



# THE AUSTRALASIAN JOURNAL OF PHARMACY

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## EDITORIAL

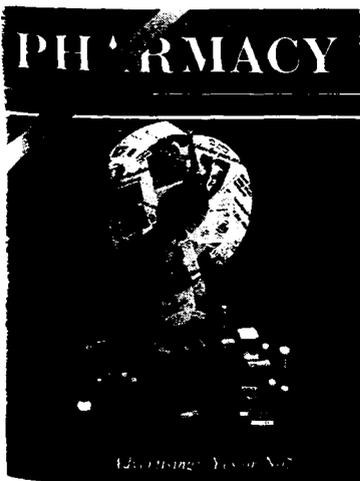
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**THE COVER:** This graphic artist's impression, using special studio photography, highlights the month's major issue: the arguments for and against the advertising of proprietary medicines. The controversy, which has been brewing for many months, centres particularly on analgesics, and the renewed demands that they be restricted by law to pharmacy. See Page 478.

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## EDITORIAL

# Should Medicines be Advertised?

Should the advertising of pharmaceuticals to the public be stopped?

The Pharmaceutical Society of Great Britain thinks so, and submissions to the Australian Senate Select Committee on Drug Trafficking and Abuse say so, too (see Pages 465, 478, 479, 501).

Their argument is that these therapeutic substances are potentially dangerous or lethal, and uninformed "lay" people ought not self-prescribe them.

Almost daily, new scientific evidence is produced to indicate hazards previously unsuspected by the public. Our latest example of this concerns APC preparations and cancer (see Page 502).

No drug is completely "safe".

Neither, of course, are kitchen knives, power drills, or, even, the air many of us breathe.

Obviously, caution, education and continuing improvement are needed with all potentially dangerous commodities—and here lies the answer to our question.

Advertising of pharmaceuticals can help educate the public to their proper use, and at the same time continue to sell effectively—if more carefully.

It would be a sad commentary on our manufacturers if they failed to accept this responsibility to the community of which they—like everyone else—are a part.

We believe they will accept it.

## Society Fees Up

A substantial increase in the membership fees of the Pharmaceutical Society of Great Britain has been forecast for next year by the Society's Treasurer.

The present fee is £8 8s. a year (approx. \$18.00), 90 per cent higher than the old fee, in force until 1965.

The May 30 issue of the *Pharmaceutical Journal*, commenting, says that next year's substantial increase might not be so large as the previous one.

Even at \$18.00 a year, without the proposed increase, the British fees make their Australian counterparts seem small. Could it be that increases are likely here, too?

## Pharmacy Discounts

Pharmacy discounting is in the news in three States. In Queensland, a non-Guild pharmacist advertised in the Sunday press 33½ per cent discounts on private prescriptions and 16½ per cent off other purchases.

The offer, which was conditional on people joining his "customers' club", was later withdrawn.

In Sydney, the Guild had to warn its members against the re-emergence of organised groups seeking to "pressure" local pharmacists into extending discounts to its members.

In Melbourne, the Pharmaceutical Society again circularised all members expressing concern at reports of pharmacy discounting, and pointing out that this practice is unethical.

## Apology to Washington H. Soul Pattinson & Co. Ltd.

The Pharmacy Guild of Australia and Mr. Keith William Jordan apologise to Washington H. Soul Pattinson and Company Limited and withdraw unreservedly the comments made concerning the company at the annual general meeting of the New South Wales Branch of the Guild held in September 1967.

The defamation action commenced by Washington H. Soul Pattinson and

Company Limited against the Guild and Mr. Jordan has been settled on terms which are not to be disclosed.

## She's on Council



One of Australia's best-known hospital pharmacists, Miss Aino Mackie (pictured), has been elected to the Council of the Pharmaceutical Society of NSW.

Also a Councillor of the Society of Hospital Pharmaceutical Chemists of Australia, Miss Mackie is Chief Pharmacist at Sydney's Prince Henry Hospital.

She is the second woman on the Council, and fills a vacancy caused by the resignation of Mr. G. G. Benjamin. The other woman Councillor is Mrs. Margot Machliss.

## Guild 'Fellowships'

The WA Branch of the Pharmacy Guild of Australia has launched a series of "Guild Chemist Fellowships".

The fellowships, which are worth up to \$1000, will be awarded every second month.

They are designed to encourage and provide assistance to West Australians who show "special dedication, ability or promise in almost any activity."

The fellowships form the core of a new advertising program.

Advertising for the fellowships includes full-page press advertisements and 30-second TV spots.

## U.S. \$ in Kingsted

Kingsted Pharmaceuticals Pty. Ltd., Sydney-based native Australian manufacturer, announced last month that "portion of the company's issued shares" had been acquired by the A. H. Robins Co. of Richmond, Virginia, USA.

This follows the successful establishment of a significant U.S. market for Kingsted products on the U.S. west coast (see advertisement, Page 492).

A Kingsted spokesman pointed out the continued Australian holding in the company and the continuation of the present trading policies established by Kingsted.

"Undoubtedly, the A. H. Robins participation in Kingsted will bring about an expansion of the Kingsted range," the spokesman said. "Three major product launches are planned for the remainder of 1970."

## More Vitamin C?

Chemists who have noticed an unusually big jump in Vitamin C sales recently may attribute it to press reports last month quoting Nobel Prize-winning research scientist Dr. Linus C. Pauling in Washington.

Dr. Pauling, according to the reports, used himself and his family as "guinea pigs" in a five-year research project aimed at finding the ideal preventive for the common cold.

He was not successful ("yet", he says), but reported that in the five years not one cold occurred in his family.

Each member took THREE GRAMS of ascorbic acid daily, in the form of crystals mixed with fruit juice.

Dr. Pauling's research was mainly to do with treating schizophrenia, which he says responds well to vitamins in doses several hundred times larger than normally recommended.

## Off to Suburbia!

The pharmacist in charge of Sydney's Poisons Information Centre, Mrs. Helen McCaughey, has resigned to become a housewife in suburbia.

She explained last month that her first baby was due in August.

## "Put All Analgesics on S.3"

*THE Senate Select Committee on Drug Trafficking and Abuse was told last month that all analgesics should be restricted to Schedule 3, and that a national control system should operate for their advertising.*

The Pharmaceutical Society of Victoria, in a submission presented to the select committee in Melbourne, further urged stricter control on "over-detailed reporting in the mass media of brand names and clinical detail of drugs used for suicides and other forms of drug trafficking and abuse".

The Society said that while it was not prepared to itemise particular advertisements, it deprecated those which sought to urge drug taking as a matter of routine and for little reason.

Although endorsing a "sensible" public's right to a limited range of effective drugs for self-medication, the Society's submission noted that modern drugs were increasing in potency and were used in doses which did not permit much latitude.

There were the distinct additional dangers in self-medication of S.3 drugs of: Contra-indications with dispensed medicines; contra-indications with the existing state of health, and unwitting overdoses from the concurrent use of varying remedies containing the same type of drug.

The Society's four-point submission in detail:

### S.3 Drugs

The pharmacist is in the position that, with regular clients at least, he has a good idea of their total drug purchases — certainly of undesirable deviations to normal usage. He is the one who will first detect accelerated calls for repeats of dispensed medicines. He is often the only one who can detect the patient consulting two unwitting physicians at once. He is the only one who can supervise the supply of potent over-the-counter drugs in relation to the patient's age and state of health taking into account other medicines being taken.

For these reasons alone, besides the more obvious ones of his professional training making him the expert on drugs and his role as public "auditor" of medical prescribing, he warrants his

privileged rights to distribution of most of the stronger drugs in use.

A sensible public has a right to a limited range of effective drugs for self-medication. However, modern drugs are increasing in potency and are used in therapeutic doses which do not permit much latitude. There are also distinct dangers associated with self-medication using S.3 drugs. These will include:

(1) Contra-indications with dispensed medicines.

(2) Contra-indications with the existing state of health.

(3) Unwitting overdoses from the concurrent use of varying remedies containing the same type of drugs (e.g. pressor substances).

To them must be added the danger

of constant dosage by habit rather than need. While not addictive or irreversible, such habits must be ranked as a form of drug abuse and a precursor to deviation with even more active drugs.

It would be true to say that insufficient significance had been accorded to the control aspect of such drugs in the past. This situation has changed now with either legislative control as in NSW or professional control as on trial in Victoria.

The range of S.3 drugs has been extended radically in recent years and could well be extended further. Pharmacy should be encouraged to shoulder its responsibilities of distribution.

There is a pressing need to curb the

*(continued Page 501)*

## Society Members: Snap Out of That APATHY!

by James Gordon

**WHY didn't you go to the last Society function? Or the one before that? Or the — ?**

*You probably have a very good reason, and obviously it isn't you individually we are referring to. It's all those others.*

After all, you fully intend to go to the next one, don't you?

But let's face it: like everyone else, your intentions are good. It's just a pity you're too busy, like everyone else, to do anything more than simply nurture your good intentions in the back of your mind when you haven't got much else to think about.

**SNAP OUT OF IT!** You're in grave danger of becoming apathetic—or at least of becoming regarded as apathetic by those Society officers and interested members who keep things going nicely for you, professionally.

The Pharmaceutical Society of NSW has 3255 members. It is our biggest professional body.

It has just had to cancel seminars in Wollongong, Tamworth and Grafton because it could not get 30 members in each centre to enrol.

So what? You're doing nicely without seminars, or conferences, or meetings, or lectures, or receptions, or . . .

But are you? Is everything sweet with you, and certain to remain that way forever?

You are very fortunate. But all those other apathetic pharmacists really need to stay up-to-date and in a strong, effective profession.

They don't know what we know, do they—that troubled times are ahead . . . that those who don't adjust will "die" like the dodo . . . that they have obligations to themselves, their profession, their community . . . ?

Somebody ought to tell them. **HOW ABOUT YOU?**

## C-O Leaks Being Stopped

TOP-LEVEL action against leakages of major Chemist-Only lines to open outlets in Gippsland (Victoria) has succeeded in closing one outlet and promises early closure of another.

The leaks were disclosed exclusively in *The AJP* in May, when discounting of top C-O lines was reported in a Drouin supermarket.

Since then, another leak has been reported about 50 miles away at Foster, by chemist Mr. A. M. Smallwood. Both leaks have apparently continued for years.

Lines affected have included cut-price Disprin, Dettol, Dexasal, Akta-Vite, Steradent, SM33, Strepsils, Cepacol, Farex.

### R & C Move In

Reckitt & Colman's pharmaceutical division, led personally by its director, Mr. Terry Rowe, has moved massively into the fray, with the Proprietary Articles Trade Association.

Mr. Rowe went to Drouin last month with PATA secretary Mr. Bert Douglas and R & C Victorian manager Mr. Bruce Strantzen.

The three men jointly detected and closed one leak, only to learn of the existence of another.

They immediately began secret moves to locate and close that, too.

Mr. Rowe told *The AJP* it was extremely difficult to bring about rapid results in such cases, but Reckitt & Colman would do whatever was necessary to plug the leak.

He said his company had established a special budget to help finance the PATA endeavors.

Why are people so determined to "leak" C-O products to open outlets?

### C-O "Bait"

Mr. Douglas explained that "jobbers" wholesaling to food outlets were sometimes desperate enough to use C-O lines as "bait" to get a grocer's business. He said he knew of cases where the lure of C-O lines was sufficient inducement to gain a lucrative deal from food outlets on ordinary lines.

In other cases, a renegade chemist had taken advantage of a manufacturer's bonus buys on big orders and had then resold C-O merchandise at a profit.

Such cases were fairly easily detected through coding of parcels or even individual packets, and almost always could be stopped instantly with direct pressure on the chemist concerned.

Renegade chemists risked having all supplies from PATA-affiliated manufacturers cut off.

Mr. Douglas said he was amazed at the apathy of retail chemists in Victoria to PATA. Many hundreds of them had failed to join, thus missing out on vital trade protection.

He drew a comparison with NSW, where membership was high and C-O leaks virtually eradicated.

The Guild was a partner with manufacturers in belonging to PATA, but individual chemists also needed to belong.

## PATA Closes in W. Aust.

THE West Australian branch of the Proprietary Articles Trade Association has closed.

Reason given for the closure was widespread apathy at "all levels" in WA pharmacy.

There are 819 pharmacists in WA.

## Worry on Abuse of Eventin

by Charles Hellier

HEALTH authorities in NSW are alarmed by indiscriminate use of Eventin tablets by the public.

They have warned pharmacists that continued evidence of public abuse will force the Government to make the tablets prescription-only items.

The NSW Branch of the Guild has asked members to exercise discretion in the sale of Eventin and other similar potent substances.

Pharmacists should decline to supply when any evidence of abuse is apparent, it says.

## Rare Honor to Sir Eric

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN  
PERMANENT HOME OFFICE

17 BLOOMSBURY SQUARE, LONDON, W.C.1

MEMBER OF THE SOCIETY OF DRUGS  
ESTABLISHED IN 1852  
19/70  
June 4, 1970.

Sir Eric Scott, O.B.E.,  
The Federated Pharmaceutical Services Guild of Australia,  
18 - 22 St. Francis Street,  
MELBOURNE 3, V.

Dear Sir Eric,

I am writing to you that at their meeting this month, the Council elected you an Honorary Member of this Society.

A Certificate for Honorary Membership is being prepared for you, but may not be available for a month or so.

The President would like to present this Certificate to you personally on a mutually convenient occasion, perhaps you would be kind enough to let us know if you are planning to be in this country towards the end of this year, because if you are then it may be possible to arrange for the Presentation at that time.

Yours sincerely,

D. P. Lewis,  
Secretary and Registrar.

*THE Federal President of the Pharmacy Guild of Australia, Sir Eric Scott, has been accorded the rare honor of honorary life membership of the Pharmaceutical Society of Great Britain.*

Sir Eric told *The AJP* last month that the first he knew of the honor was a letter sent to him by the UK Society's Secretary, Mr. Desmond Lewis, late in May.

The letter told him he had been nominated by vote of the Society Council "for distinguished services to the Society or to pharmacy".

Should he accept, the letter said, he would become the 32nd person in the world to hold the honor, and the only Australian.

## The AJP Sued for 'Libel'

Perth United Friendly Society Chemists (WA) is claiming unspecified damages in a defamation writ issued against The Australasian Pharmaceutical Publishing Company Limited (publisher of *The AJP*), Wilke & Co. Ltd. (printer of *The AJP*) and writer "James Gordon".

The case is set down for hearing in the Supreme Court of WA on July 20.

The plaintiffs claim in the statement of claim contained with the writ that they have been defamed by words published in the December, 1969, issue of *The AJP*, in the article headed "Go West, Young Man!"

# Chief Justice Calls for Closer Medico-Pharmacy Links

by Frank Robertson

*THE Chief Justice of the High Court, Sir Garfield Barwick, speaking at the fourth graduation of Victorian Pharmacy College students, made a call for closer co-operation between pharmacists and medical practitioners during his occasional address in the Cossar Hall.*

Sir Garfield, a noted jurist, was in distinguished company as he addressed his remarks to the 82 graduates, their relatives, and friends.

Representing the Victoria Institute of Colleges was Deputy President Dr. K. T. H. Farrer, its Vice-President, Dr. Phillip Law, CBE, and Dean Manning of the Victorian College of Pharmacy.

The audience almost filled to capacity Cossar Hall for the colorful ceremony. The graduates, wearing the colors of their pharmacy degree, yellow tipped with green, filed past the main dais on which the academic staff of the Pharmacy College were seated for the first time.

The panoply of red-covered gowns was a brilliant tribute in more ways than one to the quality of the academic staff. Red signifies a doctorate in philosophy. The College has nine.

Dean Manning presented the graduates to Dr. Farrer, who conferred the degrees.

In his occasional address, Sir Garfield Barwick told the 82 graduates that this day was their day. However, during the course of his address, he referred more explicitly to the future.

## Kansas PhD

Referring to the College's recent affiliation with the University of Kansas for a joint PhD program in drug research, Sir Garfield said, "This somewhat unique arrangement will greatly stimulate research into the use of drugs in medical treatment".

He continued: "I do congratulate the College on its foresight and wide-ranging thought in promoting and taking up this association with the University of Kansas. It is most consonant with the progressive character of the College exhibited during the immediate past."

Recalling his youthful days, Sir Garfield

told his audience that his first association with medicine and pharmacy was at Wallsend, a suburb of Newcastle. He stayed with a family friend, a physician, who employed a full-time pharmacist.

Sir Garfield said: "I did not then see (at the age of eight) or understand the significance of the association of medicine and pharmacy."

## Boundary Drawn

Noting that our European counterparts have stayed close to the concept of the apothecary and observing that through the course of time the practice of anything in the nature of medical practice or surgery has been denied to pharmacists, Sir Garfield said that the precise boundary between pharmacists and medical practitioners had been drawn.

He continued with this important observation, ". . . it seems to me most important as of this time that the relationship between medicine in the sense of the medical and the surgical practice and your profession should not merely be clearly understood and maintained, but a CLOSE LIAISON NEEDS TO EXIST."

Speaking of the ever-growing fruits of drug research, Sir Garfield said, "These come with such rapidity, in quick succession on one another, that I often wonder how the general practitioner, busy at his task, keeps pace with them."

Advocating closer discussions, Sir Garfield said, "By the process of pooling and mutual discussion by those familiar with various facts of the subject, there may emerge a much more global, all round if you like, view of the subject.

"The extent of that understanding will transcend the sum of the specialised views. The interaction will produce a new and fuller understanding."

## Many Occasions

He added, "It seems to me as a suggestion made by a mere lawyer that medicine (including surgery) and phar-

macy need many occasions for mutual discussion and the exchange of views . . .".

Among his closing remarks, Sir Garfield used these words: "Change is the essence of life . . . but perhaps a return to a greater emphasis on the importance and stature of your profession as pharmacists may be a worthwhile change."

## FRIENDS IN OTHER PROFESSIONS?

Perhaps you know someone in medicine, dentistry, or veterinary, who's interested in pharmacy . . .

Why not interest him (or her) in a subscription to *The AJP*? It costs only \$7 a year, and reaps rich rewards in improved inter-professional understanding.

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## AN HONOR WELL DESERVED



CONGRATULATIONS to Mr. W. R. Cutler (centre) are extended by NSW Chief Secretary, Minister for Labor and Industry and Minister for Tourism Mr. E. A. Willis (left) and Health Minister Mr. A. H. Jago, at Government House, Sydney, immediately after Mr. Cutler had received his OBE personally from the Queen, for services to pharmacy.

## Will We Get Figures?

A SCHEME being developed in NSW could bring an end to Australian pharmacy's notorious lack of trading figures and general business statistics.

*The Guild's NSW Vice-President, Mr. J. P. Matthews, has, since the Pharmacy Guild International Conference in April, fully explored the possibility of an Australian version of the famous U.S. Lilly Digest.*

"I believe we can do it," he enthused last month, after compiling charts and tables based on the American book.

"I am preparing a submission to our State Branch with, hopefully, the idea of the Branch recommending it to Federal Council.

"Our Branch itself already has all the facilities needed for this project, but the Federal body is the logical organisation for it."

Mr. Matthews said a *Guild Digest* along the American pattern would provide chemists with badly-needed statistics on business trends, cost ratios and profitability.

### Not Available

These statistics, relating specifically to

pharmacy, were just not available at present, he said.

"The *Lilly Digest* gets its information on a three per cent response rate of American independent pharmacists—a sampling which has been shown to be statistically valid on many occasions," Mr. Matthews said.

"Our own recent experience in NSW—and with the Commonwealth survey on the NHS dispensing fee—establishes clearly that we could obtain such a response rate regularly."

Mr. Matthews said the independent chemists participating in the sampling each year could use figures they prepared anyway for taxation purposes—on a strictly confidential basis, possibly using an independent data collection agency.

### Anonymous

None of the business information from co-operating chemists would be made available to anyone, and would be published in the *Digest* on an anonymous

basis only, grouped with other chemists figures.

Mr. Matthews said the *Digest*, which would probably have to be financed in some way by the Guild (which might be reimbursed in part from direct sales of each edition), would provide answers to chemists with business problems.

For instance, a chemist might find at the end of a financial year that there had been a major departure from his previous results, either up or down, and would want to know why. The *Digest* would tell him.

"Arriving at the concept is the easy part," Mr. Matthews admitted. "It will be a big problem actually organising the operation of it.

"But I am convinced we can do it—indeed, we must do it!"

## Our NHS Fee Goes UP This Month!

by James Gordon

BY skilfully reading between the lines in *The AJP's* exclusive interview with Dr. Forbes this month (starting on Page 470), I can bravely predict that he will approve a rise in the NHS dispensing fee.

Then, acting purely on a speculative hunch, I can proclaim that the rise agreed to will be more than 5 cen's.

Putting my head completely in the noose, I will go further and state that we will see this confirmed before the month is out.

Read the interview yourself, word for word, then you will know just as much as I do!

## BP Amendments

The Commonwealth Minister for Health, Dr. Forbes, has proclaimed June 1 last as the date on which the February 1969 amendments to the British Pharmacopoeia took effect under Federal law. June 1 was also proclaimed as the effective date for the April 1969 amendments to the British Pharmaceutical Codex.

# Victoria and Kansas

by Margaret Kinch

**P**HARMACY took an important step forward recently when final details were completed for the international graduate research program to operate between Kansas and Victoria.

Now, with the scheme well under way, the first candidate is expected to enter the program in the Australian spring.

Agreement on terms and conditions was finally reached in Lawrence, Kansas, on May 21 during a crowded, 19-day mission abroad by **Mr. R. B. Grinlington**, President of the Pharmaceutical Society of Victoria, and **Dean Manning**, of the Victorian College of Pharmacy.

It came after seven days of separate conferences with the executive of the Graduate School and the senior faculty members of the School of Pharmacy of the University of Kansas.

## Additional

The regulations contained in the agreement are additional to those applying normally to doctor of philosophy programs within the University of Kansas.

"This agreement . . . has commended

itself to all the numerous academics in the U.S., England, Singapore and Australia who have discussed it," says Mr. Grinlington in a report on the mission presented to the Victorian Society Council since his return from abroad.

**Professor Takeru Higuchi**, a regents professor at Kansas University, will be president of the executive committee constituted to administer the program. There will be two local secretaries within the executive committee — **Dean Mossberg** (Kansas) and **Dean Manning** (Victoria) who will deal with queries.

## Title Changed

It was decided to abandon the title "KUVIC" (taken from Kansas University and Victoria) and adopt the title "Intersearch" which was regarded as more suitable for the program, if no claim has been made to the word. A search has been instigated in Washington and Canberra, and if a claim has been laid to "Intersearch" the title will then become "Intergrad" or "Cosearch" in that order of priority.

While Mr. Grinlington and Dean

Manning were in Kansas, additional meetings on various pharmacy topics were held with the Chancellor of the University of Kansas, Dr. Chalmers; the Dean of Faculties, Dr. Heller, the Dean of the Graduate School, Dr. Albrecht; the Governor of the State of Kansas, Governor Docking; the president of the Senate, Lt.-Governor de Coursey, and professional groups in the cities of Topeka and Wichita.

Widespread interest in the research program has been shown.

Ohio State University has already requested a copy of the original "KUVIC" proposals from the University of Kansas. The request was initiated by **Professor A. H. Beckett**, of the Chelsea Institute of Technology (England), who heard of it at the recent Guild Conference in Sydney and who wishes to start discussions for a similar program.

And Mr. W. K. Fitch, editor of the *Journal Mondiale de Pharmacie*, an international journal, has indicated that he wishes to publish the "Intersearch" material in his journal.

Mr. Fitch was among many people contacted by Mr. Grinlington and Dean Manning while in England during their overseas mission. Others included Dean Hartley, recently appointed chairman of the British Pharmacopoeia Commission.

They contacted the Pharmaceutical Society of Great Britain with which reciprocity has been re-established.

They also interviewed two prospective lecturers—Dr. Davis and Dr. Seager—for the Victorian College.

Mr. Grinlington and Dean Manning also collected information concerning the projected publication of a master pharmacists' training guide. A working party examining the matter will report in six months.

Mr. Grinlington and Dean Manning made a brief stop-over in Singapore because of the recently established reciprocity between the two Pharmacy Boards.

Among people they met were Professor T. H. Elliott, from the University of Singapore, Professor A. B. (Nan) Elliott, from Nanyang University, faculty members, and the pharmacist father of Irene Chong, a Victorian pharmacy student.

## Increase in Drug Thefts from Pharmacies

THE incidence of drug thefts from pharmacies was rising as illegal sources of drugs were cut off, the NSW Society's recent drug abuse seminar was told.

*The chief adult probation officer of the NSW Department of Corrections, Mr. W. J. Keefe, made this point when addressing 180 pharmacists and doctors at the seminar.*

He said pharmacists should take stronger action to prevent the theft of drugs from pharmacies.

Mr. Keefe also said pharmacists often sold syringes and needles to people who were not diabetics and who passed the instruments on to others for drug use.

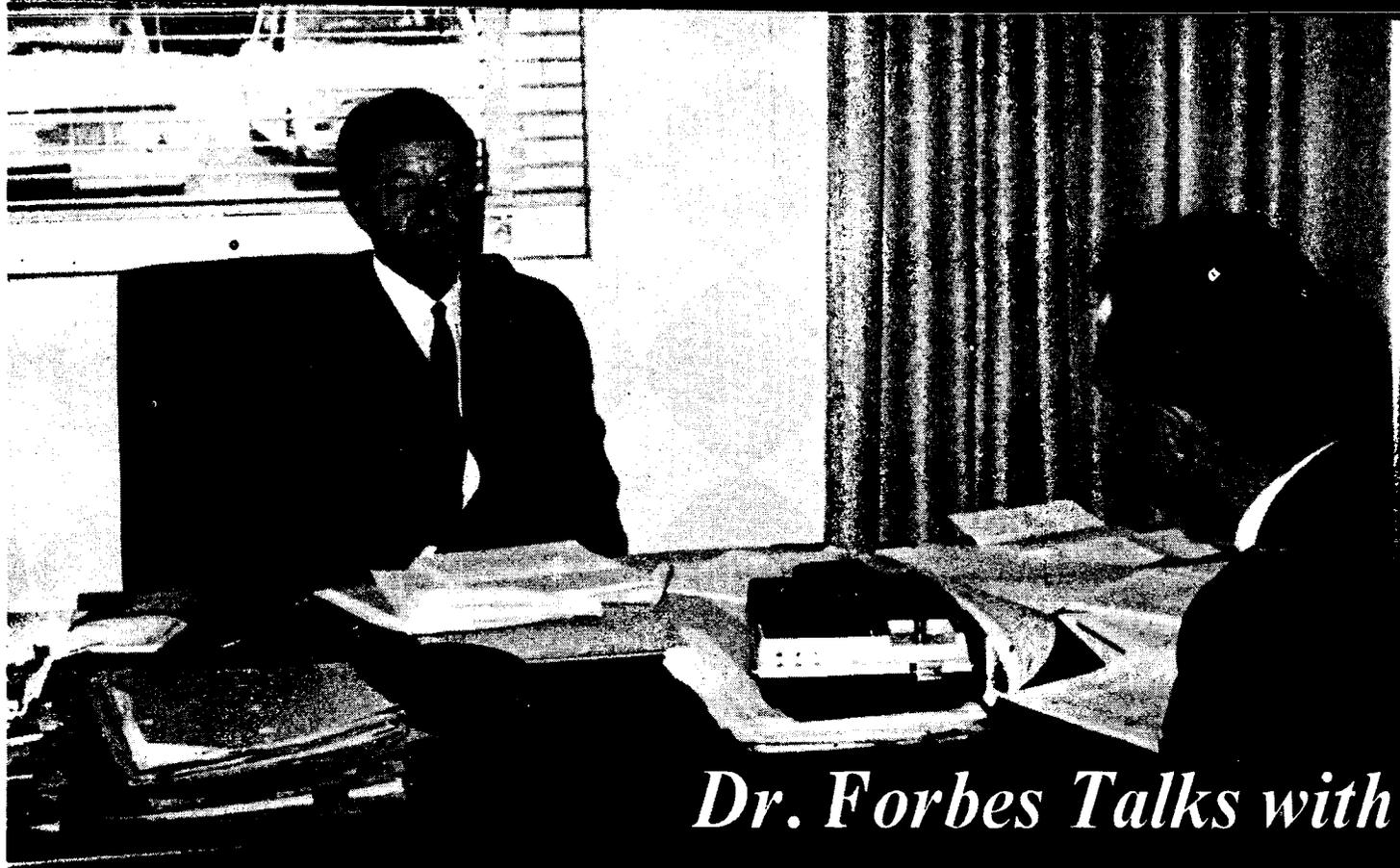
The seminar, held at Sydney University, was arranged by the Pharmaceutical Society in conjunction with the

Australian Medical Association.

Dr. D. S. Bell, the psychiatrist-in-charge of the Psychiatric Research Unit at Callan Park Psychiatric Hospital, said that pharmacists had a responsibility, on ethical grounds, to inform police when they knew someone was taking drugs illegally.

The senior pharmacist in the poisons branch of the Department of Public Health, Mr. R. M. Dash, said excessive publicity, particularly the mentioning of drug names, had an adverse effect on attempts to lower the incidence of drug dependence.

• See also "Press 'Unfair' on Drug Thefts", Page 514.



## Dr. Forbes Talks with

ON June 5, the Editor of *The Australasian Journal of Pharmacy* interviewed the Federal Minister for Health, Dr. Forbes, at Parliament House, Canberra. Some of the many points which emerged were—

- Dispensing fee: we'll know very soon
- Pharmacy is "equal" with medicos
- Guild and AMA "similar"
- NHS 'scripts should be profitable
- Licensing not favored
- Analgesics control depends on NHRMC — He wants more drug abuse education
- His door is "always open to pharmacy"

HERE is the full transcript of the interview with Dr. Forbes:

### Unsympathetic?

*The AJP: Within pharmacy, you have sometimes been referred to as "aloof", or "unsympathetic"—and this not necessarily always in the context of the NHS dispensing fee dispute. What is your view of pharmacy? Is the profession generally (forgetting the Guild for the moment) living up to what is expected of it?*

**Dr. Forbes:** I don't think it is fair at all to describe me as having an "unsympathetic" attitude to pharmacy.

My role as Minister is to administer a Pharmaceutical Benefits Scheme in a way which will provide the best possible results for the public and for the phar-

macists involved in the service.

In this I have to try to achieve a balance of interests. It has not been possible to meet all the requests made by pharmacists because to do so would in some cases have been unfair to the taxpayers. This is not an unusual situation in government.

Pharmacists as a group have interests and they are entitled to press them. I have the difficult job of finally adjudicating on some of the matters that concern pharmacists. I am in the role of an umpire and I can't expect that all of my decisions will please all of the participants in the partnership of interests concerned in health benefits.

As to pharmacy generally, I personally believe that Australian pharmacists pro-

vide a very fine service to the public. Pharmacists have a demanding job and the public expects a lot from them, from responsibly dispensing modern drugs to advice and assistance on diverse matters

### Not "On Side"?

*The AJP: Until recent alterations to the National Health Scheme, it has sometimes been said that the medical profession was "on side" with the Government, while pharmacy was not. Is there is any substance at all in this, does the fault lie with pharmacy, and if so, in what areas?*

**Dr. Forbes:** I don't think that what you postulate is quite true. As I have already tried to point out, the Government tries to balance the interests of all parties in the National Health Scheme.

The medical profession makes its proposals and so do the pharmacists.

What the Government has to try to do is to balance often contending interests on the basis of factual information, the expectations of the public for continually improving health services and the legitimate requirements of the pharmacists and the doctors for adequate remuneration and professional job satisfactions.

### At Disadvantage?

**The AJP:** *Do you think pharmacy's position in its various negotiations with government is in any way demeaned by its different, commercially - flavored "image"?*

**Dr. Forbes:** Well, there is no doubt that the image of pharmacy is different, as compared with the dental profession or the medical profession. This is because the pharmacist, in the Australian context, does act as a shopkeeper, if I can use the expression; a retailer — he advertises, and everything else.

But, on the other hand, there are other professional groups — optometry is one which comes to mind — which do exactly the same thing. In other words, pharmacy isn't unique in this sense. I would say we regard optometry as a profession in the same way as we regard pharmacy as a profession—and, indeed, an honorable profession.

In dealing with the various groups for which I have some responsibility as Minister for Health, I certainly make no distinction between pharmacy and other professions. You deal with them on their merits in relation to particular problems, and to the situation you have. I haven't noticed any distinction in the minds of my colleagues in the Government.

I think myself, really, that the impression that may exist in pharmacy—that this is so; that they're dealt with on a different basis because their image is different—probably comes about because they don't take account of the differences in the relationships which exist in the various cases. You see, under the Pharmaceutical Benefits Scheme, the Government pays the pharmacist for doing a job of work for the Government, and here's a bit of a tendency to exactly equate the medical profession and its relationship to the National Health Scheme with that. But it's a very different situation. It's a very different relationship, dictated by the nature of the schemes.

I get the impression that some pharmacists don't make this distinction, and perhaps they've come to this conclusion

about their image, that you have conveyed, by the failure to make this distinction.

### "Boss-Worker" Deal?

**The AJP:** *You don't think this expresses itself in an overt employer-employee relationship at this level?*

**Dr. Forbes:** No, I don't think so at all. I think we take the situation on a factual basis, on its merits.

We have entered into arrangements in respect of the Pharmaceutical Benefits Scheme. This is done in the traditional context of the way pharmacy is organised in Australia, and the relationships we have are adjusted to the logic of that situation.

That is why, for instance, the Government believes that the survey method is perhaps the most appropriate way of determining fairly, and justly, what is a reasonable payment to the pharmacist for the work he does for the Government. Because of the complexity of it—and the traditional structure of pharmacy—this is an appropriate method of arriving at remuneration for the pharmacist.

### Professional Pyramid?

**The AJP:** *So far as you personally are concerned, in the style of your administration, do you see in your mind a "pyramid of the professions"?*

**Dr. Forbes:** I'm not conscious of it. I make no distinctions in respect to . . . To tell you the truth, I haven't really thought about it. It's never occurred to me that I should think about it. In other words, I presume what you mean is that because I had a greater respect or regard for medicine as a profession than pharmacy, would I take more notice of what they say to me—and the answer to that is no.

And, in fact, you know, the organised professions, that is the Australian Medical Association and the Pharmacy Guild, on the whole—give and take a bit—behave in much the same way in their relationship with the Government.

Both of them will, when they think it will serve their objectives, apply public and political pressures in exactly the same way. And what I do is, I attempt to respond in a responsible way to the way in which these organised bodies behave. In other words, it's the way they go about what they do, rather than who they are, that matters.

And there's no doubt—and I don't mind saying this—that when the Guild reacted to the situation brought about

when the Government conveyed its decisions, by talking about the possibility of going on strike—well, that had its own reaction. I would have reacted the same way, the Government would have reacted the same way, Members of Parliament would have reacted the same way, the community would have reacted the same way if the medical profession had said and done the same things in similar circumstances.

### Philosophical About It?

**The AJP:** *Looking back now, in retrospect, there's no colored thinking on your part, you've become philosophical about what may have been frayed tempers nine months ago?*

**Dr. Forbes:** Oh yes—I think it's my job to react to a situation as I find it. The Government had made its decision on that matter. The Pharmacy Guild has now come forward with a new approach. We're examining that on its merits and what has gone before plays very little part in our current reaction to proposals which are before us.

### Fee News—When?

**The AJP:** *For the record, when could we expect an announcement, do you think? After the Budget, in the Budget, before the Budget?*

**Dr. Forbes:** An announcement of the results of the Guild's most recent application?

**The AJP:** Yes.

**Dr. Forbes:** Well, I would be very disappointed if I was not able to give the Guild a decision within the next month or six weeks. I can't be more certain than that because I can't determine precisely when the Government will consider my submission in relation to it.

(Six days after this interview, Dr. Forbes asked us to delete mention of specific time, in view of "Cabinet uncertainties" which had arisen in respect to other business before it. We considered it unethical to adulterate this *verbatim* transcript, but we add this note.—Ed.)

### How Much Control?

**The AJP:** *Could you at this stage set out your policy, in general terms, on the matter of Government influence in the ethical (or "dispensing") side of pharmacy? By this I mean, could you tell us how much say you think the Government should have in the financial viability of the average retail pharmacy which draws about 30 per cent of its income from NHS prescriptions?*

**Dr. Forbes:** The Government's first interest in this regard is to have a viable pharmaceutical service for dispensing

National Health prescriptions and, I might add, Repatriation prescriptions as well.

We also have to acknowledge that pharmacists engage in retail trading and that dispensing and retailing together go to make up a retail pharmacy business. This was the situation before the Pharmaceutical Benefits Scheme and the Government has not sought to change it.

In such a situation each part of the business, I think, should be expected to carry its fair share of the costs and, equally, to provide its fair share of profits.

### Responsible to Us?

*The AJP: Carrying that a bit further, it has been said within pharmacy that the Government feels it has no responsibility towards the profitability of a pharmacy, yet it is prepared to financially control the dispensing department, causing loss of interest by some pharmacists in this ethical side of their business. Is this a matter for concern?*

**Dr. Forbes:** As I have already indicated, I think each section of the pharmacy business should bear its share of the costs and provide a part of the profits. My consideration of chemists' claims have always been made in this light.

Rather than attempting to financially control the dispensary, the Government, in its involvement in the Pharmaceutical Benefits Scheme, provides a guaranteed return to the chemist for the prescriptions he dispenses under the National Health Scheme. His payment cheques for this work arrive regularly and bad debts are avoided. With the substantial increases we have had, year after year, in the number of National Health prescriptions dispensed there is, for most pharmacies, an assured nucleus for the business in the National Health dispensing work.

I would certainly hope that pharmacists would not lose interest in the dispensary, as you have suggested might happen, just because the Government is involved in that part of the business.

### More Ethical Pharmacies?

*The AJP: Many of our readers say that, if prescription dispensing were sufficiently remunerative, they would voluntarily discontinue promotion of extraneous bric-a-brac (lottery tickets, toys, cigarettes, pottery, greeting cards, etc., etc.) and operate much more ethical,*

*professionally-oriented businesses. Any comments?*

**Dr. Forbes:** In our free-enterprise society it is up to the individual pharmacist to decide what goods he will sell, what services he will provide and where he will locate his business. I think there is plenty of evidence that pharmacists themselves realise that all areas of commerce are changing, perhaps more so in recent times. They are taking stock of pharmacy's role in the past and the present and are looking forward into the future to see what path pharmacy should take in its best interests.

It is entirely pharmacy's choice as to whether it becomes more professionally-based or more retail-based. Perhaps the answer lies in two or more different types of pharmacies? I thought the recent International Conference brought out some good food for thought on this matter.

### License Pharmacy?

*The APJ: I think it is generally agreed that there are too many retail pharmacies in Australia—at least, in certain areas. Would you personally favor a system of licensing, or something similar—perhaps constituted within the profession?*

**Dr. Forbes:** Well, that is hardly for me to say, but I think that in any field one tends to avoid licensing unless there is a compelling reason for it. You will remember that in New Zealand they tried licensing of pharmacies and it didn't last for long, in a community quite similar in outlook to ours.

In talking about this matter I think you first need to be clear about what you intend licensing—for example, the dispensary, retailing, or the whole business? As I understand it, retailing is the larger part of a pharmacy business, so if you are thinking of licensing the dispensary, for example, thought should also be given to the likely effects which would follow such action to see if they would be desirable.

In any case, I would think that the profession itself would have to voice a very strong desire for licensing before it could expect any Government to involve itself in such a matter.

### Cost of NHS Drugs

*The AJP: Are you concerned about the price of prescription drugs to the Government under the NHS—bearing in mind the distinction between unit price*

*and volume? (Manufacturers state that drug prices rise very much slower than the prices of other consumer commodities.)*

**Dr. Forbes:** There is no doubt that the pricing structure for new drugs is different from that applicable to basic consumer commodities. Where patent provisions apply, prices for new drugs are usually high, reflecting quite often extensive research and screening costs before marketing of the new drug is able to be undertaken.

These prices are usually significantly reduced in the latter part of the patent protection period. It should be noted that the early availability of effective new drugs as pharmaceutical benefits has a very significant effect on usage. In many instances the prices of patent new drugs may well be prohibitive for many patients, particularly those requiring continuing treatment, unless the drugs are available as Pharmaceutical Benefits.

Thus the Government has a great interest in the price of prescription drugs, but is also concerned to ensure that effective new drugs are made available as Pharmaceutical Benefits as soon as possible, in the interests of public health.

While endeavoring to get the best value for the money it spends in this field, the Government wants, at the same time, to ensure that the other parties concerned are reasonably remunerated for the services they provide and the drugs they supply.

### Generic Dispensing

*The AJP: The question of generic prescribing and dispensing is a vexed one, and we have noted the Commonwealth's general restraint in this area. More directly, this concerns the State Health Ministers—but what is Commonwealth policy? Are doctors and pharmacists expected to seek a lower-priced generic "equivalent" drug when it is an NHS item? Does your Department believe in generic "equivalency"?*

**Dr. Forbes:** The position is that the doctor is free to prescribe the brand of the drug he regards as the best for his patient. The chemist is then expected to supply what the doctor has ordered.

If the doctor has not specified a particular brand of the drug, the chemist can supply any of the listed brands he wishes to supply. Brand names of drugs are now listed in the Pharmaceutical

(continued Page 487)

# Will We Stay Professional?

by Charles Hellier

**P**HARMACY faces the crucial decision of whether to "stay professional or go retail".

The alternative may be fewer but larger pharmacies with all sorts of merchandise, or many smaller businesses which are professionally-oriented.

At present, retailing carries the dispensaries, and the question now is: Will this trend become the norm?

The words are those of Kenneth Howell Powell, who has been elected for a second term as President of the Pharmaceutical Society in NSW. He previously held the chair in 1957-59.

