of choice will include those who find other methods unacceptable for moral, religious, social or economic reasons. The indigent patients constitute a fairly large group of individuals for whom the pills may be the advisable contraceptive. The husbands of these patients do not use condoms reliably. The medical facilities for the patients may not permit the individual fitting of diaphragms and individual directions as to their use.

The medical care available for the indigent patients in our country is in the process of considerable modification. It appears that, under Title XIX of the Social Security Act, perhaps by 1975 all indigent patients will have medical care available for them by the private physicians on the basis of the physician's usual and customary charges. If this change takes place for the indigent patients, all patients will then have available the methods of conception control which are now available from private physicians by the individual instruction of each patient.

The most important factor in the success of almost any of the recommended contraceptive methods is the motivation not only of the patient but also of the physician. The enthusiasm of the physician for the specific contraceptive method which he is recommending will determine to a large degree the patient's and her husband's acceptance and utilization of the method. The physician's enthusiasm is important for the success of the contraceptive method whether he is advising it for a private patient or for the women of a large clinic for whom he is responsible.

CONCLUSION

No method of contraception at the present time is completely safe and at the same time practical as determined by popular acceptance and utilization.

The population explosion is of overwhelming world wide importance. It threatens the very foundations of national existence. Unless the explosion is moderated, radical methods of *population control*, rather than *family planning*, may be required.

On the basis of my best judgment, in the light of these two statements, I should like to recommend as effectively as I can:

(1) That the Government proceed as rapidly as possible to provide effective methods of Family Planning to all who desire them. The best methods of contraception now available, as determined by their safety and by their practicality, should be employed. The Program should have fully adequate funds for its effective operation. On a dollar for dollar basis, the funds appropriated for Family Planning will produce far greater social and economic benefit than can be achieved by any other investment of money.

(2) That the Government intensify the research being undertaken to develop safer and more effective methods of contraception.

TABLE I.—*Emotional or psychiatric problems*

Complications:	*Cases*
Severe depression:	5
With fear of suicide:	
(Orthonovum, 2 mg./d., for 8 days)	1
(Enovid-E for 9 months)	1
(Enovid, 10 mg./d., for 14 days)	1
With personality change (Enovid for 6 months)	1
"On verge of nervous breakdown" (Enovid for 3½ years)	1
Severe hysteria with psychiatric treatment for 2 years (Enovid for 3½ years)	1
Divorce (proceedings instituted 2 months after patient began Enovid)	1
Loss of libido (on Enovid)	1
Total	8