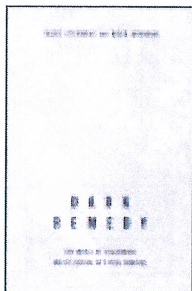


reviews

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Dark Remedy: The Impact of Thalidomide and its Revival as a Vital Medicine

Trent Stephens, Rock Brynner



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Rating: ★★★

In 1982, when I was a graduate student at the Institute of Pharmacology at the University of Hamburg, I became personally involved with thalidomide (by that time better known in Germany as Contergan) for the first time. Of course, during university training every medical and pharmacy student learned that the so called Contergan disaster was the driving force behind a drug approval process that was concerned with both efficacy and, most importantly, safety. However, what lasts forever is the personal touch: a paediatrician at our university clinic, Professor Widukind

Lenz, was involved in the early stages of detecting epidemiological evidence about the damaging effects of thalidomide. He had only eight, and then 14, cases of phocomelia to go on. His story was the starting point during our lectures on drug law, drug toxicity (teratology), and pharmacoepidemiology. These lectures remained much more alive than sound statistics or pure facts could have done.

But thalidomide isn't just a drug with a past, generally and to me personally. Nowadays, our centre handles queries—mostly from neurologists and oncologists—about the discovery that thalidomide is indispensable for those with rare, chronic, or life threatening diseases, and even for sleep disorders not responding to available medicines or where approved hypnotics have proved inadequate or unsafe. And the number of potential therapeutic indications for thalidomide is increasing. New phase II data showing it is effective against renal cell carcinoma and glioblastoma were presented at the May 2001 American Society of Clinical Oncology meeting in San Francisco. The product is currently licensed for the treatment of erythema nodosum leprosum, and filing for multiple myeloma is expected this year. It was reported last week that Geraldine Ferraro, the Democratic Party

nominee for United States vice president in 1984, had been diagnosed with multiple myeloma and was one of the first patients with this condition to be given thalidomide.

Trent Stephens and Rock Brynner, the former a professor of anatomy and embryology and the latter a historian and novelist, have endeavoured to bring thalidomide's shocking history to life and show how the infamous drug has made an astounding comeback. Theirs is a book with both a sound scientific background—for example, 12 pages of notes and references—and a historical background written with a personal touch. What fascinated me most is that people who were previously just names to me are fleshed out into rounded characters.

This is a story of developing, promoting, marketing, and selling a drug with unproved safety and even efficacy; a story of the indomitable United States Food and Drug Administration official who prevented thalidomide from reaching American mothers; and a story of incredible trials, publication policies, and the power—and the helplessness—of the mass media. There are many lessons here for us all.

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