Lords fail to reverse move to ban embryo treatment

London. An amendment designed to overturn a proposed ban on the use of embryos from aborted fetuses to treat infertile women failed in Britain's House of Lords last week.

But the ban, added at the last minute by the House of Commons — with the support of Virginia Bottomley, the Secretary of State for Health — to the government's new criminal justice legislation two months ago, remains under threat, with a reworded version of the amendment likely to be tabled in July.

Last week's amendment was tabled by Lord Walton of Detchant, a former president of the General Medical Council, and would have added a wide-ranging get-out clause, retaining the general ban but allowing for the use of aborted fetuses in exceptional circumstances.

Despite receiving considerable support, the amendment was criticized for being too general, and after some debate it was withdrawn. But Walton accepted government help to reword the amendment in a more acceptable form. The new version will be debated in the House of Lords on 19 July.

The House of Commons' decision to introduce the ban had been met with widespread dismay, not least because it pre-empted recommendations to the government being prepared by the Human Fertilization and Embryo Authority (HFEA).

The HFEA is due to report next month on the response to a consultation document, which invited comments on the use of fetal embryos and other areas of research related to *in vitro* fertilization.

According to Hugh Whittall, deputy chief executive of the HFEA, the latest developments should give the HFEA time to make preliminary comments on its findings before the Criminal Justice Bill enters its third (and final) debate in the House of Lords.

According to Walton, the ban, embodied in the amendment known as Clause 138, would cast a blight on research using fetal tissue, even though such research could lead to the prevention of miscarriages and a greater understanding of ovarian cancer.

He also highlighted the potential for the treatment of mitochondrial disease, using the cytoplasm from fetal embryos to house the nucleus of a woman's own fertilized egg thereby avoiding the damaging genes carried in the woman's own mitochondria.

He told the Lords that his amendment would allow for such crucial developments in research and in the prevention of human mitochondrial diseases to be carried out, "but only after the fullest consultation".

Progress, an organization that campaigns on behalf of research into human reproduction, said it was "encouraged" by the outcome of the debate. Marcus Pembrey, a spokesman for the group, said: "We are pleased that the government recognizes the excessive limitations imposed by Clause 138 as it stands, and the unintentional, but inevitable, blight it would have had on research."

Maggie Verrall

Double helix goes on public display

London. **A reconstruction of the model of a double-helical DNA molecule — incorporating those parts of the original model that still survive since it was constructed for Francis Crick and James Watson over 40 years ago — has gone on public display at the Science Museum in London as part of a new gallery, "Health Matters".**

Opening the gallery earlier this month, Watson admitted that the widely-photographed model had not served any scientific purpose, but was "something that allowed Francis to give nice talks".

Although much of the original wire model was later discarded, some of its elements were preserved at Bristol University. The model was later reconstructed at Kings College in London using these, as well as some additional replica elements.

Watson described the double helix as "a very real product of British science", and said that there was "not a better place in the world to show it off" than the Science Museum. □

Science Museum

IMAGE UNAVAILABLE FOR COPYRIGHT REASONS

NCI restores funding to gene therapist seen as 'too hasty'

Washington. The board of scientific counsellors of the National Cancer Institute's (NCI)'s division of cancer treatment has agreed to restore the $275,000 which it voted in late 1992 to withhold from a three-year contract supporting the work of Steven Rosenberg, chief of surgery at NCI.

With the additional monies approved by the board last week, the contract will now be funded at the full amount requested by Rosenberg of $950,000 a year for three years. Rosenberg's contract is due for renewal in August, and the money will be used to pay an outside laboratory to culture cells in large numbers for clinical purposes.

At the earlier meeting, several board members had criticized Rosenberg for being too hasty in proceeding to clinical trials without the support of adequate preclinical data. As a result, the board asked him to prioritize his clinical research programme and recommended that he should receive only about two-thirds of the contract funds requested (see *Nature* **360**, 399; 1992).

Specific criticism was focused on clinical trials in which tumour-infiltrating lymphocyte (TIL) cells transduced with the gene coding for tumour necrosis factor (TNF) were being used to treat patients with malignant melanomas. Some board members questioned Rosenberg's ability to get the modified TIL cells to express TNF at levels high enough to show a clinical response. Whether the data indicated that the cells were 'homing' to the tumour site, or whether TNF was being expressed at sites other than the tumour (where it could potentially be toxic to the patient) were also at issue.

In coming to their new conclusion, board members were asked to consider only new data from Rosenberg's laboratory outlining a different approach to cancer immunotherapy. Having now identified the exact nine-amino acid antigenic portion of the MART-1 (melanoma antigen recognized by T cells 1) protein, Rosenberg told the board that he plans to use this peptide to activate *in vitro* peripheral blood lymphocytes taken from a patient, and then to re-inject large numbers of these cells in the hope of obtaining a more potent anti-tumour response than that obtained with standard TIL cells.

While this new research "seems promising enough that it certainly merited the additional support", says board member Paul Sondel, a paediatric oncologist at the University of Wisconsin, it could have been appropriate to let the new work proceed "by cutting back on something else". Rosenberg says that he has no plans to scale down the TNF-TIL trials.

Diane Gershon