

The CLINICAL Chemist

NEWSLETTER OF THE AMERICAN ASSOCIATION OF CLINICAL CHEMISTS

Vol. 1 No. 1

May, 1949

Andre C. Kibrick
Editor

Harold Appleton
Assistant Editor

EDITORIAL

The function of the clinical chemist is to bridge the gap between the investigative scientist and the medical profession. The clinical chemist alone knows how wide and fundamental this gap frequently is. To practice his profession with dignity and honor requires the utmost in patience and tact. We are missionaries for the science of chemistry in a field of medical men, and we must not falter in our devotion to chemistry. It is our task to guide the medical man so that he will correlate the results from the tools of chemistry efficiently and profitably for the public interest. We must lead the way to a common goal and a close cooperation between the two professions, so that the benefits derived from our own profession will be available to the sick. However, we must not be tempted to lower our standards.

The American Association of Clinical Chemists was organized for a worthy cause, and those primarily responsible for this organization are to be congratulated. Several people, by their devotion to chemistry and by their untiring efforts, have already made much progress with this infant organization. Their enthusiasm has spread, and local sections are now functioning in several areas.

We of the editorial staff of the "Clinical Chemist" are proud to be associated with this organization and with the able men and women who founded it. Our sole purpose will be to serve the Association and its members. At present the newsletter will be used as a medium to keep the members informed of the activities and progress of both the national organization and its local sections. With further growth of the organization its pages will also serve as a

forum for scientific discussions pertinent to our profession. However, the "Clinical Chemist" shall always remain at the service of the individual members of the AACC throughout the country.

MESSAGE FROM THE CHAIRMAN

In another section of this newsletter may be found a short resume of the history of the Association. After the few months of our existence it is not possible for the chairman to give a glowing account of scientific and professional attainments on behalf of the clinical chemist. Nor is it even possible for us to hold out promises for such accomplishments in the future. The officers of the Organization Committee and the members of the several standing committees have contributed freely of their time and efforts. Duties and responsibilities have been carried out with great enthusiasm. We refrain from mentioning any associates in this project since the list would be too long, and they include people from many sections of the country. The problems of organization are being met with success not thought possible even by the most optimistic.

Why the need for this Association, and what may such an organization accomplish? The clinical chemist is already a member of one or several scientific groups in which, without exception, he is in a minority. His professional and scientific problems have been handled either as an individual, or through the medium of some parent group. A glance through the chemical literature will convince anyone that the clinical chemist has come of age and is ready to act in his own behalf. To that end we contemplate professional and scientific forums, newsletters, and other media for mutual contacts among individuals in the practice of a science that is playing an important role in the public interest.

On behalf of the Association I wish to thank the editorial staff of the "Clinical Chemist" for undertaking this worthy project. With Andre C. Kibrick and Harold D. Appleton, and with the cooperation of the several contributing editors, we may well look forward to interesting and complete newsletters.

COMMITTEE ON MEMBERSHIP

The Committee on Membership, as constituted at present, consists of Anthony A. Albanese, chairman, Miriam Reiner, secretary, Joseph Benotti, Theodore E. Friedemann, Morton F. Mason, Samuel Natelson, John G. Reinhold, and Otto Schales.

FOUNDING OF THE ASSOCIATION

At the invitation of Harry Sobotka a group of clinical chemists in the New York metropolitan area convened at the Mount Sinai Hospital on December 15, 1948. Several problems of interest to clinical chemists were discussed and it was decided that a scientific and professional organization was urgently needed. At this meeting an organization committee was constituted with Max M. Friedman as chairman and Louis B. Dotti, secretary. A meeting was next called for January 11, 1949 to which many additional people were invited. At that time it was decided to expand the group into a national organization to function under the name of the AMERICAN ASSOCIATION OF CLINICAL CHEMISTS. At the February 1st meeting a constitution was adopted outlining the objectives of the Association, including "a forum where chemists engaged in applying the science of clinical chemistry may exchange ideas and information concerning their scientific, technical and professional problems".

This first group has already expanded into an active national association with membership in many sections of the country. The New York metropolitan group has established itself as a local section with a program in view of scientific and professional symposia. Other local sections are expected to establish themselves shortly. A Stated Annual Meeting is being scheduled during the ACS Atlantic City meetings in September at which time the Association is expected to evolve as a functioning organization.

