

## 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.<sup>1-3</sup>

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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