Sandberg (p. 377) : "The effects of elevated unbound cortisol levels on human physiology, particularly when such levels are active over a very prolonged period of time as may occur in patients receiving contraceptive therapy *is at present totally unknown*" (italics ours).

Woods (p. 471) : "The large, carefully controlled prospective studies needed to define the association between oral contraceptives and hypertension *have not been published* and the information to date is largely anecdotal."

Luetscher et al. (p. 479) : "There is no proven connection between increased angiotensin generation or aldosterone production and high blood pressure in the patients. Similar rises . . . are observed in patients whose blood pressure does not rise to abnormal levels on the same medications."

Heaney (p 500) : "Thus estrogens . . . appear to stabilize the bone mass . . . Whereas they have not proved to be good treatment for osteoporosis, they may well prove to be very good prophylaxis."

Fletcher, et al. (p. 549) : ". . . hypercoagulability cannot be justifiably diagnosed, together with the implications of thrombosis predisposition, merely because coagulation factor concentrations are increased." "Taken overall, studies on blood coagulation changes in women on contraceptive medication indicate that . . . such medication induces changes similar to those seen in the pregnant woman at term but of a considerably more modest nature. On the basis of the present data, they would not appear to be significant in predisposing to thromboembolism."

Haslam (p. 642) : "However, while oral contraceptives and estrogens appear to increase platelet sensitivity to aggregating agents the difficulty of correlating these changes which occur in all women taking the pill, with the occurrence of thromboembolism in a very small minority, remains . . ."

Doll and Vessey (p. 575) : "If we conclude, as we believe we must, that the association (between pills and thromboembolism) is real, we have to consider whether it reflects cause and effect or is due to the existence of a common factor which is associated both with the use of oral contraceptives and with the development of disease. *In principle, it is impossible to decide this question on the sort of data we have been considering.*"

Seigel (p. 584) : "The estimates . . . of relative risk might account for an excess of 268 deaths in the U.S. in 1966".

By comparison, consider: if there were 6 million users at this time, no contraception would have resulted in approximately 1,800 to 5,000 deaths, or use of customary contraceptives in 300–1,500 deaths, as a consequence of pregnancy no longer prevented by use of the Pill.

APPENDIX 2.—EXAMPLE OF IRRESPONSIBLE AND INCORRECT INFORMATION PROPAGATED BY THE COMMUNICATIONS MEDIA

Statement.—Dr. Wynn on the David Frost Show, December 5, 1969—

> "I found unanimous condemnation of the Pill (in America). The Ford Foundation will not support this type of programme, neither will the Population Council, and the Rockefeller Foundation; they're all working toward new methods of contraception. Now if that is not condemnation of the oral contraceptive then I'd like to know what is."

Facts.—From "Contraceptive Technology", by Segal and Tietze of the *Population Council, October, 1969:*

"The outstanding advantage of oral contraceptives is their almost complete effectiveness."

"Available observations have failed, as yet, to establish or to exclude a statistical association with oral contraception for most of the adverse experiences reported in the literature. The one important condition for which an association has been established is thromboembolic disease . . . the excess mortality from pulmonary embolism attributable to the OCs may be estimated at 3 deaths per year per 100,000 users. The significance of this mortality should be weighed against a risk to maternal life resulting from or associated with pregnancy and delivery—exclusive of illegal abortion—of about 25 per 100,000 pregnancies."

"Nevertheless, since the OCs have proved themselves far superior to the traditional methods among low-income groups in the developed countries, it may be expected that they will also be more useful in the developing countries."