L., Ehen, M., Bernstein, G., Friou, G. J.: Lancet ii:679, 1968. These authors concluded that the frequency of these abnormalities must be extremely rare. It should be re-emphasized that they had studied 30 apparently healthy young women reporting to a birth control clinic and as noted previously, this was a different population of women than had been reported by Dr. Schleicher.

In the fall of 1968 Dr. Dorothy J. Gill—J. Chron. Dis. 21:435, 1968—reported the results of a 2-year survey of the incidence of rheumatoid arthritis in women—84 percent black, 16 percent white—taking oral contraceptives and seen in a birth control clinic setting. She concluded that the prevalence, 0.66 percent, of rheumatoid arthritis in 3,014 women taking oral contraceptives was no greater than that noted in other surveys of the general population. Indirect comparisons of population surveys for rheumatic disease are difficult to interpret.

Reviewing Dr. Gill's results, we were surprised to find that the incidence of rheumatoid arthritis, the most common form of inflammatory joint disease, increased from 2.98 per 1,000 to 6.63 per 1,000 during the 2-year interval of her study. This exceeds by more than 50 percent the rate of increased incidence of rheumatoid arthritis with age that has been calculated from other population surveys—Lawrence, J. S. Ann. Rheum. Dis. 20:11, 1961; USPHS Publication 1431, 1966.

During 1969 two additional preliminary reports dealing with the problem of oral contraceptives and rheumatic disease have been published. Dr. H. Spiera and Dr. C. M. Plotz—Lancet i:571, 1969—have reported that in their clinical practice they have seen 22 patients with rheumatic symptoms whose symptoms diminished or disappeared after the patients discontinued oral contraceptive drugs.

They did not observe any laboratory abnormalities that could be traced to the use of oral contraceptive agents. It is their current impression that oral contraceptive drugs should be used with extreme caution in patients with rheumatic disorders. They were surprised at the anger and hostility of many of their patients when they advised discontinuation of this particular medication, and this statement appears in their formal presentation.

Recently, McKenna, Wieman, and Shulman—Arth. & Rheum. 12: 313, 1969—reported results of several laboratory tests carried out on 176 apparently normal women using oral contraceptives and studied in a birth control clinic population. In these young women they failed to demonstrate abnormal LE cell tests and only one had an abnormal test for antinuclear antibodies—a group of abnormal proteins present in a large percentage of patients with SLE and certain of the other major rheumatic diseases. They did find an increased incidence, seven cases, of positive tests for rheumatoid factor—an abnormal protein present in the blood of patients with rheumatoid arthritis and some of the other rheumatic diseases.

Comparing the results of our own studies with those outlined above, we would feel that each of these preliminary reports accurately reflect the findings in different populations of normal individuals and patients with either early or established rheumatic disease. Although these reports appear to be in conflict, it is our impression that they differ because of the size of the individual groups studied and the source of the cases that have been submitted to evaluation. In other words, ap-