

A. To some degree.

Q. All right.

And some women get nauseated when they start to take this pill?

A. Right.

Q. It is a sign to them that they don't feel good?

A. I would think so.

Q. And some women drop off of the pill at that sign of nausea?

A. Right.

Q. All right.

So the women who either move or want to get pregnant or whose reactions to the pill are such that they don't want to continue with it, are not included in your statistics down here of the oral contraceptive users?

A. They are not in that, but they are included in two other studies that I haven't included.

Q. We are talking about—

A. One study that I have included in there does evaluate the people who dropped out; that's the Frank and Tietze paper. They evaluated—I think they had roughly 11,000 women in the study. I would have to look it up to be sure, but they evaluated—gosh, if I had the paper I could calculate it—a higher percentage of women who dropped out; 50 to 60 per cent, because they wanted to check on the point that you are raising, why do women drop out.

Well, we know some of the reasons; some have nausea; some move; some want to get pregnant, but they canvassed well over a thousand patients in a fairly respectable percentage, 50 to 60 per cent of the drop-out. None of the drop-outs had developed thrombophlebitis, although some of them said they had dropped out because they said they were scared about getting thrombophlebitis, but none had the disease.

Q. Doctor, you are talking about 50 to 60 percent of the drop-outs that they interviewed?

A. That's right, of the people that drop out.

They did a check by interviewing 50 to 60 per cent—I say; I'm trying to remember the figure. I can calculate it—just to see if the questions of the type you are raising have any validity, and they did not find any women who had dropped had developed thrombophlebitis.

Q. Now, Doctor, the accuracy of your study done here dealing with the users of oral contraceptives, of course, depends upon the reporting of the incidence of pulmonary embolism?

A. Right.

Q. And if a woman dies of pulmonary embolism and there is no autopsy, you don't know if that is the disease that caused her death?

A. I can't be certain. You go by clinical signs and symptoms, obviously.

Q. Yes. But those signs could account for any number of diseases, as heart attack?

It would be symptom of a heart attack that would be almost like pulmonary embolism?

A. I agree; it would be better to have an autopsy to be sure.

Q. So unless you have an autopsy, Doctor, you don't know how many women on oral contraceptives are dying of pulmonary embolism?

You can't tell, can you?

A. Well, first off, you have to have some that are dying, and in the study of Frank and Tietze, again, with 11,000 women, there were no deaths, as I remember it, so I don't * * *.

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Q. All right.

And you also know that many of the women who buy Enovid for oral contraceptives do not complete their medication?

A. Some don't.

Q. You had studies in the Seattle area where up to 75 per cent of the women went off the pill?

A. There was a certain small study. You must remember, too, that normally some of the studies were done at the ten-milligram dose which did produce more nausea.

With the five-milligram and the two and a half-milligram doses, the incidence of nausea and side effects of that type is very much less.