women had irregular menstrual cycles or abnormal bleeding, and one quarter of this group was switched to a different form of contraception.

Once-a-month treatment. At Harvard Medical School, scientists are experimenting with a pill that would be taken once a month, instead of daily or every 20 or 21 days, and Dr. Melvin Taymor, assistant professor of gynecology, reports this pill is being well tolerated by women in a pilot study which began six months ago. Dr. Taymor and Dr. Somers H. Sturgis, professor of gynecology, recently completed trials on a monthly injection contraceptive method which would provide a like immunity. The dosage consists of a birth control drug in combination with an oil emulsion, which is injected into the muscle. Both the pill and the injection slowly release the material into the bloodstream, thereby giving longer-lasting protection against pregnancy without the need for daily motivation. A frequent cause of pregnancy in women on the Pill is that they forget to take it. With a once-a-month pill, the assumption is that there would be less chance for error. Another injection technique, also experimental, gives protection for up to three months. Said to be 100 percent effective, it is being put through trials by Dr. Edward T. Tyler, President of the Family Planning Association of the Americas, a new scientific research organization.

Morning-after Pill. Birth control pills currently obtainable by the public, and the vast majority undergoing experimental testing, are pre-coital—that is, their action takes place prior to sexual relations. A tablet which could arrest conception *after* intercourse could be useful. Dr. John McLean Morris, professor of gynecology at Yale University Medical School is currently working to perfect such a pill. To date, Dr. Morris has reported that it has prevented pregnancy in well over 100 cases. In this technique, massive doses of natural or synthetic estrogen—up to 50 times the amount contained in present pills—are given from one to five days after sexual relations. At a recent conference of the International Planned Parenthood Federation, he also reported that side effects were those commonly associated with the Pill.

Vaginal ring. A possible substitute for the Pill is the vaginal ring, on which trials are being run by Dr. Daniel R. Mishell, Jr., professor of obstetrics and gynecology at the University of Southern California Medical School. The device, worn internally, is made of silicone rubber impregnated with *medroxyprogesterone*, a progestogen. The chemical is leaked into the bloodstream through the vaginal wall at a slow, constant release rate. Preliminary studies have been very promising, Dr. Mishell says. An important advantage of the ring is that, after insertion, no daily precautions are necessary. One ring could provide protection for as long as one year, at which time the wearer would return to her physician for renewal. As with conventional pills, there is spotting.

Regardless of future developments, however, the Pill may never be considered the best method of preventing conception for *everyone*. At the same time, as an effective brake on the world's tremendously increasing population rate, the Pill is considered a potent weapon. But for the individual? As Dr. Hellman wrote in his summary to the FDA's report: "In the final analysis, both the physician and the layman must evaluate the risks of hormonal contraceptives in comparison with other methods of contraception, or no contraception at all." Most authorities agree, however, that users of the Pill should certainly be under medical supervision while they are taking oral contraceptives.