International Journal of Dermatology

Community dermatology

Advancement of women in dermatology

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Abstract

This article reviews the special role that women dermatologists have played in the improvement of skin care for women and children, as well as the role of the Women's Dermatological Society (WDS) in providing networking, mentoring and leadership opportunities for female dermatologists. Women leaders within the International League of Dermatology Societies (ILDS) have influenced WHO directives to assign higher priorities to areas of women's health. Maria Duran and her legacy at the International Society for Dermatology (ISD) has recognized leaders in the area of dermatology education and mentorship. Volunteerism and the promotion of equal access to health care by women and children are other key activities by women dermatologists.

Introduction

Women worldwide are generally responsible for the nurturing and healthcare of their families, yet in many parts of the developing world, the status of women lags behind that of men in terms of their education and privileges, which has a negative effect on their offspring and the overall progress of their countries. The advancement of women by education and provision of basic health care and human rights has improved the quality of life and health of not only those women, but the generations of men and women who follow them. This article reviews the special role that dermatologists and, in particular, women dermatologists and dermatology nurses have played and can play in the overall advancement of society.

Improving the health of women: United Nations Agencies

The United Nations in Resolution 1987/40 requested the Secretary General to give special emphasis to the social development of developing countries and to focus on rural development. In their report (ST/ESA/213/E./C N/.5.1989/2), a chapter on ''The Advancement of Women'' was included. In 1992, UNESCO sponsored a document, UNIDERM, prepared by Terence Ryan in collaboration with the International Committee of Dermatology (ICD). It outlined the needs and collaborations that would be necessary to provide skin care for all. A later version was entitled ''Healthy Skin for All''.[1] Sections written on the advancement of women were influenced by his partnership with committee member Maria Duran,

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who at the same time was Secretary General to The International Society of Dermatology (ISD), whilst he was its President. They were determined to address the fact that women in general suffer greater delays in the diagnosis of disease compared with men. Dermatology has a particular role to play in caring for skin diseases of genitalia, early diagnosis of sexually transmitted infections and skin conditions arising in pregnancy. It was stated that more women dermatologists would be needed to help manage skin diseases in certain communities.

Improvement of education of women leading to improved quality of life and health

The first female medical graduate in the USA, the Englishwoman Elizabeth Blackwell, entered medical school at Geneva Medical College, New York, thanks to a vote by the male students who thought the application by a woman to be a hoax, graduating in 1849. As more female medical students entered and graduated from medical school, gradually more of these women doctors looked to careers in which they could balance the role of wife, mother and doctor. Many of the specialties that women wanted to be part of were particularly rigid in their training and practice requirements, and societies such as the Medical Women's Federation in the UK assisted women in navigating this professional path. Many of the female pioneers in medicine were unable to marry or have children in order to compete in the traditional hierarchy and way of practicing, on call schedules, living in hospital ''mess'' accommodation, etc. One of the fields in medicine that has not been as harsh in this regard is dermatology, such that in many countries, the majority of trainees and dermatologists are women from the upper eschelons of the medical school class. However, although more women qualify as dermatologists, only a small proportion of them are appointed to higher academic positions enabling them to become leaders, teachers and decision makers.

Medicine attracts very intelligent and dedicated students, who are increasingly women, and they are often the children of immigrants. Once qualified, entering dermatology is favored by the woman doctor and, once there, they can take on influential roles in the advancement of women. As stated by Ryan,[2] dermatology is a profession in which women are successful and numerous, and much past criticism of the undervaluing of women in professions and in universities has been influenced for the better by the experience of dermatology. Thus, especially in the integration of an immigrant population, dermatology has an important role to play. It continues to be a model of how women in social class 1 cope with a professional career. The late Dr Turkat Saylan, Professor of Dermatology and Leprology at Istanbul University, stated that the solution to ''Advancement of Women'' is humaneness rather than laws, lore or religion.[3] It was the International League of Dermatology Societies (ILDS) and ISD that initiated the concept that dermatology could provide guidelines for equal partnerships between men and women to counteract the male dominance of many codes of practice taught by religions. The laws that govern health and hygiene are mostly written by men. Dr Rokea A el-Azhary, of the Mayo Clinic, in a presentation at the Cairo ICD 1996, stated that this change in the ratio of women to men in dermatology would bring with it the necessary gender choice for the patient, a perception of greater kindness, better communication as well as greater empathy.

