

The NIH Record

If You Were Disabled, Could You Cope? How?

If you were disabled—could you adapt? That was the theme of a panel convened recently by the Handicap Program, Division of Equal Opportunity. The “If you were” was the question raised on becoming a physically or mentally challenged individual. That “could you?” was answered in the affirmative by the panel.

Dr. Martha Bryan, NIH Handicap Program manager and panel moderator, began the program by setting the tone that all employees need flexibility for optimal performance in their jobs. She said, “since each person needs accommodation, we should view a handicap as a distinguishing characteristic which simply requires that a task be done with slight modification.”

She issued a challenge to the ACRF Amphitheater audience by asking them to put themselves in the place of a person with a disability for a short time. She said, “let’s assume you could adapt to this new role. The question now becomes, if you were, how would you?”

Members of the panel shared how adaptations are made in their work environment to enable them to use their abilities.

Susan Rosenfeld, NIAID, has what is termed an “invisible handicap.” She is hearing im-

(See **DISABLED**, Page 7)

That Mummy Was No Lady But King Tut's Half-Brother

By Jody Dove

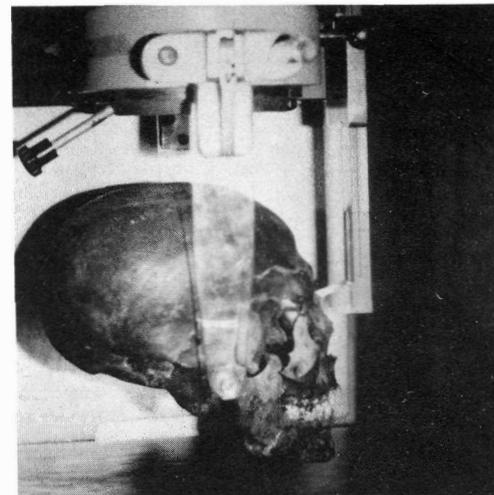
The same technique widely used to measure craniofacial bones in children undergoing orthodontic treatment has enabled a team of dental experts to identify a controversial Egyptian mummy.

Found in 1907 in the Valley of the Kings in Luxor, Egypt by Theodore Davis, an American lawyer and amateur Egyptologist, the badly preserved mummy has long been the subject of disputed identity. It was discovered in a tomb thought to belong to members of the Royal Family of the 18th Dynasty that ended with the reign of King Tutankhamon in 1352 B.C.

But the mummy has baffled experts; some believed it was a man, and others a woman.

Now with a grant from the NIH Fogarty International Center, Dr. James E. Harris, former chairman of the orthodontics department of the University of Michigan School of Dentistry and a renowned expert in the study of mummies, has reconstructed the skull and identified it as that of Smenkhare, the half-brother of King Tutankhamon and coregent of Amenhotep IV (Akhenaten) of the 18th Dynasty.

Using a technique called cephalometry which allows precise x-rays to be taken, Drs. Harris and Brian Ingalls, an orthodontist, measured the skull and skeleton of the mummy. Cephalometry is used in dentistry to



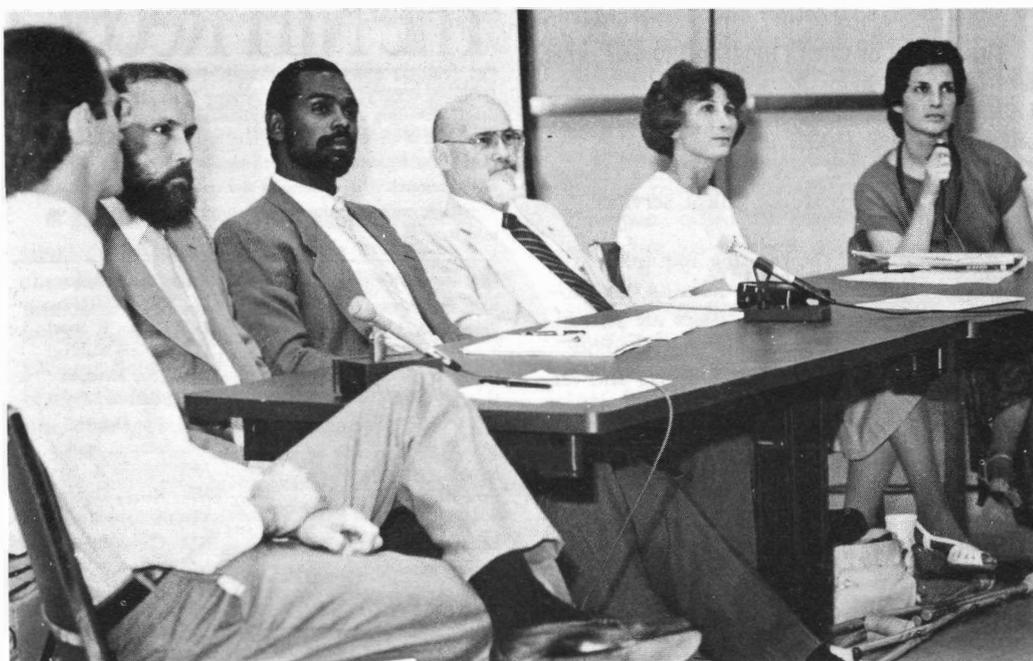
Skull of Smenkhare in the Cephalostat

assess craniofacial growth and development and to determine a patient's response to orthodontic treatment.