INCORPORATION

The American Association of Clinical Chemists is now incorporated under the laws of the State of New York. The process of incorporation was rather painless due to the active participation of our legal counsel, A. J. Nydick. The signers of this document include Max M. Friedman, chairman, Louis B. Dotti, secretary, and the Executive Committee composed of Roy W. Bonsnes, Jos. Kahn, Andre C. Kibrick, Mary H. McKenna, Paul A. Riedel, and Harry Sobotka. Formal ceremonies were held at a dinner in New York on May 3, 1949.

LOCAL SECTIONS

The New York metropolitan section is already well organized and has a membership of more than fifty full and associate members. Roy W. Bonsnes is serving as chairman, and I. Gubernick, secretary. The section has been invited to attend a lecture on "Electrophoresis in Medicine" at the Lebanon Hospital, Bronx, N.Y. on May 16th. The speaker, Professor Kurt G. Stern of Polytechnic Institute of Brooklyn, has worked for several years in collaboration with Miss Miriam Reiner of the Mount Sinai Hospital in developing an electrophoresis apparatus that could be applied to clinical studies. Electrophoretic patterns of sera in various diseases will be demonstrated with particular emphasis on multiple myeloma. The simplicity of the operation and the precision of the apparatus is very striking. This work is another demonstration of the increasingly important role of clinical chemistry in medicine.

Elvin A. Kabat, Assistant Professor of Biochemistry at Columbia University, will address the New York section on "Immunochemical Methods in the Determination of Proteins in Cerebrospinal Fluid". This lecture will be held at the Woman's Clinic of the New York Hospital on Wednesday May 25th at 8:30 P.M. He will discuss the determination of albumin and globulin in spinal fluid by immunochemical methods, and especially emphasize abnormalities in neurosyphilis and multiple sclerosis. Dr. Kabat is one of the most prominent students of Professor Michael Heidelberger and has contributed to the development of the quantitative aspects of immunochemistry. In addition to numerous publications he is the joint author with M. M. Mayer of "Experimental Immunochemistry" published by Charles C. Thomas.

On Wednesday evening, March 23, 1949, the American Association of Clinical Chemists held its first meeting in the Boston area. Approximately 45 clinical chemists were present. Max M. Friedman from New York came to Boston to meet this group and was very much impressed by their enthusiasm for the Association.

With members from Maine to California and from Minnesota to Texas, and with the roster steadily growing, we may soon expect similar active groups throughout the country.

FEDERATION MEETING IN DETROIT

The Federation meetings held in Detroit during April gave the members of the Association their first opportunity to make personal contacts with clinical chemists throughout the country. Many conferences were held and the objectives of this group were discussed at great length. A formal meeting was held at a dinner at the Book-Cadillac on April 22nd. Among the many members and guests there were also present Warren M. Sperry and Bernard B. Brodie of New York, Morton F. Mason of Dallas, F. William Sunderman of Cleveland, Michael Somogyi of St. Louis, Charles S. Robinson of Nashville, and John G. Reinhold of Philadelphia. It was a good opportunity for the exchange of ideas among clinical chemists from various sections of the country. With some variations in different states, professional and scientific problems seem to follow a similar pattern. One of the main objectives of this Association must be to raise the standards of our profession.

STATED ANNUAL MEETING

The constitution of the Association provides for an annual meeting to be held at a time and place designated by the Executive Committee. Such a meeting has been called for some time during the ACS Atlantic City meetings in September. An agenda for this meeting will be prepared, and it is hoped that we may be able to convert at that time from an Organization Committee to a permanent organization. A slate for the nominating committee is being prepared for discussion at the annual meeting, as well as other pertinent business. We strongly urge every clinical chemist, whether he is a member or not, to make an effort to be present at that time. Further details will be available in the next issue of the "Clinical Chemist".

