Senator McIntyre. Without objection, they may be made a part of the record.

(The document follows:)

[Excerpts from Child and Family, December 1969]

THE MEDICAL HAZARDS OF THE BIRTH CONTROL PILL

PREFACE

In answer to the direct question, "Are the birth control pills safe?"—to which the public and the medical profession seek a candid, clear, unambiguous response—Dr. Louis Hellman, in his Chairman's Summary, (1), gives an elusive, evasive, equivocal reply. He concludes:

"When these potential hazards and the value of these drugs are balanced, the ratio of benefit to risk (is) sufficiently high to justify the designation safe within the intent of the (Kefauver-Harris) legislation."

That one Pill manufacturer promptly distributed free copies of H's summary to American physicians, is not, therefore, a surprise; nor a surprise that another Pill manufacturer utilized it in a letter to book editors and reviewers to undercut in advance three, current, responsible books documenting the dangers of The Pill for the public at large.

For H. to claim in defense of his conclusion that "no effective drug can be absolutely safe" is not only irrelevant but a type of sophistry unbecoming to a chairman of a committee with guardianship over the health of millions of women in the prime of life. The fact is that in the treatment of disease where the patient is in a state of imbalance, e.g., hypothyroidism or diabetes, effective drugs such as thyroxine and insulin *are* safe in proper therapeutic dosage. The unique problem with oral contraceptives is that powerful drugs are being given to healthy women already in a state of balance for which the term *therapeutic dose* doesn't exist, except as a metaphor. Even Aristotle knew that although effective drugs given to sick people may get them well, effective drugs given to the healthy are bound to lead to imbalance and disease (2).

In a different category we have antibiotics. Some are safe, and some are dangerous. The safety of penicillin in respect to toxicity of the therapeutic dose is not questioned, nor is it the subject of Congressional Hearings. Chloramphenicol (chloromycetin), on the other hand, which *was* the subject of a Congressional Hearing, is universally recognized among experts as a dangerous drug that should be strictly limited in its use. (Its lethality matches that of The Pill (3).

Again, no one questions the safety of condoms, diaphragms, spermatocides or rhythm—available alternatives to women interested in family planning. No committee, meeting over months and years, is necessary to proclaim this fact.

Were H. to have pronounced The Pill dangerous—and H. admits close to "3 per cent [additional deaths] to the total age-specific mortality in users," to say nothing of serious morbidities—but justified in certain, delimited categories of patients (as was done with chloramphenicol) the air would have been cleared and women and physicians alike would have benefited from highly useful guidelines.

H., instead, manages to rationalize the safety of The Pill by an overinflated estimate of the current Pill's effectiveness and an overinflated estimate of the diaphragm's ineffectiveness. Implicit in his comparison is that deaths from diaphragm-failure pregnancies, calculated from overall maternal mortality, equal thromboembolic deaths from The Pill, thereby making "the pill . . . as safe (or as dangerous) as the diaphragm." (4) By this gross comparison, H., and Pill enthusiasts emulating him (Dr. Robert Kistner of Harvard is a striking example) are dangerously misleading women and their physicians.

The fact is, as H. knows, "the risk in having a baby is not the same for all individuals. A healthy young girl runs a very negligible risk, but someone who has serious heart disease, or who is older, or who has hypertension, runs a real risk in having a baby. So to say the risk in taking the pill is less than the risk in having a baby doesn't make much sense. (5)"

NOTE.—Numbered references at end of Preface.