Drs. Harris and Ingalls used a laser beam to obtain an accurate orientation to the mummy's skull. The x-rays they then took with a cephalometer gave them exact measurements of craniofacial variations. Once the cephalograms, or tracings, were obtained, they were developed into computer drawings of the skull.

This computerized analysis permits, for the first time, a measurable statistical comparison of craniofacial characteristics of Pharaohs between and within dynastic periods. Unlike a bone biopsy, which could have harmed the

(See **MUMMY**, Page 6)



Current and past members of the NIH Handicapped Employees Committee field questions at a recent panel session held by the Handicap Program of the Division of Equal Opportunity. They are: (l. to r.) Ward Pettis, NINCDS; David Kerr, NINCDS; Carlton Coleman, CC; Dan Rogers, NIA; Susan Rosenfeld, NIAID and Dr. Martha Bryan, OD, Handicap Program manager.

OPM Changes Waiver Rule On Federal Life Insurance

The Office of Personnel Management has revised the Federal Employees Group Life Insurance Program regulation and eliminated the under age 50 restriction for cancellation of waiver of life insurance coverage. The regulation became effective July 14, 1986.

An eligible employee who has waived life insurance coverage in the past may now cancel the waiver and become insured at any age: if at least 1 year has passed since the effective date of the waiver and if the employee provides satisfactory evidence of insurability.

To benefit from the new provision, eligible employees may obtain a copy of Standard Form 2822, Request for Insurance, FEGLI, from their BID personnel office. Details on filing the completed form are also available there. □

TRAINING TIPS

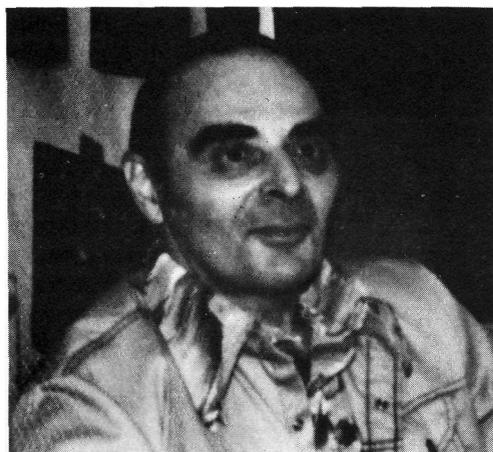
The following courses are sponsored by the Division of Personnel Management, the NIH Training Center.

Executive, Management, and Supervisory 496-6371	Course	Starts	Deadline
Introduction to Supervision		9/22	8/22
Effective Communications		9/16	8/22
Effective Presentations Skills		9/17	8/29
Managing Stress & Maximizing Effectiveness		9/10	8/15
Office Skills Career Development Program		496-6371	
Support Staff Training 496-6211			
Basic IBM Displaywriter		10/7	9/16
Time & Attendance		8/20	7/31
Introduction to Working at NIH		8/20	8/11
		9/17	9/8
Career Strategies		9/23	9/9
Delpro		9/15	8/26

SHARE TRAINING. For first-time users enter:

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Adult Education Program, 496-6211.

Leonard Levine, DCRT, Dies of Heart Attack



Leonard B. Levine

Leonard B. Levine, 59, a computer programmer analyst in the program support section of the Computer Center Branch, DCRT, died of a heart attack on July 5.

Mr. Levine first joined the Federal Government in 1944 as a clerk for the Veterans Administration, leaving to join the Armed Forces during World War II. After the war, he worked as a D.C. policeman, business owner, and salesman. He returned to the Federal Government in the 1960s and joined the Computation and Data Processing Branch before it became DCRT.

He is survived by his wife, daughter, and two brothers.

Burn Boxes, Waste Tags Offered by Division of Safety

A new pre-labeled "biohazard/burn" box and Medical Pathological Waste Tag is being offered by the Division of Safety in an effort to identify waste that must be incinerated at NIH. MPW is defined as waste containing or contaminated with infectious agents or minimally contaminated with toxic chemicals and all pathological waste.

New MPW boxes are available from the self-service stores (NIH Stock No. 8115-00-L04-0685). The boxes have a distinct red arrow printed on four sides. They measure 18 x 14 x 18" and are supplied 25 per bundle. A new MPW Tag, revised Form-179, must be completed and attached to the top of each MPW box before collection. However, beginning this fall, MPW boxes will be available with Form-179 printed directly onto one of the box flaps.

Once these are available, it won't be necessary to attach a separate tag to identify the waste.

MPW boxes must *not* be used for general waste (for example, uncontaminated glass), confidential paper waste, chemical or radioactive waste, or placed in any general waste dumpsters.

New MPW Tags are now available (NIH Stock No. 7530-00-L07-5179) as separate, self-adhesive identifiers for labeling other containers

which are used for packaging MPW such as 5-gallon buckets for contaminated needles, unlabeled cardboard boxes, etc. Plain cardboard boxes should be used only if MPW boxes are not available.

MPW Tags are to be used exclusively for identifying MPW. The labeling requirement for general waste (the white portion on the old tag) has been deleted. Routinely, general wastes such as office paper, graphic clay, uncontaminated animal bedding, etc. don't require labeling unless the waste represents a physical hazard which requires special handling (broken glass). Unlabeled boxes measuring 18 x 14 x 18" may still be bought from self-service stores for packaging confidential paper waste, storage or moving cartons, etc.