Mr. Powell believes the Society's role is to continue to foster professionalism. It will do this by keeping its eyes on educational standards.

A body of opinion in the Society's Council feels the present three-year university course should be extended to four years.

Mr. Powell keeps to himself his personal views on this, but opposes people who claim that pharmacists are already over-educated.

"There is no such thing as an over-educated chemist," he says. "The purpose of universities is to encourage students to think through and around all issues. Brains are trained to probe the status quo and to seek better answers. Universities enlarge the students' minds. Nobody uses everything he is taught."

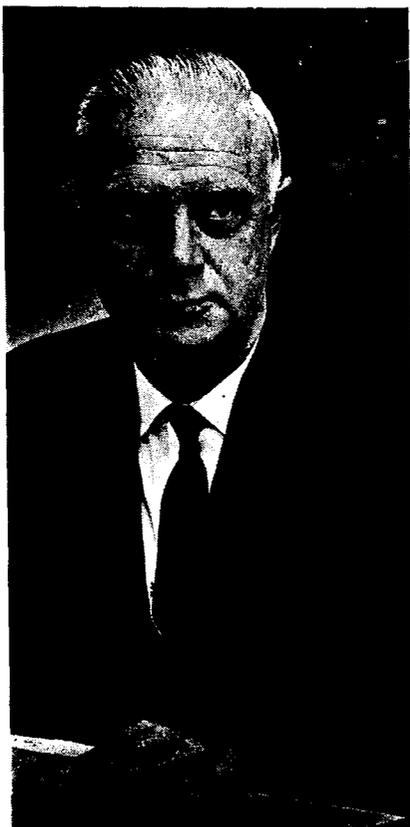
## Pharmacy Usurped

Mr. Powell hopes to see more pharmacy students going into manufacturing, where Bachelors of Science, who have no pharmaceutical background, are usurping chemists' work.

Graduates seeking positions with manufacturers will be looking to the Society for advice and leadership.

The NSW Society will be guided on the educational needs of these people by Dr. Thomas Watson, who heads the Pharmacy Department at Sydney University.

The Society relies greatly on the experienced advice of Dr. Watson, "who knows what is going on educationally".



Under amendments to the Society's rules, the head of the Pharmacy Department—or his nominee—is an automatic member of each Society Council. This will continue as long as the university wants it. In the past, the Department's head had to be elected to Council.

Another influence will be the modern thinking of Bachelors of Pharmacy, who will increasingly make their views heard. The Society already has co-opted one B. Pharm. to its Council.

Mr. Powell studied pharmacy at Sydney University, graduating during World War II. From the time war broke out, he tried to enlist, but manpower authorities said no. He was in a reserved occupation.

He personally appealed so often against this decision that he became as familiar a figure around the manpower office as the tea lady. (At a function recently, the former manpower boss

recognised him instantly—after 27 years.)

To fill in time, he did a year of the Arts course and became a reliever in city and country pharmacies.

## Got in RAAF

In 1944, he finally "made" the RAAF, not as aircrew (which he wanted), but as a chemist.

Promoted to Flying Officer, he served on Pacific islands. When the war ended, he wound up medical clearing and receiving stations. This developed a latent talent for selling; his job was to sell whatever equipment he could. The Dutch were his best customers.

During the pull-out from Tarakan Island, he found himself responsible for the disposal of 29 Kittyhawk fighters. There were no buyers . . . so he burnt them.

After the war, Mr. Powell joined his father's pharmacy in the Sydney harbor-side suburb of Rose Bay. He operated the business until last November, when he retired "for a well-earned rest".

During his 22 years in business, the premises had one major "renovation". Four years ago, a fierce gale wrecked the building. The debris blocked the road. But quick work with shovels, brooms and timber enabled Mr. Powell to open for business next morning.

## Council in 1950

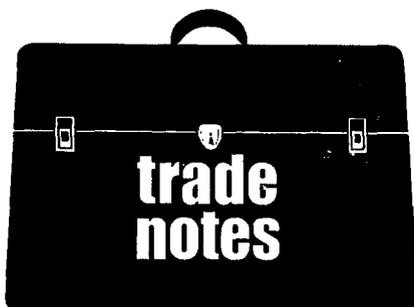
He first joined the Society's Council in 1950, and immediately concentrated on getting pharmacy training at Sydney University extended to three full-time years. Previously it had been a two-year part-time course with a three-year apprenticeship.

He also "plagued" the Society to re-equip the university's laboratories. With the then Professor of Pharmacy, Sidney Wright, he called on pharmaceutical manufacturers and wholesalers to appeal for funds. He also rallied Society members. The result: \$60,000 for modern equipment.

When Mr. Powell looks back on those days, he attributes the achievements to the calibre of the university staff.

"Their zealous interest in research was in the finest traditions of pharmacy," he

(continued Page 486)



## DHA APPOINTMENT

The Australian Industrial and Mining Corporation Ltd. (Austim) — formerly



Slater Walker—has announced that Mr. William J. Flintoft (pictured) has been appointed to the board of DHA Holdings Pty. Ltd.

Mr. Flintoft, a graduate of the Universities of

Melbourne and Oxford, is an industrial group director of Austim and was formerly responsible for the Austim Plastics Group. Prior to joining Austim, Mr. Flintoft was commercial manager of Coates Brothers & Co. Ltd., in London.

An Austim statement last month also said that "in line with the development of DHA's national policy to streamline customer service," Mr. John S. Witt had been appointed national electronic data processing manager.

## ROVAMYCIN IS RED

May & Baker (Australia) Pty. Ltd. last month introduced a red sugar-coated Rovamycin tablet containing 250 mg. spiramycin in containers of 20 tablets.

The company said it intended to replace the white-varnished Rovamycin tablets with the new red tablets, and orders placed by chemists with wholesalers after June 5 would be filled with the new presentation.

Price is unchanged at \$2.65 for 20.

## NEW NASAL SPRAY

Boehringer Ingelheim Pty. Ltd. this month introduces Tobispray, a new metered dose aerosol dry nasal spray (S4) for the treatment of allergic rhinitis and hay fever.

Presented in an unusual 9g vial with nasal applicator and dust cap, Tobispray contains: 2-(5, 6, 7, 8-tetrahydro-1-naphthylamino)-2-imidazoline hydrochloride, a vasoconstrictor producing

long lasting decongestion of nasal mucosa; dexamethazone 21-isonicotinate, used for its anti-inflammatory and anti-exudative properties, and neomycin sulphate to control and limit the spread of local infection.

Tobispray retails at \$3.30 a unit. Price to chemists is \$2.20.

## SAUNA IS BIRCH



In searching for a product that would appeal to both men and women, the Finnish company Farnos developed a range of bath items with the essence of birch.

Their aim was to produce a range that was not perfumed but hinted of the outdoors atmosphere. In Finland, they follow a steaming hot sauna bath with a roll in the snow and a massage with birch leaves as a tingling skin toner.

Calling them "Sauna" products, they are now released on the Australian market in a spray, soak, shampoo, soap and body lotion. The soap is actually shaped like a giant birch leaf and packs have woodgrain and birch leaf motif.

Full-color, full-page advertisements for these products are scheduled for POL magazine.

## HOBART WAREHOUSE

A new warehouse has been opened in Hobart by Sterling Pharmaceuticals Pty. Ltd., at 16 Smith Street, North Hobart.

Effective immediately, it replaces the Melbourne warehouse as the distribution centre for Nyal, Winthrop and Glenbrook products in Tasmania.

Chemists are advised to ring Hobart 34 5432 or write C/- P.O. Box 44, North Hobart 7002, for urgent orders, or with enquiries or deliveries.

## GLAXO CHANGES

As part of the program for the rationalisation of the Glaxo group of companies

in Australia, the name of the local parent company, Glaxo-Allenburys (Australia) Pty. Ltd., has been changed to Glaxo Australia Pty. Ltd.

Also changed is the name of one of its subsidiaries, Allen & Hanburys (A/Asia) Ltd., which is now Glaxo-Allenburys Ltd.

The boards of four of the companies in the Australian group have also been changed.

Chairman of Glaxo Australia is Mr. J. S. Hardie, with Mr. W. J. Hurren and Mr. H. W. Palmer, both members of the board of the UK parent company, representing the principal shareholder, Glaxo Group Ltd.

Mr. G. G. Hunt, as managing director of the local parent company, is also chief executive of the Australian group. Other executive directors of Glaxo Australia are Mr. J. A. W. Davies (Marketing) and Mr. J. C. McAllester (Production and Technical).

The new subsidiary company boards are:

British Drug Houses (Australia Pty.) Ltd.: Mr. J. A. W. Davies, chairman; Mr. F. G. Jameson, general manager and sales director.

Evans Medical Australia (Pty.) Ltd.: Mr. J. A. W. Davies, chairman; Mr. G. R. Davies, general manager and sales director.

Glaxo-Allenburys Ltd.: Mr. J. A. W. Davies, chairman; Mr. G. E. V. Rowe, general manager and sales director.

## NEW M-J MAN

Mr. T. R. G. Sear, managing director of Mead Johnson Pty. Ltd., announces the appointment of Mr. G. A. Kench (pictured) as marketing manager. Mr. Kench was formerly a member of the ICIANZ pharmaceuticals division and has had experience in retail pharmacy in Australia and the wholesale drug industry in the USA.



## NEW SIGMA MAN

Sigma announces the appointment of Mr. R. L. E. Weller as ethical buying manager. Mr. Weller, who holds the Diploma in Pharmacy of the University of Adelaide, had wide experience in the pharmaceutical industry prior to his joining Sigma.

at Merck Sharp & Dohme...



**understanding...**

**precedes development**

The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

- Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

- From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems—understanding which will lead to important new therapeutic agents.



**MERCK SHARP & DOHME (AUSTRALIA) PTY. LIMITED**  
Groveville, N.S.W. Subsidiary of Merck & Co., Inc., Rahway, N.J., U.S.A.  
*where today's theory is tomorrow's therapy*

# Gold Ribbon and the C-O Market

by John E. Maine  
(*Guild Chemist, Long Jetty, NSW*)

**WHEN I left Broken Hill three years ago, I was strongly opposed to lowering of prices and specialling. I considered it to be a shortsighted policy that would ultimately be the ruin of the profession. I knew I was not alone in these thoughts.**

But I was overlooking the fact that I was hopelessly out of touch with the conditions in retail pharmacy in the closely settled areas.

In Broken Hill, with a population ratio of 4000 per pharmacy, I had not been greatly affected by the competition from the chains and discount grocers.

It was true that we had lost most of the market for health and beauty aids, but we had been able to replace the lost sales with specialty items, agency lines and C-O products.

In short, we had been able to ignore the chains and open-selling lines and made a good living from products in which we had limited competition.

I bought my present pharmacy in Long Jetty in 1967, and soon found the changes that had occurred during my 10 years absence in "the sticks".

I feel that much of the opposition to schemes such as Gold Ribbon comes from people who are as out of touch with current retail pharmacy as I was three years ago.

At Long Jetty I had to contend with a population ratio of 1500 per pharmacy instead of the 4000 I had been used to.

## The Battle

I soon learned that the battle was not to sell more merchandise, but rather to find more customers to sell merchandise to.

A very good friend of mine, who owned several very successful self-service grocery stores, had told me some years previously that the greatest weapon he had used to create his customer traffic

*This article comprises segments reprinted by kind permission from Federal Guild Contact, May, 1970.*

was "loss leadering" and variable price merchandising.

I began to have second thoughts about my ideas of merchandising.

When the Tuggerah Lakes Pharmacists' Association was formed in late 1967, I accepted the job as Secretary. The main aim of the group was to co-ordinate merchandising of C-O lines and arrange specialling of a small number of open-selling HBA's.

## Program for 12

A merchandising program was arranged for our 12 members and we engaged in local advertising and production of our own price tickets and display material.

We made some mistakes and we had some successes, but beneath it all we knew that our small approach to the problem was not sufficient.

When the Gold Ribbon scheme was mooted we joined in immediately, as it was the plan we had been following, but on a larger and more effective scale.

Now that Gold Ribbon is well established, I can see the advantages that I have gained from it.

I have regained some of the HBA market that had been lost to the chains some years ago. Customer traffic has increased, due, to a large extent, to the specials we have been able to offer. I do not have to negotiate with company reps. in an effort to get HBA's at a reasonable price. I have my price tickets supplied and I receive the very useful shelf talkers for permanent shelf display.

I have the services of the Stardom operator, who arranges my displays of Gold Ribbon merchandise. No matter

how busy I am, the displays are changed on the correct day.

I have the benefit of the press and radio advertising directing customers to my pharmacy, and above all, I am slowly getting the message through to my customers that pharmacy is not the most expensive place to shop.

## Take Time

This, I know, will take time, but already I can see the results of the GR activity. Customers are looking at my displays to see if there is something there they want; if my displays are properly arranged, I find they buy more C-O products as a result.

The advertising in my area creates the initial demand from my customers, then my "in store" advertising continues the successful cycle. First-class full-page advertisements for each cycle make an effective first-up impact on the shopping housewife.

This is followed up with hard-selling radio commercials in the housewife sessions on 2GB Sydney, and as my area also is in the listening area of the Newcastle stations, I am fortunate to have this double radio impact.

I use Gold Ribbon purely as the foundation of my merchandising program.

Most of the HBA specials are in the baskets at the door, but I always put some of the C-O lines in baskets there also.

Inside the pharmacy, I have prominent displays of C-O lines, and I usually have one of the specials somewhere on the serving counter.

This provides a wonderful opportunity to discuss lower prices with customers while they are being served.

Any sort of discussion that interests the customer—and how many customers are not interested in lower prices—often leads to the opportunity to introduce a C-O line.

## Foundation Only

The important thing is that GR must be the foundation only. It is not and never has been a complete merchandising program for pharmacy.

But it gives something solid on which

*The AJP does not agree, on principle, with some points in the NSW Gold Ribbon scheme (it would be a dull world if we all agreed on all things!). This article — like many others — is published in the interests of the widest possible free debate on a matter of importance to the retail profession.—Ed.*



*THE Maine pharmacy at Long Jetty, showing two sales girls with a grouped Gold Ribbon display of the Cedel range, Sapoderm soap, Top Model shampoo, Listerine (specialled), Lempril, Soft Rinse, VO-5 hair spray (specialled), Meds (specialled), Pears soap (specialled), Baby Scott napkins (specialled), Robinsons baby rice (specialled), Scotties (specialled) and Cepacol mouthwash and lozenges.*

to build a pharmacy's own individual merchandising plan.

It is the source of supply of armaments to the pharmacist to assist his fight for his share of the public dollar.

Pharmacists who do not feel that they should have to fight for their livelihood are misfits in the current merchandising scene.

One of the perils of merchandising based on the GR scheme is the danger of overstocking; goods sold on low margins must be turned over quickly. To keep a close check on stock, I keep a stock control card for every item for which a lowered shelf price is operating. All purchases of these goods are entered on the cards and stock is counted monthly.

As a result we are not overstocked with any HBA goods because the cards give me an indication of what to order. The time taken is small, when compared with possible losses through overstocking.

I also keep a close watch on the ratio of HBA sales to turnover.

#### **Less Than 5%**

I am happy to find that "specials" still represent less than 5 per cent of my turnover. I expect this figure to gradually increase, but I would not like to see it exceed 10 per cent of turnover.

The remedy is largely in my own hands—if I sell more specials, then I have to work harder at selling more C-O goods to keep the ratio at the

target I have set. This means that at my target limit of 10 per cent, 90 per cent of my merchandise will be sold at a profitable mark-up.

Surely this is the answer to those who gloomily forecast the annihilation of retail pharmacy if it continues with lower shelf prices and specials? These must be kept in perspective and treated as aids to profit making and not profit makers.

And what of my views on the pharmacy C-O merchandising scene?

#### **Firstly, my dislikes—**

1. The constant anonymous references to disquiet among C-O manufacturers and suggestions that they will "go open". If some C-O manufacturers have a gripe, then how about speaking out loud so we can hear it first hand? If the complaint has substance, I for one, will give it full consideration. If there is no real complaint, or if the stories are figments of journalists' imaginations, then let us have no more of this talk. The Nyal people do not agree with some aspects of GR. I respect them for their honesty in saying so—I do not agree with all of their statements, but overall I feel a closer affinity with them because they have the courage to speak out. It is a matter of regret to me that they are not supporting the large number of GR pharmacies in the way we would like them to give support and leadership.

2. I dislike the attempts in some quar-

ters to denigrate GR and at the same time applaud CO-Prom and the Victorian merchandising schemes. After all, they are all aiming at the same thing, and surely the lessons learned by one group can be used by the others. Let's forget the rivalry that exists in some minds, and try to mould the various schemes into effective merchandising programs which can be applied with minor modifications in all States of Australia. Let's think big—a chain of 5000 stores, merchandising together. The power of such a chain would be miles ahead of any opposition that could come from existing marketing complexes.

3. I dislike the lack of aggressiveness shown by too many C-O manufacturers. It is unfair to single out any particular manufacturer in this regard because the malaise is widespread, but the name Skin Balm is on the top of my mind.

Earlier this year an open selling cut price product called S & B Skin Balm appeared in the supermarkets, a product undoubtedly aimed at our top-selling hand cream, Parke Davis Skin Balm. I expected an all-out counter-attack by Parke Davis. I expected them to be as busy as beavers making sure that every pharmacy was stocked to the hilt with their product, that every pharmacy was displaying and recommending their product and generally making sure that the opposition to the intruder would be as stiff as possible. I was disappointed.

From my location 50 miles north of Sydney there was nothing from PD to indicate that they wanted me to fight for their product. It is true that two months later they introduced their winter buy, but no doubt this would have happened anyway. I find it difficult to be enthusiastic about selling a product when I have the feeling that the manufacturer is not really interested. Too many manufacturers seem to think that because a product is restricted to pharmacy, chemists will fall over themselves selling it for them. After all, chemists are human and they like to feel that their efforts in promoting C-O lines are appreciated by the manufacturer. A manufacturer who demonstrates that he is really interested in furthering the sales of his products will get my vote every time. If pharmacy is to force its way back into the forefront of merchandising it must have the aggressive support of C-O manufacturers. As I mentioned earlier, it is not really fair to single out one manufacturer when so many others are even less aggressive

*(continued Page 506)*

# Tighter Controls on Ads. Wanted

## —Drug Firms' Battle Plans

A CONTROVERSY has started on the desirability of public promotion and advertising of pharmaceuticals, especially analgesics.

Recently the Pharmaceutical Societies of Great Britain and of Victoria and Queensland followed the NSW Society's lead earlier this year in advocating much tighter controls on consumer advertising of o-t-c medicinals, and the Senate Select Committee into Drug Trafficking and Abuse has been hearing similar proposals from outside of pharmacy.

So seriously do certain pharmaceutical manufacturers view these developments, that it is reported that they have established a \$1 million "fighting fund" to protect their interests.

It has become common belief in industrial circles that the company most interested in the controversy is Nicholas Pty. Ltd.—who have so much at stake with Aspro and Vincents.

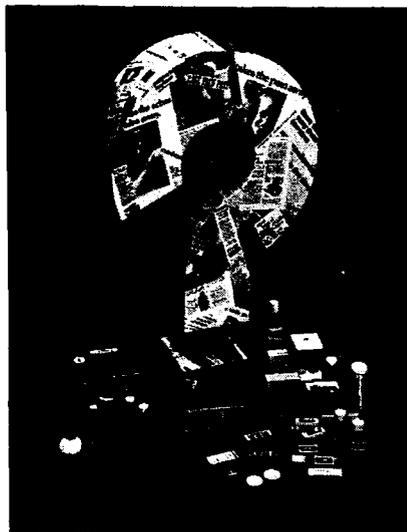
While the anti-advertising forces have been warming to their task in recent months, State Governments have come under mounting pressure from both sides on the question of restricting analgesics to Schedule 3. Only one State (Tasmania) seems interested in restriction.

Critics of advertising protest that many common o-t-c preparations—particularly analgesics—are potentially dangerous in the hands of unsupervised, uninformed "lay" members of the public.

### Imaginary Symptoms

There is a body of opinion, too, that drug advertising of a certain kind can "manufacture" symptoms of ailments in the minds of some people ("members of the public can be made to think they need medications which they would be better off without").

While there can be little doubt that the long controversy over analgesics in general (and aspirin in particular) has aroused the strongest criticism of advertising, it is interesting that in certain quarters, all medicinals are suspect when in the hands of promoters.



In May, the Pharmaceutical Society of Great Britain came out firmly against not only the advertising of all proprietary medicines, but against pharmacy displays of them, and sales promotion contests within the profession as well.

"Whatever pharmacists may think about the product itself, and apart from the perfectly valid points against such advertising already mentioned, how many pharmacists would, at the behest of a manufacturer, wish to trade the dignity and prestige of their profession for a paltry prize?" the Society's official organ, the *Pharmaceutical Journal*, demanded.

### Ordinary Commodities

The UK Society joined many other critics of advertising in asserting that advertisements encouraged excessive use of medicines and lent support to views that medicines are ordinary commodities not requiring any special care.

The Queensland Society's opposition to advertising was voiced to the Senate Select Committee in Brisbane, following an extensive poll of its members' views (Page 320, May issue).

In a special report issued last month, the Society's President, Mr. Henry

Evans, made four recommendations on behalf of the Society:

1. The sale of minor analgesics should be restricted by addition to Schedule 3 of the Poisons Regulations, thus making available proper professional advice, when necessary, at all points of sale.
2. There should be improved control over advertising of these drugs—in particular, over advertisements implying complete safety, or exhorting people to take them.
3. It is essential that the public be made aware of the dangers of excessive use of the readily available analgesics, noting the fact that all appear connected with kidney damage. It should also be noted, however, that, used correctly, the drugs are quite safe.
4. Labelling should advise that analgesics should not be taken for prolonged periods without medical advice, and that they should never be taken in doses larger than recommended, that they may cause serious kidney damage, and that extreme care should be exercised when they are given to children.

Mr. Evans's special report was massively documented with 40 references from world authorities on analgesic abuse.

The Pharmaceutical Society of Victoria has just made submissions to the Senate Select Committee recommending the restriction of all analgesics to S.3 (see Page 465).

### Guild, Too

It is well known that officials at all levels of the Pharmacy Guild also favor this restriction—yet they have been unwilling to put it forward as official Guild policy. It is understood that the reason for this is fear of being accused of "vested interest".

Restriction to S.3, of course, involves greater curbs on promotion, and to the

anti-advertisers (who want no promotion whatever) this may be an acceptable compromise.

However, the pressure has not been applied just from within pharmacy's professional bodies.

Doctors, psychiatrists and politicians have used the Senate Select Committee as a forum to urge the adoption of tighter controls on what may or may not be said in advertisements about analgesics—or, for that matter, any medicines.

Senator G. Georges (A.L.P., Queensland), for instance, told the Committee that advertisers of drugs were not fully accepting their own code of ethics.

### Not Obeying It

"Those who are supposed to obey the code are getting away with as much as possible," claimed Senator Georges, who is a member of the Select Committee.

His remarks came after the Committee received submissions from the Australian Association of National Advertisers, which pleaded that controls should be put on manufacture and distribution, not advertising.

Senator Georges, after hearing AANA's federal director, Mr. J. H. Bowden, and Mr. W. T. Richards, of Aspro-Nicholas (in an AANA capacity), said:

"It could be necessary for acts and regulations to restrict the advertising of what we believe from evidence to be harmful products."

The viewpoints of manufacturers were submitted to the Committee in a lengthy document from Nicholas last month.

### Firms United

There is unsurprising uniformity of opinion among most manufacturers of O.T.C. pharmaceuticals: advertising should not be stopped, and analgesics should not be restricted to S.3.

Some manufacturers are prepared to privately concede that (other manufacturers') analgesics advertisements may on occasion be close to borderline, and that a new voluntary code should be agreed upon.

One of the difficulties in this, some pharmaceutical observers of industry state, is the personnel in key marketing positions in the manufacturing firms.

Many, apparently, are not pharmacists or medicos and have difficulty in allocating in their minds any different criteria to drugs than other consumer commodities—they ask why proven success

(continued on Page 501)

## What the Health Ministers Say

WE asked all State Health Ministers for reports on legislative moves concerning analgesics:

**NSW—Mr. Wal. Fife, Acting Minister:** In NSW, the Poisons Advisory Committee has been considering the possibility of including mild analgesics in Schedule 3 of the Poisons List, as suggested by the Royal Australasian College of Physicians in their statement on analgesic nephropathy published in the *Medical Journal of Australia* on June 28, 1969. However, a recommendation has been deferred until the advice of the National Health and Medical Research Council on the need for inclusion of mild analgesics in the Uniform Poisons Schedules has been received. Suitable legislation to make a warning statement obligatory without including it in one of the schedules of the Poisons List does not at present exist, although therapeutic goods legislation currently being prepared will enable this to be done in the future. In the meantime, no action is being taken until further advice is received from the National Health and Medical Research Council.

**VICTORIA—Mr. Vance Dickie, (then) Minister:** In regard to labelling, the regulations concerning preparations containing the analgesic phenacetin came into operation on October 14, 1969, when an amendment was made to the regulations as follows:

"15B. No person shall sell any preparation for human therapeutic use that consists of or contains phenacetin unless the immediate container and the primary pack of the preparations are prominently labelled with the words—'Warning. This medication may be dangerous when used in large amounts or for a long period.'"

Since phenacetin is an ingredient of many common analgesic preparations, e.g. APC preparations, it follows that this warning will be displayed on a wide range of analgesics currently on the market.

A decision as to whether other analgesics such as aspirin and paracetamol should be similarly labelled has been deferred until the results of medical research concerning the action of these substances are known.

In regard to the avenue of sale of analgesics, this subject has been considered by the Poisons Advisory Committee of this State. After carefully weighing all the evidence, the committee considered that, at this point in time, it was not prepared to recommend that the avenue of sale of the commonly available analgesics should be restricted to pharmaceutical outlets.

**QUEENSLAND—Mr. Gordon C. Hall, Acting Minister:** It is expected that this Department will adhere to its usual practice of following the recommendations of the National Health and Medical Research Council in respect to these substances.

**SA—Assistant Under Secretary (during change of Governments):** Your request is being examined and when information is to hand I will write to you again.

**WA—Mr. G. C. MacKinnon, Minister:** Last year a recommendation from the National Health and Medical Research Council of Australia to the effect that analgesic drugs should carry a warning label was considered and endorsed by the Poisons Advisory Committee of WA. I accepted this recommendation and it was implemented on September 12, 1969, by a proclamation under the State Poisons Act. The effect of this proclamation is that the label of a package containing salicylates, phenacetin or paracetamol should bear the following statement:

"WARNING—THIS MEDICATION MAY BE DANGEROUS WHEN USED IN LARGE AMOUNTS OR FOR A LONG PERIOD."

The Poisons Advisory Committee has now discussed the suggestion that the sale of this group of preparations should be limited to pharmacies; and I myself have given careful consideration to this proposal. I believe that such action would not be justified, on the grounds that it would drastically curtail existing outlets for substances which are very widely used and which in the great majority of cases are used with discretion and without harm.

**TASMANIA—Dr. N. D. Abbott, Minister:** The question of warning labels on packets of analgesics, distribution outlets and advertising generally of analgesics is still under consideration in my Department, and I am not yet in a position to say what legislation will be introduced.

# *Measuring Your Profitability*

**IT IS UNFORTUNATE** that the phrase "profit margin" has linked so closely the two quite separate ideas of "margin" and "profit", for it blurs the fact, even to some pharmacists, that profit also depends a great deal on the speed with which the line turns over.

It is of course much more profitable to earn, say, 10 per cent on a counter line turning over every week than to make 33 per cent on an item selling on average only once a month.

This very simple example shows that profit margins by themselves are no guide at all to profit earned, and, indeed, can be very misleading.

In fact, just one extra sale a year on a line turning over, say, once a month is much more valuable to the shopkeeper than even several per cent more on the retailer's margin.

A little thought shows that this must be so, because each time a sale is made, the whole margin is earned, whereas any widening of a margin can at best be only to a small extent if the product is to remain competitive and saleable.

## **An Index**

To avoid being misled by the apparent size of profit margin, it is instructive for pharmacists to compile an "Index of Profitability" to reveal which counter lines are genuinely profitable and which it would be better to drop and replace with those better paying.

The index number of each line is arrived at simply by multiplying the gross profit percentage by the average rate of stockturn of the line under consideration.

The easiest way to measure the stockturn rate is to divide the quantity sold in the year, season, or other period under consideration—which must be constant for comparisons—by the average quantity in stock, which can be assumed to be midway between the maximum and minimum stock of the line normally held.

Where the pharmacist is efficient enough to prepare forecasts of sales which he knows to be reasonably accurate, the index calculation can be based on forecast rather than actual sales.

It can be seen that this method avoids the clumsy division sums which would

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by Alan Fiber

Managing Director, Business Management Advisory Services Ltd., UK

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arise if calculation of stockturn rates involved money terms.

It also circumvents possible wrong answers due to inadvertently valuing stock at a mixture of selling and cost prices.

The gross profit percentage for each line can be found readily from suppliers' invoices, etc.

It would be more accurate to calculate the index of profitability using net profit percentage, but in practice it is far too time consuming to uncover how much should be deducted from the gross profit figure to allow for overheads.

Is preparing an index of profitability for every counter line worth the trouble? Yes, if there is no better way of knowing which lines produce the best profit, after taking into account speed of stockturn as well as profit margin.

## **Few Sure**

Most pharmacists know their best lines and some may also suspect which are their least profitable, but very few indeed are sure, without such calculations, which could be replaced by completely different lines to produce a higher profit—or even whether one line somewhere in the middle of this "league table" of profitability is better or worse than another somewhere near it.

Thus, although it may not be worth slavishly preparing an index of profitability for every single counter line stocked, it is nearly always time well spent to do so for most of the slow-movers. Your accountant will produce the figures for you, for a small extra fee, if preferred.

Counter lines holding back the business's profitability are disclosed by this method.

Slight pruning of the range may be

sufficient to speed up stockturn to an acceptable rate—cutting out some items that are very similar in appeal so that most customers can still be satisfied with what is retained.

## **Only Answer**

More often, doing away with the line altogether is the only profitable answer, reinvesting the capital otherwise tied up in a better-paying line.

In considering which this might be, the pharmacist should remember that conventional barriers between trades are now breaking down and the newly-stocked item may, without damaging the "professional" image of pharmacy, be almost anything likely to appeal to existing customers which produces both a reasonable profit margin and reasonable speed of stockturn.

It takes courage to change a line, and also the time involved in a little paperwork, for an estimate has to be made of the likely sale, and a check kept to see how accurate the forecast has been. Changing lines inevitably involves a fair amount of trial and error.

## **No Substitute**

There is no real substitute, though, for intelligent consideration of the kind of customers already served, what other customers might be won, and what competing retailers are doing, can provide short-cuts. It goes without saying that lines experimented with should be bought in small quantities until their suitability has been proved.

It is also worth calculating the index of profitability of a couple of the best paying lines, simply to show what can be achieved by the shop.

Most businesses discover that three quarters of their profits come from just a handful of lines. Ascertaining which they are and the extent to which the constitute the backbone of the business can be a useful pointer in deciding which other lines to experiment with.

Knowledge of the value to the pharmacy of each line becomes increasingly important. Every business is becoming more highly capitalised—greater finance is needed for rent, equipment, staff and

(continued Page 482)



## Scholl's quiet revolution makes foot care important to younger women (and more and more profitable to chemists)

Something has happened to the foot care market in the last three years. In original and topical advertising campaigns to millions and millions of women, Scholl have been talking—not of painful feet—but of “blemished” feet. Women of all ages—perhaps for the first time in history—are now conscious of their feet. And doing something about them. Scholl have

expanded their range to include modern foot toiletry products. The enormous activity in product and advertising terms has led to a growing reputation on foot care counter space; greater turnover, growing profits. This quiet revolution in foot care represents one of the major growth markets for chemists. It is being built exclusively—by Scholl.

**Scholl**

**builds markets . . . and  
business . . . for chemists**

**THE SPEARHEAD OF A  
REVOLUTION** A concentrated advertising campaign in the influential *Women's Weekly* . . . with full colour advertisements promoting Scholl Zlino-pads, “2” Drop, Foot Cream, Powder and Foot Spray . . . soon to swing into its big spring/summer cycle. The activity is immense; the rewards for chemists can be impressive, too.



All letters should be addressed to: The Editor, The AJP, 5th Floor, 18-22 Saint Francis Street, Melbourne, Vic. 3000.

## CHEMISTS UNITE!

Sir,

Sir Eric Scott, MBE, in his inspiring address to the Pharmacy School in WA (*The AJP*, April) referring to pharmacy's future, said: "I am conscious that the greatest privilege that can befall an individual is to serve a cause greater than himself."

Mr. W. R. Cutler, OBE, in his challenging article, "Are You a Non-Paying Passenger?" (*The AJP*, April) deplores the fact that 10 per cent of pharmacists, by their failure to subscribe to the four organisations vital to pharmacy, are riding on the back of their paying colleagues.

Both of these pharmacists have been honored for their selfless devotion, over many years, to their profession, yet they still continue their efforts to disturb the apathy and complacency of the majority of their lotus-eating fellow pharmacists.

In so doing, they are echoing similar sentiments which have been expressed by other great men, in other times—and I quote—

*"I hold every man a debtor to his profession."* (Bacon)

*"It is well for a man to respect his vocation, whatever it is and to think himself bound to uphold it and claim for it the respect it deserves."* (Charles Dickens)

*"Every man owes it to his profession to leave it so much the better for his having served in it."* (Orion Leggo, a tireless worker for pharmacy, whose dictum was his maxim.)

Are these appeals to our better nature to remain unheeded and forgotten? Can we not incorporate, in some perpetual form, a condensation of their aspirations? Would it be possible for the Guild

to have a motto which would reiterate these appeals on every document and bulletin?

May I suggest that our "Recipe" insignia be used as a basis for a Guild Seal, and have incorporated in the upper acclusive part of the "R" a brief motto of two or three words, e.g. "Chemists Unite", or "Unity is Strength".

Just as the bowling fraternity feature their "BE UP" motto, so should we have our "PAY UP" or a non-offensive equivalent.

Have we among our readers a Rouget de Lisle, to coin a phrase, which would be a perpetual clarion-call to pharmacy—something which would stimulate the back-sliders and shame the "back-riders"?

Can someone epitomise Sir Eric's concluding words in his address, "Today and tomorrow is yours to make or mar . . . To you we hand the torch. Keep it and guard it with care"?

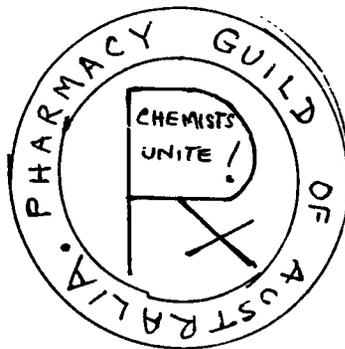
Can we have something succinct, pithy and provocative for our "Recipe" escutcheon—something which reflects the esotericism of pharmacy and the pragmatism of the Guild?

We do not want our "Recipe" to be interpreted only as "Take!" (as do our one-eyed non-paying passengers) — we want our banner with its strange device to be pharmacy's "Excelsior".

With respect, I submit this suggestion for the approbation of the Guild, with a further suggestion that a competition for a motto would, in itself, stimulate interest in pharmacy as a profession.

A rough sketch of a suggested seal is attached.

—Les Fox, Newtown, NSW



## NYAL MUST BE "SHATTERED"

Sir,

If I were in the chain store business, I would be writing to ask you to con-

gratulate the hundreds of chemists who are doing such an excellent job of sending their customers to buy from me.

However, I depend on pharmacy for my living, and can only commiserate with the Nyal Company at a time when their faith in the very people they have strived to help must be completely shattered.

I refer, of course, to the chemists' latest "get toothpaste sales by knocking Nyal" promotion. In spite of Guild instructions this is all that is happening. The chemist who thinks otherwise is being very naive.

If you were to suggest to a chain store man that he interfere with a market of which he already has 80 per cent, he would think it laughable. This as we all know is the figure quoted by the Guild representatives as being the chemists' share of the fluoride toothpaste market.

It is inevitable when Mrs. Housewife realises she is getting 3 oz. of plain toothpaste for 29c, she will, without even giving thought to the fact that she went back to pharmacy to buy her toothpaste because she was getting 4 oz. of fluoride for 29c, immediately flock back to the supermarket to get 4oz. of plain toothpaste for 27c.

Then, sir, the Nyal Company can start all over again, not only to sell toothpaste, but think of another scheme to bring customers back into pharmacy which was of course the original intention. That is if they have the heart.

—A. Williams, Townsville, Qld.

## PROFITABILITY (from P. 480)

all other running costs, as well as for stock itself.

Running costs often cannot be further trimmed, so what is available for stock must be used as intensively as possible.

This in turn means uncovering what produces the most profit—not simply what sells fastest, nor only which lines offer a good margin. Furthermore, this is a continuing process, for conditions are constantly changing.

It is more important than many pharmacists realise to keep checking the profitability of individual counter items, upgrading the business's average index of profitability by constant remedial action on the poorer paying lines.

**NEXT MONTH: Fighting Counter-Line Competitors**

*the prescription  
laxative to  
recommend..*

# COLOXYL *with* DANTRON



the  
**NON-OILY  
LUBRICANT  
& EVACUANT**

Wholesale Price   \$.063 per 100  
Retail Price       \$.095 per 100



**FAWNS & McALLAN**  
Croydon, Victoria, Australia





## NAPSA

Activity has been curtailed to some extent due to communication problems, but things are now beginning to re-orientate themselves to the benefit of all.

Whereas State organisations are primarily concerned with their own problems during the first half of the year, their interests slowly turn to more serious aspects of pharmacy in the latter half of the year.

Of the 1970 NAPSA policies, those which have been initiated up to this time are:

- (a) New education policy,
- (b) Liaison with APMA,
- (c) Degree status in WA and SA,
- (d) Temporary withdrawal from the International Pharmacy Students Federation in order to concentrate

on the South-East Asian Regional Area (SEARA),

- (e) Final negotiations on NAPSA Accident Insurance Scheme which will be implemented later this year,
- (f) Student Exchange Scheme.

## Industry Careers

The National Association of Pharmacy Students of Australia and the Australian Pharmaceutical Manufacturers' Association have co-operated to produce information concerning employment availability in pharmacy industry.

NAPSA President **Mr. Tom Silvan** said that this was the first realistic contact that NAPSA had had with the APMA and he sincerely hoped that this would continue and improve in the future.

There were many aspects of pharmaceutical industry of which students and recent graduates should become aware, and thus increase their field of employment opportunities.

The prepared information will be published in the next issue of *The AJP*.

## QPSA

### Pink Panther Cabaret

The QPSA Committee this year chose to stick to the theme used in 1969 for their cabaret.

"The Pink Panther Presents: It's All

Pink Inside" was held at the University on April 27.

The evening proved a success, with about 500 people attending.

The "Pink Panthers" added a very attractive note to the decor, and with the flashing pink, blue and yellow "police" lights, created a festive atmosphere.

### 1970 Committee

- President: **Miss Sybil Donelley**  
 Vice-President: **Mr. John Evans**  
 Secretary: **Miss Suzanne Anderson**  
 Treasurer: **Miss Maureen Byrne**  
 Assistant Secretary: **Mr. Peter Mayne**  
 Text Book Officer: **Mr. Derek Burnett**  
 Local Publicity Officer: **Miss Robyn Allen**  
 Draught Editor: **Mr. Graham Honour**  
 Social Secretaries: **Miss Di Tudman, Mr. Phil Scuderi**  
 Common Room Convenor: **Mr. Bob Turner**  
 Property and Records Officer: **Mr. Bill O'Reilly**  
 Smoko Convenor: **Mr. Greg Kully**  
 Library Officer: **Mr. Alan Wright**

## Football

In an extremely close football match held recently in Adelaide between VPSA and SAPSA, the home State showed far better teamwork after half-time to come back from a large deficit and beat the Victorians by a mere seven points.

Tension in the last 10 minutes was great, as a surprisingly high standard game found out the players who partook in frivolities the previous evening.

A great gesture of student-wholesaler relationships in SA was welcomed when F. H. Faulding & Co. donated a perpetual shield for this interstate competition (see SA News, Page 532).

Also present, on the invitation of SAPSA, to meet the 100 visiting Victorians, was NAPSA President **Mr. Tom Silvan** of WA, who had the honor of starting off both the football and the girls' hockey match (Victoria won the girls' hockey 2-0).



AT THE "Pink Panther Cabaret", from left: Miss Nadine Sewell, Mr. Michael Latter, Miss Sheryl Mann, Mr. Sam Pappalardo, Miss Ann Ledlie, Mr. Mario Calanna and Mr. Ken Laws

## T29's are Safest

The Standards Association of Australia has told wholesalers that hypodermic syringes made to Australian Standard T29 are safest for diabetics.

Here is something  
really new

# Tobispray®

an original and unique metered dose  
Dry Nasal Spray

**Provides rapid and effective relief  
for allergic rhinitis  
and hay fever sufferers because:**

#### Tobispray contains

1. a new long-action decongestant.
2. a new topical steroid with improved anti-exudative and anti-inflammatory properties.
3. a proved topical antibiotic.  
This balanced combination is presented as
4. an accurate metered dose nasal spray, ensuring simplicity in use, accuracy of dosage and an excellent distribution of the medicaments.
5. a dry treatment. The propellant gas evaporates immediately on use and this avoids the problems of wet application to already soggy nasal mucosa.

#### Prescribing Information

Each metered dose contains:  
2-(5,6,7,8-tetrahydro-1 naphthylamino)  
-2-imidazoline hydrochloride 0.12mg.  
dexamethasone 21-isonicotinate 0.02mg.  
neomycin sulphate 0.10mg.

