exception) they travel well provided certain precautions are taken.

A doctor or experienced nurse must accompany the infant and watch him continuously. In cases with intestinal obstruction the gastric tube has to be aspirated at frequent intervals. All infants are nursed lying flat and on their side and the mouth and pharynx are aspirated at intervals and at any time when there is the slightest indication of respiratory distress. Heat loss is guarded against by transporting the infant, wrapped in blankets, in a carrycot. Covering the blankets by wrapping thin aluminium foil around them further protects against heat loss by radiation. Ideally the infant should be transported in a portable incubator heated by the ambulance's battery in an ambient temperature of between 30 and 35°C, a high humidity and, if necessary, in an oxygen-enriched atmosphere. These portable incubators allow for close observation of the infant during transport and are now available at most large maternity hospitals.

The one type of malformation that is associated with difficulties during travel is diaphragmatic hernia. Here a rubber tube has to be passed into the stomach and aspirated repeatedly to prevent distension of the stomach and intestine. An endotracheal tube must be passed and positive pressure respiration instituted. As it is extraordinarily easy to burst some of the alveoli with positive pressure respiration, and thus cause a tension pneumothorax, an experienced anaesthetist should always accompany the child. Sterile hollow needles and syringes should be at hand. Sudden deterioration of the infant's condition is often due to the development of a tension pneumothorax on the unaffected side, which can be relieved by aspirating the pleural cavity through the anterior end of the second intercostal space.

Advice to the Family

The general practitioner is the doctor who knows the family best and is therefore the ideal person to advise and support them. The parents' shock when they first hear that their baby has been born with a malformation necessitating immediate major surgery is very great indeed, and they need reassurance and support. They will have to give permission for operation and will want to know the chances of success. In general it can be said that if the infant is of normal birthweight, if there is no other severe malformation, and if the diagnosis has been made promptly and complications such as pneumonia, dehydration, etc. have not yet developed, the prognosis is good; thus about 90% or more of these infants survive today in the major neonatal surgical centres. Low birthweight, associated malformations, and a poor general condition naturally worsen the prognosis.

The second question the parents will ask is whether the child will be completely normal if he survives operation. In the vast majority of the cases mentioned above this is the case. The exceptions are, firstly, intestinal obstruction due to meconium ileus, a severe form of mucoviscidosis, where the surviving infants invariably suffer from fibrocystic disease of the lungs and, secondly, mongolism (which affects about a quarter of the children born with duodenal atresia), as these children will be mentally backward.

A further question which will be asked is the cause of the malformation. With few exceptions (meconium ileus; mongolism with duodenal atresia) the family history is usually negative and it is extremely rare for more than one malformation to occur in one family. Most of the malformations described above can develop only during the first eight weeks of pregnancy. Diseases of the mother during this period (especially virus infections), the taking of drugs, etc., should therefore be inquired about, but it is very rare for positive information to be forthcoming. Jejunal and ileal atresia and stenosis may develop later on during intrauterine life, but here too a history of maternal illness is very rarely forthcoming. Hydramnios is common in mothers giving birth to infants with oesophageal atresia or high intestinal atresia. It is not, however, the cause, but the effect of the malformation, which prevents the fetus from swallowing the amniotic fluid and absorbing it from his intestine.

The parents also worry about whether these children will need much extra care and attention after discharge from hospital. Several of them will need a certain amount of extra care, especially with feeds. They may be infants of low birth weight and may in any case not gain weight as quickly as a normal child; but by and large the extra care needed is minimal and with the help of their general practitioner most of these infants can be brought up more or less normally to develop into perfectly normal children and adults. There are exceptions. Some of them have already been mentioned (meconium ileus, mongolism) and in others, such as ectopia vesicae, the chances of operation producing normal control of micturition is small, and most of these children will need some type of urinary diversion later on. The ultimate outlook for most survivors of operations for malformations of the alimentary tract is very good.

Organizing a Medical Congress

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Introduction

The periodic jaunt to an international conference is an accepted part of the scene, and though many have begun to question the value of these jamborees few seem to have been provoked by P.M.S. Blackett's view that soundly based doctrine needs re-examination since time may overtake it. Yet this is what has happened. What was perhaps agreeable when the participants were few and could gather intimately as in a club has become an intolerable and expensive bore.

Firstly, most people agree that the functions of a congress are social, scientific, and educational—in that order and with education a poor third. "Who learns anything? We meet and get ideas, but we don't learn" someone said recently. Timetables may run from 9 a.m. to 6 p.m. for five days or more, with a bewildering array of disjunct topics. The young turks may welcome the breadth of choice, but humbler beings begin to feel schizophrenic when they want to hear a number of papers being presented at the same time. At the extreme of my experience were 36 concurrent sessions intended to elucidate various human problems. Too much choice readily breeds indifference so that scientific sessions are neglected and social contacts become pre-eminent.