Another new item is a large Kraft Paper Bag (NIH Stock No. 8105-00-L04-0628) that has a reinforced stitched bottom and a plastic liner. These bags are used for collecting general waste such as uncontaminated glassware or animal bedding material.

For general information on waste handling procedures refer to the publication, *Waste Disposal at NIH*. For assistance with special waste problems or suggestions, contact Hazardous and Solid Waste Management Section, Environmental Protection Branch, DS at 496-7990. □

No Training Required For MEDLARS Access

The success of GRATEFUL MED and other user-friendly systems for searching the MEDLARS databases, along with the existence of self-instructional guides like *The Basics of Searching MEDLINE*, has resulted in a change in NLM's policy regarding online services training.

Effective July 1, the training requirement is no longer a prerequisite for receiving a MEDLARS access code. Training classes are still offered and are especially encouraged for those who intend to do searching for others and for those who plan to teach health professionals how to search—as well as for those who wish to improve their searching skills.

For further information about NLM sponsored training courses, self-study workbooks, and GRATEFUL MED (the front-end software package for accessing the NLM MEDLARS databases via a personal computer), please contact NLM's MEDLARS Management Section. □

A converted cannibal is one who, on Friday, eats only fishermen.—Emily Lotney

The NIH Record

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Consensus Panel Concludes Plasmapheresis Effective in Guillain-Barré, Myasthenia Gravis

Plasmapheresis, a method for removing toxic substances from the blood, is an effective treatment for severe cases of Guillain-Barré syndrome and for acute episodes of myasthenia gravis. But the technique has no demonstrated value for treating amyotrophic lateral sclerosis, and further clinical trials are needed before scientists can judge its potential as a therapy for multiple sclerosis.

Those were the major findings of a recent NIH consensus panel that met to assess the usefulness of therapeutic plasmapheresis, or plasma exchange, as a treatment for neurologic disorders. NINCDS was the lead agency for the conference, which was also sponsored by the NIH Clinical Center and the NIH Office of Medical Applications of Research.

In their final statement, panel members underscored the promise of plasmapheresis for certain neurological problems of short duration and for transient reversal of neurological symptoms. But because its effects are relatively short-lived, it is not a realistic ongoing treatment for chronic conditions, they cautioned.

The panel's specific findings were:

- **Guillain-Barré syndrome.** Plasmapheresis clearly helps patients with severe cases of Guillain-Barré, an acute, rapidly progressive demyelinating disorder marked by motor (muscle) weakness, loss of reflexes, and variable sensory loss. Benefits are clearest when plasmapheresis is started within 2 weeks after symptoms begin.

In contrast, corticosteroids have shown no clear benefits for Guillain-Barré—nor do they appear to bolster the benefits of plasmapheresis when the two are used together to treat the disease.

- **Myasthenia gravis.** Plasmapheresis relieves symptoms of myasthenia gravis, a chronic neuromuscular disease characterized by muscle fatigue and weakness, during acute, life-threatening crisis. It also helps strengthen patients before and after thymectomy (removal of the thymus gland) and at the start of immunosuppressive drug therapy.

However, the procedure is not generally useful for long-term management of chronic myasthenia because its effects, although demonstrable, are brief: clinical improvement lasts 4 to 6 weeks. In chronic cases, plasmapheresis is indicated only when the patient does not respond to corticosteroids or immunosuppressants, or experiences harmful side effects from those drugs.

- **Other neurologic diseases.** Several rare neurologic disorders that appear to involve an immune process may well respond to repeated courses of plasmapheresis. Among them are

Eaton-Lambert myasthenic syndrome (a disorder of abnormal neuromuscular transmission believed to be caused by the inadequate release of acetylcholine from nerve terminals); chronic inflammatory demyelinating polyneuropathy (a chronic demyelinating disorder of peripheral nerves similar to Guillain-Barré); and paraproteinemia (acquired disorders characterized by damage of peripheral nerves associated with an abnormal protein or immunoglobulin).

Like myasthenia gravis, these diseases probably involve an autoimmune attack on nerve tissue. Plasmapheresis treatments might help clear the blood of disease-causing antibodies that interfere with normal nerve cell functions.

- **Multiple sclerosis.** Plasmapheresis for multiple sclerosis should be viewed as an investigative procedure until experimental trials yield clearer results. There has been one report of a successful double-blind, controlled trial of plasmapheresis for chronic progressive MS, but this study needs to be repeated. Panel member Vice Admiral Thor Hanson, president of the National Multiple Sclerosis Society, said his group is awaiting results, expected within a year, from a controlled study of plasmapheresis in acutely exacerbating MS.

Multiple sclerosis is an unpredictable, demyelinating disease of the central nervous system that hinders the ability of the brain and spinal cord to control such functions as movement, speech, and vision. The panel noted that a prime rationale for using plasma exchange—evidence that the disease involves abnormal antibodies in the blood—has not been established for MS.

- **Amyotrophic lateral sclerosis, (Lou Gehrig disease).** Dr. Barry Arnason, panel chairman, called the panel's finding that the procedure has nothing to offer ALS "a disappointment." ALS is a degenerative neuromuscular disease that causes voluntarily controlled muscles to weaken and waste away. The panel's finding, Dr. Arnason said, supports evidence that ALS is not an autoimmune disease.

