Now, when I say it is neglected, it does not mean to say we are missing something which is very bad. We may be missing something which is very good.

If we take, for instance, studies of full term pregnancies women who have conceived within a short time of coming off oral contraceptives, there are some five of these published, all of them are quite small. The biggest involve 600 pregnancies.

Now, the instance of congenital defects is such that you do not need a very big series to find out if congenital abnormalities overall are increased. But it seems very likely that all congenital defects have the same cause so they really have to be broken down in some kind of a pattern, and by the time you have broken down all the different types of abnormalities, you then do need a very large series of pregnancies, and this has simply not been done.

The studies which are mentioned here, reported here, five of them, certainly do not give any indication that there is an increase in congenital defects in children born in women coming off the pill. There is no indication there is increased risk of death in the perinatal period, that is to say, soon after birth.

A very preliminary study carried out by my university in the department of epidemiology is a very preliminary study which indicates there is no increase in perinatal death of infants born to women soon after coming off the pill. In fact, it may be reduced, so we may be missing not only bad effects but good effects, because we do not make use—we either do not have the facilities or we do not make use—of the facilities of studying the effects of any act, whether it be the matter of oral contraceptives, whether it be pollutants, or whether it be food additives; we have not got, so far as I know, the mechanism for studying the effects.

The ladies who made the disturbance a short while back "why are we being used as guinea pigs," I am afraid we have to face facts, and finally with every drug and with every atmospheric pollutant the human being is the guinea pig because there is no other way finally. We have to test everything on humans, and this is tough, but it is a fact of life. There is no way to substitute any animal experiment for a human experimentation. No matter how reassured you are by animal experiments, you can never be absolutely sure, you can never look for complete safety.

So initially with every drug, with every medication, you are looking at the human experiment, which is unavoidable.

What we should do is make the best possible use of this human experiment and have some kind of control over it so we can get information from it.

For instance, there could be a scheme whereby every time a new medication was given out there would be some place for sorting out the results of the first hundred thousand issues of this particular medication, especially to women.

Another thing which, I think, is not being done that could be done is that spontaneous—most congenital defects in human beings that are aborted spontaneously, this is a mechanism of nature getting rid of the abnormal members of the community, and it is highly successful. Most of the abnormalities go literally down the drain essentially