Dr. KANE. That was prior to the listing of these. This was in 1966 or 1967. The lady in question, her husband was a druggist. After reading the package insert, he decided it couldn't be, and she experienced relief of the symptoms when she stopped the medication.

Senator NELSON. But the package insert now includes even mental depression as a side effect?

Dr. KANE. Yes, it does.

Senator JAVITS. As I recall your figures, you spoke of 52 percent.

Dr. KANE. Right.

Senator JAVITS. You accounted for 25 or 27 percent. What happened to the others?

Dr. KANE. The symptomology is such, and this is borne out in a number of other studies. The symptoms are, in some, of fairly moderate intensity. These seemed to be the women who stopped the drug. As I will document for you later, the Swedes seemed to have somewhat the same experience. Their principal reason for stopping the drugs was psychiatric.

The others sort of say, well, they are choosing between the lesser of two evils. They would prefer feeling a little tired and a little irritable to being pregnant.

Senator JAVITS. Don't you think that has to be compared to the effects of not using the pill and getting pregnant, in terms of mental depression?

Dr. KANE. This is often so, Senator Javits, but I think it should not be compared with not using the pill or being pregnant and using another form of contraception.

Senator JAVITS. If they would use it. It also must take into account, must it not, whether or not the other would be resorted to as frequently. That is a factor, isn't it?

Dr. KANE. That is a problem, again, one of a kind of informed consent. I think as long as the patient knows she is taking risks of this type. I have talked to wives of my colleagues who have felt badly while taking the medication and they have chosen to stay on it. They have said, well, I will come back and see you if I feel worse, which I think is fine. They are making a choice for themselves based on the information there at hand. That is fine, I think. People can choose as long as they have the information.

Senator JAVITS. Now, this work that you discussed, has that been done on any preponderantly economic group, middle class or lower class? I am not trying to characterize people, just data.

Dr. KANE. Well, my own was. My own was principally, I guess you would call it, white lower to upper middle class patients in the university hospital.

The Swedish studies, I think, are more representative. One was done—both were done in university hospitals. I think again with some of the lower socio-economic groups, my experience has been, in talking with the ward patients in the hospital, that the pill has a bad name, quite frankly. I couldn't report you a study.

Senator JAVITS. That is not clinical research. Now you are talking about hearsay, is that right?

Dr. KANE. Of course. I am talking about why we don't see many of these people. I have no explanation for this.