disease, whether or not they are receiving Enovid, particularly when they present signs and symptoms suggestive of acute pulmonary disease, even in the absence of clinical signs of peripheral thrombosis.

SIDE ACTIONS

SIDE actions are more prevalent in the first cycle of treatment but fall sharply on continuation of therapy. After the third cycle the incidence is low. See Graphs I and II (pages 6-7) and Table III.

TABLE III. OCCURRENCE OF SIDE EFFECTS IN EARLY CYCLES[9-13]

Cycle	% of Patients with Nausea	% of Patients with Breakthrough Bleeding	Number of Cycles
1	8.1	13.6	1,053
2	2.3	10.9	1,020
3	1.3	7.5	974
4	1.8	9.0	703
5	2.7	8.9	660
6	1.4	7.9	629
Subsequent	0.9	4.3	10,311
All cycles	1.7	6.2	15,290
(Total Patients — 1,053)			

N.B. — "Spotting" is not included in breakthrough bleeding.

Nausea may be controlled by instructing the patient to take the tablet with meals or with a glass of milk at bedtime or by recommending that an antacid or an antinauseant preparation be taken with the tablet of Enovid-E.

Spotting, Breakthrough Bleeding. Spotting or breakthrough bleeding may occur; usually this is evidence of inadequate dosage. This type of bleeding is usually controlled by increasing the daily dose of Enovid-E. The first increment of such an increased dose should be taken as soon as spotting is noticed. This increased dose may be required for only four or five days after which the original schedule may be resumed.