LIFE INSURANCE DEDUCTIONS START SEPTEMBER 21

Salary checks issued on September 21 will be the first affected by payroll deductions for the new Group Life Insurance recently made available to Federal civilian employees. The plan provides for each eligible employee to receive life insurance coverage to the amount of the next thousand dollars above his annual income, for which he will pay 25 cents per thousand dollars each bi-weekly pay period. For instance, an employee making an annual salary of $3175 would be insured for $4000, and would have $1 deducted from his check each pay period. Commissioned Officers will be insured for an amount approximating their base pay, with a proportionate amount deducted from their paychecks each month.

All civilian Federal employees are eligible for participation in the plan except those who are non-citizens employed overseas, or who fall within the group of employees excluded because of the nature and type of employment, such as part-time, seasonal, or intermittent employment.

Deductions for the insurance are automatic unless the employee signs a waiver, available in the Personnel Branch, Room 21, Building 1. After executing a waiver, the employee will not be eligible for coverage under the plan for one calendar year after the form is submitted. Insurance may then be obtained if the employee is under age 50 and can present satisfactory medical evidence of insurability.

The plan features a double indemnity payment for accidental death, payment for accidental loss of one or more limbs or eyesight, and free insurance for those 65 years of age.

CC Provides Three R's for Young Patients

School is brought to the students by bedside instruction when CC patients are unable to attend regular classes. Here Mrs. Edith H. Durkee, Montgomery County Board of Education teacher, gives a lesson to two young patients.

CHIEF THERAPISTS JOIN REHABILITATION STAFF

Miss Mary B. Beach and Miss Vida Jo Niebuhr have joined the staff of the CC Rehabilitation Department's Occupational and Physical Therapy Services. Miss Beach was appointed Chief Occupational Therapist and Miss Niebuhr was named Chief Physical Therapist. Both came to NIH from the Veterans Administration, Department of Medicine and Surgery.

Miss Beach has headed the occupational therapy section in the VA Hospital, Waco, Texas, and Worcester State Hospital, Worcester, Mass. She was stationed at Lovell General Hospital, Fort Devens, Mass., during World War II. She has been president and vice president of the D. C. Occupational Therapy Association and is a member of the American Occupational Therapy Association. Born in

8 NIH BUILDINGS TO BE RENOVATED

Plans for extensive alterations and repairs to NIH buildings are now under way, according to C. W. May, Chief, BMB. Construction work is scheduled to begin in January and will probably be completed six months later. Because of moves into the CC, spaces vacated in existing buildings can be utilized to reduce the congestion of other research laboratories and provide facilities for several new programs.

The buildings to be renovated are 2, 3, 4, 5, 6, 8, T-6, and T-10. The largest single project will be T-10, now the Animal Building, which will be altered to accommodate research in mental and neurological diseases. Since the proposed research requires highly sensitive instruments, T-10 was selected because it has no problems of vibration and electrical interference. In

(See Insurance, page 4) (See Therapists, page 3) (See Renovations, page 4)
New Studies of Toxoplasmosis

For several years the NMI Laboratory of Tropical Diseases has been conducting studies on toxoplasmosis, a parasitic disease recognized in the last 15 years as the cause of an acute, often fatal infection in the newborn. Toxoplasmosis is believed to be contracted in the womb as a result of a symptomless infection acquired by the mother during the gestation period. The parasite usually produces lesions of the central nervous system so severe that the victim is left mentally retarded if the outcome is not fatal.

No one knows precisely how children and adults get the disease, or why some infants get an acute infection while others have a milder form often localized in the eyes. Insect transmission has been suspected, but the exact mode of transfer of the disease in nature is unknown.

In adults, toxoplasmosis follows a variety of patterns. It appears to be asymptomatic in the average person, although it can produce symptoms. A mild febrile illness with swollen lymph nodes, resembling infectious mononucleosis, has been found to be due to Toxoplasma, and sometimes this organism also causes a severe lung disease accompanied by a skin rash. In all such cases, a high level of protective antibodies has been found in the blood.

Since congenital toxoplasmosis is most often marked by chorioretinitis, an inflammatory disease of the eye, it was suspected that the Toxoplasma parasite might also be the cause of similar eye diseases in adults. But patients afflicted with eye disease showed a much lower level of antibodies than patients with the systemic form of the disease, who conversely showed no evidence of eye involvement.

Studies by Dr. Leon Jacobs and his associates in the Laboratory of Tropical Diseases had indicated that the Toxoplasma parasites may be present in the central nervous system without stimulating the production of antibodies in the bloodstream. His work showed that pigeons surviving experimental infection eventually became negative in serum tests, but were found still to have parasites in the brain. The investigators reasoned that the same thing could apply to the human eye.

Final proof that this thesis is valid in humans was demonstrated by Dr. Jacobs in a study carried out in collaboration with the Walter Reed Army Hospital and the Armed Forces Institute of Pathology. When physicians at Walter Reed found it necessary to remove the eye of a patient with an eight-year history of chorioretinitis, Dr. Jacobs was able to isolate the Toxoplasma parasite from the diseased tissues, although the patient did not show a high level of antibodies.

