I hope I will be pardoned tonight if, as an officer of the American Association of Clinical Chemists, I direct my remarks primarily toward the members of that organization. There are a few things I would like to suggest to our young Association and I am not sure that I will get another such opportunity. However, as organized clinical chemists we are all young—both here and abroad. Perhaps we are all somewhat bedeviled by the hopes and fears of youth, and it may well be that some of what I say, though directed primarily to American clinical chemists, may have wider application.

The events of this week mark a milestone in the short history of the American Association of Clinical Chemists and in the history of Clinical Chemistry in America. The success of the meetings of the International Congress is a splendid tribute to the vision, organizing ability, and tireless devotion to a high purpose of those men who have nursed our young Association from the small beginnings of eight years ago to the vigorous organization that, with their leadership, is now playing host to this great Congress.

We are meeting in the city that is the birthplace of our Association, and I am doubtful that its birth, or at least its birth and continued and healthful growth, could have occurred in many other places. No doubt there are men elsewhere with the vision and as deep a sense of need, but here men with these attributes were associated with a considerable population of like-minded men. Here we have had the organizing genius backed by numbers, cooperation, and group determination.

I wonder if those of you who live and work amidst the clinical-chemical affluence of New York City can appreciate the difficulties under which some of us from far places have had to labor. When I started work in the West in 1925 you could have counted all of the clinical chemists of the Rocky Mountain Empire on the fingers of one hand and you would have had a thumb and a few fingers
left over. In our very young and struggling medical school hospital at that time the clinical chemistry laboratory had no budget and, with all laboratory work done without cost to the patient, equipment and supplies were what could be purloined from the teaching laboratory. Since that day the advance has been very considerable but in the thinly settled areas of the country the clinical chemist is still a rather lonely person. It is refreshing and reassuring to come to these meetings and find that so many other clinical chemists actually exist.

It is fitting at the national meeting each year that we should recount the accomplishments of our young society. It is a story of which we are justly proud. The simple cataloguing of a few of the more important aspects of our growth should give us enthusiasm and courage for the future.

First, and most important, we have organized and have successfully passed through the early days of uncertainty.

Second, we have started a series of publications which we call Standard Methods of Clinical Chemistry. In these volumes will be collected laboratory methods for the practice of clinical chemistry, chosen and carefully checked and tested by members of our own organization. The plan to review all methods already appearing in the series, during the preparation of each new volume, is a guarantee that our Standard Methods will live and grow with our science. Standard methods we will have, but they will be standard methods that improve as our knowledge advances. These “methods” we confidently expect will soon come to be recognized by all branches of clinical science as the standard methods.

Third, we have launched a journal, CLINICAL CHEMISTRY, one that already richly deserves its place among the foremost scientific journals.

New as they are, these things represent great accomplishment. They portend a future bright with promise. Now we may well ask, “How should our future course be plotted in order that we may best realize that promise?” This is a hard question to answer and one that will be answered differently by different, equally able men. And so in what follows, I wish to emphasize that I am offering my own suggestions and I do not know how many will agree with me.

In plotting a course our problems as well as our achievements must be considered. And one problem of which we are all aware is that we are growing up under the shadow of restrictive legislation and restrictive habits of thought and attitude. These things are irritating. But I think we will agree that all types of clinical laboratories must be regulated by restrictive laws in order to keep the irresponsible and the greedy from preying on the public. And since much of this legal edifice is old or has its inception in old ideas or definitions, it is to be expected that a newly emerging specialty such as ours should bump its head on the old, and in some degree outmoded, legal superstructure. I do not think that this should worry us too much, but to cope with it requires patience. Patience, to be sure, is a negative virtue that any man may cultivate, but it is a powerful weapon. And when things are achieved with patience alone then no wrongs have been committed that must later be righted. But usually patience must be forti-
fied with positive attitudes and action, and I envisage three principal courses of action through which our patience may be fortified. And in all three of these each of us can lend a hand.

First, we can acquaint ourselves with the activities of our respective legislatures and exert our influence in channeling legislation away from further limitation of our proper activities as clinical chemists.

