

TABLE V.—COMPARABILITY OF PATIENTS WITH VENOUS THROMBOEMBOLISM AND CONTROLS

Attribute	Number of patients		Attribute	Number of patients	
	Thrombo-embolism	Control		Thrombo-embolism	Control
Country of origin:			Religion:		
United Kingdom.....	41	82	Church of England.....	35	70
Ireland.....	7	11	Nonconformist.....	5	14
Other European.....	3	9	Roman Catholic.....	13	27
West Indies.....	3	6	Other or none.....	5	5
Other.....	4	8			
Total.....	58	116	Total.....	58	116
Social class:			Interval since last delivery (completed months):		
No husband ¹	5	6	3-11.....	7	12
I-II.....	7	19	12-23.....	9	28
III.....	34	70	24-27.....	14	23
IV.....	10	18	48 or more.....	22	39
V.....	2	3	Not recorded.....	0	2
			Not applicable (nulliparae).....	6	12
Total.....	58	116	Total.....	58	116

¹ Divorced, separated, or living as married.

TABLE VI.—HISTORY OF PREVIOUS VENOUS THROMBOSIS OR PULMONARY EMBOLISM IN AFFECTED AND CONTROL PATIENTS (PERCENTAGES SHOWN IN PARENTHESES)

Diagnostic group	Oral contraceptives	Number of patients with history of previous venous thromboem- bolic disease		All women
		Present	Absent	
Thromboembolism.....	{ Used..... Not used..... Total.....	9 (35) 12 (38) 21 (36)	17 (65) 20 (62) 37 (64)	26 (100) 32 (100) 58 (100)
Control.....	{ Used..... Not used..... Total.....	2 (20) 3 (3) 5 (4)	8 (80) 103 (97) 111 (96)	10 (100) 106 (100) 116 (100)

Comparison between frequency of previous attacks (all affected and control patients): $\chi^2=28.5$, $n=1$, $P<0.001$.Comparison between frequency of use of oral contraceptives (affected and control patients without previous attacks): $\chi^2=27.0$, $n=1$, $P<0.001$.

Hospital records were too incomplete to be used as a source of information about physical measurement. The women were therefore asked about their height and weight at the time of the relevant hospital admission, and the stated weight was compared with the standard weight given by Billewicz, Kemsley, and Thomson (1962) for women of the same age and height. Table VII shows the mean difference between the stated and standard weights for the affected and control patients. The control women not using oral contraceptives were, on average, 3 lb. (1.4 kg) above the standard weight for their height and age, but with the use of oral contraceptives the difference increased to 7 lb. (3.2 kg.). Among the affected women who used oral contraceptives the difference was similar, but those women who were not using oral contraceptives weighed, on average, nearly 13 lb. (5.9 kg.) more than the standard. This large excess was due to the presence of 10 women (32% of the total) who weighed 28 lb. (12.7 kg.) or more above the standard. In each of the three other groups the proportion of such obese women was approximately 10%.

Table VIII shows that the affected patients were, on average, heavier smokers than the control patients. The difference, however, is statistically not quite significant, and it will be noted that the proportion of women who used oral contraceptives was greater for the affected patients than for the controls in each smoking category.