

Dr. WOOD. Yes, I think that information should go to the patient and it should be in written form.

Senator NELSON. That would mean, would it not, that each package that the patient gets would necessarily include whatever explanation or indications for consulting the doctor or side effects you might include; is that right?

Dr. WOOD. Yes, sir.

Senator NELSON. One more question. In reading the literature and the package insert about the various symptoms that may occur, I would assume you would agree that for other reasons, it is important that the literature be in each package, because certainly we cannot expect the user to remember for 3, 4, or 5 years all these various indications and symptoms which should cause her to consult her doctor.

Dr. WOOD. That is correct.

No. 4. All of this information suggests that the oral contraceptive drugs were released for public use prematurely. Research on these drugs was far from complete at the time that they were released for public use. There is some evidence to suggest that oral contraceptive agents with reduced concentration of estrogenic compounds would be safer. Extensive, carefully planned research should be started at once to answer this question, in that it will take several years at least to achieve an answer. It is extremely unlikely in the view of this witness that presently available data, including those from the British study, will yield an answer. This is in respect to what combinations of compounds would be safest.

No. 5. The extensive cutback in general research funds in medicine and the concurrent worsening of the problem of population growth requires that funds be specifically earmarked for research in the sphere of finding the safest possible oral contraceptive agent.

(The references to Dr. Wood's statement, follow:)

REFERENCES

1. Wood, J. E.: Oral Contraceptives, Pregnancy, and the Veins. Editorial. *Circulation* 38, 1968.
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3. Vessey, M. P., and Doll, R.: Investigation of relation between use of oral contraceptives and thromboembolic disease. *Brit. Med. J.* 2: 199, 1968.
4. Wessler, S.: Studies in intravascular coagulation: III. Pathogenesis of serum-induced venous thrombosis. *J. Clin. Invest.* 34: 647, 1955.
5. Wood, J. Edwin: *The Veins*. Boston, Little Brown and Co., 1965.
6. Goodrich, S. M., and Wood, J. E.: Peripheral venous distensibility and velocity of venous blood flow during pregnancy or during oral contraceptive therapy. *Amer. J. Obstet. Gynec.* 90: 740, 1964.
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Senator NELSON. Is there, in your judgment, any difference between the use of the pill that extends over a long period vis-a-vis a short period? As I recall, Dr. Hugh Davis, of Johns Hopkins felt that the pill, if used at all, should be used to space pregnancies over a period not longer than 2 years, vis-a-vis over a 15-year period.

Do you have any viewpoint on that?

Dr. WOOD. Well, one point of information with respect to this question is that the chance for thrombophlebitis is greater in older women,