University of Chicago which, it was hoped, might shed some light on the question of the risk of cervical cancer which might be associated with the use of oral contraceptives. It was the judgment of those involved that this particular set of data is unsuitable for that purpose, and further work is now being carried out. In the course of this effort, I had occasion to review papers dealing with other studies, particularly those dealing with thromboembolic phenomena. As a result, also, I was asked to participate in a conference on side-effects sponsored by Planned Parenthood of Los Angeles and other groups. Last November I was asked by a medical director in one of the firms which manufactures an oral contraceptive to review the Sartwell report—the American study of possible association between thromboembolic phenomena and use of oral contraceptives—and to attend two meetings held between company representatives and staff of the Food and Drug Administration. (A letter to Dr. Ortiz of the FDA, summarizing my remarks at these meetings, is attached.)[1]

I agree with those who see population pressure as both a short-range contributor to many problems, such as poverty and environmental pollution, and a long-range potential disaster. Of course, in the long run population size will be controlled by Malthusian forces, such as war and famine, but I believe that no humane individual could wish us to be left to the mercy of those forces. I believe that motivation to limit family size is of first importance, but I feel that the continuing improvement of a still unsatisfactory technology for achieving conception control is also essential. I expect that American society, along with many others, will insist on effective means of conception control and, since I regard abortion as at best a necessary evil, I place a high value on the search for other means of limiting population growth. This does not mean that I favor continued distribution of the pill, no matter what effects it may have. If the level of risk associated with it should prove unacceptable, existing alternatives will have to substitute until better methods are found.

The current evidence is this. There are a number of side effects which are less than life-threatening and which, because they occur with fairly high frequency, are more easily studied and on which there are many reports. I have not reviewed these studies and I have no further comments to make on this class of side effects.

More difficult problems are associated with potential side effects which are relatively rare, but of utmost seriousness. Substantial attention has been given to two such diseases—thromboembolic disease, and cervical cancer. The evaluation of the effect of a drug on the incidence of a relatively rare disease is a very difficult problem. Thromboembolic disease and cervical cancer are not unknown among young women, quite apart from use of the pill, so that case reports, while suggestive, cannot provide convincing evidence of a causal relationship. The direct or prospective approach, although demanding, is far and away the most satisfactory method of study. If we can periodically examine a large group of women taking the pill, say five to 10 thousand, and an equivalent group using some other method of contraception, over a period of years, any difference in

[1] See p. 6555.