fore render a lymphocyte resistant or susceptible to a particular HIV-1 variant. According to our results, changes in the number of CXCR4⁺ and CCR5⁺ CD4 cells alter the number of targets for R5 and X4 HIV variants. We agree that HIV-induced modulation of cytokine production *in vivo*⁴ is more complex than that seen in *ex vivo* tissues^{5,6}. However, the predominance of CXCR4⁺ CD4⁺ T cells was observed both in fresh blood³ and in lymphoid tissues *in vivo*². Moreover, the relative number of HIV-infected CD4⁺ T cells in our *ex vivo* model is similar to that reported for tissues *in vivo*^{5,6}. Notwithstanding the complexity of *in vivo* mechanisms of modulation of CCR5 and CXCR4 expression, our results showed that R5 and X4 HIV-1-deplete CD4⁺ T cells in human lymphoid tissue in accordance with the expression pattern of the co-receptors they use.

LEONID MARGOLIS & JEAN-CHARLES GRIVEL

Laboratory of Cellular and Molecular Biophysics
National Institute of Child Health and Human Development
National Institutes of Health
Bethesda Maryland 20892 USA
email: margolis@helix.nih.gov

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Keeping an eye on ICSI

To the editor—In the April issue of *Nature Medicine*, Laura Hewitson and colleagues¹ describe experiments in rhesus monkeys using the increasingly popular procedure of intracytoplasmic sperm injection (ICSI). The authors state that most genetic defects found in children born after ICSI intervention are a result of the technique itself and not because of the transmission of defects inherited from the one of the parents. Their work affirms that ICSI can no longer be considered innocuous and that further animal experimentation is required in an attempt to improve the safety of the procedure.

We have considered the risks involved in ICSI and developed some recommendations^{2,3}, including the need to limit the number of teams conducting this work and to monitor their performance; to require that these centers abide by agreed ethical guide lines; and that the medical circumstances for which ICSI is indicated are defined.

In France today, more than twenty centers offer ICSI, which accounts for 38% of all *in vitro* fertilization procedures. Our survey^{4,5} of 36 French CCPPRBs (Committee for the Protection of Human Subjects in Biomedical Research) the French research ethical committees instituted by the law revealed that they were not approached for approval to conduct ICSI. Moreover, no independent form of evaluation exists at either technical or epidemiological levels—a point emphasised

in a recent report from the French Academy of Medicine⁶.

In the absence of appropriate regulation, the practice of ICSI will be subject to disputes and disagreements, and such conflicts will make society at large mistrustful. Furthermore, the public should not be excluded from a debate on the pros and cons of ICSI—a debate that is essential not only for the couples and children concerned, but also for the vision that we have of man and future generations.

GRÉGOIRE MOUTEL, NADÈGE LEROUX & CHRISTIAN HERVÉ

Laboratoire d'éthique médicale et de santé publique, Faculté de médecine Necker-Université
ParisV 156 Rue de Vaugirard
75730 PARIS Cédex 15, France
email: hervé@necker.fr

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