matosus experience an exacerbation of their clinical symptoms during administration of oral contraceptive drugs, but as has been reported by Pimstone some patients may experience worsening of their disease during treatment with these agents. Since natural pregnancy can worsen this disease, it is extremely important to use the most effective contraceptive regimen in such patients in order to avoid unwanted pregnancy. The medical dilemma in this particular situation is clearly apparent.

I wish to beg your indulgence, and make some additional comments about the importance of strong federal support for current and future biomedical research. To my knowledge the use of oral contraceptive agents is the first example of drug administration to modify a normal physiologic process. It is my understanding that approximately 8 million women in the child bearing years are presently using these agents in this country. I believe that it is clear to all of us that additional long-term studies relating to the biological effects of these compounds are extremely important. At the same time we cannot ignore the overwhelming importance of population control as a major social and medical problem for our age. As previously emphasized our observations should not be construed as an indictment of the use of presently available oral contraceptive agents in the normal healthy population. I feel that it is extremely important to plead for improved federal support for biomedical research as administered through the agencies of the Department of Health, Education, and Welfare. As an investigator committed to the study of patients with rheumatic disease, I can assure you that there is currently both personal and general deterioration of federal support for all forms of medical research. I am certain that this Committee is well acquainted with this problem. The problems that I have discussed with you today further emphasized the general importance of this type of support. I do not believe that it is in the best interests of the health of this nation to make federal support for biomedical research one of the primary victims in the fight against inflation.

In concluding, I wish to acknowledge the work of several of my colleagues in the clinical and laboratory studies that I have discussed with you today. This includes Dr. Mitchell Friedlaender and Dr. C. Kent Smith who collaborated with me in the initial phases of this study. The three-phase investigation accomplished in the last one and one-half years has been conducted in association with my colleague Dr. Donald Rhodes Kay. Special consultation and professional advice have been obtained from Dr. William Ledger, Associate Professor of Obstetrics and Gynecology at the University of Michigan Medical School. As Medical Director of the Ann Arbor Planned Parenthood Clinic, he and his staff have been instrumental in assisting us with the study of young women attending at that clinic. I would further wish to acknowledge that these studies have been supported by my research grant from the Arthritis and Metabolism Institute of the National Institutes of Health and by a grant from the Michigan Chapter of the Arthritis Foundation. The Rackham Arthritis Research Unit is supported by a grant from the Rackham School of Graduate Studies of the University of Michigan.

TABLE 1—1967 SERIES: ANTINUCLEAR ANTIBODIES ON AND OFF OC

	Months OC		ANA				
	Total	To SX onset	On	Off	Off 1969	Back on 1969	Months followed
B.C	10	6	+	0	0		28
S.A	4	0.5	+	0	0		27
B.A	6	5	+	0		+	8+(4)
L.S	30	16	+	0	0		19
K.C	6	2	+	0	0		16
S.S	27	26	+			0+	3+(20)
D.C	8	2	+	0		+	13+(14)
A.P	1.5	1	+	+	+		18
Mean	12	7					

[1] ANA positive 1:8 serum dilution ( ) Months back on OC.