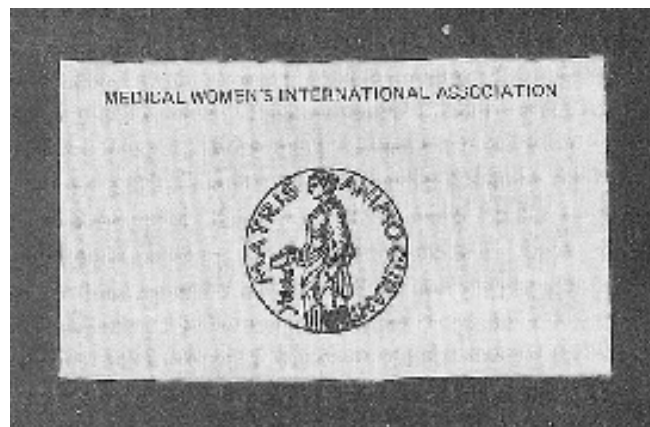


They cure in a motherly spirit:
History of the Medical Women's International
Association

by
Dorothy Ward



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DEDICATION

To the memory of the early women doctors of the world and the 20th Century who encouraged the education of women in medicine and were advocates for the health, well being and rights of their patients, promoting HEALTH FOR ALL with a particular interest in Women Health and Development

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The Wellcome Foundation, who gave me access to their library at the Contemporary Medical Archives Centre, Euston Road, London, and a Travel scholarship to visit the Library of the Medical Women's College of Pennsylvania in Philadelphia where the Archives of the Medical Women's International Association are kept.

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Introduction

There have been many books written about the struggle women doctors have had in achieving a career in medicine. This book will not describe in any detail the individual challenges met by many women in their chosen medical career but rather look at the way in which women doctors met these challenges by forming national medical women's associations throughout the world, working with each other and coming together under the umbrella of the Medical Women's International Association.

It is important that the many achievements of women doctors are recorded and also their co-operation with each other to improve the health of the world especially the health of women and children. As a non governmental organisation the Medical Women's International Association (MWIA) has access to the World Health Organisation and the Economic and Social Council of United Nations so they have an opportunity to be advocates for those unable to speak out on their own behalf in matters of health, and the effects on health of poverty, violence and the denial of their basic human rights.

The Medical Women's International Association was formed by a group of women doctors who were attending an international conference of women physicians in New York, October 1919. Many of these women had served in hospitals in devastated countries in Europe under the auspices of the American Women's Hospital Committee and the Scottish Women's Hospital. They had valued greatly the companionship they experienced together during the 1914-19 war in Europe, and realised that a great deal of reconstruction of health services would be required in many countries, and these women doctors expressed the desire to be involved.

There were only four countries in the world with associations of women doctors in 1919 - America, Britain, India and Japan. One of the main purposes in founding the International Association was to encourage the formation of associations of women doctors in many countries throughout the world. It was felt that this would give women doctors a strong voice in shaping future plans for medical care in their countries.

The aims of the Association were simple at that time. They sought to encourage communication among medical women in different countries, to promote the general interests of medical women and to further friendship and understanding between the medical women of the world. The second aim was to afford opportunities for medical women to meet and confer upon questions relating to the health and well being of humanity, upon problems relating specifically to women's health, and to secure co-operation at all times in matters connected with international health.

By 1922 the constitution of MWIA was approved at a meeting held in Geneva. This meeting of medical women attracted doctors from America and from many European countries including Russia and Yugoslavia. Large conferences were held every two years in European countries with smaller meetings in between. Scientific topics were discussed – "Maternal Morbidity" (1924); "Sex Instruction for Children and Adolescents" (1926); "Cancer Prevention in Women" (1934). These discussions, of course, provided an excellent account of illness and diseases of the time. They also gave an understanding of early treatments and the introduction of preventative medicine.

The Association remained in continual existence throughout the 1939-45 war and was kept alive in London by the President, Louise Martindale. She corresponded from her home in London with women in “neutral countries” and those not directly involved within their country in the conflict, such as America, Australia, Canada, Sweden and New Zealand. In many of her letters a full account was written to women doctors in America of the effects of air raids on London. American women doctors sent regular monthly gifts of dollars to the Medical Women’s Federation in London to help women doctors affected by the air raids, to support and repair hospitals which were bombed and also to help women and their families who had lost all their possessions.

In 1945 the MWIA secretariat in London began to communicate with their European national associations but it was not until 1947 that an MWIA international conference was held again – once more in London. Women doctors came from many European countries to discuss “The Responsibilities of Medical Women in the Reconstruction of the Post War World”. They reported on the devastation and disruption the conflict had caused in their countries. Reports were also given of the disappearance in European occupied countries of women doctors who were suspected of “underground activities”. Although these women doctors were not involved in military activities in occupied countries they were accused of carrying secret messages on behalf of the resistance movement as they visited their patients.

Medical care had failed in many European countries, but women doctors had plans and hopes for improving the health and well being of their patients and helping to rebuild medical services within their countries.

Following the post war years, MWIA continued to encourage women doctors in many countries to form medical women’s associations. The German and Japanese associations returned to MWIA in the 1950s and associations were formed in Asia, Europe and South America and later in many African countries. Former affiliated countries in the communist block, however, did not return until later in the twentieth century..

New associations continue to form in Europe and Africa. A medical women’s association was organised in Russia and a large medical women’s association in China, but neither of these associations has as yet fulfilled the criteria for acceptance by MWIA as an affiliated medical women’s association. Iran did have a strong association of members but unfortunately this association was dissolved in 1978 and, like other countries where there is a strong fundamentalist Islam government, has not been able to continue as a medical woman’s association affiliated to MWIA. There are a large number of MWIA individual members from such countries who may be able in the future to form associations which can once more affiliate to MWIA.

*** DR. ESTHER POHL LOVEJOY, A LIVING PORTRAIT**

She was born in a small town on an arm of the sea. She spent her later childhood further inland on a farm near a lovely river of which Rudyard Kipling once remarked after a successful fishing trip: "Now I have lived" Her childhood along the shore, on the rivers, and in the mountains was full of happiness, responsibilities, and the foundation for robust health that gave her more than 90 years of life full of zest and good health.

She left the farm at 17 and earned her own living. At 20 years of age she entered medical school but was obliged to take a year off to accumulate sufficient funds to continue school. She was a clerk in one and then a second department store. However, she continued to study under a preceptor. Even during this time the medical load was extremely heavy and she had to make every moment count. She perfected a system of studying by keeping her open book on a shelf slightly below the hosiery counter. She snatched time to study anatomy or pathology until noticed by the floor walker and ordered to desist. Immediately she was hired by the competitive store. Records show that she was highly successful and that many tried to persuade her that clerking was a far more appropriate career for a girl than medicine.

Her medical school reports that she was their second woman graduate but their first woman to practice medicine.

She was no different than the modern medical student. She combined medicine with romance and was married the year she graduated. That year and during her next decade, she followed her husband into the most primitive and unexplored section of our country. In 1900, during the Gold Rush, she lived in a tent on the seashore. Her first hospital service was in a building improvised from a mule stable on, the Skagway-Dawson trail.

Returning to her home city she developed a large practice, and, following the custom of American physicians at that time, went to Vienna for a special medical course. After her return she became head of the health department, the first woman to hold that position in any large city. She wrote the first milk ordinance adopted by the city council and inaugurated medical inspection in the city schools. Her outstanding success was in being able to obtain support for these innovations from the women's organisations as well as from the medical society.

During World War I she served with the American Red Cross in Europe and made tours of the United States to tell of the great need for money and workers. After serving with the Red Cross she was appointed head of a medical relief work conducted by women doctors in underprivileged parts of the world.

She never forgot her Alma Mater. Her husband's insurance policy became the nucleus of a scholarship to which she has added each year. From these funds, 63 students have been given substantial aid in obtaining their medical degrees. She has designated that every third student receiving a grant shall be a woman - two men are aided in memory of her son and husband, and one woman is aided to encourage more women to enter the medical field.

The world has shown much appreciation of her unselfish service and brilliant leadership. She received honorary degrees from many medical schools, among which were Doctor of Public Health from Woman's Medical College and Doctor of Laws from her Alma Mater.

Some years ago, a famous surgeon from Vienna was visiting in New York. Dr. Lorenz performed several operations by so-called bloodless surgery. Even as to-day, there were some complainers: "Who was this practising surgery in New York without a state license?" To quell the babble, the New York Licensure Board granted him a special licence to practice in New York as he was a "Famous Person". It was not long after that the friends of our mysterious lady doctor applied for her to the state of New York. Was she not a "Famous Person"? They showed her many citations from the other countries of Europe and Asia where she and her organisation had relieved pain and saved lives of refugee hordes: The Cross of the Legion of Honour from France; The Cross of the Redeemer; The Grand Cross of the Order of King George I of Greece; the War Cross of Greece; The Cross of the Holy (Yugoslavia); and Blackwell Medal. Sepulchre (Jerusalem); The Gold Cross of Saint Sava one she prizes highly as coming from her own, the Blackwell medal. All these are on exhibit as a permanent collection in the library of her Alma Mater, from which branch she was named Medical Woman of the Year in 1955.

If you have not already guessed the name of our portrait, let us give you the final hints. She has served as President of the American Medical Women's Association and first President of the Medical Women's International Association, and her writing has publicized not only her own splendid organisation, the American Women's Hospitals, but has honoured medical women everywhere. Her last book, "Medical Women of the World", honours the medical women of every country. The international co-operation of medical women has been mutually helpful.

Esther Pohl Lovejoy died at the age of 91 on August 17, 1967, in New York after a life dedicated to her profession and international understanding.

*As written in the Journal of the American Medical Women's Association, Vol.18, No 9 September 1961

CHAPTER 1 The Beginning

The first international conference of women physicians was organised by the Medical and Social Committee of the Young Woman's Christian Association (YWCA) in New York City Autumn, 1919. Women doctors from sixteen countries attended this six week conference where they discussed general health matters. These participants were invited to attend a dinner in the original Waldorf – Astoria Hotel, on the corner of 5th Avenue, and 33rd Street, New York on 21 October, 1919. This dinner was given by the American Women's Hospitals, and the War and Reconstruction Committee of the American Women's National Association (AWNA) in honour of the American women doctors of Unit No.1 who had just returned from a year's service with the American Women's Hospital at Luzancy-sur-Marne. One hundred and forty guests of sixteen nationalities attended the dinner. (1)

During the after dinner speeches it became clear that it was the desire of the doctors who had served together in France to continue with the comradeship and support they had experienced while working together. One after dinner speaker, Dr Eliza Mosher of the American Women's Hospital Committee, suggested that the present gathering of women physicians should seize the opportunity to form a permanent international association of medical women. This suggestion was strongly supported by Dr Munch of Norway, a participant of the international conference, who proposed that such a society should be organised. After the speeches Dr Belle MacDonald, USA, moved:

That a medical women's international association be formed.

The motion was seconded by Dr Emily Barringer of New York City, and passed by acclamation (2)

At midday on 25th October, 1919, medical women from 15 different countries assembled at the head quarters of the YWCA, 600, Lexington Avenue, New York City, and elected a committee of twelve. This committee was given full power to adopt a constitution and to elect officers to serve during the first term of the new association. The members of this committee were:

Grace Ritchie	England, MD, Canada.	Marie Feyland	MD, Switzerland.
Tamo Inouye	MD, Japan.	Radmilla Lazarevitch	MD, Serbia.
Clelia Lellini	MD, Italy.	Esther Lovejoy	MD, United States.
Khristina Munch	MD, Norway.	Yvonne Pousin	MD, France.
Regina Svang	MD, Norway.	Alma Sundquist	MD, Sweden.
Thullier-Landy	MD, France.	Martha Welpton	MD, United States. (2)

This committee met at the Waldorf Hotel at 3 o'clock on 25th October, 1919, and elected the officers of the Medical Women's International Association (MWIA):

President	Esther Lovejoy, United States.
Vice Presidents	Christine Murrell, England; L.Thuillier-Landry, France; Kristina Munch, Norway.
Recording Secretary	Marie Feyler, Switzerland.
Corresponding Secretary	Martha Welpton, United States.
Treasurer	Ellen C. Potter, United States.

An Executive Board was appointed consisting of Daisy Robinson, United States, Alicia Moreau,

Argentina, Radmilla Lazarevitch, Serbian Legation, Washington and Toma Inouye, Japan.

Corresponding Secretaries from the various countries present were appointed as follows; Alicia Moreau , Argentina; Grace England , Canada; Ida Kahn, China; Ada Potter, Holland; Clelia Lolinni , Italy; Tomo Inouye, Japan; Frances Johnston, Scotland; Radmila Lazarevitch, Serbia; Alma Sundquist, Sweden; Alice Almand-Ugnon, Uruguay, Martha Welpton, USA. (1)

Unfortunately the original minutes of the first committee meeting, 25 October, 1919 were lost but the following text written by Lore Antoine, President, MWIA 1966-68, is the first report available. (2)

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

The Medical Women's International Association was organised on October 25, 1919 in New York City. Representatives from fifteen different countries were present and the purpose of the organization was stated in the following preamble to the constitution accepted at that time:

Copy of Preamble

We, women physicians of fifteen countries, having participated in the International Conference of Women Physicians, held in New York City during the months of September and October, 1919, and believing that an International Association of Medical Women will best conserve the high ideals. actuating women physicians in their efforts to help raise the standards of life in different parts of the world, have met together at the Waldorf Hotel in New York City on October 25, 1919 for the purpose of forming such an association.

Members of the association were described as *active, contributing and honorary*:

An active member was a woman graduate of a recognised medical school, in good standing and qualified to practice in the country in which she lived. She paid an annual membership fee of \$10. With the approval of the Executive Board and the payment of a minimum of \$100 she would become a life member.

A contributing member paid an annual fee of \$10. She was not eligible for office and had no vote in the affairs of the association. She required to be proposed and approved by the Executive Board. There was no other description of this membership.

