

Miss Walters: There is no more danger in that case than there is for a mature woman?

Dr. Hellman: No, I think that the evidence is that the younger the individual taking The Pill the safer they are.

The FDA, which frequently has difficulty in getting help from the medical profession, refused to comment on Dr. Hellman's remarks.

"Where experiment or research is necessary to determine the presence or the degree of danger, the product must not be tried out on the public, nor must the public be expected to possess the facilities or the technical knowledge to learn for itself of inherent but latent dangers. The claim that a hazard was not foreseen is not available to one who did not use foresight appropriate to his enterprise."

For all of our great enterprises that is a wise instruction. It was given to us by the late Justice Robert H. Jackson in a dissent (in *Dalehite v. U.S.*) in the 1952 term of the Supreme Court. In the case of The Pill, foresight appropriate to the enterprise was seldom shown and rarely heeded. H. L. Mencken might have said that again the press had failed to do its duty—to harass the experts—and the public was left at their mercy. "What was not looked for was not found," Dr. Herbert Ratner has said. "What was not surveyed was not seen. What perhaps happened was ignored."

[From SR, November 2, 1968, pp. 64-69]

CAUTION ON THE PILL

By Louis Lasagna, M.D.)

[Louis Lasagna, born in New York City forty-five years ago, received his M.D. degree from the College of Physicians and Surgeons, Columbia University. He is an associate professor of medicine and associate professor of pharmacology and experimental therapeutics at Johns Hopkins University Medical School, and a consultant to the National Institutes of Health. His cautionary statement on birth control pills is taken from *Life, Death, and the Doctor*, a Borzoi book published by Alfred A. Knopf and copyright 1968 by Louis Lasagna.]

The most controversial population-control development of the century has been the oral contraceptive—the pill. From its impeccably scientific beginnings, the pill has become all things to all people, spelling riches and fame for some, sexual security to many, and death for a few. Among scientists, it has inspired both ardent religious zeal and deep suspicion.

The original observations were made in the 1930s, when it was found that natural sex hormones inhibit ovulation in animals. In 1954, Carl Djerassi applied a new chemical technique to the synthesis of different steroid drugs . . . that produce secretory changes in the endometrium [lining of the uterus] similar to those produced by . . . [female hormones]. Gregory Pincus tested 200 of these drugs in animals and found three to be very powerful inhibitors of ovulation. A few years earlier, Professor John Rock of Harvard had treated infertility in women with daily doses of [the female hormones] estrogen and progesterone to simulate the hormonal environment of pregnancy. . . . The continuous . . . therapy eliminated menstrual periods, a phenomenon the patients found disturbing. As a result, it was decided to give the hormones only from the fifth day of the cycle to the twenty-fifth day and thus allow menstrual flow. Rock, Garcia, and Pincus proceeded to use this same regimen with the three active compounds mentioned above—but now to *prevent* conception.

In most cases, ovulation was inhibited. . . . Large-scale field trials were begun in Puerto Rico, and the pills were a great success in terms of both contraception and patient acceptability. A few years later, after additional experience in the United States, the Food and Drug Administration approved the sale of the first contraceptive combination of estrogen and progestogen, Enovid.

The mechanism of action of these preparations is still debatable. Inhibition of ovulation is probably the most important effect, but the lining of the uterus is an associate professor of medicine and associate professor of pharmacology