women who have never been pregnant should avoid using the pill until their fertility has been proven. This statement, based on the finding that occasionally women experience difficulty in establishing pregnancy following use of the pill, arbitrarily compromises the majority for a small minority.

Consider the plight of the single girl who indulges in sexual activity—in view of a current rate of illegitimacy of about 10 percent—or on a larger scale the problem of the young bride-to-be. Are we to return to the centuries-old problem of planning the wedding around nebulous menstrual periods or conducting the honeymoon—with its expected frequency of intercourse—around the 8-hour postcoital mechanical restrictions because a few women may or will have difficulty after pill therapy.

Here again romance and freedom has been extended to the young woman, an opportunity to start marital life on the most desirable emotional plane, and then snatched away because of half truths incompletely and improperly reported to the public. Are we to deny the therapeutic benefits of the pill to those with severe dysmenorrhea, or profuse and prolonged menses, and subject them to surgical measures, with its more serious risks and increased costs?

The facts of the matter are that only a small number of women will have this problem, they are usually those who reflect compromised menstrual function prior to instituting pill therapy, and relatively simple and effective therapy is available to them.

In a recent study of 1,141 women, the incidence and timing of conception was almost identical in the group that had taken the pill and stopped in order to conceive, when compared to the control group using other methods, or none at all. Of the pill group, 62 percent were pregnant within 3 months as compared to 60 percent of the control group. This, incidentally, did not seem to be altered if the patient took the pill in excess of 24 months. These findings are in accord with those reported by other—Watts et al., Am. J. OB/GYN 90:401, 1964.

The potentialities of genetic defects have been repeatedly raised during these hearings leaving a dark cloud hanging over the head of young America. Turning again to the same study for information made available to physicians through the specialty literature last year—and, incidentally, unmentioned by the investigators of this committee, many of the people testifying in front of this committee—it was noted that 9 percent of pregnancies following use of the pill terminated in spontaneous abortion as compared to an abortion rate of 8.6 percent among those who had used other measures or nothing at all.

Mr. GORDON. May I interrupt here for a moment. I understand you were a consultant to the B. & K. Dynamics pilot study for the Food and Drug Administration.

Dr. PETERSON. Yes, sir.

Mr. GORDON. In the conclusions, we have the following statement:

However, the facts that nine out of 44 births that occurred subsequent to OC usage were abnormal in some way, indicates further research in this area may be fruitful. The percentage of abnormal births was surprisingly high, however, no procedural sampling technique was found which would account for this fact.