Although plasmapheresis is not risk-free, said the panel, its risks are extremely low. Risks increase when the replacement fluid contains plasma—which can transmit infections—or when the fluid is low in certain vital components such as proteins, electrolytes, and blood coagulation factors. Allergic reactions to the replacement fluid are also possible. Fifty fatal reactions associated with plasmapheresis were reported worldwide between 1978 and 1983. To minimize risks, plasmapheresis should be done only in experienced apheresis centers, according to the consensus statement. □



This is Bldg. 10 as seen through a fish-eye lens. Dr. Henry M. Fales, chief, NHLBI, Laboratory of Chemistry, constructed the lens by gluing a wide-angle peephole door viewer onto a lens cap (cost \$2.50). The picture was taken by Dr. Helen Lloyd.

'Medicine for Layman' Sets 6 Lectures in Fall

Six public lectures have been announced in the Clinical Center's "Medicine for the Layman" series, offered each fall in Masur Auditorium for the past 10 years. For the third year in a row, Hospital Satellite Network, a Los Angeles-based cable TV network, will film the talks for its subscribers in medical centers across the country.

The 1986 schedule begins Sept. 30 with "Back Problems: Prevention and Treatment," by Dr. Jeanne Hicks, assistant chief of the Department of Rehabilitation Medicine. On Oct. 7, Dr. Michael Kaliner, chief, Allergic Diseases Section of NIAID's Laboratory of Clinical Investigation, will speak on "Bronchial Asthma."

The series continues the following week with "The Blues: Depression and Its Treatment," by Dr. Rex Cowdry, clinical director, NIMH, on Oct. 14. Dr. Philip Pizzo presents "Cancer and the Young: Cures for Children, Prevention for Later Life," on Oct. 28. He is the chief of NCI's Pediatric Branch and head of the Infectious Disease Section.

Only one lecture will be presented in November—"Breast Cancer: New Developments in Treatment," by Dr. Marc Lippman, head of the Medical Breast Cancer Section, Medicine Branch, NCI, Nov. 25.

The series ends on Dec. 2 with "Brain Hormones and Stress," by Dr. Philip Gold, chief of NIMH's Section on Clinical Neuroendocrinology.

The lectures, sponsored by Clinical Center Communications (formerly the Office of Clinical Reports & Inquiries), are open to the public and will begin each evening at 8.

For further information call the CC office, 496-2563. □

Pope Names Dr. Singer to Pontifical Academy of Sciences



Dr. Singer

Dr. Maxine Singer, chief of the NCI Laboratory of Biochemistry, was appointed by Pope John Paul II to full membership in the prestigious Pontifical Academy of Sciences on June 9. She will travel to Rome in October to participate in a plenary session of the academy, where she will receive the decorations of her appointment.

The academy's origins date back to the ancient academy of the Lincei, founded in 1603, and restored by Pope Pius IX in 1847. This year marks the 50th anniversary of the renamed academy, which was reestablished by Pope Pius XI in 1936.

The academy comprises 70 members, nominated by the Pope from a list of the world's most famous scientists in the mathematical and natural sciences. Members meet regularly to evaluate progress in these fields. In 1984, the academy held meetings on leprosy, nuclear winter, energy concerns and space exploration. □



Dr. M. Janet Newburgh has been appointed deputy director of the NIGMS Pharmacological Sciences Program. She has been at NIGMS since December 1984. Prior to that time, she was a program administrator at NEI (1981 to 1984) and an NIH grants associate (1980 to 1981). Dr. Newburgh's professional experience also includes research and teaching at Oregon State University, the University of Oregon Health Sciences Center, and the University of North Carolina, Chapel Hill.

Three Employees in DRS Work Together, Retire Together

Three employees of the Veterinary Resources Branch (VRB), DRS, who recently retired on the same day, had shared for many years in a little-noticed task that contributes much to NIH research.

Their work helped ensure the genetic and microbiologic purity of rodents used in NIH laboratories and many laboratories worldwide, so that research results are not invalidated by unrecognized contamination.

Anthony Chloe, an animal caretaker foreman, retired after 40 years of Federal service: 37 years at NIH and 3 years in the U.S. Army.

Clifford Wanza, a senior biological laboratory technician, retired with 31 years of service: 28 years at NIH and 3 years as an officer in the U.S. Army.

Myrie Taylor, a biological laboratory technician, retired after 22 years of service in VRB.

All three had received individual citations and participated in group awards over the years for following the precise procedures that ensure the genetic purity of inbred and congenic rodent strains, with the added difficulties of maintaining them in a "gnotobiotic" environment. (This system is sometimes called "germfree," but these rodents have received a "cocktail" of four or more bacteria important for digestion.)

Mr. Wanza also contributed much personal time and effort as an EEO counselor and member of the NIH EEO Advisory Council. He served as VRB's liaison to the branch's handicapped employees.

Mr. Chloe was cited for his excellent performance as a foreman when NIH needs for animals of greater microbiological purity increased his unit's workload, including the conversion of conventional rodent colonies into specific-pathogen-free colonies.

Ms. Taylor spent 16 of her 22 years at NIH working in a protected physical "barrier" area of the VRB small animal section. To maintain this protective barrier against infection, the employees must faithfully follow correct procedures that include special clothing and face masks, as well as sterilizing all equipment and supplies and using controlled air flow.

"Myrie was perfect: conscientious, willing, careful of details," says Damara Bolte, chief of the production unit where Ms. Taylor worked. "Because you can rely totally on a person like her, you can rely on her work products." □

NIMH Seeks Volunteers For Sleep Studies

The National Institute of Mental Health is seeking volunteers for sleep studies. Persons with persistent difficulty sleeping, no history of psychiatric illness, no medical problems, and not taking any medications may be considered.

