PAEDIATRIC LESSONS FROM THE PAST

Pride, prejudice, and paediatrics (women paediatricians in England before 1950)

David Stevens

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The early women doctors who won the right to qualify in medicine are compared with the early women paediatricians in 20th century England. Both groups had to find their occupations in a male dominated profession by taking up work that was not met by men. Early women doctors founded their own hospitals and clinics and a similar pattern can be seen with women paediatricians who were in many parts of England, pioneers in the newly emerging speciality of paediatrics, neonatology and other disciplines within paediatrics. Barred from training at Great Ormond Street and in medicine in the major hospitals, women came to paediatrics through more varied routes than men. Their careers could not be planned but depended on chance, sacrifice, and often the opportunities that came through the wartime shortage of manpower. Male paediatricians were slow to accept women as equals and barred them from membership of the British Paediatric Association until 1945. Unlike the early women doctors the early women paediatricians were not as a group as politically active but the presence of a woman consultant paediatrician was itself a political statement and the work of women paediatricians gave a message to the wider world of medicine that was instrumental in destroying the male myth that women could not excel in medicine.

Within the literature of the Enlightenment there are voices that called for the emancipation of women,[1] and so began a—still unfinished—struggle for equality at home and in society. The campaign for women to enter the professions started in the 19th century.[2] Women who wished to qualify and work as doctors faced what must have seemed to those of lesser courage and ability, to be insurmountable resistance. The early women doctors of the 19th century who were forced to obtain their training on the continent—in Zurich, Bern, and Paris—were part of a political movement and transatlantic network concerned with issues of women's rights, universal suffrage, women's health and public health measures.[2–6] These women who ''stormed the citadel'' wanted to, and did, change society as well as medicine.

Opposition to women's entry into medicine was led by doctors who defended the male monopoly against the threat to their prestige and purse. They argued that a woman's place was in the home as a wife and mother. Women's bodies, intellect, and temperament were not up to the demands of studying medicine, let alone practising as doctors.[3–5] These arguments did not stop, but echoed down the 20th century long after women had gained the right to qualify in medicine.

Among the most vigorous opponents of women in medicine was the founder of Great Ormond Street hospital, Charles West. He wrote a pamphlet[7] on the subject in 1878 when the Royal College of Physicians voted not to follow the Irish College and allow women to take the conjoint diploma. Perhaps seeing the writing on the wall, Charles West had a contingency plan: if women were to take a qualifying exam in England, he joined those who argued that they should have a separate education, separate examination, and a separate registration. Among his many concerns was that the entry of women would lead to the disintegration of old institutions and the revolutionising of society; he was particularly alarmed by Elizabeth Garrett Anderson's remarks on the opening of the London School of Medicine for women in 1874 when she said that the entry of women into medicine would change society.

At the beginning of the 20th century, women had won the battle to be able to qualify, even if their choice of medical school was very limited; but having qualified they were shut out of jobs that men wished to apply for. Well into the 1930s, advertisements for many of the posts in the *British Medical Journal* stated that only men could apply.

Catherine Chisholm (1878–1952),[8] the first woman medical graduate at Manchester in 1904, could not apply for any hospital post in Manchester, and took her first job at an all women's hospital in London; 38 years later, Sheila Sherlock (1918–2001),[9] who qualified in Edinburgh in 1942, was barred as a woman from applying for a house job in her own medical school.

Helen Mackay (1891–1965),[10] the first woman FRCP, had a career that was played out against this background. While a student in 1911 at the London School of Medicine for Women (Royal Free), she had a reminder that men remained unconvinced of women doctors' intellectual abilities. Sir Henry Butlin, President of the Royal College of Surgeons, addressed the women students on the subject of women's ability to do medical research.[11] After making some complimentary remarks about women, he rounded off by questioning whether women have the breadth of mind necessary for such work. This was in the year that Marie Curie won the Nobel prize for the second time; her 13 year old daughter, who was also to become a Nobel Laureate, no doubt gaining inspiration from her mother.