The second course of action that I would suggest is concerned with the training of clinical chemists. Our country is in great need of more clinical chemists, and there are only a few schools that offer training toward such a career. Few of the Departments of Biochemistry in our medical schools are headed by men with a major interest in clinical chemistry. In order that a sufficient number of high-caliber young men may be attracted to and trained for careers in clinical chemistry, either new Departments of Clinical Chemistry should be established, or separate Divisions of Clinical Chemistry should be organized in the Departments of Biochemistry already existing. These departments or divisions should be headed by men whose major interest is clinical chemistry, and the graduate instruction and research should be planned toward the Ph.D. degree in that specialty. It may take persuading to stimulate action toward introducing these innovations in our medical schools, but I believe our organization and its members individually would do well to work toward that end.

The third and perhaps the most important course of action by which we may promote the cause of Clinical Chemistry may be simply described as the sincere and unremitting effort to prove by what we do that we are indispensable to modern clinical practice. To accomplish this it is our obvious duty to exert ourselves continually toward making more and better analytical aids available to clinical practice, and, in our own research, to use these aids in the further elucidation of clinical problems. These things are self-evident, and I think that no one doubts that this part of the course will be followed. But also we must remember that we are part of a team whose successful operation is essential to the relief of human misery, and that for a team to function well the most cordial relations must be maintained among its members. Further, we must remember that we are the newest members of the team, and as such we can at times and without loss of dignity defer to the team's older members. If we remember these things, I believe it will hasten the day when we too will be counted among the older members of the team.
INTERNATIONAL CONGRESS ON CLINICAL CHEMISTRY

The International Congress on Clinical Chemistry, held September 9–14, 1956, in New York City, lived up to its advance notices and publicity and brought together for the one-week meeting the largest group of clinical chemists ever to assemble in this country.

Almost 700 clinical chemists representing more than 21 countries spent 5 days attending 17 separate scientific sessions and symposia; a very worthwhile technical exhibit, featuring outstanding exhibits of major instrumental and technical advances; scientific exhibits which showed the major researches of key laboratories and institutions; and a round of well-organized social activities that allowed for the more informal and personal meetings among the individual scientists.

The scientific meetings, built around six symposia, featuring twenty invited lectures by both foreign and American scientists, and 119 contributed papers in 17 sessions. Both symposia and contributed papers were featured in CLINICAL CHEMISTRY 2: 225 (1956) which was devoted to the publication of the abstracts of the Congress.

The Congress also afforded the opportunity to hold complete AACC meetings. The membership meeting had one of the largest attendances of any Association business meeting. The AACC Executive Committee meeting (minutes published in this issue) was able to handle many problems and bring these directly to the membership the following day.

The coverage of the meetings and exhibits by the daily press was outstanding. Major stories concerning the Congress were the feature articles in most columns devoted to science during the Congress week.

The American Association has decided to publish the twenty papers of the six symposia in a special supplement to Volume 3 of this journal. This supplement will be sent free to all subscribers and Association members. Copies will also be available for purchase.

The success of the Congress was due to the hard-working committees appointed by the AACC and the host, the New York Section. Albert E. Sobel, Chairman of the Congress, John G. Reinhold, Congress Secretary, Harry Sobotka, Chairman of the Committee for the Scientific Program, Charles L. Fox, Jr., Chairman for the Scientific and Technical Exhibits, and Harry Goldenberg, Chairman of the Committee on Hospitality and members of all the Congress Committees deserve the tribute of the membership for an outstanding accomplishment.

1956 ERNST BISCHOFF AWARD

Dr. Joseph H. Roe, professor of biochemistry and chairman of the department at the George Washington University Medical School in Washington, D. C., has been selected by the American Association of Clinical Chemists to receive the 1956 Ernst Bischoff Award for his outstanding work in clinical chemistry. The Association presents this award each year to a worker in the field who has distinguished himself by achievement and devotion and has helped solve those chemical problems which arise daily in the practice of the medical arts.
Dr. Roe, a native of Virginia, received his B.A. at Roanoke College and an M.A. at Princeton. He joined the faculty of George Washington University after service in World War I. He received two Ph.D. degrees, one in chemistry from George Washington, the other in physiological chemistry from Yale. He served for ten years as chemist at the university hospital.

