The number of unplanned, unwanted pregnancies resulting from this situation awaits further study—the number of deaths from illegal abortion or complications of the pregnancy frightens the imagination. The only group that appears to have benefited is the telephone company—if the number of frantic long-distance phone calls I have personally received is an accurate indication.

As a clinical gynecologist, meeting the needs of the female on an everyday basis, I am deeply concerned over the position in which our women are being placed. It is now time for someone to stand in their behalf and raise a real sense of concern for their interests and needs—physical and, above all, emotional. Much has been said against the pill—yet little factual information is currently available, and less that has been presented in simple everyday language, upon which each woman or family can base an intelligent decision within their own personal and individual needs.

Information has come from England on the incidence of thromboembolic disease, received wide national attention, and caused serious concern in many quarters because of the death rates reported. Yet it has been based on studies that have been by and large retrospective in nature, and composed of a different patient population than exists in the United States.

Until more accurate prospective data has been collected on a proper scale, in our own country, the exact relationship between the pill and thromboembolic disease will remain exactly what it is not —an impression—and one that may be hazier than suspected. It is not proper to hide factual data nor falsify current findings or impressions from the national eye—nor is it proper on the other side of the coin to magnify incomplete information into undeserved prominence.

Until such time as medical science can accurately diagnose pulmonary embolism in all instances—and it cannot do so at this time—it is not possible to even know the usual incidence of this problem in the general population, much less whether a given patient is afflicted with the disease or some other entity.

Women, if they are to continue to be informed of this disorder in such detailed manner must also be informed of these facts—and told that it is not unknown for a diagnosis to be swayed by the simple fact that she is on the pill. They must also have these findings places in their proper prospective—rather than be left as simple rates of three or 10 per 100,000.

Show how these compare with the risk of smoking, driving a car, living in a city with its polluted air, illegal abortion or simply taking aspirin which has been reported to cause 20,000 deaths a year in the United States.

Senator DOLE. I might say there, Doctor, we have just had a witness who has given us reverse analogy, that the pill causes more deaths than murder, rape, several examples. So I assume this is a fair statement to give the other side of the coin, as you say, at the top of the page.

Dr. PETERSON. Well, I don't know, you all are running late and I did not intend to go into some of Dr. Ratner's findings. I thought I would just present my side of the coin here.

Senator DOLE. Fine.