

# BRITISH MEDICAL JOURNAL

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors. As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

**How to organise an international medical meeting**

SIR,—As one who attends more than his share of international meetings I have read the early parts of the series of articles by Mr Ian Capperault and Mr A I S Macpherson with admiration. However, isn't it high time more of us began to ask more insistently, "Why organise an international meeting at all?" I have never been to one which has not been (by widespread consent among the participants) a thorough waste of time and (usually other people's) money.

Short original papers are inappropriate to such a general audience and should be confined to specialist societies which are in a position to judge them or published in refereed journals. The poor expert summoned to give a grand lecture is usually prevailed upon to write his wretched reiterative chapter anyway and would be far better occupied writing a well-considered quinquennial (not five-times-a-year) review elsewhere. The only kind of round table or symposium which has any chance of making progress is the restricted, private workshop of about 20 of the world's leading, still active investigators; and even these can be sterile unless papers and criticisms of them (with all appropriate references) are circulated in advance to all 20. In this latter case no one gives his paper, everyone discusses critically and constructively all of the time, and no one gets away with the usual undocumented assertions which are too often eventually built into the folklore and often turn out to have little basis. The eventual book in such

a case is more useful to the wider audience, the ultimate in present attitudes, needs almost no editing, and can be published within six months because it is mostly ready before the workshop begins. The manufacturers in the trade exhibition would give their money instead to the expenses of the workshop; and surely neither the scientists nor the medical men are nowadays short of opportunities for cheap tourism, which should in any case be a charge on their own rather than the public purse. A plague on international meetings with their opening ceremonies and the statutory array of local geriatric dignitaries, expensive

**Preventing Rh haemolytic disease**

SIR,—We read your leading article on this subject (29 July, p 307) with considerable interest. It was an excellent review and while we would agree with the comments therein we felt that figures held for the Glasgow Royal Maternity and Women's Hospitals Group over the past 10 years would be worth quoting, since they indicate quite clearly where gaps exist in the present regimen and how this could be corrected to bring about even further reduction in the incidence of Rh haemolytic disease without recourse to antenatal prophylaxis and all it entails.

As in other centres,<sup>1 2</sup> we have seen a remarkable drop in the incidence of rhesus allo-immunisation in the past 10 years despite the

plastic briefcases, their exploitation by the local travel or congress agent, and the ritual attendance of the masses for the hearing of puny papers and the passage of meaningless slides.

If Messrs Capperault and Macpherson have not planned a final article to answer my question is it too late to encourage them to do so? Will no foundation invite me to help them to try something adventurous and contributory and completely new? Letters in a plain sealed envelope, please. Given a reasonable opportunity I might even cancel my present plans for Copenhagen, Michigan, Ankara, Göttingen, Venice, Jerusalem, Bangkok, and Kuala Lumpur, for all of which I already have present commitments, having just returned from New Delhi, New Zealand, Berlin, Monte Carlo, Modena, South Africa, Amsterdam, and Vienna, all in the past year.

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fact that these hospitals have become a centre specialising in this condition. The number of cases fell steadily from 113 in 1968 to 10 (8.8% of the 1968 figure) in 1976, though there was a rise to 21 (18.6%) in 1977. Post-natal anti-D immunoglobulin administration has been largely responsible for this fall and, like other centres in Scotland,<sup>3</sup> our figures show that the failure rate is low. Over the 10-year period a total of 3737 Rh-negative women with Rh-positive babies have received Rh immunoglobulin and only 12 of these (0.32%) have become immunised. Fetal bleeding is quantitated by routine Kleihauer testing and injections given within 24 h except at weekends (mean 27 h). Patients are recalled