

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 1

Categories of papers presented

Congress	Bacteriology, Pathology, Immunology	Clinical, Therapy, Surgery	Epidemiology, Control	Social Aspects	Rehabilitation	Miscellaneous	Total
Madrid 1953	58	52	29	4	Nil	9	152
Tokyo 1957	32	16	17	7	Nil	6	78
Rio de Janiero 1963	96	54	31	7	5	—	193
London 1968	74	105	36	8 ^a	11	7	241
Bergen 1973	172	125	58	5	13	4	377

^aPsychological 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 Tokyoo 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.

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