An honorary member was *any woman who had rendered to the profession such signal service as to merit this recognition may, upon the recommendation and favourable action of the Executive Board be made an honorary member of the Association*. She could take part in the proceedings of the Association and was entitled to its privileges but was not allowed to vote.

The headquarters of the Medical Women's International Association was situated at N0 637, Madison Avenue, New York City, the residence of Esther Lovejoy. (2)

References

(1) Lovejoy, E. P & Reid, A. C. Historical Sketch of the Medical Women's International Association , 1919 -50.

(2) Antoine, Lore, Medical Women's International Association, Its History, 1919-1970.- unpublished manuscript – Library of Women's Medical College of Pennsylvania

CHAPTER 2 A Rival Medical Women's International Association In Europe?

Unknown to Esther Lovejoy, the Council of the Medical Women's Federation (MWF) meeting in London on 30th November, 1920, passed the following resolution :

That a subcommittee be set up, with power to add to their number, to communicate with medical women in all countries where groups of medical women exist with a view to convening a meeting of delegates or representatives to constitute an international organisation of medical women.(1)

Although a circular letter had been sent by Esther Lovejoy to women doctors in many countries throughout the world after the formation of the Medical Women's International Association (MWIA) in 1919, no one communicated directly with the Medical Women's Federation in Britain. Despite the fact that Christine Murrell, a member of MWF, was elected by the "committee of twelve" as the first vice-president of the new association she was not able to give the Medical Women's Federation much information about this international association of medical women organised in 1919. However she was very enthusiastic about the new international association and agreed to be a member of the MWF's International Subcommittee which was set up to consider the formation of an international association of medical women. (1)

The first meeting of the International Subcommittee of MWF was held on 6th December, 1920 at 122, Harley Street, London, the medical office of Dr Jane Walker who was the first president of MWF and chairwoman of this MWF subcommittee. Also present at this meeting were Christine Murrell and May Dickson Berry (Honorary Secretary) and other six MWF members. Drs Louis Martindale and Garrett Anderson were co-opted to the subcommittee. (1)

This subcommittee was made aware that a newly formed association of international medical women had been organised in America but very little was known about it and it was considered an American organisation. The MWF was not invited to join nor did they receive the circular letter sent on behalf of the new association by Dr Marie Chard, New York City, to women doctors in many countries throughout the world. This letter gave a brief history of the birth of the new association and the names of the elected committee of twelve who were empowered to elect officers and draw up a provisional constitution of the Medical Women's International Association. It also invited medical women to join and pay an initiation fee (1)

The MWF International subcommittee at its first meeting recommended that an international meeting should be convened in London or wherever convenient in 1921. Representatives of women doctors from countries worldwide would be invited to attend this meeting and Esther Lovejoy would be contacted

The following letter was signed and sent by Jane Walker and the two honorary secretaries, to Esther Lovejoy on 22nd December 1920:

Dear Dr Lovejoy

The MWF in Great Britain has been approached from various sources and urged to call a conference of foreign women doctors with a view to founding an International Association of Medical Women. This body when fully constituted, representative and truly international will become eligible for representation on bodies connected with the League of Nations and it will be a very important organisation. For this purpose, it will be necessary for the women doctors in each country to send representatives as far as possible from their whole number. We hope that these, when duly elected will come to London, or, to some other place found more convenient, to discuss and draw up a Scheme of Association

With this end in view, our Sub-Committee, has instructed us to write first to you, one of the originators of the provisional body formed to initiate this movement, and to carry on until some wider scheme was evolved. We shall be glad to know your views on the proposal and we should also be grateful if you would be so good as to give us the names of any groups or societies of American medical women who should be invited to send delegates.

We understand that your association already encouraged medical women of other European countries to establish national medical organisations whom we much hope will co-operate.

We feel strongly the urgent necessity for some intimate co-operation between the medical women of different countries, and we rejoice to know that you have already taken the first steps in this direction.

We are, dear Dr Lovejoy. Yours cordially

(1)

It was not surprising that Esther Lovejoy was very concerned to hear that there were plans within Europe to organise another medical women's international association. Indeed she was very resistant at first to the proposals from MWF. In a letter sent to Jane Walker on 5th January. 1921, in which she enclosed copies of the constitution and membership, she made the following comments:

1 .We are very glad indeed to learn that the Medical Women's Federation of Great Britain has been approached in this connection and agree with you absolutely regarding the urgent necessity of intimate co-operation between the medical women of different countries.

2 .In organising the Medical Women's International Association the general plan of the International Society of Surgeons was followed.

3. Every part of the United States is represented in our membership.

4. Encouraging reports have been received from France and it is the privilege of the American section to render some small assistance towards the establishment of an Italian Society

5. Among the membership of the International are medical missionaries in China and India, new members from Canada and Japan and Contributing Members (Life fee \$100 Annual \$10) have also been accepted.

6.The formation of another Medical Women's Society would in our opinion be fatal to the whole movement. It would inevitably result in general dissatisfaction among medical women all over the United States and in different parts of the world who have paid their initiation fees and are accredited members.

7. It will be a long time before this body or any other body of medical women can be fully constituted, representative and truly international

(1)

Esther Lovejoy explained that, in the United States, there was a national society of 800 medical women and in every state and large city there were local societies of medical women not in any way identified with the national society. Medical women in the States were engaged in private practice and others employed in public health in the city, state or federal departments of health. She did not feel that it would be possible to unite those in a truly representative manner. Her great hope for the future was to have a fully constituted, representative and truly international society, built on the foundation already established. *The existence of two international societies of medical women was unthinkable.* (1)

She had already corresponded with the Executive Board of the Medical Women's International Association for a vote regarding the time and place of next meeting and hoped that the medical women of Great Britain would co-operate.⁽¹⁾

Prior to receiving the letter from Esther Lovejoy, Christine Murrell informed the MWF Sub-Committee that she had heard from Dr Thullier-Landry, of France, *that the French medical women were strongly of the opinion that, as an essential preliminary to joining an international body, they should form a national association.* This was the original idea of the proposers – *that it should be a federation of national bodies* ⁽³⁾. This idea was given up, as many countries did not have national associations and the numbers of their medical women were too few. The French women intended to propose that membership should be open both to national associations and to individuals. ⁽³⁾

Christine Murrell was able to inform the MWF secretary that a representative of the American members of the International Association, Dr Thelberg, was in Europe attending a meeting of the National Council of Women. She had visited medical women in Europe at the request of Esther Lovejoy. She had now arrived in London with a proposal that the first meeting of the International Association should be held in London in 1922 ⁽³⁾

Dr Thelberg was invited to come to the offices of MWF where she explained that she felt the position was difficult:

She admitted that the formation of the International Association had been altogether irregular, since it had been done without consulting existing associations of medical women either in Great Britain or America ⁽³⁾. (there were already, unknown to the Americans, also strong associations in India and Japan)

She asked if MWF would be prepared to invite the International Association to hold its first meeting in London in 1922. American members and also European members of the International Association made this request to Dr Thelberg in America and during her visit to France. She hoped that the: *Irregularities referred to would not be an insuperable difficulty to the meeting in London.*⁽³⁾

Following Dr Thelberg's return to America, Esther Lovejoy sent a second letter to Jane Walker. She had heard from Dr Thelberg that, in her opinion, the MWF was the best organised medical women's association in the world. She repeated her concern regarding the formation of another international association but felt that all were seeking the same thing

On 7th February, 1921, the MWF held the second meeting of their International Sub-Committee where Esther Lovejoy's two letters were discussed. There was criticism of her first letter (5th January, 1921) but some positive suggestions were sent to Esther Lovejoy. MWF agreed to hold a preliminary meeting in Geneva in 1921, since this country was accessible and neutral, and also, that London should be the venue of a meeting in 1923.

MWF still refused to give way on "membership" repeating in the letter that they considered that only medical societies not individual members should constitute the membership:

The MWF International Sub-Committee was unanimous in thinking that the only way the medical women of this country would join in an international council or association is as a federation – as societies and not as individuals. The main idea which prompted the members of our Sub-Committee in wishing to take part in this work is to see a medical women's international association formed which will be directly

representative of the medical women's organisations in the constituent countries and provide a body which will be officially consulted on questions of international medicine and hygiene and could send delegates to sit on international boards such as those organised by the League of Nations Where there is no medical women's organisation in a country, the opportunity of representation on such an important body would much facilitate the formation of such a national society. (1)

The closing paragraph of this letter emphasised the intent of MWF in this matter –

Our Sub-Committee has instructed us to write to you in this sense, in the hope that you, and your Executive will see your way to developing your association in this direction Should this be so, they would be very willing to co-operate and to send representatives to the 1921 meeting. (1)

Several letters in a similar vein passed between these two indomitable women doctors, Esther Lovejoy and Jane Walker, for a number of months. Both expressed a wish to have one association but Esther Lovejoy expressed concern at the suggestion that the 1919 Constitution of the Medical Women's International Association should be changed without calling a meeting of members. She repeated several times over that she felt responsible to the two hundred American women doctors and others who had paid initiation fees of \$4 and Life Membership of \$100 to become members of the Medical Women's International Association. Neither would she agree to representatives from the American Women's National Association attending the planned meeting of the International in Switzerland as this again would *be a discourtesy to the American members who had identified themselves with this movement and paid annual and life membership fees to the International Association*. She informed MWF that there was no way the constitution of the Medical Women's International Association could be altered before a general meeting in Europe in 1921.

Members of the Board of MWIA and the corresponding members in various countries had been contacted by Esther Lovejoy regarding the time and date of the next meeting of MWIA. The majority voted for 1922 as the International Suffrage Alliance was meeting in Europe in May or June. She hoped to stand for the United States Congress and she would find it difficult to attend a meeting in 1922.

She was, however, interested in the suggestion from MWF that a representative international body could be consulted in matters of international health and hygiene, and might be able to send delegates to sit on international bodies. The possibility of working to federate the many large associations of women doctors in America with the American Medical Women's National Association also appealed to her as this would make for solidarity. (3)

Jane Walker was also adamant that MWF would not participate in the meeting in 1922 unless representatives of women doctors from their country were sent to discuss the formation of an international association. MWF had also consulted the League of Nations and they confirmed that only organisations were consulted and asked to send representatives to international bodies - not individuals. She gave Esther Lovejoy two alternatives:

- 1) That your association reconstituted should become the new organisation.*
- 2) That a separate representative body should be formed by the various medical women's associations which would doubtless collaborate with your association. (3)*

The battle of words eventually came to an end with Esther Lovejoy and Kate Mead accepting an invitation from MWF (having received the approval of the Board of MWIA) to attend a small conference in London in the Autumn of 1921 to arrange a meeting in Geneva in 1922. (1)

References

- (1) Wellcome contemporary Medical Archives Centre, London. SA/MWF/A.3/1
- (2) Wellcome Contemporary Medical Archives Centre, London. SA/MWF/A.9 - copied to appendix 1 of this book.
- (3) Wellcome Contemporary Medical Archives Centre, London. SA/MWF/K.1

CHAPTER 3 Coming Together and the first MWIA meeting in 1922

In May, 1921 the MWF International Sub-Committee received from MWF Council a resolution which they sent to Esther Lovejoy and members of MWIA:

The MWF International Sub-Committee adheres to the principals enunciated by the Council of the Medical Women's Federation of May 16th. While it desires an alliance between existing medical women's associations of different countries, it is of the opinion that it would not be in the interests of international friendship to start another medical women's international association on this basis in view of the already existing "Medical Women's International Association" started in America, therefore it welcomes the assurance that the constitution of the present Medical Women's International Association is tentative and capable of revision. (1)

MWF suggested that the International Sub-Committee should arrange a preliminary and quite informal conference in London in the Autumn between Esther Lovejoy and Kate Mead and members of the International Sub-Committee and that the proposed Geneva Conference should be postponed.

On September 17th, 1921, Dr Esther Lovejoy and Dr Kate Mead met with the MWF International Sub-committee for an informal conference at 122 Harley Street, London, (office of Jane Walker). Dr Walker presided and seven MWF members were present.

At this conference both Esther Lovejoy and Kate Mead:

Expressed a keen desire to see a satisfactory medical women's international association formed and to co-operate with the British MWF in this task. They believed that the constitution of the existing Medical Women's International Association might be altered so as to meet the wishes already expressed by the Sub-Committee of the MWF for a representative association as opposed to one consisting of individuals. (1)

Esther Lovejoy had no definite plan and considered that the whole thing should first be discussed at the next meeting of MWIA. She had little doubt that a satisfactory solution would be found. Doubts, however, were expressed by members of the MWF Sub-Committee as to whether modification of the existing constitution of the existing society might only be an attempt to unite two incompatible ideas. Dr Berry, one of the two honorary secretaries of the Sub-Committee, thought that it was fundamental that the new body should be an association of corporate bodies and not of individuals:

Members of the new body should be national representatives and not individuals.

These proposals were discussed but not put to the meeting for a vote. Drs Lovejoy and Kate Mead gave information about the various associations of medical women in America and how their representation might be affected. The meeting decided that this was a matter for the women doctors of America to discuss.

Finally Dr Lovejoy suggested that the proposed 2nd conference of MWIA would be pleased to have the views of MWF and would welcome any representatives who attended this meeting.

After further discussion the following motion was proposed by Dr Chisholm (MWF) and seconded by Dr Boyle (MWF):

That understanding that the Medical Women's International Association is proposing to meet in 1922 and will consider its tentative constitution (art 10 of the constitution of the Medical Women's International Association) the Council of the Medical Women's Federation of Great Britain requests them to receive a deputation to lay before them a scheme as to international organisation. (1)

The meeting ended with an expression of appreciation of the cordial way in which Dr Lovejoy and Dr Mead had shown their willingness to attend and co-operate with their British colleagues. All agreed that the objects of the international association were to promote the general interests of medical women throughout the world and for medical women to co-operate in all matters connected with international health. (1)

The MWF Sub-Committee continued to meet and prepare an "Outline of Scheme of International Organisation of Medical Women" to be presented at the second meeting of MWIA in Geneva, 17th September, 1922.

