



“Risk-free rest and sleep:” *Jornal do Médico* (Portugal) and the thalidomide disaster, 1960-1962

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Abstract

This article analyzes the way the Porto-based journal *Jornal do Médico* reported on the thalidomide disaster. The pages of the publication are researched from the beginning of 1960 to the end of 1962 with the aim of identifying and discussing two interconnected questions: the delay in publishing news on the harmful effects of the drug, which was sold in the country under the brand name Softenon®, and the discursive construction of a lack of accountability on the part of physicians for the phenomenon of medication iatrogenesis.

Keywords: medical publications; history of drugs; thalidomide; medication iatrogenesis; Portugal.

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The twentieth century was marked by the rapid development of new drugs in the United States and Europe, especially after Second World War. The war was succeeded by the unprecedented growth of the chemical and pharmaceutical industries, when, according to Jean-Charles Sournia (1995, p.347), “the pharmacopeia, which had remained virtually unaltered for a thousand years,” saw “its list grow by a few thousand medications.”

In fact, drug production by chemosynthesis, especially in the 1940s and 1950s, was responsible for drastic changes in the way countless diseases were treated. The historian Roy Porter (2004, p.131-133) highlights the emergence of some new drugs, like penicillin, identified in 1928 and developed as a medicine in 1943, which proved “extremely effective against pneumococci, gonococci, meningococci, and the bacilli of carbuncle, tetanus, and syphilis;” streptomycin, isolated as an antibiotic in 1944, which was found to be active “against the tuberculosis bacillus and had low toxicity;” and, in the 1950s, cortisone, “of inestimable value” for “inflammatory states” and the “first effective psychopharmacological agents”.¹

Within this context of the synthesis of substances with the aim of producing and selling new pharmaceutical products, a small laboratory in the West German town of Stolberg called Chemie Grünenthal tested thalidomide for its potential therapeutic qualities. The company was keen to develop a modern antihistamine. However, if the trials proved it was not effective in combatting allergies, the company’s scientists, some of whom had worked for the Third Reich (Brynnner, Stephens, 2001, p.10), saw gain to be had in producing and marketing the drug from the perspective of one of its proven effects: “the substance’s sedative and hypnotic properties” (Oliveira, Bermudez, Sousa, 1999, p.100-101).

Contergan®, the most successful brand under which thalidomide was sold in Germany, was first made commercially available in October 1957. It was marketed by Chemie Grünenthal as a soporific that promoted restorative sleep, without the toxicity commonly seen in barbiturates and, thus, without any risk of harm or addiction. Another of its “qualities” was that it was an excellent antiemetic, and was thus indicated for pregnant women suffering from morning sickness, common in the early months of gestation. Widukind Lenz has demonstrated that by November 1956 thalidomide was already in the composition of Grippex®, an influenza drug developed by Grünenthal.²

Chemie Grünenthal experienced extraordinary growth from the end of Second World War to the 1960s. When it was founded, in 1946, it was just a family business that produced creams, disinfectants, herbal remedies, and other minor products, but by 1953-1954 it was already developing a variant of penicillin sold under the trade name Supracillin; and when the antibiotics market reached saturation point, the potential for new – and putatively safe – tranquilizers and sleeping pills kindled its interest in new profit opportunities (Brynnner, Stephens, 2001, p.5-7). So it was that the drug thalidomide reached a number of different countries, including Portugal, through its original manufacturer’s local representative, Paracélsia Ltda., a Porto-based pharmaceutical laboratory founded in 1930. According to the “Therapeutic Symposium” organized by Judith Lupi Nogueira and João Baptista Jacquet (1960, p.814) in the late 1950s, Paracélsia also had commercial agents in Funchal (Madeira Island), Ponta Delgada (São Miguel, Azores), Angra do Heroísmo (Terceira Island, Azores), Luanda (Angola), and Lourenço Marques (Mozambique).

From early December 1961 to the end of the first quarter of 1962, high-circulation daily newspapers and magazines in several parts of the world began to report on what was often referred to as the "thalidomide tragedy."³ Thousands of babies were affected with phocomelia or amelia/dysmelia (shortening or absence of an upper and/or lower limb) because their mothers had taken the teratogenic drug while pregnant. Also, several other embryopathies were recorded in infants, such as missing ears, impaired sight, and problems of the spine, kidneys, intestines, heart, and genitalia (Brynnner, Stephens, 2001, p.64). Furthermore, there were a great many still births and deaths of newborns just days or even hours after delivery. It is estimated that fifteen to twenty thousand babies were affected by the thalidomide syndrome in approximately 46 countries in every continent (Mokhiber, 1995, p.371). Martin Johnson, former director of the fund set up to support those affected by thalidomide in Great Britain, suggests that upwards of one hundred thousand babies were affected around the world, eighty thousand of whom were "killed" by the drug between 1958 and 1962 (Meikle, 6 mar. 2016). The main adverse effect reported amongst the adults who ingested the drug was the development of peripheral neuropathy/ polyneuritis.

