TABLE I.—REASONS FOR EXCLUSION OF PATIENTS DIAGNOSED AS HAVING VENOUS THROMBOSIS OR PULMONARY EMBOLISM

Reason	Number of patients	Number dying in hospital
Notes lost	1	0
Single or widowed	43	6
Postmenopause or sterilized	6	0
Pregnant or puerperal	165	6
Recent operation	65	3
Recent trauma	2	0
Coexistent disease	49	10
Superficial thrombophlebitis only	6	0
Diagnosis not supported	1	0
All reasons	338	25

TABLE II.—DIAGNOSES IN PATIENTS WITH VENOUS THROMBOEMBOLISM EXCLUDED BECAUSE OF COEXISTENT DISEASE

Disease group	Diseases included (number of patients shown in parentheses)	Total number of patients excluded	Number of patients dying in hospital
Diseases involving cardiovascular system or blood.	Rheumatic heart disease (16). Diabetes mellitus (4). Congenital heart disease (2). Coronary artery disease (2). Collagen disease (2). Buerger's disease (1). Hypertension (1). Sickle-cell disease (1).	29	4
Malignant disease	Cancer of stomach (2), brain (1), breast (1), oesophagus (1), pancreas (1).	6	3
Other defined diseases (see text).	Self-poisoning (4). Chronic skin ulcers (2). Meningoencephalitis (1). Ulcerative colitis (1). Cellulitis (1). Sepitcaemia (1). Cirrhosis of liver (1). Pelvic inflammatory disease (1). Motor neurone disease (1). Pneumonia (1).	14	3
All diseases		49	10

RESULTS

Table IV shows the proportion of patients who had been taking an oral contraceptive during the month before the start of the episode for which they were admitted to hospital or the month before admission in the case of patients undergoing elective surgery.[2] This proportion was much higher in those admitted for deep vein thrombosis or pulmonary embolism (26 out of 58, or 45%) than in those admitted for other conditions (10 out of 116, or 9%) and the difference between the proportions in the two groups is statistically highly significant ($P<0.001$).

Of the affected patients in the three incompletely matched "sets" one is known to have been taking oral contraceptives when she became ill, one is known not to have been, and no certain information is available for the third patient, who had emigrated.

It is clear from the time relationships that the occurrence of the episode cannot have determined the use of this type of contraceptive; but it does not necessarily follow that the contraceptive was responsible for the disease. First we must consider whether any other difference between the groups could have led to the development of both features.

Comparability of groups

The method of selecting the controls ensured that the patients in both groups were comparable with respect to age, marital status, and parity, and also to hospital and date of admission. Table V shows that they were compa-

[2] We have included under the general term "oral contraceptives" those oestrogen-progestogen mixtures normally prescribed for a gynaecological indication rather than for oral contraception. All patients were asked about the use of such preparations, and two affected patients were found to have been using Metrulen-M (a mixture of mestranol and ethynodiol, identical to Ovulen).