CONGENITAL MALFORMATIONS OF THE CENTRAL NERVOUS SYSTEM III.—RISK OF MALFORMATION IN SIBS OF MALFORMED INDIVIDUALS

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Using data for the City of Birmingham, we previously estimated the incidence of malformations of the central nervous system in sibs born after a first malformed propositus as 5.18 per cent., about nine times the incidence (0.59 per cent.) in all notified births (Record and McKeown, 1950). In arriving at this estimate we included fraternities of two kinds:

- (a) those in which the first malformed individual was born within the period covered by the survey (1940-47),
- (b) those in which the first malformed individual was born before 1940.

Fraternities under (b) are clearly unrepresentative, since they come to our attention only because a second or later malformation has occurred in the years 1940-47*; and consequently the estimate of the risk to sibs is too high when they are included. We have therefore recalculated the incidence by confining our attention to fraternities under (a), and have taken the opportunity to consider more carefully the validity of a comparison with the incidence in all notified births.

TABLE I

MALFORMATIONS OF THE CENTRAL NERVOUS SYSTEM AMONG SIBS BORN AFTER A FIRST MALFORMATION
HAS BEEN RECORDED*

Type of First Malformation	Anen- cephalus	Spina bifida	Hydro- cephalus	Other	Total
Sibs born after the first malformation Number of malformations	190 4	205 8	61 1	14 0	470 13
Malformation rate (per cent.)	2·1	3.9	1.6	_	2.77

^{*} This table is based on 727 fraternities in which the first malformation occurred in the period 1940-47.

The previous estimate of the incidence in sibs $(5 \cdot 18 \text{ per cent.})$ was based on 742 fraternities, of which fifteen are now excluded because the first malformation occurred before 1940 (twelve cases) or outside Birmingham (three cases). In the remaining 727 fraternities there were thirteen malformations in 470 sibs $(2 \cdot 77 \text{ per cent.})$. This estimate is based only on sibs born after the first malformation and before the end of 1947 (Table I).

^{*} We are greatly indebted to Dr. C. O. Carter for having brought this point to our attention.

TABLE II

DISTRIBUTIONS BY MATERNAL AGE AND PARITY OF 755 MALFORMATIONS AND OF 742 CONTROL BIRTHS

Maternal Age		Parity												
	1		2		3 and 4		5 and 6		7 and over		Totals			
	Mal- forma- tions	Con- trols	Mal- forma- tions	Con- trols	Mal- forma- tions				Mal- forma- tions	Con- trols	Mal- forma- tions	Con- trols		
17–26 27–36 37–46	208 115 11	163 82 7	58 102 13	82 125 14	32 84 28	42 112 31	4 30 22	2 36 23	10 38		302 341 112	289 363 90		
Totals	334	252	173	221	144	185	56	61	48	23	755	742		

The incidence of malformations in sibs (2.77 per cent.) cannot fairly be compared with the incidence in all births (0.59 per cent.) since the age and parity

TABL
ESTIMATED DISTRIBUTIONS BY MATERNAL AGE AND PARITY

Maternal Age	1				2		3 and 4			
	Malfor- mations	Total births	Per- centage mal- formed	Malfor- mations	Total births	Per- centage mal- formed	Malfor- mations	Total births	Per- centage mal- formed	
17–26 27–36 37–46	256·2 141·7 13·5	34,776 17,495 1,493	0·737 0·810 0·904	71·4 125·6 16·0	17,495 26,669 2,987	0·408 0·471 0·536	39·4 103·5 34·5	8,961 23,895 6,614	0·440 0·433 0·522	
Totals	411.4	53,764	0.765	213.0	47,151	0.452	177 · 4	39,470	0.449	

^{*} The known age and parity distributions of 755 malformations and of 742 controls (see Table II)

TABL

OBSERVED AND EXPECTED NUMBERS

						2			3 and 4	Pa
	Maternal Age				No. of sibs No. of malformed			No. of	No. of sibs malformed	
			sibs	Observed	Expected	sibs	Observed	Expected		
17–26	••			· · ·	95	3	0.388	68	1	0.299
27–36					74	. 0	0.349	134	4	0.580
37–46	• •	• •	• •	• •	5	0	0.027	15	1	0.078
Totals				•	174	3	0.764	217	6	0.957

^{*} Expected numbers of malformed sibs have been calculated by applying the rates for each age and parity group given in Table III to the number of sibs at risk.

