national representation. Guest speakers at rheumatology congresses have not been an unqualified success. At present it would appear unwise to give this latter type of session too much weight in the programme.

The second major problem concerns the involvement of drug firms. Our congresses could never be held without extensive financial support from these companies. However, there has recently been an increasing tendency for drug promotional material to be incorporated into the scientific programme, and we now have symposia devoted to single drugs which masquerade as scientific sessions. Most of the drug studies have been organised by the drug firm concerned and—here is the real evil—the travelling expenses of many of the speakers have also come from this source. Thus the session becomes a promotional affair—heavily loaded with speakers supported by the drug firm. In the past, congress organisers have not unreasonably felt that if sufficient abstracts were received relating to a particular topic this pointed to a grass roots interest in the subject and the need to include a session on it. In fact the drug firms have seized on this as a highly effective means of buying advertising time in the scientific programme.

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I believe that to achieve scientific respectability for our congresses we have got to eliminate entirely from the scientific programmes sessions generated by drug firm promotional interests. The guidelines for achieving this will need to be thought out carefully. The first essential is to involve the drug firms themselves more fully in discussions. In the past there has been a tendency to try to squeeze as much money as possible from these firms while leaving them largely out of the planning. I am convinced the pharmaceutical companies would welcome clear separation of scientific from promotional aspects of the programme and—with these guidelines agreed—greater use could be made of their expertise in planning and running the congresses. They do, after all, largely pay the bill.

We cannot put everything right at once. However, if we can get over the free paper and the promotional hurdles at this stage, it should open the way to building on experience and developing really effective meetings. If we cannot solve these two fundamental problems, then I for one feel that we should stop holding the congresses.

HARRY CURREY

Aid for developing countries

What does one get out of international conferences? The opportunity to travel, to see friends who have emigrated, to look at other units, new techniques, expensive hardware? The opportunity to discuss work with transatlantic colleagues? All absorbing, stimulating, and entertaining. All useful and no doubt producing beneficial effects back home. But is it enough? And are we wasting opportunities?

Thus I mused on the half-empty flight back to Heathrow from Istanbul. The Mediterranean Blood Club was not my natural milieu, but I had found my niche in a morning's symposium on Behçet's disease, which was useful and gave me an insight into the difficulties faced by colleagues in relatively less developed countries. Turkey is by no means poor in the international league and it has a long cultural history. Indeed had I had more time I could have trodden in the footsteps of Galen or been to Tarsus, to St Paul's home town. I did manage to get to the Roman spa, Hieropolis. It would have been pleasant to bathe in warm waters amid horizontal Corinthian columns (but we had only 20 minutes to view it between leaving the coach and boarding the train.) And not only was the area full of unexploited interests, the people showed a courtesy and care for the visitor often far above the awareness those of us in Northern Europe exhibit.

But, as I was saying, colleagues in Turkey, well trained in America and Europe, can call on fewer facilities—one-fortieth of a secretary perhaps. And few sophisticated visual aids. Yet good controlled trials and clinical research can and are done. I had not appreciated, however, that the throw-away line at the end of my talk would be quite so unpractical. 'It would be good to have figures on the incidence of Behçet's disease in Turkey, to compare them with the prevalence in Japan and England.' I hadn't thought who would do the comparing—there aren't that many rheumatologists available in Turkey. Or whether it was important to them. Further, my friends in the development lobby might well feel such a diversion was not in the interests of a country where the average expectancy of life is still around 40 years, and where resources are insufficient to screen neonates for congenital dislocation of the hip. Any technology one imports to such a country should usually be low level and labour intensive.

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And yet the situation was fascinating. Here septic arthritis and rheumatic fever were common—

surely good experience for an English registrar? Rheumatoid arthritis seemed to be the same disease—but milder, with fewer nodules, and less vasculitis. Perhaps it had features similar to those seen by Greenwood in Nigeria. But why? If we looked at it carefully would it yield information on our own variant which is still eluding us?

One of the arguments, put albeit reluctantly by those who seek for better aid and better trading terms between Britain (or the EEC) and the developing countries, is that enlightened self-interest usually repays the donor. Money given to promote the development of industries in the developing country usually results in more orders for machinery and equipment at home. The argument falls on deaf ears, and the politicians, even if they will, can be

little more generous than the population they represent. Is the same true in rheumatological terms? My own collaborative study on the histocompatibility antigens of the comparatively rare Behçet's syndrome with Turkish and Dutch colleagues suggests that studies of commoner problems in Turkey with the research facilities of other countries may well yield information of great interest. Would the secondment of an epidemiological team to a developing country for a defined period be of use? With care it would do no harm to the recipient and might even bring benefits to host and funding countries and to the individuals involved. Is anyone interested?

ANNE CHAMBERLAIN

Notes

Treatment of rheumatic disease

The Second International Seminar on the Treatment of Rheumatic Diseases will be held in Israel on 23–30 November 1980. Details from Rheumatology Seminar, c/o Health Vacation Tours, 49 Ibn Gvirol Street, or POB 16581, Tel-Aviv, Israel.

Ogryzlo International Fellowship

The second Ogryzlo Fellowship will be for training in rheumatology at a Canadian rheumatic disease unit for the 12 months commencing 1 July, 1981. Applications must be submitted to the Arthritis Society, 920 Yonge St, Suite 420, Toronto, Ontario, Canada M4W 3J7, by 15 October 1980. Application forms and regulations may be obtained from the society. Canadian citizens and landed immigrants to Canada are not eligible. The Ogryzlo Fellowship carries a stipend of \$20 000 US per annum. It is a gift by members of the Canadian Rheumatism Association in memory of their late colleague, Dr Metro A. Ogryzlo.

Disabled Living Foundation catalogue

The Disabled Living Foundation has issued a new catalogue listing 40 publications on the everyday problems of disabled people. Copies are available from the Disabled Living Foundation, 346 Kensington High Street, London W14.

European Rheumatoid Arthritis Surgical Society

ERASS aims to further scientific and clinical work in

the surgery of rheumatoid arthritis on the European level. It will promote the training of doctors interested in this field and encourage interdisciplinary collaboration with all fields of specialisation concerned with rheumatology. The headquarters are at Klinik Wilhelm Schulthess, 8008 Zurich, Neumünsterallee 3, Switzerland. Membership is open to orthopaedic surgeons trained in rheumatoid arthritis surgery, based on personal application, and sponsored by a referee, who should be a member of the ERASS or be known personally to a member of the Executive Committee. Associate membership is also open to rheumatologists. Applications should be sent to the President of ERASS, Jan A. Pahle, MD, Oslo Sanitetsforening Rheumatism Hospital, Akersbakken 27, Oslo 1, Norway. The annual subscription is at present SFr 50, which should be paid to bank account No. 359.881 Zürcher Kantonalbank, 8126 Zumikon, Switzerland.

Volvo awards for low back pain research

To encourage research into low back pain the Volvo Company of Göteborg, Sweden, has sponsored 3 prizes of US\$3000 each. The awards will be made competitively on the basis of scientific merit in the following 3 subjects: (1) clinical studies, (2) bioengineering studies, (3) studies in other basic science areas. Papers submitted must contain original material, not previously published. Multiple authorship is acceptable. The manuscripts should be full length, in a form suitable for submission to a scientific journal. Five copies of each paper submitted in full should be sent to the address below, postmarked not later than 2 January 1981. Further details from Professor Alf Nachemson, Past President ISSLS, Department of Orthopaedic Surgery I, Sahlgren Hospital, S-413 45 Göteborg, Sweden.