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Figure 1 Catherine Chisholm.

Figure 3 Helen Mackay.

Thirty years later, in 1941, Sir Robert Hutchison, President of the Royal College of Physicians, addressed the students and graduates of the Royal Free:[12] after praising them, told them that when a woman doctor ''is bad she is horrid—even horrider than a bad man doctor''; advised women doctors not to be ''too high and mighty'' when applying for jobs; and at interview, ''if you paint your nails, you are infallibly and quite rightly dammed'', at work, ''women are more apt to let their work get on top of them'', and that ''leads to staleness''; ''general practice is hard work and many women cannot stand the strain of it'', whereas ''medical women make excellent wives, while their qualification is always a second string to their bow''.

Women doctors throughout much of the 20th century were blocked from a choice of careers in medicine, but the shortage of manpower during the world wars gave opportunities for women. On 9 June 1914, this item[13] was recorded in the minutes of the medical staff committee meeting at Queen's Hospital Hackney: ''That owing to the great difficulty in procuring residents, the posts of house physician (one) and casualty officer is therefore open to duly qualified medical women''. The date of this decision was 19 days before the assassin's bullet was fired at Sarajevo. Helen Mackay's successful application for a house physician post, and if not, her subsequent progression within Queen's Hospital to become the first woman consultant in London outside the Royal Free, was all almost certainly aided by the outbreak of the First World War.

Both wars allowed women to advance in the professions and in medicine.[2 3] The London medical schools opened up to women medical students in the First World War, only to bar them again, one by one, after the end of hostilities, so that by 1930, University College Hospital, accepting 12 women undergraduates[3] per year, was the only co-educational London Medical School.

The strictly male preserve of Great Ormond Street Hospital had been forced to take a few women into posts that could not be filled with men during the First World War. The official policy of not appointing women house physicians was changed at a medical committee meeting in 1937,[14] when a decision was made to allow women to apply for resident posts, but an amendment to open up non-resident posts equally to women and men was defeated. The first peacetime woman house physician, Dr A Murray, was appointed in 1946.

After obtaining her higher exams, and further work at the Queen's Hospital Hackney, Helen Mackay was appointed to the permanent staff of Queen's in 1919. Renowned for her clinical work with children in the East End, she also published ground-breaking research papers on rickets and iron deficiency anaemia.[10 15] In 1934 she was elected the first woman FRCP, and in 1945, with four other women paediatricians (Catherine Chisholm, Hazel Chodak-Gregory, Frances Braid, and Beryl Corner), was granted permission to enter her own professional organisation—the British Paediatric Association, from which she had been barred for most of her working life.

Allowing a woman to become a fellow of the Royal College of Physicians and gain entry into the inner sanctums of a 400 year old male monopoly was a moment of symbolic importance. The decision to allow women to be elected to fellowship was made in 1924,[16] against the opposition of the registrar of the college, Dr Ormerod, who complained that women were not up to it because no woman had reached a high enough standard to appointed to the staff of a major hospital, apart from the Royal

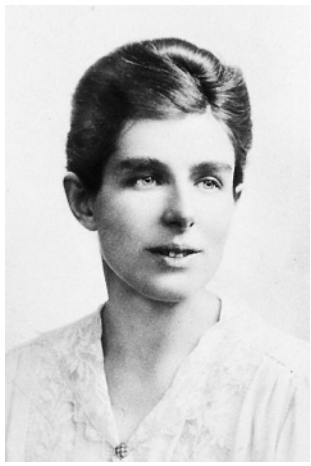

Figure 2 Hazel Chodak-Gregory.

Figure 4 Frances Braid.

Free, in the 15 years since they had been allowed to take the MRCP. He was corrected by Dr Crawfurd who pointed out that perhaps the reason they had not been appointed was the opposition of male doctors. Although the motion to admit women was passed by 20 votes to 12, the grandees of the college dragged their heels for a further 10 years before they elected Helen Mackay as the first woman fellow.