During 1921-22 Kate Mead, President Elect of the American Medical Women's Association made preparations for the 2nd MWIA meeting in Geneva and the MWIA members in Switzerland were assisted by Dr L.Thullier-Landry and her sister Dr Long-Landry of France in the organisation of the meeting in Geneva. Much of the success of this meeting was due to their united efforts. (1)

Ninety women doctors from fourteen countries of the world attended the 2nd MWIA conference at the University in Geneva, Switzerland, 4-7 September, 1922. Countries represented at the conference were Austria, Armenia, Belgium, Denmark, France, Great Britain, Holland, Poland, Russia, Sweden, Yugoslavia, Switzerland, Uruguay, and the United States Two countries – Great Britain and the United States - both sent five official representatives from their national associations to the meeting. (2)

On the first day, the initial session of the MWIA Conference was adjourned to allow participants to attend the opening session of the League of Nations. However at this first short session a committee to revise the MWIA constitution was formed. Jane Walker, Past President of MWF, was chosen by the MWIA Officers as the chairman of this committee and representatives of eleven different countries were elected to serve as committee members – four representatives from Britain and America, two from France and Italy and one each from Austria, Belgium, Denmark, Holland, Sweden, Switzerland and Yugoslavia. (2)

The main business of the meeting in Geneva was the revision of MWIA constitution. The committee charged with this task met during the conference so that it could present the revised constitution to a general meeting before the end the conference. The Council of the MWF had prepared an "Outline of a Scheme for the Organisation of Medical Women". On receiving this, Esther Lovejoy sent copies to representatives of all MWIA members – only Russia failed to receive this scheme. It was quite *a bombshell* when it was presented to the members of the Constitution Committee. It appeared to be subversive to the existing MWIA and aroused a great deal of opposition, especially the proposal to change the name of the association from Medical Women's International Association to Medical Women's International Council. The second meeting of the Committee was much better as everyone had time to study and discuss the proposals in private thus:

The meeting opened in a conciliatory manner and all wished harmony.

There was compromise in non-essential details and everyone was determined to produce a workable and satisfactory constitution. The original MWIA constitution only contained Articles but the new one had both Articles and By-laws. The By-laws were incomplete when presented to the general meeting in Geneva but were

“accepted” with the proviso that they were revised at the next MWIA meeting. The new MWIA Constitution was thus accepted and would be ratified at the next meeting of MWIA to be held in London in 1924 (3).

Scientific meetings were also arranged where topics of international interest were discussed – only topics on which international action could be effective. Subjects included were – the treatment and prevention of venereal disease in its relation to the state; the white slave traffic and cocaine and other drug trafficking. In relation to the latter topic, a strong resolution was passed, requesting the League of Nations to insist on government control as to the manufacture and sale of cocaine.

Although the business and scientific discussions at this MWIA meeting were very important the greatest value was felt to be a better understanding among the representatives from various countries.

Other important business during the MWIA meeting was the re-election of the Officers and the Executive Board of MWIA. Corresponding Secretaries for each country were also elected:

The Medical Women's International Association
637 Madison Avenue, New York City

OFFICERS AND COMMITTEES OF THE MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

Ethel Lovejoy, M.D., President, 437 Madison Ave., New York City Christine Murrell, M.D., First Vice-President 86 Porchester Terrace, Hyde Park, West London, England L. Thuillier-andry, M.D., Second Vice-President 68 rue d'Assas, Paris, France Christine Munch, M.D., Third Vice-President St. Olavsgate 21a, Christiania, Norway Marie Feyler, M.D., Recording Secretary, Rue du Grand Pont 10, Lausanne, Switzerland Martha Welpton, M.D., Corresponding Secretary, American Building, San Diego, California Ellen C. Potter, M.D., Treasurer, 106 State Street, Harrisburg, Pa.	MEMBERS AT LARGE, EXECUTIVE BOARD Radmila Lazarevitch, M.D., Serbian Legation, Washington, D. C. Alicia Morgan, M.D., Hildago 825, Buenos Aires, Argentine, South America Daisy Robinson, M.D., 314 Custom House, New York City Tomo Inouye, M.D., 7 Nishinakubanchō, Kojimachi Ku, Tokyo, Japan
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Corresponding Members in Each Country Are:

Argentina, Dr. Alicia Morgan, Hildago 825, Buenos Aires, Argentina, South America Canada, Dr. Grace Ritchie England 126 Bishop Street, Montreal, Canada China, Dr. Ida Kahn, Nanchang, China England, Dr. Christine Murrell, 86 Porchester Terrace Hyde Park, W., London France Dr. L. Thuillier-Landry, 68 rue d'Assas, Paris, France	Holland, Dr. Ada Potter, 41 Wilhelmijnspart, Utrecht, Holland Italy, Dr. Clelia Lolini, Via Monserrate 24, Rome, Italy Japan, Dr. Tomo Inouye, 7 Nishinakubanchō, Kojimachi Ku, Tokyo, Japan Norway, Dr. Christine Munch, St. Olavsgate 21a, Christiania, Norway Scotland, Dr. Frances S. Johnson, 10 Waverley Court Ave., Edinburgh, Scotland	Serbia Dr. Radmila Lazarevitch Serbian Legation, Washington, D. C. Sweden, Dr. Alma Sunquist, Smalundsgatan, 38, Stockholm, Sweden Switzerland, Dr. Marie Feyler, Rue du Grand Pont 10, Lausanne, Switzerland United States, Dr. Esther Lovejoy, 637 Madison Ave., New York City Uruguay, Dr. Alice Armand Ugnot, Río Branco, 1540 Montevideo, Uruguay, S. A.
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Pending the formation of the Council required by the Constitution which shall act to elect a new President, it was voted at Geneva that Dr. Esther Lovejoy, the President, and all others then in office, should hold over. Popular acclamation at the Geneva meeting suggested Lady Barrett, President of the British Medical Women's Federation, as candidate for the presidency when the Council should convene to elect.

We reproduce the above letter-head and the list of officers for the information of our National Membership.

- *Each day they saw more clearly and recognised each others' good points, grasping each other's problems and difficulties- this was hardly believed possible at the outset. (4)*

This better understanding was also assisted by the various social functions held during the four days of this meeting in Geneva. Following the opening session of the League of Nations, receptions were given to the Association by the International Red Cross at its headquarters, by the medical director of the health section of the League of Nations and by the International Labour Bureau. At all these receptions addresses were given. At the International Labour Bureau, the director, Dr Albert Thomas in his address -

Spoke particularly of the power of organised medical women of the world in the matter of influencing social reform, especially in regard to women workers(5)

The five MWF representatives invited all the participants of the meeting to a tea party and the two French representatives Thullier-Landry and Long-Landry entertained the participants in their villa near Geneva.(5)

The high light of the social programme was the banquet presided over by MWIA President, Esther Lovejoy. It was held in the Hall of the Parc de la Grange which was:

Bright with the flags of the fifteen nations represented and rose and maroon coloured chrysanthemums and dahlias in great profusion made the tables brilliant

Esther Lovejoy was toastmistress and in her introductory remarks again and again struck the keynote of the occasion in her inimitable way (6). Amid loud and continuous cheering Esther Lovejoy introduced the first speaker- Dr Scharlich, President of the Women's Medical College in London, and a distinguished surgeon. She gave a rousing speech referring to the MWIA meeting as a *League of Nations in the small* and in conclusion encouraged all by suggesting that:

If we are true to each other, we of this body should influence the women of all nations for good.

Short speeches were then given by the fourteen representatives of the countries present including Dr Heusler-Edenhuizen, a representative of the German medical women. She paid tribute to Esther Lovejoy who had visited Berlin and encouraged the German women doctors to form an association. Her salutation ended with a prophetic quotation:

*O Peoples! Would that at last
Women's hands might help to lead you.
O how richly, Fatherland,
Wouldst thou blossom,
Could but the Mothers
Hold sheltering hands over thy life! (5)*

Two other speeches were made by the presidents of the already well established medical women's national associations in Great Britain and the United States, Lady Barrett and Dr Kimball. Lady Barrett rejoiced in the feeling of unity and friendliness which prevailed and said:

We have caught one another's view point, and should be broader-minded women for having been together here with a common interest and objective. Grace Kimball spoke with great appreciation of the courtesy extended to all members of the Association. She particularly thanked Kate Mead for making the meeting so successful and being instrumental in bringing so many medical women together and thanked Drs Thullier-Landry and Long-Landry for their hard work in making all the arrangements. The closing speech was given by a veteran of the

American Association, Dr Mosher. She spoke briefly of the changes which had taken in the field of medicine during the fifty years since she began the study of medicine. (6)

Thus ended a really notable conference which cannot but be fraught with real good and genuine help to the world at large.

REferences

- (1) Wellcome Contemporary Medical Archives, Centre, London, SA/MWF/K
- (2) Wellcome Contemporary Medical Archives Centre, London, SA/MWF/C136
- (3) Lovejoy & Chree Reid, MWIA Historical Sketch
- (4) Medical Women's Journal, Oct, 1922, MWIA Archives, Medical College Pennsylvania
- (5) Bulletin, Medical Women's National Association, Jan 1923, MWIA Archives, MCP
- (6) Medical Women's Journal, October 1922, Archives and Special Collection on Women in Medicine, MCP

CHAPTER 4 A Fully Constituted International Association



MWIA headquarters remained at 637, Madison Avenue, New York City at the business office of the American Women's Hospital. The officers elected in New York in 1919 were approved by the meeting in Geneva to continue to serve for a further two years with Esther Lovejoy as MWIA President. (1)

Although fifteen countries attended the Geneva meeting only two of the four national medical women's associations in existence –US and UK - were officially affiliated to MWIA in 1922. Canada gave notice in July, 1922, that an association had formed in Toronto and they hoped that this would form the basis of a Canadian Association. Australia also had the beginnings of an association.

Preparation for the 3rd General Conference of MWIA to be held in London in July, 1924, began soon after the MWF members returned from Geneva. A Hospitality Committee was formed, with Jane Walker as the very able chairman and thirty three MWF members. They met regularly at 122, Harley Street, and set up a generous hospitality fund to cover the cost of the social programme. Not only did the committee make extensive plans to entertain the two hundred and twenty participants but each member of the committee, also provided personal hospitality and daily transport for their foreign guests. This hospitality was described by Councillors from the United States to the 3rd meeting as: *Adding enormously to the pleasure of those so fortunate to be foreign delegates, and giving opportunity for personal contacts of the greatest interest and value.* (1)

The MWF International Sub-Committee was responsible for the scientific sessions and Jane Walker continued with her work on the constitution which had been provisionally accepted at the Geneva meeting. She received amendments and suggestions for the by-laws, which were not completed in 1922 but would be completed and presented as provisional by-laws at the meeting in London. (4)

Early in 1924 Esther Lovejoy, MWIA President, once more expressed concern about calling the proposed meeting in London and wished this meeting to be postponed. She was not sure whether she should call the meeting under the old or new constitution. She relied on the MWF members to guide her. They responded to her request for postponement by informing her that all the arrangements were made for the London meeting and, as the provisional constitution had been passed in Geneva, this meeting should be called under the new constitution. They also advised her that all she required to do to call the meeting was to seek the approval of the MWIA officers. After she contacted the MWIA Officers by cable the 3rd meeting of MWIA was duly called to take place in London from 15th to 19th July, 1924. (2)

The venue of the 3rd MWIA meeting was the Royal Society of Medicine, 1, Wimpole Street, London where, on the evening prior to the meeting, MWF gave a reception. There was an exhibition by many of the leading drug houses, medical book publishers and instrument makers in the large hall of the Society. There was a particular interesting exhibition of jewellery made by ex-service men of the Arts and Crafts Department of Jane Walker's large sanatorium at Nayland. They also produced a badge which was used at this meeting and is shown at the beginning of this chapter.

Esther Lovejoy presided with great skill and dignity at three Council Meetings and one General Meeting held during the following three days. The participants to these meetings were transported by MWF members to various places in London - to visit hospitals, attend luncheons, tea parties and evening dinner parties. (3)

Councillors from fifteen countries attended the Council and General Meetings representing women doctors in Australia, Austria, Canada, Czech-Slovakia, France, Germany, Great Britain, India, Norway, Poland, Russia, Switzerland, Turkey, United States and Uruguay. Many other representatives attended the General Meeting from these countries and also from China, and New Zealand. Turkey reported that they were trying to form a national association but women had only recently been permitted to practise in Turkey.

Four countries – Australia, New Zealand, India and Austria applied for and were accepted for affiliation to MWIA. Latvia had written to say that they hoped to form a society from the seventy five women doctors in Riga in the near future and apply for affiliation to MWIA.

The new constitution, of statutes and by-laws, was officially adopted at the General Meeting (4) and Lady Barrett from Great Britain was unanimously elected MWIA President and escorted to the chair by Dr Lebedeva of Russia and Dr Heusler-Edenhuizen of Germany at the request of Esther Lovejoy. Jane Walker was elected Treasurer of MWIA and Louisa Martindale; Honorary Secretary. Esther Lovejoy was elected as the first Vice-President, and, on a proposal from Jane Walker, was given a standing ovation for her foresight in starting MWIA and her outstanding conduct of MWIA business over the five years of her Presidency.

One day was devoted to the scientific programme. “Maternal Morbidity and the Health of Child Bearing Women” were the topics discussed. Participants of the countries present were able to give their countries’ statistics on these subjects and so MWIA became very aware of the health problems of women in such countries as China, India, South America and Turkey. MWIA discussed how its members could participate in programmes to improve the health of women especially by involvement with the League of Nations.

Visits were arranged to hospitals in London, Bath, and Brighton and to Nayland, the sanatorium of Jane Walker, an expert in Tuberculosis. The Americans were especially interested in the Royal Free Hospital as the American Women’s Club in London was raising money to endow the Washington Ward.

