In brief

GlaxoWellcome and SmithKline Beecham to merge: GlaxoWellcome and SmithKline Beecham have announced that they will merge to form the world's largest drug company, worth £115bn (\$184bn).

BMJ wins quality award: The Spanish society, Fundación Avedis Donabedian, has given its international award for improving quality in health care for 2000 to the BMJ Publishing Group. The case for the group being given the award can be read in full on www.bmj.com.

Israel changes rules on children with HIV: The Israeli ministries of education and health have abolished the regulation that required parents of Israeli children with HIV or AIDS to tell schools and nurseries of their condition.

Folic acid will reduce neural tube defects: In the United Kingdom the Department of Health's Committee on Medical Aspects of Food and Nutrition Policy has concluded that if flour was fortified with 240 mg of folic acid per 100 g the proportion of babies born with neural tube defects would be significantly reduced. The report, Folate and the Prevention of Disease, is available from the Stationery Office.

Consultation on Propecia launched: The Department of Health in the United Kingdom has launched a consultation on the proposal that the drug for baldness, Propecia, should not be available on the NHS. If the proposal is adopted, GPs would be able to prescribe the treatment privately for NHS patients. The drug's manufacturer, Merck, Sharp and Dohme, does not believe that any healthcare system should fund the product.

News extra
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Pinochet's opponents call for medical evidence to be made public

Clare Dyer *legal correspondent*

British MPs and human rights campaigners were furious last week when the home secretary, Jack Straw, announced that he was "minded" to refuse to extradite the former Chilean dictator Augusto Pinochet to Spain on health grounds but refused to make the medical evidence public.

Mr Straw told MPs that the decision was backed by the "unequivocal and unanimous" conclusions of three eminent medical specialists and a neuropsychologist that General Pinochet was "unfit to stand trial and that no change to that position can be expected."

Professor Sir John Grimley Evans of Oxford University, a geratologist and a member of the examining team, said that Mr Straw's presentation of the team's report was "entirely accurate." He was quoted in the Observer as denying that he and his colleagues had reached any conclusions on the general's fitness to stand trial, but Professor Grimley Evans took exception to the newspaper report. After publication of the Observer article, Professor Grimley Evans fired off a letter to the Home Office, saying that he was "extremely irritated" to learn that his comments had been

used to imply that he thought Mr Straw may have misled the House of Commons. On the contrary, he considered the home secretary's statements about the report "entirely accurate and appropriate."

He said that he was merely pointing out, in his interview in the Observer, that it was for his team to say whether the general could play an active part in his defence, not whether he was fit to stand trial. Mr Straw told the House of Commons he had based his decision on whether the general would be able to give instructions to his legal advisers, understand the proceedings, and give a coherent statement.

MPs and anti-Pinochet campaigners called for the report to be made public, but Mr Straw said that the general was entitled to doctor-patient confidentiality and refused to waive it.

Apart from the Home Office and General Pinochet's lawyers, the medical report has gone only to the director of public prosecutions, for a decision on whether the general should be prosecuted in Britain if extradition were to be refused.

Some critics argued that disclosure was warranted by the rule that confidentiality can be overridden if this is in the public interest. But court cases make it clear that the exception is confined to rare cases where, for instance, there is a risk of death or serious harm if the information is not disclosed. □

Pinochet's supporters claim he is immortal—but too ill to stand trial

Scientists make rats' torn nerves regenerate

Abi Berger *BMJ*

When peripheral nerves are ripped from the spinal cord—for example, as a result of a motor-cycle accident—there is rarely anything that can be done to get them to reconnect or to restore useful function. Motorcyclists commonly receive brachial avulsion injuries that leave them permanently paralysed without feeling neuropathic pain.

Now scientists in London have devised a way of repairing the connection between torn sensory nerves and the spinal cord (*Nature* 2000;403:312-6).

Using intrathecal injections of a cocktail of neurotrophic factors, physiologist Matt Ramer and his colleagues at Guy's, King's, and St Thomas's School of Medicine showed that rats with irreparable spinal cord injuries can be restored to health.

"Within one week of injecting the rats, we demonstrated anatomical growth of the nerve roots back into the spinal cord, and by the fourth week we also showed that these connections were working," says Dr Ramer.

The successful cocktail was a blend of nerve growth factor, brain derived neurotrophic factor, neurotrophin-3, and glial cell line derived factor.

Dr Ramer's team injected tract tracers into the rats' peripheral nerves to show that the anatomical connections were

being re-established. To assess whether function had been restored, the researchers stimulated the peripheral nerves and used microelectrodes implanted in the dorsal horn of the spinal cord to pick up electrical activity. They also showed that noxious stimuli such as heat and pressure resulted in appropriate withdrawal reflexes.

Neurotrophic factors can either be injected around the spinal cord or introduced by transplanting stimulated stem cells into the damaged area of the spinal cord. In this set of avulsion injury experiments, Dr Ramer chose to inject rather than transplant because the cord itself was intact.

In injuries where the spinal cord is damaged it is likely that stem cell transplantation may prove the better option. □