This article revisits some of the events surrounding the thalidomide disaster and analyzes how a Portuguese medical journal reported on them. It should be noted that Portugal was not without its own drug regulations and laws. As Micaela Figueira de Sousa, João Rui Pita, and Ana Leonor Pereira (2014) point out, the need to control pharmaceuticals when they started being manufactured in ever greater numbers prompted Portugal to set up a pharmaceutical and chemical regulatory body in 1940, the *Comissão Reguladora dos Produtos Químicos e Farmacêuticos*, and to pass "laws grounded on the scientific argument designed to benefit the health of the population, improve the quality of drugs, and ensure the legal and economic regulation of the sector" (Sousa, Pita, Pereira, 2014, p.12). In the mid-1950s, debates were held on drug regulation after problems with the drug Lipocine. As Micaela Sousa (2017, p.5) reports, the case concerned "a toxic accident involving an antibiotic" that took place in the heart of the country, in Fundão, in 1955, resulting the death of at least two children, which "seems to have been determinant for the passing of Decree #41.448 on December 18, 1957." She goes on: "from this moment on, all medications, national and foreign, had to undergo quality, safety, and efficacy tests before being introduced to the market." This decree was "pioneering legislation on a European level" (p.5).

The present text begins with a brief description of the primary source and demonstrates how *Jornal do Médico* publicized the "benefits" of Softenon®, especially to the Portuguese scientific community, between October 1960 and December 1961. It goes on to give information about the publication's tardiness in reporting on the disaster, and, drawing on the idea developed by Ulrich Beck (2011, p.27) that in a risk society, knowledge is "open to social definition" and that risks may be "changed, diminished or magnified, dramatized or minimized," it analyzes how the discourses printed on the pages of *Jornal do Médico* operated in this respect. It is then demonstrated how these discourses soon set about absolving medical professionals of any responsibility for the iatrogenic event.⁴

Jornal do Médico and Softenon[®]

Founded by the gynecologist Mário Cardia in 1940, *Jornal do Médico* was published until 1992 (Aroso, 2016, p.290). According to José Conde (cited in Aroso, 2016, p.288-289), it was conceived as a journal of a “national footprint” that was “multidisciplinary,” “scientific and informative,” whose policy from the outset was always linked to the “interests and aspirations of the medical class.” For António Maia Gonçalves (cited in Aroso, 2016, p.290), Cardia “was the pioneer of medical journalism” in Portugal, the first to make this a “profession.”

Alírio Queirós (2009, p.32), who studied the reception of Freud’s work in Portugal, states that *Jornal do Médico* was one of the publications that “contributed to the prestige of and confidence in doctors.” It was among those “publications of an eminently scientific nature,” which made it less susceptible to the “blue pencil of the censor” (p.32). It is worth pointing out that since 1926 the country had lived under a military dictatorship, and that the Estado Novo period (1933-1974), which commenced with Salazar as president, was marked, among other things, by strong censorship of the media. According to Vanessa Gomes Rolim (2012, p.2; emphasis in original) “the censors made blue cuts and stamped informative content that did not please them with ‘authorized,’ ‘authorized with cuts,’ ‘cut,’ or ‘suspended.’”

Printed in tabloid format, *Jornal do Médico* started out with fortnightly editions. By the 1960s it was already weekly, coming out every Saturday. On its front page it presented itself as a seedbed of medical science, professional matters, information, and culture. Its director at the time was the physician Armando Pombal, an advocate in Portugal of the virtues of streptomycin for the treatment of tuberculous meningitis (Bell, 2014, p.265); the editor was Alberto Correia da Silva. The publication’s founder, Mário Cardia, had already abandoned the project in 1949.⁵ The newsroom and administrative offices of *Jornal do Médico* were situated in Porto, and there was also a branch on Praça da Alegria, in Lisbon. The Porto-based printers Tipografia Costa Carregal were responsible for its typesetting and printing. Its national scientific board comprised physicians from Coimbra, Porto, and Lisbon; some editions from the period under analysis also mention an international scientific board, with members from Zurich, Rio de Janeiro, Rochester, São Paulo, Madrid, Buenos Aires, Geneva, and Paris.

Between the beginning of 1960 and the end of 1962, *Jornal do Médico* had some regular sections: Editorial, Original Articles, Selections and Communications, Books and Periodicals, Around the World, Chronicles and Commentaries, News and Curiosities, and the Nation’s Medical Life. The editorials were written by different physicians; the original articles were the texts that presented the greatest scientific rigor, normally ranging over three pages or more and written by Portuguese physicians specialized in the subjects in question. Selections and Communications also contained articles, but these were translations of texts by foreign authors, and were normally not so long. Books and Periodicals contained passages from diverse medical and scientific communications and publications, generally by Portuguese authors. Around the World offered short reports on medical matters considered by the editor to be of note. Meanwhile, Chronicles and Commentaries was devoted to issues related

to the social role of Portuguese medicine. In *News and Curiosities* were texts designed to explain new medical techniques or expound on something the editor deemed to be of scientific interest in more colloquial language. Finally, the *Nation's Medical Life* was given over to presenting information on symposia and other medical events in Portugal, as well as its health institutions, while also paying tribute to doctors who were exponents of their particular areas.

