Professor Feldman describes how our understanding of the mechanism of action of curare has developed, from the early demonstrations by Squire Waterton and Benjamin Brodie that it kills by poisoning the muscles of respiration, leading on to the work of Bernard who showed that it poisoned the motor but not the sensory nerves, and of his pupil Vulpian who concluded that its site of action was at the muscle end-plate. The reader is led through the elegant work of Loewi and Dale, who used curare to prove that acetylcholine came from the nerves and was not a product of muscular activity, to the theory of competitive inhibition (and the limits and deficiencies of that theory) and on into the era of molecular biology with studies on single acetylcholine receptors. The author can be forgiven for devoting a disproportionate amount of space to his own research but it is less easy to condone the over-enthusiasm for his subject which leads him to claim that it was the knowledge derived from the study of neuromuscular blockade which has brought about the development of drugs for asthma, hypertension, depression, mania, Parkinson’s disease and many other illnesses—though he does eventually concede, on the final page of the book, that ‘it would be foolish to pretend that these discoveries would not have been made had curare not been available’.

It is easy for us to forget that our predecessors had to learn how to use these drugs safely, and there is an interesting account of the introduction of curare into clinical practice, from the earliest employment of crude extracts in the nineteenth century to the use of purified preparations in the 1940s and of other neuromuscular blockers in subsequent decades.

However, the reader is required to extract these facts from a morass of incidental information. The ten-page Introduction which explains how the contents of our cells are derived from primordial seawater would, in abbreviated form, be relevant to the discussion on chemical transmission which comes five chapters later, but here it is bereft of all context; and, while we do indeed need to know something of the academic milieu in which Claude Bernard worked if we are to appreciate the significance of his studies of curare, Feldman does not achieve this aim in the nine pages which he devotes to the subject.

The absence of an index is always an irritation but an even greater annoyance is caused by Feldman’s decision to dispense with an orthodox system of referencing in favour of a lengthy list of citations which are not linked to statements in the text, so that the reader cannot readily pursue some of the issues which are raised. Moreover, the relevance of many of the citations is not readily apparent, and readers will have difficulty pursuing those from scientific journals because page numbers are never given and even the volume number is sometimes omitted. If Feldman had submitted himself to the discipline of constructing a proper list of references he might have avoided several errors, which include statements that the Poor Law Reform Act was enacted in 1828 (it was 1834) and that Lister introduced antisepsis in 1845 (it was 1867); and, if he had checked the existing references more carefully, then the name of the author of a paper on Spencer Wells might have been given correctly (Shepherd not Shepard), as might the year of publication (1970 not 1907).

How can an author who is presumably meticulous when writing papers in his professional discipline (in this case, clinical science) think it acceptable to be any less diligent when he moves into another (history of medicine)? It may well be that the facts and opinions which relate to the author’s area of specialist interest are all correctly stated but, inevitably, the reader is left wondering.

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Public–Private Partnerships and International Health Policy-making: How can Public Interests be Safeguarded?
Judith Richter
105 pp Free of charge, online
A hard copy can be ordered by e-mail [keotilaus@formin.fi]
ISBN 951-724-464-9 (p/b)
Helsinki: Ministry of Foreign Affairs of Finland, Development Policy Information Unit

The concept of public–private partnerships (PPPs) became prominent in the Reagan–Thatcher era. It grew from the notion that hierarchical bureaucracies are inefficient and that market mechanisms could make them more efficient, and that politicians and bureaucrats do not always act in the public interest, but may pursue either their own interests or those of powerful interest groups. The first PPPs were local and national, but since the turn of the century many international ones have developed, including major PPPs concerned with public health. Judith Richter’s compact review examines the effects of these partnerships on international health policies, and particularly on WHO.

Surprisingly there is no agreed definition of partnership, as practised between some element of the UN system and a commercial organization. According to a 2003 report from the UN Secretary-General focusing on arrangements in which the UN has an interest, either as a partner or as a partnership promoter, ‘Partnerships are commonly defined
as voluntary and collaborative relationships between one or more parts of the UN system and non-State actors, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.’

The booklet valuably helps to clarify muddy ideas on ‘conflict of interest’—what it is, what it means, and what should be done about it. Michael Davis, an American philosopher, defines it as ‘a situation in which some interest of a person has a tendency to interfere with the proper exercise of his [or her] judgment in another’s behalf’. The central issue is that it renders one’s judgment less reliable than normal. But having a conflict of interest is not necessarily wrong—much depends on whether and how one resolves the problem. A further element is important when it comes to public servants: people have a conflict of interest when their interests or commitments compromise their independent judgment or loyalty to individuals they are obliged to serve. A conflict of interest does no harm unless it causes a breach of an ethical or legal obligation, but it makes that more likely.