The British Paediatric Association (BPA) was kept as a gentlemen only club longer than the Royal College of Physicians; the decision to admit women to membership was taken two decades after the Royal College of Physicians voted to make women eligible for fellowship. The noble object of the club, ''the advancement of the study of paediatrics and the promotion of friendship among paediatricians'', did not extend to treating women on equal terms. This opposition became something of a fiasco in 1938 when the BPA arranged a joint meeting with the Canadian Paediatric Society which did have women members. This meant they were to have a meeting with another paediatric society in which they had to treat Canadian women paediatricians as equals and yet women paediatricians from their own country were excluded. There were strange echoes of Charles West in 1878 trying to tackle the problem of the Irish agreeing to let women take their diploma while maintaining a male monopoly in England. A motion of Byzantine intricacy was constructed by Dr Charles Harris, seconded by Dr Smellie, and carried unanimously.[17] It was that the Canadian women should be invited but that ''this should not be regarded as a precedent because any such women as will be invited will be coming as members of the Canadian society and not as individual guests''. The meeting was eventually cancelled for reasons that were not recorded. By 1944 the tide had turned and a motion to admit women[18] was passed by 34 for, with 12 still against, and one member recorded as ''doubtful''. It was not until 23 June 1945, that the new rules were brought into action and the first five women members were admitted.

Can a pattern be seen in the professional progress of women paediatricians in England up to the introduction of the health service? I identified women paediatricians in England who were established as consultants in the first half of the 20th century before the introduction of the NHS, by examination of the membership of the British Paediatric Association, list of fellows of the Royal College of Physicians, conversations with Dr Beryl Corner, and by my own knowledge of the history of paediatrics in Britain. Table 1 shows a list of women fellows of the Royal College of Physicians from 1934 when Helen Mackay became the first woman fellow to 1953. This list contains most, but by no means all, of the major women paediatricians in England in the first half of the 20th century. This list shows that women were all but effectively blocked from being consultant physicians for the first 50 years of the 20th century unless they were on the staff of the Royal Free. Apart from these women on the staff of the Royal Free, one physician in Brighton, and a few women working in research, pathology, and obstetrics, all the others are paediatricians. Few of these women were married; the path for a woman paediatrician with a family was very difficult. Hazel Chodak-Gregory, who had a wealthy sympathetic husband, was the only one of these women paediatricians who married and had a family.

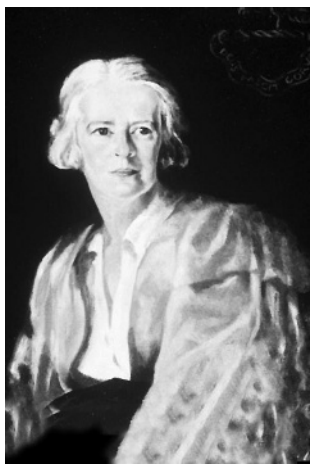

Figure 5 Ciceley Williams.

