

Sir,

Increasing interest has been shown in the incidence of types of chromosomal aberrations in different populations and racial groups. The incidence of the autosomal trisomies 13 and 18 has been estimated in Canadian (Conen and Erkman, 1966a and b) and British (Taylor, 1968) births, and more recently in Chinese infants (Fu Chi Yu *et al*, 1970; Emanuel, 1970) in Taiwan. Although these conditions have been described in African children (Cornu, Lintermans, and Eeckels, 1968) no incidence has yet been estimated. An attempt to estimate the incidence in Jamaican births has recently been made in a paper in the *West Indian Medical Journal* (Thorburn, 1970). During a 4-year period there were 12,500 births at the University Hospital of the West Indies during which time one case of 13 trisomy and two cases of 18 trisomy were detected. As the deliveries in this hospital are selected for abnormal obstetrical history and high multiparity this incidence may be artificially high. The combined incidence for this hospital and the Victoria Jubilee Hospital, where identification may be incomplete, was 4 cases of 13 and 8 cases of 18 in 69,000 births over 4 years, or 0.06 and 0.12 per 1000 respectively.

All but two patients who died before studies could be performed were confirmed to have trisomy by chromosome studies. All cases except one case of 18 trisomy, were of Negro or mixed Negro and Caucasian race. The racial make up of the birth population under considera-

tion is overwhelmingly of Negro or mixed extraction. Two-thirds of the babies were born between November and February. This does not coincide with either the peak birth season which is around September nor with any particular climatic event at conception. This confirms the seasonal clustering effect found in the Canadian and British series.

Yours, etc,

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