Coronary thrombosis (205 deaths)

Class A.—Post-mortem examinations were carried out in 74 of the 89 patients (83%) in this class, and diagnostic accuracy is therefore likely to be high. Sixty-one death certificates were signed by a coroner, 14 by a hospital doctor, and 14 by a general practitioner. Details of oral contracptive use or parity were unknown for five patients, who have been omitted from the analysis shown in Table IV. Of the remaining 84 deaths 18 occurred in users of oral contraceptives while only 11.4 such deaths would have been expected from the experience of the control series. This difference does not, however, quite attain statistical significance ($P=0.06$). Fifteen patients in this class were known to have been obese. None had being using oral contraceptives. The assessors were reluctant to include obesity as a predisposing condition, because body weight and height had not been recorded for all the women who died and for none of the controls. If, however, these patients are omitted from class A the excess of oral contraceptives users among the remainder attains statistical significance ($P<0.01$). Examination of the results within the age and parity groups shown in Table V reveals a significant excess of users of oral contraceptives only among young women of low parity.

TABLE II.—USE OF ORAL CONTRACEPTIVES BY WOMEN DYING FROM PULMONARY EMBOLISM. NUMBERS EXPECTED FROM EXPERIENCE OF CONTROL WOMEN OF SIMILAR AGE AND PARITY ARE SHOWN IN PARENTHESES

Predisposing conditions	Number of deaths among		
	Users of oral contraceptives	Nonusers of oral contraceptives	All women
Absent (class A)	16 (4.2)	10 (21.8)	2
Present (class B)	9 (6.8)	40 (42.2)	[1] 4
Total (classes A and B)	25 (11.0)	50 (64.0)	7

[1] Two patients whose contraceptive practice was unknown omitted from this category.

TABLE III.—USE OF ORAL CONTRACEPTIVES BY WOMEN DYING FROM PULMONARY EMBOLISM WITHOUT KNOWN PREDISPOSING CAUSE (CLASS A) BY AGE AND PARITY. NUMBERS EXPECTED FROM EXPERIENCE OF CONTROL WOMEN SHOWN IN PARENTHESES

Age	Parity	Number of deaths among		
		Users of oral contraceptives	Nonusers of oral contraceptives	All women
20–34	0–3	4 (1.5)	3 (5.5)	7
	4+	2 (0.6)	0 (1.4)	2
	Total	6 (2.1)	3 (6.9)	9
35–44	0–3	6 (1.0)	6 (11.0)	12
	4+	4 (1.1)	1 (3.9)	5
	Total	10 (2.1)	7 (14.9)	17
All ages	0–3	10 (2.5)	9 (16.5)	19
	4+	6 (1.7)	1 (5.3)	7
	Total	16 (4.2)	10 (21.8)	26

TABLE IV.—USE OF ORAL CONTRACEPTIVES BY WOMEN DYING FROM CORONARY THROMBOSIS. NUMBERS EXPECTED FROM EXPERIENCE OF CONTROL WOMEN SHOWN IN PARENTHESES

Predisposing conditions	Number of deaths among		
	Users of oral contraceptives	Nonusers of oral contraceptives	All women
Absent (class A)	18 (11.4)	66 (72.6)	84*
Present (class B)	5 (12.6)	105 (97.4)	110†
Total (classes A and B)	23 (24.0)	171 (170.0)	194

* Five patients omitted from this category—3 whose contraceptive practice was unknown and 2 whose parity was unknown (non-users).

†Six patients omitted from this category—5 whose contraceptive practice was unknown and 1 whose parity was unknown (non-user).