Catherine Chisholm (1878–1952)[8] was the first woman medical graduate at Manchester in 1904, the first woman general practitioner to work in that city, and became president of the Women's Medical Federation. She founded the babies' hospital in Manchester. Hazel Chodak-Gregory (1886–1952)[19] qualified at the Royal Free in 1911, and during a time of manpower shortage in the First World War built up the paediatric service to become consultant at the Royal Free in 1919, the same year that Helen Mackay was appointed to Queens. Frances Braid (1892–1981)[19] qualified at St Andrews in 1917 and worked in Edinburgh with Prof. John Thompson and later with Leonard Parsons in Birmingham, where she eventually became a consultant in 1929. Cicely Williams (1893–1992)[19] became, in 1923, one of the first women medical graduates at Oxford which had started to take some women medical students in the First World War. Inspired by Helen Mackay, she was, perhaps, the founder of tropical paediatrics as well as the first to describe kwashiorkor. Mildred Creak (1898–1993)[19] qualified at University College Hospital in 1923, trained in psychiatry in the USA and at the Maudsley Hospital, and became the first child psychiatrist at Great Ormond Street Hospital in 1946. Victoria Smallpeice (1901–1991)[19] qualified at the Royal Free in 1928. She became a general practitioner in Oxford, but went down to London on Saturdays to do unpaid clinical assistant work in paediatrics. In 1947 she became the first consultant paediatrician in Oxford, having been in charge of the paediatric wards in Oxford during the Second World War. Ursula Shelley (1906–1993),[19] a pioneer in the treatment of children with cerebral palsy, studied at the Royal Free and qualified in 1930 with the University Gold Medal, and became a consultant at the Royal Free and Queen's Hackney in 1946 at the end of the Second World War. Mary Wilmers (1907–1992)[19] qualified at King's London in 1931 where she was taught by Frederic Still. She was in sole charge of the paediatric department at King's during the Second World War, was appointed to Queen's Hackney in 1945, and in 1948 became the first woman consultant ever appointed to the staff of King's.

Beryl Corner (b. 1910) (personal communication), a prize winning student, qualified at the Royal Free Hospital in 1934, 20 years after Helen Mackay. She was all set to enter general practice in Bristol, when by chance a surgeon friend of the family encouraged her to take up a vacant RMO post at the Bristol Children's Hospital. She did further training in London, having to pick out posts in the journals from which women were not excluded. Barred from Great Ormond Street on grounds of gender, she applied for a registrar post at the Westminster, only to be told in a letter from Donald Paterson, Consultant Paediatrician and Secretary of the British Paediatric Association, that although she was the outstanding candidate they could not give the post to her because she was a woman. Beryl Corner was the first full time paediatrician in the South West of England and the founder of neonatology in Bristol.

There are three other women who were not fellows of the Royal College of Physicians but who, like others not mentioned in this paper, made major contributions to paediatrics in England. Mary Crosse (1900–1973)[20] trained in obstetrics and became a pioneer in neonatology and founded the baby unit at the Sorrento Hospital in Birmingham; Mary Sheridan (1899–1978)[21] and Dorothy Egan (1901–1998)[22] both came to paediatrics through public

Table 1 Women Fellows of the Royal College of Physicians of London (1934–53)

	Year of birth	Year qualified	Medical school	Specialty	Hospital/university appointment	Year FRCP
Helen Mackay (1891–1965)	**1891**	**1914**	**Royal Free**	**Paediatrician**	**Queen's Hospital Hackney**	**1934**
Hazel Chodak-Gregory (1886–1952)	**1886**	**1911**	**Royal Free**	**Paediatrician**	**Royal Free**	**1935**
Dorothy Hare (1876–1967)	1876	1905	Royal Free	Physician	Royal Free	1936
Dame Anne Louise McIlroy (1877–1968)	1877	1898	Glasgow	Obstetrician and Gynaecologist	Royal Free	1937
Julia Bell (1879–1979)	1879	1920	Royal Free	Geneticist/Research	University College London	1938
Frances Braid (1892–1981)	**1892**	**1917**	**St Andrews**	**Paediatrician**	**Birmingham**	**1938**
Dame Janet Vaughan (1899–1993)	1899	1925	Oxford/UCH	Haematologist	Post Grad Medical School, London/Oxford	1939
Janet Aitken (1886–1982)	1886	1922	Royal Free	Physician	Royal Free	1943
Margaret Macpherson (1900–1993)	1900	1925	Royal Free	Physician	Royal Free	1945
Gladys Wauchope (1889–1966)	1889	1921	London Hospital	Physician	Brighton	1946
Alice Stewart (1906–2002)	1906	1932	Royal Free	Research	Oxford	1946
Dorothy Russell (1895–1983)	1895	1923	London Hospital	Pathologist	Oxford/London Hospital	1948
Ursula Shelley (1906–1993)	**1906**	**1930**	**Royal Free**	**Paediatrician**	**Royal Free/Queen's Hospital Hackney**	**1948**
Catherine Chisholm (1878–1952)	**1878**	**1904**	**Manchester**	**Paediatrician**	**Manchester**	**1949**
Cicely Williams (1893–1992)	**1893**	**1923**	**Oxford**	**Paediatrician**	**Europe/Africa/Asia**	**1949**
Mildred Creak (1898–1993)	**1898**	**1923**	**UCH**	**Child Psychiatrist**	**Great Ormond Street (1946)**	**1949**
Helen Dimsdale (1907–1977)	1907	1933	UCH	Physician	Royal Free	1949
Dame Sheila Sherlock (1918–2001)	1918	1941	Edinburgh	Physician	Royal Free	1951
Doris Baker (1895–1971)	1895	1924	St Mary's	Physician	Royal Free/South London Hospital for women	1952
Victoria Smallpeice (1901–1991)	**1901**	**1928**	**Royal Free**	**Paediatrician**	**Oxford**	**1952**
Mary Wilmers (1907–1992)	**1907**	**1931**	**King's College Hospital**	**Paediatrician**	**Queen's Hospital Hackney and King's London**	**1953**
Beryl Corner OBE (b. 1910)	**1910**	**1934**	**Royal Free**	**Paediatrician**	**Bristol**	**1953**
Muriel Frazer MBE (b. 1911)	**1911**	**1936**	**Belfast**	**Paediatrician**	**Belfast Hosp Sick Children**	**1953**
Dame Francis Gardner (1913–1989)	1913	1940	Royal Free	Physician	Royal Free	1953
Georgina May Bonser (1898–1979)	1898	1920	Manchester	Pathologist	Leeds	1954

