FRINGE BENEFITS BILL IS OUTLINED

Public Law 763, the fringe benefits bill signed recently by the President, provides many changes in benefits and working conditions for government employees.

Substantial modification of the Whitten rider permits granting of permanent status to many employees serving under indefinite appointments, providing they pass competitive examinations and complete three years of continuous service. The law also removes restrictions against permanent promotions, and provides for permanent reinstatements of career workers who left the government and then returned as indefinites.

Employees who had more than 30 days of accumulated leave on January 1, 1954, will not be required to reduce this accumulation of leave. Those with less than 30 days of accumulated annual leave will be allowed to earn and carry a maximum of 30 days.

Pay legislation includes: overtime pay at time-and-a-half on the first $5,060 of basic salary; unscheduled overtime at least two hours in duration; paid night differential for leave that totals less than eight hours in a pay period; longevity salary step increases for employees through GS-15; an annual allowance of $100 to employees who are not furnished uniforms, but who are required by legislation to wear them, and salary steps above the minimum rate of a grade for hard-to-fill jobs.

The bill also abolishes the CPC schedule, increases to 150 the number of "super" grade jobs, and establishes a uniform incentive awards program.

Detailed information on the various provisions of the fringe benefits bill will be given in future issues of the Record.

DR. GREGG TO SPEAK AT NIH LECTURE

Dr. Alan Gregg, Director of Medical Sciences and Vice President of the Rockefeller Foundation, will be speaker at the annual NIH lecture to be held Thursday, September 30, at 8:00 p.m. in the Clinical Center Auditorium. His subject will be "The Natural History of Changing One's Job." This is the sixth in the 1954 guest lecture series. All interested NIH scientific personnel are invited to attend.

In his talk, Dr. Gregg will list and evaluate the factors to be considered in a medical scientist's career when he gets an offer of another job.

Dr. Gregg has been associated with the Rockefeller Foundation since 1919. During World War I he served with the Royal Army Medical Corps, British Expeditionary Force. He is an American Academy of Arts and Sciences fellow, New York Academy of Medicine fellow, and a member of the American Philosophical Society.

NHI PARTICIPATES IN CARDIOLOGY CONGRESS

More than 3,100 physicians and scientists from 48 countries attended the Second World Congress of Cardiology and the 27th Scientific Sessions of the American Heart Association, which met in the National Guard Armory, September 12 to 17. The meetings constituted the largest and most comprehensive medical meeting on heart and circulatory diseases ever assembled in the Western Hemisphere, and was the first of its kind to be held in the United States.

Speakers at the opening day ceremonies included PHS Surgeon General Leonard A. Scheele and Dr. James Watt, NHI Director and co-chairman of the Congress. Drs. Andrew Morrow and Milton Landowne of NHI were among the more than 250 scientists to present papers during the program.

During a visit to NIH September 15 and 17, over 700 members of the Congress had an opportunity to see a number of NHI exhibits and tour the Clinical Center.
Clinical Studies of Uveitis

Between 7 to 15 percent of all blindness in the United States is caused by an inflammatory disease of the eye called uveitis. It is estimated that approximately 2,000 persons each year lose their vision because of this condition and twice that number suffer impairment of sight in various degrees.

For the past year, the Ophthalmology Branch of NINDB has been studying granulomatous uveitis or chorioretinitis, the form of the disease which involves inflammation of the retina and choroid membrane. The investigators include Dr. Ralph W. Ryan, Dr. William M. Hart, Dr. John J. Culligan, and Dr. Ralph D. Gunkel of NINDB, and Dr. Leon Jacobs and Maryjane K. Cook of NMI.

For two decades it has been known that this form of uveitis was probably caused by tuberculosis, syphilis, and undulant fever. However, when a large number of cases failed to respond to the antibiotics usually effective in treatment of these diseases, it seemed evident that another major unknown cause of the disease existed. The Toxoplasma organism was suspected when autopsies of new-born infants who had died from congenital toxoplasmosis revealed eye lesions typical of granulomatous uveitis. The recent isolation, by Dr. Leon Jacobs, of Toxoplasma in the eye of an adult with an 8-year history of the eye disease, confirmed this suspicion and provided a new impetus for study of the condition.

The investigators have since been testing drugs which might afford treatment for the toxoplasmosis infection. To date, 93 cases have been referred to the uveitis study at the Clinical Center. Sixty-seven proved to be actual cases of granulomatous uveitis, 39 of which were considered to have been caused by the Toxoplasma, a percentage much higher than had been expected. Twenty-nine of those more actively affected were placed on dosages of pyrimethamine and sulfadiazine.

Twenty-five of the 29 patients so treated have shown definite improvement of eye lesions. Three of the remaining four patients have not been under treatment long enough to make any positive evaluation. The measure of clinical improvement varied considerably, with the least severe cases exhibiting a rapid, dramatic improvement, and the more seriously affected cases showing a slow but significant improvement of vision. Improvement occurred within one week to one month after therapy was initiated.

