

These are potent drugs. Any experienced physician realizes that any drug strong enough to have a desirable therapeutic effect will be found ultimately under the right combinations of circumstances to have undesirable effects; these may be serious or, in extreme situations, even fatal. This is a hazard of all drug therapy.

One of the effects of these drugs given as contraceptives is to simulate in some part, at least, the earlier portion of a pregnancy. The simulation is not exact. There are obviously a great many differences, but in several biological respects, the woman who is on the pill might be regarded as pregnant, though the state lasts only a month and no products of conception are present.

Pregnancy itself is not a completely benign state. In the middle 1960's, the estimated maternal mortality due to the complications of pregnancy was 2.4 per 10,000, or 24 per 100,000 for whites under optimal conditions; it was 9.7 for nonwhites under frequently less than optimal conditions.

So it seems fair to assume it possible, at least, that the degree to which the biological condition of the woman who is taking the pill resembles pregnancy would also indicate the degree to which she would be exposed to the inherent risks of pregnancy.

Of course, there is one great difference. That is the very short duration of each cycle on the pill. If one indulges in a little simple arithmetic: The duration of pregnancy is statutorily 280 days; biologically, it is 266. But accepting the statutory 280 days and adding an anovulatory postpartum period of 30 days, a natural pregnancy exposes a woman to its hazards for around 310 days. If this same woman were on the pill, she would have at least 10 or 11 cycles in that time.

So if natural pregnancy and the state induced by oral contraceptives were identical, and I hasten to assure that we have no reason to assume that they are identical, then the woman on the pill has 10 times as many chances of developing a pregnancy-associated complication as the woman who had been naturally pregnant in this period of time.

I want to emphasize this is not numerically exact, and not medically proven at all. I mention it only to point out that there is reason to suspect that some of the natural hazards of pregnancy might occur in the patient taking oral contraceptives, and there is reason to suspect that they might seem to occur more frequently, since the state induced by the pill is much shorter and more frequently repeated than is a natural pregnancy.

Natural pregnancy has been recognized for decades to be attended occasionally by neurological complications. Migrainous headache very often gets a great deal worse during a pregnancy; occasionally it remains unchanged, and rarely improves. Thromboses of arteries in several parts of the body, including arteries of the brain, and thromboses of the large intracranial veins have been recognized as complications of the pregnant state decades before the pill was available. Some very reliable authorities are convinced that intracranial aneurysms, congenital dilatation of arteries at the base of the brain, are more liable to rupture during late pregnancy especially, than at other times, and there is a clear and inescapable association between pregnancy and aneurysms of arteries of the upper abdomen, which may rupture, with serious or fatal consequences.