#### Indications:

Allergic rhinitis. Hay fever.



Tobispray is available  
on prescription only

#### Dosage:

Usually one metered dose into each nostril three times a day. A dosage of one metered dose into each nostril up to six times a day may be used.

It is not recommended that Tobispray be prescribed on a continuous basis. The use of two vials on a consecutive basis will usually cover the period of time when allergic rhinitis and hay fever produce their acute symptoms.

#### Contra-indications:

Known sensitivity to neomycin.  
Pregnancy. Children under six years.

#### Side-effects:

A slight burning sensation, with or without sneezing may occur in some patients. This feeling soon passes and should in no way limit treatment. Some patients have complained of the smell of the compound, but in any case, this experience is only of a fleeting nature. Rebound congestion can occur.

#### Presentation:

9 g. vial containing approximately 125 metered doses, together with nasal applicator and dust cap.

#### Precautions:

Tobispray should be kept away from the eyes as it may cause conjunctival irritation. Caution is recommended when using Tobispray in patients with hypertension, hyperthyroidism or glaucoma.

The vial must not be thrown on the fire or punctured, even when empty.



**Boehringer  
Ingelheim**

Boehringer Ingelheim Pty. Ltd., 504-520 Pacific Highway, St. Leonards, N.S.W. 2065.

## Hospital Converts to Palm 'n' Turn

THE Adelaide Children's Hospital Pharmacy Department is changing over exclusively to Palm 'n' Turn containers.

The Chief Pharmacist, Mr. N. L. Smyth told *The AJP* that although he realised the containers were not the ultimate in safety, they were "easily the best available" at this time.

The hospital move towards Palm 'n' Turn comes at a time when the Pharmacy Guild in South Australia is postponing a decision on the containers because of the problem of getting a label to stick properly.

Mr. Smyth admitted that this problem would probably take a little extra time in ensuring that each label was fixed securely, but this was far outweighed by the fact that the containers would help save lives.

Working in the Children's Hospital and running its Poison Information Centre had brought the realisation of child poisonings to his department.

"We consider the fact that more than

50 per cent of child poisonings are caused by medicinal products far more serious than a little extra time," he said.

"Of those 50 per cent, at least 30 per cent are caused by tablets, which accentuates the need for some form

of safety measure as soon as possible," Mr. Smyth added.

The introduction of Palm 'n' Turn containers has already started at Adelaide Children's Hospital and by the end of the year Mr. Smyth expects the department to be using them exclusively

### POWELL (from P. 473)

says. "Their dedication moved governments."

He believes emphatically in continuing education for pharmacists.

#### Booked Out

Proof that pharmacists agree with him is the attendance at the Society's refresher lectures, which are booked out consistently.

He does not agree that bigger halls should be booked for lectures. There is a limit to the number of people who can be taught at the one time. Audiences need personal attention.

Mr. Powell wonders if members know enough about the Society's work. He quotes, for example, the liaison with the Poisons Advisory Committee. (The Society's spokesman is Mr. E. G. Hall, who was Society President in 1953-55

and has been Treasurer for more than eight years.)

Mr. Powell ridicules the idea that today's youngsters are a crazy rabble.

"A lot of abuse is heaped on the younger generation," he says. "But we oldies tend to forget the great pressures exerted on them. Too much mass medicine is competing for their dollar.

"The advertising directed at them is mind-bending, but they are handling it marvellously well.

"Every generation has its offbeats. The only difference today is that they get more publicity.

"I believe every person should be responsible for his own actions, but we should use our influence to encourage the young to use every educational facility available to them.

"An educated community is a happy and prosperous community."

## A "CHEMIST ONLY" PRODUCT



THIS IS ACTUAL SIZE — ONLY 50c

**AM-O-LIN is one line that can effectively scotch that "dear image" in Pharmacy...**

Just critically examine the economy size tube. Compare it against any other dermatological cream in the Health and Beauty range. Compare actual tube not the outer carton only

**AM-O-LIN STANDS ALONE**

SO MANY USES — SO MANY SALES OPPORTUNITIES

Keep AM-O-LIN on display in your pharmacy

Benefits booklets for assistance to doctors and chemists.

The matter of "equivalency" in drugs is a complex, technical subject and indeed there is much work which needs to be done so that we can better understand the various factors involved in assessing equivalency and even activity. However, my Department carries out a comprehensive testing program to ensure that the drugs listed as benefits—and other drugs available on the market as well—meet the standards for purity and potency, etc., which are presently required of them.

**Analgesics Control**

*The AJP: Last year, in officially opening International Pharmacy Week, you said, in relation to analgesics: "It would be a grave disservice to the community as a whole if their thoughtless abuse left responsible authorities no alternative but to restrict the sale of these preparations, thereby making them more difficult and possibly more costly to obtain." In view of the continuing unfavorable reports from around the world since then concerning kidney damage, stomach ulcers, and abuse habits, have you changed your mind in any way?*

**Dr. Forbes:** This matter has been, and in fact still is, under the active consideration of the National Health and Medical Research Council, which advises the Commonwealth and State authorities on a wide variety of health matters. I would be guided by the advice of Council on this matter which, as you will appreciate, is essentially a medical matter. To date, apart from advising on warning labels on packets, Council has made no change to its previous recommendations on the subject.

**Drug Abuse**

*The AJP: Looking to the future—what interest have you in the problem of drug abuse, now more in the hands of the Customs Department than your own?*

**Dr. Forbes:** I have a considerable interest in drug abuse. My interest is particularly in health education and the monitoring of licit transactions involving drugs of dependence. The Department of Customs and Excise is certainly concerned with the problem of drug abuse, also, their interest lying principally with the control and prevention of illicit trafficking.

These functions — the education of

the public in the dangers of drug abuse, the control of legal transactions involving drugs and the control and prevention of illegal trafficking—have very wide implications spreading beyond the powers of the Commonwealth Government and its administrative departments. The State Health Departments and the State police forces also have vital roles to play in the prevention of drug abuse, so there is a need for much co-ordinated effort and my Department is closely involved in this work.

Last year a National Standing Committee on Drugs of Dependence was established and my Department, together with other Commonwealth and State departments, is represented on it. My Department provides a secretariat for the Health Working Party of the National Standing Committee and we have recently developed, in conjunction with the State authorities and the pharmaceutical industry, a computerised system for monitoring licit transactions in narcotic drugs and the other drugs of dependence.

*The AJP: Is there a lead—or leads—you can provide, as Commonwealth Minister for Health, on the matter of drug abuse?*

**Dr. Forbes:** I think it is clear from what I have just said that the Commonwealth is giving a lead in co-ordinating efforts to control drug abuse.

There is, of course, no single answer to the problem. Many new avenues of health education will have to be explored, since I don't believe that drug laws, important as they are, provide the final answer.

The answer surely lies somewhere in the formation of positive community attitudes towards the use and abuse of drugs.

As you no doubt know, the Commonwealth Government has recently announced that it will be making \$500,000 available especially for drug education programs. This money will be used to finance additional educational courses and seminars, to be organised by my Department, produce educational publications, films, etc., and to assist the States in utilising to the full all available educational aids. It is generally agreed that dissemination of educational aids without facilities for further enlightened instruction and discussion is of limited

value. Funds and facilities will be directed towards this area.

So, to reiterate, I think we have to devote a considerable effort to educating everyone in the community to a proper appreciation of the use of drugs and to the dangers their abuse can bring. Above all we have to aim to see that whatever are the causes of drug abuse, they are replaced by attitudes which will prevent that abuse.

**Canberra and Health**

*The AJP: It would seem inevitable that Federal involvement in health generally can do nothing but increase. In which areas do you see pharmacy being most affected by this growth of Government involvement? I am thinking particularly of the drugs and non-therapeutic instruments at present not involved in the Pharmaceutical Benefits Scheme.*

**Dr. Forbes:** Greater Federal involvement in health matters has of course been the trend in recent years. But it is by no means certain that this trend will continue indefinitely. In Canada in the United States and in Great Britain there is considerable debate about how far a central government should go in providing health services. It is, I think, too big and generalised a matter on which to offer any prediction about the role of pharmacy.

As regards your particular inquiry about drugs, etc., which are not currently available as pharmaceutical benefits, there is an expert committee, the Pharmaceutical Benefits Advisory Committee, established under the National Health Act to advise the Minister for Health on the listing of Pharmaceutical Benefits and I regularly receive recommendations from the committee. I am not in a position, however, to know what recommendations the Committee might make to me in the future.

**The Future?**

*The AJP: Finally, would you care to make some predictions on the future of relations between Canberra and pharmacy?*

**Dr. Forbes:** Well, I would hope that relations will be cordial and based on an understanding, on our part, of the problems of pharmacy and, on the part of pharmacists, an understanding of the role of Government.

My door is always open to pharmacy groups on any matter which is of concern to them.



*"Polaroid" is a registered trademark of Polaroid Corporation, Cambridge, Mass., U.S.A.*

# Polaroid Sunglasses?

Take away their glare elimination,  
optical quality,  
ultraviolet light absorption,  
selective transmission, color neutrality,  
shatterproof lens and  
scratch-resistant coating  
and what have you got?

We're glad you asked that question.

To start with, there's *fit*.

To make sure every one of our styles is physically and optically comfortable, we do three things.

We use shorter side pieces on women's models than men's.

We adjust the Frame-Pupil Distance so the lenses are optically centered and the frames don't cut off too much of the field of sight.

And we give our models an average DBL (Distance Between Lenses) of 23 mm, and an average bridge length of 18 mm.

Then there's *construction*.

We engineer our lens mountings to hold the lens with maximum retention and no distortion.

We use temple joints of optical quality.

And we choose our plastic for stability, strength, durability, erosion-resistance, and color stability.

And then, of course, there's *quality control*.

We check the alignment, lens grooves, hinge mountings, and finish, both before and after we insert the lenses.

Making Polaroid Sunglass frames isn't easy. But it became our public responsibility when we committed ourselves to making Polaroid lenses.

Because when people want sunglasses with all our glare elimination, optical quality, ultraviolet light absorption, scratch-resistance, shatterproofness, selective transmission, color neutrality—where else are they going to turn?

## Polaroid Sunglasses

# PHARMACY & PROGRESS



## "Bio-Availability"

Evidence that a drug not only contains the stated active ingredients but is also absorbed into the blood stream when swallowed will be required by the United States Food and Drug Administration when considering an application to market a new medicine.

This was stated by Dr. Charles Edwards, Commissioner of the Administration, in an address to members of the Academy of Pharmaceutical Sciences in Washington.

The new requirement, described as a "bio-availability study", was recommended by the U.S. National Academy of Sciences.

Bio-availability, Dr. Edwards explained, was the key to the problem of generic equivalency.

"It has become increasingly apparent that drug products which purport to be equivalent and which may satisfy chemical and other analytical tests of equivalence, may not be therapeutically equivalent . . .

"We have found that comparable bio-availability frequently does not exist for products that are otherwise, so far as currently available methods of study are concerned, identical . . .

"The factors contributing to this problem are not totally known . . ."

## Exports Increase

The percentage rate of growth for pharmaceutical exports from Australia during the past six years has been 15.3 per cent a year. The overall rate of growth for all Australian exports has only been 2.5 per cent a year.

This is revealed in a study of Commonwealth Statistician figures by the Health Economics Service Ltd.

Pharmaceutical exports have grown from \$8.13 million in 1963-64 to \$15.86 million in 1968-1969.

While pharmaceutical products are only a small part of the export market—0.47 per cent in 1968-1969, up from 0.29 per cent in 1963-64—they are a growing part, and are making an impor-

tant contribution to Australia's export income.

New Zealand is our largest single customer, and in 1968-69 took \$8.8 million (or 56 per cent) worth of exports.

Exports to New Zealand have been increasing both in volume and as a percentage of total exports. In 1963-64 exports to New Zealand were only \$3.76 million (or 46.2 per cent) of the total.

Over the past three years Denmark has been our second largest customer, taking exports worth \$1.07 million in 1966-67 (which included a large UNICEF contract for that year), \$0.62 million in 1967-68 and \$0.61 million in 1968-69.

An important feature is the diversification and overall strength of the overseas market, a sign which is encouraging for continued success.

In 1968-69 Australian produce comprised 92.7 per cent of the total exports; the remaining 7.3 per cent consisted of re-exports.

The single largest export is the group known as "medicaments" (basically finished and partly finished goods).

Perhaps the most interesting exports are the glycosides. In 1966-67 these accounted for 8.1 per cent of total exports and were purchased by Belgium, France, West Germany, the Netherlands, Switzerland and the USA—all (in that year) relatively hard currency nations.

Although this group has declined in relative importance in the past two years it is still a good export performed.

## Restrictions in India

India's peasantry has responded to the profit motive and economic freedom (free, by and large, even from tax control) and produced a "green revolution".

Industry in India, on the other hand, has been rigidly bound by a straitjacket of regulation and controls, commented Dr. G. B. Ramasarma, representing the Organisation of Pharmaceutical Producers of India, at a recent congress in Chandigarh.

Dr. Ramasarma said: "To the host of restraints of the past is now being added the concept that however resourceful, honest and competent a large company

may be, and therefore however capable it is of expanding the wealth and income of the country, it must be prevented from growing further, lest too much power be concentrated in the hands of its management."

The pharmaceutical industry had been no exception in this context, Dr. Ramasarma added.

There were four types of controls which had lowered the growth-rate of the industry. These were price control, licensing control, import regulations, and restrictions and difficulties in the introduction of new drugs.

"Since the early part of 1963, the industry has had to operate under statutory price control," Dr. Ramasarma said.

"This came in the wake of the Chinese aggression, more as a precautionary measure normally taken in such emergencies than out of any compelling necessity.

"While the cost of inputs in the manufacture of pharmaceuticals had been spiralling, the price of the end product fixed by Government was uneconomic and unrealistic. As a result, certain drugs had had to be withdrawn. The hardest hit were firms that were keeping narrow margins of profits.

"In addition the process of revisions of prices under the Price Control Order was so time-consuming that it delayed introduction of new products and inhibited overall development.

"Our prices are comparatively high in the country, and less competitive in exports because we have too many units producing very small quantities of products.

"The concept of economy of scale is still not readily acceptable to government in the area of industrial production."

Dr. Ramasarma continued "In the name of import substitution, there are restrictions on the imports of certain vital raw materials, machinery and spare parts.

"In the case of the pharmaceutical industry, the problem is generally more acute if quality drugs are to be manufactured.

"One of the biggest tasks facing the industry is the continuous search for quality raw materials."

## 'Pharmaquiz' Correction

A typographical error appeared on Page 398 of our June issue to answer No. 17, which should read "B" (not "C, E").

# The Tender Tomato Tagger...

and anything else you care to tag with—  
**Sato D1 Handlabeller**

Resilient fingers firmly smooth your label onto any surface. Pressure so light it won't bruise the tenderest tomato, yet the label is there to stay.

Data strip endless belts rotate easily for data changes, lock firmly into place for error-free printing.

#### FEATURES:

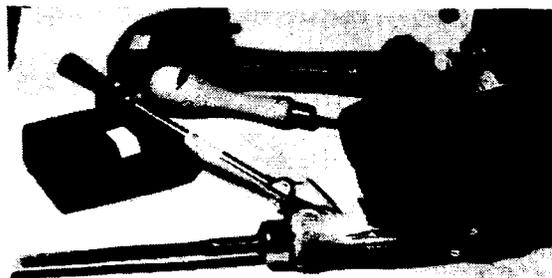
No overprinted or half printed labels—accuracy on every try.

Simultaneous two line printing—(price plus your shop or company name.)

*Other styles furnish single line printing as required.*

Prints clean, precise, clear symbols—every time.

Light-weight, easy to handle.



**IRH Components  
Pty. Limited**

The Crescent  
Kingsgrove  
N.S.W. 2208  
Phone 5010111



**IRH** THE COMPONENT DIVISION  
OF IRH INDUSTRIES LIMITED

R2374D1



## Why do Kingsted products sell in San Francisco?

### They sell on product performance.

Kingsted products are now being exported to and sold through the United States market.

San Francisco is just one of the many American capitals where Kingsted products are being recommended.

This latest success by the young, wholly owned Australian pharmaceutical company in one of the most competitive and aggressive markets in the world didn't

just happen—it was won, on packaging, pricing and, above all, exceptionally effective product formulation to maximum professional standards.

This same effective formulation to maximum professional standards goes into every Kingsted product that you, the pharmacist in Australia, can confidently recommend.



**KINGSTED**  
**PHARMACEUTICALS**  
PTY. LIMITED

The company with the "chemist only" obsession  
Trying harder to achieve perfection of performance

Trim Tabs, Sedu Caps, Kingsted Cold Tabs, Refrane, Alert Tabs, Oraltone Products, Edinburgh Camphor Cream, Thermogesic, Little Trimmers

1126/97

# New C-O policy in SA

by Ron Berryman

**ADELAIDE.**—From Thursday, June 11, the South Australian branch of the Pharmacy Guild of Australia changed its advertising thinking to Chemist-Only products.

This important step was made after a great deal of research and investigation by the State Branch Committee and was officially outlined to members at a special meeting at Guild House, Adelaide, on June 11.

Speaking with the President of the SA Branch, Mr. Wally Eriksen, before the meeting, the proposed promotional campaign for the Guild was outlined to me.

Mr. Eriksen explained that the State Branch Committee had only made the decision after distributing questionnaires on C-O policy to SA members and receiving an adamant reply that "specials" were not wanted.

This questionnaire only confirmed what the State Branch Committee had believed to be the opinion of members anyway, Mr. Eriksen added; and it was then decided to stop advertising "specials" and look to a new advertising campaign.

## Trend away

"We could see a definite trend away from pharmacies for such items as baby foods and accessories," Mr. Eriksen pointed out.

"This was due to a number of factors in SA. One, the Mothers and Babies' Health Association was far more active in metropolitan areas and many mothers preferred to seek advice from these establishments and of course, Two, supermarkets are definitely taking a lot of pharmacy trade in items that were once considered strictly pharmacy.

"The price-cutting and specials were not providing sufficient profit and the questionnaire not only supported a C-O policy, but indicated a desire for advertising C-O products under a subsidised scheme.

**"We plan 10 to 12 campaigns a year based on single C-O products, with a maximum of three products per campaign.**

"Each contributor to the publicity fund will then receive free of charge a display stand for in-store promotions of each of



*Mr. K. Rowe speaks to the members on behalf of Rosken Skin Repair, pointing out relevant information on the product to help sales. Branch President Mr. W. Eriksen is at left.*

these products. New display cards and accessories will be delivered to those members with the result that various shaped cards and material will make the stand look different for each promotion."

Mr. Eriksen said that all advertising associated with each campaign would centre around television to provide members with the maximum impact and when it was decided necessary, radio and newspapers would be used to add to the promotion.

He added that country members would not be forgotten and advertisements would be arranged on regional television stations and major country newspapers.

"Products to be featured in the advertising campaigns will be chosen from top-selling C-O products which have greatest appeal to the consumers, throughout the year if possible," Mr. Eriksen said.

The presentation, to members and pharmacy assistants, outlined the idea behind the change and the methods to be used to attract maximum results

for Guild pharmacists.

Six speakers, including advertising agency representatives, executives from Rosken Skin Repair, the first C-O product to be promoted in the 1970-71 campaign, and Guild officials who helped explain the entire merchandising campaign.

**Members were told that the display stands would be delivered and changed each campaign by professional display workers and investigation was continuing into different types of display material.**

More than 150 members attended the function and were each presented with a program outlining the complete presentation through introduction, identification, advertising, merchandising, and the eventual campaign.

Mr. A. M. Chappell addressed the meeting on the importance of Guild pharmacies identifying themselves clearly with Guild signs and displays.

All-in-all the presentation was extremely professional and more important—it was "right on the ball".

# counter lines

## FISONS 'FAMILY' PRODUCTS

See the advertisement in this issue for the new look promotion of Fisons' proprietaries. Large space advertisements will be appearing in July, August and September in "Reader's Digest" and "Woman's Day" for SANATOGEN PROTEIN, BENGERS BABY FORMULA, ZAMBUK HERBAL ANTISEPTIC and GENISOL ANTI-DANDRUFF CONCENTRATE. We're building customer awareness and sales of Fisons' products. Ask your rep. for more details.

★ ★ ★ ★ ★ ★ ★

### BABIES:

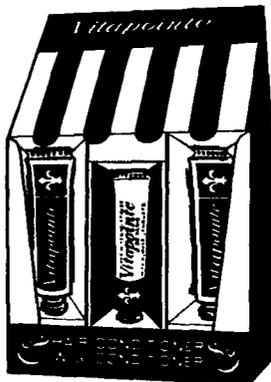
Babies are V.I.P. customers for Pharmacy. If you know a baby with poor and weak digestion or milk intolerance, recommend a trial of Bengers Pre-digestive Formula. Ask your representative for a description of the enzymatic activity, creating the pre-digestive process. Advertisements will be appearing in the Australian Paediatric Journal, the Medical Journal and this publication containing the various formulas for different age groups. Bengers is also helpful as a nutritional food supplement for expectant mothers with digestion problems, and for invalids and convalescents.

★ ★ ★ ★ ★ ★ ★

### COSMETIC ASSISTANTS

Elsewhere in this issue you will see a reproduction of the educational Hair and Wig care advertisement scheduled to promote Vitapointe in Vogue, POL and Flair pre-Spring. This information should assist your cosmetic assistant in expanding her knowledge of hair and wig care, and, of course, a display of Vitapointe in the parisienne striped packet will create increased customer interest and sales.

★ ★ ★ ★ ★ ★ ★



Display with Wigs and Hair Care Accessories.  
Early orders of Vitapointe for Wigs receive 20 Wig Care Leaflets with each six-pack.

*Fisons*

**FISONS AUSTRALIA PTY. LTD.**

**For your selling staff (cont.):**

## CHEMIST-ONLY POLICY

by R. G. ROSS

(Federal Director, Trade & Commerce, Pharmacy Guild)

**WHILE we have quoted Nyal as an elementary example, it is really quite important, as sales of this product are confined to pharmacy and you are giving the pharmacy's endorsement to a Chemist-Only line.**

**In all probability your customer will continue to buy Nyal because she remembers that it is the toothpaste her chemist recommends.**

As a general rule, the public look for and welcome their chemist's recommendations about any product they purchase.

With regard to the Nyal example, we must make it quite clear that if your customer requires another brand of toothpaste, it is bad business to try and alter her choice.

The brand she stipulates should be handed to her immediately, without further comment.

This same example could be applied to many product categories including, of course, toothbrushes, where Nada should receive first preference because it is Chemist-Only.

### Know merchandise

All sales transactions conducted in a pharmacy are naturally not as simple as the examples quoted, but, without exception, it is this one point, i.e., knowledge of the merchandise you sell, which goes such a long way to successfully concluding the sale, and in many cases helps you to increase the value of the sale.

### Don't overdo detail

We do not suggest for one moment that a sales assistant should confront the customer with a mass of technical detail, but it is important that some brief helpful comment, or endorsement of the purchase, be made during each transaction.

Comments such as, "I know you will be very satisfied with this lipstick, Mrs. Brown", or, "I am sure you will find this toothpaste most suitable", are appropriate.

Other phases to suit various types of

merchandise give your customer confidence in her purchases.

She will go away satisfied, and in all probability return regularly for her requirements because of your helpful recommendation.

### Desire to assist

Although we have quoted only one or two very simple examples, the fundamentals illustrated virtually apply to any transaction, whether it be the sale of the smallest article or the most expensive items, such as photographic equipment, electric shavers, etc.

The main points we have endeavored to stress are—you must have willingness and desire to assist your customer, and complete knowledge of the products you sell.

### Refer to chemist

Naturally, there are many matters on which you will not be in a position to advise—such as the therapeutic action of drugs, etc.

**These queries should be referred immediately to the qualified chemist.**

This is an extremely important point, and must never be overlooked.

It is realised that with some such matters, you are in a position, through experience, to give advice, but if at all in doubt refer any such inquiries to the qualified chemist.

### Price differences

It may often be necessary for you to explain the difference in price between two articles, particularly when they are in the higher price field, such as photographic equipment, and here your technique should be faultless.

Customers are not likely to be interested in more expensive goods simply because of a price ticket.

The reason for the higher price must be demonstrated, i.e., better materials, a higher grade of workmanship, greater durability, and so on.

Generalities are not enough.

But here a word of warning. The greatest care must be taken that you do not, even indirectly, disparage the less expensive article.

The line of retreat back to the lower

# Meet 'Sniffy' and 'Ah Choo'!

by Margaret Kinch

*TWO unpleasant looking characters named "Sniffy" and "Ah Choo" have been created for the biggest-ever campaign to help Victorian and Tasmanian chemists sell C-O winter needs.*

Red-nosed gloomy Sniffy and sneezing Ah Choo appear on a striking black and red poster proclaiming the theme of the campaign: "Not Wanted. The Terrible Two," then indicating the reward to be obtained by disposing of them with the chemist's help.

Co-operating C-O manufacturers are subsidising the \$35,000 campaign, including "point of sale" material and State-wide radio.

It has been organised by Mr. Bruce Robinson, Marketing Co-ordinator of the Victorian Branch of the Guild, with Mr. Sam Gandolfo, assistant Chairman of the Marketing Committee. Mr. Gandolfo originated the "reward" poster.

Guild members are being sent a generous supply of advertising aids

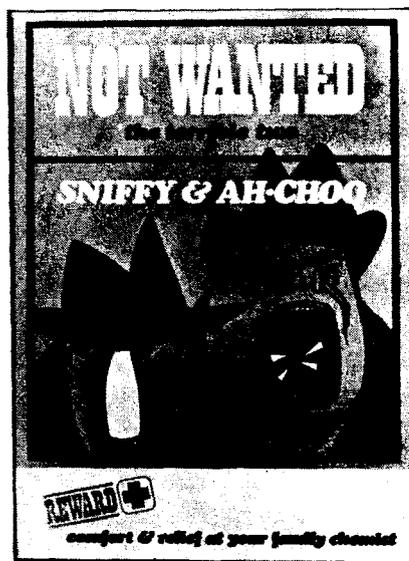
In warm winter colors to enliven their shops for the campaign.

They include posters, showcards, window borders, tier streamers, animated cut-outs, self-adhesive transfers and product stickers. A multi-lingual poster in Greek or Italian is provided, and both can be obtained on request.

Extra display material is available to Advertising Fund members.

Featured in display material will be: Waterbury's Compound, Strepsils, Codral Linctus, Contac 500 tablets, Accomin, Pulmex, Veganin, Disprin, Codis, Skin Repair, Vasylox, Benzedrex, Veldown Tissues and Deepheat (rheumatic rub).

William R. Warner is providing free special wrapping bags featuring the Guild embossed symbol among messages.



## 'Chemists could lose half toiletry market'

**IF all open outlets used as much energy promoting S & B toiletries as Woolworths and Tom The Cheap did, pharmacy would lose 50 per cent of its toiletries market, S & B managing director Mr. John Dart said recently.**

Addressing a grocers' meeting in Sydney, Mr. Dart said he got more profits dealing with grocers than with pharmacists because "I don't have the high cost of detailing and grocers buy in dozens, not in twelfths".

Claiming that Scott & Bowne developed the vitamin mineral market in Australia, he said the company "advertised like hell" to develop this market.

Then "two large companies in the field" with a product selling at \$2.25 against his at \$1.80 raised their margins to chemists as high as 120 per cent—"because they were not advertising," Mr. Dart said.

The result was that S & B products went under the pharmacist's counter.

"A majority of chemists sold us down the drain," Mr. Dart said.

"We put another \$50,000 into advertising the next year, and we got an extra \$30,000 in sales, and the others got \$100,000 in sales.

"We sent our spies into chemists' shops to ask for our products, and they were told how much more there was in the more costly product."

Then, when he was appointed general manager of S & B, Mr. Dart said, he began an in-depth pharmaceutical "research program", concentrating on products which were not already in grocery (*In other words, C-O products—Ed.*)

This culminated two years ago in the

**C-O POLICY** (from prev. page)  
price must always be left open. This is only sound sales strategy.

There should never be over-insistence upon the advantages of the higher-priced article, and once she is in possession of the facts, the customer must be left to make a free choice.

In other words, on no account must you resort to high pressure selling, and everything should be subordinated to the idea of making the customer want to come back again.

This, once again, demonstrates the importance of knowing your product.

launching of a new product program.

Mr. Dart said he was "roundly abused" by some officials in pharmacy, and his representatives were often ordered out of pharmacies.

"And then those same chemists would order the product through their warehouse," he said.

● *There is an obvious moral in the above—high margins for chemists in place of heavy advertising by C-O companies simply helps people like S & B to hurt pharmacy.—Ed.*

# Three get world tours

THE winners of the Roche Products effervescent vitamin sales contest have just been announced.

They are:

- Mr. C. Caswell, of J. P. Davies' Pharmacy, 154 Boundary St., West End, Brisbane.
- Mr. N. Ford, of 133 Marrickville Road, Marrickville, NSW, and
- Miss L. Sahade, David Jones' Pharmacy, Elizabeth Street, Sydney, NSW.

They not only won reservations in next month's Globetrotter "1970 Pharmaceutical Conference World Tour" to Geneva and back, but also two weeks each in Noumea.

The prizes to Mr. Caswell, Mr. Ford and Miss Sahade have a total face value of more than \$4000 each.

They leave for Geneva via Honolulu, North America, Western Europe and the UK on August 2, returning after the International Pharmaceutical Conference in Geneva via Eastern Europe and Asia on September 21.

In addition to the three composite first prizes, there were seven other prizes in the competition—each a two-week holiday in Noumea.

These went to:

Bank Corner Pharmacy, Bridge Street, Muswellbrook, NSW; International Pharmacy, Parramatta Road, Leichhardt, NSW; Meyer's Pharmacy, Wynyard Street, Tumut, NSW; Pearson's Pharmacy, Main Road, Claremont, Tasmania; Range Pharmacy, James Street, Toowoomba, Queensland; Rock's Pharmacy, Kings Cross Centre, Kings Cross, NSW; Smith's Pharmacy, 3 Richmond Avenue, Sylvania Waters, NSW.

The competition marked the launching in January of the Roche range of effervescent vitamins—Supradyn, Calcivitone and Redoxon.

Every retail chemist in Australia was invited to take part. The objective was to reach the highest sales figures in the new tablets and Supradyn capsules in relation to permanent staffs in the period January 12-April 30.



Mr. N. Ford



Mr. C. Caswell



Miss L. Sahade

## Sales leader for 20 years

ALMOST from the day it was launched, Nyal Decongestant Cough Elixir zoomed to the top of the sales ladder in the cough medicine field.

And today, the Nyal company says—20 years later—it still enjoys top billing. Formulation, packaging, price, advertising and pharmacist support have all played their part in establishing Decongestant as leader in the field.

The company has plans to continue expanding sales of Chemist-Only Decongestant Cough Elixir. A big national advertising campaign using television and the *Australian Women's Weekly* began in April and will continue at record level throughout the winter.

Thirty-five TV channels will carry the famous "Sally" commercial.

Nyal says the same theme is carried through to magazine advertising and point-of-sale display material. Full-page color magazine advertisements are appearing on the back covers of the *Women's Weekly*.

## New 'no-rub' rubefacient

SERA Pty. Ltd. has introduced a new preparation for the relief of muscular rheumatism and fibrositis. It does not need rubbing-in.

The product, Trafuril, is an ointment which, according to Sera, stimulates the blood supply around the affected area reduces swelling and brings speedy and long-lasting relief from pain and discomfort.

Like all other Sera lines, Trafuril is Chemist-Only. It carries very generous margins, and comes with free merchandising aids.

## Amolin will 'stay C-O'

MILES Laboratories promised last month that it would maintain the C-O trading policies of Amolin Laboratories Pty. Ltd., Sydney.

Melbourne-based Miles acquired the business of Amolin in April.

A Miles spokesman told *The AJP* that Amolin's C-O policies harmonised with new product plans Miles already had in mind.

Manufacture of the Amolin products will continue at Manly, NSW.

Mr. Taylor will continue to reside in NSW and manage the Amolin operation.

## SELSUN ON RADIO

A NEW radio campaign on 57 stations nationally began last month for the popular anti-dandruff product, Selsun.

Abbott Laboratories said the campaign's target was radio's youth audience and its aim was to boost Selsun's 44 per cent market share during the period in which new competitive products were being introduced.

"The Selsun radio campaign is supported by advertisements in *Reader's Digest* in association with the national Pharmacy Guild," Abbott said.

### Competition winners

Winners of the May Selsun competition, which drew 1200 entrants, were announced by Abbott last month. (Contestants were asked to list in order of importance seven statements regarding Selsun, and to answer a question on Selsun sales during 1969)—

**Ourania Syrrou**, Newtown Pharmacy, 20 King St., Newtown, NSW; **Brian Thackeray**, Brian Thackeray Pharmacy, 820 Forest Rd., Peakhurst, NSW; **Mrs. N. Wellington**, East Brighton Pharmacy, 774 Hawthorn Rd., E. Brighton, Vic.; **Mrs. R. Barrett**, Lowell's Amcal Pharmacy, 68 Percy St., Portland, Vic.; **Mrs. M. Green**, Pinelands Pharmacy, Bells Pocket Rd., Strathpine, Qld.; **Mrs. M. R. Prenter**, Birks Chemist, Rundle St., Adelaide, SA; **K. Seetokow**, Sidwell and Townley, 26 Elizabeth St., Hobart, Tas.; and **Alc Verhoogt**, Stones Drug Store, 335 Albany Hwy., Victoria Park, WA.

The contest is still running. A total of 139 prizes will be awarded, the major prize being a portable TV set.



EVERY TIME SHE PUTS HER FEET UP ...  
YOU HAVE A POTENTIAL CUSTOMER

Maybe she hasn't got varicose veins, but if she complains of tired, aching, heavy-feeling legs, she's certainly got the symptoms.

Whether she's the mother of a family or a girl with a job, she can't avoid standing around or sitting still for too long. And she won't get any better doing either of these.

This year on TV, in Press and in Women's Magazines throughout Australia, we're promoting Venoruton very heavily. We're promoting you, too. Every one of these thousands of advertisements will say over and over again: **ASK YOUR CHEMIST.**

So tell her about Venoruton tablets and ointment, the proven effective treatment for tired, aching legs, and varicose veins.

You'll thoroughly enjoy turning a single sale into a steady customer.

Call SERA (428-1966) today or see your SERA Merchandising Representative for the full range of free merchandising aids and the deal that gives you up to 100% and makes Venoruton one of the most lucrative products in Pharmacy—and there's no competition, either.



## Venoruton

TABLETS AND OINTMENT

puts people firmly  
on their feet again

From ZYMA of Switzerland. Distributed by SERA—the marketmakers

VET/370/1

# DALE

DEHYDRATED

## GOAT'S MILK

Dale Dehydrated Goat's Milk is prepared from clean, fresh, whole milk obtained from selected herds maintained under rigid sanitary conditions. It is PASTEURISED, spray dried and vacuum packed, providing a reliable year-round source of whole goat's milk.

Indicated for allergy, infantile eczema, asthma, special diets and infant feeding.

Packed in sealed one pound tins containing sufficient powder to make NINE pints of reconstituted goat's milk.

Cost \$3.52 each

Retail Price \$4.69 per tin

**CHEMIST'S ONLY**  
**P.A.T.A. (N.S.W.)**

Available from all drug wholesalers.  
Pharmaceutical Benefit (Restricted)  
Item No. 2654.

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INTERSTATE DISTRIBUTORS  
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QLD.—Kenneth Mitchell Pty. Ltd.  
S.A.—Southern Drug Co. Ltd.  
W.A.—Pharmax Pty. Ltd.

## Dandruff 'Control'

ICIANZ report good initial results with their newest C-O line, Savlon Control, an anti-dandruff preparation introduced in May.

*"Control has been formulated to bridge the gap between the ordinary cosmetic shampoos and the harsh medicated dandruff preparations," ICIANZ said.*

"It meets the need for gentle effective control for family use. No special precautions are required.

"Typically, the only special measure is to keep the preparation away from the eyes."

Savlon Control's basis is Cetrimide BP, discovered by ICI 25 years ago. The peculiar properties of this chemical include dual bactericidal and detergent actions.

Various formulations of Cetrimide BP are now used in many pharmaceutical lines, including Savlon Antiseptic Cream.

Savlon Control contains a 17.5 per cent w/v solution of Cetrimide BP which, it is claimed, will remove dandruff when applied as recommended by ICIANZ.

Like all ICI pharmaceutical preparations, the new product is a C-O line. A heavy advertising campaign lasting all winter is aimed primarily at housewives, the pharmacist's biggest customer group.

Full-page advertisements are currently appearing in a wide range of women's interest publications including *Women's Weekly*, *Woman's Day*, and *New Idea*, with a service listing in *Reader's Digest*.

ICI state that research has shown that 80 per cent of Australians are subject to dandruff.

"Experience has shown that the greatest need for control is felt during the winter-spring period, although the indications are present year-round.

"Thus the new product Savlon Control provides a timely answer to one of the pharmacist's most recurrent problems, recommendation of a high profit line for dandruff," the company said.

## New TV spots by Nyal



*THE Nyal company has begun a big new national TV advertising schedule, using half-minute commercials on 35 channels, for Pluravit and Day/Long hair spray. Picture shows one of two new Day/Long commercials featuring Marilyn Mayo being produced at Artransa Park Studios, Sydney. Nyal says Day/Long sales have risen 26.6 per cent since November. The new Pluravit ads, aimed at the 25-and-over age group, are based on colorful national press and point-of-sale material.*

# Nasty tasting medicines are best!

Then how come Pflpen-V is a delicious strawberry-flavoured penicillin suspension, readily accepted by patients of all ages.

**PFIPEN-V**  
suspension,  
a pleasant way  
to get better.

125mg./5ml.  
NEW ON  
**NHS**

when higher strength penicillin is required  
125mg./5ml. also on N.H.S.

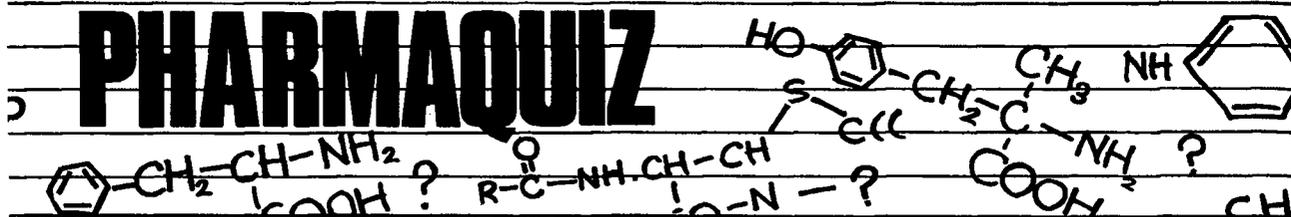


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Laboratories Wharf Road West Ryde NSW 2114

# PHARMAQUIZ



By Geoff. K. Treleaven, Ph. C., F.P.S.

1. **Allopurinol**—a new monograph in the Addendum 1969 to the BP 1968 is used in the treatment of gout and other conditions with hyperuricaemia. Allopurinol which is marketed as ZYLO-PRIM of Burroughs Wellcome & Co. is—

- (A) A uricosuric agent
- (B) a xanthine oxidase inhibitor
- (C) an anti-inflammatory analgesic

2. The Addendum 1969 to the *British Pharmacopoeia* contains—

- (A) 56
  - (B) 25
  - (C) 108
- } new monographs

3. **Lithium Carbonate** BP Addendum 1969 in divided daily doses of 0.25-1.5g. is used—

- (A) in the treatment of gout
- (B) in the treatment of rheumatoid arthritis
- (C) in the prophylaxis and treatment of manic-depressive disorders.

4. **Normethadone** is the Approved Name for a potent anti-tussive which is present in—

- (A) TUSCODIN
- (B) TICARDA
- (C) PARACODIN
- (D) CALCIDRINE

5. **Phenazocine Hydrobromide** which has been added to the BP Addendum 1969 is marketed as NARPEN which is—

- (A) a potent analgesic
- (B) a short-acting intravenous anaesthetic
- (C) an anti-emetic
- (D) a drug of addiction

6. **Clofibrate** BP Addendum 1969 which is marketed as ATROMID-S of ICI is—

- (A) a parasympatholytic used as an antispasmodic
- (B) used to lower serum cholesterol and triglycerides
- (C) an adrenergic beta-receptor blocking agent

7. **Ecothiopate Iodide** now in the BP Addendum 1969 is marketed as PHOSPHOLINE IODIDE which is an anticholinesterase used topically in the treatment of glaucoma in strengths of—

- (A) 0.06 per cent
- (B) 0.125 per cent
- (C) 0.25 per cent

8. **Idoxuridine** BP Addendum 1969 which is marketed as DENDRID, HERPLEX and STOXIL is—

- (A) used in the treatment of glaucoma
- (B) an antiviral agent used in the treatment of ocular herpes simplex
- (C) used in the treatment of herpes zoster

9. **Inulin** BP Addendum 1969 is used—

- (A) for the control of diabetes mellitus
- (B) as a hyperglycaemic agent
- (C) for the measurement of glomerular filtration rate
- (D) as a cytotoxic agent used in the treatment of neoplastic disease

10. **Monoamine Oxidase Inhibitors** are useful drugs in the treatment of some forms of depression. Some of the following proprietary preparations contain these potent drugs—

- (A) EUTONYL
- (B) NARDIL
- (C) SINEQUAN
- (D) NORTAB
- (E) NIAMID
- (F) MARPLAN
- (G) MARSILID
- (H) PARNATE
- (I) PARSTELIN
- (J) SERENACE

11. **Bupivacaine Hydrochloride** BP Addendum 1969 is a local anaesthetic present in—

- (A) MARCAIN
- (B) NOVESINE
- (C) NUPERCAINE
- (D) CITANEST

12. **Amphotericin** BP Addendum 1969 is a mixture of antifungal substances produced by the growth of certain strains of streptomyces nodosus or by any other means. (Specific substances are designated by a terminal letter; thus Amphotericin B.) Amphotericin B is marketed as—

- (A) FUNGILIN
- (B) FULCIN FORTE
- (C) FUNGIZONE
- (D) GRISOVIN
- (E) FUCIDIN

13. **LIRUGEN** is a highly attenuated measles virus vaccine used for the active immunisation of children against measles (rubeola). LIRUGEN is the—

- (A) Edmonston strain
- (B) Schwarz strain

14. **Bethanidine Sulphate** BP Addendum 1969 is marketed as ESBATAL of Burroughs Wellcome and is—

- (A) an oral diuretic
- (B) a hypertensive drug
- (C) an adrenergic blocking agent used as a hypotensive

15. **Smith, Kline & French** have recently marketed a rubella virus vaccine for use against rubella (German measles). The new rubella virus vaccine is marketed under the trade name of—

- (A) KOPLIVAC
- (B) M-VAC
- (C) CENDEVAX
- (D) LIRUGEN

16. **Chloral Hydrate** is now available as liquid filled capsules containing 500 mg. Proprietary preparations available include—

- (A) NOCTEC
- (B) BONADORM
- (C) CHLORADORM
- (D) TRICLORYL

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## PHARMACEUTICAL REVIEWS, 1969

K. F. Brown

Pharmacy Department, University of Sydney

The reviews considered in this article have been selected from those published in the general area of pharmaceutical sciences during 1969.\* The article is not a comprehensive survey, and in selecting the reviews, emphasis has been placed on articles of potential interest to practising pharmacists and the pharmaceutical industry. In accordance with the format of previous articles in this series, reviews published in the *Australasian Journal of Pharmacy* have not been considered.

