The problem is that in spite of this, you are not really protecting the woman against breast cancer or against some of these metabolic changes by a general physical examination. There is no way really of predicting which woman is going to get in trouble except perhaps by history.

We know that a woman who has had a sister or a mother with breast cancer statistically is far more likely to have difficulty of the same type than a woman who has no such history. But we can't really by examination spot these cancers of the breast early enough to deal with them effectively with our present knowledge.

Senator NELSON. It is routine? When you say it is routine for users of the pill in Maryland and in clinics to have a physical examination every 6 months, are you saying that 100 percent of the women, 90 percent, 75 percent, or what percentage of the women do get such a physical examination?

Dr. DAVIS. The practices I could speak for have to do with the hospitals that I am familiar with that are running birth control programs. So far as I know in Baltimore and planned parenthood in Maryland, the women have had Papanicolaou smears taken routinely since the inception of the program at 6 monthly intervals going back to 1963. And they have had an examination by a physician and have been questioned about any disturbing symptoms during these same visits.

Senator NELSON. Are prescriptions for the pill given by these clinics for a period to exceed 6 months?

Dr. DAVIS. Ordinarily not, not in our practice. They may be elsewhere and by others. I really have no generalized data that I can give you on this point.

Senator NELSON. The estimate is that there are 9 million women using the pill in this country, is that right?

Dr. DAVIS. The Food and Drug Administration estimate was approximately 8½ million women at this time.

Senator NELSON. Supposing that figure was doubled, supposing it was 20 million, are we prepared, from a laboratory standpoint and from the standpoint of availability of the physician, in fact, to examine 20 million women every 6 months, in addition to all other demands upon the laboratories and physicians?

Dr. DAVIS. It would be a pretty massive undertaking. Let's hope it doesn't happen. I think there are other reasons for wishing it not to happen, but it surely would tax the capacity of the existing facilities if you double the patient load with the existing medical manpower situation. I think it could partly be overcome by using paramedical personnel for taking blood pressures and streamlining some of our rather archaic practices in handling people.

Senator NELSON. You made reference to alternative methods of birth control, the IUD and the diaphragm. Would you like to comment on the effectiveness of the IUD, the tolerance of the IUD, and the safety aspects of the IUD, as compared with any other method, the pill or diaphragm or something else?

Dr. DAVIS. Surely.

I think there has been, that we must distinguish again between spacing and terminating. We must distinguish between the problem presented by a 22-year-old married woman who has one child and plans to have a second child at sometime within the next 2 years, and the