Pregnancy occurred promptly after stopping medication. Of those who discontinued norethynodrel we were able to find 241 who had been exposed to pregnancy for six months or more. Of these, 231 (96 percent) became pregnant within an average of four months, a period which may have been somewhat increased by the use of other methods of contraception. Fifty-five were pregnant within one month and 35 more within two months after discontinuing medication.

Among the 443 women who withdrew from the study, follow up showed that 169 had borne 190 babies. The mothers of 29 of these babies who could not be reached for examination reported that the babies were normal. Of the 161 examined by medical personnel 151 were found to be normal. The abnormalities of birth or anatomy described in the notes to table V show that the proportion is not greater than that to be expected for children of mothers not receiving medication.

The unpleasant side effects reported by users are grouped as follows: (See Table V).

TABLE V.—UNPLEASANT SIDE EFFECTS

Complaints	Percent of all users complaining	Percent of all users discontinuing
Reproductive system:		
Amenorrhea; breakthrough	16	2.3
Scanty menses	40	----------
Loss of libido	1	.1
Breast engorgement	1	.4
Gastrointestinal system:		
Nausea, vomiting, epigastric discomfort	43	10.9
Excessive weight gain	1	----------
Nervous system: Nervousness, headache, dizziness	35	3.3
Skin changes: Chloasma	30	.6

SIDE EFFECTS: REPRODUCTIVE SYSTEM

Decrease in Menstrual Flow with Occasional Amenorrhea. Thirty-eight patients had 50 amenorrheic cycles, or approximately 0.5 percent of the 10,400 cycles studied. This is low compared with a reported 6 percent of Tyler (10) in a study of norethindrone. These amenorrheic cycles make it important to recommence within eight days of taking the last pill whether withdrawal bleeding occurs or not. Failure to do so resulted in 5 of the 13 pregnancies which occurred due to incorrect use. It seems advisable to forewarn the patients that the menses may be less, since many of our country women have superstitions about the menses and the rumor was circulated that the periods were "weak" because the pills destroyed the blood! This we have been able to disprove to the satisfaction of our patients by demonstrating that there was no significant change in the hemoglobin level.

Breakthrough Bleeding is alarming to the uninitiated and the patients need to be forewarned. Twelve out of 121 patients who discontinued medication because of side effects dropped out because of this symptom. It was reported by 76 patients in 109 cycles for an incidence of 1 percent of the 10,400 cycles reviewed. This is also lower than 8 percent which Tyler (10) found with norethindrone. Doubling the dose on the days of breakthrough controls the bleeding.

Libido. Eleven percent of patients questioned reported decrease in libido and 7 percent reported increase; the rest noted no change. One patient discontinued because she volunteered the information that loss of libido was affecting her marriage. The elimination of the fear of pregnancy has resulted in increased marital happiness for many couples.

Increase in Vaginal Discharge or bleeding after intercourse was noted by 5 percent of the patients who had started the medication with the finding of cervical erosion at the initial pelvic examination. However, cauterization of the cervix (after a preliminary biopsy) and appropriate treatment for trichomonal infestation when present, resulted in healing of the cervix with relief of these symptoms.

Breast Changes. One percent of all users complained of breast engorgement and 0.4 percent of all users discontinued because of this side effect. Norethynodrel in the 10 mg. and 5 mg. doses started during lactation post partum was usually followed by drying of the breasts during the first or second treatment cycle. There are not yet enough observations to report on the results with 2.5 mg. dosage.