TABLE V.—USE OF ORAL CONTRACEPTIVES BY WOMEN DYING FROM CORONARY THROMBOSIS 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	7 (2.7)	6 (10.3)	13
	4+	0 (0.6)	2 (1.4)	2
	Total	7 (3.3)	8 (11.7)	15
35–44	0–3	8 (4.5)	45 (48.5)	53
	4+	3 (3.6)	13 (12.4)	16
	Total	11 (8.1)	58 (60.9)	69
All ages	0–3	15 (7.2)	51 (58.8)	66
	4+	3 (4.2)	15 (13.8)	18
	Total	18 (11.4)	66 (72.6)	84

TABLE VI.—USE OF ORAL CONTRACEPTIVES BY WOMEN DYING FROM CEREBRAL 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)	5 (1.5)	5 (8.5)	10
Present (class B)	0 (1.5)	16 (14.5)	[1] 16
Total (classes A and B)	5 (3.0)	21 (23.0)	26

[1] One patient omitted from this category whose parity was unknown (nonuser).

It should also be noted that five women in class A had been using sex-hormone preparations other than oral contraceptives before the onset of the fatal illness. Two had taken Metrulen-M (a substance identical to Ovulen, but normally prescribed for gynaecological disorders); one had taken ethinyloestradiol; one had taken Primolut-N (norethisterone); and one had taken Duphaston (dydrogesterone). The frequency of use of these substances in the control series is, however, unknown, and they have therefore been discounted in the above analysis.

Class B.—The 116 patients who had the following predisposing conditions were allocated to class B: hypertension (46), previous stroke or coronary thrombosis (19), diabetes mellitus (12), long-standing angina pectoris (8) rheumatic heart disease (7), hypercholesterolaemia (6), and various other conditions (18). A post-mortem examination was made in 70 cases (60%). Fifty-three certificates were signed by a coroner, 25 by a general practitioner, and 38 by a hospital doctor. Nothing was known about the use of oral contraceptives by five patients and the parity of another was not recorded. Of the remaining 110 only five had been using oral contraceptives, whereas the number expected from the control experience is 12.6 (Table IV). This difference is just statistically significant (P=0.05), and may be due to the reluctance of doctors to prescribe oral contraceptives for women suffering from serious chronic diseases or to a reduced demand for them by such women.

In contrast to the results for pulmonary embolism, if classes A and B are combined there is close agreement between the observed number of women who had been using oral contraceptives and the number expected (Table IV).

Cerebral thrombosis (27 deaths)

Class A.—The diagnosis was confirmed at post-mortem examination in 7 of the 10 patients in this category, and in two others internal carotid occlusion was demonstrated angiographically. Nine certificates were signed by a hospital doctor and one by a coroner. Five of the 10 patients had been using oral contraceptives at the onset of their terminal illness, while only 1.5 would be