V. SUMMARY AND CONCLUSIONS

Married women aged 16 to 40 years discharged during 1964–66 from 19 rge general hospitals in the North-West Metropolitan Regional Hospital oard area with a diagnosis of deep vein thrombosis or pulmonary embolism ithout evident predisposing cause were identified by means of the hospital iagnostic indexes. They were subsequently interviewed in their homes, when quiries were made about their past medical, obstetric, social, family, and ontraceptive histories.

For comparison, married control patients admitted to the same hospitals ith acute surgical or medical conditions, or for elective surgery, and matched ith the affected patients for age, parity, date of admission, and absence of ny predisposing cause of thromboembolic disease, were also identified and milarly interviewed.

Of 58 affected patients 26 (45%) had been using oral contraceptives during e month preceding the onset of their illness while only 10 of the correspond- g 116 controls (9%) had been doing so.

From these data it is calculated that the risk of hospital admission for enous thromboembolism is about nine times greater in women who use oral ntraceptives than in those who do not. If national supply data are used for timating the frequency of use of oral contraceptives in the general popula- on it is calculated that about 1 in every 2,000 women using oral contracep- ves are admitted to hospital each year with "idiopathic" venous thromboem- olism in comparison with about 1 in every 20,000 women not using them

These results are not thought to have been produced by bias or by any mmon factor responsible both for the use of oral contraceptives and the pro- uction of thromboembolism, and it is concluded that oral contraceptives are a use of the disease.

At 16 hospitals women suffering from coronary or cerebral thrombosis were so studied. Five of nine patients who survived an attack of "cerebral throm- sis" had been using oral contraceptives during the month preceding their ill- ess. Taken in conjunction with other similar findings, it is justifiable to con- ude that oral contraceptives can also be a cause of cerebrovascular sufficiency.

Of the 13 women who survived an attack of coronary thrombosis without ident predisposing cause none had been using oral contraceptives.

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References

ailar, J. C. (1967). *Lancet*, 2, 560.
ickerstaff, E. R., and Holmes, J. M. (1967). *Brit. med. J.*, 1, 1, 726.
illewicz, W. Z., Kemsley, W. F., and Thomson, A. M. (1962). *Brit. J. prev. soc. Med.*, 16, 183.
oon, W. W., and Coller, F. A. (1959a). *Surg. Gynec. Obstet.*, 109, 259.
oon, W. W., and Coller, F. A. (1959). *Surg. Gynec. Obstet.*, 109, 487.
aniel, D. G., Campbell, H., and Turnbull, A. C. (1967). *Lancet*, 2, 287.
orken, H. (1967). *Munch. med. Wschr.*, 109, 187.
leming, H. A., and Bailey, S. M. (1966). *Brit. med. J.*, 1, 1322.
aeger, K., Nilsson, I.M., and Robertson, B. (1967). *Brit. med. J.*, 3, 493.
amilton, M., and Thompson, E. N. (1963). *Postgrad. med. J.*, 39, 348.
artveit, F. (1965). *Brit. med. J.*, 1, 60.
llis, L., Kocen, R. S., McDonald, W. I., and Mondkar, V. P. (1965). *Brit. med. J.*, 2, 1164.
nman, W. H. W., and Vessey, M. P. (1968). *Brit. med. J.*, 2, 199.
ennett, W. B., and Cross, J. N. (1967). *Lancet*, 1, 1019