You must be between the ages of 21 to 55. For more information call Holly at 496-6891 between the hours of 10 and 4 p.m. Selectees will be paid for their time. □



Immunologist Dr. Joye Jones recently joined the staff of the Genetics Program of NIGMS as a health scientist administrator. She will manage grants on the regulation of gene expression, population genetics, and neurogenetics.

U.S. Volleyball Champs

See the gold-medal winning (1984) USA men's volleyball team on Tuesday, Aug. 19, at 6 p.m. at Patriot Center, Va., in this unique four city competition (USA vs. Italy and Russia vs. Cuba).

Discount tickets are available at the R&W Activities Desk, Bldg. 31. (\$12.50 tickets are \$11). □

Betty Morton Retires After 20 Years at NCI

Betty M. Morton, a National Cancer Institute employee since October 1965, will retire on Aug. 1. Mrs. Morton is currently the administrative officer for the Extramural Research Program, Division of Cancer Biology and Diagnosis, NCI.

She was born and raised in West Virginia and graduated from Marshall University, Huntington, W. Va. She taught school for brief periods in West Virginia and Garrett County, Md., before relocating to the Washington, D.C. area.

Mrs. Morton began her Federal career in August, 1951 working for the Department of the Army at Camp Breckenridge, Ky. From 1953 to 1962, she worked for the Army Map Service in Washington, D.C., and in 1965, came to NIH.

Throughout her career at NIH, she has continually excelled in providing administrative services to DCBD and NCI, and has received numerous quality increases in recognition of these services. Last year, she received the NIH Merit Award "for her exemplary effectiveness in accomplishing the administrative and managerial support functions of the Extramural Research Program."

After her retirement in August, Betty and



Mrs. Morton

her husband plan to do some travelling and spend time with their family in Ocean City, Md., and at their West Virginia mountain retreat. □

Volunteers Needed for Thyroid Study

Male Caucasian volunteers between the ages of 18 and 30 are needed to participate as normal controls in a standard thyroid study being conducted here at NIMH in Bldg. 10. Volunteers must be free of all medical illnesses, currently taking no medication, and have no family history of psychiatric illness or alcoholism. Subjects will spend 3 nights and 1 morning at the Institute over a period of several weeks, and will be paid in accordance with the procedure and duration of each visit.

For further information, contact Skip Orem, 496-6981, Monday through Friday from 9 a.m. to 5 p.m. □

Visiting Scholar Program at NLM

The National Library of Medicine plans to select one scholar to engage in research and staff consultation during the 1987-88 season. Applications are now invited from individuals interested in spending 6 to 12 months at the Library between Sept. 1, 1987 and Aug. 31, 1988. Detailed announcements and application forms may be obtained from the Chief, History of Medicine Division, 8600 Rockville Pike, Bethesda, MD 20894; telephone: (301) 496-5405. The closing date is Feb. 1, 1987. □

NIH Theatre Group Schedules Auditions for Nov. Production

The NIH R&W Theatre Group has announced open auditions for their fall musical production, *A Sentimental Journey through the 1940s*. Auditions will be held on Aug. 17 and 18 at 7 p.m. in the Masur Auditorium, Bldg. 10, Clinical Center.

The production, which includes dances and standard hits from the 1940s, will be directed by Alice Page Smyth. Production dates will be in November.

Everyone is welcome at auditions, and prepared material is not necessary. Any interested person who does not necessarily want to sing or dance is invited to come to auditions as a variety of help is needed to put on a production of this size. If you would like further information, call Gale at 251-4713 (after 5 p.m.) or Alice at 921-4358 (after 11 a.m.). □

Geo. Washington Clinic Seeks Postmenopausal Women Volunteers

The Lipid Research Clinic at George Washington University's Medical Center needs healthy women, ages 40 to 60, who have had natural or surgical menopause to volunteer for an estrogen replacement study.

Interested qualified women are asked to call Diane Stoy, R.N., at 676-4152 for more information about the study and possible sign-up.

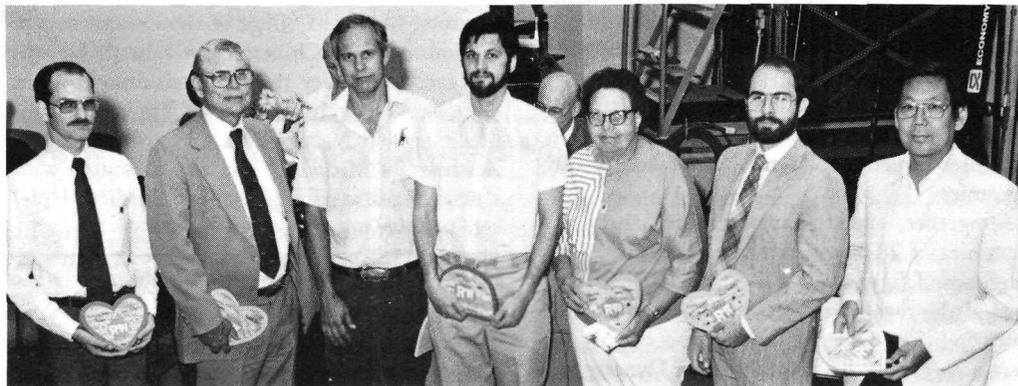
This study will be a part of an overall project, funded by two Federal grants, to study heart disease in women. The project is being funded by two NIH Institutes: Aging and Heart, Lung, and Blood. □

A heretic is a fellow who disagrees with you regarding something neither of you knows anything about.—Wm. Couper Brown

Singers to Present Concert, Aug. 23

The NIH/R&W Singers will be presenting their next concert with solo artists on Saturday, Aug. 23, at 4:30 p.m. in the Masur Auditorium, Clinical Center. The concert series is open to the public, free of charge.

