planning have been the primary prerogative of the private patient who knew that such help was available and could afford to pay for it. During the past few years this care was increasingly being made available to the poor woman as well. Today, once again, we have created two groups, the haves and the have-note. When a woman of means finds herself pregnant and wishes not to bear her child, a safe, clean abortion is within her reach. When one of my clinic patients finds herself in the same situation, she usually has one of three choices: she may bear the unwanted child; or she may attempt to abort herself; or she may have a cheap, dangerous, dirty, illegal abortion. No matter what her decision, such a woman, her family, and society in general will be the ultimate losers. A similar disperate and unfair situation unfortunately obtains when sterilization procedures are examined. The private patient with three or four children who wishes to terminate her childbearing finds it infinitely easier to do so than does her clinic counterpart with nine or ten. This double standard of medical practice is a gross miscarriage of justice. Hopefully, legislative and legal measures now under consideration will free the hands and minds of doctors who abhor a situation in which they currently find themselves, disturbed, fearful, and helpless.

There has been much discussion here of the use of women for experimentation and their "internal pollution" with oral contraceptives. I would like to submit that the larger and for more critical and lethal experiment is underway—what happens to these women and society as a whole if we continue our inevitable march to doom via overpopulation and pollution? What will happen if individuals and nations are deprived of their ability to control their population size, whether by law, ignorance, or fear? These are really rhetorical questions to which we all know the answers. The unplanned pregnancy, the unwanted baby, the battered child, delinquency, illegitimacy, crime, drug abuse the endlessly repeated chain of events encircling our society at all levels is only too apparent. In a recent paper presented by Dr. Charles F. Westoff of Princeton University's Office of Population Research, it was pointed out "the average annual number of unwanted births during those six years (1960–1965) was between 370,000 and 445,000 among the poor and near-poor,

and between 410,000 and 540,000 among the non-poor."

Opponents of oral contraceptives always talk in terms of the treatment of "healthy women". Those of us who have to treat women who are pregnant with an unwanted baby do not feel that she can be considered to be free of disease. The World Health Organization has declared that, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Looked at in these terms, we are currently facing a major epidemic. Anything that unnecessarily escalates this unhappy situation can only be deplored. It is already clear that this is beginning to occur both here and abroad. Evidence documenting the panic regarding the pill mounts daily. If this panic continues, the problems resulting from these fears will be severe in the U.S.A., but the problems abroad may be catastrophic. Many developing countries where the poverty, maternal deaths from abortion, and all the consequences of the population explosion are most critical have been turning to the pill as part of the solution to their incredibly difficult situation. Our nation has been accused before of a double standard of medical care, of sending abroad, via our foreign aid programs, second class care. We have been told that some of the IUD programs were viewed in this light—the IUD was less expensive and good enough for them, but American women were getting the pill. For multiple reasons, oral contraceptives are widely and increasingly used in these countries. If the pill is discredited here, will we again be faced with the problem of appearing to supply something to women of other nations which is too dangerous to give to our own? The ultimate implications of the fear which is also growing abroad are terrifying to contemplate. The pebble has been dropped in the pool, and all the concentric circles are going out. If no answers are found, we may well be damning and ultimately damned by future generations.

Assuming that the damage we see is not irrevocable, what can be done to channel all the energies that have been released into constructive pathways? One of my favorite quotations from Aristotle goes as follows:

"It is easy to fly into a passion—anybody can do that—but to be angry with the right person and to the right extent and at the right time and with the right object and in the right way—that is not easy."