Table 1. Clinical studies of Enovid-E. Summary of 2,946 cases by cycles.

CLINICAL GROUPS	CYCLES COMPLETED						
	1st- 5th	6th- 11th	12th- 17th	18th- 23rd	24th- 29th	30th- 36th	Over
Wiseman* (Slough, England)	782	364	241	134	56	12	7
Binks, Cambourn and Papworth' (Australia)	64	47	23	18	13	11	9
Wisdom¹º (London)	235	209	182	123	47	2	_
Chinnatamby <sup>11</sup> (Ceylon)	673	139	48	_	_		_
Satterthwaite <sup>12</sup> (Humacao, P.R.)	94	75	55	41	30	12	10
Comparative Study <sup>13</sup>	198	164	112	78	31	-	_
Tyler <sup>14</sup> (Los Angeles)	106	101	83	73	35	4	3
García and Pincus¹** (San Juan, P.R.)	413	291	204	168	102	56	48
Flowers' (Chapel Hill, N.C.)	245	214	130	76	37	1	-
Burket <sup>17</sup> (Cincinnati, Ohio)	136	113	95	37	11		
	2,946	1,717	1,173	748	362	98	77

The above tabulation shows that "approximately 362" women were in the third year or more of medication with Enovid-E.

\*In this study 234 women received other dosage forms of Enovid before taking Enovid-E for from one to fifty-six cycles and 118 of this group were in their fourth year or more of medication with Enovid and Enovid-E at the end of April 1963.

did pregnancy occur while Enovid-E was taken cyclically as directed. It is clear, as Pincus<sup>24</sup> has written, that ". . . control at the lowest dosage employed (2.5 mg./day) is just as effective as at the highest dosage (10-mg./day). We have several times pointed out that with faithful following of the medication regimen, contraceptive efficiency is practically 100 per cent. In more dramatic terms, Andrews and Andrews<sup>18</sup> declare that the contraceptive effectiveness of Enovid-E, like that of Enovid, "apparently exceeds that of any other available method short of abstinence or surgical extirpation of the pelvic organs."

The absence of after-effects — functional or organic. With ENOVID-E, as with the higher doses of ENOVID, the woman's normal or pretreatment physiologic status returns promptly when cyclic administration is discontinued.

The resumption of ovulation and menstruation and the full restoration of fertility<sup>3,18,21,23,28-34</sup> have been demonstrated time and again after cyclic use of Enovide or Enovide, even when ovulation has been suppressed for several years.

Pullen<sup>23</sup> found that "ovulation and fertility appeared to be unimpaired" when women stopped taking Enovide. Andrews and Andrews<sup>18</sup> reported a "prompt return of ovulation usually in the first cycle, always in the second," and noted "no diminution of fertility" after therapy.

Satterthwaite<sup>28</sup> has reported on post-treatment fertility in 96 women who took Enovide or Enovide for from 12 or more cycles: One month after medication was stopped, 43 (44.7 per cent) were pregnant; after an additional four months, 79 (82.2 per cent) were pregnant. "All but four of the remaining seventeen women were known to have used contraceptive methods or to have been separated [from their husbands] part of the time." In this same study, follow-up of 256 women who remained at risk of pregnancy after use of Enovide or Enovide revealed that 253 had become pregnant. These findings are supported by those of Pincus<sup>21</sup> in 174 women who took Enovide or Enovide for 1 to 40 cycles.

Perhaps even more significant is the fact that a prompt return of normal physiologic function has been demonstrated<sup>31,35</sup> in women with endo-