their obese patients to be not only slimmer, but shorter. —We are, etc.,

E. M. E. POSKITT
P. H. W. RAYNER
Institute of Child Health, Birmingham

2 Rayner, P. H. W., South African Medical Journal, 1971, 45, Suppl. (June) p. 28.

Side Effects of the Pill

SIR,—The letter from Drs. David M. and Susan M. Hall (14 July, p. 105) seems to suggest that oral contraceptives are psychologically powerless. They say that oral contraceptives are, like the menopause, a useful scapegoat on which to blame the woes of marriage and children.

If they had examined the full range of oral contraceptives originally tested by the Council for the Investigation of Fertility Control,1 I am sure they would have been aware of the importance of the type of oral contraceptive in causing mood changes such as loss of libido, fatigue, anxiety, and depression of the type which to a large extent are associated with low oestrogen oral contraceptives which can produce an atrophic endometrium and a dry vagina did not produce loss or decrease of libido in many women.

Before the days of the pill growth becomes too scanty to be examined, the predominantly progestogenic low-oestrogen contraceptives now available produce endometrial glands which have high levels of monoamine oxidase.2 In a normal menstrual cycle this enzyme is strong in the premenstrual phase only, which is when premenstrual tension may occur. We found a significant increase in the incidence of depression and loss of libido with the various types of oral contraceptives and this also corresponded with the endometrial monoamine oxidase activity.3 The oestrogenic potential of the pill introduced a low incidence of depression and low monoamine oxidase activity.

As the Halls had 5 married women and 46 unmarried women in their group aged 30 but only 27 women over 30 years old. This suggests that oral contraceptives are not well tolerated by older women. Most women find oral contraceptives to be an efficient and acceptable method of contraception that they usually discontinue only after trying several types and because of multiple side effects. In a follow-up of 341 women discontinuing the various types of pill, 40% noticed mood changes and 50% headaches.4 Of 31 women stopping some of the low-oestrogen brands now available, I recently found that 70% noted depressive mood change.

It may be that women under 20 years old may be slower to have depressive changes and may be able to compensate for low oestrogen levels in some way, but it also seems possible that unmarried women are more reluctant to admit to side effects than married women. They want a method with virtually no risk of pregnancy and are less likely to have mature partners who are capable and willing to share responsibility for birth control.—I am, etc.,

V. R. PICKLES
Physiology Department, University College, Cardiff.


Is Your Pain Really Necessary?

SIR,—Previous comments under this title have not mentioned the possibility that syndromic dysmenorrhoea may involve an abnormal production of or sensitivity to the endometrial ("menstrual stimulant") prostaglandins which are known to cause the normal contractions of the menstruating uterus.1 A suggestion that the non-steroidal anti-inflammatory drugs (which inhibit prostaglandin synthesis) might be of value in treating dysmenorrhoea has been made elsewhere,2 and it is now of interest that Dr. G. G. Hill (14 July, p. 106) may have successfully treated many cases with indometacin, a drug of this kind.—I am, etc.,

V. R. PICKLES
Physiology Department, University College, Cardiff.

1 Roth, J., Glick, S. M., Yelow, R. S., and Bercov, S., Science, 1963, 137, 577.

“Easy to Rise” Chair

SIR.—An opportunity has been taken to test and evaluate a new chair with several features of particular value to the aged and the disabled (see fig.).

The height of the seat is adjustable between 17 and 24 in (43 and 61 cm), with a specially shaped back, an extending side-tray, and large side-pockets for papers and other personal possessions etc. Both arms project forward, terminating with a grip fitting. Small wheels on the rear legs allow the chair to be tilted and moved when not occupied, and a headrest moulding can be adjusted to various heights. A detachable tray can be fitted over the arms.

The chair was tested both subjectively and objectively by 17 women and six men with a variety of disabilities, including gross hip and knee arthritis, extensive rheumatoid arthritis, Parkinson's disease, amputations, and hemiplegia. Their ages ranged from 39 to 85 years and the most common combination was obesity and hip arthritis. With two exceptions, the patients found the chair very comfortable or comfortable. The side slide tray and feeding table were satisfactory, and the headrest was appreciated for its ease of adjustment. The seat height was individually adjusted and with the extended arms was found helpful in assisting standing and sitting safely. A few minor criticisms were made by individual patients, and the manufacturers are considering whether small modifications can be made.

In conclusion, it justifies its name as the "Easy to Rise" chair, particularly for elderly patients with obesity and arthritis in the lower limbs.

I am grateful to Miss J. Sherwood, M.A.O.T., and members of the nursing staff who helped in this trial. The "Easy to Rise" Chair 100 is manufactured by Edward Doherty and Sons Ltd., Edees House, Charlton Road, Edmonton, London N.9. —I am, etc.,

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