Dr. Irwin C. Winter, vice-president for medical affairs, said: "Thromboembolism and other disorders appear in women who are not taking the Pill as well as in those who are." He said he did not believe that retrospective studies such as the Sartwell report—the blood-clotting investigation team was headed by Dr. Philip E. Sartwell, professor of epidemiology at Johns Hopkins—proved that a causal relationship existed. "I disagree that there is proof, although many may think so," Dr. Winter said. He emphasized that he was giving his opinion as a scientist rather than as a representative of the company. Dr. Winter said that medicine is attempting to pinpoint the woman who is predisposed to blood-clotting conditions so that she may be warned off the Pill, if necessary, by her physician. Ortho Pharmaceutical Corporation, another leading Pill-maker, takes a more cautious view. "The report gives millions of women and their doctors welcome, new assurance about the Pill," it says. However, "for the woman for whom another birth control method may be preferred, she still has a number of alternatives."

A third supplier, Syntex Laboratories, urged that both the British and American studies "be kept in perspective," noting "that a woman has a much greater risk of death associated with pregnancy than by preventing it with the Pill."

Another line of investigation was whether an association existed between the Pill and cancer of the uterine lining, breast and cervix. The verdict of the committee's experts, under the direction of Dr. Roy Hertz, an associate director of the Bio-Medical Division of the Population Council, was that no link could be proved or disproved. However, because observations concerning cervical cancer were inconclusive, Dr. Hertz called for a "major effort" for further studies. A recent study made by Memorial Sloan-Kettering Cancer Center and Planned Parenthood of New York City has disclosed a slightly higher prevalence of a precancerous condition of the cervix among Pill-talkers than diaphragm users who attended Planned Parenthood centers. The authors called the difference "small, but statistically significant." The reason for the difference was not obtainable from the data, they said.

What health factors militate against taking oral contraceptives? According to Dr. Hellman, the Pill is contraindicated for women with a cancerous or precancerous condition, for those who have a family history of cancer, diabetes, abnormal bleeding during the menstrual cycle, weight problems, thromboembolism or a history of thromboembolism. Dr. Hellman said he was aware of a number of anti-Pill books that had been published or were about to be published, as well as those which take a stand favoring the Pill. "Many of these books are unduly alarmist or unduly optimistic," he said. "In my view, the position they present, both for and against the Pill, tends to be exaggerated. While there are potential risks cited for the Pill—thromboembolism, metabolic and cancer—only the risk of embolism has been clearly defined."

Meanwhile, scientists continue to search for ways to improve the Pill and make it safer. Researchers report a number of promising leads in this direction, including the following:

Mini-Pill. Dr. Elizabeth B. Connell, associate professor of obstetrics and gynecology at The New York Medical College, reports this low-dose pill has shown a 98 percent effectiveness rate in clinical tests conducted here and abroad involving several thousand women. This pill contains no estrogen and only one half milligram of progestogen, which is about half the amount found in most current Pills. It is taken daily. Dr. Connell says that the mini-pill does not seem to produce the metabolic or endocrine changes that sometimes occur with present oral contraceptives. If there is a thromboembolic risk from the Pill, says Dr. Connell, then the mini-pill "could conceivably be less hazardous." However, in clinical trials of this preparation, about 25 percent of the