he *International Classification of Diseases* (World Health Organization, 957)[1]—that is, from phlebitis, thrombophlebitis, thrombosis, or embolism in ny vein except the cerebral, coronary, hepatic, and mesenteric veins; pulmoary embolism or infarction.

All women who satisfied these criteria were included unless they: (1) were ingle or widowed; (2) had an evident predisposing reason for developing the isease—that is, were suffering from some other relevant acute or chronic disase or had within the previous three months been pregnant, undergone a surical operation, or suffered trauma requiring hospital treatment; (3) were regnant, postmenopausal, or sterilized; (4) had suffered only superficial hrombophlebitis; or (5) could not be interviewed because they had died uring their stay in hospital.

If there was a doubt about the eligibility of a patient for inclusion, an bstract of the case history was prepared, omitting reference to contraceptive abits, and the decision was made independently by a colleague (Dr. Frank peizer).

For each affected patient two control patients were selected who had been iagnosed as suffering from an acute medical or surgical condition or had been dmitted to hospital for an elective operation (other than on varicose veins), nd who matched the affected patient in regard to hospital, date of admission within four months), age (within four years), parity (within groups 0, 1–2, r 3 or more deliveries), and absence of any of the attributes used to exclude atients from the affected series.

Permission to interview the patients was obtained from hospital consultants nd general practitioners; the patients were then interviewed in their homes y a medical social worker experienced in research (Miss Keena Jones). At his interview inquiries were made about the patient's medical, obstetric, ocial, family, and contraceptive history.

Efforts were made to trace all the patients, but no attempt was made to conact those who had left the United Kingdom and Ireland. When control atients were found to have emigrated others were substituted for them. A ew patients who could not be interviewed personally were asked to complete a ostal questionary instead.

MATERIAL

Altogether 399 patients were identified who had been treated for venous hrombosis or pulmonary embolism. Of these, 338 were excluded for the reaons given in Table I. The criteria for exclusion were applied in the order hown, so that if, for example, a patient was single or widowed, no further xamination of the case notes was made. It is notable that only one set of otes required for review was untraced and only one patient was excluded ecause the discharge diagnosis was not supported.

Details of the 49 patients excluded because of coexistent disease are shown n Table II. Patients were excluded for this reason only if they suffered from disease involving the cardiovascular system or blood (including diabetes melitus), malignant disease, or a condition which required a period of bed rest uring which the thromboembolic episode occurred.

The remaining 61 patients, who were regarded as having suffered from deep ein thrombosis or pulmonary embolism without any evident predisposing ause, formed the subject of the study. On average about one such patient had een admitted each year to each of the 19 hospitals, but the actual number dentified at each hospital in all three years ranged from none to nine. Of hese patients, 57 were interviewed and three answered our questions by post. ne had emigrated to Australia and was not contacted.

One hundred and twenty-two patients were selected as controls. Five had migrated and others were substituted for them. Of the new total, 111 were interviewed, 9 answered our questions by post, 1 was not interviewed because er husband refused permission, and 1 was untraced. We then had 58 complete "sets" of matched patients between whom comparisons could be made, including 58 affected patients and 116 controls.

The diagnoses of the control patients are shown in Table III; a wide range of diagnoses was covered and more than half the patients suffered from an acute condition that could not have been anticipated.

[1] Or the equivalent numbers at the four hospitals which used other coding systems.