The *Journal of Pharmaceutical Sciences* annually publishes a general survey of pharmaceutical literature. Because of the rapid expansion of the literature, the last two such articles have been restricted to pharmaceuticals. However, these reviews are very thorough and represent a comprehensive catalogue of the published material. The most recent survey (Bernardo & Russo) is the seventh in the series. It has maintained the same general format as the previous papers. The literature is discussed under such headings as general pharmacy, pharmaceutical technology, physical pharmacy, and biopharmaceutics. This paper should provide a most useful starting point for literature searches. A similar but much shorter review was published by McBride, Murray & Smith. These authors examined selected articles associated with chemical and physical stability, preservation and disinfection, dissolution and absorption of drugs. Although this article is much less detailed

it should provide useful supplementary information on the topics considered.

Another publication of value to pharmacists is a collection of reviews published annually as *Annual Reports in Medicinal Chemistry* (Cain). Each issue of the series contains many reviews by specialist authors. The subjects covered include medicinal chemistry, pharmacology and pharmaceuticals. Each article of the 1969 publication is a critical summary of significant contributions published during 1968. This book should be of value to readers interested in the use and marketing of new drugs as well as research personnel.

### *Pharmaceutical Microbiology*

Pharmaceutical microbiology continues to receive a good deal of attention and a number of reviews have appeared in the literature during the year. Sykes has discussed the problems of microbial contamination in oral and topical formulations. The implications of contamination of various products were examined with reference to the source and amount of contamination. The author stressed the need to use high quality materials and good manufacturing and storage procedures as a partial solution to the problem. Proposals were also made for testing procedures. Hall has evaluated antibacterial preparations used for degerming intact healthy skin. Attention was given to the nature of the agent, the vehicle and the method of use. The types of preparations considered included medicated bar soaps, liquid soaps and detergents, alcoholic and aqueous solutions, creams, gels and foams. Of particular interest

\*Consequently the year of publication (1969) has not been included after authors' names in the text.

was a discussion of the untoward effects which may result from suppression of the natural skin flora.

The development of microbial resistance to antibiotics has given cause for considerable concern to many people associated with the health professions. Smith & co-authors have reviewed bacterial resistance to  $\beta$ -lactam antibiotics. This article discusses the mechanism of development of resistance and includes tabulated information related to the antibacterial spectra of several penicillins and cephalosporins. Information was also given on the properties of penicillinase from different bacterial species.

The design of the sterility test is undergoing rapid change. This is reflected in the revisions and amendments to the official test requirements. Sterility testing of pharmaceuticals has been reviewed by Bowman. The subject was discussed by considering the principles underlying the tests, sampling methods, media, incubational and environmental conditions, together with a discussion of the various testing procedures which may be used.

#### *Dermatology*

Reports have appeared of a symposium on skin held by the Society of Cosmetic Chemists of Great Britain in November 1968. A contribution by Tregear outlined empirical procedures for studying the mechanical properties of skin. Three properties were proposed and defined, namely elastic extension, viscous slip and viscous flow. These elementary mechanical models were related to the biological structures causing them and their biological significance was discussed. Barret reviewed the various types of local and systemic adverse reactions resulting from penetration of the skin by foreign molecules. More recent views on pathways and mechanisms of absorption were examined with a discussion of factors involved in skin penetration. Particular reference was made to the physicochemical properties of the penetrant, the vehicle and the vehicle-penetrant relationship. The use of *in vitro* models to study skin absorption was also described. A paper by Cruickshank defined and illustrated the modern concepts of allergic skin reactions. The different types of reactions were considered with special attention to those related to the use of cosmetics. The problems of defining allergic reactions and predicting the allergenic nature of chemicals and natural substances were examined.

#### *Formulation*

During the year a number of reviews have appeared which should be of particular interest to those concerned with formulation and development technology. Woodford discussed the modification of release rates and physiological availability of drugs caused by macromolecules included as ancillary ingredients in oral dosage forms. An evaluation was made of *in vitro* tests of dissolution rate and membrane penetration often used in predicting the effects of such excipients. Schumaker has reviewed the basic principles involved in the bulk compounding of liquids and semi-solids. These preparations comprise the majority of bulk compounded items in hospital pharmacy. Primary consideration was given to solutions, suspensions and emulsions with information on all phases of development and preparation of formulae. An appendix of chemicals

and equipment and an extensive bibliography should provide hospital pharmacists with easy access to valuable information on bulk compounding technology. Von Rahm, Soliva & Speiser have appraised the older and more modern theories of emulsion formation and stability. It was concluded that no single theory enables prediction of emulsion behaviour and that pharmaceutical research and development is still dependent on empirical findings. The practical value of the HLB system of emulsion formulation was discussed at some length.

Lacquered and film-coated tablets are two modern dosage forms which are becoming more and more widely used. Von Hess & Janssen have outlined the advantages of these preparations over non-coated tablets with reference to economy of production and the physical stability of the products. Particular attention was given to film-coated tablets with a discussion of the most suitable shapes and properties of the tablet cores and the coating materials.

#### *Drug Stability*

A review by Lin & Lachman examined possible photochemical reactions occurring in parenteral products. The article dealt briefly with theoretical aspects of the problem and then proceeded to a consideration of the effects of commonly used additives on the photostability of drugs. The authors stressed the need for more detailed investigation of photochemical properties during development of injectable dosage forms. Attention was also given to the importance of appropriate packaging.

#### *Packaging*

Johnson has discussed the British Weights and Measures Act (1963) with reference to those sections relevant to cosmetic packaging and plant design. The principles involved in the corrosion of metal containers by cosmetic products was reviewed by Howard. The author briefly summarised the mechanisms of corrosion reactions and described applicable methods for determining the corrosion rates of metal packages.

A review of problems associated with the use of plastic containers for medicinal preparations appeared during the year (Neuwald & Scheel). The authors discussed the types of plastics commonly used and briefly outlined their chemical and physical properties. Problems were said to arise from five major sources; the permeability of the plastic, extraction of the plastic components by the contents, sorption of ingredients by the plastic, the translucency of the plastic and possible damage to the container during storage. It was concluded that storage and stability tests of products should be conducted with the materials packed in their final containers.

#### *Polymorphism*

In recent years there has developed a greater awareness of the importance of polymorphism in formulation. It has been stated that probably every organic medicinal agent can exist in different polymorphic forms. The choice of the proper polymorph may determine the stability and the biological activity of a drug. Rosenstein & Lamy have discussed the relative incidence of polymorphism among pharmaceuticals and criteria for the choice of the most suitable form in the development

of a product. Another article (Haleblian & McCrone) reviewed pharmaceutical applications of polymorphism in somewhat more detail. Particular reference was made to the formulation of such preparations as suspensions, creams, solutions and suppositories from the point of view of their chemical stability and physiological availability. Also included was a comprehensive survey of methodology for distinguishing and analysing polymorphs. It is interesting to note that specifications for polymorphic forms are to be included in the next edition of the National Formulary and consideration is being given to this problem by the USP, the BP and the BPC.

#### Analysis

Kuzel, Roudebush & Stevenson have published a most useful review of automation techniques which are relevant to pharmaceutical analysis. The article is concerned with both continuous flow and discontinuous analysis. In addition sections on chromatography and on computers and readout devices have been included. The special value of this article lies in the fact that it is not simply a tabulation of compounds to which automated techniques have been applied but is directed specifically to problems of pharmaceutical importance. More specific analytical detail can be found in the cited references. Also of analytical interest is a discussion of the application of electroanalytical techniques to pharmaceutical chemistry (Adams). This review describes the basic principles of voltammetry and indicates its uses with a variety of electrode systems. Examples have been chosen from the literature to illustrate the potentialities and shortcomings of electrochemistry applied to pharmaceutical problems. An article oriented more toward the cosmetic chemist is the review by Bunkall & Quinn who have discussed instrumental methods for the measurement and control of color. Attention was given to the problem of introducing instrumentally defined tolerances for color control.

#### Biopharmaceutics

The field of biopharmaceutics is one of the most rapidly expanding areas of the pharmaceutical sciences. Several valuable reviews of this subject appeared in the literature during the past year. Jaminet discussed the factors involved in drug absorption. The author considered such aspects as the nature and locality of the absorbing surface, modes of membrane penetration, effects of food and formulation adjuvants on gastrointestinal absorption and physicochemical properties of drugs which may influence the rate and degree of absorption. Wagner (1969a) has examined aspects of pharmacokinetics and biopharmaceutics which may be instrumental in determining drug activity. The more important biopharmaceutical factors which affect activity were listed and discussed systematically with reference to specific examples illustrating their relevance. This article should be a useful starting point for readers with a general interest in biopharmaceutics. Ariens has outlined factors controlling the pharmacokinetics of drug molecules. Particular emphasis was placed on the relationship between drug design and pharmacotherapy. Another article by Wagner (1969b) was concerned with the design of clinical trials aimed at assessing the physiological availability of drugs in

man. The importance of procedural protocol and techniques as a determinant of the value of results of clinical studies was emphasised.

The evaluation of sustained release preparations is an important aspect of biopharmaceutics. A number of testing programs are available to the investigator and these have been reviewed by Nairn. The main approaches for evaluating such products include *in vitro*, *in vivo* and clinical tests. The value of each approach and its importance in relation to the overall testing program was considered.

The binding of drugs by plasma proteins may influence the intensity and duration of drug action. Many studies have been made to estimate the strength of binding and the number and nature of the binding sites, for a particular drug on the protein molecule. A review by Cohen described the use of nuclear magnetic resonance spectroscopy for the investigation of interactions of protein with drug molecules. Examples were taken from the literature to illustrate changes in the spectra of both the small molecule and the macromolecule during and after the binding process.

A good deal of effort has been directed toward the understanding of mechanisms of absorption, the nature of biological membranes and the factors influencing transport of drugs across them. In recent years quite a large literature has grown concerning the use of *in vitro* membrane models. The literature concerned with phospholipid cell-membrane models has been reviewed in detail by Castleden. The article begins with a brief revision of membrane theory and then deals at length with models developed during the last ten years. Special emphasis was given to information associated with the physicochemical properties of the models and their relation to biomembranes.

#### Drug Metabolism

On the subject of drug testing and metabolism Brodie & Reid have examined the validity and applicability of extrapolating drug metabolism data, obtained from animals, to man. Many examples of species and individual differences in the metabolisms of drugs were included. The authors have described several instances where observed species differences in activity and metabolism have resulted from the incorrect choice of criteria for comparison. Gillette has reviewed in detail those aspects of drug metabolism which can influence the intensity and duration of pharmacological activity. Factors considered include excretion rates, metabolic pathways, and inhibitors and stimulants of metabolism. This discussion was aimed toward clarifying the role of drug metabolism in accounting for individual variations in pharmacological response. The metabolic fate of hydrazines and hydrazides has been the subject of an extensive survey by Colvin. Compared to the research efforts concentrated on their pharmacological properties the metabolism of these compounds has been somewhat neglected until recently. In this article current knowledge of the metabolic fate of thirty-seven different compounds has been considered including isocarboxamid, nialamide, pivazine and mebamazine. The pharmacogenetics of hydrazide metabolism was discussed with special reference to individual and species variations.

## Pharmacology

The literature on adrenergic-blocking drugs has been reviewed by Ghouri & Haley from both a chemical and a pharmacological point of view. The article includes a discussion of methods of screening adrenergic antagonists, and considerations of the structure-activity relationships in the various classes of alpha- and beta-adrenergic-blocking agents. The authors made the point that the traditional approach to structure-activity relationships, based solely on the chemical formulae of drugs is insufficient to allow conclusions to be drawn concerning drug-receptor interactions. It was suggested that the introduction of chemical groups into a molecule affects the whole molecule and the molecule as a whole determines its biological activity.

The various approaches which have been developed for the study of the molecular nature of pharmacological receptors have been reviewed (Ehrenpreiss & co-authors). Consideration was given to the definition, preparation and identification of isolated receptors, modification of the receptor *in situ* and receptor models. This article critically appraises the work published on the subject and should provide interesting reading for workers in this field. The pharmacology of iron has been reviewed in considerable detail (Eickholt). Known aspects of distribution, excretion and requirements were discussed. Attention was given to controversial aspects of absorption, toxicity and haemochromatosis. An interesting and topical article concerned with the pharmacology of L-dopa and dopamine was published by Callingham. This review arose from the publicity given to the use of these compounds in the treatment of Parkinsonism.

## Medicinal Chemistry

A review of the preparation and properties of 2-benzoxazolinones has been published by Sam & Valentine. These substances have been investigated extensively for their medicinal value, chiefly as central nervous system depressants. However they have a wide spectrum of pharmacological activity including analgesic, antipyretic, anticonvulsant hypnotic and skeletal muscle relaxant activity. This article outlines general methods for the synthesis, isolation, reactivity and physical properties of these compounds. In addition an extensive tabular survey of the literature pertaining to the synthesis and pharmacology of these compounds was included.

Mukerji & co-authors have reviewed the current position of research findings on the chemotherapy of cancer. The various classes of agents used in the treatment of cancer have been considered with particular emphasis being placed on those which have shown most promise experimentally. The review of this enormous field selectively covers the achievements of the past twenty years and indicates the trends for future work. Nilsson has reviewed the synthesis, structure and reactivity of tocopherols and related chromanols. Some consideration was given to the protective effects afforded by these types of compounds against cardiac infarction.

The protective effects of certain chemicals against ionising radiation was first observed in 1949. Since then many compounds have been shown to offer pro-

tection to a variety of plant and animal cells when administered prior to exposure to radiation. The structure, properties and mechanism of action of compounds known to be effective in mammals was the subject of a review by Foye. Included in the article was a description of methods for antiradiation testing and a brief discussion of attempts to use these agents in the radiotherapy of tumors. Consideration was also given to the properties and uses of sensitiser compounds which enhance the damaging effects of radiation.

## Drug Interactions and Adverse Reactions

In recent years pharmaceutical scientists have expressed considerable concern at the rapidly growing number of reports of interactions between co-administered drugs and of adverse responses to drug therapy. The collection and dissemination of information regarding the incidence of such adverse reactions itself is a problem of considerable magnitude even without the problems of investigating the underlying causes. Stockley has published a two-part review of the interactions of monoamine oxidase inhibitors with foods and drugs. This review examined some typical interactions of this class of drugs and an attempt was made to suggest biochemical mechanisms for the interactions. Another article which should be most useful, particularly to practising pharmacists and physicians, was published by Hussar. This comprised an exhaustive tabulation of drug combinations which are known to give rise to so-called therapeutic incompatibilities. It seems pertinent to comment that many of these interacting combinations may be used provided that the interaction is recognised and that dosage adjustment is made to ensure the proper patient response. Vessey has reviewed the observations and conclusions of many authors for the existence of a relationship between the administration of oral contraceptives and thromboembolic disease. Lemair, Cloarec & Poleng have discussed the frequency and origins of drug induced hepatitis. The principal drugs responsible were examined in relation to the type of damage caused.

Because of the widespread use of the penicillins, allergic reactions are more frequently observed with this group of drugs than any other. So much so, that allergic reactions have become a major clinical problem. Schwartz has discussed chemical aspects of penicillin allergy at length. The review is devoted chiefly to a consideration of chemical reactions both *in vitro* and *in vivo* which have been or may be implicated in allergy. The review is introduced by brief considerations of the biochemical basis of drug allergy followed by a detailed examination of antigenic determinants of penicillin.

A good deal of effort is presently being devoted to the design and establishment of practicable systems of reporting adverse drug reactions. This aspect of the problem needs considerable attention by the pharmaceutical and medical authorities. Canada has given an outline and appraisal of the various programs which are used in the USA. Some attention was given to the possible role of the pharmacist in such programs and to the means of establishing them. A related review (Dunphy) discussed the responsibilities of the pharmacist in recording adverse drug interactions, while Visconti described an epidemiological approach to the

**New from Roche**

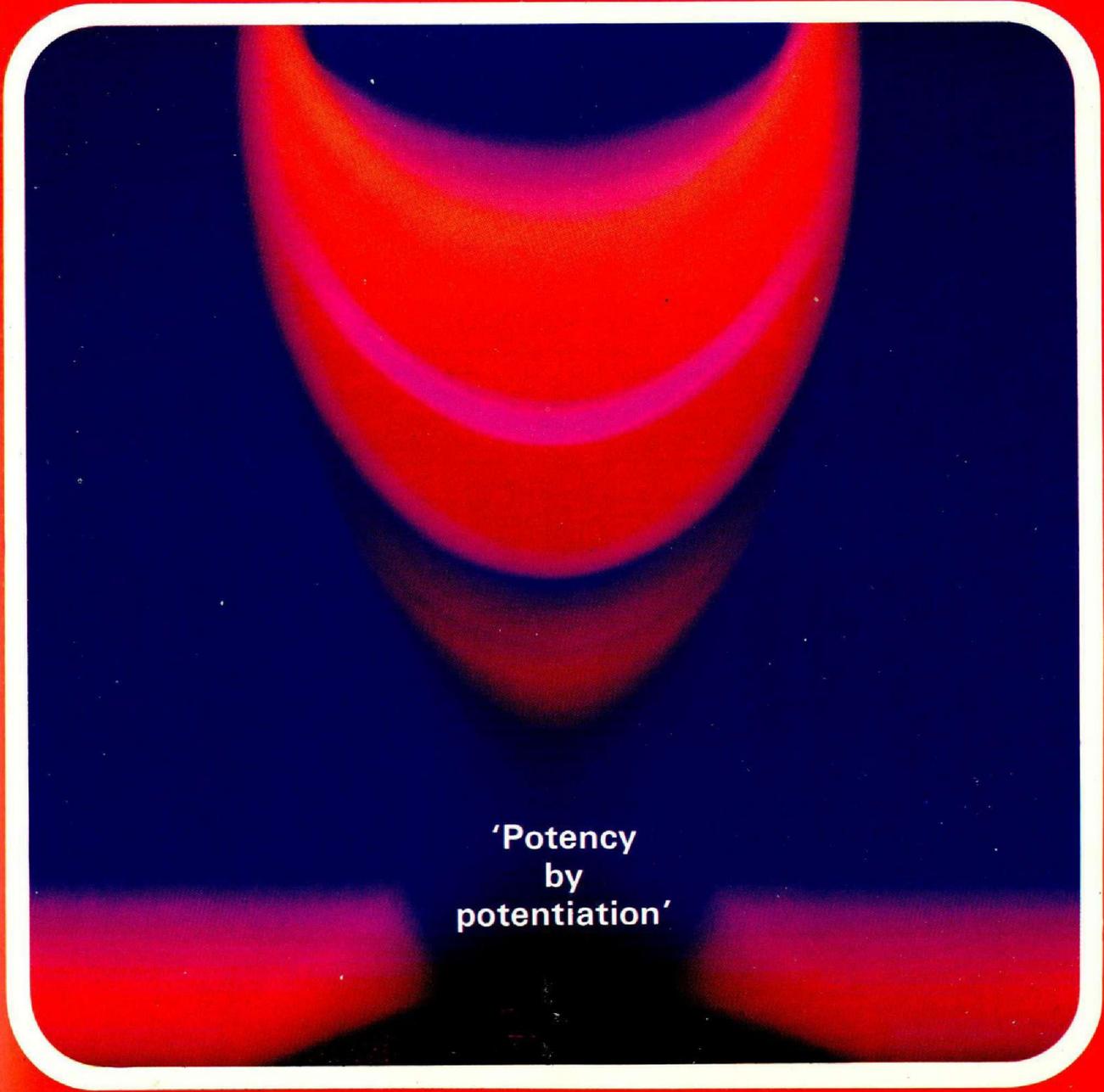
Based upon modern molecular biology

**〈Bactrim〉**

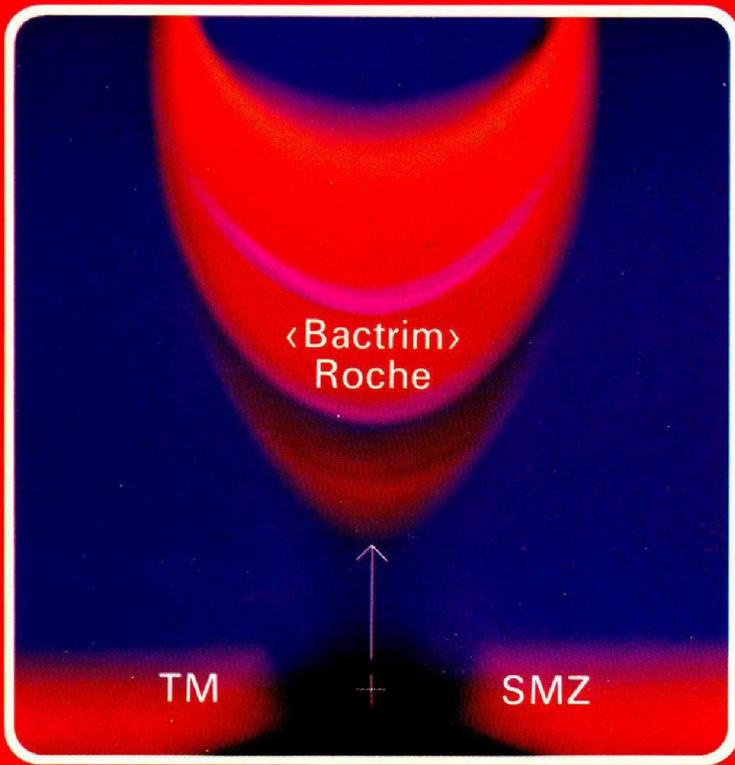
(trimethoprim + sulfamethoxazol)

Roche

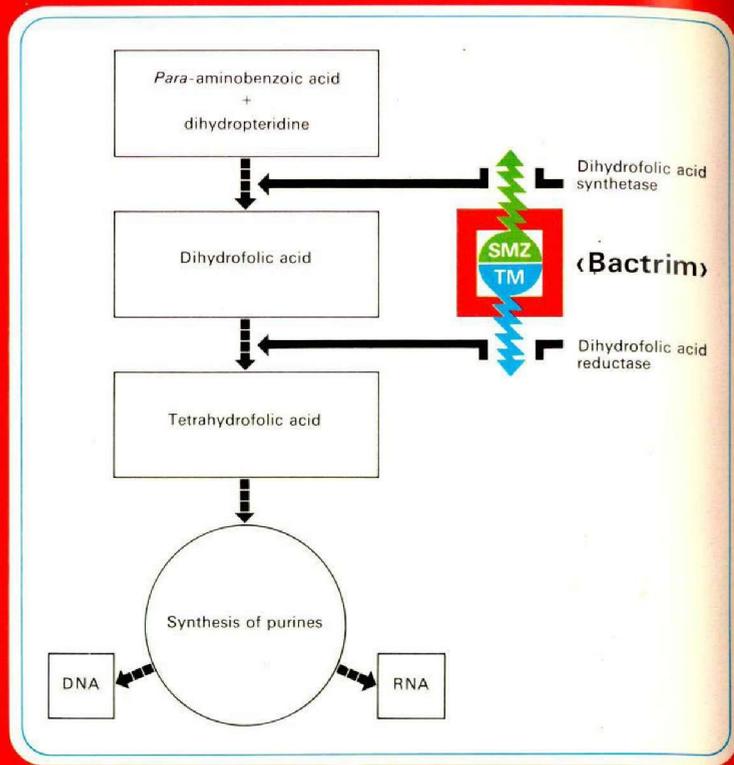
Novel-acting broad-spectrum bactericide



'Potency  
by  
potentiation'



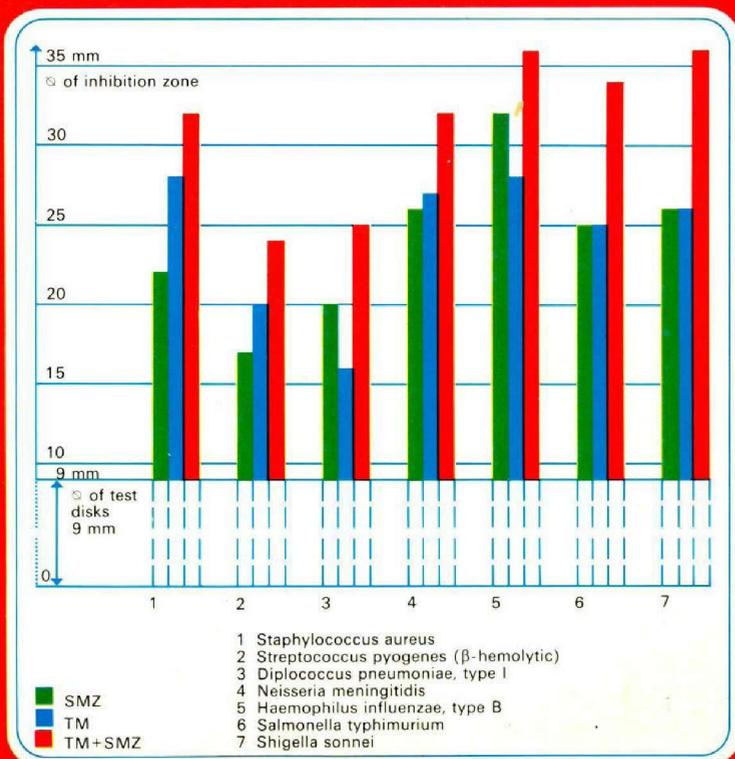
<Bactrim> Roche combines Trimethoprim (TM), a pyrimidine derivate, and Sulfamethoxazole (SMZ), a sulfonamide. Their therapeutical effect is bactericidal through true potentiation.



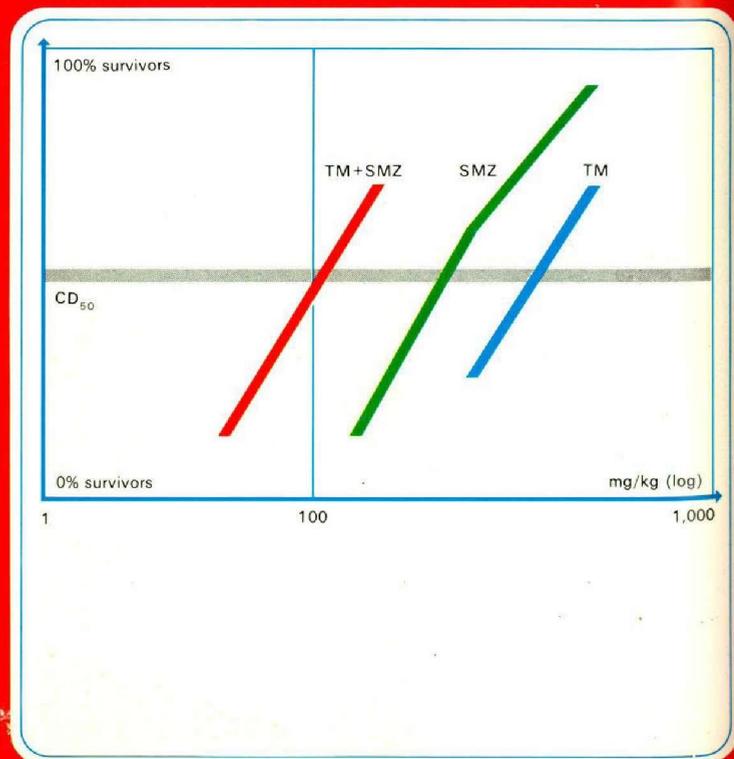
By blocking simultaneously two enzymes (dihydrofolic acid synthetase and dihydrofolic acid reductase) neither deoxy-ribonucleic acid nor ribonucleic acid can be produced by bacteria, both essential for bacterial survival.

- Result:
- (a) Death of bacteria;
  - (b) true potentiation, not just addition;
  - (c) enhanced therapeutical effect.

In-vitro activity of TM, SMZ and that of <Bactrim> against various gram-positive and gram-negative microorganisms.



In-vivo activity. The enhanced antibacterial effect of <Bactrim> in pneumococci-infected mice. Very low dose of <Bactrim> ensures survival of the mice, as expressed in mg/kg.



# 〈Bactrim〉

〈Bactrim〉 Roche,  
a new concept in modern  
anti-infectious therapy

## Novel-acting broad-spectrum bactericide

〈Bactrim〉 has been proved in many thousands of cases throughout the world to be one of the *most reliable, quick-acting and effective bactericidal agents* in modern anti-infection therapy.

Very few side effects.

〈Bactrim〉 by blocking through a new and unique mode of action simultaneously two bacterial enzymes (both vital for bacterial survival) produces true potentiation in vitro and in vivo. 〈Bactrim〉's antibacterial effect is therefore bactericidal.

〈Bactrim〉 acts rapidly.

〈Bactrim〉 has a very wide antibacterial spectrum and can be effective in cases where antibiotics failed.

〈Bactrim〉 reaches high urine and tissue concentrations. Of the many thousands of cases successfully treated with 〈Bactrim〉, just very few side effects (all spontaneously reversible) have been reported.

In-vitro activity and in-vivo activity prove the enhanced therapeutical effect through potentiation.

MICs (minimum inhibitory concentrations) of 〈Bactrim〉 as tested by disk tests were carried out at the bacteriological laboratories of Roche against different microorganisms. This proved, through potentiation, enhanced antibacterial effect in vitro as compared with antibiotics.

Due to the unique mechanism of action of 〈Bactrim〉 and its dual antibacterial effect, the risk of secondary bacterial resistance developing against 〈Bactrim〉 is minimal.

〈Bactrim〉 has an antibacterial effect covering the broadest range of pathogens which at least equals the effect of established broad-spectrum antibiotics. 〈Bactrim〉 in contrast with chloramphenicol and the tetracyclines is *bactericidal*.

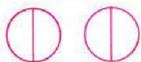
Streptococcus faecalis	
Streptococcus pyogenes	
Streptococcus viridans	
Penicillin-resistant Staphylococcus aureus	
Penicillin-sensitive Staphylococcus aureus	
Diplococcus pneumoniae	
Clostridium perfringens	
Corynebacterium diphtheriae	
Neisseria gonorrhoeae	
Neisseria meningitidis	
Haemophilus influenzae	
Bordetella pertussis	
Klebsiella pneumoniae	
Enterobacter aerogenes	
Escherichia coli	
Salmonella typhi	
Salmonella typhimurium	
Salmonella enteritidis	
Shigella dysenteriae	
Shigella flexneri	
Shigella sonnei	
Vibrio cholerae	
Proteus vulgaris	
Proteus morgani	
Proteus rettgeri	
Proteus mirabilis	
Pseudomonas aeruginosa	

 sensitive  
 partially sensitive

〈Bactrim〉 is available as tablets and pediatric tablets. One tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole; one pediatric tablet contains 20 mg trimethoprim and 100 mg sulfamethoxazole.

〈Bactrim〉 is administered at convenient twelve-hourly intervals. It is preferably taken morning and evening after meals. In acute infections, 〈Bactrim〉 should be given for at least 5 days or until symptoms have subsided for two days.

### Dosage chart for adults and children over 12 years

	Number of tablets morning	Number of tablets evening
Standard dosage		
Minimum dosage and dosage for long-term therapy (more than 14 days)		
Maximum dosage (for particularly severe cases)		

### Dosage chart for children

Age	Number of pediatric tablets morning	Number of pediatric tablets evening
2-5 years	 or 	 or 
6-12 years	 up to 	 up to 

# «Bactrim» Roche

## Dual-action chemotherapeutic bactericidal agent

### Composition

The active ingredients of «Bactrim» are: trimethoprim (2,4-diamino-5-(3,4,5-trimethoxybenzyl)-pyrimidine) and sulfamethoxazole (5-methyl-3-sulfanilamido-isoxazole).

### Each tablet contains:

Trimethoprim	80 mg
Sulfamethoxazole	400 mg

### Each pediatric tablet contains:

Trimethoprim	20 mg
Sulfamethoxazole	100 mg

### Properties

«Bactrim» is a bactericidal chemotherapeutic agent based upon recent scientific research. Its bactericidal action is the result of an original concept, namely, the sequential blockade of two enzymes acting within the bacterial metabolic pathway of the biosynthesis of folic acid. «Bactrim» is bactericidal at concentrations at which the components are usually separately bacteriostatic. It is frequently active against organisms which are resistant to one of the components, and further, the risk of bacterial resistance developing is reduced to a minimum. «Bactrim» is effective against a wide range of gram-positive and gram-negative organisms; for example, streptococci (including group A  $\beta$ -hemolytic streptococci), pneumococci, staphylococci, Neisseriae, Salmonellae, Shigellae, *Klebsiella/Enterobacter* group, *Vibrio cholerae* and *Bordetella pertussis*. «Bactrim» is particularly active against the problem organisms *Haemophilus influenzae*, *Escherichia coli* and *Proteus* spp.

### Indications

Bacterial infections caused by a wide range of sensitive organisms.

### Respiratory tract infections

Acute and chronic bronchitis (including acute exacerbations of chronic disease), bronchiectasis, lobar and bronchopneumonia.

### Renal and urinary tract infections

Acute and chronic cystitis, pyelitis, pyelonephritis, urethritis.

### Genital tract infections

Male and female, including gonococcal urethritis.

### Other infections

«Bactrim» is indicated in septicemias due to gram-negative organisms as well as in other infections caused by a wide range of pathogenic bacteria, including typhoid fever.

### Dosage

#### Adults and children over 12 years old

Standard dosage: Two tablets of «Bactrim» twice daily, morning and evening after meals.

Minimum dosage: One tablet twice daily (see below).

Maximum dosage (for particularly severe infections): Three tablets twice daily.

### Children receive a dose corresponding to their ages:

2 to 5 years: 1 to 2 pediatric tablets twice daily.

6 to 12 years: 2 to 4 pediatric tablets twice daily.

When used for the treatment of acute infections, «Bactrim» should be given for at least five days or until symptoms have subsided for two days. If «Bactrim» has to be administered for a period exceeding 14 days, the minimum dosage is recommended (see above). In chronic chest infections, one tablet b.i.d. may be adequate for prophylaxis, but in some patients the standard dosage, two tablets b.i.d., may be necessary.

### Adverse reactions

At the recommended dose, «Bactrim» is well tolerated and the incidence of adverse reactions has been reported as low\*. Nausea, vomiting and glossitis may occur. Hematological changes (mainly leucopenia and thrombocytopenia) occasionally marked, have been described, but recovered spontaneously on withdrawal of the drug. One case with megaloblastic change in the bone marrow has been associated with long-term therapy on standard dosage. Skin and systemic reactions of the type associated with sulfonamide sensitivity, including the Stevens Johnson syndrome, may occur.

### Precautions

In cases with renal impairment, a reduced or more widely spaced dosage is indicated to avoid accumulation of the drug. In such patients measurement of the plasma concentration of the drug is advisable. Regular blood counts are recommended wherever «Bactrim» is given for long periods. Patients should be examined monthly for hematological signs of folate deficiency. If such signs appear, «Bactrim» should be temporarily withdrawn. This is of particular importance in the aged, chronic alcoholics, patients with malabsorption syndrome, rheumatoid arthritis and those receiving certain anti-conulsants.

### Contraindications

«Bactrim» is contraindicated in patients showing marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency, where repeated measurements of the plasma concentration cannot be performed. «Bactrim» should not be given to patients with a history of sulfonamide sensitivity.

The product should not be given during pregnancy nor should it be given to premature babies and the newborn during the first weeks of life. Babies should not be breast fed by women under «Bactrim» treatment.

### Packings

Tablets	bottles of 20, 100 and 500
Pediatric tablets	bottles of 20, 100 and 500

\*Symposium: The Synergy of Trimethoprim and Sulfonamides, Royal College of Physicians, London, 9th of May 1969.

# «Bactrim»



Roche Products Pty. Limited, Sydney

study of such interactions. In the latter article an attempt was made to examine how the available information might be used preventatively in hospitals.

#### *Professional Pharmacy and Pharmaceutical Education*

A number of reviews have appeared on the state and future of the pharmaceutical profession. Tice has discussed the professional direction of pharmacy. His remarks were directed to pharmacists in the USA but they may well have application elsewhere. He made the prediction that hospital pharmacists will play an increasingly important part in the maintenance and development of the profession. Stressing the tremendous gap between current knowledge of drugs and current practice in drug use, Tice indicated that the pharmacist should render an increasing service as an advisory member of the health team as he is relieved of the more mechanical function of dispensing. This concept of the pharmacist functioning as part of the health team was extended in an article by Leake. Other topics discussed were the responsibilities of the health professions to the public and standards of education and practice. The current position of programs of post-graduate continuing education was outlined in a report by an interprofessional team of health scientists at the University of Illinois (Report of an Interprofessional Task Force, University of Illinois, College of Medicine, 1969). This committee has made recommendations on the development of educational "refresher" courses for pharmacists which are to be integrated with parallel courses for the related health professionals.

#### *New Areas*

Two most interesting reviews appeared during 1969 which outlined the progress to date, in two relatively new fields. The first of these is a discussion of cryoprotectants (Karow). These are a new class of drugs which act specifically by permitting cells to survive freezing and thawing. The chemical spectrum of these agents includes certain polyhydroxy alcohols, sugars, inorganic cations, amino acids and macromolecules. They are thought to act by physical or chemical modification of the cellular water through interaction with the hydration shell of biologically important macromolecules. In his review Karow has discussed the physiology of injury caused by freezing, and has outlined the characteristics of a number of cryoprotective agents with some consideration for their mechanism of action. The study of these materials may provide a valuable insight into the role of water in biological systems. The second article is a discussion of marine pharmaceuticals (Marderosian). The stated purpose of this review is to make the pharmaceutical community aware of the enormous potential which the sea holds as a source of new and different pharmaceuticals of many types. The article begins with a brief history of marine toxicology. It then proceeds to outline characteristics of the marine environment, including physical and biological facts, of biomedical interest. After a brief discussion of the current status of pharmaceuticals of marine origin the author proceeds to a taxonomic survey of marine organisms which yield medically interesting compounds with a detailed discussion of those plants and animals of particular importance. The review concludes with a discussion of research which has been done in the field,

particularly in the areas of chemistry and pharmacology. This review is an attempt to overcome the difficulty of promulgating new discoveries in this field, which receives research contributions from about a dozen different disciplines.

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## Comments and Abstracts

### AZOTAEMIA AGGRAVATED BY TETRACYCLINE

Oxytetracycline given to two patients with impaired renal function produced clinical deterioration and increasing azotaemia (O. M. Edwards, E. C. Huskisson & R. T. Taylor, *Brit. med. J.*, 1970, **1**, 26-27). Both patients improved when oxytetracycline was stopped. In general tetracycline should not be used in patients with poor renal function, but if it is necessary the blood urea level should be checked frequently.

Authors' summary.

### SEVERE PSEUDOMONAS INFECTIONS OF THE BRONCHI

Experience in treating 81 patients with severe bronchial infection with *Pseudomonas aeruginosa* is described (by A. Pines, H. Raafat, G. M. Siddiqui and J. S. B. Greenfield, *Brit. med. J.*, 1970, **1**, 663-665). For those who were desperately ill, high doses of intravenous carbenicillin (18g or more daily) were successful, even when initial carbenicillin resistance was present. For those who were less desperately ill, lower doses of carbenicillin together with high doses of gentamicin (given both intramuscularly and by aerosol) comprised the treatment of choice. Gentamicin alone or colistin gave little or no benefit and cannot be recommended.

Authors' summary.

### WASTING OF NAPKIN AREA AFTER REPEATED USE OF FLUORINATED STEROID OINTMENT

Percutaneous absorption of corticosteroids may lead to systemic effects; local effects include atrophy of the skin and subcutaneous tissues. A. M. Johns & B. D. Bower (*Brit. med. J.*, 1970, **1**, 347-348) have reported a case illustrating local and probably some general effects following repeated application of an ointment containing 0.25 per cent fluocortolone and 0.25 per cent fluocortolone caproate to an 18-month-old girl. They suggest that the ointment was responsible for localised atrophy of the skin and subcutaneous tissues and probably also for a very low weight gain.

R.A.A.

