impossible to find a group of users who have taken oral contraception long enough to allow for epidemiologic studies or statistical analysis of side effects. Half of all women who start using oral contraceptives discontinue the method before one year of use. In some studies half discontinue in less than six months. The number of women using oral contraception for two years or more has been too small to permit meaningful studies. Hence, the long-term effects of the medication have yet to be determined and are relevant to few users.

Polls taken after the January Nelson Subcommittee indicate that 40 percent of United States women currently using oral contraception have been disturbed because unfavorable comments in the lay press during last month's Senate hearings led them to conclude that the pills were a serious hazard to health.

The known side effects and complications of oral contraception are being continually monitored by task forces, groups of experts advising the United States Food and Drug Administration. Two reports, one published in 1966 and one in 1969, report the current state of knowledge and advise specific studies. The reports have been distributed to the medical community of the United States. The World Health Organization has likewise convened groups of experts and distributed technical bulletins to the world medical community. I maintain, therefore, that physicians have been adequately informed and possess the information necessary to make the proper decision concerning the prescription of oral contraceptives.

The rash of books and articles written by non-medical science writers for the most part tend to be sensational rather than scientific and are a disservice to the consumer, who should depend on her physician for advice.

The pharmaceutical industry, I believe, has been conscientious in reporting side effects. There is a need, however, for a systematic and collaborative evaluation of the effects of hormonal contraceptive agents. An admirable example of an evaluation of a new contraceptive is the collaborative statistical study of intrauterine devices organized on a world wide basis by a private agency, the Population Council, in 1962. This study led to the rapid accumulation of significant information on the effectiveness, acceptability and risks associated with intrauterine contraception.

Hormonal contraceptives are important drugs for the treatment of gynecological abnormalities. Cyclic administration will control abnormal bleeding and painful menstruation. Continuous administration will prevent the pain due to endometriosis which is usually associated with menstrual periods. There is no evidence that these preparations have a beneficial effect on infertility. They have been used in attempts to prevent threatened or habitual abortion, but convincing evidence of effectiveness is lacking.

Oral contraceptives prevent ovulation and do so at the level of the central nervous system. Thus, the entire metabolism of the individual may be affected. We believe the ideal contraceptive should interfere with some peripheral reproductive event such as fertilization or implantation. The need for funds to support research leading to the development of new contraceptives is urgent. Until the time when we have simpler methods, however, I plead with the women of the world to calmly rely on the advice of their physicians concerning the contraceptive of choice. I beg the press to report accurately or not at all. No new information was disclosed during the January hearings, and there is no cause for panic.

SUPPLEMENTAL STATEMENT OF DR. ANNA L. SOUTHAM

The continuation rates quoted apply to foreign users chiefly from Asian countries. Continuation rates in the United States are somewhat better, particularly if medical follow-up is good.

The Indian Council of Medical Research has evaluated the reports issuing from the Monopoly Subcommittee on the adverse effect of oral contraceptive pills. Expert consultants in India are not impressed by data that have been presented. They have conducted their own studies and feel that the oral contraceptives are safe to use.

Senator NELSON. Our next witness will be Gen. William H. Draper, Jr., Honorary Chairman, Population Crisis Committee,