Outstanding contributions by Dr. Roe in the three major fields of clinical chemistry are basic research in body metabolism, analytical methods for the clinical laboratory, and teaching. He has published some 80 scientific papers, and has contributed particularly to our knowledge of carbohydrate metabolism, especially of fructose and glycogenesis, and of vitamin C. His name is well known to laboratory workers for his methods for determining calcium (Roe and Kahn), fructose, vitamin C (Roe and Kuether), and amylase (Roe and Smith). He has been an inspiring teacher, commanding the respect and admiration of his students.

Ferrin B. Moreland
Baylor University
Houston, Texas

PROCEDURE FOR NOMINATION FOR ERNST BISCHOFF AWARDS

The Executive Committee of the American Association of Clinical Chemists has altered the procedure for the selection of the Ernst Bischoff medalist. The award committee shall henceforth consist of a panel of five members to be appointed by the President of the Association. The names of this committee shall not be announced.

All future nominations should be addressed to the National Secretary, Dr. Max M. Friedman, Lebanon Hospital, New York 57, N. Y. Any member of the Association has the privilege of nominating a candidate for the award. The nominee does not have to be a member of the Association nor a resident of the United States, since the award is open to any clinical chemist who has contributed significantly to the specialty.

Five copies of a brief should be submitted for each nomination. The statement of preference should be concise but yet contain pertinent data with reference to the nominee. A bibliography is not required but the areas of contributions should be clearly stated.

The Ernst Bischoff Award consists of a scroll, a medal, and an honorarium of five hundred dollars. It has been presented annually since 1952 through the cooperation of the Ames Company of Elkhart, Indiana. The most recent recipient was Dr. Joseph H. Roe. (See previous item.)

MINUTES OF THE MEETING OF THE AACC EXECUTIVE COMMITTEE

The National Executive Committee of the American Association of Clinical Chemists met in New York City on September 12, 1956. Those present were: Robert M. Hill (President), Joseph I. Routh (Vice-President), Louis B. Dotti (National Treasurer), Max M. Friedman (National Secretary), Emmett B. Carmichael, W. E. Cornatzer, Martin Rubin, John G. Reinhold (alternate for George R. Kingsley), Harry Sobotka (al-
ternate for Otto Schaales), and the following by invitation: Harold D. Appleton, Monroe E. Freeman, Hugh J. McDonald, David Seligson, and Albert E. Sobel.

Carmichael reported for the Committee on Education which had met in San Francisco in the spring of 1955 and in Atlantic City on April 16, 1956. The preliminary recommendations of the committee were discussed at length and the report was sent back to the committee for further study.

Seligson reported for the Committee on Methods and Standards and outlined the future plans. The second volume of Standard Methods was nearing completion and its publication may be expected soon. This committee decided that a separate volume for toxicologic methods was not advisable, but that procedures for drugs and poisons would be included in forthcoming volumes. A previous decision was again approved, that the same personnel of the committee be concerned with both standard methods and laboratory standards. (See following item.) It was recommended that funds be sought from appropriate agencies for the purpose of studying the adequacies of commercial standard samples. Approval was given for the sum of $500.00 to be made available to the Committee on Methods and Standards.

Appleton reported for the Board of Editors. The Journal, Clinical Chemistry, is carrying on successful operations and there is already a need for further expansion. The Board of Editors requested a supplement of about 450 pages for the purpose of publishing the symposia papers given at the International Congress of Clinical Chemistry. This request was approved. (Since the approval was given, an alternate means of publication of the symposia papers was suggested and is now under consideration by the Executive Committee and the Board of Editors.) The Board of Editors was also instructed to cooperate with Clinica Chimica Acta, published by the Elsevier Publishing Co., The Netherlands.

The term of Albert E. Sobel as delegate to the AAAS was extended for three years, and the appointment of Monroe E. Freeman as representative to the International Federation of Clinical Chemistry was extended.

