the conflict, in my judgment, can be resolved if one recognizes that certain of the studies have been conducted on apparently healthy young women reporting to birth control clinics and in the other studies, the investigators have dealt with young women with incipient or early rheumatic disorders reporting to a doctor's office.

A South African physician, Dr. B. L. Pimstone, reported that a patient with systemic lupus erythematosus suffered a severe exacerbation of her condition during administration of an oral contraceptive drug. Symptoms remitted on discontinuation of therapy—S. Afr. J. Ob. Gyn. 4:62, 1966.

Evaluating Dr. Pimstone's clinical report, I believe that he was justified in concluding that the oral contraceptive drug was responsible for a flare in the patient's condition. The first report suggesting that one of the standard laboratory tests used in differential diagnosis of rheumatic disease could be affected by administration of oral contraceptive drugs was published by Dr. E. M. Schleicher in the spring of 1968—Lancet i:821, 1968.

He reported positive LE cell tests in 10 young women and that the tests became negative 4 to 8 weeks after discontinuation of the use or oral contraceptive drugs. Positive reactions, of this particular test, are most commonly observed in patients ill with the condition systemic lupus erythematosus. This condition is one of the most serious major rheumatic diseases. It is currently recognized that other drugs can produce this laboratory abnormality—isoniazid, procainamide, hydralazine, et cetera.

It should also be pointed out that expert rheumatologists currently disagree as to whether drug-induced changes in this test can occur in normal individuals or if individuals who develop positive tests have incipient or early disease.

During the course of our investigations, we had the opportunity to discuss with Dr. Schleicher the nature of the patient population from which he reported these 10 laboratory abnormalities. Dr. Schleicher's laboratory receives blood specimens from a large number of referring physicians, and he estimated that these 10 young women were identified during the course of performing two or 3,000 routine tests for LE cells.

In addition, the referring physician had requested this test because the patient had come to his office with symptoms that justified performing this particular test. Therefore, these patients should not be considered healthy, normal young women. This particular point will be of some importance when I review our conclusions dealing with patients studied in an arthritis clinic and compared with those we have studied from a birth control clinic population.

Subsequent to Dr. Schleicher's report, another group of investigators tested the serum from 30 healthy young women selected from a birth control clinic population. I re-emphasize the difference. These investigators did not find any abnormal LE cell tests, although one patient had an abnormal test for one type of antinuclear antibodies—anti-DNP—and one had an abnormal test for rheumatoid factor activity.

These two tests are also important to physicians in the differential diagnosis of patients with rheumatic disease—Dubois, E. L., Strain,