was diagnosed as having vitreous bodies in the posterior chamber of the eyes. The visual change developed 6 days after she had begun C-Quens. The vitreous bodies still have not cleared 6 months after the pills were omitted.

The patient who twice attempted the criminal abortion was an unmarried girl who had an amenorrhea for 3 months after omitting the pills. After she missed her second period she was told by her family physician that she was pregnant and was referred to an abortionist. A French catheter was inserted into the uterine cavity on two occasions, but no bleeding occurred. The patient was referred to the author because of her lower abdominal and pelvic pain. The examination revealed a moderate pelvic cellulitus but no evidence of any pregnancy. The cellulitis cleared on antibiotic therapy. The patient had a fairly normal menstrual period 4 months after she omitted the pills.

DISCUSSION

The material presented in this paper has included information regarding the type of the contraceptive pill and regarding the duration of its use before the onset of symptoms. The frequency with which one type or another of the contraceptive pills is included in the study probably indicates the relative frequency with which it has been prescribed in the Atlanta area. The study probably does not indicate that one preparation is either more or less dangerous than another.

The length of time varied widely from the start of the contraceptive pills until the appearance of the complication. Some of the dramatic complications began within a few days. Other patients had apparently uneventful courses for several months before the onset of the complications. The menstrual irregularities did not appear until after the pills were discontinued.

The complications cleared completely and did not recur for almost all of the cases. The exceptions include the patient who died, the patient with persisting visual difficulties and the patient with persisting metrorrhagia.

A study of the complications of the report indicates that it might be possible to make suggestions regarding the use of contraceptive pills in selected types of patients as well as some general suggestions.

Suggestions for specific patients: The possibility of depression or of other emotional disturbances suggests that caution would be advisable if contraceptive pills are to be prescribed for individuals who already have these conditions. Such patients should be kept under close observation for a possible aggrevation of their disturbance if they are to be given the pills. All physicians prescribing the pills should be aware that emotional disorders can occur and persist until the pills are discontinued. Similar precautions should be observed in prescribing the pills for patients with conditions such as migraine headaches, or with symptoms such as vertigo.

The menstrual abnormalities which were observed in some patients when the pills were discontinued suggest the possibility that a major disturbance of the menstrual pattern can occur in an occasional individual. Such a change would be especially unfortunate if the patient were a young person who might later want to have children. For the young patient it seems advisable to omit the pills at fairly frequent intervals for two to three months to be sure that normal menstruation resumes. For the older patient who has completed her family the pills might be continued for longer intervals of time.

Some of my colleagues have told me that the menstrual irregularities after omitting the pills seem to be more severe if the menstrual pattern had been that of dysfunctional uterine bleeding before the pills were prescribed. If these patients are to be given the pills, it would also seem wise to omit them fairly often for two to three months to permit the resumption of normal menstruation.

If a period of amenorrhea develops after the pills are omitted, it does not necessarily indicate that the patient is pregnant. It is true that pregnancy is the most frequent cause of secondary amenorrhea, but, as illustrated by the patient who twice attempted a criminal abortion, pregnancy is not the only cause of secondary amenorrhea.

The menstrual irregularities after omitting the pills are not as serious a problem now as they were in the past. Since clomiphene citrate (clomid) has been released for use, adequate treatment is now available for most patients who have an infertility associated with the menstrual irregularity.