Dr. LARAGH. Yes. I think we have to admit all of the things that can go wrong. But I think we have to admit that the high blood pressure thing, just as I am sure the thrombophlebitis business and all of the things we are talking about, collectively, are a very low order of frequency. They constitute a very low order of frequency. As we get more knowledgable, we may correct this next year. Right now, it looks like it is rare, and in our high blood pressure case, it looks like we know how to deal with it.

So we admit it can happen, but I think we can also state that we know how to deal with it, and that it is very rare.

I think conceptually, you and I might not like the idea, but it has this potential, and we might search for better methods at the same time.

But I do not think we condemn a medication which serves a purpose when we have so many toxins in the environment that are just as dangerous, such as smoking, which do not serve any purpose.

So I think this again comes into the equation of making a value judgment.

Senator DOLE. I have no further questions.

Senator McIntyre just entered the hearing room. If he has no questions, the hearings will be resumed tomorrow morning.

Senator MCINTYRE. I have no questions.

Senator DOLE. Senator, we have only had three witnesses and they have been very helpful. Senator Nelson just left for the floor.

Thank you very much, Doctor.

(The summary statement and supplemental information submitted by Dr. Laragh follows:)

SUMMARY STATEMENT OF DR. JOHN H. LARAGH, PROFESSOR OF CLINICAL MEDICINE, COLUMBIA UNIVERSITY, COLLEGE OF PHYSICIANS AND SURGEONS; AND ATTENDING PHYSICIAN, PRESBYTERIAN HOSPITAL, NEW YORK CITY

ORAL CONTRACEPTIVES AND HIGH BLOOD PRESSURE

In the last several years a relationship has been clearly established for certain human subjects between the use of oral contraceptives and the development or enhancement of high blood pressure.

The results of these studies were published in the Journal of the American Medical Association (1967) and in the American Journal of Obstetrics and Gynecology (1968).

In our original study, the development or enhancement of high blood pressure was observed in eight patients who had been taking various oral contraceptive preparations. Furthermore, in six of eight patients who stopped taking the medication, marked improvement or complete correction of the hypertension occurred. In two of the patients, with a second trial of treatment, hypertension again appeared and then disappeared with the cessation of therapy. The studies point to the strong possibility of a cause and effect relationship between the use of these pills and the induction of serious hypertension in certain rare but especially susceptible individuals. Since these original studies additional similar observations have been made in our clinic and the findings have been widely confirmed by reports from other clinics throughout the world.

The factors which might sensitize a person to the pressor effects of these drugs remain incompletely defined. However, our studies suggest that the effect may be related to the marked changes observed in these patients in certain components of the renin-angiotensin-aldosterone system, a hormonal system which acts to regulate the amount of salt and water in the body.