were quick to seize on the nickname of 'hobbit' to stand in for the less wieldy formal nomenclature. Hobbits, of course, are diminutive creatures that sprang from the imagination of J. R. R. Tolkien, who noted, in his novel *The Hobbit*, that hobbits are more elusive nowadays than they once were.

The latter-day hobbit story was spiced up considerably by the characters of the scientists who discovered it — some of whom publicly and not always politely disagreed with one another about the discovery's significance. Not to mention the lively rebuttals from many academic challengers (including but not exclusively the authors of the *PNAS* paper), who contend that to brand the Flores creature as a distinctive species is to create something as fictional as anything invented by Tolkien. Strong words have been exchanged. Skulduggery has been alleged. Accusations fly. This is ideal fodder for journalists whiling away the summer 'silly season'.

No one should be misled, however — the reported invocation of scientific error does not mean that an error has been committed, let alone any kind of misconduct. Is one entitled to ask whether the 2004 *Nature* paper was 'wrong', then? The answer is, robustly, 'yes'.

Palaeoanthropology — the study of the corporeal remains of human evolution — is a notorious arena for splenetic debate. To take the long view, it would have been surprising had the unearthing of the hobbit not led to strongly worded counterblasts, in which critics contended that the new find is really either a diseased human or an ape. Such controversies erupted in 1856 after the discovery of Neanderthal man (said to be a diseased human), and again in 1925 after the announcement of *Australopithecus africanus* (claimed to be a juvenile ape). The status of these creatures as distinct species, neither human nor ape, is now beyond question.

More recently, similar debates followed the discovery of Toumaï (*Sahelanthropus tchadensis*) and the East African taxon *Kenyanthropus platyops*. In the last two, as with the Indonesian 'hobbits', the debate continues — a sign that more remains to be discovered.

But there are obstacles: for two full summer seasons, no Indonesian or foreign group has dug at the Liang Bua cave on Flores. This seems to be an unhealthy by-product of the scientific controversy. The situation should be resolved so that this particular bit of palaeoanthropology can thrive again. ■

Cheap IVF needed

False perceptions are hindering access to new research on *in vitro* fertilization.

In the nearly three decades since the arrival of the world's first test-tube baby in 1978, some two million children have been born using *in vitro* fertilization (IVF). Today, the technique is more popular than ever — but it remains out of reach for many who want it.

This is particularly the case in sub-Saharan Africa, where up to one-third of couples are infertile, causing untold misery for millions of women. Fertility treatments are available in private clinics in several countries in the region, but are far too expensive for most people. A number of scientists are now working to make IVF much cheaper and more accessible (see page 975), and have already come up with some promising alternatives.

But ideas for such methods cannot change lives while they remain stuck on the drawing board, and these developments have yet to be validated in clinical trials. The lack of resources, money, awareness and political will combine to stop them getting off the ground. If this is to change, the issue of infertility needs to be pushed higher up the international agenda.

Perhaps the biggest obstacle is the widespread, but false, perception that infertility isn't a pressing problem in poor African countries. The region also faces daunting challenges of coping with HIV, tuberculosis and malaria. Many argue, understandably, that fighting these should take priority over infertility, which is not directly life-threatening.

But this argument underestimates the devastating social, economic and personal burden of being childless in many poor societies — a burden that mainly falls on women. They are usually blamed for infertility and can be ostracized and assaulted by their families, even driven to suicide or killed. By supporting the development of low-cost IVF, governments can help make such treatments more widely available.

Another frequently heard argument holds that it is inappropriate to prioritize treating infertility in countries that are already struggling to support their fast-growing populations. But the 1948 UN Universal Declaration of Human Rights states: "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family." In cases where parents are unable to have children, this ought to imply the right to access to fertility treatments.

Too many women in Africa are deprived of the right to an education, freedom from abuse, and access to decent health care and contraception. As well as being desirable in its own right, the education and empowerment of women has been shown to be a critically important factor in slowing the high birth rate that critics of fertility treatments in Africa say they are concerned about.

Raising the status of women and broadening access to contraception, particularly condoms, would also help to control the sexually transmitted diseases that are the main causes of infertility in sub-Saharan Africa. The crippling social taboos surrounding childlessness also need to be challenged. But changing age-old prejudices is going to take a great deal of time and concerted effort by governments and by pressure groups such as Chipo Chedu, a Harare-based trust established by Betty Chishava, a Zimbabwean woman cast out of her home for failing to bear children.

"Women are usually blamed for infertility, and can be ostracized and assaulted by their families."

In the meantime, the scientific and medical community can play its part by creatively questioning whether exotic new equipment and state-of-the-art drug therapies are necessary for safe and effective fertility treatments. Some scientists argue that much of this is dispensable and is largely driven by the affluent end of the fertility market. Indeed, it would be a nice twist if low-cost fertility treatments designed to help impoverished African couples could one day make IVF affordable for less-well-off couples in rich countries too. ■