The Women's Dermatological Society (WDS)

The WDS was in fact established in 1973 by a male academic dermatologist, Dr Walter Shelley, Chair of Dermatology at the University of Pennsylvania. He could see that the women attending dermatology conferences, often in a strange city, had no social forum to associate in the evenings to feel safe and at ease when in a minority, and he thought that by bringing these women together, they could support each other in achieving their professional and personal lives. Dr Wilma F. Bergfeld, one of Dr Shelley's mentees, was elected as the founding president of the WDS. As stated in the emerald anniversary publication of the WDS annual meetings, Petals and Pearls, 2010, ''the first gathering, of about 60 women, took place at an American Academy of Dermatology (AAD) meeting more than 35 years ago'' in Chicago.[4] Wilma served as the initial president for 7 years (1973–1980), as to do so was perceived as very unpopular. Wilma's husband, John Bergfeld, a surgeon, warned her that ''they are gonna get you'', meaning the men. Over time the society grew from non-threatening networking to leadership training, mentoring and outreach. Today, the WDS is the third largest dermatology specialist group in the USA, after the AAD and the Mohs surgery society. Currently, WDS has 865 female dermatology members across North America and 79 international female members, and 285 female dermatology resident members. There are 21 male dermatology resident members and 100 male dermatologist members from the USA and four from abroad, particularly those who like mentoring women, and each year this society grows. Examples of these men include current AAD President Ronald L. Moy, AAD President-elect Dan Siegel, former AAD Presidents Richard Odum, Richard Scher, Darrell Rigel, Ray Cornelison, David Pariser, William Hanke, Stephen Stone, William D. James; and president-elect after Dr Siegel, Dirk Elston. Other male leaders in academic dermatology include Joe Jorizzo, Roy S. ''Nick''

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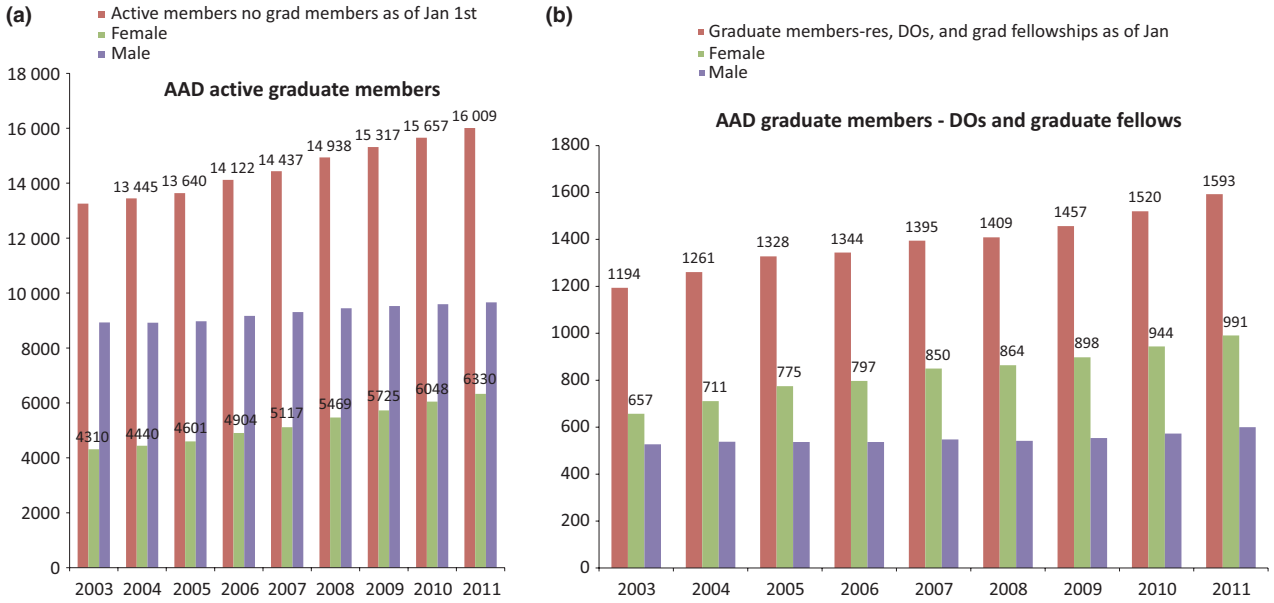

