—which for some reason is not commented on despite considerable interpretation of other data—deserves emphasis. One out of five women who have ever used the pill stated that they "will not use [it] again." The ratio runs as high as one out of 3.6 users in the age group of 30 to 34.

This is a strikingly high rejection rate for a drug. There is none that I know of which is comparable. It supports the contention of many that the untoward effects of this drug are extensive and that there is gross underreporting of these effects to surveillance agencies. The dropout is also consonant with the continuing reporting of the dangers of the drug in the medical literature, and the concern expressed in the Hellman report to the Food and Drug Administration.[1]

The fact that this contraceptive is the most desirable to women psychologically (because it dissociates itself in time and place from coitus) and that its use is initiated in a state of health heightens the significance of this finding.

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We did not comment on the admittedly high proportion of women who have used the pill but who have stopped using, and report that they will not use it again, because this measure is totally inadequate as an index of the dropout rate, not to mention the "untoward effects of this drug." The reasons for its inadequacy are:

1) The ratio calculated by Ratner does not take into account the length of time the pill was used; it includes women who have used it for less than a month as well as those who have used it for 5 years. The implications of termination obviously differ by length of use.

2) Our analysis of the use of the pill included women who used it for reasons other than contraception. Some of these women have now stopped using it because it had satisfied (or had proven ineffective in satisfying) the original medical complaint—such as menstrual discomfort.

3) Some women who had used the pill stopped because they no longer needed it; their contraceptive needs vanished with the onset of menopause or sterility.

4) A small group of women used the pill in order to promote fertility, and accomplished this purpose.

5) Some women stopped using the pill because of problems unassociated with side effects—such as questions of morality, or cost, or difficulties in remembering to take the pill.

6) Some women reported stopping because of "doctor's orders." Although part of this may be atributable to the occurrence of undesirable symptoms, it is likely that much of the category represents the doctor's precaution without specific indications.

The remaining women who do not intend to resume can be classified as interrupting use because of reported undesirable reactions. Admittedly they constitute a majority of the total group referred to by Ratner, but it is evident that the symptoms they reported cover a wide range from real to imaginary, and from significant to trivial. We are currently in process of trying to estimate the dropout rate over time by type of reason, in order to achieve refined estimates appropriate to the question Ratner has raised.

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Dr. RATNER. Since you are putting that in, it should be made clear that I quoted from their work which took cognizance of what I said

[1] "Food and Drug Administration Report on Oral Contraceptives" by the Advisory Committee on Obstetrics and Gynecology. FDA. 1 August 1966. Available from the U.S. Government Printing Office, Washington, D.C. 20402.