

to be less fertile. The technique of intercourse can be learned and improved without having to get used to mechanical methods as well. Over the age of 35 there is a slightly higher risk of side effects: (see article by Miss E. Sibthorpe for the side effects of the pill). Some people complain of loss of libido, headache or depression but usually one variety can be found to suit.

In a few it has to be discontinued because of the development of hypertension. There are now also some progesterone only pills on the market (mini-pill). These are sometimes useful in those people for whom the combined pill is contra-indicated; they are not quite as safe as the combined pill and some find irregular bleeding a problem.

G. Sterilisation, Male and Female

This is a simple operation in the male with no loss of libido or impotence after the operation. In the female it is not a difficult operation, though it involves a longer stay in hospital due to two small incisions through the abdominal musculature. This method should definitely be considered in those where there is a contra-indication to further pregnancy on health grounds, and could also be considered in those over the age of thirty when there are difficulties with the existing methods and no further children are desired even if something happened to the spouse or present children. The operation must be regarded as irreversible.

¹ The number of pregnancies per 100 women years is the number of pregnancies which would be expected to occur in a hundred women over a period of one year of sexual exposure.

ELSIE M. SIBTHORPE

3: The long term effects of the "Pill"

The "Pill" is usually considered to be the oestrogen-progestogen combination, which now contains 50 microgrammes or less of oestrogen. It is still less than 20 years since the pill was introduced in Puerto Rico, and the first results were reported in 1958.¹ It is now estimated² that there are 50 million women on oral contraceptives throughout the world, of which 2½ million are in Britain. The mass of books and papers published on the subject is unbelievable, but we still cannot answer some of the most elementary questions.

The interim report of the Royal College of General Practitioners published last year concluded that "the estimated risk at the present

time of using the pill is one that a properly informed woman would be happy to take".³ The survey was a prospective one involving 23,000 pill users and comparing them with an equal number of matched controls. The survey confirmed the slightly increased incidence of thrombo-embolic conditions, cerebrovascular disease and hypertension in pill users, and also found a slight deterioration of glucose tolerance. On the other hand pill users were less anaemic, due to less menstrual loss and there appeared to be some protection against innocent breast tumours and ovarian cysts. There was no increased incidence of breast or uterine cancer. Excellent though the report is, it covers too short a period to be really dogmatic and the further reports are awaited with interest.

As a contraceptive the pill is almost 100% safe. Pregnancies in pill users are nearly always due to patients failing to take the pill properly. In order to assess the safety of the pill, we have to compare the risks of not taking it. It has been shown that of 1 million pill taking women a year 21 will die as a direct result of the pill, but if the same number used no contraception 223 would die through complications of pregnancy. The users of condoms and diaphragms as contraceptives run a risk of 33 deaths per million users through unplanned pregnancies.⁴

Although it is still impossible to be dogmatic on the long term effects of the pill, it is an efficient contraceptive, which in many women produces a sense of well-being, results in a moderate or scanty menstrual loss without dysmenorrhoea, thus eliminating loss of time from work or studies. On discontinuing the pill, fertility is quickly restored to normal, and even the patients who develop amenorrhoea can usually be treated successfully.

In these days when so many young women, whether married or not, are having regular sexual intercourse, it is preferable that they should take the pill rather than risk an unwanted pregnancy, with the possible subsequent trauma of a legal termination. There is little doubt that the safety of the pill has encouraged the more responsible young people to indulge in extra-marital sex, the less responsible will not hesitate even with no protection. As Christians we deplore the present day attitude which encourages extra-marital and pre-marital sex, and we try to teach the young Christians we know, that obedience to the word of God is the way of happiness.

1 Garcia, C.R., Pincus, G. and Rock, J. (1958) *American Journal of Obstetric Gynaecology*. 75. 82.

2 *Oral Contraceptives, Population Report, Series A*. No 1, 1974.

3 *Oral Contraceptives and Health: an interim report from the Oral Contraceptive Study of the Royal College of General Practitioners*. London: Pitman Medical. 1974.

4 *The Daily Mail* January 1970. quoted from the British Medical Bulletin.