That still leaves the problem of ‘perceived’ or ‘apparent’ conflict of interest. To maintain trust it is essential to provide enough information to show that there is no actual conflict of interest. If the information is inadequate, trust will dwindle. A key feature of the new global PPPs is the ‘shared process of decision-making’. It is also implied that interactions with business actors should be based on ‘trust’, that they should aim at ‘mutual benefit’, and that they represent a ‘win-win’ situation. These are large assumptions.

In her research Judith Richter collected information on existing and evolving guidelines and procedures at WHO; UNICEF and the Global Compact Office, and compiled a history of the debates on public-interest safeguards at WHO she interviewed 25 UN officials. Many difficulties and hesitations have impeded the evolution of guidelines to safeguard the public interest. In their present state they cannot be seen to do so, and perhaps they don’t. The public and private gains and losses in each of the existing and future partnerships with commercial actors must be assessed systematically, and (we must hope) openly. The need is the same for the newer legally independent global health alliances—and of course also for the many partnerships between national governmental organizations and business: that demands several big books.

The final chapter outlines ways in which Finland and other like-minded countries could help ensure that public interests are safeguarded in international health policymaking. The Finnish Ministry for Foreign Affairs did well to support this project.

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Oxford Handbook of Accident and Emergency Medicine
Second edition
JP Wyatt, RN Illingworth, CE Robertson, MJ Clancy, PT Munro
Oxford: Oxford University Press

The second edition of this very popular handbook follows the layout of the first, with concise and up-to-date information on all aspects of emergency care. References have been added to websites (and articles) and the appearance of the flow charts and diagrams has been improved. Inside the front cover the authors now offer some ‘golden rules’ for practitioners of emergency medicine and the back cover contains two useful items—an acid-base nomogram and an ECG ruler. This handbook is the best short text for junior doctors practising emergency medicine in the UK and I would like to see it issued to all senior house officers beginning work in the specialty. It will also be useful to medical students or paramedics wanting to know more about emergency treatments.

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Adolescents and Sex: The Handbook for Professionals Working with Young People
Sarah Bekaert
187 pp Price £21.95 ISBN 1-85775-880-3 (p/b)
Abingdon: Radcliffe Publishing

Sarah Bekaert offers an insightful introduction into the world of adolescents by detailing the biology as well as the psychology of the teens. Case studies and examples of practice are combined with up-to-date information on difficult areas such as sex and the law, contraception and sexually transmitted infections.

Chapter 1, with its overview of the teen years including a summary of the milestones of development, prepares the reader for the complex and often controversial aspects of sexual health and young people. The ensuing chapters all stand alone, allowing the reader to ‘dip in’ according to need. The advice and discussion throughout is linked firmly to UK Government policy—for example in Chapter 4, ‘Teenage pregnancy’. While not telling us anything new, this chapter usefully reminds us that teenage pregnancy is about more than just a lack of availability of contraception. As well as summarizing best practice the book offers useful models—some tried and tested, as in the excellently written second chapter, ‘Engaging young people’, which looks at communication and consultation.
Many of the queries we receive here at the Family Planning Association (fpa) concern setting up a young person’s service, whether it be a youth clinic or an outreach clinic. The workers charged with this responsibility often don’t know where to start. Chapter 9, ‘Setting up a young person’s clinic’, provides practical guidance and workers will find the template at the end an easy-to-use and helpful reference. An occasional disappointment of the book is that, because of its broad sweep, it misses opportunities to delve deeper. An example is in Chapter 5, ‘Young people and contraception’. A widespread assumption among workers and trainers in sexual health is that only some methods are suitable for young people. Reasons given tend to be based on hearsay or personal views of what young people are capable of. Whilst the discussion here begins with a presentation of research on contraceptive efficacy and young people, and the author does explain clearly why the intrauterine device is not routinely offered as the method of first choice for young people, the discussion stops short of saying that all methods are suitable provided that individual risk factors are taken into account. This is the guidance from the Faculty of Family Planning and Reproductive Healthcare and an exploration would have been helpful to lay to rest some of the misconceptions. Chapter 6, ‘Young people and sexual health’, on the other hand, does not shy away from discussing some of the controversial arguments around the causes of poor sexual health. Sarah Bekaert tackles head on the argument for service provision in the section ‘Contraception provision: has this caused STIs to increase in young people?’.

Overall, the book strikes a balance between providing enough information to help practitioners new to the field and presenting a summary of the pertinent issues/guidance for more experienced practitioners. There is the added benefit of an extensive and varied reference list to encourage further exploration.

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