Senator McINTYRE. Would it be wrong for me to turn those figures around and say in the first instance 99.3, the second instance 99.8?

Dr. DAVIS. Certainly.

Senator McINTYRE. It would not be wrong for me to do that?

Dr. DAVIS. It would not be wrong for you to do so in women who remain on the medication. But I think another point that has been missed is that either because of human failure to come back or because of the development of nausea or weight gain or some other side effect, anywhere from 20 percent to as much as 50 percent of women tend to abandon the method in the first year of use, and in practice it is proven much less effective than one would have hoped.

Senator McINTYRE. That helps me. I mean it shows very little difference under a certain basis of overall looking at it.

Dr. DAVIS. If it is taken precisely on schedule, I think it is fair to state that at the present time oral contraceptives are without any doubt the closest thing to surgical sterilization that we have ever developed.

Senator McINTYRE. Now, Doctor, move on, if you will, to the diaphragm, and the IUD. Can you give me a percentage on those, please?

Dr. DAVIS. With respect to the diaphragm, you have to look at the woman, because a 35-year-old middle-class woman has an overall lower fertility to begin with than a 22-year-old woman, and she also has a better motivation to use the diaphragm if she already has four children. And if you look at the effectiveness figures for diaphragms, you will find in 22-year-old women it is relatively ineffective if they have one child, that it will fail as much as 20 percent of the time. But if you take a 35-year-old woman with four children it suddenly becomes about 98 percent effective. Perhaps her children stimulate her memory function. It is a very effective means of contraception if they have——

Senator McINTYRE. Proper motivation.

Dr. DAVIS. Proper motivation and good facilities, yes, sir. The motivation is less important with respect to the intrauterine device because it does not require a repetitive act and I think this is the big advantage that the intrauterine device has in terms of pregnancy protection. But here your pregnancy rates, depending on the types of device, range anywhere from 0.5, to as much as 6 or 8 percent for the first year.

Senator McINTYRE. Doctor, one of the arguments frequently used against the intrauterine device is that it is not suitable for women who have never had a child. How would you reconcile this with your statement that such devices can be successfully used by 95 percent, 94 percent, of the women?

Dr. DAVIS. That statement was true as of perhaps 18 months ago, and I made the same statement in 1966 in writing a review of the status of intrauterine devices.

Since then, smaller devices have been developed, which are better tolerated, which are better retained, which do not have the expulsion risk or the side effects of some of the larger bulky earlier devices. In Baltimore, we have a series now that exceeds some 300 women who have never borne children, who have been quite successfully fitted with intrauterine devices.

Senator McINTYRE. I understand that you yourself have devised an intrauterine device that is extremely good?