

Senator JAVITS. Well, the only reason I am asking you these questions is because I have the impression that these hearings have given the impression that this was all bad or a good deal bad and it scared a lot of people. I think that if we really want to do a responsible job in so critical an area, especially with people who really have unwanted children, and I am speaking mainly of numerous families who are the subject of poverty, I think we have to be extremely careful that we know what we are talking about. I hope very much that those who testify, and I am delighted to see that our witness from New York, Dr. Connell, who is doing precisely that, will bear that in mind. What's said here can have an enormous effect. And it is having an enormous effect. It is not just a hearing on camera. It is vitally important that a balanced picture be presented by everyone who testifies. I understand that certainly you want the truth and the facts, but we want balance, too, I should think. For men as eminent and able as the witness, it seems to me that it would be extremely helpful if they bore that in mind, that we are dealing with millions of human lives. It is very easy to scare and thus it may be very regressive, or I can see situations where it may be entirely appropriate. I think we should have a very balanced picture of social and economic status, with broad samplings, with understanding in detail of what's afoot, and not an a priori effort to prove the case.

Senator NELSON. Let me say I am the only one of the committee who has sat through all the hearings. We have called on the most distinguished witnesses we can find in the country. I think they have given their honest interpretation of the effects of the use of the pill. I do not know of anyone who has appeared who has not done so. They have their differences, but I do not see how we could have secured a more qualified list of witnesses, nor a more balanced group.

Go ahead, Doctor.

Dr. KANE. Among the psychiatric patients, frequency of morbidity was even higher. Eighty-five percent of the psychiatric patients perceived change, most of these being adverse reactions. Here again depression, irritability, and lethargy were most frequently reported. The psychiatric patients were different in that it seemed to enhance both their sexual desire and capacity for sexual orgasm. They also showed much more sensitivity to stopping the drug every month, indicating some withdrawal effects. While this figure of morbidity with the pill seemed high to us, and concerned us considerably, because this was higher than anybody else had reported before, a Swedish study reported by Nilsson and his colleagues supported our findings. They reported on a questionnaire study of 344 women who had received oral contraceptives during the year 1964 at the University department in Sweden. They had a 91-percent response to their questionnaires. Of 138 women who stopped using the medication, weight gain and emotional disturbances were the most frequently reported, 26.1 percent and 23.9 percent. Forty-nine percent reported either worsening of previously existing symptoms or a development of new symptoms. In women without a previous psychiatric history, 45 percent reported new symptoms of emotional distress. Fifteen percent of these had five to 10 symptoms. The results of their survey