SYMPOSIUM ON CLINICAL CHEMISTRY

Several leading chemists were confronted recently with the question "Do you recall any major symposium on clinical chemistry?" Since the answers were always in the negative, we assume that this is to be the first such undertaking. The symposium is to be held under the auspices

of the Biological Chemistry Division of the ACS during the Atlantic City meetings September 18-23. The program committee, with Harry Sobotka as chairman, has not yet worked out all the details of the program, but the participants will be outstanding scientists who have contributed much to the advancement of clinical chemistry. We feel confident that this will be a forerunner of other symposia in the future in a chemistry specialty of ever increasing importance.

WHO IS A CLINICAL CHEMIST?

That, my dear reader, is the sixty-four dollar question. Our mail frequently contains the question "Am I a clinical chemist?" or "I am not a clinical chemist because, etc." In the selection of our membership we are following the constitutional requirements and also the objectives of the organizers. For the purpose of this Association we are defining a clinical chemist as one who is concerned in some manner with the supervision of a hospital level chemistry laboratory and is a chemical consultant to the medical profession. The individual who teaches medical students and the one whose research takes him obviously into the field of clinical chemistry will be obliged to answer this question of classification for himself. Also those persons who in the past have been clinical chemists and are now in an allied field, and those who are in an allied field but contemplate entering at some time into clinical chemistry, will be given careful consideration by the membership committee.

The AACC intends to perform a useful function in the public service. This may best be accomplished by a careful selection of membership, and not as a "catch-all" organization for the purpose of legislative lobbying. That is not to say that many state laws and local sanitary codes do not discriminate against the clinical chemist. Although this trend seems to be increasing in many parts of the country, it can best be reversed by establishing a high standard in the practice of clinical chemistry, and not by writing to legislators. The public is protected best by the ethics of a profession. Ours should be at the highest possible level.

The CLINICAL Chemist

NEWSLETTER OF THE AMERICAN ASSOCIATION OF CLINICAL CHEMISTS

Vol. 1 No. 2

July, 1949

Andre C. Kibrick
Editor

Harold D. Appleton
Assistant Editor

EDITORIAL

The Executive Committee of the AACC met at the Mt. Sinai Hospital in New York on Thursday, June 16th at 8:30 P.M. This was exactly 6 months since the first meeting of the small group of chemists where the American Association of Clinical Chemists was founded. The original group can well be proud. The Executive Committee, meeting in June to consider the agenda of the first stated annual meeting of the Association, authorized sections in Metropolitan New York, Boston and Philadelphia. With this number of their own news letter "The Clinical Chemist", ballots are being distributed for the election of a nominating committee. The Association is sponsoring a symposium on Clinical Chemistry in Atlantic City on Monday, September 19th at the meeting of the ACS. There will also be an annual meeting and an Association dinner in Atlantic City, but the exact date has not been set. Members will be notified as soon as possible. Let us start off on the right track and get to know our fellow chemists in the Association. We urge the membership to make every effort to attend this first year and to bring guests and prospective candidates.

The elected membership now numbers about 150. Of these, more than 60 per cent are from Metropolitan New York, 25 per cent are from Boston, 10 per cent from Philadelphia and 15 per cent from the rest of the country. Since ours is a national organization, let us strive to make it truly an Association of Clinical Chemists from all parts of the country.

VOTING

It is the duty of every eligible voter of the Association to send in his ballot in time to be counted. Write the names of any 7 members which appear on the membership list. Those receiving the most votes will comprise the Nominating Committee, and they in turn will select a slate of the new officers of the Association. The Executive Committee will count all the votes received by September 8th, and will announce the composition of the Nominating Committee at the Annual Meeting in Atlantic City. However, there will not be time this year to announce the slate of new officers at the same time. Each member will be notified by Oct. 1st. The present officers will serve until Jan. 1st, and the newly elected group will then take office and serve until July 1, 1951, when the business year of the Association ends.

