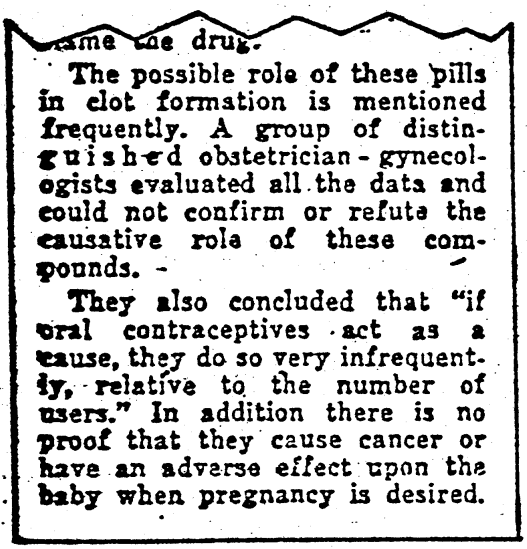

same the drug.

The possible role of these pills in clot formation is mentioned frequently. A group of distinguished obstetrician-gynecologists evaluated all the data and could not confirm or refute the causative role of these compounds.

They also concluded that "if oral contraceptives act as a cause, they do so very infrequently, relative to the number of users." In addition there is no proof that they cause cancer or have an adverse effect upon the baby when pregnancy is desired.

More expert advice: from a column by Dr. Theodore R. Van Dellen, distributed by the Chicago Tribune and printed in the New York Daily News, December 4, 1966.

The same presumption was benefited by misreporting, or worse. The next year brought a memorable example. On July 12, 1964, *This Week*, the supplement circulated to millions in their Sunday newspapers, carried an article which a sub-headline heralded as "authoritative" and which was blessed by the American Medical Association by way of an inset saying, "AMA Authorized." The writer, Dr. Edwin J. DeCosta, said, ". . . studies do not indicate that the pills cause clots." *What studies?* The FDA's counterpart of the retrospective British trials was not begun until 1966 and will not be completed until sometime in 1969. The National Institutes of Health did not make its first contract for a prospective study, the kind recommended in 1963 by the Wright Committee, until mid-1967; and the intake of volunteers did not begin until the spring of 1968, or eight years after The Pill went on sale. Dr. DeCosta doubtless was referring mainly to preliminary reports on a highly publicized study of 5,000 women who were given Enovid in 38 Planned Parenthood clinics. When the study was formally reported, in April, 1965, G. D. Searle, the manufacturer, unleashed a major publicity campaign which focused on the claim that the rate of leg and pelvic clotting in the 5,000 users was lower than "we have ever found for incidence of thrombophlebitis in women of a similar age group. . . ." Few noticed the fatal flaw: the 5,000 participants entered the study only after having taken Enovid for 24 months. Thus the study eliminated a crucial group, the drop-outs who because of unfavorable experience with Enovid quit using it, never entered the study, and therefore were not counted. Because most such unfavorable experience, including clotting episodes, occurs well within the first twenty-four months of use, the study was a scientifically ludicrous basis for a claim such as Dr. DeCosta's that "studies do not indicate that the pills cause clots." Even in 1962, about eighteen months before the *This Week* article appeared, Professor J. R. A. Mitchell of Oxford and the British Medical Research Council had told a Searle-sponsored conference on clotting, "the patients who drop out . . . are much more important than the patients who stay in. . . ."

In *This Week*, Dr. DeCosta obscured the fundamental question, whether clotting occurs in users of The Pill more often than in non-users, with two devices. One was the diversionary one of noting that clotting occurs not only in women non-users, but also in men. The second was ridicule: "I am reminded of a recent medical meeting where a doctor reported several instances of leg clots occuring chiefly in patients taking the pills. Another doctor promptly arose. His patient too had been given a prescription for the