

medical graduates. A relatively small percentage of those overseas doctors win consultant posts. As in the United States, measures are being taken in Britain to limit the number of foreign medical graduates in specialty training, so the number of British-educated doctors among hospital juniors will presumably increase in the future, thus increasing the competition among them unless the number of consultant posts is significantly raised.

Government unwillingness to increase the number of consultant posts—there are about 12,000 now—is usually attributed to chronic financial stress and resulting reluctance to increase NHS costs. Some observers see resistance from within the medical profession to a major increase in the number of consultants. The demand for specialist services in the hospitals is high, but that demand has traditionally been met by the limited number of consultants, because each

typically commands an entourage of junior doctors, many of them very highly trained, who do much of the work. Junior doctors have complained about the quality of the supervision and training they have gotten from their consultant mentors. But those juniors who finally attain the coveted consultant status are products of the system, who expect to head an entourage of junior doctors themselves and would probably be disappointed if they found themselves with

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Federal Court Affirms Pro-Laetrile Ruling

The major court case on the alleged anticancer drug Laetrile, which began in Oklahoma more than 2 years ago, now appears to be heading for the Supreme Court.

On 10 July an appeals court in Denver upheld an injunction by Oklahoma district court Judge Luther Bohanon permitting use of the drug by terminally ill cancer patients. The appeals court narrowed the earlier ruling somewhat by stipulating that Laetrile could only be used in injectable form and had to be administered by a licensed medical practitioner.

What FDA officials found particularly "surprising" and "disturbing" was the reasoning of the court, which decided that the safety and efficacy provisions of the Food, Drug, and Cosmetic Act do not apply for persons who have been adjudged to be terminally ill with cancer. "What can 'generally recognized' as 'safe' and 'effective' mean to such persons who are so fatally stricken with a disease for which there is no known cure?" asked the court.

FDA commissioner Donald Kennedy countered in a statement that the ruling would "deprive such persons of protection guaranteed to others" under the law.

The court ordered the FDA to set guidelines "with all due dispatch" to enforce its ruling, but the agency is instead hurrying to present its case to the Supreme Court.

The Oklahoma case has been the flagship for members of the medical "freedom of choice" movement. Laws legalizing Laetrile under that slogan have been passed in 17 states and are under consideration in several more. However, an FDA spokesman believes the movement is finally beginning to wane. "From

our standpoint the public intensity is considerably less than it was a year or so ago," he says.

British Scientist Sues over Clone Book

A lot of scientists felt like suing when they heard about David Rorvik's now-famous book on cloning, *In His Image*. One, J. D. Bromhall, formerly of Oxford University, has matched his thoughts with action.

On 11 July Bromhall, whose work with rabbit eggs is cited in Rorvik's book, filed a \$7 million libel suit against the author and his publisher, J. D. Lippincott Company.

Bromhall claims, through Philadelphia lawyer Arthur D. Raynes, that he was "defamed" because his work was mentioned in such a way "as to create the impression that Bromhall was cooperating in or in some way had helped and was vouching for the accuracy or credibility of the book."

He also claims invasion of privacy and infringement of common law copyright. He also wants the court to order the publisher to admit that the book is a fraud and a hoax and that "no such cloned boy exists." (The book, billed as nonfiction, purports to chronicle the genesis of a child cloned from a Howard Hughes-type millionaire and delivered of an Asian virgin in 1976).

Bromhall is referred to once in the text of the book as an Oxford scientist who managed to achieve some apparently viable rabbit embryos by fusing rabbit eggs with rabbit body cells. He is mentioned by name in a page-long footnote at the end of the book which details the procedure and quotes Bromhall to the effect that the success of the procedure "extends to the rabbit, and by inference to other mam-

mals, the possibility of experiments which have so far been restricted to amphibians."

Science reached Bromhall in Oxford where he has been working as a documentary film maker since his grants (for cancer research) ran out in 1974. Bromhall believes that his work was more extensively misused by Rorvik than that of any other scientist "because I've gone farther than anybody else" into the final stages of cloning. Although he is not mentioned by name in the text, he says that "the particular techniques Rorvik has described in his book are the ones that I have developed here in Oxford."

Not only that, but Rorvik did not obtain the details until mid-1977, 6 months after the alleged birth of the clone. At that time he wrote to Bromhall asking for details on his work, and the latter, taking him to be a "serious researcher," sent him a 9-page abstract of his doctoral thesis. Bromhall now believes that the thesis was fraudulently obtained, hence the claim of copyright infringement.

Bromhall said he directly accused Rorvik on television of pulling a "confidence trick" in hopes of provoking him to sue, but he didn't rise to the bait.

Bromhall is not the only scientist who feels personally abused by the Rorvik exercise. Bernard Davis of Harvard Medical School is quoted in the book as having "proposed cloning talented individuals 'who might enormously enhance our culture.'" Davis, who has made no such proposal, says he consulted an attorney about the possibility of a libel suit but settled for a public retraction from Lippincott. The company on 27 March sent out a press release announcing that the quote would be eliminated from future printings (110,000 copies are now in print).