Paediatricians in bold.

health and did much to make developmental paediatrics a specialty in Britain.

Women paediatricians were able to progress in paediatrics in a male dominated world because paediatrics was not as profitable or as popular with men as medicine and surgery, and women were prepared to embark on careers in a specialty in development with no obvious prospect of gaining a permanent post. Women's careers could not be planned but depended on chance, considerable sacrifice, and were often aided by the need for manpower in time of war. They were barred from training in paediatrics at Great Ormond Street Hospital or in general medicine in the major hospitals. They arrived through more varied routes than men. They came from general practice, obstetrics, public health, and the less prestigious paediatric junior posts. This may seem a disadvantage—but perhaps it was not—and the impact on paediatrics may have been to move it towards being a specialty that could look beyond the confines of the ivory towers, and become more conscious of the world outside. Many male paediatricians, before the introduction of the NHS, supplemented their income in private paediatric and adult practice (personal communication, Dr Beryl Corner). For example, Leonard Parsons, president of the British Paediatric Association, worked in private adult practice; and even after the war, when Victor Neale was appointed to the first chair of paediatrics in Bristol, he came as a paediatrician supplementing his income in private adult medicine. Women were ahead of their time in being the first doctors to practice paediatrics in a full time capacity in any numbers before the introduction of the NHS. They did this by managing on less money or with money of their own.

What were their links with the early women doctors in the 19th century? First, they were from a broadly similar middle class background. Academically too—the early women doctors shone and there was never any question about the academic ability of the women paediatricians. Like the early

Figure 6 Victoria Smallpeice.

Figure 7 Ursula Shelley.

Figure 8 Mary Wilmers.

Figure 9 Beryl Corner.

women doctors, the women paediatricians did have a network and they all knew each other well. Catherine Chisholm, closer in her era to the early women doctors, was a campaigner for women's rights, but most of the women paediatricians were not politically active. The presence of women consultants was in itself a political statement, just as Elizabeth Garrett Anderson, when opening the London School of Medicine for Women, had said the same about the entry of women into medicine changing society. The campaigns of the 19th century were replaced by quiet determination. The flame of the torch that had been lit by the early women doctors was not turned down but shielded. Beryl Corner took a decision not to be seen as a feminist, but this was tactical, and women doctors came to her throughout her career for support against discrimination. The women paediatricians were supportive of fellow women doctors, but at work they quite simply set out to do a good job.

