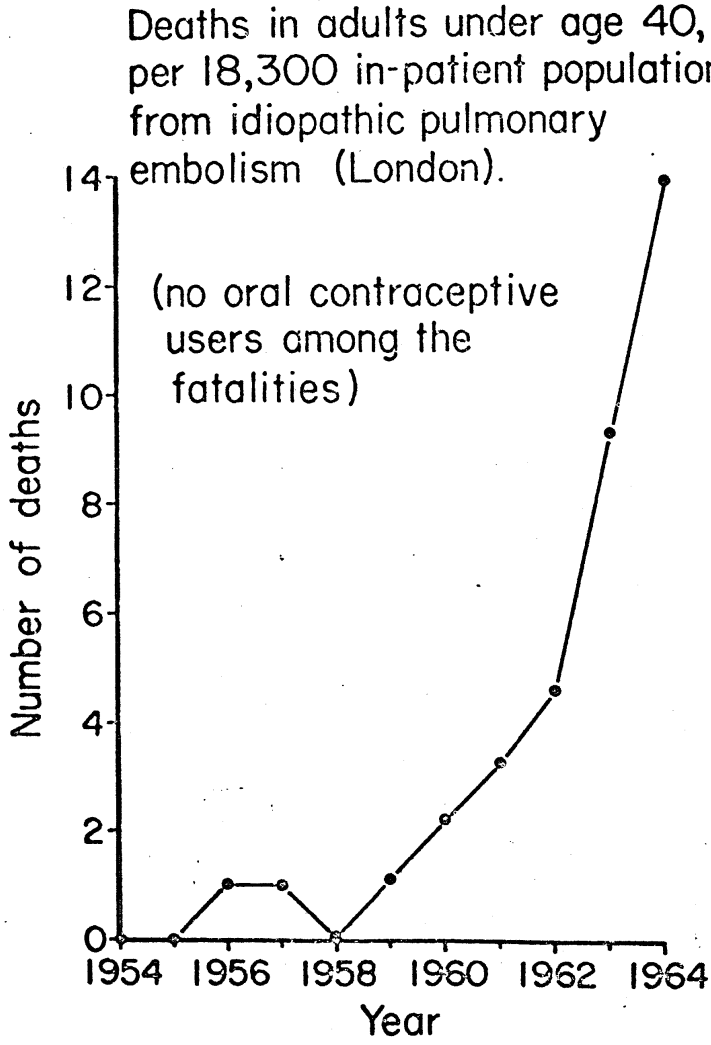
the number of deaths from cervical cancer. Since it improves cancer screening, use of the Pill will actually lower the ultimate number of cases of cervical cancer: in other words, the Pill serves, in a certain sense, as a cancer preventive.

We see, therefore, that the problem of cancer and the Pill has two sides. On the one hand, there is enough scientific information to concern researchers and necessitate much further work. On the other hand, there are both theoretical and practical reasons why the Pill may actually be a cancer preventive. It hardly seems reasonable that women should avoid the Pill and run the risks of far less effective methods, while this esoteric debate is going on.

Question 3. Do we know for certain that the Pill increases the risk of death from thrombosis?

Answer: At the present time, we do not.

Blood clots in the veins and chunks of clot breaking off and lodging in the lungs (pulmonary embolus) are much more common in young people than was believed just a few years ago. There are many known causes for this disorder, one of the commonest being the birth of a baby. In fact, of all diagnosed cases of thromboembolic disease, at least 90% are associated with known predisposing factors. The big question is the other 5–10% for which no cause is apparent. The frequency of thrombosis of unknown cause has been rising rapidly since 1958 in both *men* and women:



In a British study of deaths in young adults, this dramatic rise is shown. The rise began long before the use of pills was widespread. Nevertheless, it is important to note that there was not a single Pill-user among these fatalities. In