SYMPOSIUM ON CLINICAL CHEMISTRY

Clinical chemists will have the opportunity of hearing various aspects of clinical chemistry discussed in a symposium sponsored jointly by the Division of Biological Chemistry of the American Chemical Society and the American Association of Clinical Chemists in Atlantic City on September 19th. The program will open with a discussion by Dr. R.M. Archibald, of the Rockefeller Institute for Medical Research, of the requirements for analytical procedures employed in clinical chemistry. Dr. Florence B. Seibert, of the Henry Phipps Institute of the University of Pennsylvania, will talk on the chemistry of tuberculin. Chemical contributions by Dr. Seibert and her associates in this field have a direct application in the clinic, where they have facilitated diagnosis and treatment of tuberculosis. The diabetogenic effect of insulin hypoglycemia and its implications concerning treatment of diabetes mellitus will be discussed by Dr. Michael Somogyi, of the Jewish Hospital of St. Louis. Dr. F. William Sunderman, formerly of the Cleveland Clinic, is to review the role of electrolytes in metabolism. The final paper on the program deals with the status of clinical chemistry as a profession. This topic, so vitally important to clinical chemists, will be discussed by Dr. Warren M. Sperry, chairman of the committee dealing with certification of clinical chemists of both the American Society of Biological Chemists and the American Chemical Society. Dr. John G. Reinhold, of the Hospital of the University of Pennsylvania, will act as chairman.

On Wednesday evening, May 25th, E.A. Kabat delivered a lecture before the Metropolitan New York Section entitled "Immuno-Chemical Methods of Studying Spinal Fluid Problems". Dr. Kabat, who is Assistant Professor of Biochemistry and Immunology at the College of Physicians and Surgeons, Columbia University, showed that the concentration of gamma globulin in spinal fluid is much more significant of disease than that of total protein. The values of the proteins in spinal fluid obtained by immunological methods agree very well with those obtained by electrophoresis. In most cases the proteins of spinal fluid are consistent with those of serum. However, in certain conditions there is apparently a selective accumulation of gamma globulin in spinal fluid which may indicate some synthesis. The electrophoretic method would not be practical for routine clinical use because of the small amount of protein present in spinal fluid. On the other hand, as Dr. Kabat has ably demonstrated, the immunological method is relatively simple and is available to any clinical laboratory for the estimation of gamma globulin in spinal fluid.

LETTERS TO THE EDITOR

MESSAGE FROM THE CHAIRMAN

The first issue of the Clinical Chemist was received with a great deal of enthusiasm by our members. The contents and the format of the newsletter were well conceived and well executed. There can be no doubt of the important role this organ will play in the Association.

Although we are aware of the enthusiasm and competence of yourself and your staff, yet it becomes quite evident that the ultimate success of the Clinical Chemist will depend on contributions and cooperation from all sections of the country. With further expansion of the Association there will no doubt come an extension of feature articles and departments of general interest. The chemist working in a clinical laboratory will now have a medium for exchange of ideas and information pertaining to his profession.

The Executive Committee of the American Association of Clinical Chemists extends its thanks to you and your staff and wishes you all success in this undertaking.

New York, N.Y.

Max M. Friedman

FIRST LETTER

It was with great pleasure that I received Vol.1, No. of the Clinical Chemist. I was very much pleased by the outline of progress made to date, and the information, both stated and implied, on the aims and policies of the AACC. This first news letter seems to clarify the policy and composition of the Society and presents a picture of the sort of association that many of us had hoped would sometime be formed.

At this point in the formative stages of our organization, suggestions are in order. As you stated, the membership will be composed of numbers of people who already have some association with other societies, in some cases going back over many years of active participation. Many will want to publish any contributions in familiar journals for numerous reasons. The question will inevitably come up as to whether we should publish and support a journal of our own. My suggestion and my vote would be for an abstracting service, not too ambitious, probably in most cases by title and perhaps a descriptive subtitle only, in our news letter, of current papers in at least J.B.C. and Analytical Chemistry and probably in a dozen or so other closely related subject journals. I would be glad to take Analytical Chem. if no better comes forth.

Cincinnati, Ohio.

Frederic E. Holmes

YOUR AACC SCRAP BOOK

The Indicator (New York Section, ACS)	Feb. 1949 p.14
	April, 1949 p.22
Chem. & Eng. News	Vol.27, 1949
	p.440, 863, 867
	p.1539, 1726

C-C COMICS

A well known hospital requires blood samples for sugar to be in the laboratory by 11 A.M. One day an exception was made, and a sample was accepted around noon to be left until the next day. The next day the chemist in charge was looking around the laboratory and asked whether fluoride was added to this sample. The answer was " No, we add fluoride only to samples received after 4 in the afternoon."

