of birth control were available, b) oral contraceptives were not going to be taken for year after year, and c) women who don't use oral contraceptives would be pregnant almost continuously. As imprecise as the figures for death from the Pill are, comparison of the relative risks *over a reproductive lifetime* of oral contraceptives, other effective techniques, and ad lib pregnancies makes the Pill look anything but benign.

What is the situation today? In my opinion, the drawbacks of the Pill mount with each passing year, as the annotated bibliographies in this booklet indicate. The whole story of the Pill's mischief has yet to be told. Nevertheless, oral contraceptives remain one useful approach in the judicious physician's management of his patients. There are women for whom the Pill must be considered the contraceptive technique of choice. But there are many women for whom it is not, and some who should not take these drugs under any circumstances.

This booklet should help to weigh the scales so as to achieve a better balance about the Pill in the mind of the reader. It does not attempt to argue the case *for* the oral contraceptives, so that anyone who has somehow escaped exposure to the sunnyside of the story will end up with a biased point of view. But for most people, the pages that follow should prove informative and useful, provided one believes that a well educated public will make wiser decisions about health matters than one that is misinformed.

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Editor's Comment:

To withdraw a drug once on the market is considerably more difficult than to get a drug on the market. FDA originally approved The Pill (Enovid) as safe for marketing on the basis of studies on only 132 women who had taken The Pill consecutively for 12 or more months. (Morton Mintz, *By Prescription Only*, Houghton Mifflin Co., Boston, 1967, p. 271.) Since The Pill has been on the market, the number of deaths reported in association with The Pill has far exceeded this number. In fact, it is safe to say that The Pill is the most dangerous drug ever introduced for use by the healthy in respect to lethality and major complications. It is certainly the most talented drug ever introduced in its ability to produce diverse and varied disease phenomena and systematic abnormalities in normal women. Furthermore, "nobody knows fundamentally how the drugs work. For the biochemistry of inhibiting conception by taking drugs remains one of reproductive physiology's more fogbound research areas." (*Chemical & Engineering News*, March 27, 1967, p. 44.) Finally, we are ignorant of The Pill's long range effects, particularly as a contributing cause of cancer. This latter concern has led Dr. Hellman, Chairman of the most recent FDA Advisory Committee on Oral Contraceptives, to state, "If I were a young lady these days and had any fear of cancer, I'd probably use an intrauterine device." (*Ob. Gyn. News*, Aug. 1, 1967, p. 14.)

To admit mistakes is not characteristic of the American scene. Governmental agencies are no exceptions. In addition, the pressures and manipulations by drug firms—and the people they subsidize—to prevent a drug from being removed from the market can be extraordinary.

This is especially true of The Pill. Everyone prefers to believe that The Pill is safe. It is the most psychologically acceptable birth control agent for women because of its separation in time and place from the love act. It is a boon to the physician, because the writing of a prescription is the quickest and simplest of medical acts, and because the effects of The Pill necessitate keeping the patient under observation, returning her to the doctor in a continuing exercise of his medical skill and authority. It is a fabulous money-maker. Research workers and social engineers promoting The Pill—at university levels and in birth control clinics—never had it so good in terms of financial support.

But there comes a time in the history of a drug when it is imperative to take a sober second look: to compare the drug's initial promise with its subsequent performance. The issue, obviously, isn't effectiveness. We can all agree with Guttmacher (*Recent Setbacks: Action*) that the three fold effect—sterilization, contraception and abortion—"accounts for the extraordinary success"