The early women doctors in the 19th century, barred from working in the male only hospitals, made their own occupations by starting their own hospitals and dispensaries which treated women and children. Women paediatricians in England also found work by founding their own occupations and hospitals. Catherine Chisholm and Mary Crosse founded their own hospital units for babies. Beryl Corner did not build a new hospital in bricks and mortar, but more than anyone, changed the Bristol Children's Hospital into a paediatric hospital looked after by paediatricians based at the hospital, rather than adult physicians who visited; she was the first paediatrician to practice neonatology in Bristol. Victoria Smallpeice had a similar impact in Oxford. Mary Sheridan and Dorothy Egan developed a new specialty, developmental paediatrics, in Britain. Cicely Williams and Mildred Creak can also be seen in this light. The male monopoly meant that women took on work that was not met by men—paediatrics itself was a prime example; this nearly always resulted in innovation.

What were the wider implications? While the early women doctors showed that they were able to match the men in the classrooms and enter a previously all male profession with an implication beyond that of medicine, the women paediatricians who followed them posted another message—one that went far beyond that of paediatrics—they were instrumental in destroying the old male myth about women not being able to excel in medicine.

ACKNOWLEDGEMENTS

I thank the Wellcome Trust for providing me with a fellowship in the history of medicine at Oxford University and at the Wellcome Institute, London; the relatives of Helen Mackay, the late Dr Tony Jackson, and Mary Wilmers for their recollections of Helen Mackay. I give special thanks to Dr Beryl Corner OBE, who allowed me to interview her and record the history of her life as a doctor and paediatrician.

Competing interests: None declared.

REFERENCES

1 Mary Wollstonecraft (1759–1797), *Vindication of the rights of woman* (1792). Mary Astell (1666–1731), *Some reflections on marriage* (1700). Thomas Paine (1737–1809) (Attr), *Women adored and oppressed* (1775). Catherine Macaulay (1731–1791), *Women's education* (1790). Judith Sargent Murray (1751–1820), *On the equality of the sexes* (1790). Olympe De Gouges (1748–1793), *The rights of woman* (1791).
2 **Simonton D**. *A history of European women's work*. London and New York: Routledge, 1998.
3 **Bonner TNM**. *To the ends of the earth: women's search for education in medicine*. Cambridge, MA and London: Harvard University Press, 1992.
4 **Geyer-Kordesch J**. Women and medicine. In: Bynum WF, Porter R, eds. *Companion encylopedia of the history of medicine*. London and New York: Routledge, 1997.
5 **Bell EM**. *Storming the citadel. The rise of the woman doctor*. London: Constable & Co, 1953.
6 **Manton J**. *Elizabeth Garrett Anderson*. London: Methuen & Co, 1965.
7 **West C**. *Medical women: a statement and an argument*. London: J&A Churchill, 1878.
8 **Mohr PD**. Chisholm, Catherine (1878–1952). In: *Oxford dictionary of national biography*. Oxford University Press, 2004.
9 **Munk's Roll**. Lives of the Fellows of the Royal College of Physicians of London. http://www.rcplondon.ac.uk/scripts/munk_details.asp?ID=511.
10 **Stevens D**. Helen Marion McPherson (1891–1965). In:*Oxford dictionary of national biography*.Oxford University Press, 2004.
11 **Butlin HT**. Introductory Address on Research in Medicine and Women in Research. Delivered at the London School of Medicine for Women, 1911. *BMJ* 1911;**2**:835–7.
12 **Hutchison R**. To Match the Men. Address at the Opening of the Winter Session of the London School of Medicine for Women at Exeter. *BMJ* 1941;**2**:623–5.
13 **Queen Elizabeth Hospital Hackney, Medical Committee**. Minutes, 9 June 1914. St Bartholomew's Hospital Archives Department.
14 **Great Ormond Street Hospital, London, Medical Staff Committee**. Minutes, 1 December 1937. Great Ormond Street Hospital Archives.
15 **Stevens D**. Helen Mackay, another Iron Lady. *BMJ* 1991;**303**:147–8.
16 **Royal College of Physicians London**. Comitia Minutes, 24 April 1924. London: Royal College of Physicians.
17 **British Paediatric Association Executive Committee**. Minutes, Vol. 3, 7 April 1938:54. London: Royal College of Paediatrics and Child Health.
18 **British Paediatric Association Executive Committee**. Council Minutes, Vol. 3, 29 April 1944:27. London: Royal College of Paediatrics and Child Health.
19 **Munk's Roll**. The lives of fellows of the Royal College of Physicians of London. Vols V–X. Royal College of Physicians, 1955–2000.
20 **Anon**. V. Mary Crosse. Obituary. *BMJ* 1973;**2**:183.
21 **Anon**. Mary Sheridan. Obituary. *Lancet* 1978;**1**:512–13.
22 **Anon**. Dorothy Egan. Obituary. *BMJ* 1998;**316**:1249.

