the staff at Lenox Hill Hospital and is director of obstetrics and gynecology at Doctors Hospital.

Dr. Melamed could not be reached for comment. Dr. Dubrow would not discuss details of the report, on which statistical analysis was guided by computer experts from IBM, but acknowledged its existence and general outlines. He said he * * * "until it has appeared in a medical journal where other physicians, may evalute it in full.

AN EARLIER STUDY

It is tentatively scheduled for publication within a month in the Journal of the American Medical Assn. It and three parallel studies are referred to in an issue of Medical World News, a magazine for physicians, being distributed today.

That story cites a study by Dr. George Wied of the University of Chicago which reported an occurrence of this same early cervical cancer six times above expectation in a screening done in Chicago of a similar-sized group. But Dr. Wied's paper has been withdrawn, by him, from planned publication in a research journal to review statistical analyses.

An important technical point about the New York study is that it studies "prevalence" not "incidence." Using the same women plus those using other contraceptive devices the same team is also studying "incidence", but the figures are not due for at least a year. ("Prevalence" means how many have a disease at a certain point in time. "Incidence" refers to how many will get it over a period of time. They diverge widely in epidemic diseases but are closer in figures and importance in chronic diseases like cancer.)

Cervical and other uterine cancers hit 44,000 women a year in this country and are fatal each year to about 13,000. But carcinoma in situ is so early a stage that it is nearly 100 per cent curable.

All cases found in the Melamed-Dubrow study have been treated and are apparently cured. In fact Dubrow regards a frequent examination and Pap smear, as is recommended procedure with oral contraceptives, as more likely to pick up early cancer than diaphragms changed only after childbirth or at other long intervals, unless women getting them also get annual vaginal examinations.

Fifty-three per cent of the women in the study were Negro, 23 per cent white, 22 per cent Puerto Rican or of other "Spanish" background, and just under 2 per cent were of other racial groups. They ranged in age from the teens to the 40s with nearly two-thirds between 21 and 30. The group were predominantly low-income. Each woman had made her own choice of contraceptive method.

The study report clearly suggests that the personality and sex pattern may control the choice of contraceptive.

But despite the possibility of other factors and the fact that the FDA and physicians like Dubrow still approve The Pill, a storm of debate is expected upon official publication of these new studies.

[From the New York Times, January 17, 1970]

EDITORIAL—THE PILL PROBLEM

Disturbing questions about the pill and its possible consequences for the millions of women taking it have been raised in Washington this week. Up to the present, most concern about this form of chemical contraception has focused upon the fact that a tiny fraction of users have developed blood clot problems. Now some doctors and scientists are raising the possibility that the pill may be responsible for causing cancer, damaging genes, and harming the children of women who have conceived after they have ceased to use the potent hormones that prevent pregnancy.

Such unresolved questions as to the long-term effects on human beings of an extraneous influence are not confined to use of the pill, or to drugs for that matter. In modern man's increasingly synthetic environment, the air he breathes and the food he eats contain ever more additives about which similar questions can be raised. What is the long-term impact of the air pollutants to