Figure 1 Charts of the increasing proportion of female dermatology residents (a) in the USA and female dermatology graduates joining the AAD (b)

Figure 2 AAD Board of Directors (1992), Wilma Bergfeld, MD President; Peter Lynch, MD Vice President

Rogers, Jeff Callen, Michael Ming, Alan Shalita, James Taylor and Ralph Daniel. Leaders in the pharma industry who belong to and actively support the WDS include Humberto Antunes, Robert E. Grant, James O'Connell, Jonah Shacknai, Charles Stiefel and Linda Ruetsch.

Women nurtured as leaders within the WDS

The proportion of female dermatology trainees and graduate members within the AAD has steadily risen each year over the past few decades, such that, in the last 8 years, the female proportion has increased by about a third and the male proportion barely at all (Fig. 1a,b). The WDS has served as a learning/mentoring environment for its members wishing to adapt to such roles as chairpersons of professional committees and boards. The WDS has an executive board that meets at the summer and winter AAD, and it has at least 10 committees. It has also been particularly successful in fundraising. The first female president of the AAD, founded in 1938, was

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Wilma Bergfeld, in 1992 (Fig. 2), and all subsequent female presidents of the AAD [Lynn A. Drake (1998), Boni Elewski (2004) and Diane Baker (2007)], vice presidents [Margaret Storkan (1973), Diane Baker (1990), Antoinette Hood (1997), Maryanne O'Donoghue (2000), Boni Elewski (2001) and Suzanne Connolly (2011)], and both female Secretary-Treasurers [June Robinson (1998–2000) and Mary Maloney (2007–current)] have been previous leaders in the WDS.

Several WDS leaders have become leaders in the dermatology scientific community, sometimes as president of the Society for Investigative Dermatology. These include Barbara Gilchrest, Amy Paller, Sancy Leachman and Marcia Tonnesen. Others have become leaders in the surgical arena of dermatology, including June Robinson, Mary Maloney, Susan Weinkle, Suzanne Olbricht, Rhoda Narins and Michel McDonald. June Robinson is currently the first female editor of *Archives of Dermatology*. Dermatopathology has followed a similar path, including Stephanie Pincus, Antoinette Hood and Wilma Bergfeld. In dermatopharmacology, women leaders have included Alice Gottlieb, Lynn Drake, Alexa Kimball, Elise Olsen, Maria Hordinsky and Madeleine Duvic. In the pharma industry, WDS leaders such as Barbara Mathes, Joyce Rico and Michele Verschoore have thrived. The list continues in each subspecialty area of dermatology, particularly in pediatric dermatology and vulvar disorders. The common threads amongst WDS members are the leadership, mentoring and networking missions, both for women and men. Volunteer efforts for skin cancer screening and sun awareness for families and children represent a major initiative for the last 7 years.

