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CLINICAL CHEMISTRY IN HISTORY

Membership Meeting in Chicago

The annual meeting of the History Division will be held Tuesday July 29, 2014 from Noon – 1:30 PM at the AACC Annual Meeting in Chicago. The meeting is open to all History Division Members and lunch will be served. Details about hotel, room number and RSVP information will follow in the next newsletter but please mark your calendars now. Topics to be discussed will include ongoing expansion of the Division Archives and making them more easily accessible from the Division website. (See attached message from Chair).

Call for Nominations for 2014 Carraway-Meites Award

The AACC History Division Carraway-Meites Award recognizes individuals whose efforts have documented and described the origins, development, and impact of clinical chemistry on the practice of medicine. Please send your nominations to Kelsey Blake kblake@aacc.org. The 2014 awardee will be announced in Chicago at the Division membership meeting and lunch on July 29.

Old AACC Annual Meeting Programs

We are compiling information on AACC's history and looking for Annual Meeting Program books (see below). We are missing The 2003 Annual Meeting program book and all prior to 1988. If you happen to have saved Annual Meeting programs for these years, please send them to Dr. Mitchell Scott, c/o AACC, 1850 K Street, NW, Suite 625, Washington, DC 20006. If you want to keep the booklet(s) can we ask that you scan the cover, the contents page, the plenary speaker pages and the annual meeting organizing committee page and send to Mitch Scott mscott@wustl.edu as a PDF file.

The Chair's Corner

We had a turnout of 13 members for the History Division meeting and lunch in Houston which was a bit low but likely due to my having to change the date to Monday. In 2014 the membership meeting and lunch will return to Tuesday so I hope that many of you who could not make it on Monday last year will be able to return in 2014. For those of you who could not make it, the minutes of our July 2013 meeting and the division financial statement for fiscal year 2012 are at the end of this newsletter.

We are very excited that in May of this year the AACC Board of Directors gave the History Division and its officers the job of "cleaning out the AACC attic" and to use historical photographs, pamphlets, old meeting programs and newsletters to build an online archive of AACC history within the Division website. As I write, we are receiving tens of thousands of scanned and digital photos as well as boxes of old photos from the AACC office. We will be reviewing these and choosing images, programs, booklets etc. to go on the history division website. Right now we are focusing on the Instrument Archive which is continuing to grow due to the efforts of Larry Kricka and Ed Neren, The Clinical Chemist Archive (1949-1954) which is complete, the Division Newsletter archive (also complete) and coming soon Annual Meeting Programs and photographs that have been housed in the AACC office for years. If you have any ideas for other historical AACC documents that you would like to be considered for the Division Archives please send me a note.

A reminder of how to get to these archives: 1.) On AACC's main webpage www.aacc.org click on Members, 2.) On the Members page click on Divisions in the left column, 3.) On the Divisions Page click on History and links to the archives will drop down.

AACC is updating its website and the new website should debut in early 2014. One feature of the new "front" page of the website will be a brief history of the organization which will be a great lead in to all of the details of AACC history available in the History Division Archives.

I want to wish everyone a Happy Holiday season and hope you and all AACC members have a great 2014.

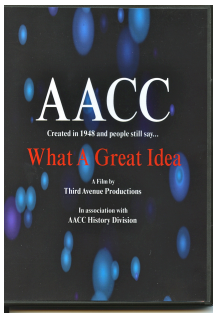
FOR COMMENTS ON THE NEWSLETTER, OR TO SUBMIT AN ARTICLE, PLEASE CONTACT THE CHAIR: e-mail (mscott@wustl.edu) or by phone (314-362-1503)

Division Officers:

Chair: Mitchell Scott, Ph.D., Chair-Elect: Jim Faix, Ph.D.
Past Chair; Peter Wilding, Ph.D. Secretary: Robert Rej, Ph.D.
Treasurer: David J. Thornton, Ph.D., Staff Liason; Penelope Jones
Consultants: Larry M. Demers, Ph.D., Nathan Gochman, Ph.D., Larry J. Kricka, Ph.D.

Copies of "AACC: What a Great Idea"

Copies of the movie are still available from the Past Chair (Peter Wilding) for $ 10.00. Checks should be made out to: "AACC - History Division". Please send address for mailing. For addresses overseas,there will be an additional charge.



