This letter was shown to Professor Harris and Dr Read, who reply as follows.

Sir,

Dr Bundey and Ms Boughton’s interesting data seem to bear out our arguments, with the proviso that technical advances are not the only reason why women and their obstetricians change their behaviour. Fetal sexing decreased the risk of an affected child but at the cost of an increased number of abortions. Had DNA analysis been available, approximately half of the 17 fetuses terminated for male sex could have been liveborn healthy males. The impact of fetal sexing might have been greater but for a presumably fortuitously low proportion of male fetuses (38/87) and of affected males (6/21). Since DNA typing also improves estimates of carrier risk, another effect which would not be seen in this tabulation would be to remove many women from the group of women at 1 in 20 risk or worse, and leave them to have their families without further investigation. We look forward to seeing the results for the next cohort.

Rodney Harris and Andrew P Read
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