WDS mentorships

Mentorships have been a strong legacy of the WDS, started by Frances Storrs in 1991 after she gave her Rose Hirschler award money to establish this venture. The WDS gives out about 30 mentorship awards annually to dermatology residents to spend up to 1 month with a mentor – either one or the other must be female. Many male mentees have been mentored by female dermatologists and vice versa. WDS also funds several international travel scholarships to the AAD for young female dermatologists from poorer countries, particularly those with an educational role or who are presenting at the AAD. Popular subsequent WDS mentors have included Jean Bolognia, Amy Paller, Antoinette Hood and Tina Alster, and international scholarships to women from poorer countries to attend the AAD, with past leaders of the international affairs committee and international retreats in Paris, Buenos Aires and Seoul, including Boni Elewski, Sandra Read and Dedee Murrell. None of this would have been possible without dedicated fundraisers within the WDS, in particular Diane Berson, Amy Derick, Lenore Kakita, Mary Lupo, Wendy Roberts and Susan Weinkle.

WDS becomes international

In 1999, the European WDS was founded with Fenella Wojnarowska as its first president. The EuWDS has joined with the WDS such that the WDS became an international group in the 1990s. The WDS also funds Career Development Awards, which have included some volunteer abroad projects and research grants, which are highly sought after, generally to foster projects related to skin disorders affecting women and children. At the 2002 World Congress of Dermatology in Paris, the first International WDS Forum was held, at which leaders in the WDS worldwide were asked to present on dermatology in their countries. Speakers at this forum included Ulrike Blume-Peytavi of Germany, Zeinab el Gothamy of Egypt, Evangeline Handog from the Philippines, Jana Hercegova of the Czech Republic, Dedee Murrell from Australia, and Marcia Ramos e Silva of Brazil. Many in the international group of WDS members are leaders in their national dermatological societies or among the first female Professors/Chairs of Dermatology in various countries, in particular Ulrike Blume-Peytavi, Tania Cestari, Evangeline Handog, Bernice Krafchik, Jasna Lipozencic, Dedee Murrell, Marcia Ramos e Silva, Catherine Reid and Fenella Wojnarowska.

Women in the ISD

Maria Duran completed her training in 1976 at Javeriana University-Centro Dermatologico Federico Lleras Acosta, Bogota, Columbia. She was one of the few female dermatologists in Colombia. She married and had a son, but devoted her time to academic dermatology. She was appointed Professor of Dermatology at Javeriana University in 1986. When she was elected to the ICD of the ILDS in 1992 she was also Secretary General of ISD. In both capacities she took up the theme of improving skin care for women.

Maria Duran translated into English several documents for these international organisations that she had written concerning the advancement of women for her Columbian community. These included "Women and development in Latin American and Caribbean countries", "Pregnancy in teenagers: a Latin American view", "Women 'guarded and chastised' in Latin America", "Changes of an unforeseen magnitude", "Poverty becomes feminine". From the International Committee, Maria Duran wrote to all dermatologists worldwide "Do you have any views on how to advance women professionally, economically and socially?"

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Stephania Jablonska, Professor of Dermatology in Warsaw, Poland, had been on the ICD when it was concerned only with the program and site of World Congresses. With women dermatologists on a socially aware international committee for the first time, new projects of relevance to the advancement of women were now possible. Ana Kaminsky, Professor of Dermatology in Buenos Aires, Argentina, initiated a study of the gender and marriage status of women dermatologists worldwide, enquiring into their practice and teaching activities, and their position and hierarchy in departments and on national and international committees. Over the next few years awareness of the need to improve the status of women led to increasing participation by female dermatologists in the running of the dermatology profession. In 1992 the ICD initiated a survey of women patients, and their preference for women or male attendants.

Improving the rights of women

Terence Ryan and Maria Duran approached the leading campaigner for women's rights, Turkan Saylan, Professor of Dermatology in Istanbul, and together they launched a Women in Dermatology Day at a combined meeting of the ISD and the Dermatology and Venereology Society of Istanbul, in June 1995. As can be read in the subsequent publication of a report on this meeting,[5] there were women dermatologists from many countries, including Argentina, the UK, India, Israel and the USA, speaking with passion about their commitment to this theme. Many of the issues were summarised in a review "Women in dermatology: gender and tropical diseases".[3,6] The theme was incorporated into the ILDS policy documents "Healthy Skin for All" and submitted to the WHO. This document assisted with the official recognition of the ILDS by the WHO. Maria Duran was guest editor for a series of articles recording the changes occurring in the acceptance of women in the dermatology profession in the *International Journal of Dermatology*, 1993–1994. Sarah Brenner edited a special issue of *Clinics in Dermatology*, covering the various problems relating to female gender skin disease.[7]

