committee now also has an obligation to provide the public with a written statement of its findings.

In regard to what the physician should tell the patient, I don't think this is too much a problem. The choice of a contraceptive is a personal decision made by the patient and if she selects an oral contraceptive the physician should give the patient written pamphlets which describe potential side effects of these drugs. The difficulty of evaluating side effects of a drug was beautifully illustrated in a recent study from Mexico. In this study there were 147 women who had recently experienced a spontaneous abortion and were interested in having further children. However, they volunteered to participate in a 1-year study to evaluate a new oral contraceptive. At least, that is what they were told. This new pill was composed of sugar and starch only. And I hope you will agree these are harmless.

These patients while taking these tablets developed 31 different kinds of side effects, including percentages of headache, bloating, weight gain, pain in veins, and many others in equal or greater numbers than those which have been attributed to real oral contraceptives—Agner-Ramos, R. Incidence of Side Effects with Contractive Placebos. Amer. J. Obst. & Gynec. 105 :1144, Dec. 1, 1969.

In summary——

Senator DOLE. Do you have either a summary of that study, or do you have available a copy of the study itself?

Dr. SCHULMAN. I have listed it as reference 2 in my statement.

Senator DOLE. We can obtain that.

Dr. SCHULMAN. The Incidence of Side Effects with Contraceptive Placebos.

Senator DOLE. Thank you very much.

Dr. SCHULMAN. In summary, I would say that continued efforts should be made to continue to study and quantitate the biologic and social effects of oral contraceptives. I would like to add from listening to the discussion today, I think everyone in making this sort of a statement is assuming that something grand is just over the horizon and I think this is a very dangerous sort of thinking to get into. I do not think the human body is that easy and there are many major medical areas such as cancer where we have had these kinds of promises for 50 or 60 years, we are now getting these kinds of promises for transplantation and the body's ability to reject an organ, and I think perhaps the body is not going to be easily thwarted in terms of conception, either.

I believe that for the most part physicians and their patients have been adequately informed and are continually informed about the status of the known factual information.

Thank you.

Senator DOLE. Is it possible for a woman to be known to be pregnant by, say, February 19, as a result of stopping the pill on or about January 14th? That is the day the hearings started.

Dr. SCHULMAN. I think she would have to stop it a little bit sooner. I think if she stopped around January 8 or 9, it is conceivable that she could conceive sometime in the next 10 days. That would make it the 19th, and that a pregnancy test could be positive by early or midFebruary. Yes.