

filling out a report card.

Details of a suitable card will be worked in pilot studies before the main survey begins. A card will be completed for each patient who attends her doctor and whom the doctor considers may be pregnant. Probably about eighty per cent of these women will go to term. The card may be kept with or take the place of the patient's antenatal record and the relevant details filled in at each attendance until the twenty-second week of pregnancy; it may then be returned to the Record Unit. If pregnancy is not confirmed or if abortion occurs before the twenty-second week, the card may be returned at once. After the expected date of each confinement, doctors taking part may receive a questionnaire on which they would be asked to furnish details of the outcome of the pregnancy and the state of the infant at birth.

The importance of this study is such that we are seeking the help of the whole membership of the College in its conduct. It is to go on for at least one year in the first instance and, thereafter, until sufficient records are collected. Interim analyses will determine how long this may be. All those who would like to help in this study, however few or many pregnancies they attend, are asked to complete Notification Form No. 21 to be found at the back of this issue of the *Journal*.

CONGENITAL ABNORMALITIES

In 1958, well before the thalidamide tragedy, the College planned a study on congenital abnormalities. At that time very few large scale investigations of this subject had been made and public attention had not been focussed on it. Now, some four and a half years later, the first findings are about to be published and the time is opportune for reflection.

Because of the importance of this subject we have asked Dr B. C. S. Slater, the recorder of the study, for an interim report. He writes that the first request for notification of details of patients born with malformations was made in the *Journal* of November 1958; it was over a year before the total reached 750 cases. The purpose of the study was two-fold; to search for any variations in seasonal incidence in deformities and to provide a register of malformations as the basis for future research programmes. A pilot study of these 750

cases indicated, as had been expected, that to provide any significant evidence the total number of cases would have to be greatly increased, and at the end of 1960 a letter was sent to all members and associates of the College in Great Britain asking for co-operation in providing the necessary details. The response to this letter exceeded expectation: 1,373 doctors replied giving details of 7,960 children born between 1954 and 1960 with congenital abnormalities. In addition to this 11 public health departments offered to provide details of cases known to them and in this way a further 1,591 cases were added, making a total of 9,551 children who had 12,900 defects. This number of notifications presented a task of some magnitude. Details of these 12,900 defects had to be accurately transferred to individual index cards which would eventually form the register of deformities. This was mainly routine clerical work, or so it was thought until it was realized that many of the details had to be clarified and some interpreted. In a survey of this size, with so many doctors participating, it was inevitable that the standard of notification was variable. Illegibility proved a greater problem than had been expected. The details given were interpreted as strictly as possible but some reports presented difficulties. Some patients were notified as having two abnormalities, one of which was obviously secondary to the other. Was this acceptable or not? Some practitioners notified patients as suffering from a particular syndrome whilst others detailed the individual defects constituting that syndrome. An effort at consistency had to be made with all of these cases. The transferring of the details to index cards no longer seemed to be a simple clerical job and the advice of a doctor had frequently to be obtained. Once the task was completed a few duplications of the notifications of a practitioner and a local health authority were noticed and a further check of all the cards was necessary.

Hand analysis of the cards to study seasonal variations in incidence was the next stage. A check had to be made of the classification of malformations which had been devised before submitting the information to mechanical analysis. No classification is in general use for aetiological investigation. Following the first analysis it was realized that the original classification required amendment in minor aspects, and changes had to be made in the grouping of many of the cards with the result that the analysis had to be completely re-done.

The findings concerning the seasonal incidence of the various abnormalities have now been included in a paper which will be

published shortly. In summer there were more babies born with pulmonary stenosis and aortic stenosis, rectal and anal atresia, and partial absence of limbs, whilst in winter more babies had cataract, anencephaly, spina bifida, oesophageal atresia and congenital dislocation of the hip. Seasonal variation has previously been noted in anencephaly, spina bifida, and congenital dislocation of the hip. These findings will be submitted to more detailed examination by mechanical analysis. Studies of regional variation, secular trend, and, possibly more important, the grouping of defects in the individual patients will also be made.

This project has taken longer to complete than anticipated at first but a great amount of work has been necessary. The thalidomide tragedy gives the study of congenital abnormalities added interest and importance.

This kind of study is ideal for general practitioners to undertake for it depends on the notification of cases as they occur and does not require complete details in every case; indeed, the investigation is not put in jeopardy by the omission of an occasional notification nor are "nil" reports asked for.

THE RECORDS AND STATISTICAL UNIT

Although for over 150 years collective enquires into illness and epidemics have been made occasionally by family doctors and others, only recently has a study been made of the methods best suited for this kind of work. In the pages which follow much useful advice on general-practitioner research will be found. These papers emanate from the research committee of Council, and are the first fruits of the Records and Statistical Unit. Council owes a deep debt of gratitude to Dr R. J. F. H. Pinsent whose inspiration and untiring work brought the unit into being. On the 6 April 1963 Council learnt of a grant of £6,000 per annum for three years from the Nuffield Foundation to enable the unit to establish itself as a working part of the College's research activities. Council is confident that at the end of three years the research foundation of the College will be able to finance the unit and by appointing Dr Pinsent as its first director they have done all that is in their power to ensure its success.