Luncheon parties were held at the London School of Medicine by invitation of the Dean, Miss Aldrich Blake, by the London Association of Botanical Gardens and by the MWF London Association and various provincial associations of MWF. Tea parties were given by many important British dignitaries in famous London venues - the British Prime Minister, Mr Ramsay MacDonald, at his home No 10, Downing Street, the Archbishop of Canterbury in Lambeth Palace, on the Terrace of the House of Commons with the Prime Minister and other members of Parliament, at the Royal Free Hospital, the Hall of Apothecaries and Hampton Court Palace. Participants were invited to dinner parties by Lady Florence Barrett and Lady Sybil Smith at their homes in London. The crowning event, however, was the annual MWF dinner which was held on the 20th July at the Trocadero, London. All the overseas participants were invited to this dinner as guests of MWF as

well as government officials, distinguished scientists and some members of parliament. Three hundred and twenty guests sat down to dinner where: *The toasts were as sparkling as the beverages served* (5)

The social programme continued even after the official conference closed with overseas guests being entertained in homes throughout the South of England and by the Lord Mayor of Bath. They were even invited to attend the annual meeting of the British Medical Association Meeting in Bradford.

The programme was varied and well organised by MWF and greatly appreciated by the overseas guests who:

Felt quite fatigued with the energy displayed by their British hostesses, not only on account of their generous hospitality, but the fact that many continued with their daily professional duties during the conference - Lady Barrett performed a Caesarean section prior to chairing a meeting of MWIA Council – Louisa Martindale undertook a major surgical procedure before chairing a scientific session – Christine Murrell consulted in her rooms before attending the meetings.(2)

This meeting of MWIA in London was the 3rd General Meeting of MWIA although it has over the years been referred to as the 1st MWIA Congress. (1) It was indeed the first time that MWIA had met under its new constitution and by-laws. (1) The initial constitution, drawn up at the MWIA 1st meeting in 1919 was only of individual members. A provisional constitution was passed at the 2nd MWIA Meeting, Geneva, 1922 and this constitution was finalised and adopted at the 3rd MWIA Meeting in London in 1924. A decision was made that the 3rd MWIA General Meeting, should be named the 1st MWIA Congress.

Thus MWIA departed from Great Britain in 1924 having been properly constituted, made aware of the value and importance of such meetings to medical women and the power latent in organisations (2)

References

(1) Lovejoy & Reid, An Historical Sketch 1919-50

(2) Wellcome Contemporary Medical Archives Centre, London SA/MWF/C136

(3) Wellcome Contemporary Medical Archives Centre, London SA/MWF/C135

(4) Detailed in Appendix 2.

(5) Wellcome Contemporary Medical Archives Centre, London, SA/MWF/137

CHAPTER 5 MWIA Secretariat moves to Great Britain 1924-29

Following the 3rd MWIA Meeting/1st MWIA Congress in London, a new MWIA office was set up at 28, Weymouth Street, in London, the city where the newly elected President, Lady Florence Barrett, the Treasurer, Jane Walker, and the Honorary Secretary, Louisa Martindale were resident. An executive secretary was employed on a part time basis for one afternoon a week and Florence Barrett offered an old typewriter to MWIA if it could be repaired! (1)

Louisa Martindale, MWIA Honorary Secretary, corresponded with the national corresponding secretaries and national representatives in the twenty nine countries which had sent representatives to previous MWIA meetings including Czecho-Slovakia, Denmark, Holland, Poland, Russia, South Africa, Sweden and Yugoslavia as well as other countries where there was still no affiliated medical woman's association. She also sent the half yearly report of MWIA and received replies from countries affiliated to MWIA and others striving to form associations of medical women.

Denmark reported in 1925:

That they had good relations with their male colleagues and there were no special areas where initiatives for women were required. (1)

However, later in the year they informed MWIA that they were now organising an association for medical women. Poland also reported to Louisa Martindale that they had formed an association with 20 members and wished to affiliate to MWIA. The Hungarian Women Doctor's Federation was founded in 1926 and ratified by the competent authorities. Holland and South Africa announced that associations would soon be organised. Slowly national medical women's associations were organised especially in Europe. Although the German women doctors had started to form the nucleus of an association in 1923 at the personal instigation of Esther Lovejoy, it was not until October, 1924 that they officially formed the *Bund Deutscher Aerztinnen* and affiliated to MWIA with two hundred and fifty members. This was as a direct result of the MWIA meeting in London attended by four German women doctors. The objectives of this association were to promote unity among German medical women and assist colleagues who were in difficulties due to the economic climate. A quarterly journal was produced and the first edition carried papers read at the scientific day of the London meeting of MWIA in 1924. Within a year their membership increased to six hundred.

The French women doctors registered with MWIA as *Association des Femmes Medecins* in 1924, the Italian and Swiss medical women in 1925, the Danish medical women with a membership of twenty five affiliated to in 1925, Sweden affiliated as a *Medical Women's Club* with forty members in 1926 and also an association in Turkey. In Canada a nucleus of medical women formed an association in Toronto in 1922 but it was not until 1926 that a constitution was written and they became members of MWIA.

MWIA became more established in 1925 following its first congress in London and there were fourteen affiliated national associations by 1926 – Australia, Austria, Canada, Denmark, France, Germany, India, Italy, New Zealand, Sweden, Switzerland, Turkey, United Kingdom and United States of America. A data base of members of MWIA was produced and it was included in a Directory of International Societies of the League of Nations. It also began to publish an annual journal in both French and English. This was printed by the Women's Printing Society, Piccadilly, London and sent to all MWIA "members". It increased communication with women doctors in various countries. The journal included reports of research being carried out by women doctors in

various countries, lists of openings for medical women within the League of Nations and reports by the national corresponding secretaries of national medical women's associations. Lady Barrett wrote a foreword in the November, 1926 edition of the Journal answering critics who had asked when MWIA recruitment was attempted "What does one get out of MWIA?" She reminded MWIA that what one gets depends on what one gives. She felt international co-operation between men and women doctors was one of the outcomes as women doctors had become more confident. She realised that some feared it would be divisive and separate men and women but the opposite can occur as was discovered by members of MWF: –

Not a division but growing friendship and respect. Women have a different outlook from men and here lies the true benefit to the profession. Medical women can make a contribution to the health of the world.

A report from MWF recorded that one local association in the UK had been given a gift of radium to enable research into diseases of the pelvic organs and their treatment. Permission was received from patients to carry out this research and it was hoped that this would stimulate other donors in other countries. (2)

MWIA had started to speak out on matters of international health and believed that it should act as a liaison officer to the health side of the League of Nations.

MWIA received reports from national associations – affiliated and non- affiliated associations - describing the activities of their medical women and advances in medical care in their countries. These reports were included in the Journal published in 1927. Denmark reported that professional prostitution had been banned in Denmark in 1926 and anyone who broke the law would be forced to have a medical examination. It was also recognised as the country with the lowest rate of tuberculosis and adolescents were instructed in sexual hygiene. Many women doctors held top posts in Denmark.

In Germany the medical women had joined with other women's organisations to protest against their government's reduction of maternity benefits. They were also involved in deciding if men and women should perform the same exercises in physical training. Women doctors accepted an invitation to medically examine school girls in the higher classes of schools. The association was involved in advising on the new regulations for venereal diseases and proposed that special doctors should be appointed for this work.

In Great Britain a private hospital was opened in Glasgow – Redlands Hospital – for the medical care of women by women doctors and a similar hospital - The Elsie Inglis Hospital - was opened in Edinburgh. MWF expressed concern that doctors working in Public Health were paid very low salaries and marriage was a ban to working in this specialty. They also proposed that cases of sexual abuse should be held "in camera", that the victim's name should not be published in the press and that the girl should be supported and medically examined by a woman. They also advocated higher penalties for this crime. They noted that men wished to have sexual intercourse with young girls as they believed this would protect or cure them from certain diseases.

MWIA was also informed by MWF that an appeal was made to the Federation in May, 1926, regarding the suitability of women to pilot commercial aircraft. UK women started flying in 1911 and obtained "A" Pilot certificates. A report at that time stated that these women were *Doing*

extraordinary well as pilots. One UK woman, an excellent pilot of sound judgement, skill and courage, applied to the necessary authorities for a “B” Certificate which would allow her to fly commercial aircraft as her career. She was already a skilled pilot involved in long distance flights, acrobatic work and parachuting. A French woman, Mademoiselle Bollard, had received such a certificate from her government having distinguished herself by many remarkable flying achievements including crossing the Cordillere des Andes. The International Air Commission, meeting at their conference, was very perturbed about this idea and referred the matter to a medical subcommittee. This body of men reached a decision to debar women from this occupation giving as their sole reason:

That a woman should not have the responsibility of the lives of those she might carry in an aeroplane at the time of her menstrual period.

Following this decision MWF appointed a committee made up of a physiologist, physician, gynaecologist and neurologist who advised the Air Ministry:

That there was no reason what so ever why women should not obtain the B certificate as they were very efficient pilots and stressed that menstruation was not a disease.⁽⁴⁾

The MWIA Journal in November, 1927, recorded the problem of this female woman pilot very fully. At this time there were many erroneous ideas about menstruation and arguments about women’s fitness often hung on menstruation and pregnancy. The MWF subcommittee had advised that neither of these functions should be considered a disease but normal physiological functions:

Any one who can ride a motor bike could learn to fly! Rather, great stress should be placed on a psychological and nervous system examination and family and past health, as vestibular stability, good muscle strength and nervous stability were more important faculties for flying. ⁽⁴⁾

MWIA agreed that it was important to help women to receive a commercial aviation certificate and not allow “*the curse argument*” to hinder women yet again. They suggested to all national associations to approach their Air Ministries and prove that women were perfectly fit medically to become pilots

The Association of Austrian Women Doctors in Vienna with three hundred members was fighting a ruling that if a woman doctor married a foreigner she would lose her right to practice. A law had been passed in Austria after the break up of the Austrian Empire which stated that the right to practice in Austria was dependent on nationality. Countries such as Hungary, Bosnia, Croatia and Bohemia were considered foreign. They also fought for the employment of women doctors as police surgeons to examine prostitutes, juvenile delinquents and girls who were victims of assault.

Women doctors in France and also Germany reported that their women doctors had difficulty in receiving adequate medical training.

The Medical Women’s National Association of America highlighted the work of the American Women’s Hospital under the chairmanship of Esther Lovejoy. They had spent over two million dollars and had opened twenty hospitals in Greece and the Middle East.

There was no communication with the women doctors in Russia although the Russian doctor who attended the congress in 1924 reported that there were six thousand women doctors who belonged to the Russian Union of all Medical Workers. She had been sent to attend the congress by its central committee to represent Russian women doctors.

It was decided by Council in 1924 to hold Council Meetings every two years and General Meetings (or Quinquennial Congresses) every five years in various countries. Proceedings at these meetings were similar with discussion of MWIA business and carefully selected scientific subjects in open sessions which were attended by many medical women. At General meetings, however, an election of Officers would be held. Council was expected to determine the venue for each meeting and, if possible, MWIA meetings were held at the same time as other international meetings.

MWIA secretariat sent out questionnaires to all members and associations and summarised the answers which would be discussed at future MWIA meetings. They also raised matters of interest to all medical women which were discussed nationally and internationally.

The 2nd MWIA Council, chaired by Lady Barrett, MWIA President, met in Prague, August, 1926. There were representatives from eight countries (Austria, Germany, Great Britain, , India, Italy, Poland, Turkey and USA) at this meeting and the scientific open sessions. Two scientific subjects were discussed –“Tuberculosis and Pregnancy”-led by Jane Walker- and “Women Police Surgeons”. The need for police surgeons in India was stressed in Dr Kate Pratt’s paper and a similar need expressed by participants from Germany, Great Britain, USA and other countries.

The social programme included a visit to the 13th Century University and to the little houses of the old alchemists which stood upon the hill above the city. (1) The Mayor of Prague entertained the participants to a splendid lunch. (3)

Council discussed in depth the MWIA Journal which was expensive to publish. Some members had requested two editions annually. This discussion resulted in two resolutions being passed by Council at their meeting in Prague:

1) That it be pointed out to the national associations that an increase of 50% in the capitation fees would enable the Journal to appear twice a year and that they be invited to make a voluntary increase to this amount. (7)

2) That the question of the International Journal be referred to the International Executive with a recommendation that one issue of the Journal should be omitted if finances render it necessary. (7)

On receiving the first resolution, MWF made a voluntary increase in their capitation fees to MWIA of fifty per cent. No other national association was able to pay the voluntary increase (7)

Two other resolutions were passed by Council in 1926 at in Prague:

1) That the minimum number forming a section should be twenty.

2) That the MWIA do not affiliate to the University Women’s International. (7)

Following the Council meeting MWIA sent to its affiliated and other interested national associations a questionnaire regarding the position of medical women working in mental hospitals and the results of this enquiry were included in the MWIA Journal, November, 1926

The 2nd Medical Women’s International Journal, published in November, 1927, reported the death of Franziska Tibutius, age 84, who was the first women doctor in Germany. She had qualified in Switzerland as at that time women in Germany were not considered to be capable physically nor mentally of studying medicine. A scientific paper in this Journal noted that carcinoma of the breast was more common in childless women and was possibly related to low fertility. A document from the League of Nations discussed the trafficking of women and children and blamed the “madams of the brothels who encouraged and arranged this within many countries where there were troops”.

Reports from several affiliated national associations were also included:

- In Australia the medical women in Victoria were studying in the UK for higher degrees.
- The Medical Women's Federation of Canada held their 2nd Annual meeting in 1927 at the same time and venue as the Canadian Medical Association.
- Eighty five out of 160 women doctors in Denmark were practising - 40 in Child Health and 30 as specialists.
- The German association continued to grow and there were now 713 members. They worked with the Federal German Women's Association.
- The University of Peter Pazmany in Hungary would not admit women to medical studies but 60 qualified in the provinces and 103 in other universities in Budapest – only 5% per cent of doctors were women.
- UK membership had reached twelve hundred within fourteen local associations.
- The American Women's Hospital had opened a clinic for refugees in East Macedonia.