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distributions of the 470 sibs (upon which the estimate is based) are quite unrepresentative. For example, they exclude all first births, with which increased risks of malformation are associated. Taking account of variation in the risk associated with maternal age and parity in the general population of births, an expected incidence of malformations among the sibs of 0.50 per cent., is obtained thus:

- (i) by using the known age and parity distributions of 755 malformations and of 742 control births (Table II) to give distributions for 930 malformations and 158,307* total births,
- (ii) by calculating malformation rates for each group (Table III),
- (iii) by using these rates to give expected numbers of malformations among sibs in each age and parity group (Table IV).

This rather elaborate treatment uses information about the malformation rates in all age and parity groups to give an expected incidence for the 470 sibs. The

* These are the observed numbers of malformations of the central nervous system (live born and stillborn), and of related total births born in Birmingham, in the period covered by the investigation (1940-47).

E III

OF 930 MALFORMATIONS AND OF 158,307 TOTAL BIRTHS*

5 and 6				7 and over	•	Totals			
Malfor- mations	Total births	Per- centage mal- formed	Malfor- mations	Total births	Per- centage mal- formed	Malfor- mations	Total births	Per- centage mal- formed	
4·9 37·0 27·1	427 7,681 4,907	1·148 0·482 0·552	12·3 46·8	1,707 3,200	0·721 1·463	371·9 420·1 137·9	61,659 77,447 19,201	0·603 0·542 0·718	
69.0	13,015	0.530	59 · 1	4,907	1 · 204	929 · 9	158,307	0.587	

are here applied to 930 malformations and to 158,307 total births.

E IV of Malformations among Sibs*†

5 and 6				7 and over	r	Totals			
No. of	No. o malfo		No. of	No. o	of sibs	No. of	No. of sibs malformed		
sibs -	Observed	Expected	sibs	Observed	Expected	sibs	Observed	Expected	
3	1	0.034	0	0		166	5	0.721	
29	1	0.140	14	Ó	0 · 101	251	5	1 · 170	
13	ī	0.072	20	Ĭ	0.293	53	3	0.470	
45	3	0.246	34	1	0.394	470	13	2.361	
45	3	0 · 246	34	1	0.394	470	13		

[†] Incidence of malformations among sibs: Expected = $\frac{2 \cdot 361}{470} \times 100 = 0.50\%$. Observed = 2.77%.

same result (0.50 per cent.) is obtained more readily by estimating an expected incidence of malformations in birth ranks two and higher. This suggests, as might be expected, that it is mainly because they exclude all first births that the sibs cannot be compared with the general population of births.

TABLE V

EXPECTED NUMBERS OF MALFORMATIONS IN SIBS CALCULATED FROM ANNUAL MALFORMATION RATES FOR BIRTH RANKS TWO AND HIGHER*

Year	. 1940	1941	1942	1943	1944	1945	1946	1947	Totals
Number of sibs Estimated malformation rate	. 0	9	28	59	78	87	88	121	470
for birth ranks 2 and higher	0.76	0.51	0.60	0.58	0.40	0.43	0.45	0.40	_
tions		0.05	0.17	0.34	0.31	0.37	0.40	0.48	2 · 12

- * Expected incidence of malformations among sibs $=\frac{2 \cdot 12}{470} \times 100 = 0.45$ per cent.
- † Annual numbers in birth ranks two and higher (from which rates are calculated) obtained thus:
 (a) Malformations: The data available for 755 malformations are applied to 930 malformations.
- (b) Controls: The data available for 742 controls are applied to 158,307 total births.

We should also note that sibs were not distributed evenly between the eight years (1940-47), and this fact assumes importance because of evidence of a secular trend in the malformation rate (Record and McKeown, 1949). We have therefore thought it necessary to calculate an expected number of malformations by applying estimated annual malformation rates for birth ranks two and higher to the number of sibs born in each year (Table V). The expected incidence obtained in this way is 0.45 per cent., and since this figure takes account of both parity and secular trend it is considered most suitable for comparison with the observed incidence of malformations in the 470 sibs (2.77 per cent.). The observed incidence is thus approximately six times the expected incidence.

SUMMARY

The observed incidence of malformations of the central nervous system in sibs born after a first propositus was 2.77 per cent. This is approximately six times the expected incidence of 0.45 per cent. In estimating the expected incidence, we have taken account of the secular trend of the malformation rate in Birmingham in the years 1940-47, as well as of variations in the rate associated with maternal age and parity.

REFERENCES