Baritone Philip Candilis, director of the NIH Singers, will be joined by soprano Margaret Wesley in a program of Schumann and Schubert lieder in addition to Mozart, Handel, and other operatic arias. □



At the R&W Annual Meeting held June 5 in the ACRF Amphitheater, awards were presented to the above persons for outstanding service and dedication to the R&W Club Activities. Left to right: Loren Ziller, Theatre Club; Ralph Stork, Golf Association; John Manning, Volleyball Club; Dennis Klinman, Volleyball Club; Betty Morris, Early Bird Ten Pin Bowling League; Philip Candilis, Singers Club; and Raymond Chen, Tennis Club.

MUMMY*(Continued from Page 1)*

fragile mummy, cephalometry posed no damage threat.

Drs. Harris' and Ingall's reconstruction of the upper and lower jaws of the mummy proved that a previous reconstruction done in 1912 was incorrect. They concluded that the mummified remains belong to a middle-age male who lived during the time of the 18th Dynasty—namely Smenkhare. The skull bears similarities to Tutankhamon, his half-brother. The mummy's slight, effeminate structure—which led many experts to believe it was a woman—is consistent with sculpture and funerary artifacts depicting Smenkhare and the family of Tutankhamon.

Dr. Harris has long been interested in the evolution of craniofacial malformations and the inheritance of craniofacial forms among families. Each person carries both a racial and an individual history in their craniofacial structure. The question of why malocclusion (bad bite) is such a widespread phenomenon and how malocclusion evolves in a population over time have intrigued him.

In 1964, Dr. Harris led the first dental team to record the craniofacial history of a people. His study of the Nubian population that occupied the Nile Valley in Egypt includes cephalograms ranging from the skeletal remains of ancient Nubians preserved naturally by the dry desert all the way up to modern schoolchildren. These records represent nearly 2,000 years of human craniofacial development from 200 A.D. to 1964 A.D.

His research supports the hypothesis that man's face is becoming reduced over time and that dental overcrowding is largely a result of evolution.

Because of the skill he demonstrated in the Nubian study, the Egyptian Department of Antiquities later invited Dr. Harris and his team to examine the entire Royal mummy collection housed in the Egyptian Museum in Cairo—the only team allowed to do so since 1912. The team completed the first head-to-toe, three-dimensional x-rays ever taken of the mummies.

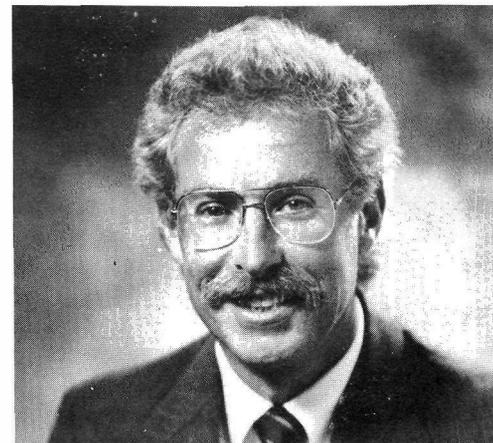
Altogether, experts have identified the mummies of 28 kings and queens of the New Kingdom of Egypt (1575 B.C. to 1070 B.C.). Most of the royal mummies have been found in poor condition, however, and not necessarily in their own tombs. During the 21st Dynasty B.C., robbers plundered the original tombs and unwrapped the mummies in their search for treasure that lay beneath the wrappings.

Later, the mummies were rewrapped by priests of the 21st Dynasty and reburied in mass tombs in the Valley of the Kings. Some

of the royal mummies' identities have been in question since no identification was found on their wrappings or coffins. King Tutankhamon was the only royal mummy left untouched by the marauders.

Dr. Harris also led the research team that identified the mummy of Queen Tiye in 1976. Queen Tiye was the wife of Amenhotep the III, and one of the most powerful women in ancient Egypt. Dr. Harris was able to accurately identify her remains not only by cephalometry, but also by matching hair found on the mummy to hair contained in a locket belonging to the Queen that was found in King Tutankhamon's tomb.

Dental science has played a decisive role in restoring lost identities of the mummies and in revising some of the identifications previously made. It has provided details about the physical and dental history of ancient Egyptian royalty, their age at death, the epoch in which their bodies were mummified as shown by the technique used, and in some cases, where sacred jewelry is hidden within the bodies. □



Daniel C. VanderMeer has been named director of the Office of Program Planning and Evaluation at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C. As director of OPPE, Mr. VanderMeer will play a key role in future planning for the Institute, will prepare reports and testimony required by the U.S. Congress, and will perform other administrative duties relating to the mission and policy of the Institute.