From 1960 to 1962, while the newspaper continued to highlight medical facts and accomplishments from outside Portugal, it had also started to pay particular attention to medical and pharmaceutical breakthroughs in Portugal. The feeling it fostered was of an imagined political community among medical and pharmaceutical professionals, "like a profound horizontal camaraderie" (Anderson, 2008, p.34). When the pharmaceutical conference *Jornadas Farmacêuticas Portuguesas* took place from May 31 to June 3, 1962, for example, the newspaper featured the following words by Professor José do Vale Serrano: "May each and every one, in the remote village pharmacy, in the pharmaceutical industry, in the analysis laboratory, dignify the profession he practices – and thus raise the prestige of the class to which he belongs" (*Jornadas...*, 30 jun. 1962, p.519). The Minister of Health, who attended the opening ceremony, stressed the need to "cover the country with sanitation," which should be a priority to be "placed at the disposal of all Portuguese, both physicians and medications," for "rural populations of inland parts" (p.519).

By the early 1960s, one increasingly significant feature of *Jornal do Médico* was the presence of advertisements for medicines.⁶ The edition dated January 9, 1960, for example, carried a color advertisement for Angitracil-Bi®, a "new" product for "severe laryngitis and tonsillitis" produced by Laboratórios Azevedos, which took up over half of the front page. All the editions analyzed until the end of 1962 had the same front-page layout, the only difference being the product advertised, which, in the period in question, alternated between: Bioluetil®, for syphilis; Entero-septil®, an antihistamine; Calcifène®, an antitoxic, antiallergic, and antipruritic; Lisopan®, a painkiller; and Lyspafene®, a sedative. The special edition marking its twentieth anniversary, on December 3, 1960, sported not just a front-page advertisement, but a further seventy advertisements for brands of a variety of drugs.

In the time that elapsed between January 1960 and December 1962, the scientific reports published alongside the drug advertisements were quite varied. Of particular note is the special edition marking *Jornal do Médico's* twenty-first anniversary, which shows just how much the publication had grown in Portugal and how large a readership it had earned. This edition came out in December 1961 – the same month as the thalidomide disaster was confirmed in scientific journals in Germany and the UK. Giving a taster of the special issue, the previous edition stated that it would be 160 pages long and would be "profusely" illustrated "with around a hundred and fifty prints." It also boasted that *Jornal do Médico* was nearing "one thousand editions published, with hundreds of thousands of pages printed and millions of copies distributed," and that the twenty-first anniversary edition would cover "the following specialties: pneumotisiology, neurology and psychiatry, anatomical pathology, gastroenterology, diabetology, venereology, general practice etc." (*Aos nossos...*, 25 nov. 1961, p.654).

The edition dated December 2, 1961, was indeed lavishly illustrated with advertisements for a variety of medical products. Its feature article, "Sleep and its Problems," by Prof. Diogo Furtado (2 dez. 1961, p.697-717), reproduced a speech its author had given in Porto on May 27 that year. Appearing among its 13 pages was an advertisement for two new forms of thalidomide based on the drug Softenon®: a syrup and a suppository. The syrup, it claimed, offered "rapid onset of action, a pleasant flavor, and excellent tolerance," while the suppository was indicated "for pediatric and geriatric use and in anesthesiology." The advertisement stressed that Softenon® was "a very safe non-barbiturate sedative and hypnotic." The syrup was sold in 100ml bottles and the suppositories came in a "box of 6" (Anúncio Softenon, 2 dez. 1961, p.706).

It is more than likely that the first advertisement of the "benefits" of thalidomide that had any major repercussions in Portugal's medical community was published on the pages of *Jornal do Médico*, in its October 8 edition in 1960 (Anúncio Softenon, 8 out. 1960, p.212). In the upper part of the full-page advertisement was a drawing of a red half-moon and three clouds scattered over a gray and black background, suggesting a nighttime scene. Beneath the illustrations appeared the following words:

Risk-free rest and sleep
SOFTENON
25mg pills
SOFTENON FORTE
100mg pills
New non-barbiturate sedative and hypnotic
Safe and effective
Fast-acting
Painless and taste-free
No risk of intoxication
The principal ingredient of Softnenon, thalidomide,
represents the latest contribution of Grünenthal research
to the advancement of treatment (Anúncio Softenon, 8 out. 1960, p.212).

This advertisement for Softenon® sported the Chemie Grünenthal logo and the information that it was based in Stolberg (Rhineland, Germany), while the lower portion of the piece contained the name of the laboratory that distributed the new drug in Portugal and its foreign representatives:

PARACÉLSIA, LIMITADA – LISBON – PORTO.
Soc. Geral Africana, LDA. Lourenço Marques – Mozambique
Regal, LDA. – Luanda – Angola
Drogaria Raicar – Margão – Goa (Anúncio Softenon, 8 out. 1960, p.212).