Davis got even madder when Lippincott informed him that Rorvik had not even read the 1970 *Science* article ("Prospects for genetic intervention in man") to which he refers in his bibliogra-

less authority and more routine duties.

The peculiarities of the British system have given rise to tensions between the juniors and consultants. The pay of junior doctors had always been low and the training long and arduous, but, in the 1960's, inflation and the sharpening competition for consultancies made things worse. Economic and professional frustrations, perhaps combined with the more radical reflexes on rights of students and patients generated in the

1960's, produced a campaign by the juniors for improved pay and working conditions. This culminated in the middle 1970's in their refusal to work overtime, and, subsequently, in a substantial pay settlement which included an unprecedented concession of overtime pay. The effect of the settlement was to raise the pay of some senior registrars—roughly the counterparts of chief residents in the United States—to the level of the low rungs on the pay scale of consultants,

who are not paid overtime although most of them do work it. This erasure of the differential between juniors and consultants coming on top of the "industrial action" by the juniors, which many consultants deemed unprofessional, aroused deep resentment among consultants.

Pay, of course, is an important factor in the current discontent. Physicians' incomes generally are substantially lower in Britain than in the United States and most countries of Western Europe. In

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phy. The quote instead was lifted from *Who Should Play God*, a book by a pair of anti-DNA research activists, Jeremy Rifkin and Ted Howard.

No one associated with Lippincott has yet made any comment on the Bromhall suit. Malicious libel is extremely difficult to prove and it can be assumed that "libel by association" (which is what lawyer Raynes called this case) would be even more so.

Want the Men to Pass ERA? Grab Them by Their Genes

If walls have ears, those of the Great Hall at the National Academy of Sciences must have reddened at some vehemence to which they are scarcely accustomed—namely, Estelle Ramey's pronouncements on behalf of the Equal Rights Amendment.

Ramey, professor of physiology at Georgetown University and one of the nation's most vocal feminist scientists, spoke briefly at a reception organized for several hundred women scientists on the eve of the pro-ERA march that was held in Washington on 9 July.

In what some regarded as a rather tasteless attack on her absent hosts—the ruling council of the Academy had taken the unusual step of allowing the women free use of the Great Hall—Ramey said: "To all of the women scientists in this room I would like to say that this is probably as far as you are going to get in the National Academy of Sciences." Calling it the "Cosa Nostra of the scientific community," she observed that since the average age of the members was "80," hormones could hardly be a qualification for membership—"at least not sex hormones."

She went on to give some brief political instruction. "Remember this: it was the

men who had to vote to give women the vote. Men also have to vote for the ERA. Talk to them as the fathers of daughters. You might even talk to them as the husbands of wives, although this can be very dangerous. . . ." Mobilizing them means "getting them to fight for their genes." Noting that men talk about winning over "hearts and souls," she advised that "you have to grab them by the short hairs and their hearts and souls will follow."

Ramey reflected the general frustration felt over the fortunes of ERA. Only three more states are needed for ratification by the March 1979 deadline, but most people don't seem to think ERA is going to make it unless Congress grants a 7-year extension.

DuPont Finally Relinquishes Drug Institute Post

The other shoe—in this case the third—has dropped at the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Robert DuPont, head of the National Institute on Drug Abuse (NIDA) for the past 5 years, has resigned to make way for the new leadership ADAMHA head Gerald Klerman wants at his three institutes.

For the next few months, DuPont has been assigned to Klerman's office as a special assistant working on ADAMHA's role in the government's new preventive health strategy. He will sever his ties with the agency completely this fall.

DuPont told *Science* that he thought his main contributions in the job had been in helping bring about some harmony among the various agencies involved in drug abuse treatment, prevention, and law enforcement—there is nowhere near as much "acrimony" as there once was between HEW and the Department of Justice, he says. Also, he thinks he's

helped "establish the identity of the drug abuse field. Five years ago, it was a politicized fad, not a serious area." But now, he noted, drug abuse scores higher than practically anything else in polls reflecting the concerns of adolescents and their parents.

DuPont notes that drug abuse is finally being recognized as an "enduring problem" not only here but in Third World countries where youthful abuse of hard drugs is rising alarmingly. He does not hesitate to mention marijuana in the same breath with heroin. "The prices we pay for marijuana use are going up. Those who say it's safe are going to have a lot on their consciences in a decade or so."

DuPont is now expressing great enthusiasm over matters of preventive health. "The major issue in drug abuse involves the fact that individuals are making choices that have major implications for society as well as individual health." He says that individual choices, in everything ranging from seatbelt-fastening to eating habits, will be the area in which "the major advances in health will be made."

Nutrition, for example, "has a long history of being at the core of health fads." This has "turned a lot of scientists off," which is unfortunate because it is also at the core of preventive medicine.

DuPont plans to discuss prevention as a commentator for ABC's TV show "Good Morning America," where he did several previous stints during his tenure as NIDA administrator. He wants to go beyond the anti-smoking, pro-jogging type of admonitions to discussions of healthy interpersonal relations and the need for socialization of health-promoting behavior. He expects employers, for example, to initiate more programs that recognize the importance of their employees' physical and emotional well-being. Finally, DuPont wants to set up a nonprofit corporation devoted to studies of behavioral health.

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