltz.

Bristol Award—A copy of Howard's "Modern Drug Encyclopedia" awarded

to Thomas Schaut as the graduating student who, in the judgment of the faculty, has shown the greatest professional improvement.

Kappa Psi Graduate Chapter Award—Presented to Hanley Abramson as the graduating student with the highest scholastic average over the four-year course.

Lehn and Fink Medal—Awarded to Hanley Abramson for attaining the highest scholastic record over the four-years.

Merck Award—A copy of the "Merck Index," and the "Merck Manual," and "Reagent Chemicals and Standards" awarded to Hanley Abramson for attaining the highest scholastic average over the four-year course and to Edward Randinitis for attaining the highest standing in the prescription course.

Pharmaceutical Chemistry Award—A copy of "Remington" awarded by Detroit Color Labs to Hanley Abramson for excellence in Pharmaceutical Chemistry.

Medical Arts Award—Presented to Leroy Kareus by the Medical Arts Pharmacy as the graduating student who has done superior work in Dispensing Pharmacy and who stands high in all subjects in the pharmacy curriculum.

Rexall Award—A Mortar and Pestle Trophy awarded by the Rexall Drug Co. to Larry Pilot as the graduating student who has distinguished himself in intra or co-curricular activities in the College of Pharmacy.

Women's Auxiliary of the M.S.P.A.-A.Ph.A.—A year's membership in the A.Ph.A., including the Journal of the A.Ph.A., to Mary Aboud as the graduating woman student selected by the Dean and faculty.

Edward Baron Award—Awarded to Robert Radnick for attaining the highest scholastic average during his first thirty hours of credit in the College of Pharmacy.

Central Pharmaceutical Award—Presented by the Central Pharmaceutical Journal to Martin Peltz as the graduating student who has attained the highest scholastic average in Pharmacy Administration.

Gerald L. Gerger Achievement Award—Presented by Phi Chapter of Alpha Zeta Omega National Pharmacy Fraternity to Max Jacobs as the member who, in the judgment of the fraternity, has accomplished the most during the preceding year for the fraternity and the University.

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FOCUS

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we continue to let others take the responsibility we are going to take the back seat." The result will be less prestige for pharmacy.

A luncheon followed in Room F of the McGregor Memorial Building. Wallace Werble, President of Pharmacy Reports, Inc., and W. Paul Briggs, Sc.D., LL.D., Secretary and Executive Director of the American Foundation of Pharmaceutical Education, spoke at the afternoon session. Their topics were "Where is Pharmacy?" and "Program for Power", respectively. Then Dr. William Blockstein, Assistant to the Dean, Wayne State University College of Pharmacy, was moderator for a panel discussion which included the guest speakers of the Seminar.

However, one speaker was yet to address the group. He was William S. Apple, Ph.D., Secretary and General Manager, American Pharmaceutical Association. "Blueprint for Professional Unity" was the title of his address, which was delivered in the evening at the Seminar Banquet.

This concluded a day of professional stimulation of which our local men and women of pharmacy are each year urged to take part. Only as more people of the profession take interest and attend such programs will the phases of pharmacy unify and assume greater heights as a profession.

* * *

Lambda Kappa Sigma Key—Awarded to Mary Aboud by Omicron Chapter as the woman graduate who, in the opinion of the sorority, has been most distinguished in pharmacy school activities and who has maintained a good scholastic average.

Detroit Alumni of Rho Pi Phi Award—To Henry Marcus that member judged outstanding by the alumni and advisor.

American Pharmaceutical Association Plaque—Awarded to C. Douglas Acord as President of the Student Branch of the A.Ph.A.

Aesculapius Key Award—Presented to Jim Divine as the member of Kappa Psi Fraternity who has been most active in the interest of the fraternity.

Kappa Psi Grand Council Scholarship Certificate—Presented to Edward Randinitis as the graduating member of Mu Omicron Pi Chapter with the highest scholastic average over the four-year course.

Kappa Psi Certificate of Appreciation—Awarded to Frank Facione in recognition of service to the Kappa Psi Fraternity.

The Phi Delta Chi Alumni Award—Presented to Leroy Kareus by the alumni of Alpha Eta Chapter for being the graduating member with the highest scholastic average.

Spring Conference

Michigan Academy of Pharmacy

by MILDRED ROMANCHUK

Thursday, April 15, 1962, marked the date of the Nineteenth Spring Conference of the Michigan Academy of Pharmacy held in the McGregor Memorial Center, here at Wayne State University.

The first speaker of the day was Dr. F. J. Bandelin who spoke on "The Pharmacology of Placebos." His topic discussed the uses, the dangers, and the advantages of placebos as compared to the usage of actual drugs.

Dr. Irving Sunshine next spoke on "Poisons In Your Life." His talk gave an elemental description of common household poisons and the poisons often found in nature. Dr. Sunshine enumerated the actions of such substances as well as the cautions and antidotes that apply to them.

"The Formulation and Evaluation of Oral Sustained Release Medication," was the topic chosen by Dr. Rudolph H. Blythe. His talk was followed by the dinner speaker, Mr. Carlos E. Toro, whose subject was "What in the World is Going On?"

