This reporter remembers that in the middle 1960s, when she worked on a magazine for doctors supported entirely by drug advertising (as most publications for physicians are), orders were to give more coverage to oral contraceptives than to the IUD. The reason? The IUD costs only pennies and has to be brought only once, and if it is lost can be cheaply replaced. The pill, on the other hand, requires dollars of investment month-in and month-out, giving the drug companies the opportunity to sell the same protection over and over again.

Economic considerations dictated that the pill become the darling of pharmaceutical-manufacturer marketing efforts to physicians and the public, and thus the birth control method of choice for the middle class. This, in turn, made it the preference in public family planning projects, where women of lower economic strata who were given a choice of methods quite naturally opted for what they had heard to be the best.

Word gets around abroad as at home, so that when women in underdeveloped countries are urged to accept the "loop," many of them want to know why they can't have "the pill," suspecting on the basis of sound precedent that they are being made the targets of a colonialist plot.

The pill, for all its established and alleged hazards—cancer, stroke, blood-vessel and rheumatic diseases, to mention but a few—has revolutionized public attitudes toward birth control and is thus a powerful force for population stability in the world today.

The danger is that the whole concept of family planning will be discredited by the drawbacks of the present generation of the pill. This would be—to use a not-altogether-inept simile—like throwing the baby out with the bath water.

[From The Washington Post, March 24, 1970]

BIRTH PILL WARNING IS DILUTED

(By Stuart Auerbach)

The Food and Drug Administration is watering down its detailed listing of potential dangers from birth control pills after organized medicine, drug manufacturers and population control groups put pressure on government officials.

"The more we got to thinking about it, the more we thought that we had put too much clinical material in it," said FDA Commissioner Charles C. Edwards, who released the warning with a flourish at a recent Senate hearing.

"We decided it wasn't our role to play doctor or to scare people away from the pill," he said.

The decision to rewrite the warning, which will go directly to the 8½ million American women who use the pill—something not done with any other prescription drug—was made after talks with doctors, manufacturers and Planned Parenthood, Dr. Edwards said.

But he insisted that the final version will be an effective warning.

He said his two aims are to tell women that the pill is "a safe but potent drug" and to remind doctors that they have to keep close checks on patients for whom they prescribe oral contraceptives.

One draft, printed yesterday in the McGraw-Hill Washington Drug Letter, is 96 words long compared to the 600-word original.

The new version mentions only one complication—blood clotting—without saying as the original did, that the risk of this to women taking the pill is six times greater than for non-users.

Omitted from this draft, but in the original, are warnings that women with liver disease, cancers and unexplained vaginal bleeding should not take the pill.

Also omitted are cautionary statements concerning the use of the pill by women with a history of heart or kidney diseases, high blood pressure, diabetes, epilepsy, fiberous tissue in the uterus, migraine headaches or emotional problems.

"That is not a final draft," said Frank Acosta, FDA's press spokesman, "We are still working on it. They (the Washington Drug Letter reporters) got a draft along the way."

But neither Acosta nor Edwards would reveal how detailed the final version would be.

Dr. Roger O. Egeberg, the assistant secretary of health, education and welfare for health and and Edwards' boss, reportedly persuaded the FDA commissioner to rewrite the pill warning.