### MICROBIAL CONTAMINATION OF ORAL LIQUID MEDICATIONS

The microbial contamination of 57 liquid products for oral medication has been investigated by J. I. Hirsch, A. T. Canada & E. L. Randall (*Amer. J. hosp. Pharm.*, 1969, **26**, 625-629). They found 47 (82 per cent) to be contaminated, of which 17 (36 per cent) contained potentially pathogenic organisms.

These workers recommend that a standard for bacterial contamination in oral liquids be established, and suggest that not more than five organisms per 5 ml be permitted and that any organisms which are present should be non-pathogens.

R.A.A.

# Comments and Abstracts

## USE OF ORAL MANNITOL IN THE OEDEMATOUS PATIENT

Oral mannitol 200 g was given on 24 occasions to patients with intractable oedema (cardiac, renal, or hepatic) and produced a mean weight loss of 3 kg (J. W. James, *Brit. med. J.*, 1970, 1, 463-465). The procedure was found to be a safe, rapid, and effective method of treating oedema, and it should be used when diuretic therapy proves ineffective, particularly in the presence of hyponatraemia.

Author's summary.

## A CLINICAL APPRAISAL OF METHENAMINE HIPPURATE IN URINARY TRACT INFECTIONS

Methenamine hippurate, a new urinary anti-bacterial agent which releases formaldehyde and is excreted in the urine, has been used in the treatment of 29 patients attending a hospital clinic with recurrent or persistent urinary infection (G. R. Gibson, *Med. J. Aust.*, 1970, 1, 167-170). In most cases, investigation revealed an associated abnormality of the urinary tract, such as chronic pyelonephritis, stone or obstruction. Seventeen patients were cleared of their infection, and a further two improved after four weeks' treatment with methenamine hippurate in a dosage of 1 gram twice a day. Of the remaining 10 patients, nearly all had a residual factor favouring persistence of infection, such as stone, scar or stasis. Limited follow-up studies showed a recurrence of infection in two of 13 patients whose infections had been cleared, when they were checked three months or more after treatment. Methenamine hippurate has thus been very effective in these cases, without the use of other urinary acidification. Two patients experienced severe nausea, and a third stomatitis, necessitating reduction in the dosage and in the length of treatment.

Author's summary

## OXPRENOLOL: CLINICAL EXPERIENCES WITH A NEW BETA-ADRENERGIC BLOCKING DRUG

Oxprenolol ("Trasicor"), a potent beta-adrenergic blocking drug, has been administered in a daily dosage of 40 to 240 mg to 84 patients suffering from severe recurrent cardiac pain (45 patients), arrhythmias (37 patients) and left ventricular outflow tract obstruction due to hypertrophic subaortic stenosis (two patients) (G. E. Bauer & G. Michell, *Med. J. Aust.*, 1970, 1, 170-173). The condition of 76 per cent of patients with cardiac pain improved during treatment. The drug was useful in the control of sinus tachycardia, the suppression of ectopic beats and the prevention of paroxysmal supraventricular tachycardia. Cardiac failure developed during oxprenolol treatment in two cases; no other significant side effects were observed during the two years of this trial. Oxprenolol appears to be a valuable addition to the range of beta-adrenergic blocking drugs currently available.

Author's summary

## REDUCTION IN INCIDENCE OF AMPICILLIN RASH BY PURIFICATION OF AMPICILLIN

Purification of ampicillin ("Penbritin") with respect to protein impurities has been found significantly to reduce the incidence of rashes in treated patients (E. T. Knudsen, J. M. Dewdney & J. A. P. Trafford, *Brit. med. J.*, 1970, 1, 469-471). This may be related to findings in animals that injections of the isolated protein impurity can induce the formation of circulating IgG antibodies and skin-sensitising antibodies.

Authors' summary.

## PHENFORMIN IN INSULIN-DEPENDENT DIABETICS

Forty-one diabetic patients on insulin were given 100 mg of phenformin daily for six weeks, either before or after a period of six weeks of inert capsules, in a double-blind cross-over trial (A. Bloom & R. J. Kolbe, *Brit. med. J.*, 1970, 1, 660-662). Eleven patients while on phenformin noticed hypoglycaemic effects and reduced their insulin on average by almost 20 per cent without resultant rise in blood-sugar levels. Twenty-eight patients felt no untoward effects and maintained their usual insulin dose. Phenformin led to improved control of the diabetes, with a significant decrease in blood-sugar levels and a significant reduction in the variability of the weekly blood-sugar readings. There was no increased ketosis, no change in cholesterol, and no significant loss of weight.

Authors' summary.

## DILATATION TREATMENT OF HAEMORRHOIDS

A new treatment for second- and third-degree haemorrhoids is presented (by A. G. G. Carden, *Med. J. Aust.*, 1970, 1, 437-438). Lord's procedure is an anal dilatation performed under general anaesthesia. It is believed to overcome the primary aetiological factor in internal haemorrhoids, believed to be the inelastic band or pecten in the lower anus. Lord maintains that disruption of this band allows decongestion of the haemorrhoids, with relief of symptoms. The procedure was found to be extraordinarily effective in patients suffering the complications of strangulation, prolapse and oedema, but has since been used as the treatment of choice for all second- and third-degree piles by Lord and his colleagues.

The operation is performed on a day-patient basis, and the patient's return to normal work two or three days later is anticipated. The procedure causes virtually no pain, incontinence or prolapse, despite the extent of the dilatation. Lord and his colleagues recommend that no patient should undergo operative haemorrhoidectomy unless the dilatation procedure has failed to relieve the symptoms of internal haemorrhoids.

Author's summary.

## Book Review

*Practical Pharmaceutical Chemistry*, Second Edition, Part Two, by A. H. Beckett and J. B. Stenlake.

As indicated in the foreword to Part One of this series, this volume concentrates on the practical aspects of physical methods of analysis. The techniques include all of the available spectroscopic, electrometric and chromatographic methods, as well as useful chapters on particle-size analysis (J. E. Carless) and general physical methods (P. H. Elworthy).

It would appear from the list of the contents that the range of subjects covered is too wide for a single publication. However the editors have been able to impress upon the contributors of the various chapters that the book is designed essentially to provide the practical applications of the various techniques to analytical problems. Consequently, for most of the topics, there is a relatively brief treatment of the theory but a detailed coverage of the practical aspects. This is accentuated by the inclusion of a number of experiments designed to point out the applications in more detail. It would require a rather extensive review to cover each chapter but it may be worthwhile to point out interesting and useful features from some of the topics.

The first chapter covering general physical methods is useful as a collection of methods which, to a greater or lesser extent, are gradually being supplemented by more sophisticated and generally more precise techniques. For example, the determination of molecular weight is now more commonly measured by mass spectrometry. The usefulness of optical rotation measurements at the sodium D-line are of doubtful use when compared with the information available from optical rotary dispersion or circular dichroism measurements.

The chapter on particle size analysis covers the methods of determining particle size in detail and gives some useful practical experiments to indicate the differences in the various techniques.

The experiments involving the use of the hydrogen and quinhydrone electrodes included in the section on the measurement of EMF and pH (G. O. Jolliffe) must have been included solely for academic interest. Admittedly, that may be sufficient justification but they would hardly appear to be of current practical interest. It is surprising, on the other hand, that no mention is made of specific-ion electrodes.

The same author in the chapter on polarography gives a good introduction to the theoretical aspects and a very useful treatment of the various forms of the dropping mercury electrode. The analysis of the resulting polarograms is also well treated, but only a very brief mention is made of the important application of this technique to organic compounds. Only passing reference is made to the fact that compounds possessing certain functional groups (for example aldehyde, ketone, azo-, diazo-) undergo irreversible reduction at

the dropping mercury electrode. No reference is made to the use of this technique in drug analysis (for example in the estimation of chloramphenicol or the benzodiazepines) and the practical experiments included treat only the characteristics of the technique and its use in trace metal estimation.

The chapter on chromatography (W. D. Williams) covers all of the currently used methods, and treats each in a fair amount of practical detail. This chapter has a good selection of experiments which make use of drugs and medicinal preparations. These involve the analysis of some fairly complex mixtures such as the estimation of phenothiazine in the presence of diphenylamine and carbazole by a partition system. Several classes of components are covered in the section on paper and thin-layer chromatography; but the section on gas chromatography, apart from one experiment on the determination of volatile bases in urine, includes examples of relatively simple experiments, for example chloroform in aqueous preparations, ethanol in tinctures, and fatty acids in fixed oils. With the increasing interest in the application of methods such as gas chromatography to the analysis of micro-dose preparations (particularly steroids) it would have been useful to include in this section some of the problems associated with the quantitative estimation of the active ingredients of single dose forms.

The chapter on the applications of adsorption spectra (W. D. Williams) includes several experiments which are designed to indicate where the main sources of error may occur in the measurement of the absorption of light. Cell matching, wave-length setting, slit width, stray radiation and photometric error are considered.

The two chapters on nuclear magnetic resonance and mass spectrometry (R. I. Parfitt) are so abbreviated that they can give only a very brief introduction to these techniques. The chapter on mass spectrometry gives some examples of its use in structure determination, the detection of impurities and a brief description on the gas chromatograph-mass spectrometer combination.

The final chapter on radiochemical techniques (N. J. Harris) gives a fair amount of detail on equipment and methods, and a useful treatment of the statistics of counting.

There is a lot of very useful information about a wide variety of physical methods of analysis in this book but, depending on the use for which it is intended (teaching or industrial laboratory use), it may have to be supplemented by more specialised texts. It may have been better to exclude a lot of the material which appears to be traditionally included in texts of this type and use the space so gained to expand the theory and applications of the more currently used techniques.

(Pp. 425. Price \$4.50. University of London: The Athlone Press, 1970.)

T. R. Watson.

## ADS. DEBATE (from P. 479)

formulas in merchandising should be bypassed at the real risk of lower turn-overs (and profits).

It is suggested that these people might have difficulty in adhering to a stricter, uniform voluntary code in drug advertising—already some protest vigorously about the present statutory minimum standards imposed by the Health Departments—the same standards which are now alleged to be insufficient.

## ASPIRIN ON S.3 (from P. 465)

consumption of analgesics in Australia. The most effective way to do this would be to schedule them as S.3 . . .

The Pharmaceutical Society of Victoria urges this on three grounds. The first follows as a result of mounting responsible medical evidence, some of which has developed under the auspices of NH and MRC research grants. The second is that by making all analgesics S.3, the professional expertise and control mentioned previously can be applied to the problem. The third is that by simple physical means an over-abundant number of outlets would be curtailed quickly and easily. Our Society sees no reason why such a move would unduly inconvenience the public.

The problem is certainly one of abuse, largely stimulated by advertising and availability. It warrants action.

### Control Advertising

(a) Stricter control is required over the content of advertising for S.3 drugs. In this context the range of S.3 is seen to include its present drugs plus analgesics and other non-prescription drugs liable to be abused but not yet controlled.

(b) Stricter control is required on over-detailed reporting in the mass media of brand names and clinical detail of drugs used for suicides and other forms of drug trafficking and abuse.

### Advertising

We are not prepared to itemise particular advertisements here which warrant criticism, but deprecate those which seek to urge drug taking as a matter of routine and for little reason. It would seem that supervision currently may be inadequate, relying either on a loose code of conduct observed by advertising agents, compliance with certain legal rules in Victoria for newspaper advertisements of registered proprietary medi-

(continued overleaf)

## What Our Presidents Say

COMMENTS on the UK Society's statement were obtained from the following Australian pharmacy Presidents:

**Mr. Rex Spafford, President, Pharmaceutical Association of Australia:** The British Society is quite courageous in its attempt to control the advertising of proprietary medicines—a positive attempt, in fact, to prohibit all advertising of medicines with, in this case, an emphasis on aspirin. It should be obvious, however, that it is necessary for us in Australia to get our priorities into true perspective before we rush headlong into copying their example.

Biased and emotional threats of chronic injury must be substantiated by pharmacological or epidemiological evidence that these substances are really as evil to the majority as some would have us believe. In this regard, it is ironical that aspirin which has served us well for so many years, has been the universal "cure" for 60 years and certainly the mainstay of treatments for fever before antibiotics, should suddenly be regarded by such a wide sector of our society as a threat to its survival.

Before we decide to petition for legislation to prohibit the advertising of all patent medicines we should examine the relationship of this "threat" to our existence with other hazards in our community.

The motor vehicle in the control of the average driver kills 3000-odd per year and injures 60,000. Horticultural and domestic or household insecticides account for about 10 per cent of all poisonings. Kerosene was reported to have caused 336 poisonings in 1968. Petroleum products and other solvents 373 cases and disinfectants 55 cases. Barbiturates were the common poisoning agent reported in 1968—1940 cases including 27 deaths—but these are not promoted to the public by advertisement. It is apparent that children under five are the age group most subject to poisoning. Of the 7655 cases reported for 1968 (excluding Victoria) 3294 occurred in children under five and these included six deaths. But these children don't read advertisements or have patent medicines promoted towards them . . .

Rather than prohibit the advertising of patent medicines I would advocate that emphasis be placed in health education campaigns on the role of therapeutic tablets and capsules in causing poisoning, particularly in young children, on the toxicity of certain products sold in hardware stores and supermarkets and the need for parents (and those who have the control of children) to be made aware that medicines, disinfectants and petroleum products and kerosene and insecticides are not ordinary articles of merchandise and are to be treated and stored more carefully than other household items like sugar and butter . . .

**Mr. Ray Grinlington, President, Pharmaceutical Society of Victoria:** There is no doubt that analgesics are causing some problems, particularly that of papillary necrosis. There is also no doubt that our rate of nephrotoxicity is higher than elsewhere in the world, and it has been estimated to be 50 times that of the United States.

The *Medical Journal of Australia* recommended controls on the advertising of analgesics last year, and my own view is that analgesics in Victoria should become S.3 drugs, under our "Group C" classification, grouping them with bromureides and decongestant drops, etc. This means that all queries should be referred to the pharmacist personally, especially in cases of suspected abuse.

Any advertising of these substances should be discreet and informative, with no exhorting people to take them. An example of the kind of advertising which should be stopped is the latest radio commercial saying "Every home needs Bex".

For the pharmacist's part, there should be no mass displays of analgesic preparations, and we must continue to educate pharmacists to use professional discretion in the sale of analgesics.

If we do not put our own house in order, someone will do it for us.

**Mr. P. H. Grummet, President, Pharmaceutical Society of SA,** said the sentiment expressed in the article was laudable, but he also thought the practical application

(continued Page 504)

cines (but not covering radio or television advertisements of the same products), and Commonwealth rules covering broadcast advertisements of medical products and services. It would seem that in Victoria, corrective action to objectionable claims may occur only after publication of a newspaper advertisement. The position throughout Australia is even less clear and warrants investigation.

Control may be possible through a voluntary code but this would surely have to be a national one covering all forms of health advertisements. That control is possible has been shown by the restrictions placed on cigarette advertising.

#### News Reports

Our Society maintains a file of evidence of such over-detailed reporting, wherein the trade names, full description of the markings and color of drugs, even photographs of containers and their contents have been included in newspaper and television reporting. By these means the public is informed exactly what they should look for if contemplating drug abuse. The position is now amplified with the labels of dispensed drugs bearing the name of their scheduled contents . . .

It is a declared policy of the Pharmaceutical Association of Australia (from its 1969 Sydney Conference) that a blanket ban be placed on the reporting of the name of any drug that could be

associated with drug abuse. Despite appeals to all those concerned, the practice continues unabated.

#### Drug Abuse Education

It is our belief that the present educational program warning of the dangers of drugs used incorrectly is quite inadequate. A central co-ordinating authority should be created within the province of the Commonwealth Department of Health.

Our experience shows that several age groups form a natural classification of potential drug abusers.

(a) *Young children*—The normal school curriculum should include instruction on the dangers of drug abuse. This should be aimed at, say, the 10-12 age group. It should be carried out by the Education Department and, to be effective, compulsory in all schools.

(b) *The public*—further subdivided into:

(i) *Teenagers*. The problem areas are the occasional resort to stimulants in the form of awakensers at exam. time, and experimentation with the "in" drugs associated with drug trafficking. An educational program is essential, aimed through secondary and tertiary educational establishments, youth clubs, the mass media, etc.

(ii) *Intermediate adults*. The potential abuser is the victim of a materialistic and unsettled age, exhibiting symptoms of stress and anxiety. Perhaps this is the real starting point of lasting drug abuse as the initial reliance on laxatives, analgesics, hypnotics, barbiturates plus the bogeys of alcohol and nicotine, commences. Current education is haphazard and urgently needs overall direction by a central body. All avenues should be used including physicians, pharmacy, the mass media, social and sporting groups.

(iii) *Elderly people*. They are prone to rely too heavily on sedatives and near-placebos in addition to essential drugs. There is a place for the former but the obtaining of an over-abundance of drugs can become a fetish and unintentional abuse is common. Education of this group is not easy but should be attempted through physicians, pharmacists, elderly peoples' clubs, etc. The overall approach can only succeed if it embraces all ages.

(c) *The professions*—Continuous emphasis must be placed on health education of the professions themselves, that they will pass on the message in turn.

## Cancer Caused by APC?

*A GROUP of Melbourne doctors has reported what could be the first Australian case of cancer caused by excessive consumption of APC powders.*

Writing in the *Medical Journal of Australia*, they described finding a type of kidney cancer in a woman who had taken about a dozen APC powders a day for five years.

The report was compiled by Drs. J. K. Dawborn (hon. senior physician, Austin Hospital, University of Melbourne Medical Dept.), H. Story (honorary urologist, Austin, U. M. Surgery Dept.), C. G. Price (senior medical officer, Austin thoracic unit, Dept. of Public Health TB Branch), J. Riddell (Austin pathologist, U. M. Pathology Dept.) and W. R. Adam (Austin clinical officer, U. M. Medical Dept.).

Last year, a Swedish group reported that its investigations provided circumstantial evidence of detrimental effect caused by drugs containing phenacetin.

It was found that 10 and possibly 12 of 15 patients diagnosed with the same kind of kidney tumor as described from Melbourne had been abusing preparations containing phenacetin.

The Melbourne doctors suggested that to assist an accurate diagnosis, doctors should test a patient's urine for cancer cells, particularly those patients suspected of analgesic nephropathy.

They said that no doubt other factors, such as heavy smoking and addiction to other drugs, could also contribute to the high incidence of this type of cancer reported by the Swedish group.

The sufferer in the Melbourne report, a 37-year-old woman, died early this year—about three months after having a cancerous kidney removed. The other kidney had been removed in 1965 when it ceased functioning.

The medical report said the woman, a heavy smoker, had been troubled since childhood by headaches which initially were relieved by analgesics.

For the five years before 1965 she had been in the habit of taking APC powders immediately she woke up each morning, and more throughout the day, totalling up to a dozen a day.

The Melbourne doctors said the symptoms leading to the diagnosis of cancer were similar to those leading to the diagnosis of damage in her other kidney four years previously.

Their article concluded:

*"Whatever factors are involved, it is possible that an increasing incidence of this type of tumor, particularly in women of middle age, may be noted in Australia in the next decade".*

# As advertised in Reader's Digest and Woman's Day



**You may never need our Sanatogen:**

**and that's good...**



You'll be getting your correct daily intake of protein. For those in your family who are... there is always Sanatogen—a Fisons formulation.

Each of us, every day, requires an intake of approximately 70 grams of protein. Your protein intake should be of high biological value, containing eight essential amino acids.

Sanatogen is a non-heating protein concen-

trate—94.5% pure protein. In the recommended dosage it supplies 24 grams of protein daily, containing eight essential amino acids: Tryptophan, Leucine, Isoleucine, Lysine, Valine, Threonine, Phenylalanine/Tyrosine, Methionine/Cysteine.

Ask your chemist about Sanatogen from the Fisons family of good health products.

**▲ FISON'S-LEADS THE WAY TO GOOD HEALTH**



**Your baby may never need our Bengers:**

**and that's good...**



Your baby is feeding well and taking his milk without a worry. Or an upset.

"Bengers" is for babies whose feeding times are not so happy. "Bengers" is pre-digested before you give baby his bottle. It has enzymes which modify milk to his own needs, his own age and digestion.

When you add warm milk to "Bengers", one enzyme, "Trypsin", begins at once to pre-digest the rich milk fats,

preventing the formation of heavy curds in the stomach. At the same time another enzyme, "Amylase", converts the wheaten base of "Bengers" into natural sugar which feeds him with extra energy.

When you are pregnant, "Bengers" is good for you for similar reasons. You may have digestive upsets and probably need extra nourishment. Mixed with warm milk, "Bengers" makes a nourishing drink. Ask your chemist about "Bengers". From the Fisons family of good health products.

**▲ FISON'S-LEADS THE WAY TO GOOD HEALTH**



**Your boy may never need our Zam-Buk:**

**and that's good...**



Which is to say, he'll never have a cut or bruise or scratch or sprain. "Zam-Buk" is a soothing, medicated ointment—an antiseptic, herbal rub. "Zam-Buk" has earned a place in our language.

Just ask any sportsman or sports fan. It earns a place in your medicine chest for its gentle healing action.

"Zam-Buk" is another of the Fisons

good health products, a general antiseptic ointment favoured by four generations of mothers and boys and big-time sportsmen. "Zam-Buk" is also used in the treatment of burns and scalds. It's a comfort to know it's near—for your family's sake.

Ask your chemist about "Zam-Buk" from the Fisons family of good health products.

**▲ FISON'S-LEADS THE WAY TO GOOD HEALTH**



**Your daughter may never need our Genisol:**

**and that's good...**



She clearly has clean hair and a healthy head. Free from dandruff and seborrhea and dermatitis. If you're not sure, she should see her Doctor. And then there is "Genisol". It's more than a shampoo.

"Genisol" contains purified tar fractions which control dandruff

while the shampoo base treats the scalp and hair of grease and debris. "Genisol" is rapidly effective, pleasant and safe. It is also recommended for the treatment of infantile scurf and cradle cap. Ask your chemist about "Genisol" from the Fisons family of good health products.

**▲ FISON'S-LEADS THE WAY TO GOOD HEALTH**

**▲ FISON'S PRODUCTS ARE EXCLUSIVE TO PHARMACIES**

Stock the  
 Chemist-Only  
 line for  
feelable  
 relief from  
 stubborn cough  
 and wheezy  
 cold —

**HEARNE'S**  
 No. 7  
 MEDICINE

Hearne's No. 7 Medicine is for sale only by Chemists. It is fast-acting, pleasant tasting; for adults and children. Like Hearne's Bronchitis Mixture, known, trusted, successful over many years. You can confidently stock and recommend Hearne's.

**HEARNE'S No. 7 MEDICINE  
 AND BRONCHITIS MIXTURE**

## "Don't Join Doctor Features Scheme"

THE Pharmaceutical Society of Victoria has urged its members not to participate in the "Family Doctor Medical Features" scheme, recently promoted to chemists throughout Australia.

The scheme involves the distribution of leaflets on a variety of health matters. The text of these leaflets contains recom-

mendations for certain commercial products.

Originator of the scheme is a NSW firm, which evidently "sells" "plugs" to companies manufacturing proprietary medicines.

The Victorian Council considered a number of different leaflets, and decided that this method of commercial promotion was in "very poor taste".

Council endorsed a recommendation of its Ethics Committee that Society members be advised not to participate in the distribution of these leaflets.

### PRESIDENTS' VIEWS ON ANALGESICS

(from P. 501)

of total prohibition on patent medicines would require a lot more investigation and research before a dogmatic statement could be made on it.

"I entirely agree with the statement on manufacturer's sales to pharmacists based on a purely monetary consideration as referred to in the article.

"Advertising is a mode of living today and you can't just suddenly delete part of society from this way of living without due regard to the total environment," Mr. Grummet said.

**Mr. J. M. O'Hara, President, Pharmaceutical Council of WA:** In regard to the packaging requirements of preparations containing aspirin, I am inclined to agree with the British Society. I feel there is sufficient evidence of ill effects caused by over-use of aspirin to justify this step. However, I would feel hesitant at this stage in endorsing the total ban on advertising as quoted.

To advertise or not to advertise would appear to reflect the dual role of the retail pharmacist in today's community—that of the professional man and that of the businessman . . .

The answer, I feel, is more likely to be found in education rather than legislation—By educating the pharmacist to appreciate the true professional motivation of all advertising; By accepting the principles and basics of a "Code of Ethics" and applying these to his business ventures the retail pharmacist will maintain his professional responsibility to the public, himself and his fellows, and at the same time maintain an economically sound business using acceptable current business practices.

Without professional responsibility how can the retail pharmacist justify the legal privileges he enjoys? Without freedom to make use of current business practices how can he hope to survive in our present community? In this respect I feel that the British Council's 1966 statement on advertising was a step in the right direction . . .

I think the crux of the whole matter is expressed in one expression in your report, namely "ordinary commodities" . . . until it is appreciated by the general public that these are **not** ordinary commodities, the onus of sharing responsibility for their proper usage will not be readily accepted.

**Mr. Henry Evans, President, Pharmaceutical Society of Queensland:** The attitude of pharmacy—or, more particularly, the pharmacist—to advertising and recommendation, I feel, must be considered together. Pharmacists must more and more realise that when a personal recommendation is given to a product his professional reputation—and that of pharmacy is at stake.

Pharmacy must not accept new products, even old ones revived, just because the company offers them a greater percentage of profit or a prize.

Products must meet an accepted standard of quality and must have been proved by research to do the jobs they are claimed to do. It is not enough that they show a satisfactory monetary return.

If advertising is not to be banned (I doubt if any Government would be prepared to legislate to this effect) it must at least be kept within the bounds of truthfulness.

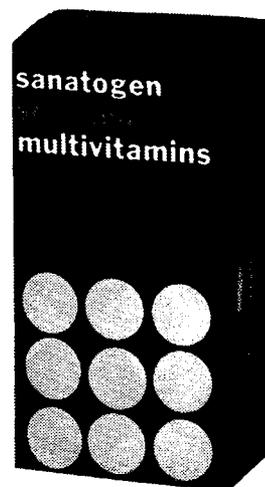
Also the mode of advertising must not be allowed to make the medical product —(1) A crutch to lean on, or (2) A way of life.

# sanatogen selected multivitamins...

available from all wholesalers

## Sanatogen Multivitamins:

- Contain the measured minimum dose of vitamins required daily.
- No exaggerated dosage.
- No unnecessary vitamins which cannot be absorbed through ingestion.
- Chewable tablet presentation.
- Orange-flavoured sugar coated.
- Economy—retail price only \$1.95 for 30.



**RETAIL PRICE: 30's \$1.95, 90's \$4.50.  
FULL 50% MARGIN**

Example Stock Parcel	Cost P.U.	Total Cost	Retail Total	Margin
12 Sanatogen Multivitamins 30's plus display packer	<b>\$1.30</b>	<b>\$15.60</b>	<b>\$23.40</b>	<b>\$7.80</b>
24 Sanatogen Multivitamins 30's plus display packer	<b>\$1.30</b>	<b>\$31.20</b>	<b>\$46.80</b>	<b>\$15.60</b>
12 Sanatogen Multivitamins 90's	<b>\$3.00</b>	<b>\$36.00</b>	<b>\$54.00</b>	<b>\$18.00</b>

**AFISONS-EXCLUSIVE TO PHARMACIES**

FP 150

## GOLD RIBBON SCHEME EXPLAINED

(from Page 472)

than Parke Davis, but this is such a good example of one of the aspects of C-O merchandising I dislike.

4. I dislike dishonest merchandising. I have heard that the new Gilseal tooth-paste is a 3oz. tube in a carton that would take a 4oz. tube. If this is so, then I want nothing to do with it.

### The things I like—

1. On the recent scene—Captain Aktavite—the type of creative approach we need. But don't stop there, Nicholas. The original advertising program was too short and hasn't been followed up soon enough. Reactivate the good Captain and give some thought to extending the scope of the Aktavite Club to keep the interest in it. The good Captain's rocket ship got off the ground, but there wasn't enough thrust to put him into orbit. How about a bigger effort? And please make sure all pharmacies are serviced with displays and stock before the advertising breaks.

2. I like what I have read of "Toofy". I hope we may see him in NSW soon. He is, after all, a creative and aggressive merchandising concept.

3. I like the spirit I see in pharmacy in NSW. The spirit that says it will fight and it will succeed. The spirit that recognises that a pharmacist can be a professional man and a merchandiser—that the two terms can be synonymous. I like the realisation that merchandising is a never-ending, ever-changing challenge, the realisation by most pharmacists that they must copy, adapt, originate, experiment and, above all, learn, while they play this fascinating game called merchandising.

To me the knowledge that it can never be mastered gives it interest—the knowledge that to fulfil my ambitions mentioned at the outset, I must play it hard

## Not on the NHS!

Mr. Lyndsay McLeod, head of the Tasmanian School of Pharmacy, proposing the Toast to Pharmacy in Hobart recently:

"When we drink a toast we . . . (swallow) varying strengths of a central nervous system depressant, flavored with a variety of volatile oils, and carrying a dispensing fee which makes the NHS fee look like pin money!"

and earnestly, make it all seem worthwhile.

But it is a team game and the team must come from pharmacists, manufacturers and wholesalers, because the pressure is on all of us and we must act as a team to reap the fullest rewards.

## CONCLUSIONS

1. The general excellent increase in sales of C-O lines when on promotion with Gold Ribbon, prompts me to wonder why the bigger C-O firms with suit-

able lines for bin display do not, at this stage, promote actively with Gold Ribbon. The open selling companies support it willingly and with good results, the C-O firms who support it seem to be very pleased with their results. Could this mean that many C-O firms do not have any active market planning and research?

2. I see Gold Ribbon as the most complete attempt to win business back into pharmacy and to build new business in the future. I have not agreed with all its policies in the past—I do not expect to agree with all its policies in the future, but I will continue to give it my support.

## GOLF CARNIVAL RESULTS

RESULTS of the annual interstate carnival of the Australian Chemists' Golf Association held in Sydney between April 12-17:

### PYMBLE—APRIL 13:

4 Ball winners—Tom Fisher (Vic.), Don McLeod (NSW)	47
4 Ball runners-up—Frank Montegano (Vic.), George Allison (NSW)	44
Individual—Queensland: Barry Shepherd	35
Individual—Victoria: David Lubransky	36
Individual—NSW: Ian Cummings	40
Nearest pin: Jim Halcrow (NSW)	

### NSW—APRIL 14:

Championship: Brian Daly (NSW)	(scratch)	35
"B" Grade—Phil Gray Memorial Trophy: Graham Powell (Qld.)	(scratch)	28
"C" Grade—J. C. Wheeler Memorial Trophy: Jack Stormon (NSW)	(scratch)	18
4 Ball winners: Keith Smith (Vic.), Alan Weir (NSW)		45
Runners-up: Leo Shortis (NSW), Peter Colagiari (NSW)		45
Individual—Queensland: Graham Powell		39
Individual—Victoria: Norm Burgess		37
Individual—NSW: Peter Sewell		39
Nearest pin: David Knoll (NSW)		

### MANLY—APRIL 16:

4 Ball winners: Bob Conn (Qld.), Hymie Eisenberg (NSW)	47
Runners-up: Doug Moreton (Qld.), Graham Lake (NSW)	45
Individual—Queensland: Kevin Porter	35
Individual—Victoria: Don Hutchinson	38
Individual—NSW: Bob Paton	39
Nearest pin: Ken Nixon (NSW)	

### MONASH—APRIL 17:

4 Ball winners: Everett Stendahl (Vic.), Michael Macourt (NSW)	43
Runners-up: John Hirst (Vic.), Bert Goldman (NSW)	42
Individual—Queensland: Bruce Russell	35
Individual—Victoria: Hal Gear	39
Individual—NSW: Tom Hollingsworth	36
Nearest pin: Bob Conn (Qld.)	

### INTERSTATE MATCH for Samuel Fripp Memorial Trophy:

Victoria 5 defeated Queensland 2.  
New South Wales 6 defeated Victoria 1.

NSW		VICTORIA		
Brian Daly	defeated	Ron Clark	.....	7/6
Laure Skinner	lost to	Alan Reid	.....	1 up
Don McLeod	defeated	George Fawaz	.....	3/1
Dick Flanagan	defeated	Lester Hilyard	.....	4/2
Tom Hollingsworth	defeated	Hal Gear	.....	2/1
Peter Colagiari	defeated	John Rahilly	.....	2 up
Peter Sewell	defeated	Norm Burgess	.....	3/2

### INTERSTATE TEAMS EVENT for Victorian Students' Trophy:

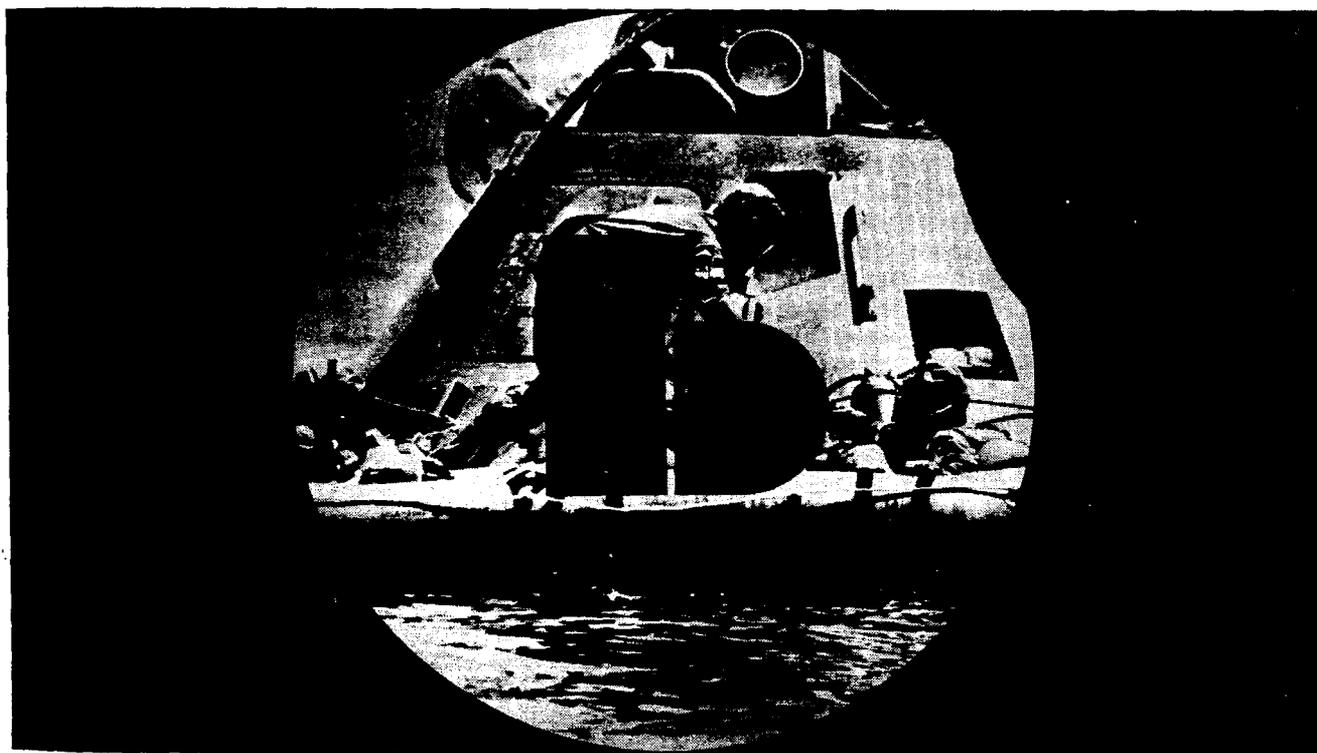
Aggregate Stableford Handicap:

1st: Victoria, 216 points—	
Keith Smith	36
Everett Stendahl	35
David Lubransky	32
Lionel Reilly	31
John Morrison	30
Tom Fisher	27
Bruce Moore	25
2nd: NSW, 201 points.	
3rd: Queensland, 182 points.	

### SPECIAL TROPHY for best non-trophy winner:

Queensland: Leon Brooman.  
Victoria: Geoff Belleville.  
NSW: Jim Kavanagh.

# Betadine antiseptic selected to protect earth from contamination on Apollo 11 & 12 projects



With every antiseptic on earth available for the Apollo decontamination, NASA officials selected Betadine antiseptic germicide. Betadine Antiseptic, widely used on earth to degerm surgeons' hands, operative sites and incisions, was, to help achieve an antiseptic 'security zone', sprayed on everybody and everything that could possibly bring 'moon germs' back to

## betadine

Regd.



Manufactured by  
**F. H. FAULDING & CO. LTD.**  
Australia  
Under licence from Mundipharma AG., Switzerland

References and bibliography available on request from Faulding Head Office, Adelaide.

earth. Betadine Antiseptic was chosen because of its active ingredient – povidone-iodine. This unique chemical complex essentially retains the broad microbicidal spectrum of iodine, but avoids its undesirable properties. It is virtually non-stinging and non-irritating and does not stain the skin or natural fabrics. Unlike iodine, Betadine Surgical Scrub and Antiseptic Solution can be washed off with water, a feature which explains why so many surgeons choose Betadine.

Surgical Scrub (detergent solution containing the equivalent of 0.75% available iodine) in 500 ml. and 4.5 l. plastic bottles and elbow dispenser kit, complete with empty 500 ml. plastic bottle and Plastic Pump. Antiseptic Solution (non-detergent solution containing the equivalent of 1% available iodine) in 500 ml. plastic bottle.

3092

# Play safe on dandruff control & ring up a sales success



Because that's the story. 'Savlon' Control for the control of dandruff is your professional answer to your customers' needs for a precautionary measure.

The active chemical in 'Savlon' Control is Cetrimide B.P. an ICI discovery, a preparation of which is recommended by the medical profession for the control of severe and persistent dandruff.

'Savlon' Control has been formulated to give positive yet gentle treatment to common forms of dandruff. It should be used three times a week initially to control the complaint; then weekly applications at normal hairwashing intervals. Effective for adults, teenagers, children.

That's the real story. And there's a happy ending for you too when it's time to count your profit.

Your customers know the 'Savlon' Control story too. See the full page advertisements in "Women's Weekly", "Woman's Day", "New Idea" all winter long.



Imperial Chemical Industries  
of Australia & New Zealand Ltd.

'Savlon'  
**Control**®

## Separate Status for A.C.T.

CURRENT topic of conversation among Canberra pharmacists is the possibility of partial independence from NSW organised pharmacy—and the birth of local bodies.

*The Australian Capital Territory has about as many pharmacists as the State of Tasmania, in a much more manageable area, and the instigators of discussion wonder why the A.C.T. should not have what Tasmania has had for years.*

Now they might. NSW Society Councillor **Mr. W. R. Cutler**, during a visit with a weekend school to Canberra last month, proposed the establishment of an A.C.T. Division of the Society.

He told 56 chemists attending the school that as the Society was rewriting its constitution, now was a good time to apply for special status as a separate division.

A plebiscite of all A.C.T. chemists' views was immediately organised by prominent local pharmacists.

It was proposed to ask them if they wanted a special division.

The most glaring insufficiency in the A.C.T. for pharmacy is the present absence of a local professional or ethical body.

There is no spokesman for this side of the profession, and A.C.T. pharmacy has virtually no representative voice on legislative matters. (Last month, new amphetamines regulations were proclaimed in the local newspaper, without pharmacists knowing or suspecting anything about it.)

There is no regular local dialogue on educational, scientific, or professional matters, and few pharmacists seem to be able to interpret the incredibly archaic and contradictory local regulations "controlling" pharmacy.

Dickson retailer **Mr. Geoff Banbury** (chairman of the highly successful co-operative merchandising company) is keen to see the birth of an A.C.T. division of the Society come into being.

"The only real forum chemists here have, on a regular basis, is the merchandising company," he told *The AJP*.

"It is very active on the retail side, with monthly management committee meetings which are fully attended. We put out fortnightly bulletins, and advertise a lot on television. We've just started

putting commercials over the local radio station, too."

But **Mr. Banbury**, his two vice-chairmen (**Mr. Michael Clifford** and **Mr. Bill Arnold**), former President of the Canberra-Monaro Pharmaceutical Association **Mr. Brian Ell** and many others recognise the frustrations of trading in the unique environment that is the A.C.T.

"We are a zone of the NSW Branch of the Guild," **Mr. Ell** said. "This hasn't worked out well, and I for one have had enough of it."

The Chief Pharmacist at the Canberra Community Hospital, **Mrs. Enid Barnes**, said she had not thought about A.C.T. autonomy before *The AJP* asked her for comment.

She said she and many other local pharmacists prized highly their membership in the Pharmaceutical Society of NSW.

She would be against autonomy if it meant the annual weekend seminars brought to Canberra by the NSW Society would be stopped.

All other chemists who spoke with *The AJP* agreed.

Manuka pharmacist **Mr. Ken Davies**—whose opinions command considerable respect in A.C.T. pharmacy—said the NSW Society had on occasion been able to help pharmacy politically in the Territory.

All chemists in the A.C.T. are registered in their home States and by the Pharmacy Board of the A.C.T.—a body comprising eight members, three of them pharmacists appointed by the Government. There are no Board elections.

Like other organised groups in the A.C.T., merchandising company members are critical of the "dictatorial" attitudes of administrative controllers.

"Nothing we say is listened to, much less taken notice of," was a frequent complaint.

An example quoted was the apparently fruitless protests made over the open sale of S.3 drugs recently.

"You can buy Veganin in any hotel foyer," *The AJP* was told. "S.3 means nothing in Canberra—under our ordi-

nances, it can't be enforced. It has no meaning."

There was speculation that the ordinances did not even make free sale of all S.4 substances illegal.

Clearly, this is an area in which an A.C.T. Division of the NSW Society could make a lot of noise, and possibly produce political pressure—even if without result!

