For the usual private patient a considerable range of contraceptive procedures is available. Through the years I have found for my private patients that the use of condom by the husband or the diaphragm by the wife have been effective and satisfactory methods of contraception. During the 20 years of my private practice I do not believe that I have had over a dozen patients become pregnant if they were using a diaphragm as directed. Needless to say, pregnancies have occurred among those who occasionally omitted the diaphragm at coitus.

As I initially considered the use of oral contraceptive pills, I was concerned regarding their possible effects upon the anterior pituitary gland. The contraceptive pills are potent steroid hormones. Alterations of the anterior pituitary function are produced by them. Investigations have been made regarding the effects upon the anterior pituitary, but the potential endocrine and systemic disturbances are almost unlimited. The effects produced through the anterior pituary may be so indirect that years may elapse before a correlation is established between the abnormality and the administration of the contraceptive pills.

In May 1964 I encountered two patients whose complications were so dramatic that my theoretical concern regarding the potential complications of the pills changed. Since that time I have tried to record all of the complications occurring in my patients which appear to be related to the use of the contraceptive pills.

A patient whom I saw on May 1, 1964, was a 26-year-old woman with the findings of an acute surgical abdomen. At operation the only pathology which could be found was the presence of two free appendices epiploicae in the culde-sac. The only explanation which would be reasonable for such a finding is that the vascular supply to the appendices had become thrombosed, followed by a separation of them from their attachment to the colon. The patient had been on Enovid for 6 months as a contraceptive measure.

On the next day, May 2, 1964, a 32-year-old patient telephoned me that for over a week she had been dreaming of killing herself and that she was terribly afraid she would commit suicide. She had been on Enovid, 10 mg. daily, for 14 days in an attempt to control a menstrual irregularity. I advised that she omit the Enovid.

After the two patients omitted the contraceptive pills, they have had no additional problems.

At about the same time one of my colleagues in Atlanta had a patient die shortly after being placed upon a contraceptive pill.

The death occurred in a 20-year-old patient who had been in apparently normal health before she was placed upon Ortho-Novum as a contraceptive. She had taken Ortho-Novum, 2 mg. daily, for 7 days but was then advised to discontinue the pills because of nausea and vomiting. The nausea persisted and a mild diarrhea developed the next day. The patient became acutely ill on the 12th day after she had begun the Ortho-Novum and died in 4 hours. The only specific pathology found at a complete autopsy, including the brain, was the presence of intracardiac mural thrombi of recent origin. No emboli were found.

Since May 1, 1964, I have seen patients with 52 complications which seem to me to be significant and which may be related to the contraceptive pills. I prescribe the pills for contraceptive purposes to relatively few patients, but I do advise them fairly frequently in the treatment of dysfunctional uterine bleeding. Many of the patients included in this study were advised to use the pills by other physicians and I saw them later. All of the patients were taking the pills on a cyclic basis. The complications have been arranged according to the type of the abnormality which developed. (The frequent complaints of patients taking pills such as breakthrough bleeding, mild to moderate nausea and vomiting, or fluid retention are not included as complications.)

COMPLICATIONS

The *emotional or psychiatric problems* are listed (table I.). They are the complications which seem to me to have the most serious potential danger. Three patients have stated that they were desperately afraid that they were going to kill themselves. Two of them had been on the pills 14 days or less. The third patient lived out of town and later told of her depression and fear of suicide beginning 4 months after she started taking the pills. These three