4. Provide for an adequate supply of tablets in the event the daily dose must be increased.

5. If two episodes of spotting occur in the first treated cycle, women may require a larger daily dose.

6. If one episode of spotting occurs during each of the first four treated cycles, women may require a larger daily dose. If irregular bleeding occurs the possibility of an organic lesion should be explored.

7. Instruct the woman to resume medication seven days after completion of previous course in the event that anticipated menstruation fails to appear. The possibility of pregnancy should be investigated in the event that the tablets were not taken as directed.

8. Advise regarding the increased possibility of conception if instructions are not followed.

9. Advise additional means of control during the first seven days that Enovid-E is taken in the *first treated cycle* because of the possibility of early ovulation.

10. Interrogate regarding occurrence of nausea during previous pregnancy. If it has occurred employ device to avoid Enovid-induced nausea by prescribing an antiemetic as suggested on page 15.

11. If nulliparous, determine desirability of discussion regarding possibility of nausea and prescribing an antiemetic.

12. Final admonition regarding importance of taking medication regularly and specifically as directed.

13. Instructions for women in the use of Enovid have been prepared for distribution to them by the physician if desired. These instructions may be obtained from G. D. Searle & Co., or from company representatives. In addition, a booklet discussing Enovid in some detail and written in lay language is similarly available.