medical research. Would that a corresponding wave of interest and concern were
directed towards the people whose bodies have been invaded by Myco. leprae or
are at high risk of encountering it. Progress in the control of leprosy lags far
behind that already attained in the spheres of microbiology and immunology, and
the reasons are not far to seek. The economic importance of leprosy is frequently
underestimated. Its ancient and stubborn social implications pose a whole range
of problems as varied as they are intractable, and which are outside the normal
concerns of medical research. In studying these and in stimulating action in
controlling leprosy and caring for those who suffer it, this Journal has a time
honoured and independent role to play.

Finally, the large body of field workers engaged in the sometimes thankless
task of trying to control leprosy has always been the special concern of LEPRa,
and is therefore our special concern too. The tedium of maintaining circumscribed
routines may be ennobled by dedication, but it may be sustained creatively if the
individual worker continually has access to new knowledge and the experience of
others who are similarly engaged. It is an important function of the Leprosy
Review to serve the field worker in these directions, both where content and
distribution are concerned. With this in view, a section devoted to "Leprosy and
the Community" is introduced with this issue, presenting reports and material of
interest to those directly engaged in leprosy control work. It is hoped to make
this a regular feature of the Leprosy Review, and develop it further. Contributions and correspondence will be welcomed.

In addition to their value from the standpoint of research, the Committee
Reports of the Bergen Congress include a great deal of material which should be
essential reading for leprosy workers everywhere. For many years it has been the
practice for the Expert Panel and Committee reports of Conferences of the
International Leprosy Association to be published in the Leprosy Review, and
precedent is again followed by the publication in this number of the Bergen
Congress Committee Reports in full.

T. F. Davey.

BERGEN 1973–SOME AFTERTHOUGHTS

Another International Leprosy Congress has come and gone, leaving behind it in
the mind of at least one participant, precious memories that time will not efface;
the coming together of so many friends from across the world; Hansen's
microscope; the tribute to his memory around his statue in the Botanical Garden;
Grieg's music played on his own piano as the evening light caught the view of
fjord and mountain from his house; St Jørgen's hospital, at once so moving and so
typical. Then the Congress itself, its crowded sessions, especially in the smaller
lecture hall, and the great mass of research material poured out day by day, some
of it so relevant and interesting that one frequently wished it was possible to be in
two places at once.

The very size of this Congress proclaimed the rehabilitation of leprosy into
general medicine. It was a joy to see the old familiar faces of fellow leprologists
present in great strength for this historic occasion, but nevertheless a dwindling
company among a crowd of colleagues from other medical disciplines, whose
presence was a happy augury for the future. The organizational problems
surrounding this Congress must have been enormous. The accommodation,
transport and entertainment of 700 participants, to say nothing of the 200
associate members, must have been a formidable challenge, and that it went so smoothly is a great tribute to all concerned with the local organization. They deserve our very sincere gratitude.

The technical planning involved in the months preceding the Congress, with the grouping and final selection of 377 scientific papers, represented an equally formidable task. Profound thanks are due to the Council of the International Leprosy Association and their consultants, and especially to Dr Browne, Secretary-Treasurer of the Association, for everything involved in the production of so excellent a presentation.

A few reflections on the Congress may not be out of place. During the sessions it was physically impossible to absorb and make adequate notes on so many matters of interest, except perhaps those falling within the range of one's own immediate concerns. Here the published abstracts of papers were of only limited usefulness. Out of 378 printed abstracts, no fewer than 100 stated intention and methodology, but did not state the findings as they would be presented at the Congress. The requirements of translation and printing demanded a time lag of several months between the submission of abstracts and the actual Congress, and this was therefore inevitable. It would not have mattered, provided the Transactions of the Congress were being published, but no such publication is possible, and as a result participants had no record of findings, many of which they would have wished to preserve. Even if financial considerations prohibit the publication of the Transactions of a large Congress such as this, is it not at least possible after future Congresses to publish at any rate a volume of revised abstracts, containing the findings actually made public at the Congress?

A legitimate question which may be asked is "What was there at this Congress for the clinician and field worker who are engaged at the grass roots level of the fight against leprosy?" A comparison of the numbers of the contributions at recent Leprosy Congresses, according to subjects to which they relate is shown in Table 1.