CLINICAL Chemist

NEWSLETTER OF THE AMERICAN ASSOCIATION OF CLINICAL CHEMISTS

Vol. 1 No. 3

November 1949

Andre G. Kibrick
Editor

Harold D. Appleton
Assistant Editor

EDITORIAL

The large attendance at national meetings such as the American Chemical Society and the Federation of American Societies for Experimental Biology, reflects the value that Chemists and Biologists place in them. Often these workers from all parts of the country pay their own expenses to the meetings. Many institutions and industrial organizations consider attendance of high value that they are glad to pay all or part of the expenses of their staffs. Clinical Chemists have much more to gain from meetings with their fellow workers. This field although an old one, has barely reached the stage where its members are considered Chemists and not Technicians. Its methods may be any of hundreds - some good, some bad, since there is absolutely no conformity in the practice of Clinical Chemistry. So far Clinical Chemists have had the opportunity of conferring with one another only as members of the A.C.S. or of the Federation, and sometimes at these formal gatherings in metropolitan areas. Those in other areas are completely isolated, and can only rely upon the fatherly advice of their Pathologists, who almost invariably are in charge of their laboratories.

As we know, the A.C.S. is composed of Paint Chemists, Oil Chemists, and what have you, with only one thing in common - they are all Chemists. I am sure that they do not attend the A.C.S. meetings as Chemists, but as Paint Chemists, Oil Chemists, etc. In the same way, Clinical Chemists had the opportunity for the first time to attend their own meeting. Although most of us are members of the A.C.S., the Association is not formally a part of the A.C.S. We are grateful therefore, to the American Chemical Society, and to the Division of Biological Chemistry, in particular, for the privilege of holding our national meeting as their guests.

All of us who attended realized immediately the importance of personal contact with other Clinical Chemists, meet together for the improvement of their field. This lowly step-child of Chemistry has even seen the maternal smile of the A.C.S. on several occasions during the week of September 19th. Let us all aid in the growth to normal stature of this now undernourished scrub. Whatever the future, there must be at least one national meeting the A.A.C.C. every year.

COMBINED MEETING
Joseph Benotti

At 5 pm. Monday, September 19th, immediately after the symposium on Clinical Chemistry, there was a combined meeting of the Division of Biological Chemistry and the American Association of Clinical Chemists. Dr. Paul Preisler, Secretary of the Division of Biological Chemistry of the A.C.S., called the meeting to order and introduced Dr. Max Friedman, chairman of the organizing committee of the A.A.C.C. The meeting was then opened for general discussion from the floor.

One question was whether a chemist in a pharmaceutical firm or other commercial organization whose work involves Clinical Chemistry would be eligible for membership in the A.A.C.C. Dr. Friedman said that the final decision would be up to the Membership Committee, but that every application would be examined individually. In general, if a person has the academic training and experience required by the Constitution and is engaged in any form of Clinical Chemistry, he would certainly be considered for membership.

One member of the A.A.C.C. brought out that many of the hospitals in the City of New York and elsewhere do not have adequately trained chemists in charge of clinical chemistry. In New York the results obtained in laboratories on clinical chemistry must be certified by the Pathologist and not by the Chemist, although the work is obviously under the latter's supervision. Another member said that the California law governing the subject is also faulty since it compels Clinical Chemists to pass an examination in Medical Technology which involves a knowledge of general laboratory work such as hematology, bacteriology, etc. Most of those present agreed that this kind of law must not be allowed to pass in other states.

There was also general agreement that the clinical chemist should standardize his methods as soon as possible. For the success of the A.A.C.C. he must work in harmony with the clinical pathologist. Each profession should realize that one can not rule the others, since they have a common need and a common goal.

MONDAY MORNING SESSION

Max M. Friedman

The session on General and Clinical Chemistry held on Monday morning, September 19th, was one over which I had the honor to preside at the invitation of the Division of Biological Chemistry. Of the 13 scientific papers on this program, there were methods for the estimation of Nitrofurans after oral administration, Ethanol in blood and urine by conversion to Ethyl Nitrate, Cholesterol as the Pyridinium Cholesterol Sulfate and increased Gamma Globulin and Fibrinogen in cerebrospinal fluid by serial Dilution-Flocculation. Another paper described a method for the determination of Thyroid Hormone in blood by acetone extraction. A group of workers determined the Plasma levels of Tyrosine, Histidine, Tryptophan, Valine and Threonine in old men and women by the microbiological method. Another group reported that bile is essential for the normal release of the increased amounts of alkaline phosphatase in intestinal lymph which follows feeding.

