presented in such a way that it could be easily understood by the average individual. From a purely scientific point of view, much of the information displayed thus far, can be likened to the relationship between the drunken man and a light post—it has been used more for support more than for illumination. Even the most violent of critics under questioning conceded the limitations of his data, and stated that many of his conclusions were based on unsubstantiated speculation and would not bear the scrutiny of an objective statistical analysis.

Mr. GORDON. What page are you on?

Dr. CONNELL. I am summarizing. I am not reading my entire testimony.

We are already unfortunately beginning to reap the rewards of the publicity coming out of the January hearings. Most reporting, happily, has been both objective and accurate, but even so, it has created vast uneasiness and unhappiness. This was clearly foreseen and predicted by all physicians working closely with family planning at the grassroots level. I can speak most accurately about the results as I have seen them in New York City, but I know from many personal contacts that this experience is being mirrored throughout this country and abroad.

We are just now beginning to see the first of the pregnancies of women who panicked in January, stopped their pills and did not seek or use another means of birth control. These women will not be here to testify, but they now bear within their bodies mute testimony to the effectiveness of induced fear.

Quite parenthetically and most tragically, they also help to dispel the dire predictions made here of prolonged and widespread sterility following the use of oral contraception.

I have repeatedly heard the statement made that middle and upper class women might be upset by the adverse publicity, but that this would not be the case with her culturally deprived sister in the ghetto. Nothing could be further from the truth. Clinic personnel have told me that the mass media reaching low-income women in New York City were among the most active in reporting these hearings. Clinic staffs, as well as private physicians, have been innundated with telephone calls and visits by disturbed women seeking answers and reassurance.

It would be nice to think that out of this intense activity has come the needed and neglected patient consultation and instruction about which we have heard so much. Unfortunately, most of this was the purposeless activity of women who already have been properly instructed and cared for, had made their decisions and previously had been entirely satisfied with their contraceptive method. It is obviously too early to detect illegal abortions and deaths occurring as a result of these pregnancies, but it is axiomatic that they will occur in increasing numbers.

We might get some idea of the impact thus far by observing what has happened across the country in different localities. Let us look at the experience in planned parenthood clinics from January 14 to February 13 in such diverse areas as Detroit, Houston, and New York City. In Detroit, where approximately 10 requests for dia-