We feel that it is important that the students elected are representative and accountable to other medical students; in our opinion the best way of obtaining this would be by having representatives on the HJSC elected from the Medic's Working Party conference, which is the only medic's organisation elected by medical students' representatives and in which all students can be involved.

Letter signed by the following medical students' representatives:

DAVID S AMOS (Leeds University)	HEATHER LAMBERT (Bristol University)
ANDY BRITTLEBACK (Newcastle upon Tyne University)	CHRIS MALONEY (Leicester University)
SHEILA BROMLEY (Birmingham University)	A MOTT (Southampton University)
DAVID CHANG (Manchester University)	ELIZABETH O'DONNELL (Welsh National School of Medicine, Cardiff)
NICK FOREMAN (Sheffield University)	ALISON PRIOR (Manchester University)
DIANA HAMILTON-FAIRLEY (University of London Union)	ROB READ (Sheffield University)
THEO JOSEPH (Middlesex Hospital Medical School, London)	MARK SMITHIES (Middlesex Hospital Medical School, London)
DAVID S LEEDER (King's College Hospital Medical School, London)	BRYONY WILLIAMS (Edinburgh University)

*The Secretary writes: "The Association has a large and rapidly growing number of medical student associate members. We are anxious to ensure that these members do have a forum in which to air their views, and for this reason it was decided to include two representatives to serve on the Hospital Junior Staff Committee. The BMA exists to represent the interests of qualified medical practitioners and to provide a service for its members (including associates). Following representation from associate members, active consideration is now being given to setting up a special group within the BMA to look after their interests."—Ed, *BMJ*.

Good relations or bitterness in hospitals?

SIR,—I read with great interest, Mr G S Lester's Personal View (16 February, p 476) describing a private meeting of doctors and trade unionists at his home.

Having worked in hospitals, voluntary, local authority, and NHS in various parts of the country for nearly 45 years, I am astounded and dismayed to hear that a NUPE branch secretary considers that there is such real and longstanding bitterness between doctors and his members that they give a massive vote for any issue that is against the consultants. He harks back to his sufferings and those of so many people in Britain 32 years ago. He talks of the exploitation and lack of respect and trust for his members as individuals.

In all my years as house officer, senior house officer, assistant medical officer, deputy medical superintendent, and now consultant, I have never come across such feelings of hate. No one was more respected than a good hospital porter, a reliable boilerman, electrician, carpenter, or ambulanceman; I have talked with them all my professional life, and have appreciated the mutual respect that existed. Nevertheless, there have to be some people in positions of authority, be they medical, nursing, or lay; and these positions would seem to be undermined in this day and age.

Would I be alone in thinking that union power is having an adverse effect on the good relations which used to exist in hospitals?

N V WILLIAMS

Cardiff CF3 9XP

Points

Incidence of malignant melanoma of the skin

Dr BRENNIG JAMES (Marlow, Bucks) writes: Further to Dr Susan Evans's comments (9 February, p 403), arsenic affects the production of microtubules through its effect on the sulphhydryl groups of amino-acids, thus having a profound effect on cell division. I do not agree with the distinction she makes between mutagenicity and carcinogenicity. In the current state of knowledge mutation is thought to be the main method of carcinogenesis. The conclusion that arsenicals are exceedingly dangerous is one that should be taken seriously; however, arsenicals have been used in agriculture for so long that their elimination is virtually impossible. It is interesting to speculate whether the high incidence of skin cancer in Australia is related to irradiation by sunshine or the presence of arsenic in sheep dips.

Seasonal cystitis

Dr W J D MCKINLAY (Clitheroe, Lancs BB7 2JG) writes: Your leading article on Seasonal cystitis (9 February, p 349) puts forward the hypothesis that inadequate dress may be responsible for seasonal variations in this condition. At the time of the mini skirt fashion it was suggested that tights were responsible for cystitis. I suspect that a more accurate hypothesis may be that the extra clothing worn in winter conditions produces increased perspiration, causing urinary tract infection by perineal spread of bacteria.

Simplifying the straight-leg-raising test

Dr V M MARTIN (Department of Rheumatology and Rehabilitation, University College Hospital, London WC1E 6AU) writes: Dr Nicholas R J Hooper (9 February, p 408) suggests measurement of the vertical height from heel to bed as an alternative to estimating straight-leg-raise in degrees in patients with a prolapsed intervertebral disc. This method is, in fact, well known and is certainly common practice amongst therapists, even if relatively unfamiliar to medical practitioners; physiotherapy students are taught this as an alternative to measurement in degrees. . . .

Eating and ulcers

Dr ERNEST E WANT (Nottingham) writes: In your leading article "Eating and ulcers" (26 January, p 205) you state, "A recent report from India showed no difference in gastric acid secretion or buffering between patients who ate rice and those who ate flour despite the recognised higher incidence of duodenal ulcer in the rice-eating area." . . . I well remember travelling down from the North of India . . . to Central and Southern

India, where we found that rice was virtually the staple food. But here the population generally was so poor that many ate rice only, supplemented by some concoction of red chillies; and this diet was repetitive, with almost complete absence of meat and vegetables. I believe that it is the consumption of red chillies in large quantities over a long period in this area that accounts for higher incidence of duodenal ulcer and not the rice—and, of course, the additional factor of lack of vitamins.

False friends indeed

Dr J A FARFOR (Paris) writes: It is to be hoped that not many "colleagues struggling with their French" will read Dr Robert Cutler's letter (19 January, p 186). Any who do will be sadly misled. It is true that *passer un examen* for "to pass an examination" would be a mistranslation, but "*succéder à un examen*" would be a laughable Anglicism. Whereas the French noun *le succès* can translate the English noun "success," the verb *succéder* has only the "to come after" meaning of the English "to succeed." *Georges V succéda à Edouard VII*; but "*succéder à un examen*" is meaningless. Although *réussir à un examen* is correct, *être reçu à un examen* is the more usual expression. *Succéder* was used in the "to be successful" meaning in the past. . . . Harrap gives this meaning as an archaism; Larousse does not mention it. . . .

Not an accident or emergency?

Dr P J M DAVIES (Accident and Emergency Department, Warwick Hospital, Warwick CV34 5BW) writes: There is a notice outside my place of work which states that patients will not be seen if they had an accident more than 36 hours before attending. Many people disregard this. On 12 January 1980 a 68-year-old lady attended the accident and emergency department complaining of a swelling in her upper lip. She thought that it was caused by a piece of glass. An x-ray confirmed this. She assured me that the glass had been there since 14 November 1940, when she had been near the explosion of a land mine in Leamington Spa—a time lapse . . . of 39 years and two months. . . .

Corrections

In defence of the community health council

We regret that in the letter by Mr A Youngs (23 February, p 560) a word was omitted in the penultimate sentence. This should have read, "Community health councils' costs are acknowledged by Professor Klein as trivial."

Debendox and the media

We regret that in the two letters by Drs Rodney Harris and Dian Donnai and by Mr Robert Balfour (16 February, pp480-1) Debendox was defined as dicyclomine hydrochloride. In fact it contains also doxylamine succinate and pyridoxine hydrochloride.

Correspondence contents list

We regret that Dr D M Bowker's degree appeared in the *BMJ* of 2 February (p 327) as DM; it should be BM.