Analyzer Archive – Now more than 500 analyzers cataloged!

Larry J Kricka

The Analyzer Archive continues to expand and now contains over 580 entries (http://www.aacc.org/members/divisions/history/pages/default.aspx#). Our latest source of analyzers has been back issues of Clinical Chemistry News (renamed Clinical Laboratory News in 1995) and the Clinical Chemist (1949-1954; http://www.aacc.org/members/divisions/history/clin-chem-archive/Pages/default.aspx#). Ed Neren is now also actively contacting companies to request images and information on their analyzers for inclusion in the Archive.

A frequent issue has been to discover information on a particular analyzer. A case in point is the Ebon-Scope (see advertisement). This was advertised in the Clinical Chemist in 1954 (volume 6, issue 2, page 37). It is a compact, portable, versatile "black light" fluorescent viewing unit (for all routine and research fluorometric comparisons and observations) and was available from Standard Scientific Supply Corporation. Search as I may, I cannot find any scientific publications that describes the use of this device. If anyone can find a literature reference or has the manual for this then please contact me at: kricka@mail.med.upenn.edu.

EBON-SCOPE

For All Routine and Research Fluorometric Comparisons and Observations

A compact, portable, versatile "Black-Light" fluorescent viewing unit. Eliminates the necessity of a dark room. Gives full protection to the viewer from direct or reflected ultraviolet rays. Ideal for the Diagnex* Test for Achlorhydria. Can be used as a shadow box unit or can be easily disassembled and the lamp unit utilized alone as a microscope lamp or illuminator. The handsome grey homefield and chrome case is furnished on a tilting leg stand.

DETACHABLE LAMP UNIT

The lamp unit can be removed from the viewing chamber and mounted on the tilting leg stand for use as a microscope illuminator or may be used as a hand lamp for fluorescent tracing. The lamp unit is supplied with a special 6 inch, 4 watt, 60 cycle, 110/120 volt longwave fluorescent ultraviolet tube. This tube has an energy peak of over 3600 angstrom units with practically no radiation shorter than 3000 angstrom units. This instant starting "Black-Light" tube is made of a special light transmitting self-filtering Corning glass to give maximum intensity. A special aluminum compound reflector gives maximum ultraviolet reflection. The reflector is constructed so as to shield the user from direct ultraviolet rays.

1. The Ebon-Scope can be equipped with a shortwave ultraviolet germicidal tube for sterilizing small objects inside the viewing compartment. Eliminates the necessity of wearing protective equipment.
2. The Ebon-Scope can be equipped with an intense type white light tube. By detaching the viewing unit, this light can be used as an adjustable light for fluorescent microscopy.
3. The Ebon-Scope can be equipped with a daylight fluorescent tube and by removing the yellow filter in the viewer used for making color matches.

CAN BE USED FOR THE

1. Detections of Quinine Compounds in the latest tests for Achlorhydria, (Squibb "DIAGNEX*" assay procedure) eliminating the necessity for intubation.
2. Examination for the presence of Porphyrins in Organic and Clinical chemistry.
3. Detection of Milkstone and Impurities in the Dairy and Food Industries.
4. Demonstrations of Fabrics, Dyes and Starches in the Textile Industry.
5. Detection of Thiamine (B-1), Riboflavin (B-2) etc., as used in chromatography and fluorochemical research.
6. Examination for fluorescent tracer materials in Criminology and Toxicology.
7. Clinical determination of Porphyrin.
8. Has application in Mineralogy and Oil analysis.
9. Can be applied to the activation of an extensive group of fluorescent materials, including many organic materials, dyes and inks, used in fabric, paper, plastics, lacquers and paints.

The "Ebon-Scope" measures 10¼" wide, 8¼" high by 3" deep, supplied complete with 6 "Pyrex Brand" yellow tubes 18x150 mm and rack. Operates on 110/115 volts, 60 cycle A.C.