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In seeking the reason for all these unsatisfactory features, I find that the tail is wagging the dog. Most people secure financial support to attend the meeting by submitting an abstract, so almost everyone has to scratch round and find something to write up. The results are twofold; an overwhelming number of abstracts—of which many are of indifferent quality—and the paradox that everyone wants to read a paper and scarcely anyone wants to listen to one.

Chance to Experiment

The VII European Rheumatology Congress held in Brighton last June provided a chance to come to grips with some of these problems. About 550 abstracts were submitted; allowing 10 minutes for presentation and five for discussion, these would have taken almost 140 hours of congress time. The problem was how to condense these, and also to correct the principal faults of disjunct presentation, when two papers may be flatly contradictory but the discussions rarely come to terms with the conflict, let alone resolve it, and no ultimate conclusions are reached. The simplest solution, selecting some abstracts and rejecting others, was not open to the organizers.

To get over these snags we tried to procure informative abstracts of high quality. We requested tables of data as an alternative to limitations on length and invited revisions with more up-to-date information up to three months before the meeting. We emphasized that abstracts would be issued as an official publication, not merely circulated to participants. Publication gave due recognition to each piece of work while liberating the organizers from some of their obligations to authors. For the future, publication encourages a sense of responsibility and so the number of inferior abstracts might be reduced.

As two hours seem to be about the limit of concentration, two conference periods of this duration each day were adopted. By providing an appreciably shorter working day, plenty of time was available for social contacts and informal meetings. There were five halls; allowing a half day off in the middle five days would encompass 45 sessions—a total of 90 hours of conference time. A shorter congress is scarcely practicable when the cycle of meeting is infrequent—every three to five years—and when a diversity of interests has to be represented.

As radical treatment was not favoured one hall was committed exclusively to conventional free-paper presentations, and the organizers tried to cream off the best papers for these sessions. Most of the remaining 467 abstracts could be grouped fairly readily under related themes, both reflecting participants' interests and yet allowing considerable condensation. Three authors of abstracts assigned to a theme were invited to present 10-15 minute introductory reviews. These were intended to cover complementary aspects and between them were expected to refer to all the work described in abstracts assigned to the theme. Small papers by authors were specifically proscribed in the ensuing discussion. This experimental structure was in general successful. These sessions were variously designated as symposia and round-table conferences, the former occurring in a large hall with full translation. Abstracts were published in English and in one of the other three official languages, and we tried to conduct single-language sessions in the smaller halls. Five of the 27 round-table conferences were scheduled in one of the other languages, based on the origin of most of the abstracts selected for that one conference. Taking no account of the linguistic ability of other participants, this venture met with varied success.

Design of the Congress

It is difficult to anticipate participants' preferences, and I think that a series of halls seating 200-300 is the ideal. The intimacy of smaller groups has to be sacrificed to cater for the maximum probable attendance. Obviously, the number of halls is determined by those attending—taking note that there were twice as many registered participants as there were abstracts—and that the average attendance was only 60% with a maximum of just under 80%. My general conclusion was that a university campus is probably more appropriate as a venue than the more usual commercial exposition area. Microphones are essential in a hall seating 150 people unless the acoustics are unusually good. A common language may be the answer but translation does not go very far in coping with the problems, as it often does little to promote communication and the net effect may be no better than silence. A focal point to attract all participants in the middle of the day promotes cohesion. Guest lecturers of wide repute, who have the additional advantage of increasing the educational content, are ideal for this. Reviews of the present status of particular aspects, both clinical and therapeutic as well as laboratory, were popular, and specialists from fields with overlapping interests were also appreciated, but we found that participants did not welcome topics that were too general or remote from their own concerns.

Registration fees usually amount to £25-£30. Administrative costs and social arrangements like receptions are big items, each accounting for about one-quarter of the budget. Almost one-fifth is required for interpreters in just two halls. The hire of halls, projection facilities, and other expenses account for the remainder. I would like to see ways of lightening the individual subscriber's burden; translation services are perhaps the most debatable item in view of their expense and relative ineffectiveness. Meal-ticket abstracts remain the fundamental problem. The Brighton experiment allowed the authors of only one-third of the abstracts to have an official role, but most accepted this and there was much less milling around from one hall to another. Nevertheless, the administrative burden is increased because precirculation of abstracts and, better still, of full papers to introductory speakers and officials is essential. A more radical solution would be to dispense entirely with abstracts, relying on invited speakers to initiate free discussion sessions on selected topics.

One interferes with a congress acting as a stepping-off point for an exotic vacation somewhere like the Adriatic at one's peril, but something had to be done and the opportunity to experiment was fun.