Dr. CONNELL. Again, I think it is rather difficult. You are dealing with a preparation which was placed on the open market in 1960. I think I make the point in my full testimony that a great deal of the criticism of the 1960 data is actually based on 1970 knowledge. This is a very tenuous scientific approach, to look at any one era in time through the eyes of a different time.

It is sort of like being a knight at King Arthur's Court. I am not sure one can or should do this.

Senator JAVITS. But nonetheless, as I read your testimony, you say on page 8 that no factor other than adverse publicity could be found to account for this precipitous drop in use of the pill. That excludes, therefore, adverse scientific information sufficient to override the scientific information upon which this was made available for public use, does it not?

Dr. CONNELL. I believe so.

Senator JAVITS. That is the fact. And that is really a judgment, is it not?

Dr. CONNELL. I would say so.

Senator JAVITS. In other words, you are continuing to prescribe the pill, are you not?

Dr. CONNELL. Unless I have a definite contraindication. I do not feel the pill is the universal pill for all women. I think anyone with good medical judgment knows that there are some people who should not be on the pill.

Senator JAVITS. But certainly, you advise against it being taken off the market.

Dr. CONNELL. Most emphatically.

Senator JAVITS. What do you understand to be the purpose of these hearings?

Dr. CONNELL. I think the stated purpose was to explore the area of informed consent. I think this was the primary purpose. It was also my understanding, reading about the hearings at the end of last year, that they were to determine how much women knew on what basis they were accepting or rejecting the oral contraceptive. This is what I read; this is my understanding.

Senator JAVITS. Now, I noticed with interest the statement on page 9, where you say that the IUD carries its own burden of side effects and deaths. I have noticed that that is said and then dropped.

Second, but much more important, is the fact that we have all seen—this is in your statement—that women will not universally accept and use these alternate and less efficient methods.

Now, is there any scientific evidence that IUD has its own burden of side effects and deaths?

Dr. CONNELL. Oh, yes, surely. You can find this if you look at the data that Dr. Tietze, who has been quoted here many times has collected in his international IUD statistical cooperative through many years. This has been done to an extent that you can actually quantitate for any particular IUD the adverse effects of that device in terms of perforation, pregnancy, bleeding. This is well documented.

The other study that I think has also been mentioned here before is a study done by the American College of Obstetricians and Gynecologists, where there is actual data collection on the side effects of