mined in the general and specific populations, laboratory tests and results are standardized, common definitions of terms are agreed upon, records made uniform, comparable data-processing techniques are developed, and a large stable population found which can be subjected to meticulous multiphasic, long-range analysis."

In the interest of time, and at the risk of beating a horse that perhaps should be dead, I would like to mention without further comment a few areas which have been touched on by previous witnesses and in which we are all working. The problems of obtaining adequate and reliable data, the proper and objective evaluation of side effects, the relationship between dosage variations and results, in both animals and humans, the total inadequacy of most studies to date, the difficulty or impossibility of obtaining accurate control information and the need to establish not only use, but use-effectiveness data—all of these and many others have been brought to your attention. I do not excuse our present lack of knowledge, but only point out that our areas of ignorance are known, deplored, and currently receiving all the attention that time and money will permit us to give.

Before I leave this topic, I would like just to emphasize three points, all made before by others. First, with the single major exception of thromboembolic disease, there has been no proven relationship between any of the alterations reported here and the production of permanent damage. Secondly, it has been repeatedly pointed out that most of these changes are either preventable or are detectable with good medical care, and usually disappear after cessation of treatment. Thus, even the accepted complications might be decreased with an acceleration of research and an augmentation of services.

One of the stated aims of these hearings has been to determine the current level of patient training and information, and to find out whether those women who elect to use the pill do so with full knowledge of possible side effects. As both a clinician and a researcher, I see many problems in this area. There is no question that as substantial data on adverse reactions becomes available, it should be communicated to patients. However, to present the list of possible side effects as outlined in the present package insert to the average patient serves no useful purpose. First of all, we have been told here that almost all of these are still conjecture, not proven fact. Secondly, a patient cannot reasonably be expected to make a profound judgement—she is not a doctor. We have seen that even those with wide knowledge and experience are in disagreement—how can we ask or expect informed decisionmaking from these women?

Finally, I would like to make just a few comments as a member of the heretofore silent majority—women. The fact that I have chosen to pursue an active and exacting career while at the same time electing to produce six children, should be my most potent evidence for my overwhelming belief in the larger role to which women should aspire. I know personally the excitement of feeling new life moving within my body: I have known the never-to-be-equalled thrill of seeing my own firstborn child; I know the private dreams and fears that all women have as they watch their children growing up. These joys and sorrows are the right of all women and should be denied to none. I am equally aware of the happiness and fulfillment that comes with being part of the larger world, of making some contribution, no matter how small, to society as a whole, as well as to my immediate family. With the advent of effective contraception, women, for the first time in history, have been able to plan their lives, space their children, and look to their futures with confidence. How vividly I can recall the countless women whom I have seen in the course of my career—active, creative, productive for the first time in their lives, cut down by an unwanted pregnancy, either because of lack of or failure of contraception. This is always a tragic thing to see. Such a misfortune can perhaps be considered partially tolerable when it happens to a woman from the middle or upper class. When it befalls, as I have seen so often, the woman who has just begun to establish her identity as a human being in her own eyes and the eyes of her family, only to be returned to the depths of the ghetto, to carry and bear her unwanted child, such a tragedy has far-reaching implications and ramifications that can escape only the most obtuse and unfeeling human mind. If unplanned pregnancies increase, as we are beginning to suspect that they will because women have become frightened and turned to less effective methods of birth control, or worse, no method at all, it can only again widen the gap between groups of women. For many years, adequate means of family