suggested side effects of a psychiatric nature are almost as common as purely somatic symptoms and that in many cases the intensity of the side effects is sufficiently great to motivate earlier cessation of oral contraceptive treatment.

Senator JAVITS. Doctor, are we to assume that the pill remains the same from 1964 to date?

Dr. KANE. No.

Senator JAVITS. I mean that there have been no changes or refinements or developments, either in the administration or in the medication itself?

Dr. KANE. You raise a great problem, Senator Javits. I would not argue with it at all. We do not have enough information.

Senator JAVITS. I do not know.

Dr. KANE. There is not enough medical research. If you want to make a pitch for that, I could not agree more.

Senator JAVITS. I do not make any pitch. I want to know, is there a difference in administration or medication?

Dr. KANE. I do not know. There has not been enough research.

Senator JAVITS. But is there a different pill, is it differently administered? What's the fact?

Dr. KANE. I would say there are no studies available.

Senator JAVITS. But is it the same pill? Do they take the same thing, is it administered the same way? You should know that.

Dr. KANE. I think there are differences. I am not an obstetrician.

Senator JAVITS. Do you not think that has a very material effect on your conclusions, that they use the same thing? You are giving us a fact that you say is evidence now.

Dr. KANE. I think you are making an assumption that I think has no basis in fact.

Senator JAVITS. I am not making any assumption. I am asking you a question: Is it the same pill, is it administered the same way?

Dr. KANE. I don't think so. I think your assumption is that it is going to be different.

Senator JAVITS. I don't assume a thing, sir. I am asking you. You are a doctor. I am only a senator and a lawyer. I am not a researcher. I do not know anything about it.

Dr. KANE. Fine.

Senator JAVITS. All right, go ahead.

Dr. KANE. Among the individual symptoms, those of a neurasthenic—fatigability, emotional lability, irritability—or depressive character—feelings of depression, sleep disturbance, inferiority feelings, difficulty in starting work—were the most commonly encountered. The frequency of psychiatric side effects is not related to age, parity, marital status, or social class. Those more likely to develop problems of an emotional nature with oral contraceptive agents were: (1) women with a previous history of psychiatric symptoms; (2) women who have experienced emotional problems or severe nausea or vomiting in earlier pregnancy; (3) women who were significantly overweight prior to the start of treatment, which is in itself usually associated with an underlying susceptibility to psychiatric illness. Impaired sexual desire was reported by 25 percent of those using the pill, while almost 50 percent reported their sexual