This attitude has been encouraged by several other factors. The manufacturers of Enovid, for example, have periodically informed the world that the cases reported are not in excess of those "anticipated." In 1965, their medical director published a paper with the astonishing news that the thromboembolic morbidity was actually less than a quarter of what might have been expected. He conceded that the discrepancy "is very likely a reflection of inadequate reporting" but concluded with the unequivocal assertion "that massive use of Enovid has not increased the incidence of thromboembolic disease in women."

A second source of misconception is the group of experts who for one reason or another have decided that the pill's advantages must not be sullied by any doubts. One argument is that pregnancy is risky, too, and that the troubles women get into on the pill must be balanced against the medical risks of pregnancy. Such an argument is reasonable, of course, only for those women who cannot possibly use any other effective contraceptive technique.

Dr. Erik Ask-Upmark, head of the Department of Medicine at the University of Uppsala in Sweden, reviewing his own and others' experiences with thromboembolism in women on oral contraceptives, pointed out the highly suggestive recurrence of trouble in several women as they took repeated courses of pills. His report ends: "If any female member of my own family applied to me to get oral contraceptives I would most certainly not dare to give it to her."

In 1965, a World Health Organization (WHO) Scientific Group came in with their own report. There was a certain friction in the committee, especially from an American expert who bridled at the need—spelled out in WHO rules—for unanimous recommendations. The report pointed out that incidence of thrombophlebitis is highest not in pregnant women, but right after delivery, when hormonal levels are lowest. This was meant, presumably, to exonerate the pill, which is said to produce a "pseudo-pregnancy." It might be argued, however, that women on the pill have a "pseudo-delivery" once a month, as they suddenly stop the pill in order to menstruate. (Such an argument presumes that the pill produces a menstrual cycle more like pseudo-pregnancy than normal menstruation.) Recent studies also suggest that much of the clotting troubles seen after delivery are not "spontaneous" but due to estrogens given to suppress lactation in non-nursing mothers.

The report also made an interesting and subtle point: Many doctors will not prescribe oral contraceptives in women with a history of thromboembolic disease. Thus in a sense the pill is being given to healtheir women than the average population, possibly biasing present risk estimates in favor of the pill. The committee concluded that oral contraceptives were extremely effective and that no cause-and-effect relationships had been established for serious adverse effects. Nevertheless, it listed twenty unmet research needs, including the effects of the pill on the pituitary, "higher nerve centers," thyroid, adrenals, carbohydrate metabolism, ovaries, cancer development, genetics, uterus, vagina, lactation, infants, liver, blood, weight, emotions, congenital anomalies, and a variety of diseases!

In 1966, the Food and Drug Administration came up with still another report on oral contraceptives. Unfortunately, the expert committee was no more able than its predecessor to make factual statements about serious risks from the pill. It acknowledged that deaths from thromboembolism were of concern, and that "the present system of reporting deaths and adverse reactions relies on either the cooperation of physicians or the haphazard filtering of rumors to detail men. The latter route is patently unreliable, and the former not much better. Physicians are becoming increasingly fearful of reporting deaths or adverse drug reactions because of possible legal reprisal." (I know of two deaths in Baltimore—from strokes in twenty-one and twenty-six-year-old girls—unpublicized for this very reason.) The report reiterated that available data could neither confirm nor refute the role of the pill in thromboembolic disease. No progress, in other words, since the 1963 FDA report.

The committee expressed worry about the carcinogenic effects of estrogen taken for long periods, admitted that long-term studies to tell whether the pill might cause cancer were unavailable, but concluded that no maximum limits should be set for how many years the pill might be taken.

Other risks were also discussed, but the important conclusions reached were as follows:

"The committee finds no adequate scientific data, at this time, proving these compounds unsafe for human use. It has nevertheless taken full cognizance of certain very infrequent but serious side effects and of possible theoretic risks