provides much more information than is required by candidates preparing for their paediatric membership exams.

The editor, Dr Victoria Vetter, has an impressive career history, having worked with several famous names in paediatric cardiology. These include Jacqueline Noonan, Helen Taussig and William Rashkind. The aim of the text is to provide practical information for all those associated with the care of children with congenital heart disease.

The more common congenital and acquired conditions encountered in paediatric cardiology are considered. The content is suitable for those with a very basic level of knowledge of paediatric cardiology. From this basic level, more complex aspects of the topic are explained in a simple and logical manner. Diagrams, tables, angiograms and echocardiographic images are used well. These break up what would otherwise be large blocks of monotonous grey text. Some of the tables contain information particularly useful for quick reference. Examples include tables of normal values for electrocardiographic tracings and blood pressure centile charts. Practical advice is provided on the differential diagnosis and investigation of patients presenting with common cardiological symptoms. There is useful discussion of controversial areas in paediatric cardiology—for example, pregnancy and exercise recommendations for adolescents and adults with congenital heart disease.

Although this is a textbook of paediatric cardiology, the authors also discuss the general paediatric challenges faced by a patient with congenital heart disease. For example, the multisystem problems faced by the patient with congenital heart disease in the setting of a genetic syndrome are considered in chapter eight. All chapters have a ''major points'' section to highlight the most important topics discussed. The reference section at the conclusion of each chapter provides a useful starting point for readers who wish to engage in a more in-depth study of the subject.

Varied aspects of paediatric cardiology are explored, including chapters on pharmacological treatment of congenital heart disease, cardiac catheterisation and cardiac surgery. The book displays the wide spectrum of patients managed by paediatric cardiologists, with basic introductions to fetal cardiology and adult congenital heart disease issues. Disappointingly, there is very little discussion of morphological principles despite many of the chapters containing morphological terminology. An awareness of morphological principles is essential to understand and describe complex congenital heart disease.

Overall, I would recommend this textbook as an affordable, enjoyable introduction to the specialty of paediatric cardiology.

A McBrien

CD ROM REVIEW

Clinical assessment of children with disabilities: a practical guide and interactive CD Rom

Edited by Catherine Hill, Hannah Buckley, Simon Burch, Fenella Kirkham. Published by University of Southampton, Southampton, 2006, £10.

This interactive CD Rom is a wonderful idea conceived and coordinated by Dr Catherine Hill and her team. There is plenty of paper-based material on this subject, but a teaching package with a multimedia format can only improve learning. This CD Rom is a joint effort of the Universities of Southampton and Aberdeen.

When inserted into the CD Rom drive, the title appears and displays a prominent ''click to start'' button that allows web browsers entry into the learning package. Clear instructions on the inside of the CD Rom cover state that this resource makes use of www technology. The cover is well designed and tries to show disability in a positive light.