Indeed, 1960 seems to have seen a particular burgeoning of advertisements for sleep-inducing medicines. The January 9 issue contained an advertisement for Soneryl® in which it was indicated for several kinds of insomnia, including insomnia caused by pain, infection, or anxiety. The April 30 edition published an advertisement for Nersan®, a tranquilizer, sedative, and antispasmodic recommended for nerves, insomnia, anxiety, and palpitations. On September 17 there was an advertisement for Sedioton®, a neurovegetative sedative with

multiple points of action; in the October 8 issue, besides an advertisement for Softenon® was one for Lubrokal®, recommended for insomnia, spasmodic states, somatic-nervous disturbances; and finally the December 3 edition advertised Neurinasa®, apparently a panacea, since its applications included the treatment of insomnia, hysteria, aerophagia, migraine, lethargy, palpitations, nervous ticks, severe alcoholism, fatigue-associated nerves, and the symptoms of menopause.

Tardy reporting and absolving of medical responsibility

It is curious how slow *Jornal do Médico* was to communicate the harmful effects of thalidomide and its association with a variety of teratogenic effects seen in many infants around the world. On December 2, 1961, two prestigious medical journals with wide circulation in Europe, *The Lancet* and *British Medical Journal*, both published in the UK, carried the news that thalidomide had been withdrawn from the British market because of reports that it could affect the fetus in the early stages of pregnancy (Brynnner, Stephens, 2001, p.36).

The first time *Jornal do Médico* reported on the association between thalidomide and teratogenesis was on August 18, 1962, in the Around the World section. Although it appeared on several pages of the journal, the information on thalidomide spread out in short news items, 29 in total, with mention of the phenomenon in Portugal being made in just two pieces, in the last and second-to-last editions of the year. The headlines of the stories were:

Thousands of children without arms and legs because their mothers took 'Thalidomide.'

Alarm bells sound in the United States about 'Thalidomide.'

Ramifications of the ills of 'Thalidomide' in Canada.

A deformed child also born in Mexico.

The 'accursed drug' is to be withdrawn in the United States.

Five to six thousand English and German children may be born deformed due to 'Thalidomide'.

Canadian public opinion worries grow because of 'Thalidomide.'

Another victim of the drug identified in the United States.

Sale of 'Thalidomide' prohibited in Mexico.

...

American senate committee opens inquiry into 'Thalidomide.'

It is believed that only 20% of the women who took 'Thalidomide' will have abnormal children.

Victims of 'Thalidomide' in Ireland.

The German company that produces 'Thalidomide' starts investigations.

American press publish photographs of malformed children.

Victims of the 'accursed drug' also identified in the Netherlands.

Canadian government to give 'Thalidomide' victims financial support.

New case of teratology caused by 'Thalidomide.'

In the United States, 158 doctors in possession of the hazardous product are sought.

Three new cases of malformed children in West Germany.

New drama caused by 'Thalidomide.'

Recourse to abortion condemned in the dramatic case of the American lady who fears she will have a malformed child.

American lady who fears she will give birth to a monster goes to Sweden for an abortion.

Holy See denies abortion as a solution to the 'Thalidomide' problem.

Vatican censors mothers who wish to terminate their pregnancy for fear of consequences of 'Thalidomide.'

It is calculated that by the end of August, 800 malformed children will have been born in England because of 'Thalidomide.'

Doctor who prevented the sale of 'Thalidomide' in the United States is decorated.

Timely clarification on the serious problem of 'Thalidomide.'

'Thalidomide' drama raises the problem of the hasty marketing of new medications (O que vai..., 18 ago. 1962, p.856-864; emphasis in original).

The director and editor of *Jornal do Médico* may have decided to delay reporting on any news of the iatrogenic effects of thalidomide to potentially protect themselves from any negative legal consequences against them and their team. In the risk society, as Ulrich Beck (2011, p.28) rightly points out, "the political potential of catastrophes" results in the "prevention" and "management" of disasters, which implies "a reorganization of power and responsibility." It is therefore feasible that the journal, having advertised the capacity of Softenon® to bring about "risk-free rest and sleep," feared being on the receiving end of accusations of blame in provoking the disaster in Portugal; or perhaps the editors feared the journal may lose some of its power and prestige, so well established in so many sectors of the Portuguese scientific community. Another possibility that should not be overlooked is that a commercial decision was taken to delay reporting on the disaster so as not to sour its relations with Paracélsia, the laboratory that distributed Softenon® in Portugal and a regular advertiser in its pages at the time.⁷

By looking at the publication, it cannot be ascertained exactly what lay behind this delay. Nonetheless, it would be fairly safe to say that many Portuguese physicians exchanged information with their peers in other European countries and that the news reported in

Britain and Germany about the disaster would have become common knowledge in much of the medical and scientific community, and would thus have been known by those who produced and edited the newspaper. Eight months elapsed between reports of the harmful effects of the drug in German and English and reports in the specialized medical periodical published in Porto. In Brazil, newspapers based in Rio de Janeiro had already spread the word about the disaster in March 1962 (Leandro, Santos, 2015, p.995). What is more, the 29 headlines of the short reports in the Around the World column give the distinct impression that *Jornal do Médico* had deliberately kept back any information about the thalidomide disaster for some time. When it finally released the news, it came in an "avalanche" of short, scattered news stories.

