Senator NELSON. I wonder if you could move that microphone up a little higher and speak more directly. It is difficult to hear you.

Dr. WHITELAW. I have been in private practice since 1935 and have been connected with five medical schools in the United States, mostly in the departments of obstetrics and gynecology doing research work, as well as in Germany.

I am non-Catholic, and have been a medical adviser in the past of Planned Parenthood.

On October 7, and 8, 1957, in New York City, one of the first meetings on some of the aspects of oral contraceptives was held. This dealt primarily with experimental results. At this time I reported on a bizarre, atypical appearance of the uterine lining after the administration of certain hormones to women, and pointed out that it might be exceedingly difficult for pathologists examining uterine tissue from women under this treatment, without the pathologists' knowledge, to interpret the findings.

This observation was, unfortunately, confirmed 2 years later by one of the outstanding clinics in the United States in their bulletin, in which they reported two cases in which women had their uteri removed because it was thought by the gynecologic pathologist at this clinic that these women were suffering from a malignancy (cancer) of the uterus. They wrote the article with the specific point in view of making the other pathologists in the country aware of the possibility of this wrong diagnosis. This effect alone of most oral contraceptives, that is, the production of an abnormal type of lining of the uterus, that to all experienced gynecologic pathologists would make them consider a diagnosis of cancer, has influenced me from the beginning in my thinking and investigations concerning the oral contraceptives. The inhibition of ovulation—and I would like to correct some misnomers—the inhibition of ovulation by oral contraceptive therapy goes back to the end of the 1930's when estrogens, in certain dosages, were shown to block ovulation. Most of us interested in female endocrinology utilized this form of therapy for the prevention of severe menstrual cramps in younger women, but all recommended that this therapy be withheld after 3 consecutive months, as we felt that the female hormone, estrogen, should not be given beyond this period of time.

Within a short period of time after the introduction of the oral contraceptives various claims were made as to their efficacy in nearly every type of female disorder. Two of these especially interested me; their use in treating infertility in a group of women for whom no cause for their childlessness could be demonstrated, and secondly for alleviating the symptoms of irregular menstrual cycles. In 1959 I attempted to duplicate in the first group the reported results in a large series of infertility patients and was unable to verify the conclusions drawn by the original author. What was particularly disturbing and distressing to me, however, was that these infertile women were given oral contraceptive therapy for 3 consecutive months, during which time they had no possible chance to conceive, in the unscientific hope that after having stopped the pills they would become pregnant by a so-called "rebound phenomenon."

Mr. DUFFY. Doctor, may I interrupt you for a moment?

Dr. WHITELAW. Yes.