Mr. DUFFY. Do you have a cite for that, Doctor?

Dr. RATNER. Yes.

Mr. DUFFY. Would you supply that for the record?

Dr. RATNER. Yes. It is written up in a Medical Hazards and you will find it in the index on the policy—I will leave the exact reference, OK?

Senator DOLE. Leave it with the reporter, please.

Dr. RATNER. Yes. The citation is M.H. pp. 44–45.

Overlooked is the fact that the incidence of thromboembolic deaths from the pill is equivalent to the incidence of deaths in white women of child-bearing age from crimes of violence which include murder, forcible rape, robbery, and aggravated assault (M.H. p. 49. "Homicide rates for whites of all ages and both sexes is 3.1 deaths per 100,000 people." Statistical Bulletin of the Metropolitan Life Insurance Co., February 1968, p. 5.)

Senator DOLE. Do you say they mention the pill in that study?

Dr. RATNER. No, sir; I am trying to give you comparable figures so you can have a perspective on what we are dealing with when we admit three out of 100,000 die because of the pill. This perspective is sadly lacking in discussion of the pill. I am obviously talking now as a public health man.

Furthermore, deaths from the pill compare to deaths from both legal and illegal abortions. Dr. Connell last week lamented "the helpless feeling that comes over you as you watch women die following criminal abortions" which she attributes to the nonuse of the pill. The life of a woman dying from a "therapeutic misadventure" is the English term used as a cause of death on death certificates in England when death occurs from iatrogenic or drug disease.

The life of a woman dying from a "therapeutic misadventure" with the pill is equally precious. The helpless feeling of the attending physician in many instances is even worse. Unfortunately, Dr. Connell's chief experience with death relates to obstetrical cases. She doesn't normally see deaths from the pill, since the women in whom pulmonary embolism or cerebral accidents occur don't return to the birth control clinic prescribing the pill for medical care, because birth control clinics do not give total medical care. Therefore, when a woman is getting the pill from the birth control clinic and 3 weeks later has a stroke and is indigent, she goes to the county hospital, and the county hospital takes care of it and there is no followup on these cases in all of the birth control clinics I am associated with professionally.

The person instead is seen by an internist or chest surgeon or neurologist. This conforms to a medical adage that states: Specialists do not see their own mistakes. Other specialists, however, do see them and for the most part in the case of the pill these other specialists know more about what is happening than obstetricians and gynecologists.

The chest surgeon or neurologist can tell more about serious complications than the obstetrician.

The trouble here is that Dr. Connell is apparently unaware or unmindful of the fact that the number of women dying from the