## GUILD TOOTHPASTE 'DELAYED' IN NSW

THE NSW Branch of the Guild has asked Federal Council to delay the introduction of Gilseal toothpaste in New South Wales.

This follows fears that the paste will be inadequately promoted and lacking in customer appeal.

The State Branch Committee is worried about several features of the launching plans.

Gilseal toothpaste is presented in a 3 oz. tube, while "economy" size competitive products are marketed in 4 oz. packs. Both sell at around 29 cents.

On the proposed price structure for Gilseal, no funds will be available for reasonable promotion of the product.

The SBC states that experience has shown that a line in this highly-competitive category must be advertised adequately, displayed suitably and promoted periodically to achieve an economic share of the market.

Another anomaly worrying the Branch is the lack of "realistic" margins for both wholesalers and retailers.

The Committee believes it is possible to overcome these disadvantages in the current marketing plan and still provide a product to retail at about 29 cents, giving the chemist a mark-up of about 33½ per cent.

FOOTNOTE: Last month, NSW was the only State not stocking the Guild toothpaste, according to an *AJP* survey —Ed.

# An End to Dispensing?

(An academic pharmacist's commentary\*)

*"PROFESSOR (of Pharmacognosy) Shellard said that he would go so far as to say that there would be no need in the schools of pharmacy, in five or six years' time, even to teach dispensing because that was no longer the role of the pharmacist."*—Report of Chiltern Regional Conference, of Pharmaceutical Society of Great Britain, October.

**N**O NEED to teach dispensing? Is yet another sacred cow to be driven to the slaughterhouse?

Things have come to a pretty pass when professors of pharmacognosy start to comment on the irrelevance of other people's disciplines.

And yet, maybe the professor has got something.

Looking back over the years, one does feel that academic dispensing has always had something of a "period" flavor, and the pills we rolled, the lozenges we cut and the plasters we tried to spread were already part of the history of pharmacy, even away back in the 1940s.

## Reluctance

There was an understandable reluctance on the part of teachers to admit that their hard-won skills in these crafts were about as relevant to present-day life as proficiency at falconry, and generations of students were taught elegant pharmaceutical operations which were virtually unknown in the real world outside.

Even the schools, however, had ultimately to bend before the winds of technological change, and, not without some nostalgia, we made the last extemporaneously-prepared pastilles, the last lozenges by trochiscation and silvered the last boxful of pills all in the 1950s.

Our students still make one batch of easy pills, just for old times' sake, but most of the traditional crafts will die with the present older generation.

## Dying

The extemporaneous preparation of such remaining items as powders, mixtures, lotions, emulsions, suppositories and ointments is also dying rapidly.

The total of 3 per cent of all NHS prescriptions which at present require any compounding will almost certainly fall, as medical students are enjoined by their

teachers to prescribe monograph formulations, and practising doctors are remorselessly brainwashed into ordering specialities.

At some time in the not-too-distant future, the number of extemporaneously-prepared items in Britain may well become too low to justify the continued teaching of small-scale compounding.

Professor Shellard's estimate of five or six years is probably on the short side, but from past experience one could forecast that prescription compounding in the schools of pharmacy will finally be discontinued within 10 years after the last E.C.10 form for an extemporaneous preparation has baffled the last pricing bureau clerk.

With the decline of compounding has come the emergence of what is sometimes called "modern" dispensing—presumably in contrast to the ancient variety we had previously been teaching—which involves the supply of ready-made formulations.

This has the virtue of greater relevance to real life, though inevitably it concentrates on the more unusual sort of dispensing item such as signed orders, repeat private prescriptions for Dangerous Drugs, NHS prescriptions for appliances and suchlike.

It lacks the romance and the mystique which surrounded the traditional dispensing, but there is a much stronger case for retaining it in the curriculum.

Even if the actual counting of tablets is done by a technician, someone will need to instruct that technician and to supervise her work.

## Must be Chemist

That someone must be a pharmacist, and I cannot visualise anyone adequately supervising an operation which he cannot perform himself.

Is it not invidious, however, to be discussing the relevance of dispensing to the practice of pharmacy in isolation from the rest of the pharmacy curricu-

lum? If dispensing is banished, what takes its place?

It is arguable that the detailed factual knowledge in the course—much of which the student has forgotten within weeks of the final examination—is far less important than the mental attitudes which are engendered, and which may last a lifetime.

On this basis, practical dispensing surely gives the best possible training in such things as a sense of responsibility to the patient, obsessional carefulness and unflappability in the face of impending chaos; all attributes of immeasurable value in the practice of pharmacy.

In most other subjects, grasp of principles is rightly considered to be the most important objective; if an answer is out by a factor of 10 because of a misplaced decimal, it is not a life-and-death matter so long as the reasoning was correct.

## Always Exact

Only in dispensing is it essential to be absolutely right in every detail and on every occasion; only here can it be adequately driven home that a moment's carelessness could cost a life.

Now that pharmacy students do not normally have pregraduate practical experience, it is more important than ever that the academic course instils these essential attitudes.

This involves a measure of conditioning, a repetition of exercises until the correct responses come automatically and are unlikely to be upset by the rush, stress and distractions of a busy pharmacy.

A strong element of discipline is required, akin to the discipline of the nurse and doctor who are equally responsible for the welfare of human patients.

This does not come easily to many present-day students, and in the modern egalitarian atmosphere of higher education, an imposed, authoritarian, sergeant-major type of discipline may well be so

(continued opposite)

\* From the *Pharmaceutical Journal of Britain*; "Broad Spectrum" section by "Dominic", Dec. 13, 1969

AS ADVERTISED IN VOGUE, POL AND FLAIR

## How to restore natural sheen to your wig or hairpiece

by Jacqueline Page

### Vitapointe makes it easy to manage and keeps it tangle-free

The new Vitapointe Wig Conditioner with Almond Lanolate is made specially for wigs and hair-pieces — natural or synthetic. Vitapointe restores softness and shine and makes your wig easier to manage and set. A 60 second Vitapointe treatment will give your hairpiece a more healthy, natural look.

Your own hair is kept shiny and manageable by the release of natural oils from glands in your scalp. When you are in poor health or your hair is "dried" by sun or wind or even naturally dry or wiry, you need Vitapointe Nutritive Hair Conditioner to give gloss and manageability without split ends.



This is a modacrylic synthetic wig by 'California' conditioned with Vitapointe for Wigs.

Your wig or hairpiece is obviously "cut-off" from natural nutrients. Even if it is glossy and soft when new, the drying effects of sun and wind and air-conditioning will make the hair seem coarser, harder to control and set.

Vitapointe Nutritive Hair Conditioner is the closest thing to your own natural hair nutrients. It will restore the soft and shining look to your synthetic or natural hair wig, just as it does for your own hair.

The special Vitapointe Conditioner for Wigs is a similar formula to the Vitapointe for your own hair, plus a balanced proportion of almond lanolate which gives added sheen to a wig or hairpiece that has been treated, bleached, dyed or is made from synthetic hair. Vitapointe is a concentrate, so you use very little at a time. One tube (\$1.05) will last for nearly six months.

You'll be delighted how quickly Vitapointe will condition your wig, whether natural or synthetic. Vitapointe makes it soft, shiny, manageable.

If you have any questions about wigs or hairpieces, ask your chemist for the special Vitapointe leaflet when you buy the Wig Conditioner or write to me c/- Fisons Pty. Limited, 75 Pacific Highway, North Sydney, 2060.

### Beautiful hair is made, not born

You can make the most of your own hair, too, make it more vigorous, soft and shining, if you follow a few simple rules.

Wash your hair regularly, perhaps as often as twice a week if you live in town.

Keep your hair dust free with a good bristle or nylon brush — but make sure the bristles are not sharp.

When removing tangles, apply a little Vitapointe first and brush from the lowest part of the tangle, gradually working towards the scalp. Don't try to force your comb or brush.

Always use Vitapointe Conditioner after perming, colouring etc. or whenever your hair seems dry. Vitapointe will keep your hair soft and manageable.

If you select a new style, have it cut by a professional. Good cutting is essential to easy hair styling. Use Vitapointe when dressing your hair, it gives a deep, natural shine. If your hair is in poor condition and remains so, consult your Doctor. The condition of your hair can be associated with your general health — A good, balanced diet can help tremendously.

If you have any questions about hair health, write to me, Jacqueline Page at Fisons Pty. Limited, 75 Pacific Highway, North Sydney, 2060.

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from your chemist  
or hairdresser



 **Vitapointe**  
DE PARIS

Wig Conditioner — Hair Conditioner

 FISONS PTY. LIMITED. Pharmaceutical Division FP154

STOCK UP NOW — DISPLAY PROMINENTLY

## SA Chemists Help S. Vietnamese

by Ron Berryman

ABOUT \$400 worth of medical supplies donated by Adelaide pharmacists has been sent to an Australian surgical team operating in South Vietnam.

Mr. Keith McNeil, a Greenacres pharmacist, was contacted by Dr. C. J. McLeay, who is currently serving with the surgical team in Vietnam, and told that some medical supplies, especially antibiotics, vitamin preparations and remedies for stomach and bowel complaints, were in short supply.

Keith, who is also Publicity Officer for the SA Branch of the Pharmacy Guild, quickly gathered some stock from his own pharmacy and approached other Adelaide pharmacists for donations.

The result was \$400 worth of medical supplies which were packaged and transported to the surgical team in Bien Hoa by the Army.

The gift could be the forerunner of a number of other shipments of drugs to the Vietnam war-front in the next few months, as other Adelaide pharmacists have donated medical supplies and the Army has agreed to arrange delivery to Vietnam from Keswick Barracks.



**CORPORAL Christine Pyne, of Henley Beach, SA, with some of the medical supplies donated by Adelaide pharmacists and drug houses for an Australian surgical team in South Vietnam.**

## Peter Searcy Leaves G-Chem

**ADELAIDE.** — Mr. Peter Searcy ended a 20-year association with the pharmaceutical wholesaling industry when he left G-Chem Co-operative Ltd. on June 30.

His successor, as general manager of the co-operative's rapidly growing wholesale division, is Mr. Michael Habib, who entered the industry in 1950.

Mr. Searcy is to become a specialist in the marketing and distribution fields, in which he has had considerable experience over the years.

## Pharmaquiz Answers

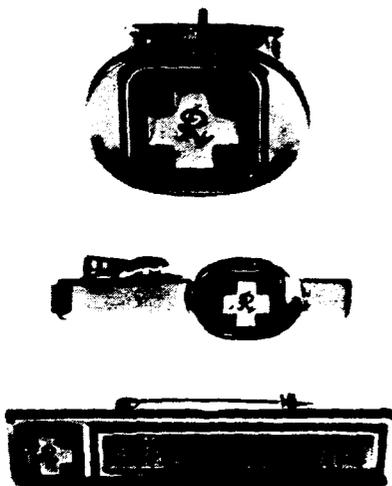
(Questions on Page 500)

- |         |                 |          |
|---------|-----------------|----------|
| 1. B    | 7. A, B, C      | 12. A, C |
| 2. A    | 8. B            | 13. B    |
| 3. C    | 9. C            | 14. C    |
| 4. B    | 10. A, B, E, F, | 15. C    |
| 5. A, D | G, H, I         | 16. A, C |
| 6. B    | 11. A           |          |

## NEW DESIGN

## Guild cuff links — tie bars — name badges

**available now!**



Produced by an exclusive Australian process and used by many of Australia's largest companies, these items are now available to all Guild members through the Victorian Branch only.

In Victoria, address all inquiries to the Victorian Branch, Pharmacy Guild of Australia, and in other States, inquire in the first instance through your State Branch office of the Guild.

**Produced by Bladon & Puckridge, Melbourne, Vic.**

## Intal: What Do You Tell Them?

THE Commonwealth's restrictive attitude to NHS prescriptions for Intal in asthma has apparently produced considerable confusion among asthmatic patients and their families.

According to the manufacturer, Fisons Australia Pty. Ltd., this confusion has brought a large number of inquiries from pharmacists and members of the public who claim to have spoken to pharmacists.

What can chemists tell patients who discover that they do not qualify for Intal on the NHS, nevertheless have it prescribed?

The answer may well vary from case to case, but the fact is that Intal, as a preventive only, is a "special authority required" item under the NHS pharmaceutical benefits.

Doctors are not authorised to prescribe Intal as a benefit without the specific approval in each case of the State Director-General of the Commonwealth

Health Department. The application form, requiring very detailed information on the patient and his previous and current therapy, has been regarded as a deterrent to doctors.

Intal is, of course, expensive—and still "new". The Commonwealth obviously believes cheaper and more established methods of treatment should be used where it is not medically necessary for the patient to have Intal.

Curious customers should be advised simply that the matter is one involving only the doctor and the Health Department.

For the pharmacist's own information ("background" only), we publish the restrictions on Intal as printed in the doctors' Pharmaceutical Benefits book issued by the Health Department, Canberra:

### DISODIUM CROMOGLYCATE Special authority required.

- (a) The prevention of asthma for the patient who is under 18 years of age, whose asthma is severe and frequent enough to interfere seriously with his normal activities of life and whose recurrences of asthma are not controlled by adequate use of bronchodilators and other standard means of prevention and treatment;
- (b) The prevention of asthma for the patient whose asthma is severe and frequent enough to interfere seriously

with his normal activities of life and to require the continuous use of over 7.5 mg of prednisone, or its equivalent, daily, or who has a bona fide contra-indication to corticosteroid therapy, namely peptic ulcer, hypertension of 180/100 or more before treatment, diabetes, osteoporosis proven by X-ray or steroid-induced myopathy.

## Sterling Record

Sterling Drug Inc. has announced that world-wide sales of its pharmaceutical, consumer and industrial products reached a record \$594,159,000 in 1969.

Sterling's annual report contains a review of the past decade, signed by J. Mark Hiebert, chairman of the board and chief executive officer, and David J. Fitzgibbons, president. The review states that Sterling's total sales covering 124 countries had increased 10.5 per cent over the 1968 volume of \$537,603,000.

The annual report revealed that overseas sales in 1969 reached a new high of \$219,952,000, and from \$203,168,000 in 1968. They now constitute 37 per cent of the company's total sales. Domestic sales, accounting for 63 per cent, were \$374,207,000 in 1969 compared with \$334,435,000 in 1968.

## Meet the THIRST-BREAKER



You can be sure if it's  
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## The Westinghouse WATER COOLER

It increases efficiency, saves money, makes your staff happier.

By supplying constant chilled water, Westinghouse Water Cooler combats thirst, fatigue and heat . . . makes an ideal refreshment service for heavy industries and business offices.

Westinghouse Water Coolers are a proven investment in happier staff relations—and cost savings are far in excess of your original outlay.

Choose a Westinghouse Water Cooler from these models. There's one suitable for every size wall and floor space.

**Chillfast Regular and Heavy Duty mains pressure models:**

Connect directly to mains to provide fresh water through bubbler and/or glass filler.

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AJP

# Press 'Unfair' on Drug Thefts

by Charles Hellier

*THE Pharmaceutical Society of NSW has branded as "somewhat unfair" Press reports of drug thefts from pharmacies and drug wholesalers.*

The reports imply that pharmacies have neglected their responsibilities by not exercising sufficient care in the storage of drugs, the Society says.

For years, shop-fitters and certain forward planners have worked to give a new "open" look to pharmacies, and generally this is accepted as also enhancing the ethical image.

This "open" look has not only brought the professional aspect of pharmacy to public view, but also the drug content of the dispensing area.

Furthermore, the modern-appearance pharmacy, while ethically pleasing, increases the difficulty of rendering it burglar-proof.

## Alarming Increase

The Society points out that thefts of drugs from pharmacies, wholesale drug houses, doctors' bags (in cars) and from

surgeries have increased to alarming proportions. Between January 1 and May 18 this year the following breaking and entering (and consequent thefts of drugs) were reported:

Pharmacies... 99 Hospitals ... 3  
Drug houses ... 3 Doctor's bag ... 1

In one warehouse robbery, the drugs obtained were: 9½ ounces of cocaine; 500 morphine ampoules; 1000 morphine tablets; 16,000 amphetamine tablets and capsules.

The Society believes the Poisons Advisory Committee, alarmed at the thefts, will have to promulgate certain further regulations covering the storage of drugs, especially those coming under S.8.

## Cabinet

From the Advisory Committee, a special sub-committee has been formed to draft specifications for a suitable storage cabinet. (It is considered that the present "locked cupboard" has been proved useless in a security sense.)

Among the storage units so far examined by the sub-committee are wall safes, floor safes and a special cabinet made to the order of a Sydney pharmacist.

This cabinet, which is constructed from ¾ in. plate steel, can be produced by the manufacturers, if sufficient orders are received, for about \$127, and will be installed by the makers.

The cabinet is too heavy for one man to lift alone, and it is securely attached to the pharmacy building by a method of concealed bolts, and would easily resist the efforts of the usual drug burglar.

## No Regulations

However, up to the present, covering regulations have not been drafted, so the matter is still in the speculative field.

Should a type of "safe-like" cabinet be specified by regulation, there remains the general problem of protecting the premises of the pharmacy from damage and, of course, the other goods from theft. To obtain a measure of protection, a "perimeter alarm system" can be installed, and a number of pharmacies have already put in this system.

Those who have installed the system have had no more trouble.

The Society has urged members to im-

prove their pharmacy security "in your own and in the community interest".

A list of reliable companies which can install efficient perimeter burglar alarms will be published in *The AJP*, *Society News Bulletin*, and the *Guild Bulletin*.

Specifications of approved storage cabinets also will be published when new regulations are gazetted.

Meanwhile, the Guild has asked its members in NSW not to commit themselves to the purchase of safes or cupboards.

The Dispensing and Health Insurance Sub-Committee has made submissions to the Poisons Advisory Committee.

"It is hoped to be in a position to make a recommendation for the guidance of members in the near future," the Branch Committee states.

## NEW JEWELLERY FOR GUILD



*THE GUILD'S Victorian Branch Marketing Co-ordinator, Mr. Bruce Robinson (right) inspects new Guild jewellery held by Mr. Ross Beaton representative of the manufacturer.*

The jewellery consists of a set of distinctive blue-and-gold cuff links, a tie bar and a name badge.

The Victorian Branch of the Guild has ordered 600 sets for its members, and will accept orders from other Branch offices for chemists outside Victoria.

In Victoria, the cuff links and tie bars are selling at \$1.80 a set for advertising subscribers and \$3.00 for non-subscribers; the name badges sell separately for \$1.50 and \$2.00. Prices in other States may be higher to cover extra costs.

● Pentax Cameras ● Kowa Cameras  
and Lenses ● Elmo Cine Cameras and  
Projectors ● Astron Enlargers ● Accura  
and Pentax Binoculars ● L.P.I. Photo  
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**Columnist's Advice**

**CHANGE YOUR CHEMIST AT ONCE!**

Dear Sibyl,—On every bottle of pills I get from the chemist these days, there's a warning in red lettering—"keep out of reach of children".

But there are no children in my home. I'm an elderly widow living alone and suffer with arthritis. I find great difficulty in pressing up those flip tops on the bottles of pills I have to take.

My fingers are badly swollen and I'm afraid I often say a naughty word as I struggle to get the top off. The pills, you might say, are really out of MY reach!

I told the chemist about it, but he was very curt and said the safety of children came first—stupid man! I told him there were never any children in my house.

My married daughter (an only child) has no family. But that cut no ice with him.

What do I do about this problem

please? It is a real worry to me.—"SENIOR CITIZEN" (Coburg).

● Change your chemist at once. Although containers of medicine have to be protected from childish fingers, they must also be accessible to old and frail fingers.

Some flip-tops come off fairly readily, but we ourselves have encountered tops which won't budge unless you are prepared to tear a neatly-manicured nail.

Take your custom to a chemist who realises that it pays to compromise in such circumstances. He will see to it that you have easy access to your medicine.—"SIBYL".

—Item from Melbourne suburban newspaper.

**NSW Guild HQ to Move?**

by Charles Hellier

THE NSW Branch of the Guild is to build a new headquarters, probably in Sydney's western suburbs.

Present offices in Clarence St., Sydney, are too small to allow the Branch Com-

mittee to expand and improve services to members.

Parking difficulties in the inner city also are insurmountable problems.

Adequate sites within the city limits are beyond the Guild's financial resources.

An investigation showed that the near western suburbs would be suitable for future needs. It is a convenient location for both metropolitan and country members.

The committee believes it should buy a suburban block now "because the cost of suitable sites is escalating at an alarming rate".

No date for a start on the building has been fixed.

NSW branch has asked Federal Council to authorise its State delegates—Mr. Keith Thomas and Mr. Rupert Frew—to buy a block.

**WATCH THAT CUT!**

Pharmacies should be on the alert for offers of Schick Krona-Chrome razor blades from unauthorised people.

A large quantity of these blades were pillaged in Sydney in May, and they could be offered at cut prices.

Your best and lowest-cost method of featuring Decimal Pricing!

**USE P.P.T. Decimal Currency Pricing MATERIAL**



MULTIPLE DECIMALS SINGLE DECIMALS

**NEW! IMPROVED PLASTIC UNBREAKABLE TICKET BEADING**

In five good colours . . . White, Grey, Blue, Black and Ivory. Available in 6 ft. lengths. \$4.00 per 100 ft. ½" White steel beading, in 6 ft. lengths. 7c per ft. Plastic coloured insert in six colours. \$2.50 per 100 ft. Multiple decimal price tickets in properly assorted sets of 1300 . . . \$24.20 per set Single decimal price tickets in assorted sets of 1150 . . . \$15.50 per set Available in Black on White or White on Black.

ALL PRICES PLUS POSTAGE AND FREIGHT

**PLASTIC PRICE TICKET CO. (AUST.) PTY. LTD.**

1955-1957 MALVERN RD., EAST MALVERN, VIC. 3145 — Tel. 25 6954 INTERSTATE AGENTS:

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Oswald Sealy (S.A.) Pty. Ltd., 14 Charles Place, Adelaide 5000. Tel.: 23 5725  
W.A.: N. A. McKee & Co., 116 Brisbane St., Perth 6000. Tel.: 28 3347  
TAS.: J. Welch & Sons Pty. Ltd., 130 Macquarie St., Hobart 7000. Tel.: 2 2111

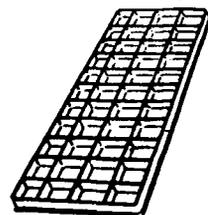


\$2.00 per 100

**IN P.P.T. PRICE STRIPS**

Strips of ten tickets of each denomination are scored ready to break off to the exact size you require. No cutting is necessary. Multiple tickets range from 1c to 99c and \$1.00 to \$9.00. Single decimal tickets range from 0 to 9 and 0c to 9c.

\$1.50 per 100



**A TICKET TIDY SAVES MONEY**

Forty-compartment tray for price ticket storage \$2 50

## A Question You Should Never Ask!

*THERE you are behind the counter. A well-dressed man is studying your display of movie cameras. He's obviously interested, so you walk over and ask brightly: "May I help you?"*

*"No, thanks," he smiles. "Just looking."*

There's a woman looking at the Kodak Instamatic outfits in the display case. This time you put some feeling into it and ask with great sincerity: "May I help you?"

"Well . . . er . . . ah . . . no," she answers, looking up. "I'm really just browsing."

If this situation is painfully familiar, you aren't alone. Many sales assistants who come to our dealer training programs tell us that they often have difficulty getting into sales conversations with shoppers.

Most of the trouble seems to be in getting past that first crucial sentence. Let's go back to our example for a moment.

*In each instance, the sales assistant lost the initiative—and possibly a sale—by asking a question which could be answered with "no".*

She made it too easy for the shopper to "close the door" on him before the conversation ever got started. As a sales

person, it's up to you to keep that door open until you at least find out what's on the shopper's mind.

If you start a conversation with a question, be sure you ask one which doesn't allow a "no" answer.

"When was the last time you took movies?" is one good opener. "Do you take most of your pictures outdoors, or do you use mostly flash?" is another. Or how about: "Are you looking for a gift or something for yourself?"

A helpful rule-of-thumb is to ask a question which begins with who, what, when, where, how or why. Begin all your opening questions with one of these six magic words and you'll never have to take "no" for an answer. Many successful sales people avoid asking any question when starting the conversation. They make a statement instead. Some examples:

"Here, let me take this camera out of the case so you can get a better look at it."

"You're looking at the most popular projector we carry."

"This camera just came in last week. It has some very interesting new features."

"That's one of the lightest movie cameras on the market. Here, hold it."

Almost any appropriate statement will

do, so long as you approach the shopper in a relaxed manner to put him or her at ease. Often a simple "Good morning is enough to get a conversation off the ground.

Simple, right? Yet walk into a few stores some morning and discover for yourself how often sales people neglect this proven selling procedure.

—Kodak Dealer News

## L-Dopa Here Now

by Charles Hellier

A drug which will offer hope to thousands of Australians suffering palsy from Parkinson's disease is being released for use by doctors throughout the country.

It is L-Dopa, and in pilot studies has reportedly proved remarkably effective. In some cases, bed-ridden patients have been able to get up and walk.

The chairman of the Commonwealth Drug Evaluation Committee, Sir William Morrow, said in Sydney he hoped the drug would be readily available within two or three months.

The drug appeared to replace an element missing in the brain tissue of Parkinson's disease sufferers, he said.

Parkinson's disease can occur after encephalitis, or in the aged due to hardening of brain arteries.

L-Dopa is believed by scientists to contain a substance which is related to cellular tissue.

Testers say it has been effective on more than two-thirds of those treated so far.

But in some cases there have been side-effects.

## Warning Against Trading Stamps

THE NSW Branch of the Guild has warned members not to get involved in trading stamp schemes.

In common with other retail organisations, it has come out strongly against this type of discounting.

The Guild's warning came after a country pharmacist had been sold a trading stamp plan.

The pharmacist has placed himself in a position where all other retailers in his area, including chemists, are seeking retaliatory measures.

"Trading stamps are an expensive promotional method with, at the best, short-term results, no lasting advantages and many disadvantages," the Guild said.

"The only people to gain are the trading stamp promoters.

"Contrary to the story told by some salesmen, acceptance of trading stamp propositions in pharmacy is minimal."

## BP ADDENDUM AMENDED

The following amendments have been made to the Addendum 1969 to the *British Pharmacopoeia 1968*. The Addendum became official in Britain this month, but, depending on State decisions, will not be official in Australia until January 1 next.

### CLOFIBRATE

Page 26: **Free phenolic bodies.** Line 7. For "0.03" read "3". Lines 8 and 9. For "potassium ferricyanide solution" read "a freshly prepared 10 per cent w/v solution of potassium ferricyanide".

### TETRACYCLINE HYDROCHLORIDE

Page 77: **Related compounds.** Line 14. For "0.025" read "0.04".

## C. Saw is C-O!

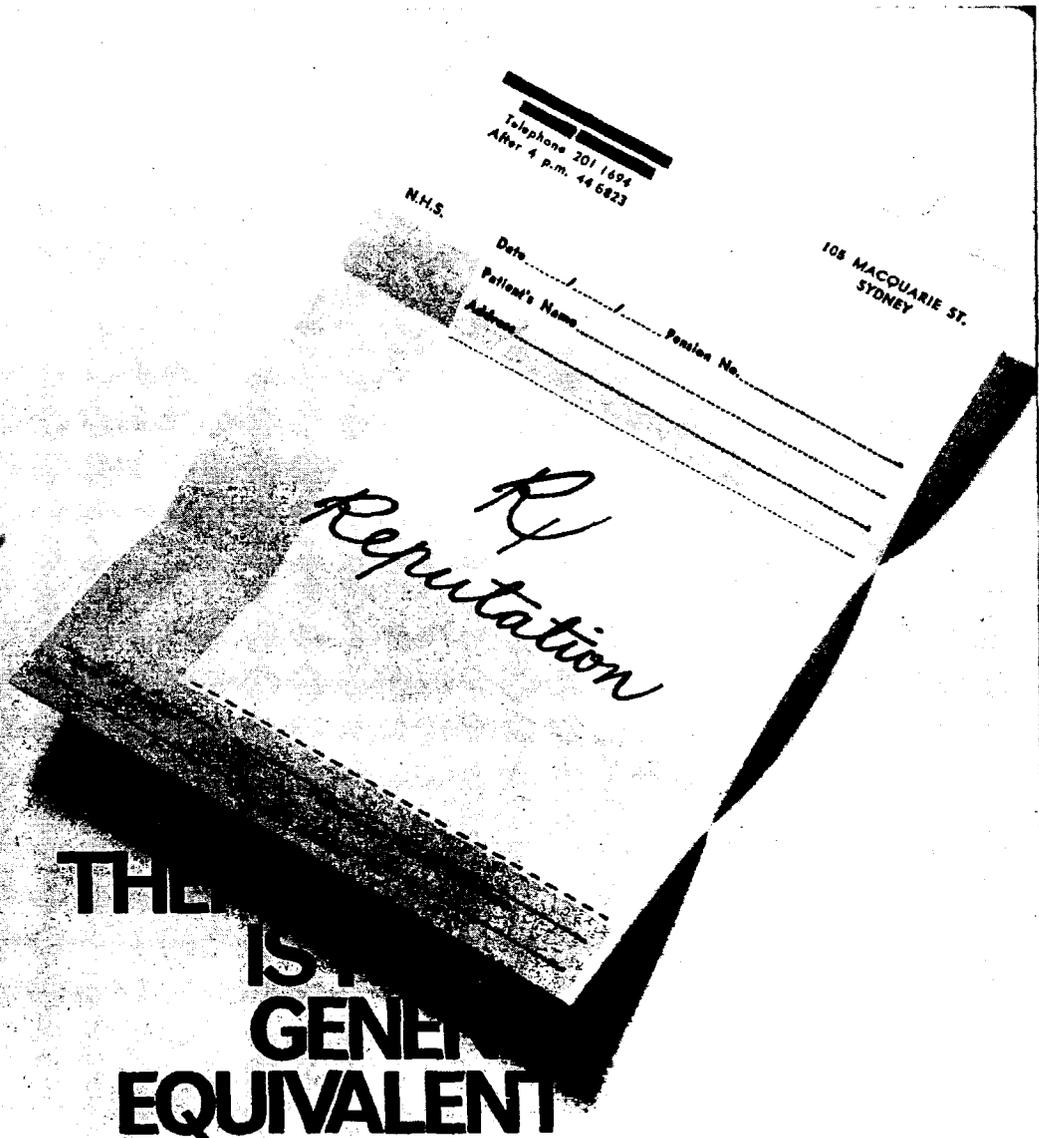
The only funny thing about the woman who passed dud cheques was the name she gave herself.

She signed the cheques "C. Saw". She was well-dressed and well-spoken—the type of middle-class matron you'd expect to see on Sydney's North Shore.

Her method of operation was to make a purchase involving professional advice, ask for a tax card, and then present a cheque drawn on the Rural Bank, Chatswood.

Police said it was a C-O job. She operated only in pharmacies.

—Charles Hellier



# THE IS GENERIC EQUIVALENT

A reputation is earned, not bestowed. A prescription for a pharmaceutical product specifying a brand or manufacturer's name expresses confidence in the manufacturer's integrity, uncompromising production standards, quality control, and his dedication to public welfare.

There is no generic equivalent for reputation; it cannot be bought or duplicated.



# NEWS & REPORTS

## NEW SOUTH WALES

### Welcome Party

All first-year Pharmacy students recently were guests of the Pharmaceutical Society at an informal sherry and cheese party, at Sydney University.

The purpose of the function was to welcome the students to pharmacy, and to

explain the functions of the Society.

The Society has made all first-year students associate members without payment for 1970. This means that they will receive *The AJP* and *News Bulletin*, and it is hoped that at the end of the year they will continue to be members.

At an appropriate time, Professor Watson introduced the then President of the Society, **Mr G. G. Benjamin**, who welcomed the students and urged them to take an interest in the Society's work.

He was followed by the President of

SUPA, **Mr Allan Johnson**, who at the end of a witty speech gained many members for his organisation, and immediately started to plan activities to interest the new members.

### Pharmacy Board Exams

The Pharmacy Board Practical and Forensic examinations will be held from Tuesday, August 4, to Friday, August 7 inclusive.

Inquiries from intending candidates should be addressed to the Registrar of the Pharmacy Board of NSW, 9-13 Young Street, Sydney.

The Department of Pharmacy, University of Sydney, has indicated that it is prepared to offer a short revision course provided 10 or more people enrol. This course will take the form of two lectures and two practical sessions on July 7, 9, 14 and 16.

### "More Money for PIC"

The NSW Branch of the Guild is asking the State Government to provide funds to extend the service of the Poisons Information Centre in Sydney.

It wants the centre, at the Royal Alexandra Hospital for Children, to be available at all hours to the professions and the public.

At present, it is staffed (by a pharmacist) only during business hours, from Monday to Friday.

Outside these hours, on week-ends and on holidays, the centre is not permanently staffed, and calls from the public are stopped at the hospital switchboard and handled by a doctor.

The centre has a comprehensive library and files dealing with all classes of poisons.

### Link with Past

**Samuel Albert Shineberg** died on May 25. He was born in Melbourne and his family moved to South Africa, then returned to Perth. He saw service in World War I, and later was apprenticed to his brother, the late Jack Shineberg (past-President — Pharmaceutical Society of NSW) at Rushcutter's Bay, Sydney.

From 1930 to 1940 he was in business at Wellington, NSW, and in 1941 joined



ABOVE: **Mr. G. G. Benjamin**, the then President of the Pharmaceutical Society of NSW, addresses students at the party. BELOW: **Dr. R. A. Anderson** chats with some girl students



## NSW NEWS

... Forces as pharmacist at Concord Military Hospital. Later he conducted a pharmacy at Hurstville, and in 1953 he became Chief Pharmacist at Prince of Wales Military Hospital, Randwick. He retired in 1966.

His only son, Selwyn, has a pharmacy at Hurstville, almost opposite the one his father owned, thus carrying on the tradition of pharmacy in the Shineberg family.

### London Success

Geoffrey James Druce (pictured) the well-known pharmacist, has just successfully completed his medical



degrees in London. Dr. Druce intends to holiday before returning to Australia en route to the USA, where he will do his registration

internship because of his successful pass in the recent American medical examinations for foreign medical graduates.

Dr. Druce (or Geoffrey, as he is known to many pharmacists and wholesale druggists), has recently been attached to the medical unit of St. Mary's Hospital, Paddington, where Sir Alexander Fleming discovered penicillin.

Geoff's considerable pharmaceutical and medical experiences on both sides of the Equator should equip him well for his forthcoming appointment in the United States. His many friends will readily join in wishing him continued professional advancement.

### Authority Cancelled

From the NSW Government Gazette:  
**CANCELLATION OF DRUG AUTHORITY**

In accordance with the provisions of Regulation 70, under the Poisons Act, 1966, a direction has been issued that the authority given to Dr. Michael Forrescue Frost under Regulation 53, to be in possession of and supply any drug of addiction (other than a drug of addiction to which Regulation 52 applies), has been withdrawn as from April 24, 1970. Dr. Frost may not prescribe a drug of addiction while such authority remains withdrawn.

J. D. RIMES, Under Secretary

## DESTROY NARCOTICS!

**BURGLARIES** of pharmacies for drugs of addiction are increasing. Don't wait until it happens to you! Get rid of all obsolete and/or unwanted stocks of narcotics, amphetamines, etc., by sending them to the Poisons Branch, NSW Department of Health, for destruction.

Contact the Department by telephone, 20-563, ext. 861, or by letter to: 9-13 Young St., Sydney, and you will be told what to do. You will be safeguarded legally.

This is an urgent message from the Poisons Advisory Committee, and is issued in the interests of pharmacists and the community.

### Chemist Bowlers

Chemist bowlers in Sydney regained the Kirby Trophy when they defeated doctors at Rose Bay Bowling Club in May.

The chemists won by 153 points to 130.

The match is an annual event.

Club presidents were Charles Winston (doctor) and Cliff Uren (chemists).

**Trophy Winners were:**

Doctors—Winning rink: H. Porter, C. Edwards, N. Saxby, L. Greenberg. Runners-up: K. Davis, G. Elliott, A. Gray, A. Parker.

Chemists—Winning rink: D. Ford, P. Harding, C. Uren, R. Creighton. Runners-up: W. Read, A. Macourt, R. Gosello, D. Stephenson.

Chemists will play their annual match against dentist bowlers at Northbridge on July 22.

Another bi-monthly all-day game among chemists will be played at Ashfield on August 12.

### Flair Prospers

by Charles Hellier

Hosiery manufacturers who suggest that Flair pantie hose will not be available in future are engaging in "wishful thinking".

The NSW Branch of the Guild said this after a recent merger of two leading manufacturers.

Flair is a Guild brand sold by more

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## NSW NEWS

than 500 NSW chemists.

The Guild said the product's consistent high quality was the reason for continued repeat business. The hose had been still further improved.

All recent deliveries were of stock made with Lycra waist bands and the same yarn used in top-selling hose.

The price would stay at 99 cents, it added.

All Flair colors are now available in an extra large size for expectant mothers and women with waists up to 54 inches.

### Discounts in G-R

Suppliers may take another step to boost support for Gold Ribbon merchandising in NSW pharmacies.

Affiliated full-line wholesalers have told the Guild they are considering the introduction of a scheme to allow a discount to participants who enclose cheques with orders for Gold Ribbon products on promotion.

Mr. Malcolm Chalmers, a member of the Group Marketing Sub-Committee, is preparing a concise set of rules for Gold Ribbon participation.

### Name Change

The Gold Ribbon Sub-committee, which arranges product promotions in NSW, has changed its name.

It is now known as the Group Merchandising Sub-committee.

The change, recommended by its Chairman, Mr. Warwick Wilkinson, follows expansion of the sub-committee's activities.

### People in Pharmacy

#### NEW PHARMACIES

Owner	Location
Wood, K. R. (R)	Post Office Pharmacy Georges Hall, Shop 2, Cnr. Georges Cres. Georges Hall
Stern, J. (R)	Stern's Pharmacy Shop 3, Cnr. George & Wellington Sts., Waterloo
Styles, K. J. (R) Whittaker, J. C. (R) Hutchison, S. (R)	Lethbridge Park Pharmacy Apia Place Lethbridge Park, Mt. Druitt
Smith, P. V. (R)	Peter Smith, Chemist 180 Summer St., Orange
Cutcheon, R. J. (R)	The Bay St. Pharmacy 5 Bay St., Tweed Heads
McKenna, J. P. (R)	McKenna Chemist Shop 8, Berowra Shopping Centre Turner Rd., Berowra

Napper, I. (R) Campbell, S. (R) Mynott, A. (R) Campbell, D. W. (R) Peoples, K. (R) Tyson, L. (R) Trimboil, J. (R) Coupland, J. (R) Shapiro, M. (R) Earp, J. (R) Murray, G. (R)	Gymea Miranda After Hours Chemist 132 Wyralla Rd., Miranda
Coote, S. P. (R)	S. P. Coote Rose St. Wee Waa
Rice, J. T. (R) Field, W. (R)	J. T. Rice & W. Field David Jones Bankstown Square Bankstown

#### TRANSFERS OF OWNERSHIP

Previous Owner	New Owner and Location
Colquhoun, G. A. (U)	St. James Pharmacy F. R. Neeld (R) St. James Station, Sydney
Estate of the late Lynch, S. B.	Ross Street Pharmacy G. R. Hedges 35 Ross St., Forest Lodge
Berzins, A. (R)	City Pharmacy S. J. Torrisi (R) 706A George St., Sydney
Doctors, P. R. (U) Evans, S. M. (U)	Doctors' Pharmacy C. Wrublewski (R) 237 Bondi Road, Bondi
Young, J. N. (R)	Young's Pharmacy J. N. Young (R) J. G. Findlay (R) 702 Darling St., Rozelle
Estate of the late Cains, R. H. R. H. Cains (R) P. G. Cains (R) R. W. Cains (U)	Cains Pharmacy P. G. Cains (R) R. W. Cains (U) 59 Grandview St. Pymble



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DACOLENE, PRESTALENE & CESARELLA.

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HEADCLOTH & SPINNAKER DRIP-DRY  
COTTON.

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809 High Street, Thornbury. Phone 44 1348.

Hobart: GROUNDS & BEWGLASS PTY. LTD., 17-19 Salamanca Place, Hobart. Phone 34 3848.



