At the initial interview the various forms of contraception were described to the applicant, who then made the choice of method. Unless there was medical contraindication, the chosen method was prescribed. The oral steroids prescribed at all centres were of the combination type and in the manufacturer's recommended dosage. A deliberate effort was made to fairly represent all of the commercially available products among those prescribed.

Detailed records of the contraceptives prescribed and used are maintained as a continuing part of the chart for each woman at the centre she attends. Our tabulation of contraceptive use in each case was taken from these records; thus the data always reflect known minimum periods of time during which the contraceptives were used. For this study we were unwilling to accept information about contraceptive use previous to attendance at one of the centres of Planned Parenthood, and so disregarded it. Thus the new patient was always coded as a contraceptive user of zero time length, according to the method she chose, even though this might be a continuation of the same method she said she had been using before coming to the Planned Parenthood centre.

Recording of data

Each day the clinical data collected were transferred to IBM key-punch cards. After cytological examinations were complete the diagnoses were added. The data were then transferred from cards to a 1316 disc file on the IBM 360/40 computer at the Computation Center of Cornell University Medical College and Sloan-Kettering Institute. The individual cytological reports were printed on prepared forms by the computer at rates of up to 600 lines per minute, thus making it easily possible to return a separate report for each woman.

FOLLOW-UP OF CYTOLOGICAL ABNORMALITIES

When cytological evidence or suspicion of carcinoma was found cervical biopsies were recommended. The woman was recalled and re-examined by one of the several gynaecologists working with Planned Parenthood and specifically concerned with this study. Another cytological specimen was obtained, followed by Schiller's iodine test. Biopsy specimens of any suspicious or non-staining areas were taken or, if the cervix appeared normal, specimens were taken of several different representative sites. All biopsy specimens were processed in the department of pathology of Memorial Hospital, and the histological diagnoses were those of two of us (M.R.M. and L.G.K.).

Treatment.—Women who required further treatment were referred to a physician of their choice or to one of the hospitals of the City of New York. For those who wished it, hospital care has also been made available in the gynaecological ward service at Lenox Hill Hospital.[1] Surgical procedures carried out at this latter hospital have been under the direct supervision of one of us (H.D.), and a report on the surgical techniques, complications, and results in over 200 cases is now in preparation. All pathological specimens from surgery performed on the women at Lenox Hill Hospital were examined by two of us (M.R.M. and L.G.K.), and pathological material from surgery performed elsewhere has been obtained for our review. Final histological diagnoses and the type of surgery performed were recorded on punched cards and added to the patient's data file on the disc.

CRITERIA FOR SELECTION OF DETERMINANT CASES

In order to achieve prevalence rates as nearly accurate as possible the following criteria were established.

Total population

All women who had been examined at least once in one of the centers of Planned Parenthood and had had a technically satisfactory cytological specimen taken and submitted for our examination, with complete clinical data, were included in the study. Fewer than 25 cases from over 40,000 originally entered were excluded because of incomplete information; 450 were excluded because the initial cytological specimen was unsatisfactory and the women failed to return.

Of the remaining 39,954 women, 27,508 selected oral steroids for contraception and 6,809 selected the diaphragm. This analysis is concerned with the

[1] We are indebted to Dr. Hugh Barber, Director of Obstetrics and Gynaecology at Lenox Hill Hospital, for his support.