some studies on abortions, and after collecting the series, compared the contraceptive history of the women, and out of 165 cases, 15 of these were triploid, and in 13 of the triploids there was a history of recent oral contraceptive ingestion.

Another study which was carried out in Canada did not have to do with the chromosomes of the abortuses, but had to do with the physical characteristics of the aborted embryo. This was a study carried out in Vancouver by Dr. Betty Poland, an obstetrician, and research worker. She collected a large number of spontaneous abortions and simply studied the embryo itself as one sees it.

She found that there were two main categories of abnormalities of embryos just visually. One is a general stunting of growth and a growth disorganization, in which the embryo could not possibly go on to form a living individual because it was so disorganized. It does not even look like a human being.

The other type of abnormality is one in which the embryo is perfectly recognizable as a human form, but has local disorders, the type of disorders which are found sometimes in living infants.

She found that the type of abnormality which is quite incompatible with live birth had a statistically significant increase in people who become pregnant within 6 months of oral contraceptives.

On the other hand, the type of abnormality which could prolong to birth was not increased in women who had been on oral contraceptives. In other words, the type of finding was in the same direction as our finding on chromosomes, that is to say, the type of abnormality that is used is one which is completely incompatible with live birth.

The two studies which I presented here for comparison were, in fact, carried out in different cities. They were in southern Ontario, but only 80 miles apart, and the study on the post oral contraceptive group was commenced in London, Ontario, and the collections on findings were already indicated before I left London, but the bulk of the study was carried out in Hamilton.

Despite the fact that the studies were carried out in two different cities, there was no difference in the mean maternal age of the women or the fertility of the women. In other words, there was no difference between the two groups except the history of recent oral contraceptive ingestion and conception within 6 months of discontinuing the medication.

Now, I think my personal opinion of the finding is that in itself it is not of great significance. In other words, the triploiding may increase the risk of miscarriage. We do not know whether there is an overall increase in miscarriage of women who get pregnant after coming off the pill partly because there are great difficulties in assessing this. You have to take into consideration so many factors in part because it simply had not been looked at.

So apart from the fact that there may be some overall increase in miscarriage in women who get pregnant soon after they come off the pill, I do not think this finding itself is of significance.

What I do think is significant is the fact that it points to a deficiency in the work which has been done in the past. The literature is full of material about what happens when a woman is taking the pill. We have heard much about that this morning. But there is very little information about whether there are, in fact, after effects, and this is really a neglected area.