dangerous, and even though the family doctor thinks it's safe, they're left with question marks. They end up with an underlying worry and anxiety about whether taking the pill is right, and this is sure to be reflected in their everyday life."

The hearings produced testimony associating the pill with above-average incidence of blood clots and strokes, and one witness said that hormones used in the pill can cause malignancies in laboratory animals when given in large dosages. There also was evidence that use of the pill might speed the development of some existing malignancies.

Dr. Mabel Brelje, a Denver gynecologist, thinks that most of the testimony at the Nelson hearings so far "is based on inadequate documentation and sometimes outright misrepresentation." The scientific debate continues—the hearings are to resume later this month—but the evidence that many women already have responded sharply to the testimony is widespread.

ONLY HALF AS MANY

The Planned Parenthood Center of Pittsburgh tallied its calls during the first few days of the hearings. On the first day, there 34 callers expressing concern about the pill, and about 25 daily for several days thereafter. More than that, there has been a change in the preferences of the women asking for birth-control help.

"In the past several days, only half as many women are choosing the pill as had made that choice prior to the hearings," says Mrs. Ellenjane Donahoe, an official of the center. The women shunning the pill are choosing intrauterine devices (IUDs) and diaphragms instead, she says.

Many of the callers, Mrs. Donahoe says, "are seeking reassurance." Many physicians find that to be the case with the vast majority of patients who have inquired. Dr. Alfred L. Vassallo, a Dallas gynecologist who sees more than 5,000 women a year, says that only one of each 200 using the pill has asked to be switched to other methods.

Dr. Clinton Hathaway, another Dallas gynecologist, finds many patients determined to continue taking the pill despite the uncertainty. "Most of my patients are younger women who just tune out on the criticism," he says. "They handle the emotional conflicts the best way they can."

When a woman in turmoil calls him, Dr. Hathaway says he tells her, "Look, you've had no complaints about the pill, you're having no side effects.

"I try to equate the dangers," he says. "It's safer taking the pill than having a baby every year."

Other physicians who prescribe the pill use equally basic reasoning to reassure their patients. "I ask them if they drive a car," says one Cleveland gynecologist. "They say yes. I say is it dangerous, and of course it is."

The anxious callers aren't always the females taking the pill. "I'm getting all kinds of calls from mothers asking whether their daughters ought to continue on the pill," says Dr. Abraham Rakoff, a Philadelphia gynecologist. Dr. Robert C. Stepto of Chicago says one of his patients recently switched from the pill to an IUD, at the insistence of her husband.

Dr. John Arey, a gynecologist in Concord, N.C., offers a reminder that there always have been side effects associated with birth-control pills. He has made a point of explaining them. "I still follow the same procedure I always have," he says. "I tell the patient both sides of the issue and let her make up her own mind."

Several other physicians indicated that they now plan a new emphasis on having patients make up their own minds. Dr. Perloff, the Philadelphia GP, says, "It's hard to tell a patient the pill is safe with this controversy going on."

He now deals with his patients in this fashion: "I explain that they're only getting one side of the story and that there are many competent physicians who believe the pill's benefits greatly outweigh its dangers. I also tell patients that there is no medication that is without some inherent danger but that in this case the potential danger is relatively small."

Dr. Sang B. Rhee, a Cleveland gynecologist, says recent information about the pill and its side effects has caused him to be more selective about prescribing it. "I'm more careful of family history and background now," he says. "I don't give it to any patient where there's a history of blood clot or stroke."