One paper which led to considerable discussion reported on the Alkalosis and low Plasma Potassium in patients receiving Adrenocortical Steroids, or Adrenocorticotrophic Hormone. Another paper from the Naval Medical Center in Bethesda described studies on the Metabolism of Gallium. Still another group of workers reported on injury to the calcifying mechanism which is involved in rickets due to Strontium. In fact, all of the papers were of considerable interest to Clinical Chemists.

The most significant feature of the above program in my opinion was that all of the papers were concentrated in one session, and it was also gratifying that several of the speakers were members of the Association. One of our functions, that of organizing programs on Clinical Chemistry, was therefore for the first time carried out. Many people who remained throughout the entire program were glad to avoid the jaunts from room to room, and from session to session, to listen to all of the papers in which they were interested.

A.A.C.C. DINNER

On Tuesday, September 20th, the American Association of Clinical Chemists held its Annual Dinner at the Hotel Dennis in Atlantic City. Of the 49 people present, 27 were members of the Association. Dr. Warren M. Sperry, Chairman of the A.C.S., Committee on Clinical Chemistry, acted as Chairman and Master of Ceremonies (not Toast Master; since the Hotel Dennis does not serve drinks). After a sumptuous dinner from soup to nuts, but still without drinks,

Dr. Sperry gave a masterful introductory talk from which it was obvious that he has a sincere interest in Clinical Chemistry and Clinical Chemists. We are very fortunate that he is the Chairman of the committees of both the A.C.S. and the Federation on Certification of Clinical Chemists.

Dr. O.H. Gaebler, another member of these committees also said a few words. He expressed his appreciation that an Association of Clinical Chemists has finally been formed since there is a tremendous need for one. He should know after his many years in this field. The gathering was then enlivened by the witty remarks of Dr. Michael Somogyi. He didn't have to say one word in Hungarian to be funny. Dr. Max Friedman, Chairman of the A.A.C.C., then spoke of the formation of the Association and its aims. His speech may be read in the October 24th issue of the Chemical and Engineering News.

Members and guests who were present at the First A.A.C.C. Dinner were:

Phillip Ackerman	O. Kulka
Harold D. Appleton	Pauline Kulka
Grace Ballard	Mary C. Lanning
O. Baril	Hilda F. Margolin
Steward M. Beekman	George M. Maruyama
Joseph Benotti	Mary H. McKenna
Charles E. Bramble	N. M. Molner
Albert L. Chaney	Samuel R. Natelson
Raymond C. Crippen	Anne L. Nestman
Ruth M. Davis	L.F. Pierce
Herman W. Dorn	Elizabeth Pomerene
Louis B. Dotti	M.H. Power
Max M. Friedman	Miriam Reiner
O.H. Gaebler	John G. Reinhold
Henry J. Goeckel	Abraham Saufer
Leah D. Goeckel	Otto Schales
Harold Gold	Fred Schattner
Deborah Goldsnucl	Fred Schulman
Robert Hillein	Henry P. Schwartz
Morris Jacobs	Michael Somogyi
Joseph Kahn	Albert E. Sobel
Margaret M. Kaser	Miss Sokel
Arthur Kemnitzer	Warren M. Sperry
A.C. Kibrick	William A. Wolff
Jacob Klinger	

SYMPOSIUM ON CLINICAL CHEMISTRY

John G. Reinhold

The Symposium on Clinical Chemistry held in Atlantic City on September 19th, attracted an audience of over 200. In his opening remarks, the Chairman stressed the need for symposia as well as other programs dealing with clinical chemistry, at which chemists engaged in research and development can exchange information with those concerned with the application of chemistry to clinical fields. Clinical chemists were reminded of their responsibilities to the physician and the patient, and of their obligations to recruit and train chemists with superior qualifications for this important field.

