

admission to medical schools in the United Kingdom. Only 3,000 obtained places.

The number of applicants for medical school places has risen steadily in the last few years from 7,500 in 1970 to 13,000 in 1974.

Using a points system of 5 points for an A grade, 4 points for a B grade, and 3 points for a C grade, it appears that under half the successful medical school entrants scored 13-15 on their three A levels and just over half scored 9-12 points.

BALINT CONFERENCE

The Third International Balint Congress will be held in Paris on 28-30 May 1976.

Those interested should apply to 124, rue de Courcelles, 75017 Paris, France.

MEDICAL PRACTICES COMMITTEE

The Medical Practices Committee has decided to change the upper limit for classifying an area as intermediate, so that under-doctored areas may receive a bigger share of additional medical manpower.

The revised standard, which becomes effective on 1 October 1975 will be an average list of between 1,801 and 2,200 (instead of 2,100) after taking account of inflation of doctors' lists, anticipated medical list changes, and the admission of one more principal.

There will be no changes in classifying restricted areas.

REFERENCE

British Medical Journal (1975). 2, 604.

ASTMS

The Association of Scientific, Technical and Managerial Staffs (ASTMS) is actively recruiting general-practice employee pharmacists.

REFERENCE

Pharmaceutical Journal (1975). 215, 209.

GENERAL PRACTICE FINANCE CORPORATION

The General Practice Finance Corporation received 301 applications for loans in 1974/5 compared with 327 in the previous year.

The average loan was £11,500 and the lending rate is 17 per cent a year.

THE MANAGEMENT OF INCONTINENCE IN THE HOME

A Conference on the Management of Incontinence in the Home is being held on 12 December 1975 in the Department of Geriatric Medicine, University of Manchester, in conjunction with the Disabled Living Foundation.

Those interested should apply to The Disabled Living Foundation, 346 Kensington High Street, London W14 8NS.

CORRESPONDENCE

ORAL CONTRACEPTIVES AND VENOUS THROMBOSIS

Sir,

In the first report¹ from the Royal College of General Practitioners' Oral Contraception Study we emphasised that more data were desirable, and that many analyses called for more extensive consideration.

In November 1974, I indicated that we were re-calculating data on Pill use and venous thrombosis.

These calculations are now complete and a full report is being prepared. The accompanying table corresponds to table 7.3 in our report, and

includes data from an additional two and a half years of observation but, because of the more stringent exclusions, the number of cases is smaller. All women having or developing a medical condition predisposing to venous thrombosis have been excluded entirely. For pregnancy and the puerperium we have excluded the period of observation and associated events from the month after that in which the last menstrual period occurred to the calendar month after the end of the pregnancy, inclusive.

Similarly, for any woman undergoing surgery we have excluded the whole calendar month when the operation was performed and the whole of

IDIOPATHIC VENOUS THROMBOSIS IN R.C.G.P. ORAL CONTRACEPTION STUDY — REVISED CALCULATIONS

<i>I.C.D. category</i>	<i>Takers</i>		<i>Ex-Takers</i>	
	<i>Observed number</i>	<i>Standardised rate (TWY)†</i>	<i>Observed number</i>	<i>Standardised rate (TWY)†</i>
Superficial thrombosis of leg	64	1.89	12	1.03
Deep thrombosis of leg	33	0.98	5	0.41
Other and unspecified sites of thrombosis	10	0.29	1	0.08
Periods of observation	32,850 women years		11,763 women years	
<i>I.C.D. category</i>	<i>Controls</i>		<i>Ratio of rates</i>	
	<i>Observed number</i>	<i>Standardised rate (TWY)†</i>	<i>Takers/Controls</i>	<i>Ex-takers/Controls</i>
Superficial thrombosis of leg	29	0.72	2.63*	1.42
Deep thrombosis of leg	7	0.17	5.62*	2.37
Other and unspecified sites of thrombosis	6	0.16	1.82	0.49
Periods of observation	41,170 women years			

* $p < 0.01$

† TWY = thousand women years

the following month. The tabulated data represent the first attack of venous thrombosis in women with no known predisposing cause. The experience of these women subsequent to their first attack is also excluded.

The adjusted observations are simultaneously standardised for ages, parity, cigarette smoking, and social class, to the combined adjusted experience of Takers, Ex-Takers, and Controls, using the indirect method.

The revised estimate of the risk of an association between oral contraceptive usage and venous thrombosis is similar to the approximation published in our report. The estimated attributable risk of 117 (98) per 100,000 Pill users per year for superficial thrombosis and 81 (91) per 100,000 for deep thrombosis shows little change. The numbers in brackets indicate our former estimates. The increased rate in Ex-takers could easily have occurred by chance.

The new calculations have no bearing on the issue as to whether the reported observations were biased. Our conclusion that bias did not make an important contribution to the observed differences has been discussed elsewhere.¹⁻³

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REFERENCES

- 1 Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London and New York: Pitman Medical.

- 2 Kay, C. R. (1974). Oral contraceptives and health: Thromboembolic Disease. *Lancet*, 2, 1138-1139.
- 3 Kay, C. R. (1974). Oral contraceptives and health. *Lancet*, 2, 514-515.

ADVERTISEMENTS IN MEDICAL JOURNALS

Sir,

The Department of Health and Social Security has requested members of the pharmaceutical industry to reduce their promotional expenditure from 13.8 per cent to ten per cent of turnover. The industry has a well-founded and creditable reputation for giving support to educational activities, including the indirect support of reputable and valuable medical journals by the placing of advertisements. Naturally each company will wish to decide for itself where economies are to be made, but I plead that they be selective and bear in mind the advantage to the whole profession of continuing to advertise in journals of true educational value.

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GENERAL-PRACTITIONER OBSTETRICIAN

Sir,

Elstein and his colleagues are to be congratulated on their portrayal of the evolution of the general-practitioner obstetrician in the next decade (May