than is thought, especially in outlying country districts where doctors are few and the complications of pregnancy may not be dealt with as rapidly as is to be desired. Murdoch suggests that a woman who has suffered haemorrhage or shock at delivery must always be viewed as a candidate for Sheehan's syndrome. Schneeberg *et al.*[2] recommend that she be kept under observation for at least a year, especially when lactation does not occur. Any damage sustained by the anterior pituitary will by then have declared itself in amenorrhoea, cold intolerance, lack of energy and general ill-health. In relation to the number of cases of haemorrhage or shock at confinement I have seen, this appears to be a rare condition.

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INCIDENCE OF CONGENITAL ABNORMALITIES IN CAPE TOWN

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Congenital abnormalities result from the summation of genetic and environmental influences. With the advance of knowledge in recent years, more light has been shed on the role of genetic factors in congenital abnormalities. Specific environmental factors, such as infections and drugs, have been established as causes of congenital abnormalities, and much work has been done on certain less obvious statistical correlations which might be guides to specific aetiological factors. These statistical correlations have included such factors as the relationships of maternal age, social class, familial tendency, sex, geographical and seasonal variations, and racial differences to the incidence and type of congenital abnormalities encountered.

To the best of our knowledge, there is no previous local report available on this subject and this pilot investigation was undertaken to compare the incidence of congenital abnormalities in the White and Cape Coloured racial groups in Cape Town, as seen in hospital practice, with that found elsewhere in the world. A retrospective survey was done on 6,502 infants delivered at 2 maternity hospitals under the aegis of the University of Cape Town. Priority in these units is given to primiparous patients, grand multiparae, and other women with medical or obstetrical complications. Most of these infants were examined by the paediatric registrar at the time of birth and again on discharge, and the results are based on the notes in the infants' folders. Because of the pressure on accommodation, the period of observation often was no more than a day or two, which might be too short for some defects to become manifest. There were 2,807 White and 3,695 Cape Coloured infants. Fifty-four of the White infants (1·92%) and 145 of the Cape Coloured infants (3·92%) were stillborn.

Tables I and II show the results obtained and the comparison with some other centres. More than one abnormality was seen in 0·5% of the White infants and 0·14% of the Coloured infants. In addition to the incidence of the major malformations tabulated, 1·07% of White and 0·65% of Cape Coloured infants had minor abnormalities such as haemangiomata and naevi.

TABLE I. INCIDENCE IN BODY SYSTEMS OF MALFORMATIONS (% OF TOTAL BIRTHS); ESTIMATES SOON AFTER BIRTH

Author		*Total* %	*Central nervous system* %	*Circulatory system* %	*Digestive tract* %	*Skeletal system* %
Mean of 19 authors[1]		1·7	0·38	0·24	0·26	0·53
Present survey	White	2·5	0·36*	0·32	0·50	1·07
	Cape Coloured	1·6	0·33*	0·19	0·27	0·76

*Including Down's syndrome.

TABLE II. INCIDENCE OF MALFORMATIONS (% OF TOTAL BIRTHS); ESTIMATES SOON AFTER BIRTH

	Geographical area				*Present survey*	
Malformation	*Birmingham*[2]	*Sweden*[2]	*Japan*[2]	*Kampala*[3]	*White*	*Cape Coloured*
Anencephalus	0·2	0·05	0·06	0	0·07	0·08
Spina bifida	0·28	0·11–0·15	0·03	0	0·04	0·05
Hydrocephalus	0·18	0·1	0·03	0·15	0	0·05
Cardiac malformation	0·21	0·08	0·42	0·05	0·32	0·19
Cleft lip and palate	0·18	0·18	0·28	0·15	0·18	0·14
Dislocation of hips	0	0	0·03	0	0·11	0·03
Talipes	0·4	0·28	0·11	0·10	0·50	0·24
Down's syndrome	0·11	0·05	0·01	0·05	0·18	0·14
All individuals with major malformations	1·73	1·12	1·22	0·85	2·50	1·60

CONCLUSIONS

It would appear that the incidence of congenital abnormalities of all types in Cape Town in White infants is higher than in the Cape Coloured and higher than the mean determined from the results obtained by 19 authors from different countries. This pilot survey has the inherent fallacies shared by most retrospective surveys, namely that it is dependent on a number of observers, and the accuracy varies with the degree of care, experience, conscientiousness and method of the examiners. Because of these fallacies and the relatively small numbers involved, one must be cautious about drawing any conclusions. The survey is reported in the hope that it will provoke larger prospective surveys on this subject in the future.

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MINUTES OF MEETING OF FEDERAL COUNCIL HELD IN PRETORIA ON 13, 14 AND 15 OCTOBER 1965

(Continued from page 153 of the Journal for 12 February 1966)

41. *Vacancy—Assistant Secretary:* The steps leading up to the appointment of Dr. C. E. M. Viljoen were reported. As Dr. Viljoen had already been introduced to Council, this item was *noted.*

42. *Retirement of Dr. Marchand:* The Report drew attention to the fact that Dr. Marchand was due to retire during October 1965, and it went on to state:

'The Committee would recall that Dr. Marchand joined the Association staff in 1951, and that he has given 14 years of devoted service to the members and to the medical profession