on the pill, it is not safe. Because they do not have to face the patient as a female with marital problems, marital difficulties, pelvic complaints, coming from inadequate or incomplete sex life. This is our business. And you will find that by and large most men who are gynecologists and have seen the patient or at least seen the patient for gynecological problems, uses the pill in a high percentage of his patients.

None of us use the pill 100 percent of the time. The pill is not adapted to 100 percent of the women.

Senator DOLE. Dr. Cutler testified this morning that where there was a history of breast cancer in the family that the pill should not be prescribed. Would you agree with that statement?

Dr. PETERSON. No, I do not. I can say something for off the record, but I cannot say something on the record. Is that permitted in these hearings?

Senator DOLE. Well, probably not. We are trying to make the record.

Dr. PETERSON. This was not involving Dr. Cutler or anything else like that. But, many men have come along and said, and I think they have a very well-taken point, that we may well find that this time bomb that the American woman has been scared into believing may occur 20 years hence, as far as breast cancer, may actually turn out to be a boon and that the pill, the chronic pill-taker, may actually have a lower incidence of breast cancer than expected in the normal population because she is being exposed to more consistent proper levels of ovarian hormones, artificially supplied, than her own body is going to give her.

No one ovulates every month. And we know that it is progesterone produced after ovulation, by the ovaries that exerts the modifying influence on the breast. We know also that estrogen stimulates it. But these pills all contain progesterone.

Senator DOLE. I inserted in the record this morning a statement of Dr. Edward T. Tyler, Medical Director for Family Planning Center, Greater Los Angeles, and he discusses the same general topic you just discussed in your statement, that it may be a boon. He does not use those exact words, but he did indicate as much.

Hopefully the committee will publish objective findings at the conclusion of the testimony.

We have had people here whose motives are unquestioned, unassailable, who feel that the pill should not be given under any condition, but you indicate some of them have not had contact with the female, they have read many articles, maybe they are in some other area of medicine——

Dr. PETERSON. I think that is a very, very important point to make, sir. I have had any number of physicians with whom I am in association, in other specialties, advise patients to stop the pill because of one finding or another. I have talked to them and invariably there is not one yet that can give me a specific reason why that patient should come off the pill, except that maybe it will do her some good, or her symptoms will disappear.

Hypertension is one of them. Some with migraine headaches, which, incidentally, I have had as many patients benefited by the