

COMPANY VIEW

The Merrell firm says that conclusive proof is lacking for such assumptions and cites a clinic in Kiel at which, Merrell reported, half of the deformed children were delivered to mothers who probably had not taken thalidomide.

"Everyone admits," Dr. Taussig wrote, "that no information is available concerning how many women may have taken the drug in the sensitive period and have had a normal child."

Dr. Kelsey said the molecular complex of thalidomide is being broken down and studied in an effort to determine the causative agent in thalidomide.

In all of this Dr. Taussig sees compelling reason for caution in the use of new drugs by women of child-bearing age. A Canadian physician interviewed by Maclean's said, "There is too much demand on the part of the public for relief of mild or even moderately severe symptoms. People won't put up with even the slightest discomfort or headache; they demand medication from their doctor. If they can't get it from one, they'll go to another."

Dr. Taussig also wants the 1938 Food and Drug Act strengthened to provide greater assurance that new drugs will not harm unborn children. But to Assistant FDA Commissioner Winton B. Rankin, the significant thing about the law is that it gave Dr. Kelsey the weapon she needed to block the marketing of thalidomide in the United States.

"The American public," he said, "owes her a vote of thanks."

The 47-year-old Dr. Kelsey lives at 5811 Brookside dr., Chevy Chase, with her husband and daughters, Susan, 15, and Christine, 12.

She is grateful for the praise—but recognizes that, had thalidomide proved to be as safe as the applicant believed, "I would have been considered unreasonable."

She intends to go on "playing for that 10th chance in 10" to assure safety in new drugs "to the best of my ability." For 20 years she taught pharmacology. She knows the dangers, and she has not the slightest intention of forgetting them.

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A STUDY OF THE GERMAN OUTBREAK OF PHOCOMELIA

THE THALIDOMIDE SYNDROME

(By Helen B. Taussig, M.D.)¹

In late January of this year I heard that a large number of infants had been born in West Germany with severe malformations of the extremities and that a sleeping tablet was suspected as the cause. I immediately went to West Germany to investigate the situation and traveled throughout West Germany with exception of West Berlin.

It was indeed true that a new clinical syndrome had appeared. The outstanding feature was phocomelia. Phocomelia means "seal extremities"; the word comes from 2 Greek words *phokos* meaning "seal" and *melos*, meaning "extremities." In phocomelia the bones between the hand and the shoulder are defective or absent and the hands or rudimentary fingers arise directly from the end of the affected bone as the flippers of a seal. The first 2 such cases were presented by Kosenow and Pfeiffer (1) as an exhibit at the German Pediatric Meeting in Kassel in 1960. At this exhibit Kosenow and Pfeiffer reported that no hereditary factor was found, nor was any blood incompatibility demonstrable and no chromosomal abnormality was detected. Little attention was paid to the exhibit. Dr. Guido Fanconi, however, studied the cases and stated he had never seen the clinical syndrome. In retrospect, it is surprising that so little attention was paid to this exhibit because during 1960 infants with this syndrome had been brought to almost every pediatric clinic in West Germany.

Phocomelia has long been known as a rare malformation but usually affects only one limb. Dr. Grüber of Göttingen, who is now 86 years old and has devoted

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