where the questions usually asked of women taking the Pill were asked instead of women who came to a clinic for a checkup of their intrauterine device. These women were not taking contraceptive pills of any kind, but their complaints of headache, depression, loss of sex-drive etc. were about as frequent as those of women who had been on the Pill for 3 months or more.

R. H. Moos of Stanford feels that women on the Pill actually have fewer complaints than those who are not, as shown in this figure:

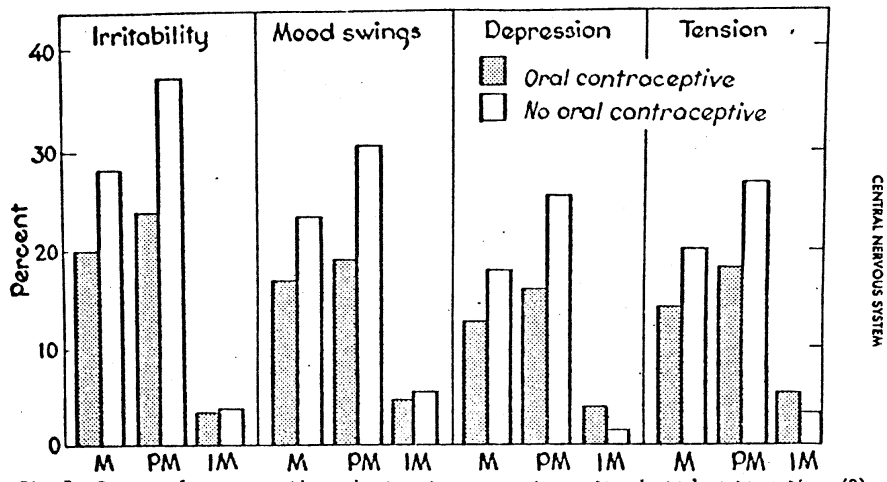

Fig. 7. Percent of women reporting moderate, strong or acute symptoms in oral contraceptives (O) and no oral contraceptive (NO) groups in menstrual (M), premenstrual (PM) and intermenstrual (IM) phases of most recent menstrual cycle - selected symptoms on negative affect scale.

Thus, a large percentage of the so-called side-effects of the Pill are probably not related to the Pill at all, but are *coincidental* symptoms that women experience in the course of their everyday lives—only there is usually no one around to ask them about the way they feel and assume that everything they report is due to the Pill.

There is a fourth important factor which we all recognize, but tend to forget when we try to associate pill-taking with complaints of various kinds. This is the psychological factor. In a very revealing study, a group of Swiss doctors kept women on the same type of contraceptive pill for several years, but every 6 months they changed the *external appearance* of the pills. The results are shown herewith.

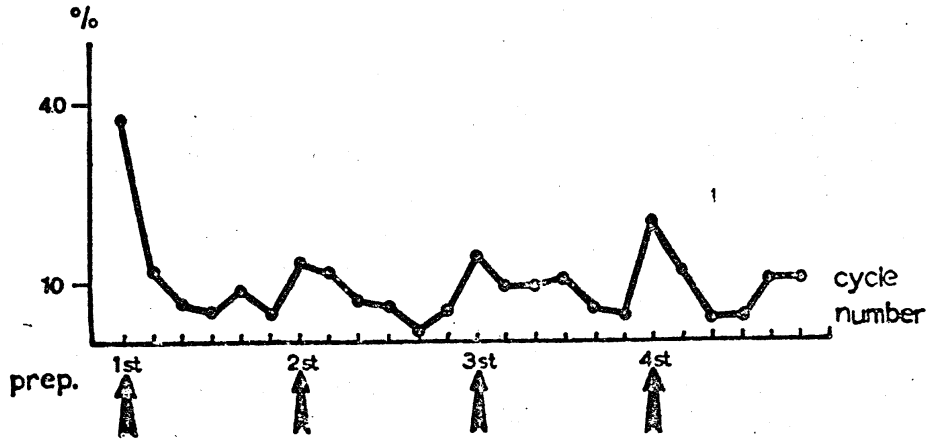

Fig. 3. **Frequency of nausea in 24 cycles (all combination preparations; centre No. 2).**

Richter et al., 1966.

The figure shows clearly that every time the appearance of the pill was changed a certain number of women began to complain of nausea all over again. Since there was no change in the medicine itself, this could only have been psychological. In the next figure, the effect of changing the appearance of the pill on the women's sex drive is shown.