

been solved once and for all. My impression is that such is not the case.

Unfortunately, by the time I had reached page six, 'Book Two' of Healy's writings had emerged, and I developed a somewhat critical attitude, which has been difficult to modulate. There, describing her application to medical school, Healy writes: "At that time [1964], . . . the medical schools maintained an unofficial "quota" — they admitted as few women as possible, and those women who did get in had to be much more qualified than any male candidate." My immediate umbrage arises from a twenty-year experience in admissions at a major medical school, with absolutely no such observation. But so began a series of sweeping and usually unsubstantiated trendy generalities that pepper the book. I really have no rational objection to referring to all doctors as "she," and to cholesterol as the "grandmother of all hormones" (despite the inaccuracy). Such cute transliterations admittedly provide a rich source for all aspiring writers with an agenda. But the call for political action at the end of almost every chapter wears a bit thin. And there is the undercurrent of conspiracy woven into a considerable portion of the text. Given the proper audience, these digs may resonate to some advantage. However, I think they obscure the stated and more valid aim of the book, that of "a conversation with women as I would with an individual patient, trying to convey what I think they need to know, sometimes straying into the technical, but only because it is so important or the information so powerful and elegant." I do not claim for a moment that the male/female equation has historically been balanced in the politics of medicine. It has not. There are, however, more effective packages in which to wrap this issue, in order to accomplish a more constructive and useful outcome.

Without a further litany of "gotchas" (there are more), it is fair to say that I expected a much more substantial book from such a distinguished source. *A New Prescription for Women's Health* has, in fact, components which could make it an excellent source of information about important disease processes. But I found this valuable content to be encumbered by too many inaccuracies and unqualified overstatements, laden with a constant undercurrent of a curiously populist feminist bias, all wrapped in soft and fuzzy advice sufficient to make it less than commendable.



The Magic Bullet

by Harry Stein

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The title *Magic Bullet* immediately evokes Paul Ehrlich's discovery of Salvarsan, the first treatment for syphilis. Indeed, the focus of this book is the discovery (or rediscovery) of an anticancer drug originally synthesized by a student of Paul Ehrlich. This is a medical/scientific thriller that is set in an institution much like the National Cancer Institute located in Bethesda, Maryland. The hero, Daniel Logan and his beautiful Italian colleague, Sabrina Como, enter the prestigious research institution for training in clinical oncology. During their first year they decide that a drug that is being tested in AIDS patients should instead be tested in patients with cancer. The drug has been found to have no beneficial effect in AIDS patients and in fact has produced serious side effects. The nature of these side effects leads Logan to believe the drug might instead be useful in the treatment of cancer. Therefore, Drs. Logan and Como set out to test this agent in women with breast cancer, and the many intrigues of the plot

begin. They range from unexpected patient deaths and sabotage in the laboratory, to the health of the President's wife who has breast cancer. At one level this is a medical mystery and one has to accept its many improbabilities. But it is also a cynical description of the leaders of the clinical oncology program at a prestigious institution. They are depicted as scheming, ruthless characters. Even the young scientific colleagues of the hero and heroine are pictured as grasping and unreliable. Is this a social commentary on the nature of researchers in clinical oncology or are they simply foils for the sake of a complicated plot?

Many of the details of this novel, which describe the life and training of a young clinical oncologist, are on the mark. These include the long hours and the demands of patients who are ill with cancer. What does not ring true is the description of a scientific institution conducting research in cancer treatment in which all the leaders, the patient advocates and the nurses lack compassion.

As a scientist who works with developing new drugs for cancer treatment, I was particularly interested in the basis of the plot and discovered that Mr. Stein's brother is an oncologist who spent several years working at the NCI and participated in the evaluation of the drug suramin for the treatment of prostate cancer. It was tested in AIDS patients, produced toxic side effects similar to those of the magic bullet (adrenal damage and hypotension) and was subsequently tested against prostate and other cancers. Unfortunately, suramin is not a magic bullet, although it has some beneficial effects against prostate cancers and is still being studied.

Magic bullet, as the term was originally used by Ehrlich, described a drug that would kill or arrest the growth of specific disease-producing bacteria but have no effect on normal human cells. In the context of modern cancer research, the meaning of the words magic bullet has been altered to indicate drugs, that like guided missiles, are directed to tumor cells but not to normal cells. A few such drugs have been shown to have anticancer activity, although their activity is not anywhere as dramatic as the magic bullet in Mr. Stein's novel.

Magic Bullet is competently written and a good read. But it will give you an impression of clinical oncology that in my experience is off the mark. Too bad the author could not have chosen more sympathetic, well-rounded characters to occupy the stage of this book.