As if to pave the way for the reporting of the disastrous events surrounding thalidomide in August 1962, three editions prior to this date did mention the subject of teratogenesis, but at no point did they cover what was already being hotly debated in Germany and the UK. The February 17 editorial, written by Doctor Cidraís Rodrigues, mentioned the importance of setting up an Institute for Congenital Malformations in Portugal.

When a clinician, anywhere in the Country, should have occasion to observe a child born with a congenital malformation of any kind, they should ask for help from the Institute, which, always through their mediation, would help the child and their parents, referring them to the appropriate center, immediately telling them the recommended age for corrective surgery, and thus stopping the anguished family from either falling into the fatalistic conformism of those who have nothing to hope for from life or the desperate rush from appointment to appointment, from hospital to hospital, from specialist to specialist, to hear opinions that will often seem to them to be contradictory...

The institute would provide special food, appropriate clothing, and all the equipment required for the exceptional situation created by the existence of the malformation.

...

At the same time, it would also be tasked with the mission of organizing complete records of the malformations existing among us, determining their absolute and relative frequency (Rodrigues, 17 fev. 1962, p.347).

Incredibly, on March 3, 1962, *Jornal do Médico* missed a chance to bring the thalidomide case to public attention. It published a translated version of an article by Doctor P. Chassagne and Doctor L. Georges-Janet (3 mar. 1962), from Hospital Trousseau, Paris, entitled "Influence on the Fetus of Certain Treatments Given to Pregnant Women." Even though the article in question was originally published in *Annales de Pédiatrie* in August-September 1961 (and thus before the scientific community learned of the harm thalidomide did to infants), no mention of the drug was made in that March 1962 edition of *Jornal do Médico*.

A third text provided a generic discussion of congenital malformations. Written by Doctor Artur Torres Pereira, who earned his degree in medicine and surgery in 1948 from the Lisbon Medical Faculty, was a microbiology researcher, and was at the time serving as deputy chief physician of the Câmara Pestana Bacteriology Institute (Instituto Bacteriológico Câmara Pestana) (Cristino, 1999, p.81-82), the article was published on May 26, 1962, under the arresting headline "Iatrogenic Diseases and Public Health." At no point does it mention the word "thalidomide." The piece is divided into five parts: iatrogenic diseases

and their conception, the doctor's responsibilities, the community's responsibilities, the pharmaceutical industry's responsibilities, and prophylaxis of iatrogenic diseases. In the section on doctors' responsibilities, the article begins by absolving these professionals of any great responsibility, since one should "assume that the doctor is acting correctly" (Torres Pereira, 26 maio 1962, p.207). In this case, one of the doctor's problems resides in the fact that the "number of medicinal substances has risen vertiginously"; also, "other forces" are "exerted on doctors, such as pressure from patients who have read or heard of the healing powers of a certain new drug, and often they [doctors] relent" (p.207). This discourse clearly plays down or even denies doctors' responsibility in iatrogenic diseases: if anyone should be held to account, it should be the very course taken by modern medicine, with its "conditioning of clinical practice." This weakened the position of the general practitioner, who knew his patients and, as well as being a "therapist," was also a "friend," an "advisor," a "confidante." As Torres Pereira saw it, when it came to the pharmaceutical industry, iatrogenic occurrences should be put down to a lack of effective control mechanisms for industry in general. As for pharmaceutical manufacturers, competition could result in the advertising of products that were "substandard." In this respect, he notes that the legislation was lax and only intervened when there were serious accidents. Even so, the pharmaceutical industry should be recognized as a being "worthy of credit for the notable progress that has accompanied medicinal substances" (p.208). As for the responsibilities of the community, Doctor Torres Pereira was intractable in his judgment:

The community has a large portion of blame in the problem of iatrogenic diseases. Whether ill or not, laymen make excessive use of medicines by self-medication. A great number of men would like to be doctors, and apparently in their inability to practice the profession ... self-medicate at will.

...

Patients force doctors to prescribe the latest drugs they have heard of (Torres Pereira, 26 maio 1962, p.208).

When, on August 18, 1962, *Jornal do Médico* finally published news on the thalidomide disaster, it was not in a special report written specifically by a doctor to detail the facts pertaining directly to Portugal. Rather, it was in a reproduction of a story published "recently" in the newspaper *Diário de Lisboa*. This report drew attention to the "natural alarm" of the public regarding the sedative Softenon®, "recently withdrawn from the market" in Portugal. At one point, the report stated: "There is no scientifically valid proof that 'Thalidomide' causes malformations," going on to suggest that there were "strong suspicions" that Softenon® may produce "occasional teratogenic action" (O que vai..., 18 ago. 1962, p.862; emphasis in original). A passage from the report transcribed from *Diário de Lisboa* reads:

In Portugal, so it would seem, there are fortunately fewer cases of congenital malformation due to this hazardous medication, since our clinicians have 'always' been careful in the administration of sedatives or hypnotics, about which little is known, in the long term, particularly when it comes to their secondary effects (O que vai..., 18 ago. 1962, p.862; emphasis added).