In April 1928 the 3rd MWIA Council meeting was held at Bologna under the patronage of the Queen of Italy. It was noted that:

The "Committee of Honor" included Mussolini and several other dignitaries of the Fascist Party, as well as the Cardinal-Archbishop of Bologna, the President of the Court of Appeals and Professor Murri, President of the Faculty of Medicine.

The Prefect of Bologna welcomed the delegation. Dr Carcupino Ferrari President of the Italian Medical Women's Association spoke for her colleagues and the President of the "International" responded to these gracious preliminaries. (6)

This inauguration ceremony was held in Bologna, the oldest European University built in the 10th Century. Soldiers of the garrison in glittering steel helmets and the General in full uniform lined the walls. (4)

Twenty two delegates representing fourteen countries attended this council meeting with a representative from Spain, a new affiliate, appearing for the first time at a MWIA Council Meeting. Countries represented were Austria, France, Italy, Germany, Great Britain, India, Yugoslavia, New Zealand, Poland, Spain, Sweden, Switzerland, Turkey and USA. They were joined by over one hundred women doctors of different nationalities for the scientific sessions held in the old anatomical theatre in Bologna where papers were read from the same rostrum used in the eighteenth century by the famous anatomist Anna Manzolina. Representatives of the Vatican watched through grills to ensure no disrespect was paid to the dead. The scientific topics discussed were – "Medical Measures for the Protection of Young Children and Young Persons in Various Countries" and "Diseases of the Eye in Relation to General Medicine". The Journal published in May 1928 carried a report of the scientific papers read at Bologna and the resolutions arising from the discussion on the protection of children. MWIA called upon public authorities to prohibit begging by children, urged the legal establishment of the responsibility of both parents towards the maintenance and education of their children and more extensive employment of qualified women, especially women doctors, in all work connected with maternal and child welfare.

The social programme included visits to various cities where participants were received by the city dignitaries and a luncheon was held in the pine woods of Dante. A royal welcome was given at the Ravenna in Rimini. At the end of the business and scientific meeting, the visitors were entertained by the Women's Section of the Fascist party and the singing of the Fascist hymn was the dominant musical and political note. (6).

Business at the Council meeting covered many important MWIA affairs including individual members, the Journal, and weight lifting by women. Hungary, Mexico and Spain were welcomed as new affiliates and apologies were received from Australia, Canada, Denmark, Hungary, Japan and Norway.

As the Journal had become very expensive to produce, and had resulted in a financial deficit despite an increase in membership, the following resolution was passed by Council:

That in future, a Bulletin shall be issued twice a year in place of the present Journal, such a bulletin to give news of the activities of the National Associations, but in the year in which a General Assembly or Open Meeting is held the proceedings be published instead of one issue of the Bulletin. (7)

Despite this resolution the MWIA publication was still entitled "Journal" and it appeared to continue as before. It was not until 1945 that the name changed to "Bulletin".

There was prolonged discussion regarding individual members living in countries where affiliated national associations had formed. This was seen as a disadvantage to the organisation of national associations and the following resolution was passed:

That clause IV 2 of the constitution be reconsidered at the next General Meeting of the Association. (7)

The British Feminist Society brought to the attention of MWIA the dangers to women who lifted heavy weights. After discussion the following resolution was passed:

That in the opinion of this Council, any legislation that fixes a definite limit of weight to be lifted by women is unscientific. Legislation dealing with weight lifting should relate the weight allowed to the lifting capacity of the individual whether man or woman as ascertained by careful tests. (7)

At Bologna, MWIA Council accepted an invitation from the French representative to hold their next Council Meeting at Paris in April, 1929.

The last MWIA Journal was published in May, 1928, and included the scientific papers read at Bologna, Council business and a welcome to three new affiliates – Hungary, Mexico and Spain - making a total of seventeen affiliated national associations.

It was noted by Esther Lovejoy that special privileges were extended to those attending MWIA International Meetings by universities, governments and other associations in different countries. Participants were able to exchange ideas and knowledge with colleagues of other nationalities and to visit places of universal interest:

Every meeting was enriched by the history and cultural background of the country in which it was held. (5)

References

(1)MWIA Archives, Women's College, Pennsylvania

(2)Wellcome medical Archives Centre, London SA/MWF/K8/2

- (3) Wellcome Medical Archives Centre, London SA/MWF/ C137
- (4) Wellcome medical Archives Centre, London SA/MWF/K21
- (5) Lovejoy & Chree-Reid, Journal of AMWA, Vol 6, No1, Jan, 1951
- (6) Lovejoy & Chree Reid, An Historical Sketch MWIA 1919-50
- (7) 2nd Quinquennial Report, Paris, 1929

CHAPTER 6 The Next Ten Years 1929-1939

The 2nd Quinquennial Congress of MWIA and fourth Council Meeting were held at Paris, April, 1929, at the invitation of the French Medical Women's Association. The Congress was attended by two hundred and six participants from twenty nations - Austria, Belgium, Bolivia, Canada, Denmark, France, Germany, Holland, Hungary, India, Italy, Japan, Norway, Poland, Spain, Sweden, Switzerland, UK, USA and Yugoslavia. Not all these participants, however, were members of national associations nor were some of the national associations affiliated to MWIA. At this time MWIA welcomed all medical women to attend their congresses and there were national corresponding secretaries in some non affiliated countries. Belgium and Bolivia affiliated to MWIA in 1929 making a total of twenty one affiliated national associations. (1).

The rector of the Paris University extended a cordial welcome to the visitors, and the Director of the International Institute of Intellectual Cooperation received them in the Palace of the League of Nations. (2)

The outgoing MWIA President, Lady Barret, presided during the first half of the meeting. Dr Tuillier-Landry, a distinguished French physician, was then ceremoniously installed as President. Dr Jeanne Requin, France, was elected Honorary Treasurer, and Dr Germaine Montreuil- Strauss, France, Honorary Secretary. Six Vice Presidents were elected – Lady Barret, UK, Drs Taylor Jones, USA, Salzamm, Germany, Carpuccio, Italy, Bagny-Bang, Norway and Nechkovich-Voutchetitch, Yugoslavia. An honorary membership of MWIA was conferred upon Madam Curie in recognition of her services to mankind. (2)

Important business discussed during the congress included the poor financial state of MWIA despite a substantial increase in membership. The main cause had already been identified by Council in 1928, and the discontinuation of the Journal which, had been distributed to all members, should help to reduce costs. Council reported the increase in affiliated national associations and noted that Germany, UK and USA published newsletters which recorded their association's activities. UK had 1,250 members, Germany 750, USA 587, India 270, Australia 110, France 110, Austria and Italy 90 and Canada 70. The other associations were around 20-25 members. The total membership of MWIA was 3,500 members. (2)

Sex Instruction for Children and Adolescents and *Analgesia in Midwifery* were the topics discussed at the scientific sessions. Papers were read by many MWIA members and Danish doctors were prominent speakers. The conclusions of the rapporteurs, appointed to summarise the papers, produced many resolutions including the recommendations that sex information should be given to very young children, not as something mysterious and special, but quite naturally, in a simple account of animal and human creation. It was also resolved to stress the importance of encouraging parents to inform their children truthfully and simply in the pre school years, and that during school life the facts of reproduction should be included in routine teaching of nature study. Adolescents should be given more physiological knowledge supplemented with teaching of ethics and social morality:

To ensure control of the instinctive impulses and their subordination to a definite idea. (1))

Participants visited several famous medical institutions in Paris including the Pasteur Institute, and the Hospital de la Salpetriere. Of great interest was a visit to the Radium Institute of the University of Paris where Madam Jolierie-Curie, daughter of Madam Curie, related the story of Radium.

There was very lavish entertainment which included a reception by the City of Paris at the Hotel de Ville where the participants were received by the President of the City of Paris, and a similar courtesy at the Luxemburg Palace where the President of the Senate welcomed the guests. A day's outing was made to Versailles where a luncheon was given by the Municipality.

Following the 2nd congress in Paris the MWIA headquarters moved to 75, Rue de L'Assomprion, Paris, the office of the Honorary Secretary, Dr Montreuil Strauss. The official headquarters remained in Paris, at different addresses until 1950, although correspondence between 1941 and 1950, after Paris was occupied, was carried out from London by Louise Martindale, MWIA President.

In 1929 the Nordic countries—later to form the Northern European region - discussed the possibility of holding joint meetings in Scandinavia. This was the first unofficial sign of countries with similar cultures coming together as a regional group within MWIA. Their first meeting was held in Sweden in 1934.

In 1931 the 5th MWIA Council was held in Vienna and attended by two hundred women physicians from sixteen national associations- Austria, Czechoslovakia, Denmark, Dutch East Indies, France, Germany, Hungary, Italy, India, Japan, Norway, Sweden, Switzerland, UK, USA and Yugoslavia.

The topics discussed at the scientific sessions were – *The Legal Protection of Women Workers* and *the Role of Medical Women in Exotic Countries*. Following discussion of the latter topic, MWIA formed an information bureau regarding the work of medical women in exotic and tropical countries, under the chairmanship of Lady Balfour, India. In 1931, Lady Balfour had brought to the attention of MWIA, the practice of Female Genital Mutilation (FGM) describing the dangers it presented to women. She considered that it was important to find out from women, subjected to this practice, how they themselves felt about it. As this practice was contained in tribal laws there was a need to be sensitive to the thoughts of the people in the countries where this practise was carried out. In 1930 letters had appeared in the Lancet regarding:

Male circumcision for no good reason, bar phimosis; and also the snipping of young girls by men, and vaginal dilatation before marriage, with or without anaesthesia, by women doctors in UK and USA and that this was unnecessary.

The letters referred to this process as *mutilating operations causing great psychological upset*. Miss Martindale, a past MWIA Honorary Secretary and a UK gynaecologist, immediately responded with a letter to the Editor stating that she was unable to find any reference in the UK to this practice by women doctors – the editor did not publish it, but returned her letter as others had been received including one from the Duchess of Athol alluding to the mutilation of young girls in former British colonies. A fuller discussion on FGM was held in 1932 after contact was made with women doctors working in Kenya.

At this meeting in 1931, the Council also set up a Standing Committee to investigate the health of women in exotic countries. The reason for the use of the adjective “exotic” to describe colonial countries was introduced as the women doctors working there were not necessarily working for a government but were there privately or as missionaries and were not colonials. Women doctors

working in the British colony of India came from America, Canada and Russia as well as Great Britain.

Japan and Czechoslovakia officially affiliated to MWIA in 1931 and individual members were welcomed from Russia, Netherlands and the Dutch East Indies. New By-laws were passed to prevent the MWIA President, Honorary Treasurer and Honorary Secretary representing their countries at MWIA meetings but other representatives should be appointed by their national associations to represent them at MWIA General Assemblies.

The social programme included a two day visit to Budapest at the invitation of the Madam Vegess-Rege, National Corresponding Secretary, and the women doctors of the Hungarian National Association. Members of the Danish medical women in Copenhagen also offered hospitality to those attending the Council meeting.

The Bulletin continued to be published twice each year and in the 1930 edition the Honorary Secretary reported there had been no contact with Turkey or China. In the 1932 edition, however, contact was once more made with China and also Kenya and there was news of several Finnish doctors joining MWIA as individual members. (2)

The Secretariat in Paris was very active in encouraging communication with national associations through the NCS. The Honorary Secretary sent a circular letter to all national associations, individual members and other medical women informing them of documents which required discussion within their associations and also of the activities of other national associations. Many interesting reports were received from national associations and were included in the two editions of the Bulletin in 1930.

Czechoslovakia had affiliated to MWIA and Uruguay had an association of six members. Australia, who had a branch in Victoria, now had new branches in Queensland and South East Australia. The Information Bureau under the supervision of Lady Balfour was reported to be working well and was able to assist women doctors in exotic countries to attend post graduate medical courses. Some of these women had graduated in these countries but others were working there in mission hospitals and clinics and had little access to post graduate medical education. Regular meetings were held at the secretariat in Paris by the MWIA officers. The American Medical Women's Association had proposed that their members should join AMWA as individual members – both active or associate members - and group membership was discontinued. The American Women's Hospital had set up training courses for nurses in Greece and they had persuaded the Greek government to take over this responsibility within three years. In India more women doctors had been appointed to responsible positions and women were now being trained and employed as health visitors in many states by the government. In Great Britain MWF welcomed the proposal by the London medical schools to introduce medical co-education.

A special MWIA general meeting was called in 1933 to discuss the Secretariat in Paris and national association were asked to instruct their delegates how they should vote on this subject, and also to consider the procedure for electing the MWIA President in the future. The general meeting also discussed the relationship between the MWIA President and MWIA Secretariat and if it was necessary for the Secretariat to be housed in the same country as the President.

