if it exists. The available evidence fails to show it, as seen in the following table, where the *expected* number of tumors and the actual, *observed* number of tumors in women taking female hormones for long periods of time are compared.

CUMULATED EVIDENCE ATTESTS TO SAFETY OF ESTROGEN THERAPY†

†Adapted from Bakke, J. L. West. J. Surg. 71:241 (Nov.-Dec.) 1963.

	PT.-YRS.	NO. PTS.	DURATION (YRS.)	EXPECTED CANCERS	ACTUAL CANCERS
Gordan[1,2]	1,200	120	14	12-15	0
Wilson[3,4]	2,604	304	17	20	0
Wallach[5]	1,480	292	25	22*	5**
Schleyer-Saunders[6]	.....	500	15	30*	0
Geist[7]	.....	206	5.5	12*	
TOTALS		1,422		96	5**

*Investigator's estimate.
**Uterine cancers—only one of these occurred after 1945.

There are, if anything, *less* tumors occurring in women on hormones than in those taking no hormone at all. Dr. Hertz's objection to these figures is that they refer to older women, and that a younger age group is on the pill. The implication is that the two age groups are somehow different in their susceptibility—an assumption for which proof is lacking.

If there is any connection at all between female hormones and the occurrence of cancer in women, it seems to appear when there have been long-standing disturbances of the regular monthly ups and downs of the female hormone levels. Since the Pill produces an absolutely regular, exactly-timed ebb and flow of these hormones, such disturbances, if they exist, are automatically corrected by the Pill. It may be argued that in such women, the hormones of the Pill actually *lessen* the risks of spontaneous tumor development.

None of this evidence, either pro or con, carries sufficient weight to allow a final decision to be made. The issue is far too important to be left to academic debate. It has been estimated that some 170,000 women (half on Pills, half not) would have to be followed for a year to establish a twofold rise in breast cancer, and about 120,000 women to establish a rise in cancer of the cervix. Although such an undertaking is staggering in its size, costs, and difficulty, it is absolutely essential that it be done, and current effort to carry out such studies deserve the fullest support.

There has been considerable publicity with regard to the possibility of cancer of the cervix being caused by the Pill. The latest controversy was generated by a report emanating from New York City. This work was of such poor scientific quality that it was rejected out of hand by scientific editorial review in this country, and it finally managed to get itself published in an English journal, one of several noted for their lack of editorial discrimination. The authors themselves admitted flatly that their findings *did not establish any cancer-producing influence of the Pill.* In particular, the study failed to show any increase in cervical cancer with continued use of the Pill, which would be expceted if there was a causal relationship. This negative finding simply echoes what others have been observing in their clinics for years.

It is standard procedure among physicians and in clinics to perform a screening test for cervical cancer (the "Pap" test) before the Pill is prescribed, and annually thereafter. In this way numbers of undetected cervical cancers are picked up. It has been shown that such detection programs eventually decrease