This same text originally printed in Lisbon contained the words of one Doctor João Mendes, head of the Medicine Service of the Regulatory Commission of Chemical and Pharmaceutical Products (Comissão Reguladora dos Produtos Químicos e Farmacêuticos), stating: "Given that scientific opinion is divided, the Directorate-General for Health has doubts as to whether 'Softenon' is the cause of the malformations observed" (O que vai..., 18 ago. 1962, p.862; emphasis in original).

One week later, on August 25, *Jornal do Médico's* editorial was by an oncologist, Fernando Namora. Entitled "A Story of Horrors," this was the only text that actually pointed to any medical accountability in the unfortunate outcome of teratogenesis. As he saw it, in the case of thalidomide the "whole apparatus, to which physicians have willingly lent a hand" should be held accountable. Nonetheless, Namora's narrative saw medical accountability as mired in the intricate interplay of science, in which present-day treatments often vied with treatments from the past: "Indeed, this is one of the wonders and one of the vicissitudes of medicine: to have to deny what, just yesterday, seemed indisputable, every day to carve out new paths of clarification, never to say its work is done" (Namora, 25 ago. 1962, p.871). To this doctor – who was also at this time a well-known writer of fiction⁸ – the thalidomide case was "a tremendous warning" to the medical community: "Dissatisfaction with a medicine should not be translated into a blind urge for the new, nor should the virtues of a familiar and established drug legitimize disinterest in pitting it against another that is more effective" (Namora, 25 ago. 1962, p.871).

For Doctor Namora (25 ago. 1962, p.871), the pharmaceutical industry offered new products that prompted doctors to give up "the arsenal of older, safer drugs." He concluded that medicine should be more cautious and less hasty in its thirst for new drugs, since "pharmacy" was "an industry, with its targets, its strategies." Therapeutic fads were "fads that, were always [creating] and [kindling] needs," making "the drug beguiling."

Rather than inciting the pharmaceutical industry to a hasty renewal of the contents of its medical cabinet, medicine should be an example of tranquility, making the medicines that hide no more secrets to those who handle and administrate them 'last', defending them from 'novelties' that claim great merit with no assurance of being free of serious flaws. A remedy is not a piece of clothing that one can shorten or lengthen afterwards according to the clientele's tastes (Namora, 25 ago. 1962, p.871; emphasis added).

In the same edition in which Fernando Namora wrote the editorial, *Jornal do Médico* reproduced "in full" in its Nation's Medical Life column an interview with the director-general of health, Doctor Augusto da Silva Travassos, published originally in the *Diário de Lisboa* newspaper. He assured readers that "there are not, among us, a great number of congenital malformations attributable to Thalidomide" (O diretor geral..., 25 ago. 1962, p.900). This, he alleged, was because in Portugal there was not an "excessive administration of tranquilizers," giving two reasons for this claim: "The Portuguese pace of life is less hurried" and "clinicians have 'always' exercised laudable caution not to prescribe, except in special circumstances, the use of modern sedatives or hypnotics" (O diretor geral..., 25 ago. 1962, p.900; emphasis added). Doctor Travassos wrote that the

official services authorized the sale of the drug “under prescription,” and that “there was no way to assess the repercussion” of the accidents caused by thalidomide in the country. Until that date, the Directorate-General of Health had not received “any notification or statement relating to accidents of this kind” (O diretor geral..., 25 ago. 1962, p.900). In the interview, the director of this entity mentioned that Softenon® was not the only drug on the Portuguese market that contained thalidomide, but that the other, Sedi-Lab®, had only been available there for less than a year. He reiterated that in this case, as with Softenon®, its use was authorized only “under the condition” of being sold “under medical prescription” (p.900).

The August 25 edition continued to divulge “withheld” information on the thalidomide disaster in short texts in its Around the World column. The headlines of these texts were: “Over 4,000 Children Deformed in Germany Because of ‘Thalidomide’”; “Dramatic Case of Euthanasia of a Child Deformed by ‘Thalidomide’”; “Could ‘Enovid’ be Another Diabolical Drug?”; “Investigations into ‘Enovid’, New Drug Suspected of Causing Deaths”; “Blame for the ‘Thalidomide’ Drama Falls on all Society – states scientist Jean Rostand” (O que vai..., 25 ago. 1962, p.897; emphasis in original). Portugal, it seems, was far away from the disaster: the euthanasia case was in Belgium, Enovid was from the USA, and the text about the scientist had to do with an interview he had given for radio and television broadcast in France. This last story was the one that gained the greatest attention for its size. In it, the scientist wrote:

Blame cannot be placed on the doctor who prescribed it, the pharmacist who sold it, or even the laboratories that made this innocuous drug, which has yet caused thousands of births of monstrous children. What is despicable is the general state of a society that allows so many medications of uncertain effects to be used. It is necessary to reduce the number of such medicines (O que vai..., 25 ago. 1962, p.897).

