creased dosage may be required for four or five days, after which the original schedule may be resumed. Mears¹⁹ points out, "There is no reason to suppose that this breakthrough bleeding is harmful in any way. . . ." The occurrence of spotting does not mean that Enovid-E has failed to control ovulation.

Just as "silent menstruation" (an amenorrheic cycle) is encountered on rare occasions in women who are not taking oral contraceptives, withdrawal bleeding may fail to occur after a cycle of medication with ENOVID-E. There is nothing serious about this rare phenomenon. But it is a possibility each woman should know when she begins to take Enovid-E. Even in the absence of withdrawal bleeding, ovulation may occur during the subsequent cycle-perhaps earlier than usual-if tablet taking is not resumed within seven days after the last tablet of the preceding cycle. Even in the event that pregnancy has occurred, due to missed tablets, Enovid may be continued with safety. Its effect on the pregnancy would be supportive.

Weight change during cyclic use of ENOVID-E has not been a problem. It has been found²⁴ that "overall reports of weight gain tend to balance those of weight loss." For example, of 289 women¹³⁻¹⁵ in three recent studies, one out of six neither gained nor lost weight, and the number of women who gained weight was approximately equal to the number who lost weight. The change in either direction was not excessive, and occurred for the most part during the early cycles of medication.

No consistent effect on libido has been detected with Enovid-E or Enovid. In his extensive experience with Enovid and Enovid-E, Pincus²⁴ has found: "About 80 per cent report no change, 5 per cent to 8 per cent an increase and 13 per cent to 18 per cent a decrease. The extent to which modesty governs these answers is, of course, imponderable, but certainly no drastic change is indicated."

Factors enhancing acceptance: Gynecologic benefits. Investigators⁴⁰ have found that often during cyclic use of Enovid-E women are relieved of what have been termed the "naturally occurring 'side effects' of the menstrual cycle."

Andrews and Andrews¹⁸ report that in many women taking ENOVID-E or ENOVID cyclically, there is a reduction in the volume of menstrual flow, "and this has been of help in those having menorrhagia." In addition, "Relief of premenstrual tension has been frequently noted," and "Dysmenorrhea has been eliminated or significantly improved in 87.5% of patients where this has been present." In Pullen's series²³ "Of the 59 patients who complained of dysmenorrhoea before entering the trial... 67% had a decrease in pain" during cyclic use of ENOVID-E.

Factors enhancing acceptance: Additional benefits. As Mears¹⁹ points out: "The real indication of acceptability to the patient . . . is presumably whether she perseveres with this method. . . ."

Women have shown remarkable perseverance in the use of ENOVID-E and also great enthusiasm. Pullen23 states that her patients "were strongly in favour of oral contraception once they had used this method of birth control." According to Binks and his colleagues9 in their report on experience with Enovid-Eand Enovid: "The majority of women taking part in the trial state that they hope it will not be necessary to return to the more conventional methods of contraception at the completion of the trial; this attitude generally confirms our impression that this method of fertility control is acceptable to most women, and that troublesome side effects are of low incidence after the first two or three cycles."

The reasons for this remarkable acceptance of ENOVID-E and ENOVID are not hard to find. As Pullen²³ has pointed out, "The minor disadvantages of oral contraceptives can readily be shown by tables. The contribution they make to human happiness does not lend itself to statistical analysis." The "contribution to happiness" is apparent in the reports of many investigators.

Elaborating on the fact that "The general acceptance by women of this regimen has been excellent," Andrews and Andrews¹⁸ note: "Many have commented on a feeling of well-being and freedom from fear of pregnancy. The aesthetic value of being freed from the intrusion of mechanical contraceptive devices has been mentioned by many." In the same vein, Pullen²³