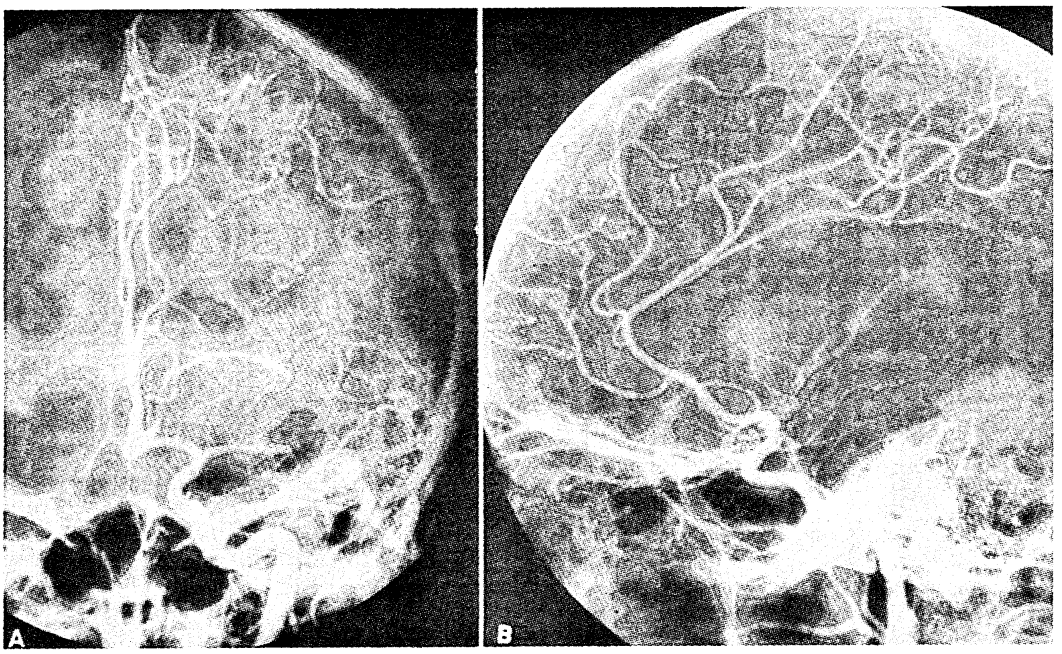

Fig. 1. *Middle Cerebral Occlusion:* A 34-year-old woman, who had complained of severe frontal headaches. Sudden paresis of the right arm and leg and aphasia developed. She had been taking oral contraceptives for fifteen months. Both her father and mother died of strokes. The frontal (A) and lateral (B) left common carotid angiograms disclose occlusion of the middle cerebral artery at its trifurcation.

berg (19) reported 6 cases of neurological disorders coincident with the use of oral contraceptives. In early 1967, Bickerstaff and Holmes (2) described 18 cases of cerebral ischemia occurring under similar circumstances. Later in the same year, Gardner and his co-workers (9) reported 9 similar cases, and Cole (4) described 5 additional cases of stroke among young women using oral contraceptive medication (TABLE I).

More recently, Inman and Vessey (12) and Vessey and Doll (22) found a highly significant difference between users and non-users of oral contraceptives through a statistical evaluation of thromboembolism carried out in Great Britain. In women twenty to forty-four years of age the mortality rate from thromboembolic disease was seven to eight times higher in patients using oral contraceptives than in non-users. Morbidity requiring hospitalization was almost ten times as common. It is of interest that the mortality rate was not appreciably higher in women between the ages of thirty-five and forty-four than in the twenty- to thirty-four-year age group.

TABLE II: CEREBROVASCULAR OCCLUSIONS PRECEDED BY MIGRAINE HEADACHES OR OTHER VASCULAR PRODROMATA

Series	Total No. of Patients	With Prodromata
Shafey and Scheinberg	6	5
Gardner *et al.*	9	9
N.I.N.Y. series	8	6

MATERIAL AND RESULTS

During a recent twelve-month period at the Neurological Institute of New York, 8 instances of cerebral ischemia occurring in women taking oral contraceptives were verified by radiologic methods as vascular occlusions. During the same period, a large number of women with similar neurologic disorders occurring under corresponding circumstances were hospitalized but not subjected to angiography. Many with milder disorders were seen and treated as outpatients.

Cerebral angiography was performed on