Dr. Archibald reviewed the lamentable performance of hospital laboratories in the examination of known solutions by chemical methods disclosed by the Belk and Sunderman survey. He discussed factors important in the selection of chemical methods for clinical laboratories and described ways by which errors may be avoided. Among these are the following:

- (1) adequate methods
- (2) clear directions
- (3) regular inclusion of an aliquot of a large stock sample
- (4) checking the calculations by an individual other than the analyst. Of great importance are:
 - (5) adequate number of properly trained analysts
 - (6) a director who has the "feel" of a quantitative chemist

Dr. Seibert described the progress of her chemical studies of tuberculin. The use of chemical and physical methods enables rapid evaluation, and studies of the most active preparations have revealed that they are mixtures of proteins. Thus the important task of tracking down the specific factors responsible for the tuberculin reaction continues.

The paper by Dr. Somogyi on the paradoxical response elicited when insulin is employed in more than optimal amounts, attracted wide attention. Based on the hypothesis that excessive insulin dosage evokes a counter response of excessive insulin antagonist action by pituitary and adrenal glands, the amount of insulin administered to diabetic patients was judiciously lowered. It was found that most patients could be maintained on 20 units or less daily if hypoglycemic reactions were avoided and if diets high in carbohydrate and low in fat were used.

Dr. Sunderman described the homeostatic regulations

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ADVICE ON CLINICAL CHEMISTRY
Clinical Miss Fairfacts

At the A.A.C.C. dinner in Atlantic City our secretary, Miriam Reiner, suggested that the Association would be glad to assist less experienced members with their problems on Clinical Chemistry. This is an excellent idea. However, we believe that it would be much more profitable to have both the questions and the answers appear in The Clinical Chemist. This section of your Newsletter has therefore been reserved for just such problems. Please send them to us, and we will have other members answer them. The answers together with the original problems, will then appear in The Clinical Chemist as soon as possible. We stress however, that our members need not agree with the answers although only most competent individuals will be chosen according to the subject matter. We will be glad to insert your letters of disagreement in Letters to the Editor.

DO NOT FORGET THAT THIS IS YOUR OWN NEWSLETTER.
PLEASE USE IT AS SUCH.

NOMINATING COMMITTEE

At a meeting of the Executive Committee which was held on Tuesday, September 13th, at Mt. Sinai Hospital in New York, the ballots for the election of a Nominating Committee were opened and tabulated. Members receiving 2 or more votes are listed below in the order of most votes. The first seven on the list have therefore been elected as a Committee to select a new slate of officers

L.B. Dotti	38	K. Stern	10
H. Sobotka	36	R.W. Bonanes	8
M. Reiner	29	R.W. Preisler	8
A.A. Albanese	27	N.R. Blatherwick	7
J.G. Reinhold	27	A. Saifer	7
M.M. Friedman	23	M.A. Anderson	5
A.E. Soble	20	R.O. Bowman	4
J. Benotti	17	P.Ackerman	3
S. Natelson	15	P.R. Anderson	2
O.H. Gaebler	14	L.C. Chesley	2
A.C. Kibrick	12		

NEW SLATE OF OFFICERS

The Nominating Committee met on October 7th in New York City and adopted the following slate of candidates:

PRESIDENT: Harry Sobotka - The Mount Sinai Hospital, N.Y.C.
VICE-PRESIDENT: John G. Reinhold - University of Pennsylvania Medical School, Philadelphia, Penn.
TREASURER: Louis B. Dotti - St. Lukes Hospital, N.Y.C.
SECRETARY: Max. M. Friedman - Queens General Hospital, N.Y.C.

EXECUTIVE COMMITTEE:

Joseph Benotti - Joseph H. Pratt Hospital, Boston, Mass.
Norman Blatherwick - Metropolitan Life Insurance Co., N.Y.C.
Alfred L. Chaney - 1503 East Chevy Drive, Glendale, California.
Oliver H. Gaebler - Henry Ford Hospital, Detroit, Mich.
Albert E. Sobel - Jewish Hospital of Brooklyn, Brooklyn, N.Y.