Dotti presented the annual Treasurer's report which follows:

**Income**
- Membership dues: $6,852.50
- CLINICAL CHEMISTRY: $1,845.65
- Standard Methods: 115.36
- Membership certificates: 60.00
- Bank interest: 147.06
- National Science Foundation: 4,000.00
- (for International Congress)

**Total** $13,020.57

**Expenses**
- CLINICAL CHEMISTRY Membership, subscriptions and editorial expenses: $4,739.54
- Treasurer disbursement: 166.44
- Secretary disbursement: 1,029.86
- Membership refunds: 35.40
- AAAS meeting: 85.60
- Section allotments: 456.44
- Membership committee: 56.20
- Methods committee: 250.00
- International Congress: 2,257.70

**Total** $9,077.54

**Balance for year July 1, 1955 to June 30, 1956** 3,943.03
- Bank balance June 30, 1955: 3,755.11
- Bank balance June 30, 1956: 7,698.14
In view of the additional costs in publishing a supplement to the journal, and with the need for expanding the size of the present volumes, the Executive Committee approved a recommendation to the membership that the annual dues be increased to $12.50 for members and $9.00 for associate members. (This was later approved at the membership meeting.)

A change in the method of administering the Ernst Bischoff Award was approved. The new procedure will be for a committee of five members to be appointed by the President of the Association and whose names shall not be made public. This committee shall select the recipient, while nominations shall be sent directly to the National Secretary.

The Metropolitan New York Section requested permission to establish an award to be administered by the section. This matter was discussed and it was agreed that any section may establish such awards subject to the approval by the Executive Committee of the Association.

The ethics of contract practice in clinical chemistry laboratories were discussed at some length. The following Resolution was drawn up with legal counsel and approved by the Executive Committee:

Resolution Concerning Unlimited Laboratory Service for an All-Inclusive Fee

It is the conviction of the Executive Committee of the American Association of Clinical Chemists that attempts currently being made to provide by contract with a physician unlimited all-inclusive laboratory service for a pre-arranged single fee without regard to special requirements is not conducive to dependable chemical measurements.

This Committee believes that participation in such plans as they exist is not in keeping with the scientific and professional standards of the American Association of Clinical Chemists.

It strongly urges chemists, both members and nonmembers of the Association, to refrain from participation in such contracts.

Approval was given to discontinue membership certificates due to insufficient demand.

It was the view of the Executive Committee that it should be the aim of the Association that a Certified Clinical Chemist to be in the employ of every hospital. The membership committee was directed to screen the membership for potential diplomates.

Action on legislation as it affects clinical chemistry was deferred to the Committee on Clinical Chemistry of the American Chemical Society, since this committee was actively concerned with the problem.

A motion was made, seconded, and passed that the Stated Annual Meeting of the AACC for 1957 be held within the framework of the American Chemical Society in New York City during September, 1957.

Max M. Friedman
National Secretary

Resolution

Whereas, the American Association of Clinical Chemists is concerned
with the accuracy and precision of analytical procedures, and
Whereas, the Association has appointed a Committee on Standards of which David Seligson is Chairman, to investigate the practicability of utilizing a stabilized-standardized serum for the purpose of improving the performance of clinical chemistry, and
Whereas, the Association is now prepared to study and evaluate such a standard serum, be it therefore
Resolved that interested laboratories and organizations be invited to submit such samples for evaluation by the Committee on Standards. The submitting laboratories will be expected to provide funds for an adequate evaluation. The American Association of Clinical Chemists will approve satisfactory products that meet its specifications.

STATED ANNUAL MEETING

The Stated Annual Meeting of the membership was held in New York City on September 13, 1956. More than 100 members were in attendance.

The National Secretary reviewed the transactions of the Executive Committee who had met on the previous day. The first order of business was the recommendation that annual dues be increased to $12.50 for members and $9.00 for associate members, to take effect January 1, 1957. A motion was made, seconded, and passed that dues be set at the above figures.

The Resolution on all-inclusive contracts for laboratory work passed by the Executive Committee was brought to the floor for discussion. It was the consensus of the membership that the Resolution be subject to review and advice by legal counsel. (This was subsequently carried out as noted in the minutes of the Executive Committee.)

A recommendation was made that the Association seek subsidy funds for travel to the International Congress to be held in Stockholm in August, 1957.

The membership was again notified that the Association was carrying on an active employment exchange, and information may be obtained through the office of Dr. Joseph I. Routh, University Hospitals, Iowa City, Iowa.

A recommendation was made to the Executive Committee that annual meetings be held once in three years with the Federation of American Societies for Experimental Biology.

A vote of thanks was given to the Metropolitan New York Section for its part in the success of the meetings of the International Congress of Clinical Chemistry.

