has not. Frankly, the required research, although important, is not especially appealing to scientists. It is not fundamental and it is not exciting. It is difficult, it is expensive, and it is fraught with the risk of attack from all sides. Who would willingly prepare himself for such a study, make an application to be weighed competitively with others on scientific merit, and risk the loss of support halfway through the study when a review committee with different views or priorities comes to consider renewal of support, when he stands to gain so little in scientific recognition or otherwise?

Evidently, for whatever reasons, there is no sound body of scientific studies concerning these possible effects available today, a situation which I regard as scandalous. If we proceed in the future as we have in the past, we will continue to stumble from one tentative and inadequately supported conclusion to another, always relying on data which come to hand, and which were not designed for the purpose. The planning of better studies is difficult, and the recruitment of investigators willing to commit their efforts to these purposes may be more difficult still. I believe both are possible and essential to the public welfare.

The situation has become a little better recently, but not much. One or two studies executed in the manner which appears most suitable to those directing them will not provide us with the broad-based kind of information that we need. Appropriate studies can be generated only if a capable advisory group, proceeding in the knowledge that its recommendations will be acted upon, can outline in some detail the work that is needed and advise on the resources available and on appropriate sources for funding and management. I speak primarily of prospective studies with concurrent and probably randomized controls. I know it has been taken as a truism that such randomization is impossible with well informed volunteers. The same was said during the planning of a field trial for the Salk polio vaccine, but it proved to be very feasible once the determination to undertake such studies was firm.

Recommendations: Are there steps we can take to remedy the admittedly deplorable situation? I believe there are, and I have some views on what we should do now.

1. In view of the pressing problems of overpopulation which we face, we badly need to maximize the number of options for conception control which are open to us. With respect to the potentially most serious hazards of the pill we are basically ignorant but, at least with respect to thromboembolism and cancer, the pill has not been shown to be associated with unacceptable risks. I believe it would be tragic if, on the present evidence, it were to be removed from the market.

2. Both as a matter of principle and as a matter of sound public health policy, the fullest possible information about what is and what is not known should be given the widest possible distribution. This includes technical information for the physician and information in understandable language for the patient. Of course, it is all too easy for such information to be given in a way which either minimizes or exaggerates its significance. Here an unavoidable element of judgment comes in, but the key should be an intention to inform rather than to persuade.