In successive editions in 1962, the Around the World column revisited the subject: on September 1, September 15, September 22, October 13, October 27, November 17, and December 1. What all these short pieces have in common is that they reported on thalidomide in countries other than Portugal, especially Germany, or else they report more generally on the effects of the drug. In one, it was noted that “a practical conclusion can be drawn from all the articles published on the subject: pregnant women should, throughout the nine weeks subsequent to the last presumed period, abstain from all medicines except in case of urgent need” (O que vai..., 17 nov. 1962, p.634).

Finally, two editions in December 1962 – on the 8th and the 22nd – wrapped up the year with some reflections on the thalidomide disaster. The first mentioned the event indirectly; the second mentioned it directly. The earlier of the two, an editorial by Joaquim Pacheco Neves entitled “The Prestige of Drugs,” did not even cite thalidomide, merely questioning the effectiveness of many medicines: “If medicine owes the chemical and pharmaceutical industry many of its greatest successes and if patients owe them many of their chances of cure, this does not mean they are deserving of blind trust” (Neves, 8 dez. 1962, p.935). As the author saw it, if a doctor played “a perilous game that clinical conditions justify,” then “the main culprit” was “the patient who accepts entirely everything said to be good

for health and submits to therapeutic care without ascertaining how merit-worthy it is" (Neves, 8 dez. 1962, p.935). The other edition contained a scientific article by Doctor P. Chassagne and Doctor P. Lechat published originally in *Médecine et Hygiène* in September 1962 and translated into Portuguese from French. Published in the column Selections and Communications, it proposed and debated several potential causes of the teratogenic effects of medicines, including a debate about thalidomide. In this case, the authors stressed the occurrence of teratogenesis not as a result of the "dosage" or related to "the continuity or intermittence of treatment," but as a consequence of the critical period of pregnancy, when the woman may have ingested the drug, namely, the first trimester (Chassagne, Lechat, 22 dez. 1962, p.1.078).

Final considerations

One of the characteristics of the global risk society, as defined by Beck (2011), is its invisibility, which can stem from the faith individuals (doctors included) often have in the potential benefits of science and technology. The advertisements printed in *Jornal do Médico* in the last quarter of 1960 and throughout 1961 introduced medical professionals from Portugal to Softenon®, hailed as "very safe." The advertisement focused on its sedative effects and contained illustrations indicative of peace and tranquility: first, in 1960, depicting a moon and clouds, then later, in 1961, a woman in comfortable repose enjoying restorative sleep. Advertisements announcing thalidomide-based drugs that were "completely atoxic" were published in many countries.

The fact that a periodical with such circulation and of such scientific standing as *Jornal do Médico* – geared entirely towards medical professionals, in which even the "least scientific" sections called for some specialized knowledge and familiarity with technical and scientific jargon from the fields of medicine and pharmacy – should have been so tardy in reporting on the thalidomide disaster to its readers is surely a cause of unease. If it is true that the publication was less subject to external interference from the censors, then it is more than likely that its editor and the other members of its team had, for a good while, suppressed reports on what the European scientific community had already known since December 1961: that thalidomide caused teratogenesis in babies and that it also produced peripheral neuropathy/polyneuritis in adults.

Nonetheless, it is more than likely that the blue pencil of the Portuguese political regime, which was always keen to cover up anything that could cast the Estado Novo in a negative light to protect its institutions, should indeed have weighed on the decision to delay publishing information on the thalidomide disaster. This should not be disregarded, since state entities involved in medical regulation were also associated – with some degree of accountability – with the disaster. In this case, the delay in publishing news did not mean shielding just the editors of *Jornal do Médico*; but also Portugal's medical and pharmaceutical institutions – institutions to which some of the publication's own collaborators were associated at the time.

While revealing the thalidomide disaster, *Jornal do Médico* put out mainly short news items on what was happening in Germany, the United Kingdom, and the United States. By

so doing, it presented the phenomenon as if it were removed from Portugal and, frankly, minimized the risks inherent to the circulation of the drug in the country at that time.

The periodical's discourse after it had divulged the disaster was clearly constructed in such a way as to play down any medical accountability, insofar as it explicitly endorsed the profession and immediately absolved the medical community of any effective blame in this case. The texts on the teratogenic effects of thalidomide either focused on the potential culpability of the pharmaceutical industry, while drawing attention to the fact that it was part of a far more complex game that had to do with a generalized offer of new products by industry, or else it gave over to reflecting on the shortcomings of medicine itself, in which the new clinical establishment, seduced by the siren's call of pharmacological novelties, inspired some professionals to turn their back on the virtues of well-established traditional family medicine, with its "old" drugs.

In producing and shaping knowledge about where blame should be apportioned in the thalidomide disaster, *Jornal do Médico* even went so far as to recriminate patients for their habit of self-medicating and for the pressure they put on doctors to get prescriptions for the latest drugs. Yet these new pharmacological releases were themselves a constant presence on the pages of the publication in large feature advertisements.