The legacy of Maria Duran: the Maria Duran Awards

Maria Duran died only a few years later, and the ISD created a subsection in her memory addressing the advancement of women's issues, called the Maria Duran Committee. This committee has had four chairs thus far, including Jana Hercegova (Czech Republic), Jean Bolognia (USA), Evangeline B. Handog (Philippines) and Dedee Murrell (Australia). The committee solicits and votes on Maria Duran medallists, lecturers and fellows to be recognised for their work in the area of women and children's health and education in dermatology to women (Fig. 3). These are held at regional ISD meetings, for example in Egypt, India, Thailand, Malaysia, Czech Republic and Russia, to cite recent examples. Many travel scholarships to the ISD's world congresses have been given to trainees from poorer countries.

Female skin conditions and provision of care

During the past 15 years, women dermatologists have been appointed in large numbers to specialist positions, and

Figure 3 The Maria Duran Committee of the ISD awarding the 2009 Maria Duran Lectureship to Rafael Falabella from Columbia, and Fellowship to Dulce Galang of the Philippines. Left to right, back row: Wilma Bergfeld, Maria Duran Medalist 2008; Maria Duran fellows Dulce Galang (2009), Maria Bolling (2006), Michelle Manuel (2007), Rashmi Sarkar (2008); front row: Tania Cestari (Maria Duran Vice Chair); Rafael Falabella; Marcia Ramos e Silva, Maria Duran Medalist 2005; Dedee Murrell (Maria Duran Chair); Sandy Read, Co- Chair, ISD Mentorship Committee

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overall there are globally many more women than men providing skin care. One of the consequences has been the setting up of vulva clinics, in part as an answer to the then-frequent vulvectomy that was a common approach by gynecologists to genital skin disease, such as lichen sclerosus et atrophicus. Many publications now show that previously incurable conditions can now be better diagnosed and treated. In many countries, social norms dictate that female genital skin conditions be managed by female dermatologists and, indeed, many female patients prefer this.

Dr Andrew Finlay, in this special issue, draws attention to the major advance in measurement of quality of life that has included enlightment as to just how miserable the lives of women suffering from skin disease have been.[8] Dermatology, through its knowledge of the handicap of disfigurement, can do a lot to seek ways to remedy this, and to raise self-esteem and reduce perceptions of feeling ugly. Some of the ways improvements in social circumstance have occurred have been of assistance in the cultural concepts of beauty that are almost entirely to be found in the skin, giving young girls more confidence to delay marriage and a greater choice in their life partners. Others have sought improvement through better diagnosis of some skin conditions in pregnancy.

There is still work to be done, and topics on the future agenda include seeing that girls are as well nourished and well dressed as boys and, in a threatening climate, that they are as protected as boys. The Albino project of the Regional Dermatology Training Centre (RDTC) in Tanzania pays equal attention to the treatment of skin cancers and to the educational needs of girls as it does to boys.

Circumcision of males is currently advocated for protection against HIV/AIDs, while female genital mutilation is discouraged by a global drive to reduce this practice. Dermatology has had many interventions. Morrone,[9] on behalf of the ISD, wrote ''Stop female genital mutilation: appeal to the international dermatologic community''. At the RDTCin Tanzania, much support has been given to the drive against this procedure and to the education of health care professionals on how to discourage this practice. Furthermore, Turkan Saylan, in her role as a Professor of Dermatology, protected young girls from sexual exploitation. Much of the advice to patients and the support given to self-help groups, such as the Psoriasis Association, divorces beauty from market forces, advising on lifestyle and removing from their vocabulary being contagious or unclean.

