breakthrough bleeding. Thrombophlebitis. In other studies there was an increase, and occasional subjects experienced lactation. In some cases, however, there were nipple swelling or discoloration, soreness of the breast, nausea or vomiting, vaginal discharge, changes in libido (usually an increase), and occasional subjects experienced lactation. In other studies there was breakthrough bleeding. Thrombophlebitis was later noted as a side effect.

The application of low-dose estrogen had reduced the side effects, leading him to incorporate low-dose estrogen in the pill.

Application to the Federal Drug Administration (FDA) faced the problem that no criteria existed for approving a drug to be taken by healthy women for contraception, given the existence of non-drug options, as well as opposition by the Catholic Church. It was decided to apply for permission to market the drug for menstrual disorders (too much bleeding or painful periods), for which there was adequate experimental evidence that the pill had value when taken for several cycles. The FDA at the time was seriously understaffed and overworked, and sought outside advice. The drug was finally approved in 1957; there is no evidence that it could have been approved as a contraceptive. Pincus touted Enovid’s use as a contraceptive at conferences, noting that physicians could prescribe it off-label for that purpose. This was reported widely in the news media, leading to the drug being regularly prescribed for contraception. Enovid was approved for contraception in 1960 as an amendment to the original approval.

It would be difficult to think of another drug that has had a greater effect on human behavior than Enovid, initially marketed at about fifty cents a pill. And it is remarkable that only four people were primarily responsible for its development: Sanger with her dream of infertility, and intensely interested in non-drug options, as well as opposition by the Catholic Church. It was decided to apply for permission to market the drug for menstrual disorders (too much bleeding or painful periods), for which there was adequate experimental evidence that the pill had value when taken for several cycles. The FDA at the time was seriously understaffed and overworked, and sought outside advice. The drug was finally approved in 1957; there is no evidence that it could have been approved as a contraceptive. Pincus touted Enovid’s use as a contraceptive at conferences, noting that physicians could prescribe it off-label for that purpose. This was reported widely in the news media, leading to the drug being regularly prescribed for contraception. Enovid was approved for contraception in 1960 as an amendment to the original approval.

It would be difficult to think of another drug that has had a greater effect on human behavior than Enovid, initially marketed at about fifty cents a pill. And it is remarkable that only four people were primarily responsible for its development: Sanger with her dream of contraception, Pincus with his scientific knowledge and skill to develop the drug, McCormick with the funds and commitment to pay the majority of the costs, and Rock with his clinical skills and reputation that made the drug successful.

The only part lacking from the above paper was one quote, a few simple words whispered from the frail lips of a dying man who had found his purpose. After all of the generalship, after all of the killing, Jackson left to history these last words, “Let us cross over the river and rest under the shade of the trees.”

Can one’s last words make a warrior poet?

References

William B. Crymes, Jr., MD
(A2A, Medical University of South Carolina, 2003)
Charleston, South Carolina