Few cases were officially recorded in Portugal of thalidomide-related iatrogenesis. Eight years after the disaster, the magazine *O Século Ilustrado* published a piece by Joaquim Gaio (7 nov. 1970, p.31) in which he reported that four children had been affected by the drug in the country. Perhaps the stricter drug control legislation introduced in 1957 under decree 41.448 was partly responsible for this result. It is also worth recalling that, according to *Jornal do Médico*, thalidomide was only admitted to the Portuguese market in the final months of 1960 under medical prescription; either way, it is plausible that, under the Estado Novo, the public health authorities' negligence in attributing responsibility for the disaster contributed to an underestimate of the number of cases. There are no records in Portugal of the consumption of the drug or its association with stillbirths in the period. Nor, indeed, is it known how many babies were born with malformations as a result of their mothers taking Softenon®, or died just hours, weeks, or even months after delivery. Not even by the end of 1962 did *Jornal do Médico* contain any information provided by doctors on any potential diseases resulting from the adverse effects of thalidomide in the adult Portuguese population, especially women keen to enjoy "risk-free rest and sleep."

NOTES

¹ Silvia Bittencourt, Sandra Caponi, and Sônia Maluf (2013, p.514) indicate that, in line with the new phase of the pharmaceutical industry, successive editions of handbooks for academics were published, marking "the beginning of an era when pharmacology came to be an integral part of the training of medical professionals."

² In August 1956, according to Lenz, Grünenthal already had "promotional leaflets enumerating a series of indications" for thalidomide-based products. These included "irritability, poor concentration, state of panic, premature ejaculation, pre-menstrual tension, fear of being examined, functional disorders of the stomach and gallbladder, febrile infectious diseases, mild depression, anxiety, hyperthyroidism, and tuberculosis." Lenz (1988, p.203) adds that the company "claimed for several years that this multifaceted drug was virtually free of side effects."

³ In the 1960s, the press overused the term "tragedy" when referring to the events surrounding thalidomide. Here, the word "disaster" is used, not "tragedy", since "tragedy" implies fatality and individual and family misfortune, and in this case puts the phenomenon in a social space where apportioning of responsibility is weakened or dispersed. Although *disaster* can also be associated with fatality, its suitability becomes more clear if we recall its connection with physical, moral, material, and emotional consequences. For example, by 1955 the pharmaceutical community already knew that molecules weighing less than 1,000 could penetrate the placenta. The molecular weight of thalidomide is 258 (Brynnner, Stephens, 2001, p.12). According to Stuart Anderson (2016, p.49), the British medical community ignored the "dangers of drugs during pregnancy", citing the case of Ballantyne, recalled by the medical historian Ann Dally (1998). Ballantyne was a professor of pathology at Edinburgh and in 1904 he had listed "'varieties of foetal morbid states' which included both transmitted diseases and toxicological states. Yet these were firmly ignored by the medical community" (Anderson, 2016, p.53; emphasis in original).

⁴ Francieli Lunelli Santos claims that although Ulrich Beck emphasizes the risk society through the example of Chernobyl, which took place in the 1980s, the thalidomide case, between the late 1950s and early 1960s, is more consistent with the characteristics of the global risk society as proposed by Beck. According to Santos (2018, p.36), the impacts of the pharmaceutical industry at the time "threw up problems and demands on a global scale." As she goes on, the available literature on the thalidomide disaster indicates that this was indeed a global phenomenon, as it occurred in every continent. Furthermore, consistent with the German sociologist's considerations about the distribution and augmentation of risks, the thalidomide event was an accident whose harmful effects permeated different layers of society. This class-related aspect is one of the points Beck (2011, p.41-43) highlights as characteristic of a global risk society, insofar as the potential for overcoming the adverse effects of risks – more evident amongst the richer strata – does not fail to reinforce the class society.

⁵ Two years after he left his position as director of *Jornal do Médico*, Mário Cardia spoke at the third Congress of the National Union in Coimbra, in 1951, defending the thesis of the "repudiation of the socialization of medicine, considered contrary to the ethics of the Estado Novo" (Almeida, 2017, p.165).

⁶ In a 2002 article, José Augusto Cabral de Barros and Sabrina Joany draw attention to the fact that "with the increase in chemosynthesis, in the last six decades medicines have come to increasingly occupy an important and hegemonic place as an option for the curing of diseases and relief of symptoms." They note that the pages of medical magazines were full of advertisements and that "the publicity included in the medical magazines" was often necessary to "cover their costs" (Barros, Joany, 2002, p.892, 894).

⁷ Laboratório Paracélsia advertised other drugs produced by Chemie Grünenthal on the pages of *Jornal do Médico* in 1961 and 1962: Streptotenat[®] and Didrotenat[®], alternatives to streptomycin, advertised as "possibilities for prolonged treatments" (Anúncio Streptotenat..., 29 jul. 1961, p.672); Tardamide[®], presented as "the best option in sulfonamide therapy," with "immediate absorption" and "no risk of accumulation" (Anúncio Tardamide, 5 maio 1962, p.39); and Silubin[®], a diabetes medicine divulged as "active in every form of diabetes" and with "excellent gastrointestinal tolerance" (Anúncio Silubin, 15 dez. 1962, p.1029).

⁸ By then, Fernando Namora had published 13 books, mostly novels.

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