devoted to two areas—first, experimental work carried out by competent men in excellent laboratories, but far removed from patient care and its implications; and second, to side effects which occur in a very small percentage of the patient population. What has been missing to date and what I think is needed to maintain an overall proper balance and perspective is a better look at the vast majority of women who can and are taking oral contraceptives safely and effectively.

As a physician who began to practice before the advent of the pill, I am constantly aware of the immense difference it has made to the lives of women, to their families, and to society as a whole. The look of horror on the face of a 12-year-old girl when you confirm her fears of pregnancy; the sound of a woman's voice cursing her newborn and unwanted child as she lies on the delivery table; the absolutely helpless feeling that comes over you as you watch a woman die following criminal abortion; the hideous responsibility of informing a husband and children that their wife and mother has just died in childbirth—all these situations are deeply engraved in our memories, never to be forgotten. Since we have had more effective means of contraception, the recurrence of these nightmares has blessedly become less frequent. The thought that we may once again be forced to face these disasters on an increasing scale because of the panic induced by these hearings strikes horror into the hearts of all of us who have lived through this era once before.

A great deal of very positive information was presented here last month. Aside from the obvious personal, social, and economic advantages of planned pregnancy, we were told of lowered prenatal loss, fewer abnormal babies, and lessened maternal risks.

Unfortunately, the general public was not always made aware of this type of information to the same degree that they were made painfully aware of the frightening speculations and the diversity of professional opinion.

Senator NELSON. Might I interrupt you for a minute?

Dr. CONNELL. Surely.

Senator NELSON. What would be your conclusions about that? That Dr. Hellman, who headed the FDA task force, should not have testified, or that Dr. Hertz should not have testified or that Dr. Davis of Johns Hopkins should not have testified? Should not what qualified doctors and scientists were saying about the pill have been made public?

Dr. CONNELL. I would certainly in no way suggest that any of this evidence should not have been given, but I would suggest that similar prominence should have been given to other equally credible evidence that was of an extremely positive nature. I do not think that this latter information came through to the general public to the same or with the same intensity. The statement was not made in criticism of anything that was presented here; it was simply in criticism of balance.

Senator NELSON. Of balance of what?

Dr. CONNELL. Of the overall balance of impact of the very positive aspects of some of the testimony as opposed to the more sensational, not so positive, aspects.