## NSW NEWS

Wieland, L. H. (R) Drury's Pharmacy  
R. D. Drury (R)  
442 Hume Highway,  
Yagoona

Jones, C. A. (R) Jones Pharmacy  
Jones, P. M. (U) R. A. Balnaves (R)  
K. E. Balnaves (R)  
336 Homer St., Earlwood

Darcy-Smith, B. (R) Curl Curl Pharmacy  
Darcy-Smith, M. F. (U) J. E. King (R)  
142 Pitt Rd.  
North Curl Curl

Serafim, G. (U) Serafim's Enmore  
Pharmacy  
J. Serafim (R)  
209 Enmore Rd., Enmore

Callanan, J. J. (R) The Gala Pharmacy  
L. J. E. Bray (R)  
6 The Corso, Manly

Estate of the late Ryan, F. J. (R) Hills Pharmacy  
F. F. Hill (R)  
Hill, F. J. (U)  
87 Lorne St., Junee

McKenna, J. M. (U) McKenna—Chemist  
McKenna, J. P. (R) J. M. McKenna (U)  
601 Pacific Highway,  
Mt. Colah

Steffensen, E. F. S. (R) J. M. Steffensen  
Steffensen, J. M. (U) J. M. Steffensen (R)  
91 Summerland Way,  
Kyogle

Frith, J. M. (R) The Boolaroo Pharmacy—  
Frith, J. L. (U) J. L. Frith (U), D. T.  
Frith, J. L. (U) Caldwell (U), J. L. Frith  
Caldwell, M. L. (R) (U), N. Adams (U), G. B.  
Caldwell, D. T. (U) Adams (U), M. E. Sned-  
Adams, N. (U) don (U), J. Sneddon (U),  
Adams, G. B. (U) 31 Main Rd., Boolaroo  
Sneddon, M. E. (U)  
Sneddon, J. (U)

Watson, D. I. (R) Bay Street Pharmacy  
Hill, M. (R) D. I. Watson (R)  
53 Bay St., Double Bay

Wallace, P. (R) R. J. Curnow—Chemist  
Wallace, H. (U) R. J. Curnow (R)  
256 Grey St.  
Glen Innes

### TRANSFERS OF BUSINESS

Owner	Transfer
Manly After-Hours Chemist	FROM: 6 Darley Rd., Manly TO: 451 Sydney Rd., Balgowlah
Transfer with Ministerial approval Hill, F. F. (R) Hill, F. J. (U)	FROM: Broadway, Junee TO: 87 Lorne St., Junee
Transfer with Ministerial approval King, J. M. (R) King, B. A. (U)	FROM: Derby St., Walcha TO: Fitzroy St., Walcha

### CHANGE OF PHARMACY NAME

Owner	Name
Oates, R. W. (R) Williams, D. L. (R)	FROM: Williams St., Peters Pharmacy TO: Williams & Oates
	Location 559 King St., Newtown

### TERMINATION OF BUSINESS

Owner	Name and Location
Torpy, D. L. (U)	Torpy's Pharmacy 79 Middleton Rd., Villawood
Lenehan, H. R. (R)	Peter Graham & Co. 168 Castlereagh St., Sydney
Britz, K. (R)	Karl Britz Bendemeer St., Bundarra

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## NSW NEWS

Hill, F. F. (R) Broadway Pharmacy  
Hill, F. J. (U) Broadway, Junee  
Priesley, D. L. (R) Guildford Heights  
Pharmacy  
130 Hawksview St.  
Guildford Heights.

### Pharmacy Board

Items of interest from the May meeting of the Pharmacy Board:

#### New Registrations

##### Section 13 (Degree Course)

Carroll, Peter Raymond  
Cheng, Stephen  
Darcy, Anthony Hugh  
Lemberg, Henrietta  
Rettie, Judith Fabian

##### Section 14

Browne, Peter Roland  
Byrnes, Reginald Phillip  
Cameron, Margaret Johan  
Cora, Ruth Margheritta  
Cranwell, Ruskin Lewis  
Grant, Douglas Irvine  
Hatch, Rowan Lewis  
Montgomery-Griffith, Andrea Suzanne  
Peck, Robert William  
Phillips, Geoffrey Wayne  
Tooman, Raymond Joseph

#### Certificates of Identity

Bown, Fae Alison (Britain)  
Fyfe, Jeanette Anne (WA)  
Gilchrist, Carmel Terese (Vic.)  
Harper, Francis Alexander (Britain)  
Hawke, Donald Michael (Vic.)  
Israel, Sean Patrick (Qld.)  
Nimmo, James Hamilton (Qld.)  
Parer, Sarita Helen (Britain)  
Price, Lynette Mary (SA)  
Skippen, Susann Mary (Vic.)  
Wallace, Peter Peterson (Qld.)

#### Names Restored to Register

Bagster, Alice Anne  
Flynn, Judith Evelyn  
Hughes, Allan  
Irwin, Robert Dudley  
Kelly, Barbara Ann  
Moloney, Terence Arthur  
Monson, Ronald John  
Tumbridge, Robert Ford

#### Names Altered on Register

Barnes, Nancy June, to PEATE  
Friedler, Ella Suzanne, to SAMSON  
Stead, Lorraine Elizabeth, to MARTIN

#### Foreign Applications

The following were referred to the Sub-Committee:  
Broderick, Richard Francis Jerome (U.S.A.).  
Comarmond, Pierre Hermon Serge (Mauritius).  
Cvetic, Slavika (Zagreb).  
Foley, Carole Jean (U.S.A.).  
Ong, Seok Eng (Singapore).  
Ruzicka, Miroslav (Czechoslovakia).  
Papadopoulos, Paraskevi (Athens).  
Kok, James Fook Hung (Singapore).

The following have been considered by the Sub-Committee:

Abdoolcader, Aberdeen (Singapore—for further consideration), was required to sit for practical examination including Forensic Pharmacy.

Doughman, Dimitri Issa (Lebanon), a decision was deferred pending receipt of evidence of having completed at least 12 months' practice in pharmacy.

Gronlund, Christian (Finland), was required to sit for practical examination including Forensic Pharmacy.

Gronlund, Hilka Leila Marjatta (Finland), was required to sit for practical examination including Forensic Pharmacy.

Kozman, Esmat R. (Cairo), was required to sit for practical examination including Forensic Pharmacy.

## The Society

Present at the June meeting of Council were: Councillors K. H. Powell (President), H. W. Read, M. D. Machliss, W. R. Cutler, G. Sanson, G. K. Cox, D. R. Hutcheson, E. R. Brown, E. G. Hall, R. M. Dash, and T. R. Watson.

#### Request for Advice

Mr. Hall said that PDL had given further consideration to the matters raised by Council, and a letter will be forwarded shortly to the Secretary.

In the meantime the Society could advise pharmacists in cases of apparent overdose in a prescription to do nothing without prior consultation with the doctor.

In cases where the *BP* gives a direction the advice is to follow it.

#### Seminar on Drug Abuse

The Secretary reported that 100 applications had been received, although a few people did not attend the seminar.

Several persons attending the seminar had praised the catering arrangements, and a letter had been received from Mr. Barry Hughes, congratulating the Society on the conduct of the seminar.

Mr. Powell said he felt that the seminar had been a success, and expressed thanks to the recorders for their services. The notes would be collated by Mr. Cutler.

Mr. Dash said that several of the speakers had complete sets of notes which he would secure.

Mr. Cox said that he felt the groups could have been better assorted as in some groups there seemed to be an overbalance of females.

Mr. Dash said that he felt that Dr. Ritchie was genuine in his praise of the seminar, and his remarks generally, which he (Mr. Dash) felt was very worthwhile.

The seminar had been a novel approach in Society functions. He felt that those partaking realised now that there are a lot of unanswerable questions in this field.

Some discussion took place on the possibility of building a library of recorder tape cassettes for hire.

The general opinion of Councillors was that the seminar had been a success.

A vote of thanks was passed to Mr. Dash and the Secretary for the work they had put into it.

#### Vacancy on Council

Mr. Powell opened discussion on this matter, and Mr. Sanson moved that Council leave the vacancy open, unless

## VICTORIA

### Join PATA Now!

The Proprietary Articles Trade Association is to mount a vigorous recruiting campaign among Victorian retail chemists.

Secretary **Mr. Bert Douglas** said last month membership was too low, and for pharmacy to gain adequate C-O trading protection, all retail proprietors should belong.

He said PATA, which existed to ensure retail security for chemists, could only be as strong as its support from chemists.

● See "C-O Leaks Being Stopped", Page 466.

### College Open Day

The Victorian College of Pharmacy held a successful "open day" on Sunday, May 24—the first since the present

College was opened 10 years ago.

More than 1000 visitors, including students and members of the Society with their families flocked to the College.

Most activity was centred in the laboratories where continuous displays in pharmaceuticals, pharmacology and chemistry were conducted by members of the scientific staff and senior students.

In the pharmaceuticals section there was a display of tableting equipment showing new methods of pressing and cutting tablets.

In the chemistry section, equipment for analysing chemicals, including an NHR spectrometer, drew attention.

Mice, rats and toads reacting under certain drugs were featured in the pharmacology section where there were also displays showing nervous and muscular action in the human eye, ear and skull.

### Alan Hull Honored

**Mr. Alan Hull** was guest of honor at



*Mr. Alan Hull*

a dinner at the Hotel Australia on May 12 organised by the Council of the Pharmaceutical Society.

**Mr. Ray Grinlington**, the newly elected President, welcomed the guests

## NSW NEWS

(continued)

the present membership changes.

Following discussion, the motion was lost. Nominations were then made as follows:

1. Mr. John Bell, of Woollahra;
2. Miss A. Mackie, Prince Henry Hospital;
3. Mr. Ian Brown, Wollongong;
4. Mr. Frank Payne, Auburn;

5. Mr. David Campbell, Miranda;
6. Mr. F. Leonard, Bega and Bondi Junction.

Miss Mackie was elected.

#### Research Trust Scholar

The Secretary said that Dr. R. E. Thomas, of the Pharmacy Department, had written advising that a research scholar—Miss Mary Murray, who had just returned from a three months' tour of American hospital pharmacies—was

prepared to lecture to members of the Society.

The Lecture would be slanted towards "Greater Involvement by Pharmacists in Patient Care, Known in American as Clinical Pharmacy".

It was agreed that the lecture be given, and attendance be thrown open to Society members, members of the Graduates Association, and members of the Society of Hospital Pharmacists, and a suitable date to be chosen—possibly August 10. **Seminar on Pharmacy Education**

The Secretary said that a letter had been received from Mr. N. Bridgefoot requesting the staging of a seminar at Sydney University on the subject of Pharmacy Education.

The matter was left to the Executive to explain to Mr. Bridgefoot that the present course in Pharmacy at Sydney University was considered adequate, but that if he had any special points to bring forward, he was welcome to do so.

#### Poisons Information Centre

The Secretary tabled a letter from the Guild, requesting support in an approach to the Minister for Health to extend the hours of operation to 24 a day.

The Secretary was requested to write to the Guild, pointing out the Society's intense interest in the Poisons Information Centre over a period of 12 years, and offering wholehearted support in the approach to the Minister.

## CANBERRA NIGHT OUT



Last month, the Editor, **Mr. J. G. Dickinson**, was entertained at Chopsticks restaurant, Canberra, by members of the Canberra and Southern Districts Pharmacists' Merchandising Company Ltd. committee and their wives. Pictured from left are: **Mrs. Carolyn Banbury** and **Mr. Geoff Banbury** (chairman), **Mrs. Anne Clifford** and **Mr. Mike Clifford** (vice-chairman), **Mrs. Emilia Arnold** and **Mr. Bill Arnold** (vice-chairman), **Mr. Dickinson**.

## VIC NEWS

President, said in proposing the toast to the guest of honor that he recalled the time in 1951 when Alan Hull joined the Council. He had applied his outstanding ability to the work and responsibility involved in the position he had accepted.

Already he had demonstrated his keenness in the area of Guild activity.

He served most effectively on various sub-committees to which he was appointed and throughout his period of service on the Council took a special interest in the educational field of pharmacy.

He was in the forefront of negotiations for securing degree status and the inauguration of degree projects.

Mr. Hull occupied the position of President of the Society from 1965-1967, in which office he gained the esteem of his fellow councillors and members of the Society and kindred organisations.

He was a valued member of a team which for 15 years worked strenuously to elevate the educational and professional standards of pharmacy.

Mr. Grinlington presented to Mr. Hull a water-color of a Victorian bushland scene by the artist Goode.

Mr. Hull, in thanking Council, said he remembered vividly the kindness extended to him by Council members when he joined them in 1951. He was grateful to them for help and encouragement.

The friendship which had developed over the years was one of the great rewards that came from his association with the Council in its efforts to advance the standing and interests of pharmacy.

Mr. H. A. Braithwaite said he had known Alan Hull long before he was connected with official pharmacy.

He was a man with very special qualities and ability. As a young man he was a leading amateur footballer.

On completion of his apprenticeship in pharmacy to Miss Longmore, he had been presented with a gold watch—a rare mark of appreciation of the services of an apprentice.

After qualification, Alan had joined his staff when he (Mr. Braithwaite) conducted several branch pharmacies. He became senior assistant to the main pharmacy.

Subsequently he purchased a pharmacy at Woodend, which became noted for efficient and successful management.

Mr. F. C. Kent, former Secretary of the Society, expressed his thanks for the invitation given to him and Mrs. Kent to be present.

One of his regrets on retiring in 1965 was that he was denied the privilege of serving under Alan Hull as President.

He had worked with him on many committees and had admired his thoroughness and sincerity of purpose in every task he undertook.

## Scotis Appeal

A Melbourne chemist's appeal against his de-registration by the Pharmacy Board over a charge concerning amphetamines, was dismissed, by consent, by Mr. Justice McInerney in the Supreme Court recently.

The Board de-registered Mr. Nickless George Scotis, of Burwood Road, Hawthorn, after it found him guilty of "conduct discreditable to a pharmaceutical chemist in the control and distribution of amphetamines".

## Chemist Bowlers

The annual general meeting of Chemist Bowlers will be held on Wednesday, July 15, at the Hawthorn Football Club (Social Club), Linda Crescent, Hawthorn.

The foregathering will be at 6.30 p.m., with the meeting at 7.30 p.m., and a buffet meal to follow; nominal charge.

## Chemists Golf

The meeting at Victoria Golf Club on June 1 was the first time members competed for the Ted Beecham memorial trophy.

Ted Beecham, one of the founders of the Victorian Chemists' Golf Club and a past President, was well known in pharmacy.

This trophy will be an annual event, to be played at Victoria Golf Club, which was Ted's club.

This year's winner was Ian Keelan. The trophy was presented to him by Mr. Monty Ross.

Other results

A Division—A. Reid, 35 points.

B Division—K. Smith, 35 points.

C Division—G. Glackman, 30 points (on count-back from L. Dunn).

The Victorian Chemists Golfers' annual charity day was held at Huntingdale in May.

The weather was very unkind, but although it was the worst day weatherwise for many a long day, it proved quite successful.

Quite a large number of players finished 18 holes.

ished 18 holes.

The winners of the 4 Ball Bogey were brothers Ian and Lionel Riley with plus 7; runners up, D. Labransky and N. Burgess, plus 5; nearest the pin, 3rd hole, Alex Abbott; nearest the pin, 12th hole, H. Gooding.

The next meeting will be held at Royal Melbourne on July 7.

## DHA Pharmacist

Mr. R. T. Broadbent, PhC, MPS, has been appointed Pharmacist with the Victorian division of Drug Houses of Australia, succeeding Mr. G. K. Treleven, who has gone to E. R. Squibb & Sons (see Page 341, *The AJP*, May).

After completing his apprenticeship with Mr. J. F. Isaac, formerly at Bluff Road, Sandringham, Mr. Broadbent was employed at the Royal Melbourne Hospital for a period of two years and worked under Mr. C. B. McGibbon, formerly Chief Pharmacist at the hospital.

For the past five years, Mr. Broadbent has been employed by Sigma Co. Ltd., and during this time gained considerable knowledge in the wholesaling side of the industry.

During his five-year period, Mr. Broadbent was for 2½ years assistant to the late Mr. F. Jolly, who was then manager of the Ethical and Drug Departments.

Mr. Broadbent's duties in this area involved ethical buying, compilation and loading of data to the EDP for stock control, and answering technical queries of a pharmaceutical nature, coupled with the overall supervision of narcotics.

Mr. Broadbent's experience was further widened when he was employed as assistant to the operations manager for a period of one year, and then for a further period of 18 months was employed at Sigma (Pharmaceuticals) Ltd., of which six months was spent in the production of the S(P)L procedure manual.

Mr. Broadbent, during this time, was appointed quality assurance officer, and accepted the responsibility of improving production procedures to ensure compliance with the Code of Good Manufacturing Practice in the pharmaceutical industry.

## Sigma Annual Meeting

The annual general meeting of shareholders in Sigma Co. Ltd. was held at 589 Collins Street, Melbourne, on May

## VIC NEWS

20, when about 50 shareholders were present.

The minutes of the previous annual meeting (a report of which appeared in *The Australasian Journal of Pharmacy* in July, 1969) were taken as read and confirmed.

In moving the adoption of the balance sheet, profit and loss account and directors report, the chairman, Mr. F. H. Bedford, referred to major items of interest and in particular to the recent sale of the Vercolor undertaking, including the principal reasons which brought the board to its decision. The board is satisfied after taking all points into consideration its course of action was the most prudent one that could be adopted. He also elaborated on other items in the printed report including the need of a close review of the various services now being offered by the company.

After discussion and questions from shareholders the motion was carried unanimously.

No other nominations having been received, Mr. C. N. McLeod representing preference shareholders, and Mr. F. H. Bedford representing ordinary and vendor shareholders were duly re-elected as directors.

Directors fees were fixed at the unchanged amount of \$14,500 per annum to be divided among directors as they themselves determine.

The retiring auditors were re-elected and their remuneration was left in the hands of the directors.

The authorised capital of the company was increased to \$6,000,000 by the addition of a further 1,000,000 shares of \$1 each.

Mr. B. N. Smith expressed his concern at the situation which could arise under the present wording of the article relating to executive directors and the meeting recommended to the board that this article should be reviewed as requested by Mr. Smith.

### Schedule Amendments

The following amendments are the second group of amendments to be made to the Consolidated Schedules dated March 31, 1969. They were published in the Government Gazette of April 29, 1970.

#### SCHEDULE

Delete the entry for AMPHETAMINE and replace it with the following entry:

**BENZPHETAMINE** and other substances structurally derived from beta-aminopropylbenzene or beta-aminoisopropylbenzene by substitution in the side chain or by ring closure therein (or by both such substitution and such closure) except when specifically provided for in this or any other Schedule.

**NOTE:** Amphetamine, Dexamphetamine and Methylamphetamine have been moved to Schedule 8 and regulations have been introduced to restrict their prescribing, administration or supply. All other amphetamine derivatives remain in Schedule 4.

Delete the entry relating to CODEINE and substitute the following entry:

#### CODEINE—

(a) In compounded preparations in tablet or capsule form containing 100 milligrams or less of codeine in each such tablet or capsule, except in substances containing 1 per cent or less of codeine; or

(b) In any other substance containing 2.5 per cent or less of codeine, except in substances containing 1 per cent or less of codeine.

**NOTE:** This entry is a restatement of the previous entry in a clearer form.

Delete the entry for 1-HYDROXY-PYRIDO (3, 2,)-5-PHENOXAZONE-3-CARBOXYLIC ACID CAPAPRES for therapeutic use.

**NOTE:** This entry was a printing error that combined the names of two separate substances. Both substances have now been listed separately—see below.

Add the following items:

**BETAHISTINE HYDROCHLORIDE** (used for the treatment of vertigo associated with Meniere's syndrome. Trade name: "Serc").

**BENZPHETAMINE** and other substances, etc.—as detailed above. (This entry caters for all amphetamine derivatives other than the three moved to Schedule 8.)

**BROMHEXINE** (a mucolytic substance. Trade name: "Bisolvon").

**BUPHENINE HYDROCHLORIDE** for oral therapeutic use (used for the treatment of disturbed peripheral circulation. Trade name: "Perdilatal").

**CLOMIDINE HYDROCHLORIDE** (an antihypertensive preparation. Trade name: "Catapres").

**CODEINE**, etc.—as detailed above.

**DIISOPROPYLAMINE DICHLORO-**

**ACETATE** for therapeutic use (a veterinary chemical being used as a detoxifying agent. Also known as Vitamin B15).

**1-(3, 4-DIMETHOXYPHENYL)-1-DIMETHYLAMINO-4-PHENYLBUTANE-HYDROCHLORIDE** (used for the control of labor in animals. Trade name: "Monzal").

**ETHCHLORVYNOL** (a non-barbiturate therapy hypnotic. Trade name: "Placidyl").

**1-HYDROXY-PYRIDO (3, 2, a)-5-PHENOXAZONE-3-CARBOXYLIC ACID** (an eye drop preparation. Trade name: "Catalin").

**THIABENZADOLE** for human therapeutic use (an anthelmintic substance).  
**TRIAMTERENE** (a diuretic substance. Trade name: "Dytac").

#### SCHEDULE 5

Amend the entry relating to 1, 1, 1-TRICHLOROETHANE to show the following:

1,1, 1-TRICHLOROETHANE, as such, packed in containers having a capacity of 4 gallons or less, unless such containers comply with the provisions of the

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## VIC NEWS

Act and Regulations made thereunder and are labelled with a warning label.

Add the following items:

FENAZAFLOL (an acaricide for use on apples and pears).

NITROXYNIL (a veterinary chemical used for the treatment of fascioliasis in sheep and cattle).

### SCHEDULE 8

Add the following items:

AMPHETAMINE

BEZITRAMIDE

DEXAMPHETAMINE

METHYLAMPHETAMINE

NOTE: Bezitramide is not an amphetamine. It is a new narcotic substance recommended by the World Health Organisation to be controlled by member countries under their narcotic legislation.

## Pharmacy Board

Present at the May meeting of the Board were: Messrs. J. C. Urquhart (President), H. E. R. Barker, H. A. Braithwaite, M. Gandolfo and K. E. Hartley.

### President's Report

The President reported having, in company with the Hon. Treasurer, Mr. W. Wishart, attended a dinner tendered to Mr. N. W. Coe to mark the occasion of his completion of 50 years' service to the College.

He also reported on the annual church services and that Messrs. Gandolfo, Barker and Braithwaite had represented the Board at the V.I.C. Graduation Ceremony.

### Police Reports

Mr. Barker commented on police reports received during the month concerning poisoning cases. In one instance, where it was considered that prescriptions for restricted drugs had been dispensed too frequently, it was decided to ask the pharmacist concerned for an explanation.

### Pharmacy Regulations

The President reported that the Committee appointed to review the Pharmacy Regulations had finished its task and had submitted various recommendations for the revision of the Regulations.

It was decided that the Regulations, incorporating the amendments suggested, should be prepared for transmission to the Minister for Health, with a request that these should be promulgated at an early date.

### Conference of Pharmacy Boards

Arrangements were discussed for the

conference to be held in Melbourne on November 1 and 2, 1970.

It is expected that all Australian Boards and also New Zealand will be represented at this conference, when important matters of mutual interest will be considered.

### Illegal Display of Sign "Chemist"

A number of cases were brought under notice during the month where the sign "chemist" was still displayed on premises previously conducted as pharmacies.

It was decided that instructions be given for the signs to be removed, and that if not complied with, legal action be taken.

### Prescription Recording Systems

Several applications were approved for the use of microfilm recording and card index systems for the recording of prescriptions.

### Restoration of Names to Register

Several inquiries were received from pharmacists, who had not been practising for a number of years, wishing to have their names restored to the Register.

The pharmacists concerned were informed that before this could be done it would be necessary for them to work as unregistered assistants for a period of three months.

### Applications for Registration

Ian Douglas Collins (WA), Jennifer Edith Victoria Clubleby (NSW), Warren

Lee Walker (Qld.), Gillian Pamela Wilcox (NZ), Valerie Joan Cousin (Qld.), Donald Michael Hawke (NSW), Jill Prudence Savage (NZ).

Managers and Relievers: 22

Business Changes: 2

Change of Ownership: 6

New Pharmacies: 2

Restoration of Name to Register: 4

Erasure of Name from Register: 8

### Business Changes

Mr. Stokes, of 177 Eley Road, South Blackburn, has closed his pharmacy and intends opening another business at 255 Blackburn Road, East Doncaster, on or about June 1, 1970.

Allan W. B. Cox (Civic Pharmacy), of 6 Ringwood Street, Ringwood, advises that the address has been changed to 44 Warrandyte Road, Ringwood.

Charles S. Bowen has notified that the name Bowens Pharmacies has now been registered under the Business Names Act, and henceforth will be conducting pharmacies at 132A Eighth Street, and 116A Langtree Avenue, Mildura, under this name.

### Changes of Ownership

Marcel Saxone from L. A. Omant (Mrs. A. A. Mayhew) 743B Gilbert Road West Preston

June Shaw (Miss) from E. M. & J. F. De Boos 63 Railway Road Blackburn

Kevin Patrick Busby from Harley Brook 9 Alexander Street Mt. Waverley

L. J. Scotis from N. G. Scotis "Scotis Burwood Road Pharmacy" 621 Burwood Road Burwood

### Names Restored to Register

Maureen Joyce Baillie (nee Hatherall) 22 Camino Terrace Chadstone

Name Erased vide Minute 11/2/70  
Name Restored vide Minute 13/6/70

### Managers and Relievers

Name	Address	Reliever	Period
Estate Baker, E. H.	Cobden	Preston, N.	Manager
Osbourne, A. R.	Reservoir	Buckley, W.	Manager
Evans & Hartley	Warragul	Knightley, H. A.	25/5/70—7 weeks
Field, I. L.	Brighton	Howard, F. J.	23/3/70—4 months
Portbury, A.	Coburg	Wright, D.	Manager
Henderson, N.	Briar Hill	Presutto, J.	Manager
Shoebridge, K. J.	Mt. Beauty	Edwards, R.	Manager
Vance, A. L.	Stawell	Williams, C. L.	Aug. 3—3 weeks
Little, J. R.	Hamilton	Faulkner, J.	8/6/70—8 weeks

### New Registrations

Reg. No.	Name	Address	Qualifications
6942	Bjelan, Branko	N. Altona	(Victoria)
6943	Franzke, Rosalie Joy	Glen Waverley	(Victoria)
6939	Hakman, Harry	Carnegie	(Victoria)
6940	Ting, Ing Onn	Flemington	(Victoria)
6941	Koniuszko, Zenon Mstyslaw	Newport	(Victoria)
6946	Balint, Marianne (Mrs.)	Woolstonecraft, NSW	(Victoria)
6947	Hourigan, Marie Joy	Wangaratta	(Victoria)
6948	Rice, Ernest John	S. Caulfield	(Victoria)
6949	Rumpff, Michael	Beaumaris	(Victoria)
6955	Larmour, Ian	N. Carlton	(Victoria)
6950	McKinstry, Richard John	Beaumaris	(Victoria)
6957	Gilchrist, Carmal Terese	Pascoe Vale	(NSW)
6959	Roxon, Jacob Julius	Lr. Templestowe	(NSW)

## VIC NEWS

### Names Erased from Register

Alan Edwin Bruce  
1/2 Bradford Avenue  
Kew  
Name Erased vide Minute 10/6/70  
(Died 12/4/70)

### The Society

Present at the May meeting of Council were: Councillors R. B. Grinlington (President), B. E. Nunn, C. B. Macgibbon, Sir Eric Scott, A. I. K. Lloyd, J. R. Oxley, F. V. Gilbert, D. W. F. Bourne, G. M. Oscar, N. E. C. Williams, F. W. Johnson and W. D. Wheeler.

#### President's Report

In opening the meeting, Cr. Grinlington reported on a number of items of interest which had occurred during the month.

He offered sympathy to Cr. Macgibbon, who had unfortunately broken his arm in a fall while attending a conference at Finley, NSW. Council was pleased to note that Cr. Macgibbon was now making good progress.

Since the last meeting of Council, the Guild International Conference had been held in Sydney. Cr. Grinlington had attended the Conference together with Cr. Oscar and Mr. Feehan. All agreed that the Conference had been most successful and Cr. Grinlington offered his congratulations to the Guild.

Following the Conference the College had received visits from Mr. Joe Wright, Secretary and Manager of the National Pharmaceutical Union of Britain and Dean Jack Orr, Dean of the College of Pharmacy, University of Washington, Seattle.

#### Resignation of Administrative Officer

Council accepted with regret the resignation of the administrative officer, Mr. J. M. Smith, as from June 5.

Mr. Smith, who had acted as secretary to all committees of Council and had assisted with the administration of the College, had been on the staff of the Society for three years.

Council members thanked Mr. Smith for his past service and wished him well in his new appointment.

#### KUVIC Program

Cr. Grinlington reported that formal approval had now been given to the KUVIC proposal and an announcement to this effect had been made during the month by the Premier, Sir Henry Bolte.

Council agreed that the President should accompany the Dean on a visit to Kansas later in the month to arrange details of the implementation of the program.

#### New Members

The following were elected as new members of the Society:

*Life Members:* Miss C. M. Worland, Horsham (member since 1916); Mr. J. Kelmar, East Ivanhoe (1936); Mr. E. H. Tratham, Camberwell (1924); Mr. J. G. Charles, Mt. Eliza (1937); and Mr. C. J. Guthrie, Greensborough (1925).

*Full Members:* Mr. Robert Thomas Broadbent, Mr. James Allan Magarey and Mr. Leslie Roth (transfer from student member).

*Student Member:* Miss Olga Dudinski.

In addition all students in the College were elected to student membership of the Society.

#### Possible Amendments to Medical Act

The Executive reported that the Medical Act, so far as it relates to Pharmacy, might be amended shortly.

Council agreed that the Society should be represented in any discussions on such an amendment and nominated Crs. Oscar and Nunn to confer with representatives of other pharmaceutical organisations.

Council also referred this matter to the Legislation Review Committee for study.

#### Sculpture for New Laboratory Wing

Council confirmed the appointment of Miss Norma Redpath to produce sketch plans and a design for a sculpture to adorn the Royal Parade facade of the new laboratory block of the College.

The sculpture would be financed by a gift from Eli Lilly and Company.

#### Drug Trafficking and Abuse

Cr. Oscar reported on the outline submission which he and Cr. Grinlington would make on behalf of the Society to the Senate Select Committee on Drug Trafficking and Abuse on June 29 and 30.

#### Purchase of Equipment

Council approved an advance of \$7000 from the Appeal to each department of the College to purchase items of equipment on departmental priority lists.

#### College Master Plan

Council approved the forwarding to the V.I.C. of the Educational Specification and Master Campus Development Plan prepared for Council at the request of the V.I.C.

The two documents set out the likely development of the College (and hence the profession) over the next 20 to 30 years.

Council referred to the Executive the question of the further distribution of

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## VIC NEWS

the documents with the suggestion that they be widely distributed to interested organisations in Victoria, interstate and overseas.

A copy will be placed in the College library for the information of members.

### Ethics—Bulletin Articles

Council agreed to publish in the Society news bulletins short articles setting out Council's views on "hours of trading" and "discounting".

### "Family Doctor Medical Features"

Council also accepted a recommendation of the Ethics Committee that it recommend to members that they do not participate in the "Family Doctor Medical Features" scheme. In Council's view this scheme is in very poor taste.

### Distribution of Medicines

Council adopted a policy supporting the restriction of the distribution of all therapeutic substances to pharmacy. It resolved that this policy should be progressively applied to all therapeutic substances not now restricted to pharmacy.

### Distribution of Analgesics

In regard to the specific case of the distribution of analgesic preparations, Council found the statement and recommendations of the Royal Australasian College of Physicians were particularly comprehensive and appropriate.

Council referred to the Legislation Review Committee, for implementation, the recommendations of the College dealing with the advertising, labelling and restriction of sale of analgesics.

The recommendations of the College dealing with the education of physicians, pharmacists and the public concerning analgesics and the dangers of analgesic abuse were referred to the Society Affairs Committee.

## PDL

The Directors of Pharmaceutical Defence Limited met on May 13, when there were present: Mr. E. W. Braithwaite (Chairman), Messrs. J. R. Coppock, W. J. Cornell, N. C. Cossar, R. W. Feiler, D. A. Lees, E. A. O. Moore, T. G. Allen (Secretary) and I. G. Lloyd (Assistant to the Secretary).

### Superannuation

The Secretary reported that there had been a very good response to the recent campaign for new members. The 16 who had joined to date brought the Commonwealth figure to 577. It was anticipated that a period of perhaps six months would be needed for the results of the campaign to show fully.

A chemist in Western Australia who had maintained a whole of life policy with the MLC had expressed his desire to transfer to the Superannuation Fund. His application for membership of the Fund was approved and authority given for the transfer of the policy to be effected by the MLC.

### Chemists Defence Association

The Secretary reported that Mr. Joe Wright, LL.B., Secretary of the National Pharmaceutical Union and the Chemists Defence Association of Britain, had called at his office on May 4 with Mr. Norman F. Keith, the President of the Victorian Branch of the Guild.

Mr. Wright was handed some papers of interest, including a copy of the last annual report of PDL.

### Labelling

A member of the Directorate, who had been deputed to pass on the views of the Board concerning the labelling of a preparation that had figured in several claims over the past 18 months, reported that his representations had been well received and that a variation of the present labelling had been recommended to its head office by the Australian subsidiary. Some time would necessarily elapse before any change could be effected.

### Claims

The solicitor had conferred with the solicitors acting for a medical man who had been joined with a chemist in a claim. Liability was denied.

Another claim was settled arising from an impurity having been discovered in a pre-packed ointment. The insurer sought the support of the PDL Board in claiming reimbursement from the manufacturer. The Directors were of the opinion that this would be reasonable and they agreed to support the application.

Another claim, involving loss of a day's wages by a workman, was settled.

## Houses v. Cars

Accidents in and around American homes account for nearly six times as many injuries as motor vehicle accidents, said Dr. J. Mark Hiebert, board chairman of Sterling Drug Inc., recently.

Speaking in Europe, Dr. Hiebert said: "People don't really appreciate the size or importance of the home accident problem because much of it is hidden and lacks the dramatic elements of a highway automobile crash."

## QUEENSLAND

### New Secretary



Meet Mrs. Elizabeth Gardner (above), who has taken over the position formerly held by Miss Marj. Walters (now Mrs. Harding), as Secretary of the Pharmaceutical Society.

Mrs. Gardner has spent the past 11½ years as a secretary in the Gynaecology and Obstetrics Department (University of Queensland) at the Royal Brisbane Hospital.

From Glasgow, Scotland, some 13 years ago, Mrs. Gardner now lives at Toombul, Brisbane.

## More Roster Fuss

by Col Caves

Further to the recently introduced Saturday roster system for Queensland shop assistants still another charge has to be borne by Queensland employers.

A large number of Queensland unions applied to the Industrial Commission for payment in lieu of a rostered-off Saturday when that Saturday became a public holiday.

In this year only three Saturdays were affected, the Industrial Officer of the Pharmacy Guild, Mr. A. M. Grant-Taylor, said.

"Actually the charge to Queensland pharmacy is not very great, amounting to approximately \$1 per hour for the three hours not worked.

"This year there are three Saturdays involved—Easter Saturday, Anzac Day and Boxing Day. Normally there would only be one—Easter Saturday."

The decision, retrospective to March 25, calls for an additional three hours' pay at ordinary rates for an employee who has been rostered off duty when the

## OLD NEWS

Saturday falls on a public holiday.

"The cost to pharmacy is the number of employees divided by three multiplied by the number of Saturdays that are public holidays at the relevant rate of pay for the individual for a total of three hours at ordinary rates," Mr. Grant-Taylor calculated.

### His "Farmacia"

by Col Caves

In an area increasing towards a "little Italy" what better place for an Italian-owned pharmacy than New Farm for Alf Sorbello.



Alf (pictured) has only been there 18 months but has made many changes in that time.

A complete new shop front and re-arrangement and modernising of

some of the fixtures, were his immediate tasks.

He has however, another problem—he still has not become well enough known to the locals.

With several different bus routes to the nearby Valley shopping centre, coupled with a good service, New Farm people have been accustomed to using the Valley instead of shopping locally.

First sign of this breaking has come

with the new staggered Saturday shopping time for shop assistants, giving them one Saturday off in three.

This has meant more people around the local chemist than before, and Alf's business is increasing.

Signs of his local Italian following come from items like Bisleri, a quinine and iron tonic imported from Italy.

On the corner of the New Farm shopping centre, Alf is well situated for passing custom which is sure to come his way.

The area is developing for multi-unit sites which will add further to an already dense population.

### In Brief . . .

**Display Stands:** The Guild will approach the Health Department to clarify the position on certain display stands of a counter type used for the display of scheduled items like Trim Tabs, Contac 500 and Decrin Powders.

These stands are so constructed that stock could only be procured from the back of the stand—that is someone serving in the pharmacy.

**Poison Regulations:** There have been several recent amendments to the Poisons Regulations affecting amphetamine, Dex-amphetamine, methyl amphetamine, methyl phenidate, phenmetrazine. This means that preparations containing the above drugs must bear the wording written in the doctor's handwriting on the prescription "For a Specified Condition"

## POISONS REGULATIONS EXPLAINED



Mr. Alan Grant-Taylor explains the State Poisons Regulations to a recent refresher course of women pharmacists at Guild House, Brisbane

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## OLD NEWS

(for narcolepsy or for a child suffering from brain damage) and must also be accompanied by a written authority from the State Director-General of Health where the doctor desires to prescribe these drugs for other purposes. **Codeine:** One of the main alterations here is that compounded tablets of capsules containing a certain percentage of codeine, for example, Codral Forte, are now in Schedule 4—that is, removed from Schedule 8. **Chloral Hydrate** is now an S4 drug in any percentage.

•  
**Security Cabinets:** Discussions are still proceeding with the Health Department with regard to security cabinets for the storage of dangerous drugs. Three types of cabinets have at this stage been approved by the Department. Further advice will be sent to Guild members when finalisation is reached with regard to State regulation requirements.

•  
**Visit to Mackay Zone:** On May 24, the State President of the Guild, Mr. C. A. Nichol, accompanied by the two Vice-Presidents—Messrs. A. M. Grant-Taylor and K. Fittock (who is also the Chairman of CO-Prom) visited Mackay to meet members of the local zone and discuss many matters.

•  
**Drugs Over-the-Counter List:** This has had its final checking and the Guild is printing a new list for issue to Guild members.

•  
**Health Insurance—Medical Benefits:** Some discussions have taken place between the Guild and the state manager of the MBF. The Guild considers it essential that members of their Executive should meet the chairman and members of the board of MBF at the earliest possible time. A letter has been forwarded to MBF by the Guild requesting such a meeting. Considerable dissatisfaction has been stated by Guild members throughout Queensland, with a change in policy made by Medical Benefits Fund for chemists' agents.

•  
Significant in the long un-ending trail of pharmacy thefts was the smash and grab operation performed recently in a Brisbane suburb. This has become almost the standard method of burglary when

alarm systems have been installed by careful chemists. The operation is apparently just as noisy as the alarm systems.

## Wigs That are C-O

by Col Caves

A new Chemist-Only line is about to start in Queensland and will be marketed by Queensland Druggists.

**Rod Daniel** ("You Ring-We Bring") will increase his attack on the \$10 million yearly market in wigs with his own imported line.

"Some wholesalers have as many as three reps promoting the sales of wigs, but unfortunately not exclusively to chemists. My line will be Chemist-Only, will carry up to 85 per cent margin, yet still sell in the quality bracket of \$25. Some city hairdressers charge \$35 for the same quality."

"Why wigs in pharmacy?" we innocently asked.

"WHY!" indignantly replied the author of *Codease and Reliever's Handbook* (along with Terry White).

"Who does a client go to with hair care problems, dandruff, dry hair and the like? Primarily a chemist and what better place to offer something to go with hair care?"

## People in Pharmacy

### Obituary

The death has occurred of **T. J. P. (Tim) Connolly**, who conducted a pharmacy in Queen Street years ago and in later years relieved in various parts of the State.

The death has also occurred of **H. J. Ling** who conducted a pharmacy at Babinda, North Queensland, for many years.

The death has occurred of **T. J. Luddy**, who conducted pharmacies in Edward and Queen Streets.

He retired from business many years ago. He is survived by his son.

### Changes in Pharmacy

**Mr. M. J. Tilley** has opened a new pharmacy at the shopping centre, Milton.

Kenmore After Hours Pharmacy has opened at 2079 Moggill Road, Kenmore.

Day and Night Chemists have opened at Osborne and Samford Rds., Mitchelton.

**Mr. G. J. Nichols** has opened a new

pharmacy at 53 Perry St., North Bundaberg.

**Mr. Michael Doyle** has opened a new pharmacy at 161 Bowen Road, Townsville.

**Mr. Peter Wallace** has sold his pharmacy at 256 Grey Street, Glen Innes, and has purchased the pharmacy previously conducted by **Mr. Foyster** at Cavill Avenue, Surfers Paradise.

### Retirement

**Jim Condie** and **Andy Gordon**, who have traded as Condie and Gordon of Nerang Street, Southport, for years, retired at the end of June.

Andy's son, **Brian**, has taken over the pharmacy.

## Double Starts!

by Col Caves

A fortnight after opening the new Milton Pharmacy for St. Lucia's **Mr. M. J. Tilley**, **Pam Hickey** had a date with the altar and **Mr. Lionel Hendy**, her fiance.

Pam was still getting organised at Milton as the pharmacy was the first shop to open in the 22-shop complex—which also includes a Woolworth's BCC supermarket.

The Hendys arranged things to be back in Brisbane in time for the official opening of the centre—June 8.

Pam managed the George St. pharmacy for **Mr. Tilley** for six years following a 13-month overseas working holiday.

She was relieving for a year prior to this and has also worked for **Mr. Jim Gardiner** at Newmarket and **Bernie Dufficy** at Kedron.

## Chemist Bowls

Chemists are reminded that the bowls carnival will be held in Brisbane in September. Visitors will arrive on Sunday, September 13.

One game is to be played at Southport.

President **John Lindley** advises that at the club's last meeting they had as their guest **Mr. Peter Harding**, who is the vice president of the NSW Chemist Bowlers.

## Chemists' Golf

The July outing will be held at Royal Queensland Golf Club, Brisbane, on Sunday, July 26. Hit-off is at 10 a.m. sharp.

Please contact the President, or Secretary, **Garnet Matthews**, phone 4 0101.

## The Guild

Present at the June meeting of the State Branch Committee were: Messrs. C. A. Nichol (President), A. M. Grant-Taylor, K. E. R. Fittock, C. M. Morris, T. J. Burke, H. Darrouzet, J. J. Delahunty, N. E. Edmiston, H. Evans, W. F. Hargrave, W. J. Kerrish, A. L. Rae and R. J. Sellars.

### Senate Select Committee

A letter was sent to Mr. T. B. Evans, Federal Secretary, forwarding an extract taken from the British *Pharmaceutical Journal* on February 15, 1969, which contained a survey of poisoning cases in 1966 which had been recorded at the General Register Office in London.

This was forwarded in the hope that it may be useful information to incorporate in the submission being prepared by the Guild for presentation to the Senate Select Committee on Drug Trafficking and Drug Abuse.

