and sent them overseas for studies to be done in Europe—at a time that we are all involved with "Buy America." And it is a little difficult to understand.

To continue, the incidence of congenital anomalies of any degree, as evaluated by qualified pediatricians, in the pill group was 3.7 percent—15—of 401 births as compared to 4.8 percent of 641 births in the control group of patients. Since this report was released an additional 4,124 patients have been studied—1,835 of whom had taken the pill prior to conception.

The pregnancy terminated in spontaneous abortion in 6.8 percent of those women who had taken the pill and 8.3 percent of those in the control series. The incidence of congenital anomalies of all types in those having been on the pill was 3.9 percent or 68 in 1,711 births. In the control series the incidence was 3.7 percent or 77 in 2,098 births. While all of this new data must await more detailed computer study, it is permissible at this time to state that the use of the oral contraceptive prior to conception does not appear to exert any important genetic affects on that pregnancy.

Another problem of relatively minor concern, yet of major discomfort to the patient, is that of monilial vaginitis. About 2 or 3 years after the pill appeared on the national scene articles began to appear in the various medical journals stating that the incidence of this disease was higher in those on the pill. Several suggested a cause and effect relationship and the hyperhormonal influence of the pill was given as the probable etiological explanation.

This has crept into our teaching and today is a relatively widely accepted concept. A recent unpublished study from the Malcolm Grow USAF Medical Center reveals that the incidence of positive cultures of monilia is only slightly higer in the pill-taker, as compared to a control grup—15 percent versus 12 percent.

The study further suggests that the difference is related to the use of mechanical means of contraception rather than any direct influence of the pill, for similar problems are noted in those who have undergone hysterectomy.

Gentlemen, it is facts such as those that must be presented to the American women, rather than half-truths incompletely detailed in a sensationalistic manner. We must no longer permit incomplete medical findings to appear in the press before they have been made available to physicians who must weigh their importance in the light of each patient's individual situation.

Witness to current discussions regarding the low dose estrogen pill —how are we as physicians to answer the patient's inquiries if we have not had an opportunity to properly evaluate the findings in detail. If it is this committee's purpose to see that the patient is more completely and properly informed then here is an opportunity for it to provide a great service to the patient and physician alike and the Nation as a whole. Let us stop attacking the pill in an indiscriminate manner just because it makes good copy.

Let us provide the full picture—develop all of the truths, detail its values, its side reactions and its disadvantages. Yes, and stimulate every opportunity to find answers wherein they are absent and