As to cancer of the cervix, the scientists who have done the most extensive study of this problem to date concluded that their findings do *not* establish that the pill causes the condition (13). And they stated unequivocally, "It is our conviction that death and disability from cervix cancer in any population can be eliminated, regardless of the method of contraception used, if a program of yearly Pap examination is established and all cases of carcinoma in situ (early cancer) are treated." The scientists concluded with this highly significant observation, "So long as regular visits to a physician are mandatory for women who are using the steroid contraceptives (the pill) in order to obtain a prescription, there is a possibility for them to have better medical care, with less danger from cancer of the cervix, than any other group of women."

The American Cancer Society verifies, as a matter of fact, that as a consequence of early detection by means of the Pap smear, death from cervical cancer has dropped in the past decade. This is not conjecture, this is fact.

The second *conjecture* I should like to deal with is that the pill, particularly if taken over a long period of time, may in some cases cause irremediable sterility. As the FDA report pointed out there is evidence that "resumption of ovulation is usually prompt, within 4 to 8 weeks in most cases." Some few women, however, have difficulty in becoming pregnant *perhaps* though not certainly as the result of the pill. Their problem fortunately can be corrected by appropriate therapy. It is strange how the medical pendulum swings; for years it was believed that there was heightened fertility after one stopped the pill. Perhaps this still may be true.

A third *conjecture* is that taking the pill may damage the chromosomes of ova within the ovaries. It may. But if this were true with the millions of American women having stopped the pill to achieve pregnancy, one would expect a sharp increase in congenital abnormalities. This has not happened.

I should now like to turn attention to the allegation that physicians do not forewarn recipients of the potential hazards of the pill, nor follow them with sufficient care. This may be true in some few instances; but in my experience physicians have behaved responsibly and with the best interests of their patients in mind.

This is certainly true in organized clinic programs where careful attention is paid to the instruction of patients in the use of various contraceptives. In Planned Parenthood clinics we have provided careful guidelines for the responsible prescription of oral contraceptives since they were introduced in our clinics. Earliest notices to our medical personnel regarding the oral contraceptives called attention to side effects and urged careful medical supervision. We have monitored research findings meticulously and have made these findings available to our Planned Parenthood physicians.

More than four years ago, on January 26, 1966, the National Medical Committee of Planned Parenthood issued a directive to all Affiliated centers outlining the following procedures for prescription of oral contraceptives:

1. *Initial Examination:*

Prior to receiving oral contraceptives a patient shall receive a complete pelvic examination including visualization of the cervix, a Papanicolaou smear, and examination of the breasts. The examination of other systems, including appropriate laboratory investigations, shall be determined by medical history.

2. *Follow-up Examination:*

a. *One month following initial prescription:* Consisting of an interview for teaching and instructional purposes and for assessing complaints. If the latter are severe or unusual the patient should be seen by the physician.

b. *Six months following prescription:* An interview for assessing complaints and a complete pelvic examination.

c. *Annual examination:* Subsequent to the six month examination, all patients should be seen annually and receive a complete pelvic examination, including a Papanicolaou smear and a breast examination.

I am proud to say my organization has not deviated from this policy.

I also wish to state that new patients attending Planned Parenthood Centers are and always have been offered a wide latitude of choice in the selection of