who benefit from it will have to take it for the rest of their lives. Sufferers and their relatives who have heard so much about the new wonder drug may have been disappointed to hear Stern say that the most fascinating, and probably important, aspect of the work so far —much of it carried out in the United States—is that it has given an insight into the neurological basis of Parkinsonism.

Supplies of the drug are still a problem, and all patients taking part in the MRC trials know that they have to stop taking L-dopa afterwards, even if it has greatly benefited them. This is not as drastic as the Department of Health and Social Security implied when it warned physicians of the danger of suddenly taking a patient off L-dopa. When treatment stops, patients return to the condition they were in before taking the drug; they do not deteriorate further. It is unfortunate that there is insufficient L-dopa for everyone who could benefit from it, but those who have been blaming the Committee on the Safety of Drugs for dilatoriness in passing preparations as safe for use are being unfair: the committee is giving the matter priority treatment.

It is well known that the material used in the MRC trials is supplied by Roche of Switzerland, and until recently this was the only L-dopa approved by the committee. The other principal source of supply when the trials were set up was imported material from the Japanese company Sankyo, and criticism came from importers whose supplies were spurned by the ministry on the advice of the committee. But the committee points out that the companies concerned, primarily dealers in chemical reagents and not pharmaceuticals, were offering a preparation of doubtful quality.

Companies were asked to make a submission in the usual way, with details of manufacture, impurities and so on, together with details of other experimental studies carried out. This Roche had already done, and its preparation had been passed for clinical trials —the last stage before marketing. But in spite of a meeting at the end of last year between Professor Scowen and Dr Mansel-Jones of the committee and representatives of five firms no submissions were received, although the companies agreed to stop supplying L-dopa direct to patients, and only through neurologists. In these circumstances the committee was unable to do other than advise against the use of the preparations.

One company, Chemica Laboratories Ltd, announced publicly that it would sell in spite of the committee, complaining that it was not prepared to divulge manufacturing secrets. This was hardly a fair complaint when all such information is given in strict confidence. Chemica later retracted, however, announcing that it would cease to deal in L-dopa.

There is hope that this sad situation will be eased, for satisfactory submissions from two other companies, Brocades and Ward Blenkinsop, were dealt with at lightning speed two weeks ago. Their preparations have now been passed as safe for use by physicians, who will monitor the effects of treatment and send back detailed reports to the two companies. Ward Blenkinsop is producing L-dopa itself, while Brocades is initially importing the Japanese preparation and re-purifying it as well as making some of its own. Three more companies are actively engaged in research on L-dopa and are expected to make submissions to the committee soon.

HEALTH

Consultation to Curb Panic

ONE of the chief lessons of the cyclamate affair was the folly of one country taking precipitate action on a presumed health hazard without forewarning health authorities elsewhere. The obvious measure to prevent the recurrence of such fiascos (see *Nature*, **225**, 3; 1970) now seems to have been taken. Last week the Canadian minister of National Health and Welfare, Mr John Munro, was host in Ottawa to officials from the United States Department of Health, Education and Welfare and the British Department of Health and Social Security. The purpose of the meeting was to discuss future exchanges of information in areas related to public health. This presumably will include the results of toxicological tests on drugs, pesticides and food additives which, if circulated to other health authorities before the country of origin takes any public action, could avoid the embarrassing international consequences that have been the aftermath of the unilateral bans on cyclamates and other substances.

The next conference between the three countries will be held in London during April or May. Canada, the United States and Britain are three countries who have perhaps the most to gain from coordinating their action on drugs and additives, but if the consultation works well other European countries such as Sweden may well wish to join the club.

SOCIAL MEDICINE

Abortion Amendment

A BILL to amend the 1967 Abortion Act by limiting the number of doctors allowed to perform abortions was "talked out" during a debate in the House of Commons last Friday. This amounts to a defeat, although in principle the bill is not dead but goes to the bottom of the list of private members' bills. The amendment, proposed by Mr Godman Irvine and backed by the British Medical Association and the Royal College of Gynaecologists and Obstetricians, provided that abortions should be carried out "by or under the supervision of a consultant gynaecologist in the National Health Service (NHS) or a medical practitioner of equivalent status approved by the Secretary of State for Social Services" if he and another doctor agree that an abortion is necessary.

Mr Irvine claimed that the bill would make abortions safer and he believed that there would be no shortage of consultants to perform the operations. If half the 500 or so NHS consultants were prepared to carry out abortions, he calculated, the present demand would mean four abortions per week per gynaecologist, which was well within their capability.

The chief argument brought against the amendment was that it would reduce the effectiveness of the Abortion Act which has so far been working extremely well in reducing the number of criminal abortions (see *Nature*, **225**, 580; 1970). By cutting down the number of abortions carried out by doctors without specialist qualifications, the bill would make it more difficult for a woman to obtain an abortion legally, but would not really guarantee any more safeguards against abuse than the act already provides.

Speaking for the government, Dr Dunwoody said that the bill would result in a decrease in the number of

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