especially the 85-90% of clients who are offered ordinary rates.[2] Although claiming the moral high ground, their proposals contain serious implications for the rights of others, who are also not being consulted.

The other question proposed is whether genetic information is different from other medical information. It is, especially in the sense that such data require special testing and may have been requested during an investigation into the health of another family member, rather than directly for the benefit of the investigated person. Nevertheless, having been so obtained, the result becomes part of that patient's dossier. Failure to disclose it could mislead the insurer as to the real risk. Contracts for insurance have to be of the utmost fidelity on both sides. Furthermore, if the use of pre-existing genetic results is to be banned, what should an insurer do when asked to consider a patient with a family history of Huntington's disease, but whose test has shown him or her to be at low risk? Are they expected to accept this low risk and offer an appropriate policy, while not having access to the brother's test, which places the patient at high risk? Alper and Natowicz's solution replaces one inequity with another.

The real ethical problem of genetic screening—unlocking Pandora's box and letting the gene out without guaranteeing that anything can be done about this information—is being lost in this debate. Banning the use of pre-existing genetic test results by insurance companies will not make this go away.

G H HALL

Exeter EX2 4NT

W T HAMILTON

Barnfield Hill Surgery,
Exeter EX1 1SR

1 Alper JS, Natowicz MR. Genetic testing and insurance. *BMJ* 1993;307:1506-7. (11 December.)
2 Brackenridge RDC, Elder WJ. *Medical selection of life risks.* 3rd ed. New York: Stockton Press, 1992.

Chinese herbal remedies may contain steroids

EDITOR,—Virtually everyone in British medicine must be aware of the current vogue for Chinese herbal remedies for treating eczema. The issue has received much press coverage recently. We wish to alert readers to the fact that Chinese herbal remedies may not be all they seem.

Last year one of us (RACG-B) appeared in a television documentary that looked at the treatment of eczema with Chinese herbal remedies. We subsequently received a substantial volume of correspondence, including a letter from a young woman who had had lifelong eczema. She described having received Chinese herbs and some cream from a Chinese practitioner in Soho. By trial and error she had found that only the cream had any appreciable effect on her skin. She was convinced that the cream contained a steroid because it seemed to behave just like steroid creams she had received in the past. She also stated that other patients receiving treatment at the same time had received a similar cream. She sent us a sample of the cream for analysis. Although the quantity we received was not sufficient for us to identify the compound precisely, it definitely contained a steroid, possibly fluocortolone or prednisolone.

Correspondence on Chinese herbal remedies indicates that the prescription of topical steroids by Chinese practitioners may be widespread. Dermatologists from Manchester[1] and Nottingham[2] have reported cases in which this occurred. Furthermore, Dr David Atherton, one of Britain's leading proponents of Chinese herbal medicine for the treatment of eczema, has become suspicious that some creams prescribed by Chinese practitioners contain strong steroids.[3]

This highlights two important issues. Firstly, Chinese herbal practitioners claim benefit from "natural" remedies while also issuing patients with topical steroid creams. Thus claims of efficacy for the Chinese herbal remedies are suspect. Secondly, the only topical steroid that is supposed to be available without a licensed prescription is 1% hydrocortisone, so Chinese practitioners throughout Britain may be flouting the law. This should be investigated urgently by the appropriate authorities.

ROBIN A C GRAHAM-BROWN
JOHN F BOURKE
GILLIAN BUMPHREY

Department of Dermatology,
Leicester Royal Infirmary,
Leicester LE1 5WW

1 O'Driscoll J, Burden AD, Kingston TP. Potent topical steroid obtained from a Chinese herbalist. *Br J Dermatol* 1992;127:543-4.
2 Allen BR, Parkinson R. Chinese herbs for eczema. *Lancet* 1990;336:177.
3 Chinese remedies contain steroids. *Sunday Telegraph* 1993 June 20.

Friday the 13th

Doubly unlucky

EDITOR,—There is some bad news to add to T J Scanlon and colleagues' finding that the risk of a transport accident may be increased by as much as 52% on Friday the 13th (compared with Friday the 6th).[1] Actuarial investigation has shown that the 13th of a month is more likely to be a Friday than any other day.[2] The Gregorian calendar has a cycle of 400 years, or exactly 20 871 weeks. In such a period the 13th of the month arises 400×12=4800 times; the number of times that it falls on each is as follows: Monday 685, Tuesday 685, Wednesday 687, Thursday 684, Friday 688, Saturday 684, Sunday 687.