VIEWING CHAMBER

The viewing chamber is lightproof and has a satin black finished interior. The removable rack holds 6 "Pyrex Brand" test tubes 150 x 18 mm and is adjustable through nine positions. Rack can be slanted to hold Petri dishes. The rack is provided with a special aluminum compound mirror with maximum reflecting properties that redirects all escaping transmitted light back through the sample tubes giving in effect double intensity. Tubes and rack are placed in the "Ebon-Scope" through the front of the instrument for ease in operations. Tubes, dishes, flasks or any object less than 6" wide by 3" high by 4" deep can be placed inside the compartment. The form cast viewer eliminates the necessity of making examinations in a dark or even dimly lit room. The viewing hood is equipped with a removable, complementary, yellow filter to eliminate all visible light reflections, thus permitting sharp and detailed examinations and comparison of the samples' fluorescent properties.

Cat No. 70985 ..... EACH 74.50

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UPDATES:

1. **History Division Consultants:**

Traditionally, the division Executive includes THREE consultants, who are appointed by the Chair. For the past two years, the consultants have been Drs. Laurence Demers, Nathan Gochman and Larry Kricka. If you are interested in participating in this way, please contact the Chair for 2013-2014, Dr. Mitch Scott.

2. **40th Anniversary of Clinical Laboratory News**

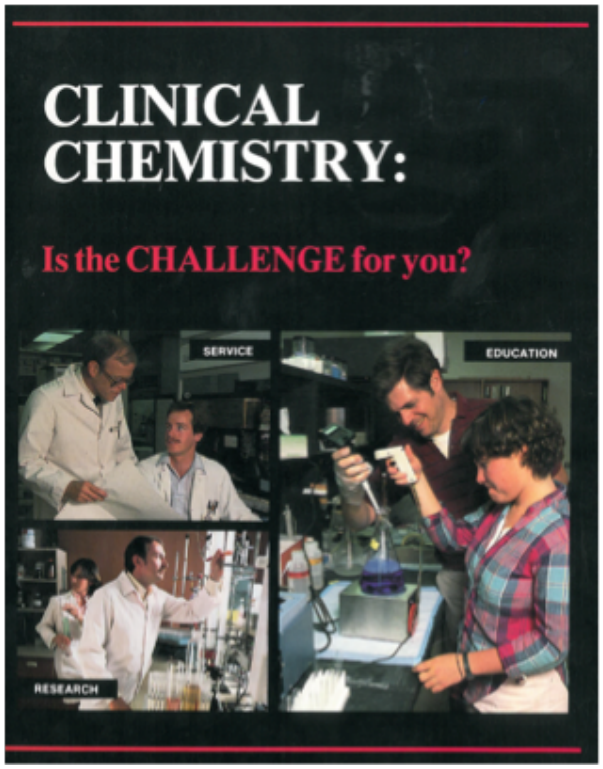
2014 will be the 40th anniversary for Clinical Chemistry News (forerunner of CLN) and there will be several articles regarding the history of both the publication and of AACC. The hope is to interview members and emeritus members who were active in the field during the 50s, 60s and 70s. If you are interested in being interviewed for one of these stories please drop me an email at mscott@wustl.edu.

3. **Request for Articles;**

The Editor of the Newsletter is always pleased to receive articles or suggestion.
Please send in your contribution.

1980 AACC Recruiting Brochure

The following images are from a student recruitment booklet given to me by Dr. Jack Ladenson. While the booklet has no date my guess it is circa 1980. It is a 12 page booklet that defines the profession, describes various levels of educational requirements and statements from four individuals about the field. They were Jack Ladenson, Collene Delaney, Philip Walsh and Wendall O'Neal. Included are the cover, a few pages defining the profession and the comments from Collene Delaney. The full PDF of this booklet will be posted soon.



Definition of the Profession

What is CLINICAL CHEMISTRY? That's a question we're often asked, particularly by young people seeking the answers to questions about their own future.

There isn't any *one* answer. And those of us in clinical chemistry who have tried to describe our field come up with at least *four* major professional activities:

RESEARCH EDUCATION SERVICE ADMINISTRATION

But people in general, and clinical chemists in particular, do not always fit so neatly into categories. So, rather than portray these categories as though they are independent of each other—they really aren't at all!—throughout this brochure we would like to introduce you to some clinical chemists who have been active in the field, and in the American Association for Clinical Chemistry, for many years.

But first, let's look at some of the activities that clinical chemists are involved in daily.

