comments of the Joint Committee for Postgraduate Training in General Practice in its report for Dudley and Sandwell, which highlighted this as a potential difficulty.

We organised a weekend course for all the trainers to learn how to interview, with an appreciable input from non-medical people. It became clear that our interviewing skills were poor, and as a result we rethought the whole way of interviewing potential trainees. Rodger wrote the seminal work on this subject in 1952,⁴ and it has been reiterated by others more recently.^{5,6}

As a result, we have reduced our interviewing panel from 12-18 to four—two consultants and two general practice trainers—with a neutral chairman. This is a much less intimidating ordeal, but the questioning is no less probing for this change. The reduction of interviewers means that those involved in the training scheme but not invited to interview candidates have to trust the panel.

We believe that this change has considerably improved the interviewing procedure. It has already worked well in the Dudley scheme, and we strongly recommend it to other interviewing panels. We must recognise that we have a lot to learn from non-medical experts when it comes to interviewing procedure.

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- 1 Evans N. There must be a better way. *BMJ* 1991;303:1483. (7 December.)
- 2 Eykyn SJ. Appointments committees. *BMJ* 1992;304:256. (25 January.)
- 3 Simon T. Appointments committees. *BMJ* 1992;304:256. (25 January.)
- 4 Rodger A. *The seven-point plan. Paper 1*. London: National Institute of Industrial Psychology, 1952.
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allowed to stand in the way. If money is needed and central government will not release extra funds then managers must make economies elsewhere—even, as a last resort, to the extent of cutting back on patient services. Improving juniors' hours should of itself lead to improvement in the quality of care but perhaps for fewer patients.

It is regrettable that Miles Irving confines himself to deprecating the juniors' consideration of industrial action on the grounds that "strikes are not an option available to those who have the privilege of looking after patients."⁶ But what if, yet again, the initiative runs into the sand? His sanctimonious stand against industrial action leaves juniors with no ultimate bargaining power should it be needed. A cynical management, unless it believed that the juniors' armoury included industrial action, could be quite willing to continue running a sweatshop if to do otherwise would reduce income. After all, any management must try to produce more product for less money, and staff pay is often the biggest single cost.

Irving's letter, as published, includes no sympathy for the juniors' problems. It is time that he, and all seniors, took up the juniors' cause vigorously. This could break the deadlock speedily and without the need for industrial action. Unfortunately, any solution will probably require seniors to make major alterations to their own working practices. Sadly, I suspect that this will be too much of a culture shock for some of them.

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- 1 Ross APJ. Junior doctors on the warpath. *BMJ* 1992;304:385. (8 February.)
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Junior doctors on the warpath

SIR,—Predictably to a retired consultant like me, the threat of industrial action by junior staff over their perception of the slow rate of progress in reducing their working hours has produced a few howls of righteous indignation. A P J Ross records that Wessex has made considerable progress with the problem in the past year.¹ Well done, but might I ask why it has taken so long when there has been managerial pressure for change for 10 years? Trent pats itself on the back for having made a good start—10 years too late.^{2,3} It would be better had the region waited until it could report actual achievement. But there are other aspects of Trent's response that sound loud warning bells.

R Alderslade and D R Cullen talk about available resources.² Resources are even scarcer now than 10 years ago. Is this preparation for the excuse that "We support the concept but we can't afford the change"? Do they seriously think that a lack of resources justifies the continuation of working hours which even a factory worker in the Third World would complain of? They also refer to "safeguarding the standards and safety of medicine" and "training and educational opportunities of our junior doctors." Do they really believe that either of these objectives is achieved by working some juniors to a state of mental exhaustion by ridiculous hours? Even the target of 83 hours a week amounts to nearly 12 hours a day, seven days a week.

Other letters have drawn attention to unsatisfactory aspects of the juniors' lot.^{4,5} The problem of juniors' hours has been with us for many years, and this time it must be solved. Resources cannot be

How journals identify their contents

SIR,—It is Friday, 5 pm: a reader rushes in, clutching a photocopy and asking, "Do you have this?" "This" refers to a paper by Biggles on axolotls. Computer magic identifies Biggles A, Bond J. Axolotls: a holistic approach. *Axolotology* 1989;130(6):599-607 (available in the library). Journals are kept in the familiar cardboard half boxes (remember the days of systematic binding?), and the following occurs: either the visible (upper) part of the spine shows the title, year, and volume and issue numbers as well as pages (first and last) in the issue—all is well; or the spine is insufficiently informative or limits information to its (boxed) lower part, which entails hauling out individual issues to look at the cover.

Mould recently discussed standardisation of journal covers.¹ The information given, and its position, on the spine and on pages is also relevant to the physical and mental health of library users. A multidisciplinary team (one librarian, one reader) examined the latest available issue for a random sample of 84 health related journals in 18 languages from 33 developing and developed countries in the headquarters library of the World Health Organisation in Geneva. The table summarises the results. Of the 38 journals that provided no relevant information whatsoever on the spine, 16 were of more than 64 pages (the *BMJ*, not included in the sample, falls in this category); conversely, four journals with under 64 pages conveyed some information. Thus the size of the issue is not a major consideration. In half the

Availability of information on spine, cover, and inside page of article (not first page) of 84 journals

	Spine	Cover page	Inside page of article
None	38	2	18
Journal title	43	81	44
Year of publication	36	79	41
Volume number	39	72	41
Issue number	37	75	41
First and last pages	17	21	3

Fifty eight journals were of ≥ 64 pages.

remaining 46 cases information appeared on the upper half of the spine. In the other 23 cases information on the upper part of the spine was insufficient to identify an issue. One journal had recently "improved" its presentation from a fully informative spine to one that bore no information whatsoever; another provided extensive information on the bottom third of the spine.

On inside pages (excluding the first page of an article) no bibliographical information appeared for 18 journals. Twenty one journals had identical, incomplete information on every page; 18 others had incomplete information. For two of those giving incomplete information on any one page, combined items on two facing pages provided sufficient, albeit imperfect, bibliographical data. In only three cases was it possible to obtain full bibliographical information from every page. In 13 cases even the first page of an article did not systematically provide the name of the journal, and this page included full bibliographical information in only 22 cases.

Our findings highlight a lack of imagination among editors and publishers. Remedial action should ensure that journal spines bear at least the name of the journal, year, volume and issue numbers, and first and last pages of the issue on the upper portion of the spine and that each page carries at least the journal title and year or volume number. Including on each page the author(s), abbreviated article title, and first and last pages of the article would be advisable.

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- 1 Mould S. Cover story. *Nature* 1991;354:346.

Publishing papers from Germany in the *BMJ*

SIR,—Minerva states that the *BMJ* receives fewer papers from Germany than from Scandinavia and draws conclusions on the quality of clinical research not only in Germany but also elsewhere.¹ Minerva should have ascertained that there are 300 or so medical journals in Germany plus some others published in German in Switzerland and Austria. So the *BMJ*, notwithstanding its quality, is not the first choice of a German scientific author who wishes to have a paper published.

Basic medical research in Germany is concentrated very much in the universities, their standards of research being probably higher than their standards of teaching students. The international citation index of our researchers may be comparatively low—whatever in the rest of the world is willing to read the "awful German language" (Mark Twain)?—but this fate we share with the French, the Italians, and many other researching nations.

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- 1 Minerva. *BMJ* 1992;304:516. (22 February.)