

having somewhere between their 5th and 18th baby. These patients are becoming increasingly rare. The pill is probably doing more to eliminate and diminish poverty and problems of the urban poor than any other political action program devised, by giving women the freedom of only having one or two children and raising them properly. If you look at the critics of the pill you will see that very few of them are gynecologists. Most gynecologists appreciate how important it is for a woman to be able to control when she is to get pregnant. Gynecologists are facing the bold facts of sex and sexuality every day and are forced to become comfortable with these issues whereas the vast majority of our society including physicians are not nearly as comfortable. When medical students are assigned to work in obstetrics and gynecology, we see the highest incidence of psychosomatic illnesses, and in addition we find them reacting very strongly in either a positive or negative way to this area of medicine.

There is little doubt that the reporting of these hearings by the press, radio and television has created widespread alarm among women, and many have stopped taking oral contraceptives because of this. Tragically it is once again the poor who are discriminated against in this type of situation, because they stop their method of birth control, and do not have easy access to a physician to obtain other methods. We have already seen several women seeking abortion because of these developments. If hearings such as this are going to be held I believe the committee must carefully plan and screen all individuals who are invited to testify as to the content of their testimony. Reputable newspapers and magazines have employed science writers to ensure that the public gets accurate information without unduly alarming the public. Furthermore the committee must use its legal skills to question and deliberately point out to witnesses and the public at the time of testimony when inflammatory statements such as "mass experiment" are being used. I think this 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 one year study to evaluate a new oral contraceptive. This new pill was composed of sugar and starch only. 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 (2).

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 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.

REFERENCES

1. Advisory Committee on Obstetrics and Gynecology Report to Food and Drug Administration, Aug. 1, 1969.
2. Agner-Ramos, R. Incidence of side effects with contraceptive placebos. *Amer. J. Obst. & Gynec.* 105:1144, Dec. 1, 1969.
3. American College of Obstetricians and Gynecologists Report on a Survey of Experience With Oral Contraceptives Oct., 1967.
4. Lasagna, L. The Pharmaceutical Revolution: Its impact on science and society. *Science*:166:1227, Dec. 5, 1969.
5. Miller, R. W. Delayed radiation effects in atomic-bomb survivors. *Science*:569, Oct. 31, 1969.

Senator DOLE. The hearings are adjourned until 9:30 tomorrow morning.

(Whereupon, at 4:35 p.m., the committee adjourned, to reconvene at 9:30 a.m., on Wednesday, March 4, 1970.)