about the comparative risks and benefits of all the available birth control methods, 82% elect to remain on The Pill.

Despite current observations of a 20% drop in oral contraceptive use among new patients and 18% among especially concerned patients, these physicians report that when all patients under their supervision are considered, the decline in the Pill's use is much smaller. A year ago, 72% of their patients desiring contraception were using The Pill. Now they estimate this level at 65%, a drop of 7%.

[In percent]

Percent of patients using—	Now	Last year
Oral contraceptives	64.5	72.0
Diaphragms	6.7	4.8
IUD	8.9	6.3
Rhythm	3.9	3.4
Condoms	3.1	2.6
Foams or jellies	5.5	4.6
Sterilization (husband or wife)	2.3	2.2
Douches	.3	.3
Coitus interruption	.6	.5
No method	2.7	2.7

Apparently physicians have no strong preferences for other modalities than the oral contraceptive. Gains for the other birth control methods, as a result of declined Pill usage, have been across the board. One possible exception noted was that when physicians opt to change a patient from oral contraceptives for health reasons, they tend to avoid giving intrauterine devices.

Based upon the findings that practicing physicians consider the oral contraceptive to be the most desirable method of birth control, the Board of Directors of the American Association for Maternal and Child Health, Inc. voted to release the findings of the survey at a public press conference at 3 P.M., April 29, 1970, to send the press release to all interested agencies, to present the report to all practicing obstetricians and gynecologists in the United States, through the bi-monthly Newsletter of the AAMCH, and to lay readers through Mothers-to-Be, and the American Baby, Inc., the Association media for parent participant membership.

Senator NELSON. The next witness is Dr. Mary Lane, clinical director, Contraception Service, Margaret Sanger Research Bureau.

Dr. Lane, I apologize to you and to the rest of the witnesses for having proceeded so slowly this morning, as sometimes happens in hearings of this kind. We did want Dr. Guttmacher and everybody else to have the time they need. Now I see we are up against a schedule problem. We have to abandon this room at 2 p.m., and I did not know that before now.

STATEMENT OF DR. MARY E. LANE, CLINICAL DIRECTOR, CONTRACEPTION SERVICE, MARGARET SANGER RESEARCH BUREAU, NEW YORK, N.Y.

Dr. LANE. Senator Nelson, I was very happy to have been invited to appear before this committee. I would like to point out that I am responding to an individual invitation to me. I am not simply accompanying Dr. Guttmacher.

Senator NELSON. That is correct. We are very pleased to have you.

Dr. LANE. Thank you.

Your letter to me suggested that I speak of the pill as I see it from the standpoint of a practicing physician. This is one of the things I like to talk about most, not necessarily the pill, but contraception in general and what my general ideas are about the way contraceptive care should be given.

My experience in this field really antedates my appointment to the Sanger Bureau. In my general practice of medicine for some 8 years, I, of course, rendered contraceptive service to my patients.