The first report from the national association in Portugal was received at this meeting and also a request from the German Medical Women [APP.1] to the Honorary Secretary, appealing for help for their members who had lost their positions as doctors. A letter was sent to all NCSs, to members in tropical countries, Siam and Istanbul in an effort to find new positions for these doctors who were now obliged to emigrate from Germany. MWIA also became a member of the International Committee of Assistance to Intellectual Refugees based in Geneva who assisted displaced professionals and with their help employment was secured and MWIA received grants to assist German doctors with study leave and travel. (1)

In 1934 the 3rd Quinquennial MWIA Congress and the 6th Council Meeting were held at Stockholm where two hundred and ten medical women came together from twenty five countries to discuss MWIA business, hear of the activities of other national associations and attend the scientific sessions on “The Effects of Physical Education on the Development, Structure and Function of the Female Body” and “Birth Control”. Four of the original Committee of Twelve who organised MWIA at New York in 1919 attended the meeting in Stockholm – Drs Lovejoy, Munch, Sandquist and Thuillier-Landry. Countries attending the congress included representatives from affiliated national associations, individual members and interested women doctors from Australia, Austria, Belgium, Canada, Czechoslovakia, Denmark, Dutch East Indies, Finland, France, Germany, Holland, Hungary, India, Italy, Norway, Poland, Portugal, Sweden, Switzerland, Uruguay, Yugoslavia, UK and USA. (1)

The meeting was opened by the Governor General of the City of Stockholm and excellent Swedish hospitality was extended to MWIA participants. A very splendid dinner was given by the City of Stockholm in the Municipal Auditorium, a magnificent hall, lined with mosaics and dominated by a gigantic figure, the Spirit of Sweden, holding the City of Stockholm in her lap. The principal speakers were the Mayor of Stockholm, Dr Dangy Bang of Norway and Dr Olga Stastny of the USA.



Dinner at the Municipal Auditorium in Stockholm

Following the daily sessions there were social gatherings, tours, visits to hospitals and educational institutes including the University of Upsala (founded in 1477) as well as to Gripsholm Castle and other historical interesting monuments on the shores of Lake Malar. (2)

Dr Alma Sandquist, a noted Swedish Physician, connected with the health section of the League of Nations was elected MWIA President. At this time Dr Sandquist was undertaking difficult work on behalf of the League, reporting on difficult conditions and regulations connected to brothels and commercialised vice. She had a year's absence from her work to prepare this report. Louise Martindale, UK, was elected Honorary Treasurer and Montreuil-Strauss continued as Honorary

Secretary at MWIA Headquarters in Paris – now in a new venue at Elyese where Miss Napier Ford was employed as the Executive secretary. (1)

Discussion of the scientific topics caused some discord as birth control was a sensitive subject at this time in some countries and influenced by religious convictions. An important report regarding the work of women doctors in exotic countries was given by Lady Balfour who had served in India for many years.

The General Assembly met four times and made many administrative changes;

- As the MWIA Council Meetings with open sessions had become very popular, attracting many members to attend, a decision was made by the General Assembly at this congress to hold general meetings or congresses of MWIA every three years and a Council meeting, with no scientific or social programme, between each congress.
- It was agreed that in the future there should be a fixed country for the MWIA Secretariat but it was not necessary for it to be in the same country as the MWIA President.
- It was recommended to national associations that the NCS should be a Council member.
- Officers would be elected every three years. The President may be elected for a second three year term only, but the Honorary Treasurer and Honorary Secretary may be elected for further terms of three years.

The treasurer had reported that some national associations were having a problem paying their annual subscription due to their geographical situation, the changes in their currency value and the difficulty of sending money to Europe. It was decided as a temporary measure that these countries- Australia, India, Japan and New Zealand – would pay 1/15th of their national subscription.

There was one unfortunate episode at this congress. The German Medical Women's Association, which in 1932 had seven hundred and seventy seven members in twenty five branches, and published a publication giving details of its educational, medical and social activities. The organisation, however, of this association had undergone administrative change. Two German medical women attending the congress:

Presented credentials from their association which had been made over in accordance with the Nazi pattern. Under the new plan the Leiterin (woman leader) and her deputies had to be approved by the competent authorities and non-Aryans were excluded from membership. These doctors were received as guests but not as delegates and a resolution was adopted to the effect that the admission of the altered German society should be postponed until its constitution was amended to meet the requirements of MWIA and that meantime any woman qualified to practice medicine in Germany would be accepted as an individual member. (2)

This decision was greatly regretted by MWIA as the German Association was a very important National association of MWIA.

The Association in Finland affiliated to MWIA and an Individual member from Portugal.

An appeal was made to send interesting material about national associations to the archives at the Women's Medical College of Pennsylvania in Philadelphia.

In 1936 the 7th Council Meeting was held in Paris – for the first time a purely administrative one as decided by the General Assembly at Stockholm. It was attended by seven MWIA officers and six Council members from Austria, France, UK, India and Sweden. Alma Sandquist, MWIA President, chaired the meeting and urged MWIA to be involved in preventative medicine and the general improvement of health conditions through out the world.

In her report of the Council Meeting in the MWIA Bulletin the Honorary Secretary, Dr Montreuil-Strauss, announced that Portugal with twenty members had affiliated to MWIA, that an association had formed in Romania and four new individual members were admitted into membership including two German medical women, and one each from Lithuania and Poland. The Belgium Association had ceased to exist, the Mexican association had dissolved and it was reported that the Canadian Association had not met for several years. Since no news had been received from the German Association since the Swedish Congress or from Uruguay since 1930, Council requested the secretary to write a final letter to ask these associations if they still wished to be affiliated to MWIA. [Information was later received from Germany that the German Medical Women's Association was dissolved by their Government in 1935]. Many of the former Jewish members appealed to MWIA for help to emigrate from Germany. A joint committee of the International Federation of University Women and MWIA was formed to aid their colleagues in distress. Dr Thullier-Landry represented MWIA on the International Committee for the Assistance of Intellectual Refugees with headquarters in Geneva and through this committee was able to find situations and grants for members who were obliged to emigrate.

The Honorary Secretary also noted that there was great difficulty in forming new associations in smaller countries as:

Medical women preferred, in the interests of their professional work, to belong to those medical associations which admit them on the same terms as medical men. They also consider that in associations such as the International Federation of University Women, which comprises a great number of professional women, they had found organisations capable of defending their cause and their claims as women. (3).

The number of affiliated associations had fallen to nineteen. There was no contact with Belgium, Bolivia, Dutch East Indies, Germany, Spain, Uruguay and Yugoslavia as well as eleven individual members. She had very irregular correspondence from many countries and despite sending circular letters to the National Corresponding Secretaries (NCS) five times each year and the annual bulletin there was little response. NCSs were asked to send questions and comments to be considered at the next Council meeting.

The Honorary Treasurer also presented a gloomy report, informing Council of a fall in MWIA income due to many causes, including the loss of subscriptions from the German Medical Women's Association who had always paid the full subscription for all their members.

In 1935 MWIA moved to a new address in Paris – 7, Rue de Aguesseau.

MWIA met together for the ninth time as an association in Edinburgh. This was referred to as the 4th MWIA Congress and was held in July, 1937. It was:

Under very auspicious circumstances. The post-coronation ceremonies of, George VI and his Scottish queen had just taken place; Edinburgh was still in royal regalia; and the ancient castle on the hill overlooking the city was illuminated every night. This moving picture of Scotland was completed at the reception given by the Lord Provost to the delegates. The municipal councillors in their scarlet robes and the kilted Scotsmen dancing the Highland fling to the skirl of bagpipes gave life and colour to the scene. (2)

The new Queen Elizabeth was the patron of this congress.

Two hundred and fifty medical women from 16 countries - Australia, Austria, Canada, China, Czechoslovakia, Denmark, Finland France, Holland, Hungary, India, Italy, Japan, Korea, New Zealand, Norway, Poland, Romania, Sweden, Switzerland, United Kingdom and USA - were present at the inaugural ceremony of the congress held in the McEwan Hall where the MWIA President, Alma Sandquist, presided and introduced the speakers. These included the Vice-Chancellor of the University, the President of the General Medical Council, Dr Mabel Akin, President of American Medical Women's Association, and Dr Denise Blanchier, President of the French Medical Women's Association. The platform party was large - 87 guests - with representatives from China, Hungary, Korea, the Consuls of Czechoslovakia, Sweden and the USA, University Women, Soroptomists, British Medical Association, Department of Health and the City Council – many in academic dress.

There was a very full social programme with receptions by the Scottish Associations of MWF in the Royal Scottish Academy, a reception by MWF in the Women's Student Union, a visit to the theatre by invitation of MWF, a "Women only" dinner in a boy's school, a church service in St Giles Cathedral and various tea parties in the homes of Edinburgh doctors, There were sight seeing tours around Edinburgh and visits further a field to Linlithgow Palace and the south of Scotland. Post-congress tours were arranged to many parts of Scotland.

The Scientific meetings were held at the medical school in Teviot Place, Edinburgh and the topics discussed were *Cancer in Women and its Prevention* and *Maternal Morbidity and Abortion*. A summary from papers prepared by collaborators of 15 different countries was presented on Maternal Morbidity and Abortion. Abortion was reported as the main cause of puerperal mortality and training in obstetric care was recognised as very important as well as contraception. Breast cancer was reported as the commonest cancer in women and the need for its early diagnosis was stressed.

Hospital visits were made to the Elsie Inglis Maternity Hospital and the Hospital for Sick Children in Edinburgh. However prior to the congress in Edinburgh, MWIA members had been invited by the French Medical Women's Association to visit hospitals in Paris and attend the International Exhibition. The MWF also invited members to visit London and the North of England. In London visits were arranged to the Elizabeth Garrett Anderson Hospital, the South London Hospital for Women and the Royal Free Hospital and School of Medicine for Women and in North England visits were made to Liverpool, Manchester, Newcastle and Sheffield.

The business of the Association was conducted at the Council and General Meetings. Louisa Martindale, UK, was elected MWIA President, Germaine Montreuil Strauss, France, was re-elected Honorary Secretary and Doris Odlum, UK, Honorary Treasurer. Six Vice-Presidents were elected – Drs Bauer-Jokl, Austria, Gemessy, Hungary, MacFarlane, USA, Sandquist, Sweden, Thuillier-Landry, France, and Zand, Poland.

The General meeting learned that Holland had formed a medical women's association with one hundred members and would seek affiliation to MWIA. This was provisionally accepted in December, 1937 but required to be ratified later at the next meeting of Council – unfortunately there was no Council Meeting due to the unrest in Europe. The Canadian medical women reported to the General Meeting that their association had reformed. (4)

The annual subscription for national associations was set at 50 cents but in the view of the difficulties still experienced by some associations in paying their annual dues it was decided that these could be modified in line with altered currency in a country. If this had not altered in the past 12 months the national association should pay the full amount. Australia and New Zealand who had paid 1/15th of their annual national subscription agreed to increase their payments. Two banking accounts were introduced – in French Francs and Sterling (5)

The American, Hungarian, and Romanian medical women invited MWIA to hold their next meeting in their country in 1940. Hungary was chosen by vote and Budapest was named as the city. That meeting was not held due to the outbreak of the European 2nd world war in 1939.

At the close of the Congress Esther Lovejoy, on behalf of the American Medical Women's Association, presented MWIA with an album containing papers from 1919.

In 1937 MWIA had reached its 18th birthday and now had a worldwide membership of 3,936 in 25 countries and individual members.(2) Affiliated countries were Australia, Austria, Belgium, Bolivia, Canada, Czechoslovakia, Denmark, Dutch East Indies, Finland, France, Greece, Hungary, India, Italy, Japan, New Zealand, Norway, Poland, Portugal, Romania, Sweden, Switzerland, United Kingdom, USA and Yugoslavia. (1)

In 1938 the Austrian Medical Women's Association resigned from MWIA and Ireland reported to MWIA that they had formed an independent association of medical women and requested affiliation to MWIA but this was not arranged due to the unfortunate circumstances in Europe.

Europe was in turmoil and refugee doctors continued to arrive in the UK. However fifty German and Austrian women doctors and fifty women doctors from Czechoslovakia successfully passed the entry examination which enabled them to practice in the UK. UK had also become the transit country for refugee doctors seeking to work in the USA where many were also able to qualify to practice. Others, however, found employment as masseurs and nurses or worked in beauty parlours. Denmark did receive refugee doctors from other European countries until it too, was invaded. Sweden was able to welcome women doctors to work in their country. The medical women's associations in all these countries supported refugee women doctors and provided them with hospitality. (1)

A Council Meeting was held at Paris in May, 1939, chaired by Louisa Martindale and matters discussed included the conclusions from a conference on the work of women doctors in Exotic countries including the training of medical women in India. More hospitals were required as well as more research into the nutritional needs of these countries. Industrialisation and the introduction of modern ways of life were influencing the population of these countries and their customs and culture were suffering.

Council prepared questionnaires on VD legislation, marriage and prostitution and the health of the school child. These would be sent to national associations in preparation for the 5th Congress to be held in Budapest in 1940.

The publication of Kate Mead's book *The History of Medical Women* in 1938 was praised by Council and well received by MWIA members. (5)

A few months later in 1939, the Honorary Secretary of MWIA, Dr Strauss, sent the archives of MWIA from the Secretariat in Paris to a safe place in the country near Bourgogne. She continued to correspond with Louisa Martindale, MWIA President, from France. A decision was made on 25th September, 1939, to discontinue subscriptions to MWIA as it was felt that there were enough funds for MWIA to continue for the duration of the war. (5)

The 4th MWIA Congress in Edinburgh was the last one held for 9 years but:
The women doctors of the world had become acquainted through the Medical Woman's International Association and was able to co-operate in the relief of suffering during and after World War 11. (2)

Ref.

(1) Wellcome Contemporary Archives Centre, London SA/MWF/

(2) Lovejoy & Chree Reid, Historical Sketch MWIA 1919-50

(3) Wellcome Contemporary Archives Centre, London SA/MWF/ K8

(4) MWIA Journal, December, 1936

(5) Wellcome Contemporary Archives Centre, London SA/MWF/K12

CHAPTER 7 Existing Through the War Years

In September, 1939, following the outbreak of war in Europe, Louisa Martindale, President, MWIA, wrote to all the national associations of medical women to inform them that the MWIA Archives had been removed to a place of safety at Bourgogne and that the Executive Secretary (Mademoiselle Holland) had been discharged from the Secretariat in Paris. She reassured them that it was her intention to keep MWIA in existence and Dr Odum, the Treasurer, had placed MWIA funds (£300) in a deposit account in London where it would earn interest. These funds were now sufficient for the funding of the Association and no subscriptions would be collected for the duration of the war. She also wrote about her plans to Esther Lovejoy in New York, who expressed her anxiety about the French children who had been evacuated and proposed to help them financially.⁽¹⁾ Dr Strauss continued to communicate with Louisa Martindale until Paris was over run by the advancing Nazi forces in 1940. No more was heard from her until 1944 but Louisa Martindale with the help of Janet Aitken (later to be elected Honorary Secretary of MWIA) and the MWIA Treasurer, Doris Odum, together ran MWIA from Janet Aitken's spare bedroom in London. Louisa communicated with Australia, Canada, India, Portugal, New Zealand, Sweden, Switzerland and the USA seeking their opinions on MWIA matters.

