in some instances you can answer generally, and then submit the balance of your answer for the record, if you don't mind and if the chairman does not object.

Senator NELSON. Are these questions Senator Dole's?

Mr. DUFFY. Yes, sir, they are.

The first question is what clinical data do you have which would suggest that these alterations in metabolism which you describe are in any way related to the inevitable production of damage, permanent or otherwise?

Dr. WYNN. Would you repeat your question, please?

Mr. DUFFY. What clinical data do you have which would suggest that these alterations in metabolism which you describe are in any way related to the inevitable production of damage, permanent or otherwise?

Dr. WYNN. Well, I have already described in this testimony two cases which raise a strong suspicion of damage to the health of the user.

Now we are seeing at the present time something like 800 women a year receiving oral contraceptive medication and we are investigating these women. The numbers therefore that you request change literally from week to week. I therefore would prefer at leisure to sit down and answer that question in detail with the most up-to-date figures that I have available.

All I can say is that I have seen, in terms of permanent damage, women developing coronary disease, stroke, pulmonary embolism, diabetes. These are the ones that I can think of quickly.

Certainly the commonest you may not consider significant, but I do from the point of view of the health of women, the very commonest abnormality, of course, is overweight and obesity.

This is quite common, and when I showed our data on this factor to certain visiting doctors who were themselves interested in the problem of oral contraceptive administration, they were amazed at how many cases I could show of really pathological obesity, that is to say an increase in body weight greater than 20 percent of the initial body weight of the patient.

Mr. DUFFY. Doctor, if there is something additional you would like to say on that, perhaps you would submit it for the record.

Dr. WYNN. Certainly.

Mr. DUFFY. Is there anything in the way you select your patients which might prejudice the development of these abnormalities you describe? Is it meant by this is there a history of overweight or a history of large babies, or perhaps abnormal glucose tolerances which might prejudice these results?

Dr. WYNN. It may be fatigue, but I am not understanding your question very well. Do I understand you to mean, are the data I am presenting biased in any way by nonofficial selection of patients? Is that the nature of your question?

Mr. DUFFY. I suppose that would be the thrust of it, yes, sir.

Dr. WYNN. In other words, if another investigator looking at the hundreds of patients we are investigating studied the same aspects, would they get the same information. Could we put it that way?

Mr. DUFFY. Well, supposing we say a different group of women. I think that would be the thrust of the question.