In brief

New test to detect bird flu:

Scientists in Melbourne, Australia, have developed a test that detects 15 bird flu viruses, including H5N1, in one day, instead of the current three weeks. The news comes as Indonesia confirmed its first human case of H5N1 bird flu, in a poultry worker from southern Sulawesi island.

India reimposes ban on sale of non-iodised salt:

Under pressure from the medical community, the Indian health ministry has reimposed a ban on the sale of non-iodised salt in India. Ever since the ban was revoked four years ago the consumption of iodised salt in India has dropped by up to 44% in some states, sparking concerns about the re-emergence of iodine deficiency disorders.

Damage to sperm DNA is

higher in middle aged men: The prevalence of damage to sperm DNA is twice as high in men aged 45 or older as it is in men under 30, indicates research presented at the 21st annual conference of the European Society of Human Reproduction and Embryology. An increase in the average age of the mother and father at the time of attempted first pregnancy makes this a particularly important finding, say the researchers, from Mount Sinai Hospital, Toronto.

Former Stasi member is dismissed from hospital post:

The managing board of the Charité University Hospital in Berlin has dismissed a senior hospital manager who used to be a major in the former East Germany's secret police, after an independent investigation into his employment history. The man, who has not been named, was appointed this year.

Sudan drops spy charges

against charity: Médecins Sans Frontières said this week that all charges against its head of mission, Paul Foreman, and its Darfur regional coordinator, Vincent Hoedt, have been dropped after an international outcry. They were arrested three weeks ago for publishing the report *The Crushing Burden of Rape: Sexual Violence in Darfur* in March (BMJ 2005;330:1350).

Alder Hey pathologist is struck off medical register

Owen Dyer *London*

A pathologist has been struck off by the General Medical Council for storing thousands of children's body parts, against the wishes of their parents. Dick van Velzen became national news in 1999, when an inquiry at Liverpool's Alder Hey Hospital found that he had left thousands of jars containing children's organs to decay in a musty storeroom (BMJ 2002;322:255).

In many cases Dr van Velzen retained organs against the wishes expressed in parents' consent forms. He also falsely claimed to have returned organs that he had actually kept, the GMC found.

Several families had to conduct second funerals after learn-

ing that they had not buried their child whole. The furore generated by the incident led directly to the passing of the 2004 Human Tissue Act.

Dr van Velzen, who is Dutch, refused to attend the hearing and has stayed at his home in Oegstgeest, Holland. He refuses to speak to the press.

Dr van Velzen worked at Alder Hey from 1988 to 1995 and was also chairman of fetal and infant pathology at the University of Liverpool. He moved back to Holland after a six year interval in Nova Scotia, Canada, where he again fell foul of rules on the storage of organs. Before leaving Canada in 2001 he was struck off the medical register there and convicted on criminal charges of "indignity of human remains," relating to his storage of organs from a teenage girl.

The GMC's fitness to practise panel, sitting in Manchester, concluded its hearing this week by finding 46 of 48 charges against Dr van Velzen proved. The GMC reviewed a large number of post-

mortem reports and found that only a minority showed any evidence that histopathology had been performed.

The panel's chairman, Ian Chisholm, said Dr van Velzen's common practice "was to remove and retain organs at post mortems."

"This retention led to a substantial store of organs accumulating at the Hospital," he said. "They were later found in a badly lit cellar." Over 2000 organs from about 850 children were stored in what colleagues described as "filthy" conditions.

Dr van Velzen was also found to have forged a colleague's signature on an application for a £1176 (\$2140; €1770) research funding grant.

Summing up, Mr Chisholm said: "He practised out of the boundary, and he was out of touch with people's feelings. It was a violation of children's bodies. He has undermined trust placed in medical practitioners to such an extent it has damaged the medical profession as a whole." □

Little progress has been made in combating hospital infections

Zosia Kmietowicz *London*

The NHS has failed to confront the problem of hospital acquired infections, focusing too much on methicillin resistant *Staphylococcus aureus* (MRSA) and failing to adequately implement strategies to fight the spread of infections among patients, says a cross party group of MPs.

The House of Commons Public Accounts Committee this week

delivered its highly critical report on reducing the risk of hospital acquired infections. The report examines the progress made by the Department of Health and NHS trusts in controlling rates of infection in hospitals since a similar report by the previous committee in 2000 and a follow-up report by the comptroller and auditor general last year.

The report concludes that trusts have made little progress in implementing many of the previous committee's recommendations and that a lack of urgency was shown on several key issues, such as improving isolation facilities and reducing bed occupancy rates.

Edward Leigh, chairman of the committee in the previous parliament, said: "More than four years have passed since our predecessor committee first highlighted the paucity of information on the extent and cost of hospital acquired infection. Today we find that little has been done to dispel this fog of ignorance. The truth is that, over the

last four years, there has been little serious and effective action to combat hospital acquired infection. It is astonishing that poor ward cleanliness, lax hand-washing practices, a shortage of isolation facilities, and high bed occupancy rates are still plaguing NHS hospitals."

There is evidence that some of the government's policies conflict with the prevention and control of infections, says the report. Seven out of 10 trusts still have bed occupancy rates levels that are higher than the 82% target set by the health department for 2003-4. However, half of senior trust managers blame the high occupancy rates on waiting time targets.

The report also highlights the fact that there is still no mandatory national surveillance and reporting scheme for all hospital acquired infections in England.

Instead the health department introduced mandatory reporting of MRSA bloodstream infections from April 2001. However, these infections account for less than 6% of hospital acquired infections, says the report. □

The report, *Improving Patients' Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report*, can be seen at www.parliament.uk/pac

MRSA bacterial infection in armpit

P. MARAZZI/SPR