Linear Porokeratosis, by J. Peyri, C. Herrero and J. Piñol


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Abstract. This article is a testament to the presence of women dermatologists in the journal of the Spanish Academy of Dermatology and Venereology. Together with 2 longer-standing dermatologists (J. Peyri Rey and J. Piñol Aguadé), a woman dermatologist, Dr. Carmen Herrero Mateu, presented a case of linear porokeratosis and reviewed the clinical and histological characteristics of the disease. Since that time, there has been an ever greater number of publications written by women from the Academy. At the present time, any difference in the number of male and female authors is purely coincidental. Society has encouraged a greater presence of women in medicine, and dermatology is no exception.

Keywords: porokeratosis, women, dermatology, publications.

Women dermatologists have published extensively in Actas Dermosifiliográficas and as expected no differences emerge in regard to the quality or structure of their articles in comparison with those of male colleagues. It is true that women were necessarily absent from the early days of the Academy’s history, given that none were practicing dermatologists.

Gender plays an undeniably key role in creating an individual’s social and professional opportunities and certainly a woman’s chances of having a career in medicine was affected.1 Women began to study and practice medicine professionally in the eighteenth and nineteenth centuries in a limited number of fields, such as obstetric care.4 In the second half of the nineteenth century some women of the middle classes began to take up medical studies and practice.5 Many more became involved with health-related philanthropic work,6 mainly in relation to hygiene and preventive medicine. The London School of Medicine for Women, which only admitted women, was among the first British medical schools to offer hygiene in the syllabus.7 Steadily increasing numbers of women physicians in the twentieth century did not result in a change in their distribution among the medical fields, however. Women continued to be found mainly in certain specialties—particularly pediatrics, general medicine, and diagnostic medicine8—and that pattern persisted into the final decades of the century.

Regarding the relationships between women and medical associations, the first group to be created exclusively for female physicians appeared in North America in 1920. Called the Association for Women in Public Health, this society professed aims that were consistent with all professional organizations, namely to defend the rights...
of members—professional women—and to promote the study and improvement of women’s health.7

The first woman to join the AEDV, in 1964, was Ana López Barri. The second, joining in 1970, was Nuria Sendra Muntaner. In 1972, María Pilar Grasa Jordán and Carmen Herrero Mateu became members. Soon afterwards, when Dr Mateu had worked in a dermatology department for only a few months, she published her first article, the one we have commented on today.

Five more women dermatologists were welcomed by the association in 1974. Their names were Guadalupe Fernández Blasco, Amelia Girón Flores, Catalina Marqués Cardel, Rosa Pérez López, and Ascensión Romero Castro. In 1975 new members included Mercedes Jareño Bonilla, Concepción Martínez González, Carmen Peteiro García, María Ruiz del Río, and Nieves Sánchez Fabrés.

Women thus began to appear on the AEDV membership roster slowly, and by 1974 they accounted for only 4% of all dermatologists. About this time, they also began to take up administrative posts, although their roles, such as that of association secretary, did not afford them high profiles as representatives of the association (Figure). From this point on, though, annual admissions of women began to grow moderately until the pace in the last 10 years has increased so much that more women than men are now joining. At the end of 2001, for example, women accounted for nearly 42% of membership (647 women dermatologists out of a total of 1565 members). Their numbers have continued to rise since then and women will soon be in the majority.

Other associations have experienced similar trends, a situation that has given rise to the general feminization of the medical profession. Shifts in the gender balance in the AEDV and in the specialty of dermatology overall are the result of identical patterns of masculinization or feminization taking place in society as a whole.8 In 1960, for example, women accounted for 5% of the membership of the Madrid medical association (the Ilustre Colegio de Médicos), whereas the proportion was 40% by 2007.

Given the particularities of women physicians and their special traits, the fields of medicine in general and of dermatology in particular will change considerably, and women will undoubtedly influence the new ways medicine is practiced. Quality will not be lost, but the approach will be restyled. Society must adjust the health care model as best it can so that the changes brought about by feminization, which is inevitable, unfold as fairly and efficiently as possible.

References