

cal and lay circles is that what we are really talking about is sex. The pill is being taken for sex. Our society has not handled sex well, and in general has imposed a terrible burden on women. For example, she has been forbidden until she is married to participate in sexual activity, and after this type of sanctification she may release or attempt to release 20 or 25 years of imposed inhibitions. Some religions may forbid her to use birth control or not allow her to have relations until she has stopped menstruating for one week, so she is being reminded that she may be dirty or kept in her place.

If she should become pregnant by accident or out of wedlock, by rape or by indiscretion she is forced to bear the products of this moment or go to London, Japan, or Puerto Rico to obtain help, or go to back alleys, or be preyed upon financially by amoral physicians.

The pills have been primarily responsible for the blossoming of family planning in our society and up to now represent the choice of approximately 70 percent of our patients. They are a positive source of mental and social health. The average municipal hospital now sees more women for family planning visits than they do prenatal visits.

A common sight in municipal hospitals a few years ago were women having somewhere between their fifth and 18th baby. These patients are becoming increasingly rare. The pill is probably doing more to eliminate and diminish poverty and problems of the urban poor than any other political action program devised, by giving women the freedom of only having one or two children and raising them properly. If you look at the critics of the pill you will see that very few of them are gynecologists.

Most gynecologists appreciate how important it is for a woman to be able to control when she is to get pregnant. Gynecologists are facing the bold facts of sex and sexuality every day and are forced to become comfortable with these issues whereas the vast majority of our society, including physicians, are not nearly as comfortable. When medical students are assigned to work in obstetrics and gynecology, we see the highest incidence of psychosomatic illnesses, and in addition we find them reacting very strongly in either a positive or negative way to this area of medicine.

There is little doubt that the reporting of these hearings by the press, radio and television has created widespread alarm among women, and many have stopped taking oral contraceptives because of this. Tragically, it is once again the poor who are discriminated against in this type of situation, because they stop their method of birth control, and do not have easy access to a physician to obtain other methods.

We have already seen several women seeking abortion because of these developments. If hearings such as this are going to be held, I believe the committee must carefully plan and screen all individuals who are invited to testify as to the content of their testimony.

Mr. GORDON. Doctor, doesn't that sound something like censorship? Are you saying that the testimony of a witness should be examined thoroughly before he be allowed to testify?

Dr. SCHULMAN. No, I am certainly not advocating the suppression of minority opinion.