UNDERCURRENT OF UNEASE

A gap almost as wide as that between Dr. Hertz and his challengers, who say flatly that the pills pose no cancer danger, exists over another possibility: that the pills, under certain rare circumstances involving failure of the user to follow instructions, can masculinize a female fetus.

In cases involving other major afflictions—including heart, liver, kidney and, in teen-agers, bone-closure diseases—those who believe the pills safe when carefully and properly used are challenged occasionally, but thus far rarely by solid, meaningful data.

Here, too, however, there is an under-current of unease. The pills have not been used long enough—it is only eight years since Enovid was marketed, chiefly for menstrual disorders—for anyone to speak with complete certainty about the effects of continuous use from adolescence to menopause.

Dr. McCain, the Emory University obstetrician, has reported that between May, 1954, and October, 1965, he found "disturbingly numerous" complications in 41 patients on the pills.

"The psychiatric complications seem to me to carry the most serious potential," he told a group of colleagues at the District IV meeting of the American College of Obstetricians and Gynecologists last Oct. 21 in Norfolk.

Of the 41 patients, he said, three "have told me that they were desperately afraid that they were going to kill themselves"—two of them after they had been on the drugs less than two weeks, the third after about four months. "The suicidal fears have disappeared in all three patients since omitting the contraceptive pills," he reported.

These patients are " the only ones I have ever had that have told me so dramatically of their fear of suicide," he said, adding that "it is disturbing to wonder how many women on the contraceptive pills have committed suicide and/or homicide."

Dr. McCain said that some colleagues have told him of pill users who have become almost euphoric. In either case—depression or euphoria—study of the psychiatric effects is needed, he said.

In this area as in others, the uncertainties about the relative safety of the pills can no longer be brushed aside. FDA's new Advisory Committee on Obstetrics and Gynecology acknowledged this after its first meeting.

Whether the committee will attempt to remedy this situation by recommending a proposal for a rigorously controlled investigation, such as that in the box with this story, "may well be its single most crucial decision," says the scientist who made the proposal.

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BIRTH-CONTROL PILLS—HAVE THEY SIDE-EFFECTS?—AN AUTHORITATIVE ANSWER TO A QUESTION MANY WOMEN ARE ASKING

(By Edwin J. DeCosta, M.D., Attending Obstetrician and Gynecologist, Passarant Memorial Hospital, Chicago)

"But doctor, are they really safe?" No wonder that after the thalidomide tragedy many patients worry about the possible harm from taking the new birth-control pills. And there have been a few medical reports—plus many rumors—of dangerous side effects. Without considering the controversial social or religious aspects of birth control, let us take a look at the medical facts about this important discovery.

First, no other method of birth control is as simple. The small hormone pills are taken at bedtime for 20 days each month. Apparently they work by suggesting to the body's master gland, the pituitary, that the woman is already pregnant, so the pituitary doesn't instruct the ovaries to produce an egg that month. When the patient stops taking pills after 20 days the lining of the uterus is sloughed and bleeding follows. Then the pills are started again for the next cycle. This simple method approaches 100 per cent effectiveness.

But . . . and there is always a but . . . there may also be undesirable effects when the pills are used. Generally, these effects are not serious—only nuisances similar to those experienced by some women during early pregnancy. They may become, for reasons we can't explain, bloated or nauseated, have