The striking feature of these figures is the very minor place given to social problems and rehabilitation. In practice these are everyday problems of the field worker, who is frequently discouraged by their intransigence. Any who came to this Congress hoping for help in this sphere must have been disappointed, and some said as much. Every leprosy worker must rejoice at the wealth of interest and expertise now manifest in the spheres of microbiology, immunology and experimental therapeutics. They hold tremendous hope for a future in which we shall have available more dramatically effective drugs, and also a vaccine as effective in leprosy as BCG is in tuberculosis. These fields of research are of great importance and must be given adequate expression in any future Congress, but the fact remains that even better drugs and an effective vaccine will not necessarily greatly change the problems of the leprosy field worker for a very long time to come. His most difficult problems relate to communication, the removal of ignorance, the conquest of prejudice, the creation of concern, the winning of cooperation.

These are not usually regarded as problems in medical research, but if the basic purpose of our coming together as leprosy workers in an international congress is to strengthen the forces combating leprosy throughout the world, these real problems of the public health planner and field worker must also find adequate expression. In leprosy, sociology and medicine meet, two facets of the same individual and community illness.
<table>
<thead>
<tr>
<th>Congress</th>
<th>Bacteriology, Pathology, Immunology</th>
<th>Clinical, Therapy, Surgery</th>
<th>Epidemiology, Control</th>
<th>Social Aspects</th>
<th>Rehabilitation</th>
<th>Miscellaneous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madrid 1953</td>
<td>58</td>
<td>52</td>
<td>29</td>
<td>4</td>
<td>Nil</td>
<td>9</td>
<td>152</td>
</tr>
<tr>
<td>Tokyo 1957</td>
<td>32</td>
<td>16</td>
<td>17</td>
<td>7</td>
<td>Nil</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td>Rio de Janiero 1963</td>
<td>96</td>
<td>54</td>
<td>31</td>
<td>7</td>
<td>5</td>
<td>-</td>
<td>193</td>
</tr>
<tr>
<td>London 1968</td>
<td>74</td>
<td>105</td>
<td>36</td>
<td>8(^a)</td>
<td>11</td>
<td>7</td>
<td>241</td>
</tr>
<tr>
<td>Bergen 1973</td>
<td>172</td>
<td>125</td>
<td>58</td>
<td>5</td>
<td>13</td>
<td>4</td>
<td>377</td>
</tr>
</tbody>
</table>

\(^a\)Psychological aspects only.
It would be unrealistic to advocate the widening still further of the scope of future congresses, planned on the Bergen pattern, by the introduction of substantial sociological material. Is this pattern, however, the only one possible in practice? The same question was asked after the Madrid Congress in 1953, and the succeeding Congress at Tokyo illustrated one type of answer, in the rigorous limitation of uninvited contributions. Since those days, the pace of expansion and multiplication in research has accelerated, and with its increasing specialization we may well ask whether the day of the comprehensive leprosy congress is over. Certainly those engaged in specialized aspects of research can serve the cause of leprology very significantly by placing leprosy firmly on the agenda of all congresses dealing with the same specialized aspects of general medicine. Increasingly it should be possible at future conferences of the International Leprosy Association to devote relatively less time to microbiology, pathology, immunology, and experimental therapeutics, and more to the direct concerns of leprosy control. India has already taken a lead in this direction. For some time now the biennial All India Leprosy Congresses have consisted of two separate but inter-related parts, (a) the Conference of the Indian Association of Leprologists, lasting for 2-3 days and concentrating on advances in knowledge, with invited papers a feature, and (b) The Leprosy Workers’ Conference of the Hind Kusht Nivaran Sangh, following immediately after the first, and devoted to the problems of epidemiology and leprosy control. Here social questions receive the prominence they deserve. There is a general understanding that clinicians and leprologists working in the field do not attend the first Conference to the exclusion of the second, where the great wealth of practical experience represented ensures lively and valuable discussions. Here there is food for thought.

Finally, one practical problem at Bergen cannot be ignored. Amid the hundreds of participants, how many came from western nations and how few there were who directly represented the “third world”. African faces were few and far between. The few participants from India grossly under-represented the three million sufferers from leprosy in that great country and did not include some key workers.

Economic questions lay behind this disparity, and even prevented some of those who did attend from staying until the end. It is sad indeed if an international gathering of such importance is deprived of essential voices coming from the parts of the world where leprosy is most destructive of human health and happiness. This situation can surely be prevented.

T. F. Davey.