

annual meeting is to be ruled out, the best solution would involve individual bodies holding separate meetings at the same location but in successive weeks. In this way scientists could attend one, or the other, or both, of the meetings as they wish without doubling travel costs. The fact remains, however, that no satisfactory solution will emerge at all and chaos is likely to result unless geologists and geophysicists talk to each other. The EGS Council has now written to the organisers of the Reading meeting expressing concern at the meeting's scientific theme and formally requesting consultation on matters of mutual interest.

New union in Canada

from a Correspondent

ON February 22, 1974, the first meeting of a newly formed Canadian Geophysical Union (CGU) was held in Ottawa; it was chaired by the union's first president, Professor J. Tuzo Wilson of the University of Toronto. Canadian geophysics has been well served in the past by the National Research Council of Canada (NRCC) through its system of associate committees and sub-committees. Established in 1945 (also under the chairmanship of Professor Wilson) and active ever since, the Associate Committee on Geodesy and Geophysics has been the main co-ordinating body, the clearing house, for scientific and technical information, and the benevolent patron of most geophysical research in Canada. The main activities of the Associate Committee were semiannual meetings at which the progress of various research projects were discussed and early scientific results announced, and the publication of an annual *Geophysical Bulletin* containing the reports of activities of all important centres of geophysical research in Canada. Twenty-five published volumes of this bulletin provide an opportunity for all geophysicists to find out about programmes of research outside their own field. But the NRCC itself is being reorganised and as part of this process geophysicists have been nudged out of their warm and cosy nest.

The programme of the inaugural meeting consisted of two parts: a presentation of "Frontiers of Science" lectures and a panel discussion on the future of geoscience in Canada. The first part suggested that the progress of geophysical research is healthy; the second part suggested that the assembled membership did not anticipate any serious problems ahead. Surprisingly, there was no mention of shortages of research funds although there were polite suggestions that more effort

should be devoted to this or that project (theoretical geophysics, geodynamics of the Earth's interior, exploration geophysics research and so on). The question of whether the participation of Canadian geophysicists in international science is at an adequate level was discussed but no conclusions were reached. Also unanswered was the question: "What are the government organisations responsible for regional geophysical surveys going to do when these regional surveys have been completed?"

The CGU will be the national body adhering to the International Union of Geodesy and Geophysics (IUGG). Its stature at the international level will be assured by the support it has from prominent Canadian geophysicists. The strength of its voice in national affairs will depend on the membership it can attract and there will be competition with a number of specialised societies loosely federated in the Canadian Geoscience Council. Because of the size and the geographical situation of the Canadian land mass and the adjacent offshore areas, geophysicists working there have always taken their responsibilities to international science seriously. On the continental scale these responsibilities have included standardised seismological networks, regional gravity maps, surveys of the magnetic pole and research on Aurora. On the scale of global geophysics the new union has an important role to play and the international scientific community will watch its growth with interest.

Medical research in the dock

A Boston grand jury has set the stage for two separate court battles, one of which holds important implications for medical research, and the other involves a legal challenge to a key aspect of the historic decision on abortion which was handed down last year by the US Supreme Court.

In the first case, four medical researchers have been accused by the Grand Jury of violating an obscure Massachusetts law in connection with a research project they carried out at Boston City Hospital in 1971 and 1972. If the accusation stands up in court, it could put an end to all research on foetal tissue in Massachusetts.

The research involved giving antibiotics to 33 women scheduled to undergo therapeutic abortions, in an attempt to determine which of the drugs was more effective in crossing the placenta. The objective was to find an antibiotic to use instead of penicillin for curing foetal infections. After the abortions were performed, the dead foetuses were

analysed for signs of drug residues.

The doctors have been charged with illegal dissection of non-living tissue under a 19th century Massachusetts law designed to prevent graverobbing. Medical researchers in the Boston area have been quick to point out that research on dead foetal tissue has played an important part in the development of vaccines and that foetal tissue is often vital for all sorts of medical investigations. In fact, two Harvard scientists, Dr Thomas Weller and Dr John Enders, won the Nobel Prize in 1954 for growing polio virus in cells cultured from foetal tissue.

If the prosecution is successful, the ban on such research would extend only to Massachusetts, but since there is a huge medical research complex in the Boston area, its effect would be very keenly felt. In the meantime, the Massachusetts State Legislature is considering a bill which would impose a flat ban on research involving aborted foetuses, so even if the ancient graverobbing law proves to be ineffective, Boston scientists are still in danger of being saddled with legal prohibitions on their work.

The second case involves an indictment against Dr Keith Edelin, Chief Resident in Obstetrics and Gynaecology at Boston City Hospital, who has been accused by the same Grand Jury of manslaughter in connection with a legal therapeutic abortion which he performed last October. He has been charged with killing a foetus, reported to be between 16 and 24 weeks old, which the prosecutor's office maintains was a viable human being.

When the case is eventually brought to court, the central issue will revolve around the responsibility of a doctor to do all in his power to keep an aborted foetus alive. This is an issue which was left rather murky by the Supreme Court, which argued that the state has a right to protect the life of an unborn child only when it is 'potentially able to live outside the mother's womb, albeit with artificial aid'. This usually occurs, the court said, at 'about seven months'.

The Supreme Court decision overturned a Massachusetts anti-abortion law, and Edelin's indictment has been viewed by some observers as an attempt to challenge the court's decision and to define more rigidly the concept of viability. In Catholic Boston, there is a very potent anti-abortion lobby.

Edelin's colleagues at Boston City Hospital have published a statement suggesting, in fact, that he may be a scapegoat for the anti-abortion forces, and they have predicted that he will be cleared when the facts are known. In any case, the court case is going to be closely watched throughout the country.