from not ovulating at all, from what they were previous to the time that they were given the oral contraceptives. I do not see that it makes any difference what you use as long as you inhibit a function.

Mr. DUFFY. Well, Doctor, my point was this: You say in your prepared statement "* * * to make matters worse, all reports up to within recent years have rather intimated or stated categorically there was a definite increase * * *." The only thing that would trouble me is: were these reports later than yours and perhaps based on newer testing methods which might be more accurate. Was there a possibility that these reports could have been more accurate.

Dr. WHITELAW. No.

First, originally, and for a number of years, they stated categorically that the women's fertility on coming off the pill was highly increased, much more increased than if she never took it. It has only been within the last few years that this position has been altered. They now have come, a certain percentage of the physicians who have maintained this position to state that the fertility has not been decreased, neither has it been increased. I mean, that is the position that this group take now.

What I am trying to illustrate is that if you know physiology, and you know what I am going to say a few moments further on, that this cannot be true. There has to be decrease because it has to follow physiologically, so there is something wrong with the statistics that have been published. There is nothing wrong with what physiologically happens. What is wrong is the statistics, the way they have been gathered and interpreted.

Mr. DUFFY. Thank you, Doctor.

Dr. WHITELAW. There is no way of accurately estimating the reserve capacity of the ovaries in a particular young menstruating female patient, except where there is a marked irregularity in her menstrual cycle. It is now agreed by most authorities that a woman with irregular menses should not be placed on oral contraceptives. This is another contraindication to giving oral contraceptives to women, besides those mentioned by Dr Davis.

Unfortunately, there has been a carryover from the days when the oral contraceptives were vigorously advocated as therapy for this specific group of patients; namely, those with irregular menses. An undetermined number of young women are still receiving these synthetic hormones for this condition.

Although it is 5 years since I originally submitted my report to the Journal of the American Medical Association on my observations of amenorrhea and infertility following administration of the oral contraceptives, and 4 years since it was published, there was over a 2 year lag period before these observations were confirmed. During this interim it was vehemently denied by all pharmaceutical concerns and by those connected with the investigation of these synthetic hormones that this syndrome ever existed; and, even if it did, they maintained it made little difference and was the same as that seen after a normal pregnancy. It appears preposterous to me that synthetic hormones, taken internally, can reproduce the effects of normally circulating hormones produced by the mother, the placenta, and the growing fetus. Since my original publication of my observations there have been 10 other reports confirming my findings in the world liter-