

5000 years after the first condom was invented in Egypt, most probably made from animal hide (although the primary reason for use is unknown), last Mother's Day we have celebrated the 50th birthday anniversary of the Contraceptive Pill. And obviously one question springs to mind. What spurred research in this direction? Surprisingly the Pill was the idea of a conservative Catholic nurse called Margaret Sanger who opened the first birth control clinic in America in 1916. Interestingly, in parallel, Cyrus McCormick is diagnosed with schizophrenia. His wife, Katherine, dreads passing on the mental illness to future children and later on forms a partnership with Sanger, funding contraception research with her sizeable fortune. Initial clinical trials were conducted by Catholic gynaecologist, John Rock. This work eventually leads to the development of the birth control pill as we know it today.

So this was the birth of the oral contraceptive. Interestingly, the Pill was initially approved by FDA in the mid-1950s for treatment of menstrual problems but doctors and women both understood that it stopped ovulation. The instant it became available half a million women rushed to their doctors claiming they had menstrual irregularity!

But today I will not be discussing this discovery, hailed by many as one of the greatest inventions of this century, nor its social and economic reverberations. I will however revert my attention to the other side of the coin ... the male contraceptive pill. Several chemicals studied in clinical trials have shown to be potential candidates, however research is still largely being conducted, with some clinical trials also sponsored by the WHO. However patient non-

compliance, lower effectiveness, irreversibility of pharmacological action and various side-effects, have highlighted the superiority of female birth control pills ... even though the frequency of administration of the female pill indeed mimicks Edinburgh Castle's firing of the One O'Clock Gun (except that one has also to take it on Sundays, Good Friday and Christmas Day!).

But why has the male contraceptive pill never been marketed successfully in this Brave New World in which we are living? Culture has obviously been the major determinant to undermine research in male contraception.

It is largely acclaimed that the advent of Sildenafil (Viagra®) was the first time that the male reproductivity emerged in the limelight (on a side note, as what happens with some blockbusters, the primary endpoint of Sildenafil was not impotence, but a reduction in blood pressure. This was discovered by the reluctance of subjects to hand in their leftover pills!) In addition one of the greatest questions is *Would women trust their male counterparts to take the pill?*

I hope that my future wife would, however I would also like to delve in this issue a bit more deeper. It is true that after all, if men forget to take the pill, it is not they who get pregnant. So in this scenario, compliance and trust are two closed linked dilemmas. This is what Glasier et al (<http://www.thesynapse.net/articles/viewarticle.asp?artic=12335>) actually investigated, as reported in *Human Reproduction*. Despite the widespread belief that women would not accept a 'male pill' because they would not trust their partners to use it reliably, this study actually suggests that a hormonal method for men would be very popular and that women, regardless of culture, would

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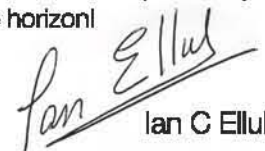
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trust their partners to use it. More choices of contraceptive methods for men will also allow increasing numbers of men to accept more responsibility for reproductive health. But if you are still believing that male contraception is still science fiction check out the article published last year in *The Journal of Clinical Endocrinology and Metabolism* (www.thesynapse.net/mcp) - effective, reversible, acceptable, and readily delivered contraception may quite be at the horizon!


Ian C Ellul