Q. So I mean the company knew that when these were given to the patient, the patient would rely upon them in the use of the pill?
A. As far as the booklets went, yes.
Q. Now, there's nothing in these booklets, Doctor, that talked about what to do if they had any chest pains, was there?
A. No, sir.
Q. Or what to do if they suddenly started breaking out in a sweat with chest pain?
A. No.
Q. Or shortness of breath?
A. No.
Q. Or other symptoms that have to do with an embolism, is there?
A. No, sir.
Q. You talk about morning sickness, don't you?
A. Right.
Q. That's not fatal, is it, Doctor, to most people?
A. No.
Q. You talk about weight gain?
A. Yes.
Q. That's not necessarily fatal, is it?
A. Not usually.
Q. I hope not.
You talk about the enlargement of the breasts. Normally, that isn't—in other words, you talk about things that have—can have no real effect upon a person's life?
A. These were the ones that were most commonly observed by patients which gave them the most trouble and which took most of the doctor's time to explain.
Q. Yes.
Well, in this booklet you say some people experience weight gain?
A. That's right.
Q. Right. Some people experience thromboembolisms, too, don't they?
A. We know that that happens, yes.
They experience a lot of other things, too, though.
Q. Doctor, why is it that you didn't put in these booklets the warnings about this potentially deadly thromboembolism?
A. If we put in every possible thing that could happen to a woman, we would have to really give a full course in medicine, and this is almost impossible to do in this short a booklet.
These were designed solely for the convenience of the doctor and the patient. They included the common things that we knew that might occur to a woman who took Enovid, and that this doctor would have to explain.
These were the symptoms which were similar to those which occurred during pregnancy and which we thought a woman would understand, but if we got into things, all sorts of reactions which women have, whether or not they are related to Enovid, this would require volumes, and we despaired of trying to break this down to a point where a lay person could understand.
We felt and still think that this is better done by the physician.
Q. You still think it's better done by the physician?
A. Yes, sir.
Q. Doctor, I will ask you if you are still putting out these information booklets for the patient, aren't you?
A. Yes, sir.
Mr. PANKOW. If it please the Court, I'm going to object.
We didn't go beyond '65 with the doctor. I think——
The COURT. Well, he's answered. I think the answer may stand.
Go ahead.
By Mr. MAY. (Continuing):
Q. Doctor, you still put out these information booklets, don't you, for the information of the patient?
A. Yes, sir, we do.
Q. And in your current literature you are instructing the patient about——
Mr. PANKOW. Wait.
By Mr. MAY (Continuing):
Q. (Continuing)—thromboembolism?
Mr. PANKOW. Wait a minute.
The COURT. Now, just a minute.