DUES FOR 1957

Following the recommendation of the Executive Committee the membership voted on September 13, 1956, that the annual dues be changed to $12.50 for members and $9.00 for associate members. This change of dues is to take effect on January 1, 1957. The annual dues includes a membership subscription to CLINICAL CHEMISTRY as well as a reimbursement of $1.00 for each member to the local sections.
An increase of $1.50 was necessitated by a further expansion of the Journal which in 1957 will include a supplement of about 300 pages for the manuscripts of the invited symposia at the International Congress of Clinical Chemistry held in New York.

LETTER TO THE EDITOR

To the Editor:

Within recent months laboratories in a number of cities have contracted with physicians to provide virtually unlimited laboratory service for any number of patients for a monthly fee. Similar plans have existed in New York City for some time, but it is only recently that attempts have been made to extend them to other parts of the country. The fees charged to the physician range around $60.00 per month. Services such as collection of blood specimens and performance of glucose tolerance and similar tests are included. A few of these laboratories appear to be operated by chemists.

There is much about the provision of unlimited laboratory service for a fixed price contracted for in advance that is potentially harmful. The less scrupulous physician may be tempted to exploit the arrangement by requesting numerous studies not strictly required. Such a physician could, if he chose, collect charges for laboratory work from the patient at the prevailing scale. On the other hand, the laboratory would be under pressure to perform examinations at the least possible expense. Inevitably the quality of the work done would be impaired and the patient’s welfare could be jeopardized.

The manner in which these services are being arranged also is most disturbing. Promoters appear to be traveling from city to city and conducting active campaigns of solicitation among physicians. Although provision of laboratory services at lower cost is given as the reason for development of these plans, the prevailing evidence is that financial gain is the actual motive.

The costs of laboratory studies to patients should indeed cause concern to all who are engaged in providing these services. Much might be done to lower costs by organizing such work efficiently. However, attempts to mass-produce analyses introduce factors such as fatigue and boredom, and create new problems of control and supervision that unless successfully met lead to work of poor quality. Moreover, it is likely to be the weak or unsuccessful laboratories that turn to bargain rates, rebates, and similar practices. These would hardly be likely to solve the complicated problems arising in connection with work done on a large scale.

One may ask physicians who sign such contracts whether inexact or erroneous reports will be a bargain. Laboratory directors who resort to actions as dubious as these should realize that they will impair their standing among scientists and reputable physicians.

Clinical chemists who turn to such devices harm their profession and the public they should be serving. It is the opinion of the writer that they should
be denied membership in the American Association of Clinical Chemists.

John G. Reinhold

SECOND INTERNATIONAL EUROPEAN CONGRESS ON CLINICAL CHEMISTRY

The Second International European Congress on Clinical Chemistry will be arranged by the Swedish Society for Clinical Chemistry in Stockholm, August 19-23, 1957. Introductory lectures will be given on the following topics: Enzymes of Diagnostic Value in Clinical Chemistry, The Influence of Hormones on the Electrolyte Metabolism, Chromatographic Methods and Their Clinical Application, and Clinical Chemistry of the Polysaccharides. Short papers on these or other subjects in the field of clinical chemistry may be presented by any of the members of the Congress. An exhibition of commercial laboratory instruments will be arranged.

Further information will be given on request by the Congress Bureau. Address Box 12024, Stockholm 12, Sweden.

PUBLICATIONS IN THE CLINICAL CHEMIST

The following is a list of papers that appeared in The Clinical Chemist, newsletter of the Association during the years 1949-54. This publication was terminated with the appearance of Clinical Chemistry in February, 1955.


Diabetogenic Effects of Insulin—Hypoglycemia: Somogyi, M., Vol. 5, No. 5; Chem. Abstr. 48, 6599g. Ernst Bischoff Award Lecture.


Chemical Evaluation of the Functions of the Liver, Part II. Reinhold, J. G., Vol. 6, No. 1; Chem. Abstr. 48, 13013h.


Chemical Evaluation of the Functions of the Liver, Part III. Reinhold, J. G., Vol. 6, No. 2; Chem. Abstr. 48, 13013h.


Preparation of a Stable Solution of Pooled Human Serum: Maher, J. R., Vol. 6, No. 3.


Lipoproteins: Mehl, J. W., Vol. 6, No. 4.