Dermatology textbooks addressing social and sexual communication help to explain how display is used not only for sexual purposes, but in conflict behavior to establish territorial rights or social dominance.[10] Many cultures use cosmetics or tattoos to enhance communication. Those who provide or receive these rely entirely on dermatology to make them safe, particularly from adverse skin reactions. The problems of the burning face, the tender adiposity of the breast or thighs in disorders such as mastopathia or cellulite, and the problem of vulvodynia are widely misunderstood, but concern women and are alleviated by dermatologists. The importance of hair as an adornment, especially in women, too much or too little, requires advice from dermatologists.

The nursing and other allied health professions in dermatology

During the past 15 years there has been a greater recognition of the value of the dermatology nurse. In Guatemala the International Federation of Dermatology focused on teaching American Indian nurses working in rural areas over a 5-year period of 10 d of instruction into skin care.[11]

Women are the largest users of health services, including alternative and complimentary medicine. They are the largest group of employees in the provision of health services, and the largest subgroup is nursing. The UK was the first country to develop a strong nursing group, within the British Association of Dermatology. From this sprang the International Skin Care Nursing Group (ISNG), affiliated to the World Council of Nursing.[12] Nursing is predominantly of female gender but, increasingly, the development of the paramedic has counteracted this. At the RDTC in Tanzania, by aiming at allied health professionals, such as the clinical officer and nurse, the subsequent provision for Africa of 200 dermatology officers is much better gender balanced. These officers take up leadership positions in dermatology, sexually transmitted infections and leprosy.

In countries such as India and Nepal, where the nurse is predominantly female and dermatology nursing is not well developed, it is in the last few years that the ISNG has begun to exert an influence to demonstrate how important it is to have a profession providing skin care that uses hands-on low technology in skin care delivery. The nurse becomes an educator and counsellor, with more time available to teach the patient self-help. In the Community Dermatology projects led by Dr Roberto Estrada Castanon in rural Mexico, the nurse acts as a ''sentinel'', diagnosing and managing patients in their rural homes. In Manaus, Brazil, in the Dermatology Clinics and the Institute of Tropical Medicine, all attendees are first seen by a dermatology-trained Triage 2 nurse, who selects whether they should be returned to primary care, tested for malaria, admitted to a ward or referred for a skin consultation.

Skin care for all

The task force for ''Skin Care for All'' embraces all who care for the skin, and this extends to the field of wounds,

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burns, lymphedema and to several of the neglected tropical diseases. It also embraces all systems of medicine (see traditional health practitioners in this special issue). As women are most often the caretakers of herbal medicine in the rural villages of all continents, their role in traditional medicine must be on the agenda.[13] The WHO Special Programme for Research and Tropical Diseases (TDR),[14] has frequently drawn attention to gender and tropical disease and the task force, also the ISNG has focused on diseases such as lymphatic filariasis, leishmaniasis and leprosy. As the disease leprosy moves from its vertical program, it becomes even more dependent on dermatology training for early diagnosis and management of disability. It is the female patient affected by leprosy who experiences the greater rejection.[15] Early diagnosis, washing, emollients, dressings and bandages are very much dependent on female nursing skills. Dermatology, using the heading of "Skin Care for All", is thus serving all those with leg ulcers or pressure ulcers, and the literature produced for management comes from units focusing on these conditions. A close examination shows that wound healing units around the world are mostly initiated in dermatology departments, and it is nurses in those units who manage such problems as leg ulcers.

Pregnancy and children under 5 years old

In the field of toxicology and in the majority of randomized controled trials, there are significant exclusions, of which pregnancy and children under 5 years old are the most usual. As a consequence, insufficient information is known about adverse drug reactions, drug efficacy and safety in this cohort. As dermatology takes on projects such as the elimination of scabies by prescribing ivermectin, the need for accurate diagnosis and the effective use of standard topicals such as benzoyl benzoate lotion or sulfur in children under 5 years old and in pregnant women will show the value of this profession in leading this program. As counsellors, educators and demonstrators of how to apply such medicaments, the nurse will play a key role.