As a clinical chemist, you'll provide information that's far beyond the reach of ordinary methods of physical diagnosis. In the office the physician will examine, probe and palpate . . . and in your laboratory you'll measure and analyze the constituents in a drop of blood or a sliver of tissue with the help of equipment as simple as test tubes and as complex as gas chromatographs. The physician will take the data you provide and base vital medical decisions on it: what medication should be prescribed? Should the patient have home care, hospitalization, surgery? Is an abnormal value due to too low a dosage of medication? Or is it a reaction to a dosage that's too high? Is the patient's condition stable, deteriorating, improving?

You'll monitor the chemical processes that keep the human body alive and functioning. You'll be interested in the answers to questions such as, what is "normal?" Why—and how—does the human body react when its metabolism is suddenly upset? Is there any test or analysis that can predict a life-threatening condition—before it strikes? How well does this patient respond to medication—should it be increased, decreased, withdrawn?

the physician will depend on you for data vital to decisions—and to patients' health

You'll find the answers to these questions in an exciting variety of ways—from a single determination that may take you through a series of complex steps, numerous reagents and measurements, and a good deal of time, to hundreds of determinations done in an hour on an automated instrument that reports the results in a convenient computer printout.

You'll use a spectrophotometer to measure the amount of a constituent present in a sample by determining its absorbance characteristics; use electrophoresis to analyze a sample by determining the rate and distance its various components travel when subjected to an electrical field; follow the course of radioisotope-labeled compounds through the body to detect the presence of a tumor or an embolus; separate components of a sample chromatographically using adsorbents, liquids, gases; use computers to report results, analyze data, study patient population groups.

You'll measure microscopic quantities of body fluids and tissues to detect the level of drugs or poisons in a person's body; to demonstrate defects in structure or deficiencies in the metabolism of carbohydrates, proteins, lipids; to establish the delicate balance of electrolytes necessary for proper body function; to study the role of hormones in physical and mental growth and development.

William Eng, Supervisory Medical Technologist (L), and Dr. Collene J. Delaney (R).

Dr. Collene J. Delaney

Collene J. Delaney, Ph.D., is Chief, Clinical Chemistry and STAT Sections, Laboratory Service at Seattle Veterans Administration (VA) Medical Center and is Associate Professor of Laboratory Medicine at the University of Washington School of Medicine. She received a B.S. in chemistry from Purdue University and M.S. and Ph.D. degrees in analytical chemistry from the University of Illinois. She completed two years of postdoctoral training in clinical chemistry at University Hospital, University of Washington. Dr. Delaney is a Diplomat of the American Board of Clinical Chemistry and has been an active member of the American Association for Clinical Chemistry at both the local and national levels.

"As administrative and technical lab director, I supervise 21 medical technologists and technicians. I direct selection and maintenance of equipment and testing procedures based on their analytical performance, cost effectiveness, and diagnostic efficiency. I consult with physicians about test selection for diagnosis, prognosis, and therapy; their interpretation; and the identification of interferences. Like all VA laboratory directors, I oversee an extensive clinical chemistry continuing education program and maintain an active VA-supported basic research program aimed at biochemical discrimination of diabetes mellitus patients.

"Within the VA Medical Centers there are many opportunities for service, administration, research, and education; but generally speaking, the degree of administrative and technical responsibility is linked to the clinical chemist's education level and experience. The clinical chemist with a bachelor's degree is most often a specialist focused on service lab activities who performs research experiments under direction. The clinical chemist with a master's degree may serve as section supervisor, or in a small hospital of less than 200 beds as general clinical chemistry lab director, and functions as research project assistant to a Ph.D. clinical chemist or a clinical pathologist.

"The VA system offers some unique opportunities for career advancement. Because of uniformity within the system nationwide, mobility is practical without hazard to job security. The research funding programs support young as well as established VA investigators. Grant money is allocated on a national peer-review basis for personnel, equipment, supplies, and space. Finally, through its Regional Medical Education Centers, the VA provides continuing education programs on new and advanced technology, administration, and management.

"In addition to the Veterans Administration system, our federal government employs clinical chemists in Department of Defense hospitals and research labs of the National Institutes of Health, Center for Disease Control, and Environmental Protection Agency."

