Christmas my wife said that she could not take the situation any more and left.

I think that this highlights two points. Firstly, the career structure of medicine, especially the surgical specialties, requires a high degree of mobility to find jobs and a large degree of luck to pass examinations with low pass rates that have become entrance examinations (rather than exit examinations) to higher training. Secondly, and most importantly, my experience has highlighted the need for good and continuing communication in a marriage. I thought that my wife and I had this, but, as events show, I was wrong. From speaking with a counsellor at Relate, I gather that doctors seem to be reluctant to admit to poor communication and usually leave it too late to seek help. I strongly endorse the need for an accessible counselling service for doctors and regular stress review.[2]

Now I have another stress to cope with: if I have failed at the most important relationship of my life how can I presume to relate to patients?

C J M DIAPER

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1 Cade J. Junior doctor's spouse—a camp follower? *BMJ* 1992; **304**:1639. (20 June.)
2 BMA. *Stress and the medical profession.* London: BMA, 1992.

EDITOR,—There is an alternative view of life as a junior hospital doctor's spouse to that recounted by Janet Cade.[1] I have 10 suggestions for getting the best out of such a life.

(1) Get to know your spouse well before you get married. This will help you to know what you are letting yourself in for.

(2) Get married quite late (around 30 is a good time). This gives you both lots of time to get used to having your own lives—and if they're conducted at opposite ends of the country it is a good test of whether the relationship is worth making an effort for. (It also has the advantage of taking you through the most junior jobs, when doctors change hospitals every three to six months.)

(3) Treat time together as precious and to be used in enjoying each other's company, not as an opportunity to moan about the bits you don't like. Catching up on housekeeping activities and passing on neutral information are better done by notes or telephone calls.

(4) Why should you expect always to come first? There is a time and a place for everything. Working hours should be for work. Be thankful that your spouse has a job that he or she enjoys enough to be committed to: try to achieve the same for yourself. A medical career will not prevent your spouse being there when really needed (childbirth, sudden life threatening illness, marriage), only when you think it would be nicer for you if he or she was there.

(5) Don't ever keep meals waiting until your spouse gets home. That way lies madness (or, at the very least, near starvation). Eat when you need to and then get on with your life. Your partner can fend for himself or herself on returning home.

(6) Make up your minds well in advance whose career comes first. If you are the one whose job is deemed more moveable be prepared to move cheerfully when the time comes. It may never arrive.

(7) Don't bother to spend weekends on take in the hospital after you've tried it a few times. The surroundings are awful, the beds uncomfortable, and the nights inevitably broken. Your partner has had more practice at surviving these atrocious conditions than you have.

(8) Remember: life wasn't meant to be easy. Nobody forced you to marry a junior hospital doctor. It was something you chose for yourself, probably because you thought your lives would be immeasurably enriched by spending what little spare time you have together rather than apart. Don't spoil it by concentrating on the bad bits.

(9) If you really don't like it do the other thing. Get a divorce and marry a teacher instead if what you really want is long holidays and undisturbed nights. But remember, plenty of other people work antisocial hours (police officers, fire officers, ambulance drivers, politicians, publicans, actors, restaurateurs, self employed plumbers, etc). Personally, I'd rather see my husband twice a week (the combined result of his on call and on take rotas and my business trips) than spend undisturbed nights from 6 pm to 8 am, every weekend, and 12 weeks' holiday every year with anybody else.

(10) Love, determination, honesty, and hope are all necessary, but you have a lot more fun if you add laughter, optimism, cheerfulness, and a positive approach to life as well.

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1 Cade J. Junior doctor's spouse—a camp follower? *BMJ* 1992;**304**: 1639. (20 June.)

Cite the workers

EDITOR,—The current system of naming authors of papers rewards a limited number of research writers but often fails to reflect the contribution made by other workers. There is increasing pressure on staff in academic departments of general practice and hospital career grades to publish. At the same time the number of patients in hospital, and hence the opportunity to do research, is dwindling, and research in academic departments of family medicine centred on general practices is limited by overfarming of the practice population. Thus researchers rely more and more on "ordinary" general practitioners, who are asked to supply patients, search records, provide family histories, identify morbidity, complete questionnaires, record consultations, assess model cases, undergo psychological testing, and take blood samples for various trials. Though practices may not actually write up the project, they make a considerable contribution to the work yet there is no recorded recognition other than occasional acknowledgments in a postscript.

