

there is a great similarity and the risks involving emotional and psychiatric disturbances for prolonged, continuous use, in my opinion particularly with the combination drugs, carry a greater risk of involvement of the emotional disturbances.

Investigations are desirable to determine the possible correlation of the contraceptive pills with the individuals involved in these circumstances.

This report includes 16 major complications—they are listed in the last table of this report. I will not go over them individually. They should be classified as major ones associated with the contraceptive pills (table VIII). Through the years the author has attempted to keep accurate records on his patients. A system of IBM punchcards has been used during his practice to analyze and cross-index the records of the gynecologic and of the obstetric patients. The 16 major complications associated with the contraceptive pills are considerably more numerous than have been encountered from all of the other medications combined which have been prescribed during the time of the report. In considering the complications of the pills it is also possible that additional problems may develop in these and in other patients from as yet unrecognized abnormalities produced by altered anterior pituitary gland functions or by other endocrine or systemic changes.

If satisfactory contraceptive methods are available which do not carry the possible risks of the contraceptive pills, they deserve consideration. If other methods of contraception are not available or acceptable for the patient, the pills are valuable contraceptives, especially if given under careful medical supervision.

The patients for whom the pills may be the contraceptive method of choice will include those who find other methods unacceptable for moral, religious, social, or economic reasons. The indigent patients constitute a fairly large group of individuals for whom the pills may be the advisable contraceptive. The husbands of these patients do not use condoms reliably. The medical facilities for the patients may not permit the individual fitting of diaphragms and individual directions as to their use.

The medical care available for the indigent patients in our country is in the process of considerable modification. It appears that, under the title XIX of the Social Security Act, perhaps by 1975 all indigent patients will have medical care available for them by the private physicians on the basis of the physician's usual and customary charges. If this change takes place for the indigent patients, all patients will then have available the methods of conception control which are now available from private physicians by the individual instruction of each patient.

The most important factor in the success of almost any of the recommended contraceptive methods is the motivation not only of the patient but also of the physician. The enthusiasm of the physician for the specific contraceptive method which he is recommending will determine to a large degree the patient's and her husband's acceptance and utilization of the method. The physician's enthusiasm is important for the success of the contraceptive method whether he is advising it for a private patient or for the women of a large clinic