We have submitted to the Food and Drug Administration continuously since what is now known as the Philadelphia Conference held April 11, 1962, material regarding "action on blood coagulation" and "incidence of thrombophlebitis" statistics for permission to include in our official brochure. It was not until faced with our personnel at the Food and Drug Administration on Monday, August 6th, that they even recognized that they had received this material. Exhibit No. 5 gives you some of the paraphrasing from this material. The Food and Drug Administration still censors this material to the medical profession and consequently you should not use any part of it.

The consequence—At this writing no one can predict the consequences of our "publicity bath" except to say that in the case of many, many women it has been an extremely frightening and unfortunate occurrence.

Envoid may come through with flying colors and may enjoy even wider acceptance.

Enovid for anti-ovulatory use may be taken off the market or have its claims severely limited.

Enovid may land some place in between the two.

Whatever the consequence, a severe blow has been ruthlessly given to G. D. Searle & Co., to the pharmaceutical industry, to the medical profession and to the confidence of the American people in a system of free medicine.

The medical profession—Your job is with the medical profession—FIRST—LAST—AND ALWAYS. We are determined under any consequences to tell the medical profession the truth as we know it. We may not be able to give all the facts immediately but eventually it will be accomplished.

Our job is not to exaggerate. Our job is to tell the facts as they exist as of the moment we are doing the telling.

The only statement you can make must be based on those official announcements from the Company. You may make no assumption from information coming to you through other sources.

The Medical Profession may find this difficult to understand. Very logically, they expect us to pass on to them every fact in our possession and every opinion and interpretation which we have, and they feel resentful that we cannot do so. The bare fact is that we are only allowed under the regulations of the Food and Drug Administration to relay those statements which have been officially approved by them. We are adhering strictly to these regulations. We think there are a great number of facts which will gradually be relayed as they are cleared. We are doing everything possible to expedite this outcome.

You have told me through your many wires, letters and telephone calls that the medical profession is behind us. They will stay behind us only if we continue to tell the complete unbiased truth. This we must do above all else.

The public—Any causal relationship between Enovid and thrombophlebitis is a far too complicated subject for the non-medical profession segment of the population to understand. They have been fooled badly. They have been scared badly. Many people believe that for a certain time period this will definitely slow down the number of requests by patients to physicians for Enovid therapy. As you well know, this is our main and major source of increased and continued acceptance of the drug.

You can be extremely helpful along these lines in informing us of the public reaction as it takes place from day to day and month to month.

There are many things we can do and I am sure will do regarding the public opinion, but the shrewd guess would be that the scar will remain, even after the healing is accomplished. Only through delicate surgery, with a long recovery period, will it be removed and even then there still may remain memory of the operation.

Our plans—It is going to be a long hard battle which we are determined to win, so long as Enovid continues to prove itself effective and safe.

We will fight for those things that the facts prove to be right.

Now for a few specifics. It is essential that every case of thrombophlebitis or pulmonary embolism that has any possible connection with Enovid be immediately forwarded to the Medical Department, addressed to W. C. Stewart, M.D. We want the complete chapter and verse—the physician or physicians attending and a complete patient history. It is our ethical and moral obligation to turn these case reports over to the Food & Drug Administration for review.

If time continues to prove that there is no causal relationship between Enovid and thrombophlebitis, the physicians and the public must be informed.