I assume by this you mean that you just can't put it down in some simple printed form that fits every woman in America, because of the very reasons you state, but how do we reconcile this, as average Americans, whether the pill should be taken or not taken, when we have these conflicting statements?

Dr. GOLDZIEHER. Well, part of the conflict, Senator, is due to the fact that there are cases of anything which are due to coincidence, and no one can say Jane Doe, who was on the pill and had a coronary, had that coronary because she was on the pill. No one can say it in that particular case.

If you take a woman who was on the pill and who then has a pulmonary embolism and dies, according to Dr. Sartwell's own figures, the chances are three out of four that her pulmonary embolism was not related to the pill. Therefore, how can you say whether that Jane Doe's pulmonary embolism was one of the three that was unrelated to the pill or the one that was?

Therefore, what statistically we call anecdotal information—case reports—are not the subject of sound scientific decision. When somebody corners me in the hall and says, "I have seen a case of so-and-so," I turn him off.

As a person, I may be very concerned, but, scientifically, this is not particularly useful information—though it may sell books or magazines—and we cannot make scientific decisions on information of that kind. And we should not scare the American woman by case reports, because she is not getting honest, usable information. She is getting anecdotes, and we have got to separate anecdotes from information.

Therefore, I can only say that we must rely on the scientific debate, which should go on behind closed scientific doors, like a Harvard conference which produced a fine book; like the FDA reviews from time to time. Only in this way can we come up with valid information which will replace my opinion if I am wrong, or somebody else's opinion if they are wrong.

Senator DOLE. But based on the information available to you and to anyone else at the present time, you see no great danger then in continuing the pill, if you are taking it with proper medical supervision?

Dr. GOLDZIEHER. I still feel that, considering the dangers of obstetrical death, the pill is today the single safest thing that a woman at risk of pregnancy can use; I said so in my testimony and I repeat it categorically at this time.

Senator DOLE. Now, with the patients you treated yourself, I know you have discussed with charts, different side effects, and whether or not they were present, and whether or not they were related to the pill.

Is there any one side effect that you have personal knowledge of, that you have observed after months with the pill, nausea or any of the other things that are mentioned? What would you say the side effects of the pill are that we can put our finger on?

Dr. GOLDZIEHER. The inconvenient essentially minor side effects are the ones that trouble up to 10 percent of women: nausea, weight gain, general feelings of ill-being. These are largely inconveniences. Often, if a woman can really afford another pregnancy, like a doctor's wife, she is the one that is going to complain bitterly about these inconveniences.