In brief

Government publishes latest

MRSA rates: The total number of methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemias in England between April and September 2004 was 3519, according to the latest figures from the Department of Health. The number for the same period in 2003 was 3574. See www.dh.gov.uk

Consultation opens on critically ill babies:

The Nuffield Council on Bioethics has launched a discussion document on the ethical dilemmas around sustaining the life of critically ill or extremely premature babies who would not in the past have survived birth. See www.nuffieldbioethics.org

Primary care trusts restricting availability of contraceptives:

A survey of 2750 GPs, nurses, and family planning consultants carried out for the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists showed that many primary care trusts were restricting the availability of contraceptives because of cost. A third (32%) of the GPs surveyed reported that contraceptive implants were most badly hit.

Journal retracts controversial paper:

The journal *Nutrition* has retracted a study it published in 2001 (17;709-12) by Canadian researcher Professor Ranjit Kumar Chandra. The study, which was almost identical to a paper submitted to the *BMJ* in October 2000, said that use of a specific multivitamin and mineral supplement, for which Professor Chandra holds a patent, might delay cognitive decline in elderly patients. The move was prompted by mounting concerns over the study's statistical validity (*BMJ* 2004;328:67).

Warfare research damaging basic research:

The US government's focus on biological warfare research is hurting basic microbiological research, according to an open letter signed by 750 researchers and addressed to Elias Zerhouni, director of the National Institutes of Health.

GMC decision in Southall case challenged in High Court

Clare Dyer *legal correspondent, BMJ*

The consultant paediatrician David Southall will have to wait until after Easter to learn whether he will be struck off the medical register for accusing a father of murdering his two sons after seeing him in a television documentary.

Professor Southall escaped erasure by the General Medical Council, which suspended him from child protection work for three years, but the penalty was challenged in the High Court last week as "unduly lenient." The Council for Healthcare Regulatory Excellence, the body that oversees regulators in the health field, argued that erasure was "the only appropriate penalty."

Professor Southall, 57, professor of paediatrics at Keele University, reported Stephen Clark to the police after watching an interview with him on Channel 4's *Dispatches* programme in April 2000. At the time, Mr Clark's wife, Sally, was serving a life sentence for murdering the couple's two baby

sons, Christopher and Harry. Her conviction was later overturned as "unsafe."

The paediatrician was convinced, after seeing the interview, that Mr Clark, not his wife, had murdered the babies. He told the GMC—which found him guilty of serious professional misconduct last August—that he still held that view.

Monica Carss-Frisk QC, for the council, said that Professor Southall's view, that Mr Clark was guilty beyond any reasonable doubt of having murdered two of his children, and therefore that his third child was at risk, was based on "little more than the television programme."

Although Professor Southall had no connection to the case and had not read the papers, he contacted the police's child protection unit and raised concerns about the couple's surviving child.

Ms Carss-Frisk said that he had "entirely failed to recognise in any way that what he did was

wrong," believing "to this day" that he was right and offering no apology, nor showing any insight, remorse, or contrition.

The public "must have confidence that parents and children will not be put at risk by irresponsible reporting of such issues, which may lead to children being quite wrongly separated from their parents, and indeed prosecutions being mounted on an entirely false basis," she said.

Kieran Coonan QC, for Professor Southall, acknowledged that his client "did go wrong" but said it was "a single incident over 30 years of an unblemished career."

"Erasure would be both disproportionate and draconian and could demoralise other professionals in the very difficult child protection field," he said.

Mark Shaw QC, for the GMC, defended the decision not to strike off Professor Southall, who, he said, had had a "distinguished and outstanding" career despite his "Achilles' heel," which was "the firmness of his views on child protection issues and the zeal with which he advances those views."

Judgment was reserved until after Easter. □

Warning signs often occur hours or days before a stroke

Susan Mayor *London*

Nearly one in eight patients who have an ischaemic stroke have a transient ischaemic attack (TIA) at some point in the previous seven days, according to a study published this week, indicating the need to treat TIA as a medical emergency to improve the prevention of subsequent stroke.

The study, which looked at data on 2416 patients who presented with a recent ischaemic stroke, showed that 549 (23%) had a history of a preceding TIA. Of these patients nearly half (43%) had had a TIA in the seven days before their stroke; and 17% of the TIAs occurred on the day of the stroke and 9% on the previous day. For nearly three quarters of these patients (70%) this was their first ever

Magnetic resonance angiogram of the neck of a stroke patient

TIA (*Neurology* 2005;64:817-20).

Peter Rothwell, professor of clinical neurology at the University of Oxford and one of the authors of the study, said: "We have known for some time that TIAs are often a precursor to a major stroke. But there have previously been few data on the time window between TIA and stroke. Our results indicated that

patients with TIA were at increased risk of ischaemic stroke in the next few days and required assessment and preventive treatment within this time frame."

The patients in the study came from two population based studies (the Oxford vascular study and the Oxfordshire community stroke project) and two randomised trials (the UK TIA aspirin trial and the European carotid surgery trial). In each study patients were assessed by a neurologist and details of any previous TIAs were obtained from the patients and their medical records. Almost half of the most recent TIAs and about a third of the first TIAs occurred in the two weeks before the presenting stroke. Further results showed that in 92% of cases the stroke occurred in the same vascular territory as the stroke.

To prevent strokes, clinical guidelines should be changed to reflect the need for prompt intervention in patients having a TIA, Professor Rothwell said. □