### Veldown Parcels

Mr. R. G. Ross, of the Federal Trade and Commerce Division, was written to, asking if the Federal Trade and Commerce Committee could investigate the possibility of Kimberley Clark extending their Kleenex parcels to include Veldown.

It was pointed out that Kleenex was available in special buys without any similar promotion incentive being available for Veldown.

### Pharmacy Stands

A letter was sent to the assistant secretary, Director-General of Health and Medical Services, about display stands for Trim Tabs, Contac 500 and Decrin powders which an inspector from the Health Department had advised a member had to be kept out of the reach of the public.

The Guild sought the Department's advice respecting the use of these stands in pharmacies.

The reply stated that the Poisons Regulations of 1967 prohibits the possession of a poison in Schedules 2 or 3 for sale by a chemist in any portion of the pharmacy other than a part which is inaccessible to the general public.

If a display stand were used similar to those submitted, then they could be displayed only in that part of the pharmacy which was inaccessible to the general public. No approval could be given for the stands themselves.

After discussion, it was agreed that this information should be disseminated to members in the weekly mailing.

### Trade and Commerce

Mr. Delahunty advised that a subcommittee of Mr. Alan Weeks and Mr. Alan Rae had been formed to investigate the lowering of shelf prices of certain open-selling lines and these two members would report to the Executive and the Chairman of Trade and Commerce.

### Lowered Shelf Price Scheme

Mr. Alan Rae's report was submitted to all members of the State Branch Committee and he elaborated on many of the points he detailed.

He said the scheme entails giving chemists a list of products showing the lowered shelf price of each and being initially a restricted number of volume open sellers.

Mr. Edmiston said this was one of the most progressive and best presented schemes we had heard of.

Mr. Nichol advised that the Executive had approved of the scheme and had given Mr. Rae authority to proceed.

### CO-Prom

Mr. Fittock reported on the meeting of members held at Mackay on May 24. He said this meeting strengthened the Committee's belief that if membership is to be increased field trips are essential.

Mr. Fittock said the comments and criticisms of the Mackay chemists were noted and wherever possible would be acted upon.

Mr. Fittock advised that the CO-Prom Committee was currently giving consideration to three major points:

1. Meeting in Brisbane of representatives from the zones. Instead of a meeting with manufacturers this year it is felt that a meeting of members from various zones to discuss the total aspects of CO-Prom would be useful.
2. The 1971 program. The Committee was looking at products for promotion and the material to be used.
3. The CO-Prom Sales Management Forum. This book will fill up fairly soon and its future will have to be looked at carefully.

### Visit to Mackay

Mr. Nichol reported, accompanied by Mr. Grant-Taylor and Mr. Fittock, that he visited Mackay on Sunday, May 24.

This was a very good meeting in that one important motion that was carried was "that the State Branch Committee be requested to consider holding two special meetings per year by State Branch Committee members and a repre-

sentative of all country zones throughout Queensland be present. All zones represented should be active, and hold at least four general meetings of zone members each year."

Mr. Nichol said this would be given further consideration.

### Staff Training

Mr. Edmiston read to the meeting a questionnaire he had drawn up to dispatch to Guild members throughout the State to ascertain their feelings on staff training.

It was agreed that the questionnaire prepared by Mr. Edmiston be circularised.

## Clinic Link is Unethical

**Q**—Our clinic is housed in a building which contains a branch of a large eastern drug store chain. Our patients are encouraged to patronise the drug store nearest their place of residence. Is it within the bounds of medical ethics for the drug store to have a telephone extension connected to the clinic switchboard? The drug store has in addition its own private telephone for outside incoming calls, which is listed separately in the telephone directory under the name of the drug store. Would it be ethical for the drug store telephone to be listed only under the name of the clinic?

—MD, Virginia

**A**—The Judicial Council of the American Medical Association has said that this practice is contrary to the spirit and intent of the Principles of Medical Ethics and should not be engaged in. Just as the medical profession fights for the principle of free choice of physician, it by the same token should encourage the patient's right of free choice of pharmacy and should not engage in any activity that would directly or indirectly interfere with this right.

Regarding the ethics of listing the drug store telephone in the directory only under the name of the clinic, judicial Council has not provided a direct answer. However, in the basis of the Council's views on the topic of physical-pharmacy relations, it seems clear that such a listing would not be looked upon with favor. This kind of practice, too, might tend indirectly to deny the patient free choice of pharmacy.

—Extract from *Journal of American Medical Association*, May 26, 1969



### Drug Specialists!

by Ron Berryman

"Experienced" thieves raided a D.D. cupboard in a pharmacy on the corner of Martin Street and Payneham Road, Glynde, taking more than 1000 dangerous tablets and 113 phials of addictive drugs.

Mr. K. J. Frazer, owner of the pharmacy, said the thieves knew exactly what they were looking for and took only combinations of "hard" drugs.

Mr. Frazer said the thieves took almost his entire stock, including the phials which were used for injections and consisted mainly of morphine.

He added that the more popular purple hearts and Dexedrine were missed by the thieves because they were not stored with the harder drugs.

The robbery was committed quietly and effectively and it was significant that the cash register wasn't touched even though it contained some cash.

The robbery could be a warning of a fresh outbreak of this type of crime in South Australian pharmacies by drug traffickers.

### Drug Abuse Talk

Mr. Lloyd Davis, the pharmaceutical inspector of the Public Health Department, recently returned to Port Pirie for a series of lectures on drugs, drug addiction and drug abuse in Australia.

Mr. Davis was a pharmacist at Port Pirie Hospital 10 years ago and agreed to lecture leaders in the community when approached by a Port Pirie club.

In his lectures Mr. Davis emphasised the importance of educating the total society rather than just the teenagers.

Education aimed at just the teenager was bound to fail unless there was a back-up in the home from parents. He hoped the lectures would cause a chain reaction from the opinion-makers to the younger members of the community.

Mr. Davis told his audiences that Australians were the greatest drug-takers in the world per head of population and the greatest drug addiction in Australia was with alcohol, particularly among the male population.

He also pointed out that for middle-aged women the major addictions were

with barbiturates or nerve and sleeping drugs.

Ten per cent of the Australian population took too many headache remedies, and the majority of drug-taking stemmed from a need for solace and comfort, Mr. Davis added.

### SAPSA Football Win



*SOUTH AUSTRALIAN branch manager of F. H. Faulding & Co. Ltd., Mr. W. M. Mill, congratulates SA Pharmacy Students Association football team captain Kevin Junken on winning the Faulding Shield for annual competition against Victorian Pharmacy Students Association.*

The match, held at the Adelaide University Oval, was attended by 94 Victorian pharmacy students who chartered two buses for the week-end trip to Adelaide.

The two associations decided to introduce an annual football match "to foster greater friendship between the two student bodies".

Mr. Mill said that Faulding was pleased to be able to provide a shield for annual competition and looked forward to seeing vigorous and friendly competition between the two States.

The match was won by SA 12.7 to Victoria 11.6.

Best players were R. O'Shannassey (SA) and A. Prowse (Vic.). The umpire was well-known SA pharmacist and National Football League umpire, Murray Ducker.

A women's team representing the Victorian students defeated an SA team 2-0 in a vigorously contested hockey match.

### Pharmacy Changes

The Pharmacy Board has approved the following alterations to the Register:

- Mrs. A. C. Haddy .. 91 Goodwood Rd. Goodwood (manager, K. I. Haddy)
- A. R. & N. J. Hay and A. S. D. & S. S. Jolly } 36 Bridge St., Murray Bridge (manager, A. R. Hay)
- A. R. & N. J. Hay and A. S. D. & S. S. Jolly } 41 Bridge St., Murray Bridge (manager, A. S. D. Jolly)
- Mrs. K. A. Pontifex .. 37 Maxwell Terr. Glengowrie (manager, A. Pontifex)
- Mrs. P. R. Raw .. 487 Morphett Rd., Oaklands Park (manager, I. L. Raw)
- Mrs. P. M. Saies .. 247 Grange Rd., Findon (manager D. Saies)

### New MSD Building

The South Australian branch of Merck, Sharp and Dohme has moved into new, modern premises in Fullarton Road, Kent Town.

State manager Mr. R. Chaffey said the new offices and warehouse brought the Pharmacy and Veterinary divisions of the company back under one roof.

"This new area allows us to give better service and also provides adequate warehouse space with an opportunity to expand," he said.

The new premises provide 4000 sq. ft. of warehouse space and 1000 sq. ft. of office space, and an additional 2000 sq. ft. for warehouse extensions.

Warehouse, sales and administration are now combined in the one building.

One of the features of the new building is an intricate network of electric signals to provide maximum security for stock stored in the warehouse.

Wire gates are also provided to all access doors to the warehouse so that entry can only be gained under the supervision of the staff.



*The reception area of Merck Sharp and Dohme, Adelaide, with State manager Mr. R. Chaffey, left, and veterinary supervisor Mr. B. L. Short, right, speaking with the secretary.*

## Hospital Appointment

A new Senior Pharmacist, **Mr. David Cosh**, has been appointed to the staff of the Pharmacy Department at the Adelaide Children's Hospital.

Mr. Cosh recently returned from an overseas working trip in the United Kingdom. He spent two years gaining experience in hospitals in the London area.

His appointment is part of a move by the Chief Pharmacist, **Mr. N. L. Smyth**, to develop the sterile preparation service in the Department.

Mr. Cosh is now in charge of this section, which was previously treated as part of the general Pharmacy Department.

## Kidney Lecture

The Lipsham Memorial Trust lecture will be given by **Dr. J. R. Lawrence** on July 16, in the Rothman's Theatre, Wayville Showgrounds.

Dr. Lawrence, who is director of the renal unit at the Queen Elizabeth Hospital, has chosen "The Function of a Renal Unit" as his subject for the lecture.

## Goolwa Seminar

The Pharmaceutical Society of South Australia has made arrangements for a seminar to be held at Goolwa, on the weekend of August 22 and 23.

The theme has not yet been selected, but the Society Secretary, **Mr. R. Clampett**, has announced that speakers would be from the School of Pharmacy and films would accompany lectures.

The seminar will be held in Graham's Castle at Goolwa, where there is motel-type accommodation for 44 people.

It is planned to hold a dinner on the Saturday night with special vintage wines from Clare and Mr. Clampett has also proposed a round of golf at the South Lakes course before the seminar starts on the Saturday.

## Pharmacy Board

Present at the May meeting of the Board were: the President, **Mr. R. C. McCarthy**, in the Chair; Messrs. **J. W. Jackson**, **J. J. M. Retallick**, **N. L. Smyth**, **D. K. Wilson**, **M. M. Wilson**, and the Registrar, **R. B. Clampett**.

### Addendum to BP

Regarding the effective date of the Addendum 1969 to the BP 1968, the Registrar tabled a letter from the Vic-

torian Board which indicated they had recommended dates six months after the corresponding dates in the UK to the Public Health Department in Victoria.

The Board noted that these dates applied automatically in SA and no action was required.

### Practical training for trainees

Following discussions held before the Board meeting, it was decided that **Mr. M. M. Wilson** will chair a committee consisting of Messrs. **R. C. McCarthy**, **N. L. Smyth**, **D. K. Wilson**, **M. L. Abbott**, **P. H. Grummet**, **A. E. Polack** and **L. N. Sansom** to make recommendations on practical training of students/trainees with particular regard to—

1. In-course practical training;
2. Specified types and numbers of preparations to be detailed in the 500 prescriptions required to be dispensed during traineeship;
3. Preparation of a set of questionnaires to be given approximately monthly during traineeship;
4. A viva voce "registration" examination near the end of the traineeship period.

### Procedure re Minor Complaints

The Registrar conveyed from the Society Council an indication of their willingness to deal with all minor ethical and advertising breaches in the first instance.

The Board accepted this principle and thus the position is as set out in the record of the joint meeting of the Board and Council held previously at Devon Court.

### Display of Analgesics

**Mr. Jackson** noted that the Guild had recommended members not to make massive displays of S.3 poisons and oral analgesics.

### Red Warnings on Labels

**Mr. Jackson** asked if the prohibition on red printing on labels for internal medicaments could be relaxed in the case of "keep out of the reach of children".

This was referred to the Society Council for decision.

### Traineeships in Hospitals

**Mr. Smyth** indicated he was giving consideration to the practical aspects of all traineeships being done in hospitals. The President suggested this could be added to the matters being considered by **Mr. Wilson's** Committee on Practical Training.

## The Society

Present at the June meeting of Council were: the President, **Mr. P. H. Grummet** in the Chair; Messrs. **M. L. Abbott**, **B. W. Hayter**, **S. M. Mudie**, **B. T. O'Connor**, **L. N. Sansom**, **G. M. Smylie**, **R. N. Spafford**, and the Secretary, **R. B. Clampett**.

### Leave of Absence

The President said that **Mr. P. L. Jeffs** had hoped to be present at this, his last meeting of Council, but pressure of work had precluded him.

### Practical Training

The President reported that he had represented the Society at a meeting convened by the Pharmacy Board to discuss practical training. Messrs. **Abbot**, **Polack** and **Sansom** had also attended.

It had been decided that **Mr. M. M. Wilson** would chair a committee consisting of Messrs. **R. C. McCarthy**, **N. L. Smyth**, **D. K. Wilson**, **M. L. Abbott**, **P. H. Grummet**, **A. E. Polack** and **L. N. Sansom** to make recommendations on practical training of students/trainees.

After general discussion of traineeships and practical experience it was suggested that an "open night" at the Pharmacy School for interested pharmacists might be worthwhile. This would not replace the evening normally held for final year students.

### Tenancy of Ground Floor

The President reported that the southern area had been let to **Parke Davis & Co.**, and the Society would share the northern office with Messrs. **Chambers** and **Milne** of the A.M.P.

### Membership

A letter was sent to **Mr. P. B. Lucas** approving his application for leave of absence.

An application for membership from **Mr. N. R. Hazelwood** was approved.

### Advertising

Advice was received that the Pharmacy Board had accepted Council's offer to deal with all breaches of ethics in the first instance.

### Annual election

Advice was received from the Pharmacy School that **Mr. J. L. McInnes** would be the new representative on the Council from July 1.

### Goolwa Seminar—Graham's Castle

**Mr. Sansom** advised that four lecturers would each give one lecture on the Sunday.

**Mr. Abbott** offered to select suitable films for the Saturday night which

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would be shown in conjunction with a discussion of Board and Society affairs.

### Dinner Dance

The Tonsley Motel Hotel has been booked for Wednesday, October 28.

### River Districts Seminar, Berri

The suggested dates are October 17-18 or 24-25.

### Drug Abuse Pamphlets

The Secretary has asked the Canadian Council on Drug Abuse for copies of their literature which is distributed through pharmacies (free).

### Red for Internal Use

It was decided that the total restriction on the use of red on labels for preparations to be taken internally would be relaxed to permit the words "keep out of reach of children" to be used.

These words are to be the only exception.

### Re-scheduling of Anorectics

Mr. Hayter asked for Council's opinion of what controls were preferable for anorectics not containing amphetamines, as the subject would be discussed soon by the Food and Drugs Advisory Committee.

After considerable discussion it was thought that there was a limited but legitimate use for these preparations.

Control could be by requiring an entry in the Poisons Book, restricting sales to people over 18 years, requiring sales to be supervised by a pharmacist, and by limiting the pack size.

It was felt that an emetic additive, as in Dover's Powder, could be of practical use.

Restriction to S.4 was not considered to be effective as shown by the over-use of barbiturates.

### Purified Water in NHS formulas

Mr. O'Connor observed that the Department of Health would demand and pay for the use of purified water in appropriate formulas, but only after August 1.

The Secretary was requested to write to the Director-General protesting at the two-month delay.

### Betnovate Cream Dilution

The Secretary reported that a pharmacist had intimated that a skin specialist was instructing patients to mix Betnovate Cream with Simple Cream on a table using a household knife — (the same specialist who ordered creams "ex bulk pack").

Council decided that nothing could be done to halt this undesirable interference into pharmaceutical practice.

### Ovulen Strengths

The Secretary reported that a pharmacist had phoned objecting to the ridiculous number of strengths and packs of oral contraceptives. It was noted that there were far fewer in the UK.

Mr. Smylie indicated that the Guild had complained already to the manufacturers.

### Mr. Sansom

The President pointed out that this was Mr. Sansom's last meeting as representative of the Pharmacy School. He thanked him for his lively interest in the Council and his stimulating contributions which had been very welcome.

Council members all endorsed the President's remarks.

Highlights from the May Council meeting:

### Acquisition of Land

The Secretary reported that the savings bank would require half of the compensation to be paid by the Highways Department to be applied in reduction of the mortgage. Council authorised the Secretary to finalise these arrangements.

### Mt. Gambier Seminar

The President reported that the weekend had been a success. The lectures had been of a high standard and had been very well received.

### Membership

Application for membership from Miss C. Crowe and Miss L. M. Price approved.

### Breaches of Ethics

It was decided that Council would suggest to the Board that all breaches of ethical conduct be referred to the Society in the first instance.

The Secretary was authorised to convey to the Board that the Council is willing to accept this responsibility.

### Program

Annual General Meeting: September.

Dinner dance: It was resolved that the Secretary would book the Tonsley Hotel-Motel for Wednesday, October 28.

River districts seminar: It was decided that the Seminar should be held in Berri during October.

### Poison Registers

The Secretary indicated that stocks were exhausted and he was authorised to make suitable arrangements for the print-

ing of a smaller and simpler Register to be sold by Council to pharmacists.

## Drug Education: SA the Leader

*THE South Australian Branch of the Guild is working on a special program for International Pharmacy Week in October that is expected to show the way to interstate pharmacy for future drug education.*

Between October 4 and October 10 the Guild is arranging for guest speakers and pharmacists to address every secondary, high, and technical school and college in the Adelaide metropolitan area on drug abuse.

The Public Health Department, the police Drug Squad and the Education Department have agreed to co-operate in this project to convey the importance of drug education to students, parents and friends.

The program has only become possible following negotiations between the Guild and the Director-General of Education in South Australia, Mr. A. W. Jones.

A variety of top-class films associated with the drug problem will be used during the lectures and it is proposed to have one lecture per area per night during the seven days of International Pharmacy Week.

Lectures will be conducted at night in school buildings and will be organised primarily by Guild members with the Department of Public Health and the Education Department.

The entire project marks an important step towards proper drug education and association between the public and the pharmacist. There is little doubt that a great deal of benefit will be felt through the direct result of the educational lectures to those who attend, and to the publicity it will receive through normal press media.

Despite the size of the project, it cannot help but succeed and the many hours of work it will take to organise the full program should prove very worthwhile.—**Ron Berryman.**

## Pharmacy Ball

The annual pharmacy ball will be held at the Embassy Cabaret from 8.30 p.m. to 1.30 a.m. on Tuesday, July 28.

The committee invites pharmacists, students, pharmacy assistants and friends to attend. Further details may be obtained from committee members at Rumbles, DHA and Fauldings.

## Moirried!



Another bachelor "bit the dust" when **Andrew John Moir**, of Melville, married **Laurel Inez Power**, of Tuart Hill, on April 29.

The wedding was at St. Denis' Church, Joondanna, followed by a reception for 85 guests at Hawthorn Lodge.

Then it was a 10-day honeymoon up north before Andrew began his next relieving appointment at Busselton.

## Drugs Stolen

Thieves recently broke into Payne's Pharmacy, Hampden Road, Hollywood, and stole a large quantity of narcotics.

A locked cupboard was broken open and all the addictive drugs were stolen. These consisted of about 30 bottles of drugs and the tablets stolen are believed to number at least 1000.

## Drugs in His House

In the Fremantle Police Court recently, a pharmacist was charged with having specified drugs wrongfully in his home. He pleaded guilty.

The court was told that the pharmacist claimed that he kept the drugs for his own use mainly when he was engaged in car trials, and needed something to keep him awake.

His solicitor said that there was no suggestion that his client was addicted to drugs or was supplying them to anyone else.

He was placed on probation for 12 months.

## Holidays

**Miss Margaret Sharp** has returned from the Eastern States and is off to England.

After working in Victoria, she spent some three months in a dispensary in Nauru, an experience which she found most enjoyable.

**Mr. E. W. Varcoe** of Scarborough has gone to enjoy himself at the bowling carnival at Brisbane.

**Mr. W. L. Fauckner** of Claremont left for a three months holiday in England.

**Mr. R. C. Clarke** and **Mrs. Clarke** of Mosman Park leave on July 28 on a world trip.

The first stage of the journey will take them to Expo 70 in Japan, then through South East Asia and on to Canada.

After a six-month period of travel in Canada and the USA, they should arrive in England by Christmas, 1970, where a family reunion will take place. The other participants on this occasion will be their daughter, a nurse recently practising in New Zealand, and their son (at present completing his Doctorate in History in Nova Scotia) with his wife and two children.

**Mr. Clarke** intends to do some work in England, and also spend some time on the Continent.

## Personal Notes

**Mr. W. G. Griffiths**, chief pharmacist, Department of Health, has entered St. John of God Hospital, Subiaco, for surgery. It is understood that he is progressing, but will need a period of convalescence.

**Mr. Keith Kidd** has been appointed a Commissioner for Declarations.

**Mr. Sol Benn**, of the Dog Swamp Pharmacy, has been made a Justice of the Peace.

**Deaths:** It is with great regret that we announce the passing during May of two old and respected members

**Mrs. Reva Christine Doherty** (regis-

tered on September 5, 1921), died on May 7, and **Mr. David Shaw Davies** (registered on February 8, 1916) died on May 12. We extend sincere condolences to the relatives of both departed members.

## Business Notes

**Mr. Bryan J. Elliott**, of the pharmacy staff at Royal Perth Hospital, has purchased the pharmacy of **Nicholas and Son** at Swanbourne.

**Mr. J. M. Nicholas** has been in pharmacy for 50 years, and has served residents of Swanbourne as a family chemist for 34 years.

Born in Western Australia, he became apprenticed to his uncle, the late **Bevan Kirby**, a very well known Port Adelaide chemist, and qualified at the Adelaide University.

After a well-earned holiday he will do a moderate amount of locum work.

**Mr. Trevor Nicholas**, who leans more towards the professional than the commercial side of pharmacy, is changing places with the new owner, **Mr. Elliott**, and is joining the staff at Royal Perth Hospital.

**Mr. A. R. Kierath**, formerly of Norseman, has acquired the two Esperance pharmacies from the estate of the late **Mr. L. J. Barker**.

The Norseman pharmacy has been purchased by **Mr. P. Klarie**, who recently closed his pharmacy in Oxford Street, Leederville.

**Mr. K. G. McKenzie** has also closed the pharmacy at 824 Albany Highway, Victoria Park, and, with his partner, **Mr. J. G. Lindquist**, will concentrate on the business at 779 Albany Highway.

**Mr. Brian N. Herbert** has taken the place of **Mr. I. R. Sinclair** as partner with **Mr. V. J. Stoyanoff** in the pharmacy in Bairds Ltd., Fremantle.

**Messrs. Sinclair and Stoyanoff** are opening at Tom Price, one of the new centres in the rapidly growing North of the State.

**Mr. R. C. Dymock** has opened a pharmacy in the Village Centre at Wanneroo.

**Mr. J. Bell** has started in the older established suburb of North Perth.

The 1st of July being the start of a new financial year usually heralds some changes in pharmacy ownership. Prospective movements are:

**Mr. Peter C. Downs** taking over the pharmacy already aptly named "The

(continued overleaf)



## TASMANIA

### Annual Dinner

The combined annual dinner of the Pharmaceutical Society and the Guild, held at The Ball & Chain Restaurant, Salamanca Place, Hobart, attracted about 150 people.

Official guests included Dr. Fletcher (President, Royal Australian Chemical Institute, Tas. Branch), Mr. M. Diprose (manager, Kodak, Tasmania) and Mrs. Diprose, Mr. D. J. Thompson (manager, Cados South) and Mrs. Thomson, Mr. Murray (manager, DHA, Tasmanian Division).

The Toast to Pharmacy was proposed by Mr. L. J. McLeod, Head of the School of Pharmacy:

"When we drink a toast we affirm particular loyalties to persons or institutions. We do this by swallowing varying strengths of a central nervous system depressant, flavored with a variety of volatile oils, and carrying a dispensing fee which makes the NHS fee look like pin money.

"I hope that none of you get withdrawal symptoms, of this depressant, before the moment comes for raising your glass to drink the toast to the profession of pharmacy.

"Looking back on the evolution of pharmacy from early times two very significant things are noticeable.

"Firstly, the pharmacist has always been a well trained member of the community.

"Secondly, the evolution of the profession over the last 40 years has been so rapid, compared with the period up to 40



*PHARMACY Board President Mr. B. L. Ralph with new diplomates Miss Jill Tomlin and Mr. Greg Kay.*

years ago, that it is almost better to describe it as a revolution.

"I think before we drink a toast to the profession we ought to examine why these two facts are important today—that is, the changes in the profession and the training required to practice it.

"Because of the rapid development over the last 30 to 40 years, we tend to miss the familiarity of the old and yet are unable to grasp the shape of the new.

"This is understandable because, although all of us are blessed with hindsight and can clearly see the follies of those who have gone before us, we should remember, also, that we will be condemned by future generations for the

stupid mistakes which we are no doubt making today.

"However, no generation can be wiser than the knowledge of their time allows them to be, and we can only hope that, in this turbulent period, our efforts to develop and maintain a healthy professional structure are correctly motivated.

"By this I mean that whatever changes we make in structure ought to be based on a long-term idealism rather than short term expediency.

"People who say that the pharmacist is overtrained are wrong, even though we may sometimes be tempted to agree with them.

"In every advanced culture the pharmacist has always been required to undergo substantial training before being allowed to be responsible for the drugs of the day.

"As head of the School of Pharmacy I am often called on to explain the reasons for subjects in our curriculum to both people inside and outside the profession.

"The difference in our course today is, perhaps very noticeable because of the rapid way it has been brought in. This was inevitable because of the revolutionary pressures of the last few decades.

"In rapidly changing times the species whom we educate must be versatile, and able to adapt. In other words, his or her education towards coping with change and with changing roles becomes more important than rigid training in special techniques.

## WA NEWS

*(continued from previous page)*

Downs Pharmacy", Wembley Downs, from Mr. A. Davy;

Mr. David R. Hoyles acquiring the pharmacy of Mr. R. C. Clarke at Mosman Park;

Mr. Richard H. Cherry purchasing Mr. A. Burking's pharmacy at Margaret River;

Mr. John K. Little of Northam taking over the pharmacy of Mr. J. V. Frost of the same town (Mr. Little proposes to vacate his own premises and merge the

two businesses in Mr. Frost's establishment);

Mr. Graeme J. Crisp acquiring Mr. J. J. Stacey's pharmacy in Hannan St., Kalgoorlie;

Miss Vida Garcia retiring from her partnership with Mrs. Rae Edwards, who will now assume sole ownership (Miss Garcia's health has caused her concern over a long period, and it is hoped that now, free from the cares of business, she will fully recover), and

Mr. Robert L. Matthews becoming sole owner of the pharmacy at Bicton at present being conducted in partnership with Mr. Colin Baird.

## TAS NEWS

"Species die out unless they can adapt. Look at the dinosaurs. We are led to believe that they died of constipation because they could defaecate only when the temperature was low. However, when the environment of the earth gradually became warmer they couldn't adapt, couldn't defaecate, and so they died.

"It would be an interesting student exercise to work out how much cascara bark or aloes would have been needed to keep a 90-ton dinosaur regular, until the onset of the ice age!

"Even the space age might bring to pharmacy special problems.

"For example, how would you conduct a dispensary in a weightless environment? It would certainly be easier to go up the wall on a Friday afternoon!

"Whatever is demanded of the future pharmacist he will be certain to need a sound education and the high ideal of service which is traditional to pharmacy and which will endure through all these changes.

"With these few thoughts can I ask you to signify your loyalty to the profession by drinking the toast to pharmacy."

The President of the Guild, Mr. E. K.

Graver, responded to the toast.

Mr. B. L. Ralph, President of the Pharmacy Board, presented Diplomas to the following:

Messrs. K. J. Atherton, T. J. Cleary, H. W. Cuthill, G. B. Deacon, P. A. Devine, M. Fagan, J. J. Galloway, K. W. Jestrinski, G. J. Kay, R. H. Rumble, Miss J. Tomlin, Mr. D. Weily, Mr. G. Wighton.

In proposing the toast to the newly qualifieds, Mr. Ralph said that it was a great privilege and pleasure to propose the toast.

He reminded them that they were now fully qualified pharmacists, and as such were eligible to participate in all the activities of pharmacy, such as the Board and Society.

A particular responsibility existed in the field of education as pharmacy attains degree status at the University of Tasmania.

"If one is to enjoy the full privileges, we must undertake this with the full co-operation of pharmacy students and all pharmacists to undertake further research and its promotion."

Education must not rest only with the attaining of a degree. Provision must be

made for obtaining higher levels of achievement, such as Masters degrees and doctorates.

Prices were awarded as follows:

**Kodak Prize**—Mr. R. Nation.

**DHA Prize**—Mr. R. J. McLennan.

**Parke Davis Prize**—Mr. S. Lam and Mr. D. Scanlon.

**L. W. Palfreyman Memorial Prize**—Mr. R. Nation.

**Guild Insurance Co. Prize**—Mr. G. Malecky.

**B. L. Ralph Prize**—Mr. R. Nation.

**Gould Memorial Prize**—Mr. G. Malecky.

**B. J. Shirreffs Memorial Prize**—Mr. A. Wyatt.

## Seminar

About 50 pharmacists from all areas of Tasmania attended a seminar conducted by the Pharmaceutical Society on Sunday, May 31, at the School of Pharmacy, Hobart Technical College.

Based upon the central theme, "Allergy", the seminar was conducted in four sessions by Mr. L. J. McLeod, Head of the School of Pharmacy and

(continued Page 539)



# Intensive Dequadin advertising... means healthy DEQUADIN Sales!!

Winter means sore throats and we are making sure your customers will be asking for **Dequadin Lozenges** with an intensive nation wide Radio campaign, backed with attractive full colour point of sale material.

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Write to **PHARMACEUTICAL PRICING SERVICE**

Box 64, West Ryde, Sydney, NSW  
(Please see our Advertisement on Page 521)

**PHARMACIST** (male with young family), Queensland qualified 1964, with managerial and two years hospital experience, seeks managerial position with possibility for advancement to active shares or reasonable incentives after trial period. Arriving in Australia **LATE NOVEMBER**. Replies to "Advertiser", 1330 East 45th Avenue, Vancouver 15, B.C., Canada.

**FLAT TO LET:** Two bedrooms above shop. Right at shops and transport. Suit chemist. Casual work could be arranged. Palmer Chemist, Ryde, NSW. Phone 80 3265.

### WESTERN AUSTRALIA

**PHARMACY WANTED**—Metropolitan area or major country town. Must have potential for increased T/O. Replies to No. 6770, c/-AJP Office, 18 Saint Francis St., Melbourne 3000, or Phone 86 1482 (WA).

### FULL TIME PHARMACIST

Applications are invited for position of full time pharmacist at the Gympie Hospital.

Salary rate is \$4,758 per annum.

Gympie is situated 110 miles north of Brisbane and has a population of approximately 11,000.

Appointee would be responsible for control, issue and requisition of all Hospital drugs.

Application should be forwarded in writing, together with copies of references, details of experience, etc., to Secretary, Hospital Board, Gympie, Qld. 4570.

### PHARMACIST MANAGER

Required urgently for attractive North East Victorian country town. Ability to speak Italian an advantage but not essential. Good conditions. Salary by negotiation. Please reply to No. 7770, c/-AJP Office, 18 Saint Francis St., Melbourne 3000.

**FOR SALE: QLD. PHARMACY** — handy Brisbane and Gold Coast. Turnover \$86,600. Plus \$4,000 rebates — excellent profits. Reply to No. 1770, c/-AJP Office, 18-22 Saint Francis Street, Melbourne 3000.

**FOR SALE**—North Qld. pharmacy (Cairns area), modern brick premises, low rental, long lease, T.O. \$36,000 p.a. (ex MBF and rebates). Goodwill negotiable. Reply to No. 4770, c/-AJP Office, 18 Saint Francis St., Melbourne 3000.

**PHARMACIST** — Australian qualified, migrating to Australia in **EARLY SEPTEMBER**. Has had five years management experience in own business. Age 29 years — single. Reply to No. 5770, c/-AJP Office, 18 Saint Francis Street, Melbourne 3000.

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Also available from stock at Greenhalgh's:

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Perth — Western Australia

**Grounds & Bowglass Pty. Ltd.,**  
Hobart — Tasmania

### UNUSUAL OPPORTUNITY FOR MATURE PHARMACIST

If you're a brash young go-getter racing with the Jones's, get back to your rat-race, fella;

This is for a mature man half-inclined to retire to a balmy climate with fishing and tropical fruits but nevertheless with a good little pharmacy where he can earn a nice living without stress, the only Chemist in a small friendly one-doctor town.

Port Douglas is the place. We have the comfortable location where he could establish the pharmacy with a suitable house to live in behind the shop.

Cost, excluding stock, would work out about \$13,000.

Write for particulars and ask any questions.

DOUW MARKETING, 5 Hall Street, Cairns, Qld. 4870. Phone: 532292.

**QUEENSLAND PHARMACY** — Major coastal town. Established over 15 years — original owner retiring. Turnover in excess of \$40,000. Low rental — long lease.

Please write to GPO Box 399, Brisbane, for further information.

### FLYING TO EUROPE?

Wish to Save More Than \$400?  
Contact Immediate Discount Flights,  
6 Crescent St., Noble Park, Vic. 3174  
(P.O. Box 202)

### THE ORIGINAL NHS PRICING SERVICE

Specialists in Pricing and Coding  
Established 1951  
**CHEMISTS' ACCOUNT SERVICE**  
Room 220, 160 Castlereagh Street,  
Sydney, NSW  
Telephone 26 5138

**QUALIFIED PHARMACIST** required for Modern Pharmacy, Devonport, Tasmania. Permanent position, excellent conditions, 5-day week. Salary by mutual arrangement. Applications and enquiries will be kept confidential. Replies to No. 2770, c/- *AJP* Office, 18 Saint Francis St., Melbourne 3000.

### FOR SALE

Country Pharmacy. A few hours drive from Brisbane. Turnover \$800 per week. No cosmetics stocked. Price very reasonable, with some financial assistance from vendor. For further particulars, reply to No. 1670, c/- *AJP* Office, 18 Saint Francis St., Melbourne 3000.

**CHEMIST WANTED** to open business in new brick shop. Westernport Bay area, Victoria. Direct access to surrounding areas. Phone 0594 99240.

**GOLD COAST PHARMACY, T.O.** \$31,500. Rapidly expanding. Good potential. Reply to No. 3770, c/- *AJP* Office, 18 Saint Francis St., Melbourne 3000.

**PHARMACEUTICAL CLAIMS**  
Automatic Data Processing Pricing.  
Mrs. G. Heatherill, 23 Page Avenue,  
Garden City, Melbourne. Phone 64 2102.

**THE MEDICAL AND GENERAL EMPLOYMENT AGENCY**  
Australian and New Zealand Pharmacists wishing to work in Great Britain are advised to contact this Agency.

We are able to arrange for suitable appointment according to individual requirements.

6 Paddington Street, London, W.1.  
Telephone WELbeck 3069.  
Registered with the Greater London Council.

**FOR SALE:** Country Pharmacy close to Perth. Turnover \$60,000. Further details, F. H. Faulding & Co., Perth.

**PHARMACY FOR SALE**  
Queensland country town,  
handy to coast.  
Unaffected by price-cutting.  
Good lease.

Turnover exceeding \$100,000.  
Reply to No. 8870, c/- *AJP* Office,  
18 Saint Francis St., Melbourne 3000.

Available brick chemist's shop at growing residential town of Buderim, Nth. Qld. It is 200 yds. from the doctor's surgery in a shopping block opposite the Post Office. Enquire W. N. FIELDING, BUDERIM STORES, BUDERIM 4556.

## TAS NEWS

(from Page 537)

Mr. A. Harrison, Senior Lecturer.

The program was

First Session: "Histamine"—Mr. McLeod.

Second Session "Drug Allergy"—Mr. Harrison.

Third Session: "Agents Used in Allergy"—Mr. McLeod and Mr. Harrison.

In the fourth session, Mr. Bob Cain, B.Sc.(Econ), MPS, of Burroughs Wellcome (UK), addressed the seminar on "The Profession of Pharmacy—Stage Hand on Leading Role in Health Care?"

Various experiments and demonstrations had been pre-recorded, and they were shown to the gathering on closed circuit television, by use of a videotape, thus enabling those present to see precisely and clearly the effects of various agents.

## Pharmacy Board

Present at the May meeting of the Pharmacy Board were: Mr. B. L. Ralph (Chairman), Miss M. L. Williams, Messrs. K. P. Corby, J. L. Mitchell, I. B. McLeod and I. C. Malcolm (Registrar).

### The Registrar

Registration of transfers for Mr. John R. MacDonald to New Zealand and Mr. Lester L. Davey from Victoria were approved.

### Grant to Pharmacy School

A letter of appreciation from Mr. L. J. McLeod, Head of the School of Pharmacy, was received regarding the 1969 grant.

It was decided a grant of \$100 be made to the School for 1970.

### Supplementary Examination

The meeting was advised that Miss J. Swan, Mr. M. Grace and Mr. G. Holloway had received a supplementary pass in Pharmaceutics II.

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## NSW

The May meeting of our Association took place in the common room, Department of Pharmacy, Sydney University, on Wednesday, May 20.

Our guest speaker was Dr. Eunice Wilson, MSc (Melbourne), MB, BSc (Sydney) DOMS (London).

Dr. Wilson, an eye specialist, recently attended the ophthalmological conferences in Mexico City and Bogota, Colombia, South America.

Dr. Wilson spoke to us on her travelling experiences and the newest methods of eye surgery she saw while abroad.

We were fortunate also in viewing her colored slides.

## Tasmania

The April meeting of the Women Pharmaceutical Chemists of Tasmania was held at the home of our Secretary, Mrs. Barbara Hodgson, of Sandy Bay, Hobart.

Members were well up again, although it was purely a business meeting dealing mainly with federal correspondence and matters of State interest.

Several present indicated their intention to attend the pharmacy seminar, arranged by the Pharmaceutical Society of Tasmania (held in Hobart on May 31).

The meeting closed at approximately 10 p.m. and was followed by a delicious supper.

Our President, Mrs. Moira Heath, thanked Mrs. Hodgson for the use of her home and for providing the supper.

The "Trade Table" to raise funds for travelling expenses for delegates to future PAA Conferences was as usual well patronised.

## Victoria

A tour of the *Herald-Sun* newspaper building gave us an insight into the concerted efforts that go into producing the daily papers. High speed is essential at all stages of production, and we were

amazed at the many computer-operated linotype machines, the enormous printing presses and the massive quantities of paper and ink which go to make a product that is discarded within a short time of its being read.

Mrs. Mavis Moorhead, our representative on the National Council of Women, spoke at the May meeting. She recently returned from an international conference of the council which was held in Thailand. Mrs. Moorhead found the conference very stimulating and was very impressed with the efficient way in which it was organised. At the many delightful social functions Mrs. Moorhead was able to meet delegates from other countries, and she discovered that Thai women play a large part in the running of business and professional affairs in their country.

The Federation of Women Pharmacists' birthday will take on a new look this year; it will be combined with the annual meeting of the State Association. This will be held in the private dining room at Santisi's Bistro, Exhibition St., City, on **Monday, August 17**. We hope to see you there.

## Badge for \$1.50



*SEVERAL years ago this badge was designed by the Women Pharmaceutical Chemists' Association of Victoria and some hundreds are now being worn not only in Australia, but in some overseas countries.*

Not all the badge-wearers are women, but they are in the majority; this is an easy way of showing that the wearer is a registered chemist, and not just a beautician or counter assistant.

The distinctive and attractive badge has the R symbol in red enamel, the base bar in dark blue, with the "Registered Chemist" in gold.

Any registered pharmacist may obtain a badge by forwarding \$1.50, plus 5c postage to Miss P. Bennett, Flat 4, 31 Ryeburne Avenue, East Hawthorn, 3123, or to Miss D. Sayers, of Pharmacy College, 381 Royal Parade, Parkville, 3052. Please make cheques payable to the Association.

## Western Australia

On Wednesday, May 6, Miss Atkinson, clinical psychologist from the Mildred Creek Centre, spoke to us and showed a film on autism and autistic children.

This was held at the Dallimore auditorium and was a successful and most interesting evening.

On June 23, a drug and burglary seminar was held, also at the Dallimore auditorium.

The guest speakers were Sergeant Reid of the Burglary Squad, Sgt. McGrath of the Drug Squad and the CIB, and Dr. Snow from the Health Department.

The Guild assisted with the evening which was open to all pharmacists and graduate trainees. It was of great interest and concern to all.

The annual dinner will be held on Monday, August 17.

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## END OF DISPENSING?

(cont. from P. 459)

strongly resented by students that emotions will be aroused which are the very opposite of those intended.

### **Delicate, Essential**

It will be the delicate, but essential task of the teacher to develop self-discipline in his students, a realisation that the main justification for the very existence of pharmacy as a profession lies in the pharmacist's conscientious and unremitting attention to every last detail of the preparation and supply of medicines.

Without such a feeling, the graduate may be a good pharmacologist, medicinal chemist, microbiologist or pharmacognosist, but he will never by any stretch of the imagination be a pharmacist.

If the day should dawn when the dispensing of prescriptions ceases to be the role of the pharmacist, then I think we should have to ask ourselves what distinctive role he *had* in society which could not be done as well or better by some other specialist.

It would then logically be open to question whether the very concepts of "pharmacist" and "pharmacy" were still useful ones in our community, and whether there was any good reason for the continued existence of the schools of pharmacy — or indeed of the Pharmaceutical Society itself.