There has been much discussion in the past about authorship and who deserves to be named. The consensus statement by medical editors gives specific advice on authorship.[1] In 1989 Grant,[2] responding to Ben-Shlomo and Goodman,[3] emphasised the increasing cooperation between departments and disciplines and defended multiple authors. Perhaps with increasing participation of general practitioners it is time for a change.

I propose altering the heading of scientific papers to recognise the work of essential coworkers who, although intimately involved, did not actually write the paper; I suggest an additional citation in alphabetical order below the usual title and authors. This would be before the text and include only those who were integral and essential coworkers. A formal record of participation at the beginning of a published paper may offer benefits to both general practitioners and prospective researchers.

Firstly, my proposal offers general practitioners the opportunity of partial ownership of a paper and allied professional satisfaction. Formal, recorded participation may increase the profile of the practice. It may help in negotiations with the family health services authority for extra staff. It may be used in assessing practice based projects for grant aid. If the concept of research practices becomes reality it offers formal recognition of previous contributions. It may also offer the incentive to increase involvement in academic practice. Secondly, for research workers who complain of poor participation by general practitioners the promise of citation and thus partial ownership of a paper my increase general practitioners' participation and enthusiasm.

The nature of research is changing, and future research will rely increasingly on general practitioners' cooperation. General practitioners' contribution to research projects should be recognised formally. Let us avoid the ultimate scenario, in which someone other than the author of the paper did all the work or the standardised method described in satire by Rafal.[4]

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1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *N Engl J Med* 1991;**324**:424-8.
2 Grant IWB. Multiple authorship. *BMJ* 1989;**298**:386-7.
3 Ben-Shlomo I, Goodman G. A place in the sun. *BMJ* 1988;297: 1631-2.
4 Rafal RB. A standardised method of determination of who should be listed as authors on scholarly papers. *Chest* 1991;**99**:786.

Royal Society of Medicine Services Limited

EDITOR,—We are writing to correct both the errors of fact and the false impressions relating to publications of the Royal Society of Medicine given in Victor Bloom's letter.[1] It is not clear what Bloom means by "publications of the permanent staff." If he means published material over which the permanent staff exercise editorial control then no such publications exist.

Royal Society of Medicine Services Limited is responsible for all publications of the society except the society's journal. These include titles in the International Congress and Symposium Series, the society's vehicle for sponsored symposiums, all of which are peer reviewed. The editor of this series (JW) is a former president of the society, and an associate editor of the series (Professor Paul Turner) is a former honorary editor of the society. The honorary editors of the society are fully aware of the careful peer review procedures followed, and both serve on the panel of referees. Each volume published in the series is invariably sent to every member of council, on which all sections are represented. The serving president and the senior honorary editor of the society both attend board meetings of Royal Society of Medicine Services Limited.

The society's name and coat of arms on publications, including the *Journal of the Royal Society of Medicine*, do not imply the society's endorsement of their content but simply give an assurance of quality determined by thorough editorial control and peer review.

Bloom has also misunderstood the role of the permanent staff at council meetings. They attend in an advisory capacity and have no vote. They are servants of the society, and their duties are to implement the society's policy as laid down by its council. Six of them attend council meetings. There are over 60 fellows on the council.

Royal Society of Medicine Services Limited was established in 1979 and is closely governed by its board of directors (all are appointed by the council, and some of them serve on the council). It is a vigorous publishing company which not only enhances the society's academic reputation but makes an important contribution to its finances. Any fellow of the society who may have any anxiety about its work is free to make representations to the council, the honorary editors, or the board of directors.

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1 Bloom V. All's not well at Royal Society of Medicine. *BMJ* 1992;**304**:1636. (20 June.)

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