The beginning on the index page mentions that this is a practical guide. The index is subdivided into six sections: Introduction, History Taking Tutorial, Examination Tutorial, Case Histories, Glossary and Credits. These divisions are hypertext marked and when clicked it takes the browser into that section.

Introduction: Hovering over this with a cursor gives an idea about what to expect in the section. The learning objectives are set out. A cautionary note appears that the CD Rom should be worked through in order, but not necessarily in a single sitting. The learning objectives are indexed on the index page to avoid confusion. There are clear instructions on how the package should be used. Various methods of link activation include mouse over/mouse click (video)/ mouse click (information) and use of icons. The arrows are prominent, though not very arty. The package could have been improved by illustrations especially of a fun variety, but this is compensated for to some extent by having the videos.

History-taking tutorial: The target audience has not been clearly defined apart from the obvious—students who want to learn about the assessment of children with disabilities. It is clearly stated that communication skills are not covered; I think it would have been helpful to do so as communication is an integral part of any clinical assessment. Link functions are beneficial as they reduce clutter and encourage the central key themes to continue to be emphasised. The format is standard and covers all key areas of paediatric history taking, with a specific focus on neurodevelopment. However, it is not possible to jump to a subsection if it is in an indexed section—for example, the history-taking tutorial. I assume this is a safeguard to allow the package to be worked through systematically.

Examination tutorial: Some ''ground rules'' are elaborated at the beginning, which would have been more appropriately called ''helpful tips''. The importance of observation is emphasised. The tutorial takes the reader through subsections such as general examination, neurodevelopmental examination, neurological examination, developmental examination, general systems examination and growth, and once again follows a familial paediatric format with a specific focus on neurodevelopment.

Case histories: This is an extremely useful way of applying the knowledge gained in history taking and examination. It is a helpful prelude to actually using the clinical assessment tool in practice. When video clips are being viewed, it is difficult to go back to the case histories unless there is some trick to do this, which I have not yet mastered. There are encouraging remarks when the correct answers are ticked, which makes it feel as if the package is talking to you. In some places the text overlaps, and this is clearly a technical glitch which should be easy to rectify. Some aspects of the question boxes are not seen clearly and are cut off, making reading difficult. One point worth mentioning is that the plotting on the growth charts should be with a dot and not a cross to prevent confusion. The question and answer format in the case histories is clearly designed to make the student think about the subsection carefully, and seems to be an effective learning tool.

In summary, I believe the CD Rom is a welcome edition to any library or department in an organisation that caters for children with disabilities. Children with disabilities need a specific focused clinical approach, which is dealt with very well in this CD Rom. It would have been even better if communication with children with disabilities could have been incorporated into the package. To order, contact C.M.Hill@soton.ac.uk

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CORRECTION

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D Stevens. Pride, prejudice, and paediatrics (women paediatricians in England before 1950). *Arch Dis Child* 2006;**91**:866–70. Owing to an editorial error the wrong abstract was published for this article, which had the unfortunate effect of distorting the structure and meaning of the first two paragraphs. The corrected abstract is given below.

The early women doctors who won the right to qualify in medicine are compared with the early women paediatricians in 20th century England. Both groups had to find their occupations in a male dominated profession by taking up work that was not met by men. Early women doctors founded their own hospitals and clinics and a similar pattern can be seen with women paediatricians who were in many parts of England, pioneers in the newly emerging speciality of paediatrics, neonatology and other disciplines within paediatrics. Barred from training at Great Ormond Street and in medicine in the major hospitals, women came to paediatrics through more varied routes than men. Their careers could not be planned but depended on chance, sacrifice, and often the opportunities that came through the wartime shortage of manpower. Male paediatricians were slow to accept women as equals and barred them from membership of the British Paediatric Association until 1945. Unlike the early women doctors the early women paediatricians were not as a group as politically active but the presence of a woman consultant paediatrician was itself a political statement and the work of women paediatricians gave a message to the wider world of medicine that was instrumental in destroying the male myth that women could not excel in medicine.