

most effective and safest form of treatment possible. And finally, newer methods of conception control should be developed. The fact that in these studies just related to you, the estrogen component of the oral contraceptive can be implicated in most of the adverse reactions suggests that the "mini-pill" era of conception control utilizing certain progestins alone may be at least a temporary solution to our problems. Continued scientific investigations and communications are imperative.

Senator NELSON. Your field is obstetrics and gynecology. Are you in a teaching hospital?

Dr. SPELLACY. That is correct, it is the University of Miami.

Senator NELSON. Do you have a private practice?

Dr. SPELLACY. Yes.

Senator NELSON. Several witnesses have expressed their view about the duration of the period that the pill ought to be prescribed, the variation being that Dr. Kistner did not see any grave dangers through an extended period of use, whereas Dr. Hugh Davis of Johns Hopkins, if it were to be used, I hope I am stating him correctly, should be limited to use for spacing pregnancies over maybe a 2- or 3-year period. Some others have been—Dr. Hertz, I think, was somewhat more reserved respecting time and purpose of use.

Do you have a viewpoint to express on that?

Dr. SPELLACY. Yes, I think that if one is using these drugs over a long duration of time that the subjects being treated should be closely monitored. Some blood studies should be performed as well as Paps smears and a routine physical examination.

I believe that we do not have enough information available at this time to establish a time limit for the continuous use of these drugs such as 6 months or 2 years or what have you.

We also cannot put our heads in the sand and ignore the existing data however, and as physicians we must recognize that there are potential problems, and each subject must be monitored as closely as possible while taking these drugs during the long-term treatment. I think the experimental literature that is available on cross-sectional studies of ladies who have taken these for a long time do show more and more adverse reactions with increased duration of use.

The unfortunate thing in all of these studies is that we do not know what the population was like prior to their starting the drug. We cannot really say that they were all perfectly normal 5 or 10 years ago, and to get these final answers is going to require that a "core study group" be carried from now on.

Senator NELSON. All the witnesses who commented on it insisted that regular medical examinations were necessary with the variation in time being from once a year to once every 6 months to then once every 3 months, some saying that, I suppose, a general physical, plus a Paps smear, plus a breast examination, and Dr. Laragh said that blood pressure should be taken every 2 or 3 months.

Do you have any view on what the nature of the physical ought to be and the frequency, and the procedures that ought to be followed?

Dr. SPELLACY. Yes, I do.

It is clear for all of these parameters studied that we are dealing with two types of populations. Ideally the clinician should preselect out the abnormal subjects and use another form of contraception for