Pill safety. Some of the abstracts confirm earlier reports. Others report additional associations of The Pill and pathology: blindness, uterine cervical lesions, gingivitis, lupus erythematosus reactions, hair loss, cholesteremia, lactation suppression, frigidity, hepatic porphyria, pulmonary vascular disease, psychoses, sunlight sensitivity and vascular occlusion of the colon and the hepatic veins (Budd-Chiari Syndrome). Of greatest interest are the final reports of two British studies demonstrating the cause and effect relationship of The Pill to thromboembolic (TE) disease and deaths with special reference to the lungs, brain and heart. (*Recent Setbacks*: *TE Disease*, Vessey & Doll; Inman & Vessey).

These studies definitely resolve a six year controversy in the U.S., a controversy in which it seems that every possible effort was made by promoters, propagandists or proponents of The Pill, to minimize the issue and prematurely claim safety. It is sufficient to note at this point that although The Pill was first discovered, researched, clinically tested, marketed and widely used in the U.S., and although the number of women using The Pill in the U.S. far exceeds use in other countries, and although there were four U.S. dominated committees appointed to look into safety, it was not the U.S. with its much vaunted scientific resources and superior health accomplishments that resolved this vital question. It was resolved by England, a medically socialized country whose resources, supposedly, do not compare to ours. Except for the dedicated reporting of Morton Mintz of *The Washington Post*, these important findings of deep interest to all women and most physicians received the sketchiest reporting in the mass media and minimal reporting through medical channels.

The use of the upper limits of thromboembolic disease (TE) incidence reported by the English, applied to the U.S., results in the following predicted number of cases: (In accordance with the English studies, pathology is restricted to hospitalized cases of TE and to deaths from TE in the lungs, brain and heart. Deaths from TE in other parts of the body, e.g., hepatic vein thrombosis resulting in the highly fatal Budd-Chiari Syndrome—see *Recent Setbacks*: *Thrombosis*—are excluded. Out of an estimated 6,000,000 women on The Pill in the U.S., The Pill would produce 2,520 hospitalized TE cases annually. Annual predicted deaths from pulmonary, cerebral and coronary TE would range from 242 to 1000. The calculation resulting in the smaller number is based on the assumption that 70% of American women on The Pill are under 34 years of age. If the over-all TE death rate were applied to American pill-users, the number of deaths would exceed 242. The higher figure is based on the English calculation that The Pill accounts for 2% of the total mortality of women in the child-bearing age.

It is the current technique of apologists for The Pill to dismiss the death risk as "very small" (Louis Hellman, M.D., *The Today Show*, 5/2/68). But similar numbers of deaths from other causes produce quite a contrary reaction. For instance, deaths from TE correspond to the incidence of deaths from chloramphenicol or dietary pills, both of which were the occasion of congressional investigations. The incidence of death in white women of child-bearing age from crimes of violence which include murder, forcible rape, robbery and aggravated assault is equivalent to the incidence of TE deaths from The Pill. More pointedly, for this suggests an opacity or lack of perspective on the part of the obstetrician, The Pill, which the obstetrician prescribes contraceptively, causes more deaths—approximately twice the number—than are prevented when the same obstetrician immunizes a pregnant woman against poliomyelitis. There are numerous additional lethal diseases in the U.S. to which public health devotes large sums of money and to which physicians devote great energy, in which the incidence of death is less than that caused by The Pill.

The final irony, however, is found in a comparison of the number of deaths from criminal abortion. Reported deaths from abortion in the U.S. in 1963 which were criminal, self-induced or without legal indications only amount to 114 (*CF* 7:39 Winter 1968). Christopher Tietze, who favors relaxation of abortion laws, estimates deaths from abortion as follows: "According to official statistics, the number of reported deaths from abortion in 1964 was 247 for the entire United States. Doubtless almost all of these deaths were associated with illegally induced abortion. Also without doubt some deaths from abortion were untruthfully or even mistakenly reported under other diagnoses, but I do not believe that the true total of deaths due to illegal abortion, recorded and