

and chest was regarded as sufficiently strong evidence to justify classing the diagnosis as at least "probable."

Table IX shows that within each disease category the use of oral contraceptives was no greater, and was indeed less, when the diagnosis was less certain, and that the proportion of affected patients who had used oral contraceptives was higher among those who suffered from the serious condition of pulmonary embolism than among those who suffered deep vein thrombosis alone. It seems improbable, therefore, that the observed association is due to a greater tendency to diagnose thromboembolic disease in women who use oral contraceptives.

Distribution of affected patients by calendar year

Table X shows the number of affected women admitted to hospital each year. No trend with time is evident. The numbers each year are small and the changes, though not providing much positive evidence in support, are statistically compatible with the hypothesis that the incidence of thromboembolism is static in women not using oral contraceptives and is rising in step with the number at risk in women who are.

It should be noted, however, that the incidence of thromboembolic disease may have been increasing before oral contraceptives were widely introduced (Morrell, Truelove, and Barr, 1963; Loehry, 1966) and the risk of thromboembolic disease may vary with the length of time oral contraceptives have been used and with the characteristics of the women who take them. We have evidence from one Family Planning Association clinic to show that women who took oral contraceptives in 1964 were, on average, older and more parous than women who took them in 1966, and these and other similar factors may affect the temporal trend.

Type of oral contraceptive used and duration of use

The contraceptive preparations last in use before the onset of the relevant episode were known for 23 of the affected patients and for eight of the controls. These data were compared with expected distributions calculated on the

TABLE IX.—CLASSIFICATION OF CERTAINTY OF DIAGNOSIS OF VENOUS THROMBOEMBOLIC DISEASE BY ORAL CONTRACEPTIVE USE OF AFFECTED PATIENTS (THE NUMBER OF PATIENTS IN EACH CLASS IS GIVEN)

Certainty of diagnosis	Deep vein thrombosis		Pulmonary embolism		Deep vein thrombosis and pulmonary embolism		All types of venous thrombo- embolism	
	Oral Contraceptives							
	Used	Not used	Used	Not Used	Used	Not used	Used	Not used
Possible.....	2	7	1	1	-----	-----	3	8
Probable.....	11	15	2	3	2	5	15	23
Certain.....			3	0	6	3	9	3
Total.....	13	22	6	4	8	8	27	34

TABLE X.—NUMBER OF AFFECTED PATIENTS IDENTIFIED EACH YEAR BY ORAL CONTRACEPTIVE USE: AN ESTIMATE OF CONTRACEPTIVES SUPPLIED IN ENGLAND AND WALES IN EACH YEAR, MEASURED IN WOMAN-YEARS IS ALSO GIVEN

Oral contraceptives	1964	1965	1966	Total
Used.....	5	11	11	27
Not used.....	9	16	9	34
Total.....	14	27	20	61
Estimate of oral contraceptives supplied in England and Wales (woman-years) ¹	250,000	400,000	600,000	1,250,000

¹ Based on information provided by Intercontinental Medical Statistics, Ltd. (personal communication, 1967) and the Family Planning Association (Hill, personal communication, 1967).