

convinced that he was a Ph.D. in the biological sciences who was really up on his subject. It turned out that he was no scientist—but an extremely intelligent, well-read, and competent editorial writer. By contrast, we have the “uproar” articles of the newspapers and ladies’ magazines, and the extremist views given undue prominence on television in England and in this country (See Appendix 2).

If this Committee is dedicated to finding out whether the Pill represents a safe and useful medical agent or an unmonitored, unacceptably risky drug being foisted off on the women of the world, I believe it should pay equal attention to the question of whether the media that are supposed to be the interface between medical science and the public are doing a responsible and helpful task or whether they are irresponsibly, unnecessarily and unjustifiably alarming the public by biased reportage. The irresponsibility even of national bodies has become a matter of great concern to scientists, as witness the response of the scientific community to the recent, wholly undocumented decisions of a British agency on the hormone dosage of certain Pills. In the December 20 issue of *Nature*, an editorial entitled: “How to alarm people and lose friends” stated: “It is something of a scandal that a government committee should . . . create cruel and wholly unnecessary alarm in the minds of some 700,000 women . . . The wisdom of making such an announcement without at least a summary of the (wholly unpublished) supporting evidence is open to question. . . .” It is already clear that the news media as well as some extremist scientists have swallowed this recommendation whole, as a proven truth, when in fact the evidence has never been presented for impartial scientific judgment. In this manner, news media and sensation-seeking individuals can parlay an unproven committee judgment into a panic cry for instant action. It is my sincere hope that this Committee will show calm and mature judgment in distinguishing facts from suppositions, and extremist viewpoints from sound deliberation.

APPENDIX 1.—EXTRACTS FROM THE BOOK, “METABOLIC EFFECTS OF GONADAL HORMONES AND CONTRACEPTIVE STEROIDS” (SALHANICK, KIPNIS, VANDE WIELE, EDS.)

Moos (p. 689): “On the average, women who were not currently on oral contraceptives complained more of a variety of menstrual and premenstrual symptoms than comparable women who were currently on oral contraceptives.”

Gram and Gillette (pp. 90, 93): “The literature dealing directly with steroid effects on drug metabolism in vivo is inconsistent and difficult to interpret.”

“ . . . from a standpoint of clinical toxicology, changes in drug metabolism are probably of the greatest importance only for those agents whose therapeutic index is low” (i.e. whose toxicity is high—therefore not the Pills)

“Moreover recent work has indicated enormous individual differences in drug metabolism by humans, and this would also tend to obscure the clinical significance of changes in the rate of drug metabolism.”

Beck (p. 121): “Present evidence indicates that oral contraceptive agents are not as diabetogenic in man as pregnancy.”

Spellacy (p. 124): Of 76 patients using a sequential oral contraceptive for an average of 7 years continuously, only a single one showed an abnormal GTT.

“ . . . both glucose and insulin levels were elevated and remained elevated for 24 months when a combination type oral contraceptive was taken. These returned to normal between 24 and 36 months of use for the group.”

Gold (p. 732): “An elevation in the blood glucose during the estrogen-treated state may not, for all we know, be harmful to the individual.”

Wynn and Doar (p. 171): retract their previous claim that oral contraceptives change certain blood fats possibly associated with atherosclerosis. Retractions of this kind are apt to cause some raising of eyebrows among scientists.

“The most important question of all, namely whether (certain) changes will accelerate the rate of development of atherosclerosis, requires extremely careful consideration. The evidence will be difficult to obtain and the answer may only become apparent in 20–30 years.”

Furman (p. 255): “Thus it seems unlikely that the effects of sex hormones on serum fats can be offered by way of an explanation for the increased susceptibility of men to coronary heart disease.”