The LTD group is currently studying the effect of the disease in the eyes of rabbits. In an earlier study of transmission, the group found that a strain of the parasite, isolated from some experimentally infected ticks and grown in chick embryos, is not immediately fatal and permits long-term studies. The disease is transmitted to the rabbit by direct inoculation into the anterior chamber of the eye.

Various drugs, screened by the LTD Section on Epidemiology in Memphis, Tenn., are being studied for their therapeutic effects in the ocular disease. Daraprim and sulfadiazine have been used thus far with some success. Dr. Jacobs and his group are currently collaborating with Dr. Ralph W. Ryan, NINDB, on a clinical study of toxoplastic uveitis. A report of this study will follow in a future issue of the Record.
NIH Spotlight

Wendy Ness

A familiar name to most people on the reservation is Wendy Ness, NIAMD. As social chairman and co-chairman of recreation for R & W, she's the contact point for almost all activities sponsored by the association. When questionnaires regarding specific program participation are distributed, they are returned to Wendy, who can then determine whether employee interest justifies further planning.

As a secretary in the Laboratory of Chemistry, Wendy issues purchase orders, maintains inventory and leave records, types letters and manuscripts, and carries out other related secretarial duties.

She came to NIH almost three years ago from the Bureau of Internal Revenue, St. Paul, Minn. Her first assignment here was Clerk-Typist in OD, FMB, and several months later she transferred to NIAMD. During her 12 1/2 years of government experience, she has worked in Washington and Minneapolis, Minn., transferring to and from these cities several times in order to join her husband, Carl, who is employed by the Veterans Administration. In Washington, she worked in the Pentagon and, in Minnesota, was with the Civil Aeronautics Administration, War Assets Administration, and Internal Revenue.

An enthusiastic supporter of R & W, Wendy has organized the Camera Club and bridge classes, and is NIAMD's representative to the Executive Council.

Unknown to most people by her given name, Florence, she acquired the name of Wendy from her maiden name, Wendland. A friendly, energetic person, she loves life and people. "I've never met a stranger in my life," she contends. Having guests for informal dinner parties is her favorite form of entertainment, since she loves to cook, particularly charcoal broiled steaks.

Raised in Bellingham, Minnesota, Wendy would rather live in the Washington area than in any other place, and last year bought a home in the Silver Rock subdivision, Rockville. She organized the Citizens' Association there and was corresponding secretary the first year.

Her main hobby is her boxer, who has just had six pups. Some day, probably when she retires, Wendy hopes to have a kennel and raise boxers. She and her husband have already established a kennel name - CarlWen - a combination of both names. Other hobbies regularly enjoyed by the Nesses are golf and bridge.

NIH PLANS COMMUNITY CHEST DRIVE FOR 1954

Plans are now under way for the 1954 Community Chest Campaign, which will begin at NIH on September 22. Dr. W. H. Sebrell, Jr., NIH Director, has been designated NIH Chairman for this year. He will be assisted by Vice Chairmen John Fitzgerald, NIDR, and Robert Grant, NHL. A committee consisting of Jacob Lieberman, OD,Arthur Cosing, NHL, Robert Campbell, NIMH, John Berberich, CC, Virginia Drayer, NCI, and William McGraw, NHL, has been appointed. Key men for each group of 10 to 15 employees are now being selected.

Funds from the Drive will benefit the 101 Red Feather services in Maryland, Virginia, and the District of Columbia. The Community Chest Federation reports that greater support is obtained at less cost if people subscribe to the Campaign at their place of employment. The Budget Committee of the Federation allocates money to its member Chests on the basis of need, regardless of where the individual contributions are made. Employees are therefore requested to contribute through the NIH rather than through neighborhood drives.

All employees are urged to take advantage of the deferred payment plan, which allows the donor to contribute to the Campaign on an installment basis, without making an immediate cash outlay.

CHEST DRIVE FOR 1954

CHEST DRIVE FOR 1954

Wendy Ness

A familiar name to most people on the reservation is Wendy Ness, NIAMD. As social chairman and co-chairman of recreation for R & W, she's the contact point for almost all activities sponsored by the association. When questionnaires regarding specific program participation are distributed, they are returned to Wendy, who can then determine whether employee interest justifies further planning.

As a secretary in the Laboratory of Chemistry, Wendy issues purchase orders, maintains inventory and leave records, types letters and manuscripts, and carries out other related secretarial duties.

She came to NIH almost three years ago from the Bureau of Internal Revenue, St. Paul, Minn. Her first assignment here was Clerk-Typist in OD, FMB, and several months later she transferred to NIAMD. During her 12 1/2 years of government experience, she has worked in Washington and Minneapolis, Minn., transferring to and from these cities several times in order to join her husband, Carl, who is employed by the Veterans Administration. In Washington, she worked in the Pentagon and, in Minnesota, was with the Civil Aeronautics Administration, War Assets Administration, and Internal Revenue.

