be possible for me to appear personally (since no specific date has been set for my testimony at the time of this writing), I have prepared some remarks that I believe may be pertinent for the record, regardless of a personal appearance.

Since, by the time my presentation would have been reached, virtually all of the major scientific data concerning serious side-effects will undoubtedly have already been presented, it would be a waste of this Committee's time for me to attempt to present the same type of discussion. Rather than presenting data concerning our own specific scientific studies which are virtually all in print (and referred to in an attached bibliography), I would prefer to direct my remarks to other issues that have been raised during and perhaps preceding these Hearings.

Firstly, in connection with much of the data that has already been presented by the eminent scientific spokesmen who have already appeared, I believe one important point should be emphasized. It would be an insult to these scientists to argue with the *facts* that may have been stated during these Hearings as derived from particular specific investigations, but I must emphasize that many scientists would have differing views on the *interpretation of these facts*. I doubt that there are any sets of experimental findings or statistics or data of any kind concerning which there would not be varying interpretations by different statisticians. In short, it is not the data with which one would reasonably take issue, particularly with reference to reliability, but rather with the question of whether the data merits the conclusions that may have been drawn during these Hearings.

In this vein, therefore, I would like to address myself to several important points that may not have been sufficiently discussed during the Hearings. One of the most important of these would involve the question of "public good" served by the presentations. Presumably, a basic reason for the initiation of these proceedings was the question of whether users of oral contraceptives were being sufficiently informed of the risks involved in their use. It would obviously be impossible for me to comment on whether or not this has been the case, because I can only relate to our own practices and those of others I know who are also actively involved in this field. Certainly, the knowledgeable physician has likely not been negligent in advising his patients of the potential hazards.

On the other hand, no one will deny that a certain percentage of doctors, although possibly a very small percentage, have not been as conscientious about their prescribing of the pills and examination of patients as they might have been. For these physicians, at least, and for their patients undoubtedly this purpose of the Hearings has been accomplished. But an important question is: Has this been *over*-accomplished? It is one thing to make sure women are aware of the statistical risk of thromboembolism, but it is another to frighten millions of women into worrying about a relationship between carcinoma and use of the pills when no such relationship has as yet been established. On the basis of comments I've heard from patients recently in our family planning clinics, I am convinced that these Hearings have led many women and their husbands to believe that oral contraceptive pills cause cancer. As a matter of fact, I suspect the Hearings have even led many *physicians* to believe that pills cause cancer. The fact of the matter is that no one knows whether or not pills cause cancer and it will undoubtedly take many years before any one *does* know, assuming a possible relationship can eventually be proved or disproved.

I would like to amplify this area of discussion a little further because I am certain the Honorable Senators as well as millions of people across the country do not really understand the difference between questioning a cause-and-effect relationship between pills and cancer and actually demonstrating that one exists.

In the early days of these Hearings, an eminent gynecologist spoke about the possibility of the pills causing cancer of the breast. As I recall the testimony, he spoke specifically about studies that were done on dogs and then gave the impression that it was reasonable to transpose the drug experiments to humans. Apparently, by mistake he suggested that one could make this assumption on the basis of the fact that all agents that are known to produce cancer in humans will also produce cancer in experimental animals. This statement could sound to the lay individual as a direct inference that if an agent