

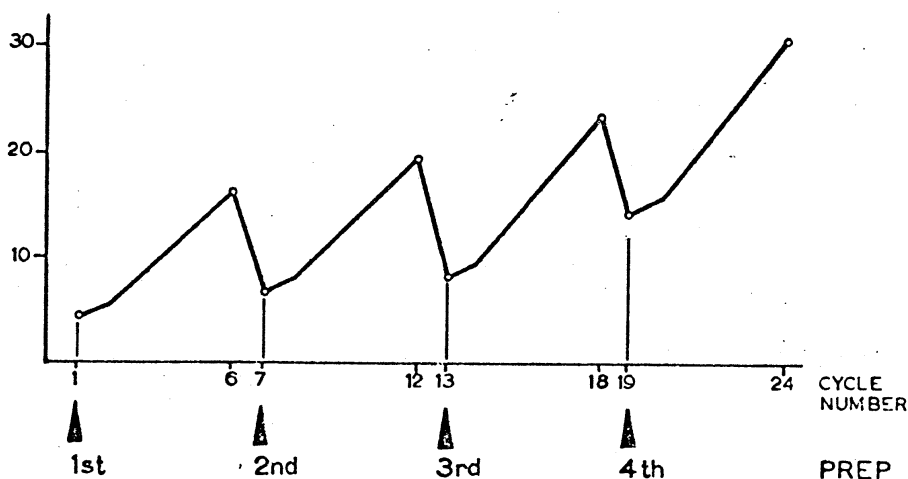


Fig. 5. Libido (all combination preparations; centre nr. 2)
—— increased.

Richter et al., 1966.

Obviously, sex drive is an extremely complex psychological phenomenon. Here this becomes evident. As women became accustomed to a particular pill, their sex drive improved, probably indicating a release from fear of unwanted pregnancy. When the appearance of the pill was changed they became anxious, since they could not be sure that the "new" pill was as effective as the "old" one. Their sex drive promptly diminished, since they were once again afraid of becoming pregnant. Over the next 6 months their assurance—and their sex drive—recovered. The Swiss doctors were able to repeat this pattern *three times* over. There can hardly be a better illustration of the importance of psychological effects, and of the difficulties of deciding whether a particular side-effect is truly related to the chemicals in the Pill, to other factors such as psychological influences, or to pure coincidence.

This is not to say that side-effects do not exist. It says, that to distinguish them from *other causes of the same symptoms* is very difficult, and that those who are dogmatic about these things are very likely to be biased to begin with, or are perhaps simply uninformed about the difficulties of getting meaningful answers.

There are important side effects which occur rarely and which a knowledgeable physician would not ignore. In rare instances, the development of high blood pressure, of certain types of migraine headaches, of jaundice, is unquestionably attributable to a hypersensitivity of the individual to some or all of the components of a birth-control pill. Hypersensitivity to drugs is nothing new. Important adverse reactions occur with all drugs, and there are fatalities from medicines as innocuous as smallpox vaccine. It is the responsibility of the prescribing physician to know these matters, and to sort out the danger signs from other information that the patient presents. This is part of the art and science of medicine. The patient is not well served by being asked to be his own diagnostician, by being given a list of possible complaints and dangers. Such information, which the ordinary untrained person cannot possibly use with insight and discrimination, serves only to confuse the situation, and make matters more difficult for the conscientious physician.

It is well known that all female hormones produce a variety of chemical (metabolic) changes throughout the body. You will hear experts like Drs. Laragh and Spellacy talk about some of them. Many changes have been described in a great variety of bodily systems, and undoubtedly, the more carefully we look, the more of them will be discovered. In essence, these changes are very similar to, but usually of a lesser degree than, those seen in normal pregnancy. In this sense, the changes that have been reported are not particularly unexpected. From the vast number of studies that have been carried out in pregnant women, we know that these changes disappear rapidly when the pregnancy terminates. In the use of the Pill, there is not an exposure to a continuous, high level of hormones for a period of nine months. There is about one week's rest in every four. Perhaps this is why the changes that are observed are seldom as marked as in pregnancy