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The American Pharmaceutical Association Certificate of Appreciation—Presented to Larry Pilot in recognition of outstanding service to the Student Branch.

Johnson and Johnson Award—Presented to Larry Pilot as the graduating student who has submitted the best paper in Pharmacy Administration.

In addition to the awards presented, the new candidates for Rho Chi the National Scholastic Honor Society were introduced and the members of the Student Advisory Board who had served for one year were introduced and presented with keys of recognition. The Rho Chi candidates were: George Fuller-graduate, Maxwell Miller-graduate, Irving Sable-graduate, William Andrews-graduate, Edward Slingerland-graduate, Edward Kilbourne-undergrad, John Mrsan-undergrad, James Stringer-undergrad, Sister Mary Naomi Holysko-undergrad, and Leroy Kareus-undergrad.

The Advisory Board members recognized were: Larry Pilot-Senior Representative, Marvin Meyer-Junior Representative, Robert Radnick-Sophomore Representative, Andrew Zbikowski and John Koskela-At-Large Representatives, C. Douglas Acord-A.Ph.A., Max Jacobs Alpha Zeta Omega, Frank Facione-Kappa

The main address was given by Dr. Cortez F. Enloe, who spoke on "Cybernetics and Latrogenetics," or "How to Hurt Patients without Even Trying."

The attendance spoke well for the value of this event. The conference certainly proved itself to be interesting, enjoyable and a refreshing change from classroom lectures.

* * *

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* * *

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Editor-WAYNE PHARMIC '61-'62

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DR. BLOCK SPEAKS

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Dr. Block is highly in favor of the system of socialized medicine and stated that the majority of the physicians express his feeling. He feels that there is much more organization in the medical profession and the patient is free from the anxiety of the financial burden.

Accompanying his speech Dr. Block showed several colored slides of the School of Pharmacy, University of London and downtown pharmacy shops. We were indeed fortunate to have Dr. Block as our guest.

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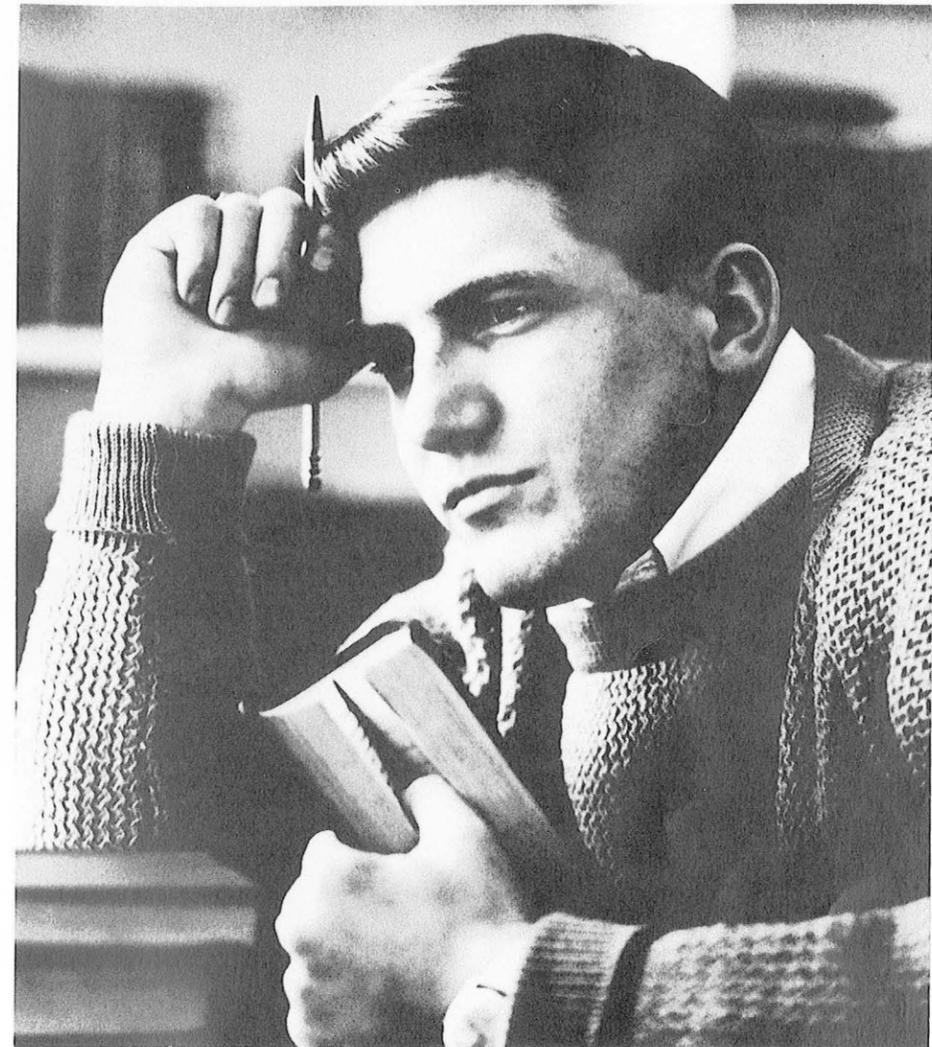
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