The American Medical Women's Association offered to accommodate the MWIA Secretariat in New York and also to hold the MWIA Archives in safe keeping. In 1940 Louisa Martindale received an invitation from Nellie Noble, President of the American Medical Women's Association offering to hold the 5th MWIA Congress in New York in June, 1940 just before their annual meeting. The American medical women felt it was important to maintain MWIA meetings despite the war in Europe. They were aware, however, of the dangers and impossibility of many MWIA members travelling to New York to attend a congress. They offered to arrange the social and scientific programmes but hoped that the MWIA secretariat would send out the notice of the meeting. They planned to hold the congress in the same hotel as their own meeting – the Park Lane Hotel, New York – and include a tea party at the World Fair in the social programme. There were many refugee women doctors in New York and they would encourage these doctors to participate fully in the MWIA Congress recalling research in their own countries. They assured the officers of MWIA that: *You can count on AMWA to do everything they can to make this a good meeting.* ⁽²⁾

Miss Martindale thanked the American medical Women's Association for their invitation but explained that Hungary had not as yet withdrawn their invitation to host this MWIA Congress in 1940, that such a meeting would be non-representative and unconstitutional and it would be wise to omit the congress in 1940. No one in MWIA wanted to upset the American women doctors and she sent another letter suggesting that she hoped they would hold an international meeting under the auspices of AMWA rather than MWIA and invite medical refugees to speak. A suggestion was put forward that there should be a refugee section within MWIA since refugee women doctors were not members of MWIA. ⁽²⁾

The medical women's national associations in Austria, Belgium, Czechoslovakia, Denmark, Finland, France, Holland, Norway and Poland were suppressed between 1940 and 1944, but the Danish and Norwegian associations flourished underground during this time. The Swedish Medical Women's Association continued to meet as their country was not involved in this war. They corresponded with Louisa Martindale, thanking her for the encouraging letters she sent and expressing the view that there would be more need for MWIA in the future to bring peace and goodwill. The Medical

Women's Federation also met in the UK and was responsible for the administration and distribution of financial and other aid received from North America.

Esther Lovejoy and Louisa Martindale corresponded regularly throughout the dark days of the war and this correspondence was given by Louisa Martindale to the Medical Archives Centre at the Wellcome Foundation in London. The generosity of Esther Lovejoy, the American Medical Women's Association and the American Women's Hospital to the civilians and women doctors in Great Britain was outstanding. The Canadian Federation of Medical Women who set up a British War Relief Fund was also very generous. There is now recorded here some of these acts of generosity from the medical women of North America to the medical women and civilians of Britain during the war years and also a record of women doctors' support and assistance to medical women in other European countries, including Germany, when they were liberated.

In 1940, Esther Lovejoy as chairman of the American Women's Hospital, became involved in sending financial support to European countries. She was concerned with the plight of French children who were evacuated from Paris and an initial gift of US\$ 200 (a large sum in 1940) was sent by the American Medical Women's Association to the French medical women to help these evacuees. After the occupation of France money was channelled through the Medical Women's Federation in London to aid women doctors in Britain whose homes, consulting rooms, cars and hospitals had been badly damaged or destroyed during continual air raids in many British cities and towns. Monthly sums of \$300 rising to \$1,000 were received. Reports were always sent to Esther Lovejoy on how this money was used. The war produced more and more suffering in Britain and the Federation asked Lovejoy if the money could also be used to relieve the suffering of women and children and also refugees who had arrived in Britain with no possessions. There were harrowing stories of devastation, death and homelessness among women doctors and their patients. The Federation worked with British relief agencies and the many thousands of dollars received from the American women doctors made "living" possible for many.

There are numerous letters in the files of Louisa Martindale thanking Esther Lovejoy for the help given by her American colleagues to war torn Britain. A few examples of the use made of this money must be recorded:

- The city of Portsmouth – in the thick of the air raids- received money for first aid kits.
- Financial aid to assist the evacuation of children from vulnerable cities and towns in Britain.
- Money to a child whose parents and siblings had been killed to allow her to attend their funeral and buy clothes and personal items.
- Help to a home for severely disabled children which had received a "direct hit" during an air raid.
- Food, clothing and medical aid for those whose homes were destroyed.
- Supporting a mother with five children whose husband was serving on the front line in France. While the mother and four children were underground in an air raid shelter she gave birth to a fifth child. On returning to the surface after the air raid they found their home had been destroyed.
- Maintenance grants over six months to three orphan girls who were found living in unsatisfactory conditions in a convent. There was no government assistance available, as they were Spanish.

- Maintenance grants for schooling, clothing and training to refugees who continued to arrive in Britain from Europe.
- A special training grant to a male refugee from Denmark to enable him to qualify in wireless telegraphy and join the Royal Air Force.
- Large donations to the Royal Free Hospital for Women in London which suffered considerable damage in air raids.
- Money to support refugees who came from Gibraltar with no possessions.
- Gifts of money were given to nurses who working in London, and who had lost many personal articles.

These gifts were given in the name of the American Women's Hospital and were greatly appreciated.

So much money was received from the American women doctors that a special account was opened in London "The American Women's Hospital Fund". Reports on the use of this Fund, photographs of the recipients and of the devastation were sent regularly to America as well as grateful letters written by the recipients of the Fund. There was hardly a British city which did not receive help from this fund and the gifts of money and clothing were reported in the British press and in the minutes of the Business and Professional Women's Association.

The American women doctors expressed great admiration for the people of the United Kingdom for the marvellous way they had stood firm against the terrible bombing. The British women doctors were very grateful for the generosity of their North American colleagues.

In 1944 an Illuminated Address was sent to Esther Lovejoy who presented it at the annual meeting of AMWA. It was signed by many members of MWF.

WE, THE BRITISH MEDICAL WOMEN'S FEDERATION WISH TO PLACE ON RECORD OUR SENSE OF HIGH PRIVILEGE IN SHARING WITH OUR COLLEAGUES OF THE AMERICAN MEDICAL WOMEN'S ASSOCIATION IN THE ADMINISTRATION OF THE AMERICAN WOMEN'S HOSPITAL FUND SUBSCRIBED IN AMERICA FOR THE RELIEF OF CIVILIANS IN THE BOMBED AREAS OF GREAT BRITAIN AND NORTHERN IRELAND. WE TESTIFY TO THE WARM APPRECIATION OF THE MANY RECIPIENTS OF THE PRACTICAL SYMPATHY AND GENEROUS HELP.

AS BRITISH MEDICAL WOMEN, WE EXPRESS THE CONVICTION THAT THIS SPLENDID VENTURE IN COLLABORATION AUGURS WELL FOR EVER WIDENING FRIENDSHIP AND CO-OPERATION BETWEEN OUR TWO COUNTRIES.⁽³⁾

At the foot of this Address were the badges of the Medical Women's Federation and the American Medical Women's Association with the medical badge of a serpent and staff in the middle. The whole was enclosed in an illuminated border. Dr Janet Aitken covered the cost of this Address. ⁽³⁾

The Federation of the Medical Women of Canada (FMWC) was also involved in war relief in UK. In 1944 they formed the British War Relief Fund sending donations of money and food parcels and also assisted medical students as follows:

- A MWF member who was giving shelter to air raid victims in her London flat received a cheque from Edna Guest, a Canadian women doctor, and a co-resident with her at the Elizabeth Garrett Anderson Hospital in London. This was sent when Edna heard that her old friend's flat had been destroyed
- Regular cheques were sent to London women doctors who had lost their homes, consulting rooms and medical equipment.
- Money was sent to the Royal Free Hospital in London severely damaged in air raids.
- Donations were sent to the city of Bath where a MWF member was killed and where over 21.000 homes were destroyed or uninhabitable.
- Food parcels which included apples and ham were brought on several occasions from Canada to London by a ship's captain. The contents were divided among MWF members.
- Assisted a final year Royal Free medical student, whose mother had been widowed, to finish her education. This student was required to ensure that she would qualify and continue in medical practice and not just become domesticated like some young medical students in Canada!. Two other British medical students also received financial assistance.
- Funded a young women doctor from London to travel to an internship in Canada.

These young students were very grateful to the Canadian medical women for their help as otherwise they would not have been able to finish their medical course.

Correspondence by Louisa Martindale continued with the other countries not directly affected by the war. The Swedish medical women felt isolated but they held an international meeting in early 1944 and later a Christmas dinner where they talked about MWIA affairs and sent special greetings to the MWIA President.

When the European war ended in 1944 Louisa Martindale, as MWIA President received many joyful letters from MWIA members in Europe who were freed and were anxious to communicate with MWIA again and looked forward to the time when everyone could meet again. Louisa was pleased to hear from many European colleagues that they were safe and well but others were never traced and it was not until the first congress to be held after all hostilities came to an end that MWIA heard of the bravery of many European women doctors. The American women doctors wished to hold a council meeting in USA but after the long war doctors in Europe had no spare finance to travel and it was not until April, 1946 that a MWIA Executive meeting was held in London.

Esther Lovejoy made direct contact with the Dutch women doctors in November, 1945 and money was sent to them from the USA. She also sent money to MWF members who were freed from internment in Singapore. Money continued to be sent to UK from the American Women's Hospital fund and by the Canadian medical women.

Women doctors from the USA served in several European countries during the war under the auspices of the American Women's Hospital and money continued to come from the USA after the war to relieve the suffering in European countries.

The War Service Committee (American Women's Hospital) of the American Medical Women's Association which was instrumental in organising MWIA in 1919, supported emergency medical work during and after World War 11 through the Medical Women's Federation, UK, the French Medical Women's Association and several other national societies of medical women affiliated to

MWIA. This plan in a common purpose conserved funds, insured the best results and promoted friendliest relations. (4)

References

- (1) Wellcome Contemporary Archives Centre, London SA/MWF/GC/25/B1-17
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CHAPTER 8 Rejuvenation Of MWIA 1945-46

The 5th MWIA President, Louisa Martindale, elected at the 4th MWIA Congress at Edinburgh in 1937, kept MWIA in continual existence throughout world war 2 with the help of her two London colleagues, Doris Odlum, MWIA Treasurer, and Janet Aitken. As recorded in Chapter 7, communication was only possible throughout the war with USA, Canada and Sweden following the occupation of Europe by Nazi Germany and the rest of the world became involved with this conflict including the Far East. Miss Martindale had also made an effort to correspond with the national associations in Australia, India, New Zealand, Portugal and Switzerland when the activities of the MWIA Honorary Secretary in Paris were suspended with its occupation by the German forces in June, 1940.

In 1945 correspondence from 15 national associations and letters from many MWIA members were received when hostilities ceased, and it was obvious that women doctors were eager to meet again. Among the many letters Louisa Martindale received was one with the good news that the MWIA Honorary Secretary, Dr Montreuil-Straus, was alive and well in Paris and that the MWIA archives were safe (1). On receiving so much correspondence the MWIA President and Honorary Secretary immediately began to plan the “*Reanimation of MWIA*”(4) and made every effort to communicate with MWIA national associations and individual members throughout the world. A letter was received from China reporting that they now had the names of eight women doctors interested in MWIA and Esther Lovejoy, who corresponded regularly with London, and Louisa Martindale hoped that they would soon form an association of medical women. Contact was also established with the Russian medical women in 1946 but they replied, however, stating that they did not wish to associate with MWIA. Unfortunately communications were not possible with some associations due to political changes although a few members in Burma, Czechoslovakia, Hungary, Lebanon, Poland, Portugal, Romania, Uruguay and Yugoslavia continued as Individual members but within a few years they too lost contact with MWIA. (2) The letters received by Louisa Martindale included many expressions of admiration for her great efforts to keep MWIA in continual existence through the war.

Meanwhile in London, the British Medical Association contacted Louisa Martindale seeking closer contact with MWIA and inviting her to attend a meeting in London with representatives from medical associations in Belgium, Czechoslovakia, Denmark, France, Greece, Holland, Norway, Poland, USA and members of the British Council. The importance of medical associations in the post war years was stressed at this meeting and the vital role their members should play in rebuilding medical services within each country. (3)



LOUISA MARTINDALE
5th President

The MWIA President and Honorary Secretary were soon planning future meetings of MWIA. A Circular letter was sent on 5th April, 1946 to Australia, Bolivia, Canada, Czechoslovakia, Denmark, Finland, France, Great Britain, Holland, India, New Zealand, Norway, Portugal, Sweden, Switzerland and USA asking them for news of their associations. An Executive meeting was arranged in London, May 1946, under the chairmanship of the President, Miss Martindale, and attended by Madame Thuillier, Vice-President, Dr Odlum, MWIA Treasurer and Dr Montreuil-Straus, Honorary Secretary. The other Vice-Presidents, Dr MacFarlane and Dr Bauer were unable to be present but were in contact by telegram and letter. At this meeting:

The Executive decided that a Council Meeting should be held in London on 19th September, followed by a General Meeting at which a new election would be held for the Executive Committee, consisting of President, six Vice-Presidents, and Honorary Secretary. (4)

This decision was changed at the request of the American Medical Women's Association, as their delegation was not able to travel to London owing to transport difficulties. The General Meeting was postponed until 1947 and only a Council Meeting was planned for September, 1946, with two sessions open to all delegates when the activities of members during the war, contemporary problems dealing with medical aid to victims of war and the future of MWIA could be openly discussed. National Associations including Hungary, Poland and Yugoslavia this time, were informed through MWIA circular letters about the new proposals and invited to attend and give account of their activities during the war years.

