ber, 1960, Planned Parenthood launched a pilot project in our Chicago clinics that led to interesting disclosures. The pills were offered to women in economically depressed neighborhoods with soaring birth rates. The "average" user turned out to be a Negro woman in her middle twenties who was raising three children on a family income of $66 a week. A total of 14,365 women, largely attracted by the simple procedure, agreed to try the pills, and three years later 75 percent were still taking them. In North Carolina's Mecklenburg County, the pills were distributed to 690 women on public relief and two years later 74 percent of these women were following the one-a-day schedule faithfully.

These figures contrast sharply with the reactions of women in the same socioeconomic group who were given diaphragms and contraceptive jellies in New York and Cincinnati. Within the first year, the active users dropped to 56 and 64 percent, respectively.

Many of my colleagues bitterly assail newspapers for ignoring the established benefits of oral contraceptives and alarming the public whenever someone comes up with a bit of inconclusive evidence suggesting an element of danger to a small fraction of women. Lord knows it's difficult sometimes to maintain a detached, philosophic attitude toward such stories, but I really cannot condemn the newspapers. It is their function to alert readers to potential health hazards. My one objection is that they sometimes leave readers with a distorted impression of the overall information.

A prime example was the sensational treatment many newspapers gave the report issued last November by Dr. Frank B. Walsh listing eye and nervous-system disorders found in women taking the pills. Fuel was added to the fire when it was revealed that the FDA had ordered manufacturers of the pills to send circulars to doctors and pharmacists warning that patients who have certain eye difficulties should not be put on the pill. Millions of women and their husbands would have been spared a good deal of mental anguish if the papers had told them that warnings by the FDA are standard operating procedure with all new drugs. All antibiotics carry certain warnings on the label, and patients with a history of gout or diabetes are told to stay away from oral diuretics. In the order to the manufacturers of the birth control pills, Dr. Joseph F. Saduck, Jr., medical director of the FDA, stressed that tests had not established "a cause-and-effect relationship" between the pills and the "adverse experiences" of some women. But that important detail was buried deep in most of the news stories.

I believe the government is pursuing the proper course in keeping oral contraceptives under close surveillance. Although the number of women stricken with blood clots and eye conditions is small statistically, these conditions require continued study.

Pending better explanations than we now possess, several basic checks should be made before the pills are prescribed. A woman should be given a thorough pelvic examination by a competent physician to determine whether an internal abnormality may preclude use of the pills. Doctors should be most cautions of prescribing them. Patients with case histories of breast tumors, heart trouble, migraine headaches, liver disease, kidney ailments or thrombophelebitis (inflammation of veins caused by blood clotting) may have to be given another method of birth control. This may appear to be a rather formidable list, but it applies only to less than five percent of women in the childbearing age group. As a final precaution, a woman should be kept under intense, periodic observation by a doctor to make sure the pills can be continued safely.

Patients constantly ask why it isn't possible to determine in advance whether it is safe for them to take the pills. The question is a perfectly reasonable one, but, unfortunately, such a test has not yet been devised. The rueful truth is that we still have a great deal to learn about the physiological processes of ovulation and pregnancy. Some studies *have* demonstrated there are chemical changes in the blood during pregnancy. Somewhat similar findings have shown up in the blood of some pill-users, but these findings are so inconclusive that they do not help to clarify the problem.

One puzzling observation is that there is no consistency in the onset of adverse symptoms. They may occur anywhere from 48 hours after taking the first pill to three years of steady medication and even three months after stopping the pills. As a rule, reactions to drugs follow a more standard pattern.