belonging to the far left or the far right on this issue is not only increasingly annoying, but actually very destructive. Segregation into opposing camps is of value to no one, least of all the women we are all dedicated to serving.

I would like to look first at what has come out of the preceding days of testimony, as viewed by a self-styled moderate. First of all, except for one coy allusion to privy and unpublished information on coronary artery disease, nothing has been presented here that those of us working in this field have not read or heard many times over. When I examined the vintage of the testimony to date, I discovered that some is relatively new, much is several years old, and a few pearls of information were in print long before I started in medical school. It has been variously asserted that these hearings have thus far been slanted, one-sided, and unfair. Objective consideration suggests that, in one sense, this criticism is indeed valid. The bias which I feel has been noticeable on previous days is the bias of positive results. No scientist of experience would question the capability and integrity of almost all of the previous witnesses. Their work has been meticulous and their results are not in question. What is disturbing is the fact that such a great percentage of the time has been devoted to two areas, (1) experimental work carried out by competent men in excellent laboratories, but far removed from patient care and its implications, and (2) to side effects. In most instances, the latter occur in a tiny proportion of the population. What has been missing and what is needed to maintain an overall proper balance and perspective is a better look at the vast majority of women who can and are taking oral contraceptives safely and effectively.

As a physician who began practice before the advent of the pill, I am constantly aware of the immense difference it has made to the lives of women, their families, and to society as a whole. The look of horror on the face of a 12-year-old girl when you confirm her fears of pregnancy, the sound of a woman's voice cursing her newborn and unwanted child as she lies on the delivery table, the helpless feeling that comes over you as you watch women die following criminal abortion, the hideous responsibility of informing a husband and children that their wife and mother has just died in childbirth—all these situations are deeply engraved in our memories, never to be forgotten. With the advent of more effective means of contraception, the recurrence of these nightmares was becoming blessedly less frequent. The thought that we may once again be forced to face these disasters on an increasing scale because of the panic induced by these hearings strikes horror into the hearts of all of us who have lived through this era once before.

A great deal of positive information was presented at your hearings last month. Aside from the obvious personal, social, and economic advantages of planned pregnancy, we were told of lowered prenatal loss, fewer abnormal babies, and lessened maternal risks. Unfortunately, the general public was not always made aware of this type of information to the same degree that they became painfully aware of the ruminations and speculations and the diversity of professional opinion. They heard about triploidy found after stopping pills; they did not hear that there was no evidence that this was repeated in subsequent pregnancy. The spector of abnormal infants was raised; this was not countered by the knowledge that this situation has not occurred, or that there is no reliable data on mutations related to the newer oral contraceptives. They were not told that much of the criticism being leveled now, in 1970, at work done around 1960 was via the retrospectoscope, using information and techniques only recently available to scientists. Nor was it made clear that data obtained from human males and laboratory animals cannot, with total impunity, be transferred and considered applicable to women. On occasion, with a single testimony, curious dicotomies could be observed. Profound fears of the induction of malignancy were expressed. These were based on an assumption of 20 years of administration of the present oral contraceptives. In the same breath, we were told that the pill was a poor method of contraception because it was discontinued by more than half of all women in less than one year.

From a purely scientific point of view, much of the information displayed thus far can be likened to the relationship between a drunken man and a light post—more for support than illumination. Even the most violent of critics has been forced to concede the limitations of his data, and to state that many of his conclusions are based on unsubstantiated speculation and will not bear the scrutiny of an objective statistical analysis.