Minutes of the History Division Membership Meeting

July 29, 2013 Noon, Hilton Americas Room 332

1. Roll Call was bypassed. Attending were :

Mitch Scott, Chair	Peter Wilding	Ingo Kampa
David Koch	Nate Gochman	Larry Kricka
Amadeo Pesce	Charles Hawker	Edward Neren
Richard Nadeau	David Thornton	

2. Conference Call held on 29 March 2013: 12:00-13:00 Eastern Time

   The secretary, Bob Rej, had informed the chair that he would not be attending the meeting this year. Dave Thornton took the minutes. The minutes of the conference call meeting on March 29, 2013 were approved without change.

3. Treasurer's report: Was presented by D Thornton and approved.

   Caraway Endowment as of 12/31/2012 was $58,099. Permanently restricted fund. Principle cannot be used.

   Elizabeth K Smith Bequest as of 12/31/2012 was $26,468.30 : Temporary restricted fund. Principle can be used for History Division. $11,431.70 was used to produce the video "AACC a Good Idea"

   AACC had not properly transferred $6,100 that had been contributed to the History division for the video. After Peter Wilding pointed this out the moneys were appropriately credited.

   Video production costs for the "AACC What a Great Idea" was $17,431.70

4. Expansion of Analyzer Archive.

   Mitch Scott has looked at advertisements in old copies of Clinical Chemistry he inherited at Wash U that were not bound. He noted that in most bound copies of Clinical Chemistry the ads are removed and but if anyone has unbound copies they are a great source for the analyzer archives. If anyone has some of the old ads, then the division would like a copy of them.

   Larry Kricka indicated that the archives of old instruments had about 550 instruments. More pictures the better and he would like to focus on the early years of clinical chemistry. He suggested that the division reach out to companies and request pictures of instruments from those companies. He also noted the expansion of the annual meeting from 250 exhibitors in 1977 to 2000 exhibitors in 2013.

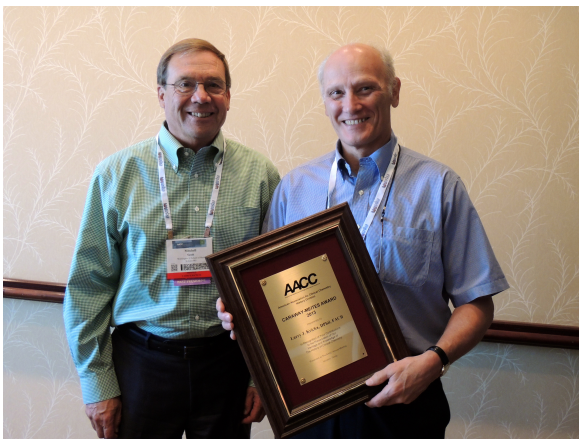
5. Photographic Archives:

   Peter Wilding noted that the national office has digital photos from 1998. Dr. Wilding has gone through a number of these and indicated that they were " a total disaster" . The main issue is that there are no names associated with people in the pictures. The national office should have the photographer capture the names of everyone in a posed portrait for posterity. Suggested, they would be like a newspaper photographer, keeping track of names and picture frame numbers.
   The History division should recommend criteria for creating archives.

   a. Boxes of pictures are stored in a warehouse in Washington DC. And need to be gone through.

   b. Suggested that Scherago be contacted this year about any AACC pictures that could be recovered. Needs to be done this year, since Scherago will no longer be running the national meeting.

6. Next Movie
   a. Dr. Wilding suggested the idea of doing a movie with the Toxicology Division. Suggested consideration of a reserve fund to support the development of the movie. This would be over and above the Smith fund. This would include industrial support, as Dr. Wilding did for the last movie).
   b. Movement on the movie will probably not occur until 2015.
7. A suggestion was made that the division would like to obtain meeting programs from earlier meetings.
8. Dr. Larry Kricka was awarded with the Caraway-Meites award for his contributions to the history of clinical chemistry. This included a plaque and an honorarium of $500.



9. Next Newsletter: This should go out sometime in in October.
   a. Solicit members for next year's Caraway-Meites award
   b. Solicit members for national meeting programs.
10. Elections.
    No elections are needed this year.