(*Duration of Use or Oral Contraceptives in the United States*, 1960–65; *Public Health Reports* 83:277–287 April 1968). These authors direct the National Fertility Study under a contract from the Public Health Service. Their bias or innocence is reflected both in the introduction and the conclusion. In their introduction they state that ". . . confidence in (The Pill's) safety has increased with time and accumulation of satisfactory experience." They are obviously opaque to the prolific recording of unsatisfactory experience. In their conclusion they state, "Based on these data, admittedly inadequate for diagnostic purposes, there does not appear to be any evidence of serious health problems associated with the use of the pill." Their data, however, belies the conclusion. Insofar as their data is interpretable and projectable to 6,000,000 users of The Pill, their data yields the following pathology: The Pill results in 1) 3,040 cases of thromboembolism (TE) or a rate of 74 per 100,000 users (which is comparable to the English findings); 2) of these cases of TE, 1580 cases are pulmonary emboli requiring hospitalization (naturally, they were not able to record deaths since they surveyed live patients). Of women who remained on The Pill, and whose symptoms were recorded at the time of the interview, 1) 792,000 women complained of weight change, fluid retention, breast tenderness or nausea; 2) 147,600 women complained of spotting, hemorrhage, irregularity or cramps; and 3) 198,000 complained of headaches and/or nervousness. If serious disease means imminent death and good health means the proliferation of headaches, nervousness and a variety of female ailments, then these two sociologists are right in their conclusion. All should agree, however, that none of these ailments contributes to either a satisfactory personal life or a harmonious relationship with other members of the family, although they do keep the practicing physician inordinately busy.

Space does not permit a full exposition of the sophistry and shallow science found in the writings of most promoters of The Pill since serious complications from The Pill were first reported seven years ago. Although promoters of The Pill had the earliest and largest clinic experiences with The Pill, they were not the ones who discovered and reported serious adverse findings. What was not looked for was not found. What was not surveyed was not seen. What perhaps happened was ignored. With rare exception, the clinical researchers ignored the firm warning of Prof. J. R. A. Mitchell of Oxford and the British Medical Research Council, given at the Searle & Company AMA *Conference on Thromboembolic Phenomena in Women* in Chicago, 1962: "the patients who drop out of the trials . . . are much more important than the patients who stay in them." This was the radical error of the highly touted and highly publicized Planned Parenthood-World Population study released April 2, 1965. No wonder it never found the deaths and the strokes and the multiple pathologies that caused women to discontinue The Pill—it only studied women who had survived Enovid for at least 24 months. This study was made despite the knowledge that the vast majority of the 132 cases of TE disease and death,—which was the basis for the Chicago Conference—occurred much earlier than the 24 month period and predominantly within the first six months of Pill use.

In general, favorable findings of drug company subsidized physician promoters of The Pill and naive physicians have been encouraged, widely distributed, scientifically inflated, maximized and extolled whereas unfavorable findings have either been ignored, suppressed, rationalized, minimized or ridiculed.

Concerning TE disease and death, the so-called authorities on The Pill in the U.S. have been consistently wrong on the issue of safety. It seems that this demands investigation—if necessary, congressional investigation. It seems, also, that the greatest support should be given the FDA, to protect it from the pressures of the pharmaceutical industry and from foundations, and from government and voluntary agencies whose real concern is not individual health but the alleged social health associated with the use of any type of population control, whose scientists and swivelchair physicians tend to view people as statistical numbers rather than as patients and persons. Mass prescription must not displace the individualized therapeutic decision. Here, if we believe in the principle that the state is ordered to the good of the individual, we must agree with Walter L. Hermann, M.D.: "If widespread and generalized use of these progestins (The Pill) will provide humanity with a first early formula for solution to the population problem, are we not then entitled to think in terms of over-all results, and deviate just one step from the traditional *primum nos nocere*—first do no harm—of the healing profession? The answer is a very emphatic no." (*Introduction to A Symposium on Oral Contraception, Metabolism* 14:422–431, March 1965).