An enthusiastic supporter of R & W, Wendy has organized the Camera Club and bridge classes, and is NIAMD's representative to the Executive Council.

Unknown to most people by her given name, Florence, she acquired the name of Wendy from her maiden


Renovations, Cont’d

addition, the planned use of chimpanzees, large monkeys, and other large animals will necessitate the building of escape-proof protection facilities. The building will be air conditioned, ventilated, painted, cleaned, and fumigated; and proper lighting, new flooring, and fixed laboratory equipment will be installed. It is also planned to construct animal runs outside the building and in the east basement for dogs.

NIDR will move from Building 4 to a portion of Building 2, and the vacated space will be renovated for use by NIAMD. Construction work on animal space in the attic of Building 2 has already begun. NMI’s Tropical Disease Laboratory will move to Building 5, leaving its present quarters in Building 3, which will be converted for heart research. Because of NIH’s work with dogs and other large animals, attic facilities will be provided in Building 3. Laboratory and animal rooms in Building 6 will be remodeled to make available laboratory space for NCI activities from the Warwick Clinic and the Baltimore Hospital. NINDB, NIMH and possibly NCI will conduct research in Building 8, where changes will be made to adapt space for laboratories and animal rooms. Offices of DRG, NCI, and NIMH will be quartered in T-6 after renovations. NCI’s Pathological Technology Section is scheduled to remain in T-6.

Insurance, Cont’d

or over. Free coverage is also given employees who retire on an immediate annuity, either for disability or after at least 15 years of creditable civilian service. Post-retirement coverage does not, however, include the double indemnity and dismemberment protection. Employees who leave Federal service for reasons other than retirement will be covered by the insurance for 31 days after the date of separation, during which time they have the option of buying, without a medical examination, an individual life insurance policy at standard rates.

Beneficiaries may be designated by filling out a special form available in the Personnel Branch. If no such form is filed, the life insurance is automatically payable in the following order: widow or widower, children, parents, estate, or next of kin.

Renovations, Cont’d

LAUNDRY AT NIH EXCEEDS 58 TONS A MONTH

Clean linens and clothing are sorted in this unit of the NIH Laundry and Dry Cleaning Section prior to being sent to the Institutes.

That Monday morning pile of dirty clothes facing the average housewife poses no problem for the NIH Laundry and Dry Cleaning Section, which cleans several thousand pounds of wash a day.

Housed in the south end of Building 13, the laundry is geared to do 5,000,000 pounds of wash a year. It has been in operation since the opening of the Clinical Center in July 1953 and has kept pace with the rapid growth of NIH by increasing its workload from 18,000 pounds of wash during the first month to 119,000 pounds last month. Around 70 percent of the work comes from the CC, the bulk of it from the nursing units.

The NIH Laundry and Dry Cleaning Section, which employs 22 people, is run on a cost basis, according to Thomas H. Keys, Chief. Lab coats, coveralls, authorized uniforms for Nutrition and Housekeeping Department personnel, shirts for guards and firefighters, sheets, linens and blankets, as well as all patients’ clothing, are cleaned daily. Drapes, bedspreads, slipcovers, bolster covers, guard and elevator operator uniforms are some of the items that are dry cleaned, and when necessary, mattresses are cleaned and sterilized. In addition to washing and pressing, repairs are made to the articles before leaving the laundry.

Replacements are often necessary and the laundry maintains a linen storeroom, which is stocked with every item used on the reservation from baby clothes to blankets. Unstocked garments can be made in the Fabrication and Repair Unit.

Laundry for the CC is provided on an "exchange system" basis—i.e., the same sizes and number of clean clothes and linens are exchanged for the soiled items turned in. This system makes it easier to regulate the workload. Each nursing unit provides the laundry with a daily quota of clean items required.

Soiled articles from the CC are dropped into laundry chutes, bagged, and then sent via electric mule through the tunnel to the laundry, where they are then placed on a conveyor belt that carries them to the receiving room. Articles from laboratories in outlying buildings are picked up in a cart and brought to the receiving room, where they are classified. All similar items such as sheets, small pieces, etc., are kept together, and heavily soiled items are grouped separately for special treatment. Each measured load is then dropped into a chute which opens into a washing machine.

There are six of these machines which take from 250 to 350 pounds of wash and are equipped with automatic controls. Where starch is necessary it is added after the final rinsing. When the cycle is completed the clothes are ready for ironing; only towels and washcloths are fluff-dried. In the Ironing Unit, there are five utility presses for wearing apparel such as uniforms and pants, three coat presses for lab coats, and two pressing units for blouses and shirts.

As many cleaning problems as are encountered by commercial laundries are coped with by the NIH Laundry and Dry Cleaning Section, and as the volume of work increases more individual problems are solved.