responded, with durations of response of up to 17 months so far. This remission rate is higher than that reported in patients with all stages of disease for either interferon or psoralens and ultraviolet A alone.⁵ Psoralens and ultraviolet A are usually well tolerated, although interferon is limited by side effects related to the dose.² Like Mostow *et al*,⁴ however, we found that a regimen of low dose interferon was extremely well tolerated, even by an 89 year old woman. In view of the age range of patients with cutaneous T cell lymphoma this is particularly relevant.

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Bone cancer in Wales overestimated

EDITOR,—Chris Busby, of the Wales Green party, reports an excess of cases of bone cancer in Wales since 1975.¹ Considerable care is needed in drawing conclusions from comparisons of the published data for England and Wales.

The Welsh Cancer Registry collates data from four main sources: hospital episode databases, death certificates, radiotherapy departments, and regional registries in England. Over 90% of the data arise directly from case records coded at the hospital for the inpatient or day case dataset. The completeness and accuracy of the data in the registry thus depend on appropriate and accurate coding at hospital level. This is particularly relevant with regard to data on bone cancer as we suspect that the figures may have been inflated by the inclusion of secondary cancers.

The Welsh Cancer Registry is reviewing all cases of bone cancer recorded in the registry for 1974-90 by reference to the case notes, with the cooperation of the clinicians concerned. The limitations of the published data have been openly acknowledged in the past, not least in correspondence with the Wales Green party.

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Friday the 13th

EDITOR,—C D O'Brien states that "actuarial investigation has shown that the 13th of a month is more likely to be a Friday than any other day."¹ This is not correct. The sequence of weekdays repeats every 28 years. Over such periods the 13th of a month will have occurred 48 times on each weekday. Over 400 years, which is 14 cycles plus eight consecutive years, the total number of times that the 13th of a month occurs on each weekday is as shown in the table. There are no calendrical reasons for assuming that Friday the 13th is

Number of times Friday the 13th falls on each weekday in 400 years

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
14 cycles of 28 years	672	672	672	672	672	672	672
8 years	13	14	14	13	15	13	14
Total	685	686	686	685	687	685	686

"unlucky" if the summation extends over one or more complete cycles of 28 years.

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European directive on confidential data

EDITOR,—Elsebeth Lynge's editorial on the European directive on confidential data draws attention to a major threat to epidemiological research.¹ I have participated in a series of studies of a population originally identified in Aberdeen in 1964 as being wheezy schoolchildren.² Recent studies have included a comparison of the current prevalence of asthma, hay fever, and eczema with the prevalence in 1964³ and follow up studies of outcome with respect to social factors⁴ and symptoms and pulmonary function in people originally studied in 1964.⁵

These studies, which have yielded important information on the natural course of wheezing in childhood, would not have been possible had the European Union's directive been in force in 1964 as the original records would have been destroyed. The high participation rate that has been achieved (80% after 25 years) and the fact that the subjects expressed willingness to continue to participate in such studies indicate that the subjects support this type of research. It would be unfortunate if such opportunities were denied to future generations of researchers and their patients.

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Think before donating medical supplies

EDITOR,—I would urge that donations of medical supplies to Third World countries should be chosen just as carefully as those to the former Yugoslavia.¹ In Zimbabwe I worked at a mission hospital where some of the donations we received included lorazepam, drops for infant colic, and decongestant nasal sprays. In most developing countries, including Zimbabwe, the main health problems are infectious diseases and nutritional deficiencies. Donations of items like these do not meet priority needs and are counterproductive. Local health workers may prescribe particular items because they are available rather than for

clinical need. Furthermore, although the drugs themselves may cost nothing, considerable resources are devoted to storing and transporting them.

Many donations we received in Zimbabwe, in addition to being non-essential, were of expired or nearly expired items. Although most drugs are said to be safe and effective well beyond their expiry dates, there is no guarantee of this, especially if storage conditions have been hot and humid. Local health workers may perceive donations of drugs that cannot be used in the country of origin as reflecting double standards.

All drug donations to developing countries should reflect health care priorities. The World Health Organisation has developed an admirable essential drug list, and this, supplemented with specific requests from the country in question, should be used as a basis for drawing up orders. Items on the WHO's list are available in bulk at low cost through several channels.

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Women consultants

EDITOR,—Geoffrey Chamberlain writes about the need for flexibility in employment practices for senior medical appointments in order to retain women doctors in the NHS.¹ I share his concerns, as women doctors invest considerable effort in their careers and the NHS considerable resources in training them. I am also anxious that, whenever possible, patients should have access to the most appropriate professional for their needs. This is particularly true in obstetrics and gynaecology,² where the availability of a female consultant is especially important for many women.

The recent proposal for a part time consultant scheme, which makes it easier for women doctors to stay in the NHS, proved extremely popular and generated over 550 bids from units and trusts. Several appointments have already been made, and I await with interest the decisions of the remaining appointments committees. The scheme encourages NHS managers to consider the business advantages of part time appointments and provides an incentive for employers to be innovative. I hope that a further tranche of bids may be stimulated shortly on the same basis.

I welcome the royal colleges' encouragement of alternative ways to work and their lead in appointing an adviser on part time working. The Department of Health is currently preparing a good practice guide, which will outline examples of successful, imaginative arrangements. Several registers already exist for doctors interested in job sharing, and I believe that these will become increasingly important as more women complete their undergraduate training and choose careers in hospital specialties.

I am certain that the quality of care will be enhanced where men and women complement each other in leading the profession. Earlier appointment to consultant posts, which will follow the changes in postgraduate training that we are introducing, will also demand increasing flexibility in work patterns, for both men and women, as interests and commitments change over the working lifetime.

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