One of the IFD's and ISNG's current projects is taking advantage of the humanitarian gift of PUR from Procter and Gamble (P&G). PUR is a water cleanser and it is used not only for drinking but for washing, saving day-long searches to collect wood for boiling water to sterilize it. P&G is also providing an emollient in the form of glycerine. Water and emollients are fundamental in skin care, and much of the dermatology program depends on both being easy to access. This is discussed in one of the other papers in this special issue. It is an essential part of any mother and child program, and a concern in post-menstrual hygiene.

Figure 4 Former Executive Vice President of the ISD and regular volunteer abroad, Dr Luitgard Wiest (right), in action having delivered a baby in Qara Bagh, Gulron Province, Afghanistan, with the assistance of nurse Silke Wetzel

Female dermatologists as volunteers in third world countries and poorer communities

Several pioneering women have regularly given their time to travel to and live, sometimes for months and years, in poor countries, to try to improve skin and general care for patients, in particular women and children. The WDS recognises this with an International Humanitarian Award every 5 years. Recipients include Dr Barbara Leppard, trained in the UK, who has worked in African countries for many years; and Dr Luitgard Wiest, from Germany, who worked in Ethiopia as a surgeon for years, raising a family there, and who has for years left her dermatology practice in Munich to help in a variety of countries. Recently, Dr Wiest has been spending up to 3 months a year in a remote area of Western Afghanistan where women are not allowed to be examined by male doctors but there are no women doctors, dealing with complications of deliveries and emergency operations, no running water and electricity only by generator (Fig. 4). Dr Wingfield Rehmus, from the USA, has set up a public health care program in Palau over 3 years. Dr Karen McCoy volunteers regularly in Haiti. Dr Carrie Kovarik and Dr Wingfield Rehmus run the Volunteers Abroad course for the AAD, to enable many dermatologists who wish to donate their time in poorer countries to contribute their knowledge in the most effective way. Of 77 recent volunteer-abroad assignments from the AAD, 39% were women (Nancy Kelly, AAD; and Carrie Kovarik, personal communication, March 2011). Twenty-four out of 38 of the AAD Resident International Grant recipients were women. These are dermatology residents who go to Botswana to volunteer/work

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for a 4–6-week rotation, many of them leaving behind husbands and children to do so.

Other female dermatologists provide care and education for poorer members of their own country's communities, and the list of volunteers expands annually at the AAD, in particular Dr Pearl Grimes for African American patients and the WDS voluntary national skin cancer screening program. Dr Li-Chuen Wong set up a scabies eradication program in conjunction with female aboriginal health care workers in the remote Northern Territory of Australia in 2000, which has continued as a national program.[16] Dr Dedee Murrell set up the first orphan disease registry in Australia, for children and adults with epidermolysis bullosa, and this demographic information was instrumental to successfully lobbying the Federal government to provide a national EB dressing scheme in 2009 for non-stick dressings that cost several thousand dollars per month, which were previously having to be paid by charity fundraising.[17]

Conclusion

Charity begins in the home, and the home is usually run by the woman. The grandmothers, wives, mothers, daughters and sisters in societies are the glue that holds these communities together, so that some of them can become pioneers in careers, such as dermatology, which can provide greater benefits to the community as a whole, and women in particular. The advancement of women dermatologists has assisted in the fostering of improvements in skin care for women and children, in particular. Dermatologists, both male and female, should continue to lead in this area of education and skin care for all to the neediest in society.

Acknowledgments

The authors would like to thank the WDS officers Christine Klein and Jessica Rinehart for providing information on its membership and Figs 2 and 4; the American Academy of Dermatology officers Nancy Kelly, Coura Badiane and Dr Carrie Kovaik for information on the volunteers abroad and Fig. 1; and Dr Evangeline B. Handog, ISD Secretary-General, for Fig. 3.

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