our objective study and reporting our findings and publicizing them very widely.

And we will have a chance from the committee, all of us, to review the testimony and come up with some objective findings and release a report at the earliest possible time. I think it is important that it be done very quickly because tomorrow we have our final witness, Dr. Edwards of the FDA.

Is there anything else that you want to add that you did not mention in your statement?

Dr. SCHULMAN. I do not think so.

Senator DOLE. Thank you very much.

(The complete prepared statement submitted by Dr. Schulman follows:)

STATEMENT OF DR. HAROLD SCHULMAN, ASSOCIATE PROFESSOR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, ALBERT EINSTEIN COLLEGE OF MEDICINE

My name is Harold Schulman. I am an Associate Professor of Obstetrics and Gynecology at the Albert Einstein College of Medicine in New York City. I would like to present a point of view based upon my position in which I am responsible for teaching obstetrics and gynecology to medical students and residents, as one who is engaged in private practice, and in addition responsible for the supervision and care of women in a large municipal hospital setting. Our hospital (Jacobi Hospital) contains 91 obstetric and gynecologic beds which are filled to capacity most of the time and we see an average of 500 women per week in our outpatient offices.

In Senator Nelson's opening statement he indicated a desire to learn if women and physicians are being adequately informed about the merits and risks of oral contraceptive pills. I do not believe that the committee has uncovered any data to suggest that there is any information that has been withheld or kept secret from doctors or the public. Furthermore I do not believe that the committee is qualified or should get involved in attempting to determine the validity of a scientific analysis of possible long range effects of a drug. Scientific information can not be resolved in a democratic approach or by a majority vote.

I have no reason to believe or even suspect that the two reports of the Advisory Committee on Obstetrics and Gynecology to the FDA and a W.H.O. report are not accurate or reasonable summaries of the state of knowledge regarding the pills and their effects on women who use them (1). The members of the Hellman Committee are known to me either personally or through the quality of their published works. I believe the conclusions of this commtitee are reasonable and moderate and are similar to those arrived at by most gynecologists who have made an effort to survey and keep abreast of the published scientific reports on the pill. Whether all gynecologists are as fully informed about medical advances as they should be is open to question, but it is clear from several polls that the majority of gynecologists prescribe the pill because that is what their patients ask for, and most require annual examinations before renewing prescriptions (3).

The selection of a contraceptive technique reflects a decision based upon multiple considerations. First and foremost, "How important is it not to become pregnant?" I don't believe that the vast majority of physicians understand how the fear of pregnancy can pervade a woman's entire life and activities. A number of years ago the gynecologist used to see a fairly common clinical picture which was called the tired housewife syndrome. Characteristically, this was a woman in her late 20's or early 30's with 2 or 3 children who came to the office with multiple vague complaints. Physical and laboratory examination did not reveal any physical cause for her complaints. Greater exploration into her social history reveals a woman tied down to raising three children, her husband rarely home because of this critical period in his career development, and, therefore, there is very little external social life. She knows that

NOTE.—Numbered references at end of statement.