Though the results thus far seem promising, several important questions remain to be answered. Since spontaneous remissions occur frequently in cases of uveitis, evaluations of therapy over relatively long periods of time must be made. In addition, certain side effects occur in the treatment, some of which are merely uncomfortable (such as loss of taste, nausea, loss of appetite), but some of which, involving changes in the elements of the blood, may eventually prove to be serious. The researchers are meanwhile continuing their search for other drugs which might be effective against toxoplasmosis.

Here and There

New Phone Book

The new NIH telephone directory, with the new NIH phone number, OLiver 6-4000, will be distributed in a few days. This issue has a two-tone brown cover and is dated September 1954.

Hospitalization

The Group Hospitalization and Medical Services Membership Drive has not yet met the minimum enrollment requirements. Employees who wish to participate and who have not returned the form are requested to contact the Personnel Branch, ext. 2454.

Award

Mrs. Lucy E. Barnes, SMB, has received a superior accomplishment award, consisting of a one-step within-grade salary increase, for outstanding performance in her position as Property and Supply Clerk.

NIH Brochures

New illustrated brochures on NIH and on the Clinical Center have gone to press and should be ready for distribution in a few weeks. Copies may be obtained by calling Institute information offices or the Editorial Section of SRB on ext. 2266. Clinical Center personnel should contact Information Services, ext. 2563.

Bloodmobile

Those wishing to donate blood when the Red Cross Bloodmobile visits NIH October 18th should complete and return the form distributed recently by the Employee Relations Section, or call ext. 2454.

SMB Course

The Supply Management Branch is conducting a training course in purchase, property and supply procedures. NIH personnel responsible for these functions will attend classes twice weekly until October 14.
NIH Spotlight

Raymond C. Gloyd

Beginning a government career at an age when most people retire is an unusual distinction claimed by NCI's Raymond C. Gloyd, who, at 77, has no immediate plans for quitting work after 12 years of Federal service.

A Laboratory Animal Caretaker in the Laboratory of Chemical Pharmacology, Mr. Gloyd is responsible for feeding the animals and keeping the glassware clean.

After World War II broke out, Mr. Gloyd felt that he "didn't have too much to do" so he applied at NIH for a position, and was hired as an Under Scientific Helper. "I thought I'd be here for six months," he reflects, "but I'm still here." Shortly after his arrival here he became a Guard, and after a few years joined NCI, where he has stayed for 10 years.

Born in Gaithersburg, Mr. Gloyd recalls the time when there were only 14 houses in the town and a one-room schoolhouse served 65 students. Winters were so bad and drifts so high that people were able to drive their horses over the top of the solidly packed snowdrifts which sometimes reached a height of 15 feet, and snowplows were unknown. "All we had was manpower," Mr. Gloyd recalls. Getting out of bed on a cold morning to gather wood for the fire helped spark your appetite for breakfast, he claims.

Before joining NIH, Mr. Gloyd raised vegetables, chickens, turkeys and cattle on a 200-acre farm in Rockville, but now settles for a small lot on Hunting Hill where he tends a garden which yields just enough for him and his wife.

NIH COMMUNITY CHEST

QUOTA SET AT $24,600

The following articles have been found on the NIH reservation:
- Compact
- Earring
- Thermos bottle
- Pocketknife
- Sweater
- Blueprints
- Glasses
- Umbrella

The quotas for the 1954 NIH Community Chest Drive were recently announced. The total NIH goal is $24,600, and the individual quotas for each Institute have been set up as follows:

- NCI: $4,820
- NHI: 2,335
- NIDR: 735
- NIAMD: 3,415
- NIMH: 1,820
- NINDB: 710
- NMI: 2,630
- DRG: 835
- Clinical Center: 2,875
- Central Services: 4,425

Since NIH represents nearly half of the Public Health Service in this area, much of the success of the drive will depend on how nearly we meet this quota. Contributions may be made in deferred payments over the next year. You will be billed for these payments as they come due, and they can be paid to Miss Mary D. Bertha in the Personnel Branch, to the Bank of Bethesda, or direct to the Community Chest office. All employees are asked to contribute through the NIH rather than through neighborhood drives. You may designate your home community as the one you wish to benefit by your contribution.

"Early to bed and early to rise" is Mr. Gloyd's recipe for a long life, although this old adage is slowly being shattered by a modern invention. The Gloyds bought a television set last month as a mutual birthday present and Mr. Gloyd insists that "the darn thing keeps us up too late."
Dr. Ray Gould, tennis instructor, demonstrates the proper technique on service for Leona Falkowski.

Allen Smith, golf instructor, demonstrates a stroke to the class.

Employees enjoy a noontime card game on the R & W picnic tables.

Dr. Harold Dorn tends to his NIH garden.

A variety of the sports equipment available to employees is displayed here.

Edward Carter goes to bat for the NIH Softball Team.