C D O'BRIEN

Blundellsands,
Liverpool L23 6XY

1 Scanlon TJ, Luben RN, Scanlon FL, Singleton N. Is Friday the 13th bad for your health? *BMJ* 1993;307:1584-6. (18-25 December.)
2 Puzzle 76. *Actuary* 1993 Aug:31.

Other dates are equally bad for health

EDITOR,—The finding that rates of admission after a road traffic accident are increased on Friday the 13th is interesting, although not unsurprising.[1] A previous study indicated that the rates of parasuicide among adolescents on St Valentine's Day (14 February) are significantly increased.[2] Another day that may be a hazard to those who are susceptible is bonfire night (5 November).

I recently examined the case notes of all patients admitted to Bolton General Hospital on 3-4 November and 5-6 November (48 hours from 0000 on 3 November to 0000 on 5 November, and from 0000 on 5 November to 0000 on 7 November for the past six years. The table shows the number of people admitted with respiratory disease (asthma and chronic obstructive pulmonary disease). The number was significantly higher immediately after bonfire night than immediately before. This may be due to atmospheric pollution on 5 November.

Number of people admitted to hospital with respiratory disease on 3-4 November and 5-6 November

	1988	1989	1990	1991	1992	1993	Mean (SD)
3-4 November	7	11	12	8	12	10	10 (2·098)
5-6 November	15	17	13	16	17	16	15·67 (1·505)

Paired $t=5·04$, $df=5$, $P<0·01$.

Thus 5 November is a day that may have adverse effects on the health of people who are susceptible to respiratory illness. Perhaps patients with respiratory disease should be recommended to stay at home on this day.

TAHSEEN A CHOWDHURY

Bolton General Hospital,
Bolton BL4 0JR

1 Scanlon TJ, Luben RN, Scanlon FL, Singleton N. Is Friday the 13th bad for your health? *BMJ* 1993;307:1584-6. (18-25 December.)
2 Davenport SM, Birtle J. Association between parasuicide and Saint Valentines Day. *BMJ* 1990;300:783-4.

Suicide

Accept the possibility of depressive illness

EDITOR,—I feel qualified to comment on the anonymous personal view discussing the right to commit suicide,[1] having been similarly thwarted in a serious attempt to take my life. Before this event my suicidal ideation, during periods when life seemed to present unending pressures, seemed a normal thought process, offering the reassurance of a final solution if all others failed. I presumed that being an effective general practitioner, carrying a full practice load, was evidence of sanity, and I could not have accepted that I was suffering major depressive episodes that would benefit from antidepressant treatment.

Adequate antidepressant treatment—made possible by the positive, supportive, non-judgmental attitude of my partners, family, and a psychiatrist who insisted, despite my reservations, that serious suicidal intent was a cardinal marker of underlying depressive illness—has enabled me to reassess my views on suicidal ideation. When my depression is adequately treated, previous vexatious situations lose their power to generate negative, emotional tensions; my subconscious reactions to such problems automatically generate positive thoughts and solutions. How many of my "burnt out" colleagues might be struggling with occult depression?

The author of the personal view may not be correct in asserting that depressive illness is not driving his or her thoughts on suicidal intent, for without an objective, pathophysiological diagnostic test there has to be an element of doubt. I suspect that a rationalisation of suicidal ideation seems easier to live with than acceptance of a diagnosis of depressive illness and the social disapprobation that still pertains to it.

JOHN HEDGES

Health Centre Practice,
Health Centre,
Royston,
Hertfordshire SG8 7BS

1 The right to die. *BMJ* 1994;308:66. (1 January.)

Hidden costs of intensive care

EDITOR,—Sharon Kingman reports that in 1992 the *Health of the Nation* set the target of reducing the overall suicide rate in Britain by at least 15% by 2000 from 11/100 000 in 1990 to no more than 9·4/100 000.[1] Recently, however, the Department of Health's publication *Health of the Nation: One Year On* showed an increase in the overall suicide rate of 0·9%.[2] Although factors such as education, housing, and employment have an important part to play in the incidence of mental illness, recent changes in the organisation of mental health care may also have implications.

Salmon *et al* highlighted the hidden costs that recent changes in the community care of schizophrenic patients may have produced, notably those of an increased requirement for intensive care after deliberate self harm.[3]