

the chances of puerperal thromboembolism. In addition, the several benefits of breast-feeding might be more widely publicized in the press and on television.

Meanwhile all who practise obstetrics might consider it advisable to use the minimum effective dosage of oestrogens for the inhibition of lactation, and to pause before prescribing them at all for any new mother with a considerably greater-than-average chance of thromboembolism because of a past history of it, or because she has had an operative delivery, or, especially, because she is 35 or over.

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EFFECT OF ORAL CONTRACEPTIVES ON DEPRESSIVE MOOD CHANGES AND ON ENDOMETRIAL MONOAMINE OXIDASE AND PHOSPHATASES

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Summary: Significant variations in the incidence of depression and loss of libido were found with the various types of oral contraceptives. The highest incidence occurred with stongly progestogenic compounds (especially with those containing a small amount of oestrogen) which have high monoamine oxidase activity for most of the cycle. The lowest incidence was found with the stongly oestrogenic sequential regimens which have weak monoamine oxidase activity for most of the cycle.

INTRODUCTION

Mears and Grant (1962), Pullen (1962), and Goldzieher *et al.* (1962) reported that premenstrual tension improved in women taking progestogenic/oestrogenic oral contraceptives. Mears and Grant (1962) also reported changes in libido which they suggested might be due to psychological factors. However, it became clear that depressive changes were more troublesome with some products than with others. It was therefore decided to study the effect of the various types of oral contraceptives on the histochemistry of a selected group of enzymes in the endometrium. Monoamine oxidase, which was also measured biochemically in some cases, was of special interest because monoamine oxidase inhibitors are used for treating depressive states. Alkaline and acid phosphatase were chosen as marked enzymes with known variations in the normal cycle. McKay *et al.* (1956) described a decrease in alkaline and an increase in acid phosphatase during the late secretory phase. Cohen *et al.* (1964) demonstrated an alteration in the staining for endometrial monoamine oxidase in the latter part of the menstrual cycle, and Southgate *et al.* (1967) showed that in vitro there may be as much as a tenfold increase in biochemical activity of monoamine oxidase in the late secretory phase of the normal cycle.

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