

I have before me the Indiana State Medical Journal of January 1968, entitled, "Some Apparently Common Problems in Patients taking the Pill," which I believe you authored. Again, I am bothered by perhaps a problem of semantics. Let me quote from one paragraph of introduction to your case reports:

This article was based on an unscientific sample of some 30 cases recalled "out of thin air" from an internist's office practice. The symptoms concerned were intangible enough that they would not be well identified in a mass survey, particularly if this were of a population of a backward test country or a population group that was only casually or superficially surveyed. It is also true that the symptoms are common enough in any case so that perfect truth of relation of symptoms to contraceptive medication is not easy. The author has also seen several cases of—

I do not know if I can pronounce this—

thromboembolic—

Dr. BALL. You are doing wonderfully so far, Senator.

Senator HATFIELD (continuing):

thromboembolic disease and erythema—

Is that right?

Dr. BALL. Very good.

Senator HATFIELD (continuing):

nodosum, on contraceptive pills and feels these are infrequent problems compared to those which are of concern here.

My basic problem is that I appreciate your frankness, both in testimony here this morning and in this article which you have published in the Indiana State Medical Journal.

I would like to ask you this question, Dr. Ball, again as a layman. We are here trying to come to some kind of conclusions or some sort of generalizations. I think the question is, "are these valid to do other than raise danger signals." these observations of yours? Because you say they are nonscientific. Secondly, if they are only to raise danger signals, what do we do in terms of getting to the real heart of the matter in reference to the scientific base of data on which we could, perhaps, make recommendations?

Dr. BALL. Well, sir, I thank you for reading my words from my article, and I agree with the words as heartily now as I did when I wrote that article, which was, I think, 3½ years ago.

I am not a statistician; hence, I cannot give you accurate information as to how to carry that out. But I feel that evidence presented today by Dr. Kane bears out my initial warning, and that is what I stated this was, a warning. I felt that it had not been adequately warned about.

I felt that I was seeing a large number of these women, at that time, 30, before I finished compiling my lists and I kept a list for a while, perhaps for 6 months after that article and I had 70 on the list. Since that time I have estimated 200. My secretaries told me I am wrong, it is probably 400.

These are common problems in my practice. I do not have accurate statistics. The British studies indicate 30 percent, Dr. Kane as much as 50 percent. These are not adequately warned about. It is