is required. If you think that is a wild statement, I do assure you that such statements have been made in 1969 in my country.

I do assure you that a statement appears in this textbook, which is widely available in Great Britain and in America. It is a Textbook of Contraceptive Practice published in 1969, and acclaimed by members of the Family Planning and International Planned Parenthood Federations as being an extremely good textbook, one of the best.

In this book on page 255 a statement appears that under certain circumstances oral contraceptive medication would be acceptable, if they had several hundred times greater mortality than that which is already understood to be the case with this medication.

This implies that in certain communities at any rate according to these authors, and they are intelligent men, dedicated men, men who have the interests of the world at heart, but according to this statement, the oral contraceptive medication would still be acceptable if something like two out of every hundred women were to die every year of its use, and scores of others to be admitted to hospitals every year of its use, leaving the surviving women to care of those who were hospitalized.

Now in this same book the statement is made that on existing knowledge high blood pressure is not a problem, and no woman should have her blood pressure measured in case she should be alarmed by this procedure.

Now, we heard yesterday testimony from Dr. John Laragh who was the first to identify high blood pressure as an associated abnormality of the use of the oral contraceptive, and he said that in his view women should be examined every 2 to 3 months. How far different can one be? Here are doctors, reputable men praised by their colleagues who recommend that women should never have their blood pressures measured, and another doctor who says that they must have their blood pressure measured 2 to 3 months.

Now, herein lies our great dilemma and I put it to you it is the greatest medical dilemma that confronts us at this moment, the division and the deep division between doctors about the safety and the advisability of the use of oral contraceptives.

Now, it is my purpose merely to try and draw attention to some of those chemical changes which occur as the result of the use of these compounds. At least in this field we do have data. At least in this field we need not speculate. We can present evidence which anyone can inspect, and we have done so.

What we still cannot do with any degree of certainty is to interpret the evidence to you. We cannot tell you in what precise way, in how many years, and in what numbers women are going to have their health impaired by these metabolic changes, if indeed they are going to suffer such disadvantages, but it has always been and it still is and it must remain a condition of medical practice that medication must not be used unless it can be proved to be safe, and that the onus of proof is not on those who are investigating the medication. The onus of proof is on those who wish the medication to be used.

In my statement headed "Metabolic Effects of Oral Contraceptive Steroids" which has been submitted to you, it is somewhat lengthy. It is unnecessary that anyone, unless they have a very special in-