can come at a moment's notice. In other words, if you are running a clinic, you have to have some way for the person who has difficulty to talk to either a doctor or a nurse or somebody. If you do not have this, the continuation rate is very poor.

Let me give you an example. It is an exaggerated example but I think it is a good one.

We visited a small village in India where they were using oral contraceptives. I suppose this village had 250 women in it. They had 25 women on the oral contraceptives and everybody was happy. But they did not have a doctor there on a full-time basis or a nurse. One of the women, the wife of the leader of the village, had an episode of diarrhea, nausea, and vomiting. These are common in India. But she was on the oral contraceptives and she told all her friends, and in the second day we had 12 dropouts, and in the third day nobody was taking the oral contraceptives. So this is the kind of thing that you get if you do not have medical care readily available.

Mr. GORDON. Dr. Hellman, when you talk about use effectiveness, you do consider the dropout rate?

Dr. HELLMAN. Yes. This is a difficult question, Mr. Gordon, for the nonprofessional to understand. We have two kinds of effectiveness that we talk about.

Mr. GORDON. I am talking about use effectiveness, not theoretical effectiveness.

Dr. HELLMAN. Has this all been explained to this committee?

Mr. GORDON. Yes.

Dr. HELLMAN. Then we will not go into it. Use effectiveness takes into account the dropout rate.

Mr. GORDON. Then would you consider, with the dropout rate in the figure, that the use effectiveness of the IUD is higher than that of the oral contraceptives?

Dr. HELLMAN. I cannot do that mathematics that quickly, I am sorry. I just cannot answer that question.

Mr. GORDON. Can you supply that for the record?

Dr. HELLMAN. Yes, I will if you would like.

(The information follows:)

2D REPORT ON THE ORAL CONTRACEPTIVES ADVISORY COMMITTEE ON OBSTETRICS AND GYNECOLOGY—FOOD AND DRUG ADMINISTRATION, AUG. 1, 1969

PREGNANCY RATES PER 100 WOMEN PER YEAR

| | Method [1] failures | All [2] pregnancies |
|---|---|---|
| Oral contraceptives: | | |
| Combined regimen | 0.1 | 0.7 |
| Sequential regimen | .5 | 1.4 |
| Intrauterine devices: | | |
| Large Lippes Loop | [3] 1.9 | 2.7 |
| Saf-T-Coil | [3] 1.9 | 2.8 |
| Condom or diaphragm | 2.6 | |
| U.S. clinics: | | |
| Diaphragm used with spermicidal jelly or cream | | 17.9 |
| Vaginal foam | | 28.3 |
| Vaginal jelly or cream alone | | 36.8 |

[1] Sometimes referred to as "theoretical effectiveness;" it is nearer to being the "theoretical ineffectiveness."
[2] Sometimes referred to as "use effectiveness;" it is nearer to being the "use ineffectiveness."
[3] Pregnancies with IUD in situ. All rates for IUD's and traditional methods are for the 1st year of use.

Note: The "use effectiveness" of the combined regimen of the oral contraceptives is about 4 times that of the IUD; and the "use effectiveness" of the sequential regimen of the oral contraceptives is about twice that of the IUD.