metabolic disturbances reported from clinical medicine and the laboratories.

It should be distressing to American physicians that although the pill was first discovered, researched, clinically tested, marketed and widely used in the United States, and although the number of women using the pill in the United States far exceeds the number in other countries, and although there were four United States-dominated committees appointed to investigate safety, it was not the United States with its much vaunted scientific resources and superior health accomplishments that resolved the vital question of the association of thromboembolism with the pill.

It was resolved by England, a medically socialized country whose resources, supposedly, do not compare to ours.

Well, we had 6 million on the pill and now 8.5 million. England never had more than 600,000, but they managed to get the studies done. And I would like to suggest to this committee that the reason we never have gotten good figures on the medical hazards of the pill are that the promoters of the pill, including the drug companies, are not interested in having these figures determined and made available. There is no other way of understanding why over a 10-year period we have not gotten answers to this. And I think it is near hypercritical for somebody to suggest that the Government spend all kinds of money to determine the hazards, not that they should not be done, but because by the time we hand out enough money, by the time the studies are completed, the pills will be off the market and we will have a new pill to contend with.

The fact remains that the question of thromboembolism was resolved by England, a medically socialized country whose resources, supposedly, do not compare to ours. Furthermore, although promoters of the pill had the earliest and largest clinical experiences with the pill—and this includes Dr. Guttmacher, who in his testimony last week pointed with pride to the fact that he personally, as president of Planned Parenthood-World Population had "one of the largest birth control practices in the world"—they were not the ones who discovered and reported serious adverse findings.

Apparently, what was not looked for was not found. What was not surveyed was not seen. What perhaps happened was ignored. With rare exception, the clinical researchers and promoters of the pill ignored the firm warning of Professor Mitchell of Oxford and the British Medical Research Council given at the Searle-AMA 1962 Conference (M.H. p. 63): "the patients who drop out of the trials * * * are much more important than the patients who stay in them."

To ignore the patients who dropped out was the radical failure of the highly touted and highly publicized Searle-Planned Parenthood study, released April 2, 1965, of women who had taken the pill for 25 months. They only studied women who had been on the pill 25 months, which meant that any woman who had died before 25 months was not part of the study, nor were the "51 percent" of the women who dropped out the first 12 months because of complications part of the study.

This automatically eliminated all of the "bad eggs" and that is why they had such a good propaganda piece. This study lulled the