

mentioning thrombosis or embolism of the pulmonary, cerebral, or coronary vessels or other synonymous terms in either the first or second part of the certificate. Certificates relating to deaths attributed to venous thrombosis at peripheral sites but in which pulmonary embolism was not specifically mentioned were also included.¹

Eighteen certificates indicated that the thrombosis or embolism was a terminal event in the course of some other fatal disease such as cancer, and these deaths were not further investigated. Forty-nine certificates relating to spinners were also excluded. Strenuous efforts were made to identify and interview the general practitioners who had cared for the remaining 432 patients. Twenty-seven women, however, were either not registered with any doctor or the coroner, hospital, or local executive council could not identify him. In another 16 instances, though the doctor was identified, arrangements could not be made to interview him within one year of the patient's death. Four doctors refused an interview because they felt they would be unable to be of any assistance.

The remaining 385 deaths were all investigated by the Committee's medical field-officers and a further 51 patients were subsequently excluded for a variety of reasons. One patient's age was found at interview to be 47 (not 41 as certified). Eighteen were widowed, divorced, or separated and living alone (women "living as married" were retained). Investigation showed that thrombosis or embolism was a terminal event in the course of cancer in three patients and in one with subacute bacterial endocarditis; two patients with thrombosis of the superior vena cava were also excluded. Twenty were excluded because the cause of death was not as certified. In a further six patients there was no post-mortem examination and the history and clinical features of the terminal event were too obscure to support the certified cause of death.

The remaining 334 deaths provide the basis for this report. Ninety-five were attributed to pulmonary thrombosis or embolism, 209 to coronary thrombosis or myocardial infarction, and 30 to cerebral thrombosis or embolism.

It is thought that the great majority of deaths from pulmonary embolism and coronary thrombosis that occurred in 1966 have been included in this investigation. The Registrar General for England and Wales, however, has informed us that, because of the widely varying terminology used by certifying physicians, the deaths attributed to cerebral thrombosis or embolism (I.C.D. List No. 332) may not represent all those that occurred from this cause.

PROCEDURE

Thirty-five members of the Committee's staff of medical officers took part in the field work in this study. During the investigation of each death one of them completed a questionnaire as fully as possible with the aid of the general practitioner and any other doctors who had attended the patient during her terminal illness. Since the general practitioner's records had usually been returned to the local executive council after the patient's death, he was asked to retrieve them before the medical officer called to interview him. These major sources of information were often supplemented by hospital case notes, family planning clinic records, post-mortem reports, and court depositions supplied by a coroner. As a matter of policy no attempt was made to obtain information direct from the patient's relatives.

The deaths of eight users of oral contraceptives had been notified independently to the Committee before the summaries of the corresponding death certificates had been received. This information was withheld from the field-officers to avoid possible bias.

The questionnaires asked about the patient's (1) age and marital status, (2) obstetrical, gynaecological, medical, and family histories, and (3) terminal illness and post-mortem findings. Questions were also included about any drugs, including oral contraceptives, which had been taken by the patient at the onset

¹ The great majority of these deaths would be assigned to the following list numbers in the *International Classification of Diseases* (I.C.D.): 332 (cerebral thrombosis and embolism), 420 (arteriosclerotic heart disease, including coronary disease), 463, 464 (phlebitis and thrombophlebitis), 465 (pulmonary embolism and infarction), 466 (other venous embolism and thrombosis). Deaths assigned to list numbers 648 (other complications of pregnancy) 682, 684 (puerperal phlebitis and pulmonary embolism) were not considered.