of June 1963, somewhat more than 400 thromboembolic episodes were reported among Enovid users with thirty-seven fatalities in the United States as a result of the development of pulmonary embolism. On further investigation some of these cases and fatalities were unrelated to thromboembolic disease or the histories revealed definitive and generally recognized causes for the development of the reported condition. Among the fatalities, more than one-third could be classified as idiopathic or having no clear cut (precipitating) etiologic factor.

Available medical and statistical evidence relative to the incidence of thromboembolic episodes in non-medicated and nonpregnant women of childbearing age is singularly sparse and not completely reliable. Studies are in progress to attempt to rectify this defect in knowledge of the incidence of thrombophlebitis and pulmonary embolism in this segment of the female population.

A recent panel survey⁵² (February-August 1963) in analyzing the 1962 fatalities by age groups did not find a statistically significant increased rate of fatalities in any age group. Since the possibility of a real increase, especially in the older age group, remains this should be carefully weighed by the physician prescribing Enovid. Further data will be evaluated and reported.

There is abundant evidence in the literature to support the concept that the incidence of thrombotic episodes increases^{53, 54} with age, parity, obesity, a history of previous occurrences, a history of varicose veins or other vascular abnormality, with trauma or unusual activity, and restricted movement combined with interference⁵⁵ with the dependent circulation (long automobile or airplane trips). Similar causal or contributory factors have been noted in the histories of many of the cases reported as occurring during Enovid administration. Women subject to such exposures or exhibiting these characteristics should be considered as being at risk of thrombosis.

It seems a reasonable conclusion that these women should be closely observed for the development of thromboembolic