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Less listening, more discussion

A fanfare of trumpets may or may not precede the platitudes of the minister of health at opening ceremonies of international conferences, but the pattern of the rest of the meeting is more predictable. The keynote review address given by a star performer is often a rehash of his own textbook. Original papers read by the naive to the gullible are often strongly represented by speakers from the host country. Perhaps the most pernicious device for cementing international friendships is the round table composed of the same experts each year. A large proportion of original papers given even at national meetings would not stand up to the scientific rigour of a referee and are never published in full.[1] Instead, the conference proceedings are published between one and two years later, and most of the copies will never be removed from their shelves.

What is the remedy? Instead of just moaning about the futility of these international jamborees Professor John Dobbing has tried to experiment with a new design of meeting. Seven authors were asked to write a paper on the role of maternal nutrition in the determination of fetal growth. The authors were chosen for their authority and for the variety of their views. Each paper was sent to the other authors in the group and also to six other people who had contributed substantially to the subject. All 13 were asked to criticise all the papers. The original papers and the criticism were circulated to all the participants several weeks before the meeting started—so giving them time to consider carefully all the written material, to examine appropriate references, and for the original authors to change their minds before the conference. The meeting itself consisted exclusively of discussion, with experts talking to each other and exposing the strengths and fallacies in their arguments. Such a format contrasts vividly with the conventional conference, where the pattern of presentation stifles discussion and the most valuable interchange of ideas is squeezed into the coffee break. The design of this meeting and the resulting book[2] must be rated as a highly successful experiment in communication—but some features need further development, and in particular the omission from the book of the discussions which took place at the workshop means that the cut and thrust of important debates are entirely lacking.

This type of meeting might seem to be suitable only for small groups, but the Society for General Microbiology holds annual meetings attended by several hundred doctors and has a similar arrangement. Its collection of papers is published by Cambridge University Press and sent to each participant a month before the meeting. Every member is expected to have read it before he attends. Though informed discussion takes place throughout the meeting, there is no method of publishing this material.

Whatever else, conference proceedings need to be published quickly, if at all. With proper organisation it is not difficult to achieve this. Whatever their status, authors who do not provide a full and final copy of their papers by the deadline set before the conference should not be paid their expenses or invited in the future. Contributions can be recorded on tape and an edited, shorter version typed immediately for approval by the participants at the meeting. In this way an edited version of the entire approved script of the conference can be made available to the printers only a few hours after the conference is over. Organisers, editors, and authors will all benefit from changes designed to convert conferences from entertaining circuses to productive symposia, and Professor Dobbing is to be congratulated on showing us how.

1 Goldman L, Loscalzo A. Fate of cardiology research originally published in abstract form. *N Engl J Med* 1980;**303**;255-9.
2 Dobbing J, ed. *Maternal nutrition in pregnancy—eating for two? Based on Nestlé Nutrition workshop, Chateau de Rochegude, Vaucluse, France, June 1980*. London: Academic Press, 1981.

Arthrogryposis multiplex congenita

When the prevalence of a congenital disorder varies considerably between countries and also over time its aetiology might be expected to be clarified by detailed epidemiological investigation. Arthrogryposis multiplex congenita is such a disorder. Affected individuals have multiple congenital articular rigidities, characteristically accompanied by muscle wasting, but no identifiable neurological abnormality. During the 1960s the prevalence of arthrogryposis in Helsinki was reported to be three per 10 000 births,[1] whereas only one case was recorded among about 56 000 births in the Edinburgh register of newborn babies in the same period.[2] Furthermore, hospital records in Britain, Australia, and the United States have shown a more than tenfold increase in diagnosis of the condition between the early 1940s and 1960s followed by a subsequent decline.[3] In South Africa a nationwide investigation in 1974 found only 26 cases, mostly in children; the oldest patient was aged 24.[4] Some of these variations in prevalence may have been due to differences in the extent to which associated abnormalities responsible for secondary congenital joint contractures were investigated and excluded from the figures; but in view of the similar pattern of changes over time in many countries diagnostic factors are unlikely to account for all the variation.