

Table 7—US mortality from diseases of veins, etc. (7th Revision ICD Category 460-8)

Women, ages 15-64, by color and five-year group Annual per cent change during 1962-66, based on four comparisons				
	Comparison 1	Comparison 2	Comparison 3	Comparison 4
	Expectation based on rates for women, 1957-61	Comparison 1 adjusted for analogous changes for men	Comparison 1 adjusted for analogous changes, 1951-56	Expectation based on rates for men, 1962-66
White				
15-19	- 5	-33	-22	- 7
20-24	+12	0	+ 5	+ 1
25-29	0	+10	- 8	+12
30-34	+ 9	+11	+ 9	+ 9
35-39	+ 8	+21	+15	+ 6
40-44	+16	+ 7	+18	+ 9
45-49	+ 1	0	- 1	+ 5
50-54	+ 4	+ 3	+ 7	+ 8
55-59	+ 3	- 3	+ 3	- 4
60-64	- 2	- 2	- 2	- 2
Nonwhite				
15-19	0	+ 2	- 4	- 4
20-24	+12	- 4	+ 6	+ 5
25-29	+ 4	+13	-19	+ 5
30-34	+17	+13	+26	+ 3
35-39	+15	+13	+20	+ 5
40-44	+ 6	0	+ 1	+ 1
45-49	+17	+ 8	+ 1	+10
50-54	- 2	+ 5	- 9	+ 3
55-59	+ 6	0	+13	- 9
60-64	- 6	-14	-18	0

very few deaths throughout the 1960-1966 period.

VI. Mesenteric Infarction, ICD 570.2 (Table 3)—Only data since 1962 were available. For females age 15-44 the year 1962 showed a maximum—58 deaths—whereas a minimum was reached in 1964—44 deaths. In 1966 there were 45.

Discussion

In this paper we have evaluated excess mortality in women in the reproductive ages during 1962-1966 with a relative rather than absolute measure.

The recognized limitations of underlying cause mortality statistics^{5,9,10} prevent detection of absolute changes that are not proportionally large. Furthermore, the case-control studies have provided data suggesting that the influence of oral contraceptives on mortality is, in fact, proportional. Inman and Vessey report⁴ that, "Irrespective of age, the risk of death from pulmonary embolism or cerebral thrombosis was increased seven to eight times in users of oral contraceptives."

For expected mortality, the four comparison groups we selected seemed most