

with what would be a normal pressure for this woman of perhaps 130/80 mm. of mercury. She was hospitalized for investigation and treatment. But with discontinuation of the birth control pills, her symptoms and problems have been rapidly subsiding within recent days.

Why can't I give you accurate statistical numbers about the percentage of patients placed on birth control pills who develop the symptoms of fatigue, depression, et cetera, that are my particular interests? First of all, I have no idea from what numbers of women on the pill in my locality my particular statistical sample comes. Furthermore, even though I keep excellent office records which are typed, chronologic and bear face sheets listing major diagnoses and drug allergies. I cannot in my solo practice of internal medicine, seeing all types of problems, set up a complex cross reference or cross indexing system. I do not specialize in birth control problems. Hence, my information about the series of problems that I have reported had to come first from a flash of insight that I was seeing a new "syndrome," and then a laborious attempt to recall from memory some past patient's names and then keep a list of new patients seen with these problems. Don't ask me or most solo physicians for statistics regarding symptoms, disease or problems that they see in their office practice.

I take time out to congratulate Dr. McCain on having IBM punchcards. This is, I am sure, unusual in most practices.

Many of the women that have come to me with problems resulting from birth control pill administration had the pill prescribed by a gynecologist, or I should say any one of a number of gynecologists in my community. He then has usually carefully examined the woman in reference to any pelvic problems resulting from the pill but has expressed disinterest, doubt or denial concerning any side effects not in his field of interest. The American patient is often partitioned out among his physicians and this can lead to doctors being blind to aspects of people's problems that they see which may fall into other fields. In my experience most of the women that have seen me because of adverse effects from the pill have not been warned by the prescribing doctor that the pill can cause important side effects. In fact, many have been told after their side effect symptoms began, that the pill could not do this, and in fact, their doctors have often denied the obvious evidence even when discontinuing the pill resulted in elimination of the woman's problems.

The sale and prescribing of contraceptive medication during the past 10 years or so has been a massive, double-blind, uncontrolled experiment with very little possibility of good mass statistical analysis. The doctor is blind (and also sometimes deaf and dumb); the patient is blind.

The years of administration of birth control pills to millions of women have also, I believe, been a drain on the Nation's medical dollar expenditure, by causing excessive need for medical care at a time when doctors have been in short supply. If all women placed on birth control pills are checked as carefully and as often as present regulations and prudence advise, there might not be enough doctors to get the job done. These women should actually have careful,