Dr. Koo Honored by China

Dr. John K. Koo, NIH Research Consultant was awarded five honorary degrees by Chinese medical leaders from five medical institutions during a recent 1-month tour of China. It was the first time any foreign citizen was so honored. Dr. Koo visited China upon invitation from Dr. Gu Fang Zhou, President of the Chinese Academy of Medical Sciences and Peking Union Medical College. Dr. Koo was recognized for his earlier outstanding research achievements and publications and patents on anticancer, neuropsychological and cardiovascular agents, his study of Chinese traditional medicine and natural drugs, and in appreciation for his dedicated services in promoting Chinese medical education and research. Dr. Koo was made honorary professor by the Nanjing Medical College and by the Nantong Medical College of the Department of Communication, Chinese Government. He was also made honorary research consultant by the Kwangei Research Institute of Traditional Medicine and Natural Drugs, by the Zhejiang Academy of Medicine, and was presented with a new certificate from Zhejiang Medical University in Hangzhon. □



Dr. Koo

Howard U. Med. School Director Receives NIH Commendation

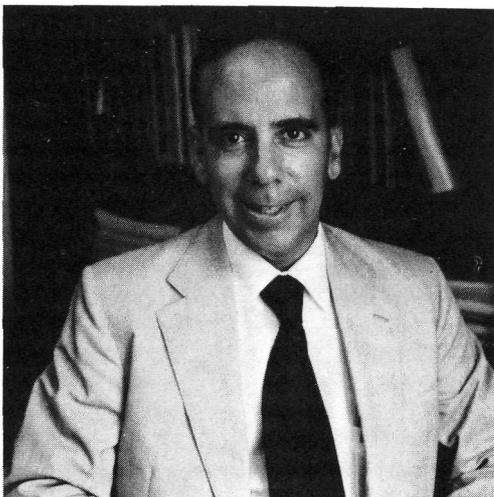
Dr. Roland B. Scott, director of Howard University's College of Medicine, was recently presented a certificate and letter of commendation by Dr. James B. Wyngaarden, NIH Director.

This was in recognition of Dr. Scott's service as a member of the Sickle Cell Disease Advisory Committee from 1982 to 1986. The committee considers health matters relating to the Sickle Cell Disease Branch at NIH and reports to the Secretary of Health and Human Services. □

Pkg. Office Seeks Vanpoolers From Harpers Ferry Area

The NIH Parking Office wants to locate employees who commute from Harpers Ferry/Brunswick/Jefferson area (Zip codes 25414; 25245; 21716; 21755; 25438; 21782) and are interested in vanpooling.

Employees are requested to contact Larry Holman, NIH Parking Office, Bldg. 31, Rm. B1C19, 496-5050. □



Dr. Samuel H. Joseloff has been appointed chief of the Office of Grants Inquiries, Division of Research Grants. Dr. Joseloff received his B.A. from Yale University, his M.A. from the University of Wisconsin, and his Ph.D. from Princeton University. He was most recently executive secretary of the Heart, Lung, and Blood Advisory Council and before that a special expert in DRG.



Dr. Heilman



Dr. Laughlin

DISABLED

(Continued from Page 1)

paired and has adapted to her job as an editorial assistant, especially since she can work in a quiet environment where extraneous noise and voices don't interfere with thought or communication.

She has also learned to cope, but still finds it difficult to tell people she is hearing impaired. For example, she may need to suggest that the person "talk to me from your right side" or "please don't chew gum when you're talking." She also pointed out the need for individualizing training sessions for hearing-impaired persons.

Carlton Coleman, CC personnel management specialist, is an amputee. Since he wears a prosthesis, his "handicap" is all but invisible. However, he can't walk long distances and often must use crutches or a wheelchair to travel to different buildings. He says such accommodations helped him get back to work after his accident. Carlton also said the attitude of his coworkers, who knew him before his accident, had been most supportive.

David Kerr, an NINCDS management analyst, is blind. His challenge in recent years necessitated his learning to get around and communicate in entirely new ways. He is helped by a voice synthesizer on his computer, a seeing eye-companion, and his own determination. He sees people's ignorance or lack of education as the main obstacle to disabled workers.

David said one small example of this is when people greet him in the halls and they say, "Hi Dave, how are you?" It would help immensely if they would remember to say, "Hi Dave, it's Dan, how are you today?" A visually impaired person doesn't automatically recognize casual acquaintances just by their voices.

Although severely hearing impaired, Ward Pettis, now a budget analyst with NINCDS, went through the Management Intern Program at NIH. He is helped greatly by having an interpreter working full-time at his Institute, the only one at NIH.

He feels strongly that the estimated 25-30 employees with hearing difficulties would be aided and their work efforts enhanced if NIH had a full-time interpreter. The interpreter could assist hearing impaired employees while attending meetings with individuals who do not have skills in sign language or effective ways to communicate with the hearing challenged.

Dan Rogers, a public affairs specialist with the NIA Gerontology Research Center, has used crutches all his life. He made the point that many supervisors are hesitant to hire a physically challenged individual in a laboratory setting, for fear they will be a danger to other coworkers. "This is hogwash, the coworkers can easily adapt, and simple safety precautions taken or accommodations made in the laboratory." Dan worked in a small radio station before coming to NIH and had no difficulty in negotiating narrow aisles and working mechanical equipment.

During the audience participation part of the discussion, Arthur "Hap" Hazes of NLM suggested a way to educate supervisors and others to the value of physically or mentally challenged employees. Supervisors of successful disabled workers could cite their experiences during an NIH-wide forum. This would inform those with lingering doubts, worries, or fears that handicapped workers can be an asset and that the costs of providing reasonable accommodations are usually quite minimal.

"If You Were . . . Could You?" The answer is yes, the panel concluded, with a little help, understanding and if given the chance.

