Furthermore, for women spacing children, the need for maximum effectiveness of The Pill at the risk of serious medical hazards ranging from thrombophlebitis to sterility is clearly unwarranted, since these women desire another baby anyway. Obviously, their need for effectiveness is different from those with completed families and radically different from those who have high risk vulnerability to the potential hazards of pregnancy. Had H. delineated the numerous categories which, in his terms, would have differentiated justified from dangerous usage of The Pill, he would have made a major, educational contribution to the prescribing physician in his task of intelligently advising women and in protecting patients from a wide spectrum of medical complications. Here H. could have benefited from Perkins Guide in Establishing Priorities for Contraceptive Care (6).

In 1966, the first report of the Hellman Committee concluded that it found "no adequate scientific data, at this time, proving these compounds unsafe for human use." (7) Notwithstanding, H., in press conference, interpreted that report as "a yellow light of caution." (8) Since the 1966 report, more than fifty metabolic changes have been recorded in women on The Pill (9) and its association with thromboembolism, depression, chemical diabetes, migraine, sterility, libido loss, hypercholesteremia, hypertension, jaundice and lesser conditions established. In the light of this it seems hardly acceptable three years later for the second report of the same Committee to find "the ratio of benefit to risk sufficiently high to justify the designation of safe."

Drug companies and Pill enthusiasts have interpreted this designation of safety as a green light. One wonders what new medical hazards have to be unfolded to deepen the yellow in the yellow light of caution or to change the light to red.

Disturbing is the fact that H. chose to be the sole author of the summary of the second report (1969)—that part of the report which receives the prime publicity. He apparently, preferred not to entrust the summary to the Committee as a whole which is normal procedure and which was an unexplained departure from the first report.

According to Medical World News, "There were indications that not all members of the blue-ribbon committee were in agreement with the general conclusions reached on the relative risks and benefits of the pill."

One committee member told MWN that the summary was "the chairman's

synthesis of committee discussions." (10)

Why, then, wasn't there a committee synthesis? It is known that Dr. Philip Corfman, a prominent member of the Committee, and director of the Center for Population Research, National Institutes of Health, held a contrary position, more in harmony with the recorded facts. At the Family Planning Conference of the American Medical Colleges Association, Corfman concluded that The Pill's "use should be monitored and restricted to women who cannot use other methods effectively." (11) This recommendation received no publicity. It seems improper that his assessment of The Pill was ignored, or eliminated, and kept from the ears of those eager to be informed.

Because so much is at stake I urge the reader not only to carefully scrutinize the contents of this booklet, but also other recent books which critically reexamine The Pill. Some excerpts from these appear on the pages preceding the Preface. Perhaps, then, the reader will wonder—as we do—what pressures exist to retain Dr. Hellman as chairman of this important committee when he has failed in making available to us clear directives protective of the health of

American women.

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