Dr. BALL. Yes, a physicians' careful courtesy—yes, yes, you know.

Senator NELSON. What do you advise the husband whose wife ends up that way and is not on the pill?

Dr. BALL. Probably refer him to another practitioner.

Senator DOLE. Dr. McCain mentioned earlier that perhaps we should start an investigation of divorces and all accidents and suicides and homicides to see if any relationship exists between ingestion of the pill and the commission of some act.

Dr. BALL. Well, that, of course, would only be a fraction of the problem, and I am not sure that would be the best way to get at it. For instance, I guess some have gone to psychiatric units and determined how many with depressions have been on the pill, and I think they have found some answers there.

Senator HATFIELD. I have another question. Dr. Ball, I presume that all of your objections are purely medical?

Dr. BALL. Yes, sir.

Senator HATFIELD. If there were no medical characteristics that you have observed over this experience of yours, would you have felt that the pills should be equally available to those who are married and those who are unmarried?

Dr. BALL. I would consider this immaterial.

Senator HATFIELD. Whether it was dispensed from University health centers or whether it was not?

Dr. BALL. To me, this is no medical consideration.

Senator HATFIELD. And you would not have any viewpoints on that particular phase of the use of the pill if there were no medical problems involved?

Dr. BALL. My antagonism is totally medical. In other words, I believe that anybody who is in the situation of needing a contraceptive should get it, but not the pill.

Senator NELSON. Let's suppose further, that if through additional research, an oral contraceptive was developed that seemed to have no significant side effects and was at the same time effective, you then would favor the use of that kind of a device?

Dr. BALL. Yes, sir. The problem is, we talked about changes in dosage over the years and so on. Each time we change the dose or the chemical, you have a whole new ball game statistically, and then a long period of time has to go by for evaluation. Again, is it going to be just this unscientific, hand-out-the-pills-and-see-who-gets-sick-business, which I say is wrong and which has been done. Each time there is a new pill, there is a new problem.

We doctors in private practice are very poor people to be evaluating this. I mean, I am talking about drug problems.

May I add one other thing? As far as statistical sampling, again, I do not want to appear to be hacking away hard at American medicine, but in the statistics on thromboembolic disease that the FDA hands out, the statistics that are considered valid, and I think about the only ones that are considered valid are from the British. In other words, a 7-fold increase over those not on the pill in the same age group.

Senator NELSON. I think the British study is seven; and I think the American study is 4.4.

Dr. BALL. Yes.