NIDR's Julie Haller, NIH Handicapped Employees Committee (HEC) chairperson, concluded the program and presented DEO certificates of appreciation to four current or former committee members for their contributions to committee goals.

Those honored were: Assistant NIH Fire Chief Arthur Benson; former HEC secretary, Ruth Ellsworth, NIGMS; NLM's Arthur Hazes, HEC chair (1983-84); and, Dan Rogers, immediate past HEC chair.—
Dan Rogers □

Drs. Heilman and Laughlin Join NIAID Program

Drs. Carole A. Heilman and Catherine A. Laughlin have recently joined the microbiology and infectious diseases program (MIDP) of the National Institute of Allergy and Infectious Diseases. They have been named to positions within the Development and Applications Branch of the MIDP: Dr. Heilman as respiratory diseases program officer and Dr. Laughlin as antiviral substances program officer.

Dr. Heilman will be responsible for development, coordination and administration of the extramural research programs to study influ-

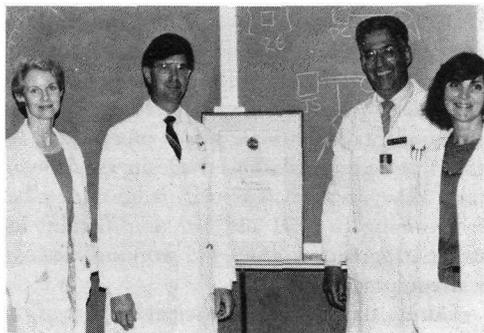
enza, acute viral respiratory diseases, and Reyes syndrome.

Dr. Laughlin's primary responsibility will be the management of the Extramural Program for Antiviral Substances. The goal of this program is to discover and develop effective therapies for human viral infections which currently cause significant morbidity or mortality. □

A psychiatrist is a man who goes to the Folies-Bergere and looks at the audience.—Mervyn Stockwood

Interinstitute Medical Genetics Program Saluted As Example of Fruitful Collaboration at NIH

A Unit Award for Excellence was presented to the Interinstitute Medical Genetics Program at an informal gathering in the Clinical Center last month. Senior investigators, fellows, and students alike toasted the 8-year-old program as an example of fruitful collaboration among Institutes at NIH.



The Interinstitute Medical Genetics Program recently won a unit award for excellence. On hand for the presentation of a plaque were (l to r): Dr. Dilys Parry, associate director of the program; Dr. John J. Mulvihill, director; Dr. Saul Rosen, CC deputy director, who made the presentation, and Sandra Schlesinger, clinical coordinator.

"Research in human genetics has always been a strong theme on campus, but the interinstitute program has given it structure without sacrificing individual creativity," said Dr. Saul Rosen, Acting CC Director and presenter of the award.

Progenitors of Program

Dr. John J. Mulvihill, an NCI geneticist who directs the program, accepted the honor. He gave credit to the progenitors of the program through amusing remarks that recounted the development of the IMGP as though it were an imaginary offspring.

"It is clear that Dilys M. Parry (associate director, IMGP) is the mother and primary caregiver," he said, referring to a chart of IMGP's

genealogy. "There is definite multi-institutional origins. In fact, the paternity of the child is in doubt."

Dr. Mulvihill, too, expressed satisfaction that the program crosses bureaucratic boundaries for a common purpose. This is represented, for example, by its steering committee, whose members hail from various Institutes. Uniting the investigators into a voluntary federation have been "this double-stranded slime called DNA and these zebra-striped bodies called chromosomes," he said.

Began in 1978

The program began informally in 1978, when 14 investigators from a number of Institutes joined for genetics ward rounds. From their discussions of genetic problems facing Clinical Center patients grew a formal seminar series, then a clinic day once a week. Later, medical staff fellows asked to participate in order to gain experience in clinical genetics. Thus a fellowship program in medical genetics began in 1980.

Now, the IMGP joins 12 charter programs in the U.S. accredited by the American Board of Medical Genetics, offering training in five subspecialties of medical genetics. About 20 physicians apply to the program each year. The IMGP also offers a clinical elective to medical students, many of whom later apply for fellowships at NIH.

The IMGP links not only NIH investigators, but also specialists in medical genetics from hospitals and universities in the Washington-Baltimore area, including Johns Hopkins Hospital, the National Naval Medical Center, George Washington University Medical Center, Fairfax Hospital, and Children's Hospital. To date, the program has graduated 17 fellows who trained for 2 years. Another six are currently completing studies. □



Dr. Edwin D. Becker, Assoc. Dir. for Research Services (c), presented Dr. Thomas E. Malone (l), former NIH Deputy Director who retired Aug. 1, with the American Flag that flew over Bldg. 1 on July 31. Dr. Malone was also presented a plaque honoring him for his service to NIH. Mrs. Malone looks on.

NIA Publishes Booklet Defining Aging Terms

Do you know the meaning of the word senescence? What the difference is between life expectancy and life span?

You can find the answers to these and other questions in a new publication from the National Institute on Aging, *Age Words: A Glossary on Health and Aging*. This glossary defines 275 basic terms frequently used by gerontologists and is designed for a general audience—including older people and their families, students in the field of aging, librarians, medical reporters, health care providers, and others with a special interest in older persons.

To get a free copy, write to the NIA Information Center/AW, 2209 Distribution Circle, Silver Spring MD 20910; or call 301/495-3455. □

The right to be heard does not automatically include the right to be taken seriously.—Hubert Humphrey

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