

BOOK REVIEW

Wonder Drug: The Secret History of Thalidomide in America and Its Hidden Victims

by Jennifer Vanderbes

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The author of *Wonder Drug*, a social history of thalidomide, is a novelist, journalist, and screenwriter based in New York. She was named a 'National Endowment for the Humanities Public Scholar' for her work on this book. Thalidomide, a derivative of phenobarbital, was released in the mid-1950s by Germany's Chemie Grünenthal. It had sedative effects like phenobarbital and was an effective antiemetic for morning sickness. Animal testing suggested that it was safe. At the time in West Germany, drugs did not have to be tested for teratogenicity. Despite reports of polyneuritis in chronic users, by March 1960 Contergan was Germany's most popular sleep aid.

In 1956, US firm Smith, Kline and French (SKF) conducted animal tests and a clinical trial following which they declined to commercialize thalidomide (years later SKF admitted that it could cause birth malformations). The William S. Merrell Company then acquired manufacturing and distribution rights for thalidomide in the US under the name Kevadon in 1960 and distributed it at no cost through 1200 physicians to more than 20,000 American patients, including pregnant women, some of them the physicians' own wives.

The Federal Drug Administration (FDA) thalidomide review was assigned to Canadian physician Dr. Francis Kelsey. Merrell then withdrew their US application after Germany recalled thalidomide from their market. The FDA Administrator and US President stated that Americans had not been affected, and Dr. Kelsey was given a Presidential Award for Distinguished Civilian Service. Merrell said that the drug "was never sold in the United States" which further misled the public. Parents who became aware of the connection between thalidomide and phocomelia were refused compensation because of their lack of documentation, and later because the statute of limitations had run out. There are several hundred US thalidomide survivors, now in their 60s. Internationally, there were 150,000 victims of this tragedy. The survivors will soon mostly be forgotten, although the social, ethical, and legal changes, such as requiring drugs to be both safe and effective before they can be marketed in the US, will live on.

This is a well written book about an international medical tragedy affecting many thousands of individuals and families, with special emphasis on the hidden toll of cases in the United States. It is well researched, referenced, and indexed, and will be an excellent resource for medical historians interested in thalidomide and medical ethics in the pharmaceutical industry.

Robert R. Orford
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