

Mr. DUFFY. You said you attempted to duplicate the results of the published study in 1959. Did you publish your findings?

Dr. WHITELAW. I published it. I held it up for a number of years for personal reasons because the author who published this was a very good friend of mine. But inasmuch as it was so widespread I finally published it. This was published in the *Journal of Fertility*, and I have a copy here if you would like it.

Senator NELSON. What year?

Dr. WHITELAW. It was published May 1968, and the work was done in 1959-1960.

Mr. DUFFY. Did you continue to conduct studies throughout this period to update the material that you published?

Dr. WHITELAW. No. I did the work for 2 years and found out it was valueless, and I could not give women oral contraceptives with due conscience and stop them from having any chance of becoming pregnant. They do not come to me to use oral contraceptives and be prevented from getting pregnant. At least, that is my feeling. So after I proved it did not do them any good I certainly did not.

This myth, which was unfortunately originally fostered through drug advertising, based on this one article, was accepted as gospel by most physicians in the United States as well as the lay public. This is substantiated by the plain fact that over 40 percent of the infertility patients I see have been put on oral contraceptive therapy previously in the hope of improving their fertility. To make matters worse, all reports up to within recent years either intimated, or stated categorically, that there was a definite increase in the fertility of women after they stopped taking oral contraceptives. I believe that a few basic principles, which every layman can understand, should be looked at very carefully, so that we can objectively evaluate whether the administration of synthetic ovarian preparations over long periods of time will have any deleterious effects upon the ovaries and, therefore, on fertility.

Every individual is acquainted with the single fact that exercise or use of any particular part of the body leads to an increase in size of that particular part that is used, or what we call hypertrophy in those particular organs or muscles which are used excessively. The important corollary to this fact is that any part of the body which is not used, or little used, over a protracted period of time leads to so-called "disuse atrophy." Every layman understands that were he to go to bed for 2 weeks and then attempt to get up and run 100 yards that he would find this an absolute impossibility. I am sure that there must be some among the members of this committee who have been unfortunate enough to have a member of their family or they themselves have an arm or leg in a cast for several weeks and noted the loss of muscular tissue and weakness when the cast was removed. One of the greatest advances made within recent years in the treatment and management of obstetrical and surgical patients has been the simple realization and application of this second corollary, "early ambulation," so that now, in a few hours after coming out of anesthesia, the patient is made to get out of bed and walk. In the field of endocrinology there is ample demonstration and uncontested clinical evidence which has, unfortunately, been totally overlooked and disregarded that the administration of or production of excessive