supporting data for these conclusions, I would not know what to do with it. I could not evaluate whether the research is properly done or whether the conclusions drawn from that research are valid conclusions. I am not a skilled medical technician, so I just would not know what to do with it.

But certainly I know from other areas that one should be very leery about accepting conclusions without understanding the processes that one must use to reach those conclusions.

Dr. KASSOUF. You do not have the responsibility of a patient's life, and we do, and given these circumstances of equal effective drugs, I think it is wrong to wait even for FDA advisories.

I think physicians who have read the press reports have sufficient reasons to back away from the high-dose tablets.

Mr. DUFFY. Thank you very much.

Senator MCINTYRE. Thank you very much, Dr. Kassouf, for coming here this afternoon, this morning, too, and testifying.

The committee is always very glad to hear from those men who are down in the field working with the problem every day, and I am sure Mr. Duffy realizes that, too.

The committee will stand in recess until Wednesday, January 21. We will meet in room 2221 at 9 : 30 a.m.

(The document above-referred to, follows:)

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CONCEPTION CONTROL WITH NORETHYNODREL—PROGRESS REPORT OF A FOUR-YEAR FIELD STUDY AT HUMACAO, PUERTO RICO

(Adaline Pendleton Satterthwaite, M.D., and Clarence J. Gamble, M.D.)

In 1937 sterilization was legalized in Puerto Rico for socioeconomic as well as medical reasons, and this has become the most popular permanent solution to the high fertility rate on the island. However, numerous requests from mothers coming to the Ryder Memorial Hospital in Humacao, Puerto Rico, led us to look for an effective but reversible method of family planning. For practical use, such a method must be safe and acceptable, simple enough to be understood by the uneducated person, and as inexpensive as possible. Since 1956 there have been reports of certain 19-nor-progestational steroids which, on oral administration, inhibit ovulation. The two compounds which have reached commercial production and which have been most frequently studied are norethynodrel* and 19-norethisterone (norethindrone).†

Dr. Satterthwaite was chief of the Department of Obstetrics and Gynecology at the Ryder Memorial Hospital, Humacao, Puerto Rico. She now directs the research program and family planning clinic at the same hospital.

Dr. Gamble is associated with the Population Studies Unit of the Harvard School of Public Health and director the Pathfinder Fund.

In April, 1957, a field study of oral contraception with norethynodrel was, accordingly, begun under the joint direction of the Population Studies Unit of the Harvard School of Public Health, Boston, and the Ryder Memorial Hospital. From the first 3 years of experience it was concluded that norethynodrel is acceptable, safe, and effective and does not prevent subsequent pregnancies (1–11). A further experience of 20 months has led to a second review of the users, the results of which are presented herewith. In this study we have been particularly interested in those patients who have continued the medication for 3 years or more. Those who have discontinued norethynodrel for one reason or another and continued at risk of pregnancy have been followed post partum and the babies

*Envoid, G. D. Searle and Company, who supplied the tablets used in this study.
†Norlutin, Syntex and Parke-Davis, Ortho-Novum, Ortho Research Foundation.

NOTE.—Numbered references at end of article.