

## Secret Service questions data authenticity

In another surprising episode involving a controversial 1986 research report, Secret Service forensics experts told a congressional hearing this week that a large amount of raw data pasted into Thereza Imanishi-Kari's laboratory notebooks was not produced during the time period indicated on those pages. The new evidence prompted Rep. John D. Dingell (D-Mich.) to request a criminal inquiry into the events surrounding the federally funded research.

At issue is a scientific paper published in the April 25, 1986 CELL by Imanishi-Kari, formerly at the Massachusetts Institute of Technology in Cambridge and now at Tufts University in Boston, and a team of colleagues that included Nobel laureate David Baltimore, who directs the MIT-affiliated Whitehead Institute for Biomedical Research. In that paper, the researchers claimed that a foreign gene

inserted into mice generally was not expressed, but somehow influenced comparable mouse genes to produce "copycat" antibodies carrying the chemical signature (idiotype) of the inserted gene (SN: 3/31/90, p.200).

A year ago, Secret Service investigators told Dingell's House Subcommittee on Oversight and Investigations that someone had altered the dates on certain pages of Imanishi-Kari's notebooks (SN: 5/14/89, p.294), which contain raw data on certain key experiments underpinning the CELL report. Much of the data are in the form of so-called gamma-counter tapes, produced by machines that measure radioactivity. The new evidence shows that many of the tapes could not have been produced at the times recorded in Imanishi-Kari's notebook.

"We found 20 to 30 counter tapes which were not authentic with respect to date,"

testified John W. Hargett, chief document examiner of the Secret Service. In examining the imprinted numbers on the tapes and the intensity of the inking, Hargett's team of forensic experts discovered that at least one-third of the counter tapes in Imanishi-Kari's notebooks do not match up with other such tapes produced by other researchers working in her lab during the same time period.

Rep. Ron Wyden (D-Ore.) asked Hargett to interpret the findings: "Mr. Hargett, does it appear to you that someone cut and pasted counter tapes and fabricated experiments?"

Hargett responded: "It has that appearance, yes, sir."

Wyden later asked: "Are you asserting that Dr. Imanishi-Kari submitted false documents to the National Institutes of Health and this subcommittee?"

Hargett answered: "It would certainly appear that way, sir."

At the end of the hearing, Dingell said the subcommittee would ask the U.S. attorney in Baltimore to determine whether the case involves a criminal violation. In a telephone interview with SCIENCE NEWS, E. Thomas Roberts, an assistant U.S. attorney in Baltimore, declined to comment on the case, but said: "Anything that is referred to us we will look at." The Baltimore U.S. attorney's office, which has jurisdiction over the Bethesda, Md.-based NIH, is known in the scientific community for its successful prosecution of Stephen E. Breuning, a federally funded researcher convicted in 1988 of falsifying experiments.

Imanishi-Kari declined an invitation to testify before the subcommittee, but she did attend the hearing with her attorney, Bruce A. Singal of Boston.

"We are outraged that the Secret Service would appear before the subcommittee with an utter lack of detail and documentation for these findings," Singal told reporters after the hearing. "There is no evidence that we have heard either today or at any other time which would suggest even a civil or administrative violation, let alone a criminal violation."

Coauthor Baltimore also expressed support for Imanishi-Kari, as he has throughout the controversy. "The Secret Service report contains nothing to change my view of Dr. Imanishi-Kari or her research," he said. "The [forensic] report is very unspecific, but finds no fault with any of the research that we reported in the CELL paper."

Dingell, however, maintains the Secret Service evidence casts doubt on experiments reported in the CELL paper as well as on certain unpublished data that an NIH-appointed committee relied upon in its February 1989 report clearing the CELL authors of "fraud, misconduct, manipulation of data, or serious conceptual error." The NIH investigation, reopened a year ago, isn't expected to conclude for at least several months. — K.A. Fackelmann

## Interviews unmask multiple personalities

In addressing the mysterious phenomenon of multiple personality, the psychiatric community assumes a split personality of its own. Some members hold fast to the traditional view that true multiple personality disorder (MPD) is extremely rare, and that the drastic increase in its diagnosis over the past decade largely reflects a U.S. fad fueled by movies such as "Sybil." Others see the disorder as a genuine affliction in need of greater recognition. Both sides agree, however, that MPD — whether rare or rampant — is all too often misdiagnosed.

Two recent studies — one seeking a clearer picture of the disorder, the other assessing a new tool for recognizing it — may help clinicians sharpen their diagnostic accuracy.

In the May AMERICAN JOURNAL OF PSYCHIATRY, researchers present the clinical profile emerging from what they describe as the first MPD study in which "a valid and reliable structured interview has been used by investigators at a number of different centers." Psychiatrist Colin Ross and his co-workers at the University of Winnipeg in Manitoba combined two standard interviews for use at clinics in Manitoba, Ontario, Utah and California. Interviews with the 102 patients identified as having MPD, 94 of whom were women, paint a detailed and coherent picture of the disorder.

Symptoms remained largely consistent from one clinic to the next. Ross reports, for example, that 90 percent of the patients believed another person existed inside them; 82 percent heard voices coming from within; 74 percent referred to themselves as "we" or "us." And the vast majority echoed a disturbing pattern noted in recent MPD studies: a personal

history of intense suffering. More than 95 percent said they had experienced sexual or physical abuse as children; 92 percent had considered or attempted suicide.

At Yale University, psychiatrist Marlene Steinberg and her colleagues have developed what she calls a "more comprehensive" interview for identifying MPD. Two reviewers — one conducting the interviews, the other studying them on videotape — used the results to diagnose 48 individuals, including normal controls and people with MPD or closely related disorders. Both reviewers pinpointed virtually all of the MPD patients, Steinberg reports in the January AMERICAN JOURNAL OF PSYCHIATRY.

Skeptics argue that patients can fake MPD to gain attention, or that some clinicians are predisposed to diagnosing it. "The problem is that there are apparently some folks who love to find MPD because cases are very interesting to deal with and they require long-term psychotherapy," says Eugene Levitt, a psychologist at the Indiana University School of Medicine in Indianapolis.

Ross, Steinberg and others express the opposite concern. The traditional view of MPD, they say, may predispose some clinicians to mistakenly diagnose — and treat — these patients for other disorders such as schizophrenia or amnesia.

"Without the proper diagnosis," says Geri Anderson, a coauthor of the Canadian study, "the issues of their abuse and their dissociations never get addressed, and they can become chronic patients." When clinicians recognize the disorder, she says, "treatment is very long, very intense, very hard for both the therapists and the patients. But it's usually very successful." — W. Stolzenburg