

Wish-fulfillment may have bettered Dr. Hellman's scientific acumen and may account for his contradictions and unseemly statements. Certainly, it does not become the chairman of a committee investigating safety—a committee that has promised to turn in a report on safety in 1969 (which will not help the women who may be dying in 1968)—to prejudge safety in advance as in his statement: "I don't think there is anything in the immediate future that will cast any serious doubt on the safety (of The Pill) beyond what we know right now." Furthermore, he should make up his mind about comparing deaths from The Pill to deaths from pregnancy. For one thing, the claim that "the over-all risk of death in pregnancy is considerably higher" cannot be substantiated. Even if it could, it would have dubious application. He plainly misinterprets the British when they compare The Pill and pregnancy. (*Recent Setbacks*: TE. Inman & Vessey, last paragraph).

Dr. Hellman, at least for some audiences, accepts the causal relationship of The Pill to TE, a relationship which by his own statement he "suspected for some time." It has not served the public welfare, however, for him to have kept his suspicion from the public. The suspicion belongs to the patient who takes The Pill and risks her life, not to the physician who prescribes The Pill, nor the drug company which profits from The Pill. The physician has the obligation to share his suspicion with the patient.

Nor is it serving the public for other physician backers of The Pill, writing for the public, to ignore or dismiss the cause and effect relationship. An example of this is to be found in *Today's Health*, a lay periodical of the American Medical Association which is found in most physicians' waiting rooms. The May 1968 issue contains an article entitled, *The Pill—Is There a Danger?*, which followed the original Sampler on The Pill (CF Winter 1968). The author, Edward T. Tyler, M.D., of Los Angeles Planned Parenthood clinics, a pioneer on oral-contraceptive research, is knowledgeable and, no doubt, has his own suspicions. The article, however, reads like a skillfully written promotional piece from a pharmaceutical house. To refer back to the discredited two year old WHO Committee's whitewash of The Pill (*Recent Setbacks*: Scandal) and to keep silent about the English studies is, to say the least, misleading. To the credit of Dr. Tyler, however, he handles the question of the teenager and The Pill in conformity with FDA'S recommendation (CF 7:77 Winter 1968) and quite differently from Dr. Hellman who gave carte blanche to the use of The Pill by teenagers over a national network (supra). Dr. Tyler's guarded statement is: "There is no definite known reason why oral contraceptives cannot be prescribed for a normal girl when she has completed puberty and has reached her full height." Even then many would disagree with its advisability.

An earlier example of an article written to offset adverse criticisms of The Pill, and which used irrelevant data, appeared in *Parent's Magazine*, Oct., 1967. It was written by George Langmyhr, M.D., formerly associated with a leading manufacturer of The Pill and presently Medical Director of Planned Parenthood-World Population. He quoted data from a book entitled, *Oral Contraceptives*, by Dr. Victor Drill, whom he failed to identify as the Director of Biological Research for Searle & Co., the manufacturers of Enovid. The data purports to prove that since there is less TE reported in Pill users than in non-Pill users, The Pill cannot be the cause of TE. Neither Drs. Langmyhr nor Drill, however, make mention of the gross under-reporting of Pill complications in this country. As Vessey and Inman state in (*Recent Setbacks*), "The hypothesis that there was no relation between the use of oral contraceptives and fatal thrombosis depended on the assumption that there has been almost complete reporting of thromboembolic deaths. That this assumption is untenable has now been demonstrated." These authors point out that only 4% of the known deaths were reported by the attending physician. There is reason to believe that reporting is even less than that in the U.S. Dr. Drill quotes Dr. Winter of Searle's in support of lack of association, but fails to mention Dr. Winter's admission that, "The considerable discrepancy between the reported numbers and the predicted incidence is very likely a reflection of inadequate reporting" (*The Incidence of Thromboembolism in Enovid Users. Metabolisms* 14:422-431 March 1965).

A final example of biased interpretation to allay criticism, or in this case, perhaps, innocence, is found in an article by two sociologists, Drs. Charles F. Westhoff of Princeton and Norman B. Ryder of the University of Wisconsin