tributes to a greater incidence of this disease . . . Will everyone agree with that?" The Chairman ultimately got the vote he requested. That it was not unanimous is a tribute to Stanford Wessler, M.D., a leading authority on thrombosis, who with courage and perspicacity, was the single dissenting voice.

Concerning the selection of experts for committees, the conclusion of a Johns Hopkins conference held in November, 1963, to explore the major problems in making safe and effective drugs available to the public is pertinent. The following is taken from a section dealing with "experts and decisions" from the summary of the conference.

"Experts . . . at any point in time are frequently considered to be those who espouse the most popular and widely held views of the predominant orthodoxy. The history of medicine abounds with examples of the perpetuation of totally illogical treatments or the irrational resistance to significant therapeutic advances because of the powerful influence of an authoritarian orthodoxy . . . Experts should be replaced periodically so that no single orthodoxy exerts a dominant opinion. The opinion of experts should be subject to challenge by way of a wide variety of media and channels." (*Drugs in Our Society*, Ed. Paul Talalay, Johns Hopkins Press, 1964, pp. 284–285.)

If, for reasons of its own, FDA feels it cannot remove The Pill from the market on the same basis as other drugs, we would urge the FDA to appoint another committee. The appointment of experts to this committee should be governed by the conclusion of the Johns Hopkins conference. If the safety of the public is paramount, such a committee should be sympathetic to a long established principle of medicine; viz., to lean toward the worst diagnosis.

With all due respect to the concept of statistical safety, there are numerous individual women who are having their lives ruined by The Pill. ("Our Readers Talk Back About The Birth Control Pills," *Ladies Home Journal*, Nov. 1967.) This should be of deep concern to a medical profession dedicated to the personal welfare of the individual patient.

CHILD & FAMILY WINTER, 1968.

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Editor's Comment:

"To THE EDITOR:

Yesterday I received my first copy of your magazine, with its thorough report on the pill. Yesterday, also, my obstetrician inserted an intrauterine device. I certainly admire and respect the cautious viewpoint of your magazine. Actually cautious really means honesty, and real and consistent honesty is pretty hard to find. Thanks."

Honesty among men makes possible a well functioning society. In two areas, in particular, man hungers for "real and consistent honesty": from science, since its goal is truth; from medicine, since its goal is individual well-being and longevity. In the latter, no hunger for honesty is greater than that of the person who is in the process of making a medical decision about life and health.

The number of other readers who expressed appreciation similar to that quoted above testifies that many women of child-bearing age hunger for the facts of The Pill. These women are concerned about risks to life and health; about their responsibilities as wives and mothers. They are concerned about their womanhood and the integrity of their bodies. The younger woman is especially concerned about the possibility of subsequent sterility or adverse effects on future babies. For most women, the overriding factor in choosing a method of conception control is safety. Since established safe methods of conception control are already available, they resent being seduced from these methods by false assurances of Pill safety. To the frequently repeated question, 'Is The Pill Really Safe', however, scarcely anywhere does the American woman get a knowledgeable or candid answer to help her in her personal decision.

Because of the pateint's right to the facts, we have compiled another Sampler on The Pill. Most of the articles abstracted have appeared or have become available since the original Sampler (*CF* 7:80–86 Winter 1968). These articles, for the most part, come from the daily reading of the editor in his capacity as a public health physician. They are not the result of a scrutiny of the literature. The second Sampler confirms the continuing concern of physicians with