some newer-type sequential and low-dosage pills: "These ads are creating a false emphasis. There may be a minute lessening in side effects, but since all present side effects are insignificant, I see absolutely no advantage in sequentials."

Such a remark stands in strange juxtaposition to the drug ads. One for Ovulen, for example, reads: "A significant advance over older progestins . . . a new measure of freedom from undesirable effects . . . extremely low incidence of breakthrough bleeding . . . low average weight change . . . extremely low incidence of nausea . . . extremely low incidence of amenorrhea . . ." If these statements do not imply a better performance than with older drugs, what are they saying? And if Ovulen is so remarkable, one wonders why the ad explains, in tiny print to be sure, "the following adverse reactions have been reported with Ovulen: headache, dizziness, depression, breast complaints, amenorrhea, chloasma, vomiting, allergy, edema, migraine, pulmonary embolism, thrombophlebitis, visual difficulties, nervousness, rash, itching, decrease in libido, tiredness and malaise. A small incidence of causea, spotting and breakthrough bleeding has been reported."

What is a sensible, conservative, scientific attitude toward the use of the pills? On occasions when I have taken a public position emphasizing the possible dangers of their use, it has been obvious that the emotions of both patients and doctors are highly charged when it comes to a discussion of oral contraceptives. Doctors have accused me of everything from a Catholic-tainted bias against contraception (I left the Church at the age of twelve) to having canine ancestry on my maternal side. These doctors are understandably annoyed because such discussions upset their patients. But is it really defensible to assure women—as many doctors do—that the pill has been proved as safe and harmless as water? How can a doctor say that he "can think of no condition in which these pills would not be safe to take"? (The FDA labeling warns against their use in certain situations.) How can Dr. Rock, in an article entitled "Let's Be Honest About the Pill!," dismiss those who worry about its dangers as "irresponsible, and uninformed . . . zealots"? Does he really believe that all women who find themselves unable to tolerate any brand of oral contraceptive on the market are in his words, "guilt-aroused neurotics"? Is it really desirable to produce diabetes temporarily with the pill because this merely unmasks a condition that would have become manifest years later and is therefore "a prophylactic blessing"? Surely such questions deserve serious discussion, not supercilious dismissal.

These pills should certainly not be taken off the market. On the other hand, they cannot possibly be considered the contraceptive technique of first choice for all women desiring birth control. They are not necessarily the best or the only way. The pills are indicated for many women, including those who will not or cannot use mechanical devices because of anatomic, psychological, or religious reasons. Since it is my firm conviction that these pills can kill—rarely, to be sure—and that other techniques, properly used, which do not kill are almost as effective in preventing conception, I believe it bad medical practice not to recommend mechanical contraception to those who can use it. I recognize the tremendous importance of the pills for certain women who apparently find condoms and diaphragms impractical despite the great need some of them have for means to avoid pregnancy, and I appreciate the Planned Parenthood Association's interest in avoiding hysterical condemnation of the pill. But it is ethically and morally wrong to take the decision out of a patient's hands by assuring her that these powerful chemicals are completely free of risk.

It has been argued that even if one recognizes some small risk from the pill, its advantages far outweigh the dangers. One Baltimore obstetrician argued that a million women not using any contraceptives would experience 360 maternal deaths per year, since most would become pregnant (not pregnant every year, however, a fact ignored in the calculations, which also do not jibe with the more recent British data), and some women die in pregnancy. His guess about oral contraceptives was that a million women taking them would show only one or two maternal deaths, and that a few additional deaths from thrombophlebitis and related vascular troubles would still be acceptable. A main point of his argument is the assumption that use of the condom or diaphragm would result in fifty maternal deaths per year because of a high failure rate with these devices.

How valid is such an argument? Another Baltimore obstetrician, equally