Ballots will be sent out with this number of The Clinical Chemist. The Constitution permits members to substitute the names of any other members in good standing for the ones proposed by the Nominating Committee. This second year of our Association will be very critical and it is hoped that every member will return the ballot, whether or not there are any substitutions for the proposed candidates. Ballots must be postmarked not later than December 6th. The elected members will take office as of January 1st, 1950.

REPORT OF THE MEMBERSHIP COMMITTEE

Miriam Reiner - Secretary

The Committee was gratified to see the enrollment in the A.A.C.C. which started in New York and then spread to Boston and Philadelphia. Now our membership is gradually encompassing the country from Maine to California, and from Minnesota to Texas. At present there are 175 paid-up members, but we would like to double that number by the end of the year. We have therefore, enclosed 2 membership application blanks with each ballot for officers. Please canvass your friends and associates who are likely candidates for membership in our Association. And please remember that both full and associate members will be equally welcome in the

AMERICAN ASSOCIATION OF CLINICAL CHEMISTS

METROPOLITAN NEW YORK

The Metropolitan New York section plans to hold four lectures this winter on subjects of interest to Clinical Chemists. These lectures are being scheduled for November, January, March and May. The first of the series will be given by Dr. Kurt Stern, Adjunct Professor of Biochemistry, Polytechnic Institute, Brooklyn, New York, on "The Application of Physico-Chemical Methods to Problems in Clinical Chemistry." More specifically, Dr. Stern will deal with some of the latest developments in electrophoresis, ultracentrifugal and chromatographic methods for the determination of proteins.

The meeting will be held at the Women's Clinic of the New York Hospital on Tuesday evening, November 22nd.

BOSTON

The Boston section of the Association held its first fall meeting on Wednesday, October 19th, at the Pratt Hospital. Joseph Benotti, Chairman, described the many interesting activities of the A.A.C.C. in Atlantic City and introduced the speaker of the evening, Dr. Halvor Christensen, Professor of Biochemistry at Tufts Medical School. The subject was "The Use of the Photometer in Modern Clinical Laboratories."

Dr. Christensen presented the fundamentals of the science of spectrophotometry in a scholarly manner and mentioned some of its many applications in clinical chemistry. In addition, he discussed some of the limitations of photometry.

Thirty members and their guests attended.

At the next meeting which is to be held on the evening of November 16th, Dr. F.H. Taylor, from the Thorndike Memorial Laboratory of the Boston City Hospital, will speak on the subject "New Methods for the Isolation and Determination of Plasma Proteins." The third fall meeting on December 14th will be a joint meeting with the Micro-Chemical Division of the American Chemical Society. Dr. E.H. Frieden will speak on "Hormone Bio-assay."

The first scientific meeting of the Philadelphia section was held at the Hospital of the University of Pennsylvania on Monday, October 31st, at 7:30 P.M. The topic was "Application of Flame Photometry to Analysis of Body Fluids." There was a round table discussion of instruments and techniques by Harry Gold, J. Russell Elkinton and others.

Plans for the remainder of 1949 and the first half of 1950 include a series of round table discussions dealing with the recent developments in analytical chemistry. The tentative topics and dates are:

- Dec. 1st --- " Present Status of Keto and Oxy Steroid Assay in Urine "
- Jan. 26th --- " Physical and Chemical Methods for Analysis of Proteins in Serum "
- Feb. 23rd --- To be announced.
- Mar. 30th --- " The Clinically Significant Porphyrins "
- May 30th --- " Infra-red Spectrometry and Polarography as Tools in Clinical Chemistry "

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that maintain total osmolar activities and individual electrolyte concentrations within the narrow limits observed in normal subjects. He described alterations encountered (a) in a man who fasted for 40 days, (b) in febrile subjects, (c) in an infant with injury to temperature regulating centers of the brain whose body temperature was persistently low.

The present status of clinical chemistry as a profession was reviewed by Dr. Sperry. Before clinical chemistry can achieve independent standing as a profession, it must establish standards for those engaged in this field. It was his view that a major step in this direction was taken with the formation of the American Board of Clinical Chemistry. Dr. Sperry said that it was unfortunate that the A.A.C.C. was not in existence at the time, but he emphasized that no decisions have been made as to the method to be used in carrying out the certification program.