from the goal of reducing the birth rate to 30. . . . Oral contraceptives were moderately sucessful for a very few selected women, but were not practical . . . . Something more than contraception is needed." (John C. Cobb, M.D., M.P.H., *Obstacles to Population Control In West Pakistan*, American Association of Planned Parenthood Physicians, Denver, Colorado, April 27, 1966.)

The net result of propaganda which led to pronouncements of Pill safety out of so-called humanitarian considerations was that the real users of The Pill, the middle and upper classes of the U.S., were seduced away from well established and safe means of birth control. To attribute the present reduction of the U.S. birth rate to this seduction is erroneous. The recent decline in birth rate began in 1957, four years before The Pill was on the market, and more years before it was used popularly. The lowest birth rate in the history of the U.S. occurred 35 years ago without the benefit of The Pill.

Perhaps the most fallacious argument in defense of The Pill is that it prevents the hazards of pregnancy. How a Pill which places the woman in a continuous state of false pregnancy, which in turn reproduces the illnesses of occasional pregnancies, can be considered an advantage is beyond scientific comprehension. The English, in an attempt to water down their finding of 3 deaths per 100,000 women from thromboembolism by alleging that The Pill prevents 12 deaths per 100,000 from pregnancy, ignore two essential facts. The first is that the alternative to The Pill is not pregnancy but other and safer means of conception control. The second is that prior poor health contributes to most of the deaths in pregnancy. Contrasting the death rate of healthy women on The Pill to healthy pregnant women results in an entirely different comparison.

There is even a more basic error: viz., the failure to realize that false pregnancy is a disease, not a normal state. What is ignored in true pregnancy is the compensating factor of a growing and developing fetus, and the adaptation of the mother's body to gestation. As far as I know, no one has discussed this.

Three examples suffice. In pregnancy, the vascular system of the body adjusts to accommodate a rapidly enlarging uterus. In false or Pill pseudopregnancy, the pelvic vascular system increases the blood supply, but there is no enlarging uterus to utilize the increase. This results in extensive pelvis venous congestion, a condition which has already caused distress to surgeons. Such unnatural congestion introduces a whole series of factors predisposing to thrombosis and embolic phenomena.

The second example relates to the hypercoaguable state of pregnancy. This state was described prior to the introduction of The Pill. (B. Alexander, M.D., et al, *Increased Clotting Factors in Pregnancy*, New Eng. J. Med. 256:1093–1097, Nov. 30, 1961.) "This (state) provides a means where by rapid clotting may take place at the site of placental separation." (Louise L. Phillips, Ch. 12, "Modifications of the Coagulation Mechanism During Pregnancy," in *Modern Trends in Human Reproductive Physiology*, Ed. H. M. Carey, Butterworths, 1963.) The Pill duplicates the hypercoaguable state. Because it serves no function in false pregnancy, its only contribution is to make the "patient potentially more susceptible to intravascular thrombosis." (Ibid.) The Pill introduces the risk without compensatory advantage.

The third example relates to the well known protection pregnancy or embryonic tissue confer against certain induced cancers in the lower animal. In the absence of fetal tissue this protection is not conferred. Projecting this fetal-maternal relationship to human beings, we cannot assume in using The Pill contraceptively, via the mechanism of a false pregnancy, that the protection against cancer is present in the absence of the fetus.

It would seem that if we had any respect for nature's economics, subtleties and the ordering of health, and any humility in respect to our multiple ignorances of the fetal-maternal relationship, we would more readily recongize that a state of false pregnancy is pathologic and a monstrosity of nature.

On the basis of the original norm for safety, "no method of pregnancy spacing, even though highly effective, is justifiable if it endangers life or health" (*Recent Setbacks*: Norm for safety), The Pill should have been removed from the market years ago. Since the FDA has failed to follow the original norm, it should inform us of its present norm. How many deaths, how many disabilities, how many newly discovered disease conditions associated with The Pill must there be before the FDA, in terms of its regulatory responsibility, feels