a contraceptive method. The several available methods are described to them either in groups or individually, depending upon the volume of patients, by either a doctor or a nurse. Ordinarily, questions are answered freely and honestly. Quite frankly, I cannot say whether potential risks of the pill are *always* presented by the discussant or only in answer to questions. I would assume this varies, depending upon the practice of the individual discussant.

After a long career in private, full-time practice of obstetrics and gynecology, I have little faith in the value of detailing the hazards of a drug, as printed on a label, to a patient. In the final analysis, for all but the most well-informed and intelligent patients, therapeutic decisions are made by the physician. Undoubtedly, in most instances, even after a patient reads a label or a printed insert about risks of the pill, she would turn to her physician and ask, "Is it safe,"

The physician who has just studied the patient's medical history and completed a thorough physical examination is best qualified to answer her question in consideration of her special needs.

Another area I should like to explore is, How necessary is the pill, I think it is very necessary. Of the 350,000 patients who attended our centers in 1969, 76 percent chose the pills. Its acceptability is mirrored in patient growth figures. The pill was introduced by us in August 1960, but few of the 122,498 women that year who sought our services received it. In the year previous to the introduction of the pill, increase in patients had been 4,000; but in 2 years, 1960–1962, we added 60,000 to our rolls. The number of patients has doubled since 1962. Undoubtedly, the growth is due to multiple factors, but among them all I feel quite certain introduction of the pill has been the most important.

Why is the pill so acceptable, First, it is so protective against pregnancy—almost as protective as celibacy—resulting in less than one unplanned pregnancy among 100 women using it for one year (14). This is no small consideration. We are all aware that fear of pregnancy can have serious adverse affects on the stability of a marriage. Second, the pill is simple to take, requiring little effort on the part of the user. Third, the birth control pill permits wholly spontaneous marital relations, since no contraceptive measures have to be instituted to achieve full protection from impregnation before, during, or after the sex act. This has tremendous psychic advantage to a host of women and to their husbands.

Some witnesses have assumed that some other equally effective contraceptive method can and will be readily substituted and accepted by anyone. I challenge this assumption. In the first place, no other birth control method equals the pill's protection against pregnancy. An IUD (nearest the pill in effectiveness) carried an annual failure rate of 3 per 100 users, while the diaphragm in a clinic population results in approximately 18 unplanned pregnancies per 100 users per year (15). Even among college educated women the diaphragm shows a substantial failure rate. Failures in contraception are of grave importance, particularly since state laws prevent correction through safe, legal abortion.

In the second place, I am extremely concerned that many women who abandon the pill through fright will not substitute another contraceptive because no other method has the high degree of acceptability for them.

Dr. Philip Sarrel, in his excellent Yale-New Haven Medical Center studies (16), has shown that recidivism in illegitimacy among high school students can be almost wholly prevented by the combination of humane counselling, education, and careful prescription of the pill. I fear that if these same adolescents were to abandon the pill, through fear of the health risk, few would be able to find a replacement method.

The pill is to date by far the best contraceptive for sexually active adolescents, judged by the experience of private physicians and by physicians in teen clinics in Baltimore, New York, San Francisco, among other places. In my estimation no other method compares with it. Apparently even Dr. Hugh Davis of Johns Hopkins who so thoroughly castigated the pill before you in January, agrees with this opinion. Dr. Davis is the clinician for Maryland's Planned Parenthood Youth Relationship Project which, among other services, provides contraceptive services for sexually active teenagers, many of whom have not yet become pregnant. He placed 23 on the pill while inserting IUD's in 14.

Dr. Arthur Lesser, Director of the Maternal and Child Health Service in the