There were numerous replies from national associations bringing sad news. Several of the pre-war MWIA members officers had died – Past Presidents Alma Sundquist, Sweden and Lady Barrett, Great Britain - as well as other members who had played a key role in the activities of MWIA – Dr Taylor Jones, USA, a former Vice-President, Dr Kate Mead, USA, National Corresponding Secretary, Lady Margaret Balfour, Great Britain, who had organised an association of women doctors working in tropical countries, Dr Dagny Bang, Norway, who had served MWIA faithfully for many years, Dr Krepuska, Hungary and Dr Kovatchevitch-Yovanovitch, Yugoslavia. Members in different countries had lost their lives as a direct result of the war- killed during air-raids, died in concentration camps, or disappeared into the dreaded “unknown”.

A full account of the first post-war meeting of MWIA is written in the Bulletin of the Medical Women's International Association, December, 1946, and was also recorded by Esther Lovejoy and Ada Chree Reid in a Historical Sketch of MWIA 1919-1950. It is worth recording excerpts of the inspiring Presidential address by Louisa Martindale at this first meeting of MWIA since the 4th Congress which was held in Edinburgh, August.1937. Interesting reports were received and important MWIA business discussed at the Council meeting, and together with the reports read at the “Open Meeting” from European National Associations liberated by the allied forces in 1945, from other women doctors and countries affected by the war, it gives a true account of the effect this war had on the lives of medical women in many countries of the world.

Louisa Martindale welcomed 75 MWIA members and Council delegates to the open meeting which was held at the Royal Society of Medicine, London on 21 and 22 September, 1946. In her Presidential address she gave a special welcome to Esther Lovejoy, the founder, and first MWIA President and gave encouragement to her audience of medical women:

Today is a great day for us. We meet in freedom to express our individual opinions, and freedom, if we wish, and to build up a future Medical Women's International Association which may have a very lasting influence in helping to secure that objective we all desire with all our hearts – a just and lasting peace.

Today, in the efforts to secure peace, our great international conferences are being split into various factions owing to jealousy and misunderstandings of every kind.

It seems to me, and here I believe you will all agree, that it is for us medical women to show that we can meet and discuss our problems in a purely international spirit laying aside all purely national prejudices, for as Edith Cavell said when she was led to her death “Patriotism alone is not enough”.

It is for us to put the health and welfare of the peoples of all the nations first. To learn what we can from one another, to help solving what at times seems insuperable difficulties, and to show that medical women of all nations can work together as friends in this new and war-stricken world.

Louisa Martindale next gave an account of her recent visits to Europe. In March, 1946 she was invited to visit Sweden by their President, Dr Andreen. There she learned about the work of the Swedish medical women during the war years and how they had cared for refugees, displaced persons, and later the victims of concentration camps who had arrived in Sweden. She also visited Copenhagen attending a regional conference attended by ninety Scandinavian women doctors and heard what they were able to do after the war in Denmark, Norway and Finland. It was reported by Dr Zaida Erikssen and her colleagues from Finland that they were planning to build a new hospital for allergic children. In June, 1946 she was invited to chair the first meeting of the newly formed enthusiastic French Association and was made their Honorary President.

Contact had been made with the Dutch women doctors through correspondence with Dr Blink Rolder. They had experienced great hardship during the war This was followed by an invitation from MWF to bring sixteen Dutch women doctors to London for a medical refresher course. A "Continental Fund" had been established by MWF members to assist European Women Doctors with post graduate medical education. Many other British organisations made this 17 day visit possible – the British Council provided the return fares and gave a reception, the British Medical Association gave a luncheon party, University centres throughout the UK offered teaching and hospitality, MWF members provided spending money, and women doctors throughout the UK offered weekend home hospitality despite the fact that there was still a shortage of food and rationing in UK. Dr Elsie Sanders made the arrangements in Holland and the Dutch doctors appreciated the friendship and generosity as their text books, medical instruments and many personal belongings had been confiscated by their German invaders. Arrangements were made for medical journals to be sent to Holland by the Royal Society of Medicine and the British Medical Association. (8)

She then spoke about one of the most serious effects of the war and its effects on the youth of the aggressive nations. Children roamed the streets and were difficult to control as many had lost their parents. They lacked food, health care and education. Many groups of children made their own laws and could be brutal:

In some countries war has resulted in unparalleled crime waves and continuing difficulties in the food and labour situation with a sense of frustration at every turn. It does not help us in our efforts to inculcate habits of honesty and industry in our young adolescents.

There had been a great refugee problem, especially of doctors, and she spoke of the efforts made by the UK Home Office to help refugee doctors. She had served on a Selection Committee of the Home Office and helped to choose 50 Czechs and 50 German and Austrian doctors who were given the opportunity to study for a British degree enabling them to practice in the UK.

Looking to the future she promised to organise a MWIA Congress in 1947 as such congresses are important to assist women doctors in getting to know each other better, but also, through the scientific sessions, to evaluate the newer methods of treatment in our different countries:

It will give us an opportunity too, of understanding each others differences and helping to solve them. This will always be difficult but I believe that women have an even greater responsibility than men. For women are natural diplomatists and their services in diplomacy could, if they were used, be of the utmost value. But we must educate ourselves and be strong and courageous, and be prepared to take our place in the great international councils of the world at which decisions are made which may lead to war or peace.

Our MWIA is only one link in the chain of international institutions and perhaps it is easier for us because our work knows no national frontiers. Our aim is to heal and relieve suffering, not to destroy. We therefore, as members of the Medical Women's International Association must work for a better understanding of each others problems, a determination to achieve a lasting peace and so to help to lift the standard of a higher conception of freedom and international goodwill. (5&7)

During the two days of the "Open Meetings", which were not officially MWIA General Assemblies, the work of medical women in the Armed Forces and the Resistance Movement, the organisation of medical care and the problems presented in post war reconstruction were discussed.

In her Historical Sketch, Esther Lovejoy made the following observation:

There was an outstanding difference in the look of the general assembly as compared with such gatherings before the war. Many of the doctors participating in the program were young. They had grown strong under hard conditions, and their war records will be a source of pride and inspiration to coming generations of women physicians and surgeon.

Dame Janet Campbell, MWF President, in her welcome address, stressed the fact that medical women had a special contribution to make towards reconstruction and the establishment of peace and harmony in the world and that MWIA was a valuable organisation to develop this.

Dr S. Lamotte and Dr Bergot, Council Members from France, stated that:

French medical women won an uncontested place in the army during the later campaign.

While France was occupied it was difficult to set up a recruited force and through the initiative of women doctors themselves, they came together, and worked with the French Army in France, North Africa, Italy, Britain, Alsace and Germany. In 1944 The Women's Auxiliary Army Force was formed and included 150 women doctors in a Women's Medical Corps which held an honoured and privileged position in France.

French women, including the women doctors, played an active role in the Resistance. Dr De Blainville related how she was arrested in 1944 for her activities in the Resistance, imprisoned in Fresco, near Paris and then sent to Ravensbrück, the largest concentration camp for women in Germany holding 16,000. No medical attention was given in the camp:

There was no treatment or care given to the prisoners, and no medical services at all in the French concentration camp and large numbers died. Transport into Germany was appalling - 125 people were put into cattle trucks, and many died on the way. All property was taken from them, huts were densely overcrowded, and infection was rife. Examination for pregnancy was conducted with no attempt at cleanliness, and prostitutes were mingling with healthy women. Certain camp blocks were reserved for those to be sent to the gas chambers or the crematorium. Experiments were carried out on the prisoners with the greatest cruelty. The influence of women doctors was mainly to try to comfort the women and raise their morale. This they did with great courage and devotion.

The French people had suffered many hardships during the war and 600,000 were arrested and 250,000, who were deported to Germany during the occupation, had not yet returned home. In one concentration camp in Strasbourg over 45,000 people were subjected to vivisection or experimental injections and in the camp at Belsen 500 were used for artificial insemination experiments. Malnutrition was a problem among the returning deportees, and a great deal of organisation was required to re-establish these people, many of whom were suffering from emotional instability, loss of memory and were also in a very poor physical condition. Children

also suffered from poor nutrition and this had lowered their height and weight. Many developed cutaneous and parasitic infections as well as peripheral circulatory problems.

There were many problems experienced in relief and reconstruction after the war. The psychological effects of the war on French children was had been very serious and Dr Marcus Jeisler from France detailed some of these effects. There was an increase in psychological disorders, delinquency and groups or bands of children were living wild, outside the towns at the time of the mass deportations. The children had been abandoned by their parents, or had seen their parents maltreated and they wished to avenge this. The behaviour of Jewish children whose parents were deported was particularly difficult:

They had their own laws, their own chiefs and were brutal. Many of the children suffered greatly from the lack of education. With patience, children were slowly returning to normality. Switzerland had taken many of these children during the war and others found refuge in North Africa and Palestine.

Dr Letitia Fairfield, Great Britain, spoke of work of medical women in the Royal Army Medical Corps. These doctors had equality of status and conditions with their male colleagues and served in most of the areas of the war, treating the troops in casualty stations and hospitals. There were 600 women doctors in the British Army before the end of the war.

Miss Jocelyn Moore, a British Gynaecologist, cared for the wives and children of regular soldiers as well as women serving in the Army. The commonest disorders were associated with menstruation but the incidence of venereal disease and illegitimacy was remarkably low.

Dr Dorothy Fenwick (G.B), an officer in Bomber Command, reported that women doctors were given important work in the Air Force and were well received by their male colleagues. She gave lectures on personal hygiene and venereal diseases to all new female recruits and all women in the air force were able to consult a women doctor.

Members of the Medical Women's Federation of Great Britain were very active during the war, serving in Emergency Medical Services, dealing with air raid casualties and treating patients of colleagues who were serving in the Armed Forces. Members also worked in the London hospitals where civilians, severely injured in air raids, were treated. One civilian made an excellent recovery from no less than thirty fractures. A description was given of life in the London underground stations which became the refuge of Londoners during the nightly air raids and how medical care was arranged. Despite the unfavourable conditions the health of the British people was excellent and morale remained high.

Dr Fog detailed the active part that women doctors played, side by side, with their male colleagues in Denmark: *They secretly received weapons, helped and transported saboteurs, hid refuges and parachutists and acted as couriers. They were favourably placed for this work because the constant coming and going in their consulting rooms made them a safe place of rendezvous. Their visits to patients afforded a means of conveying information, they had access to private telephone communications, and they often used ambulances and hospitals to save Jews and others whom the Germans were seeking. They were able to use their cars to transport many people to safety during the blackout. Their medical and surgical skills were frequently employed in helping saboteurs whom they kept in secret clinics and private houses. Many women doctors were discovered working in the Resistance and sent to concentration camps for long periods. It was generally accepted in Denmark that they had done a magnificent work.*

Dr Roever Bonnet, Holland, told a similar story of the work of women doctors in her country where there was a strong resistance movement. One woman doctor was a leader of the whole resistance movement, but another who

used her house as a centre for the resistance was arrested and killed by the Germans. A women doctor who became the chief doctor in a German internment camp was able to give great assistance to her fellow internees, and even to help them to escape. After the liberation of Holland, their government organised an active system of relief units throughout Holland. By this method they were able to quickly combat the cruel consequences of the hunger blockade in 1944-45 and restore normal hygiene and medical services. Other problems included wounded soldiers, victims of air raids and the rehabilitation of the workers who had been deported. Tuberculosis and syphilis had increased alarmingly among these people and congenital syphilis was not uncommon. The physical condition of the Dutch population of the Dutch East Indies, who were evacuated to Holland after the capitulation of Japan, was described as deplorable. The Dutch government gave material and financial help and special dispensaries were opened to deal with tropical diseases and nutritional deficiencies.

The Resistance movement was strong in Norway. Ten women doctors were imprisoned for their resistance work, and one, who went voluntarily with her Jewish patients to Germany, was never seen again. 300,000 Norwegians died in concentration camps. The women doctors of Norway were proud that they were able to have an active role in helping their people and country during its occupation.

Dr Michotte-Rouse, Belgium, spoke of her work in charge of a hospital in Bruges at the time of the evacuation of British, French and other allied troops from Dunkirk. A woman doctor was in sole charge of the whole Malmedy region during the war and did outstanding work in Belgium:

As in other countries, medical men and women gave the most devoted service at great personal risk.

Esther Lovejoy, USA, said that the part played by American medical women had been that of *sympathetic observers*. They had done what they could, by sending money and others items which were permitted, to the medical women in Britain and other countries.

Dr Sinclair from New Zealand reported that several women doctors served in the British Forces during the war. Two sisters from Australia lost their lives through enemy action during the Japanese invasion of Singapore.

Sweden's role in the organisation of medical care had been to help refugees from other countries. 70,000 Finnish children had been placed in private homes and many were invalids, suffering from Tuberculosis. In 1944. 30,000 Baltic refugees were received and over 30,000 other refugees and displaced persons came to Sweden. The women doctors in Sweden took an active part in their medical care.

Reports were then received from the national corresponding secretaries or representatives of national associations of their activities during the war years The American Medical Women's Association had regular meetings during wartime despite the fact that their workload had increased due to the involvement of many doctors in the war overseas. The most important work was undertaken by the American Women's Hospitals Committee which continued its work in South Carolina and co-operated with the national associations of MWIA in different countries by helping war victims. Personnel were maintained in Greece and relief was given to national associations in Great Britain, Norway and other countries.

Money continued to be sent from the American women doctors through the American Women's Hospital to Britain until 1948 and was used to repair structural damage to hospitals and institutions rather than individuals. Money was given to the Marie Curie Hospital which was totally destroyed in 1943, but fortunately the radium had been buried deeply under the hospital for safety. The Royal Free Hospital, London, received finance to replace scientific and electrical equipment as well as money to reconstruct children and unmarried mother's

homes and the MWF office in Tavistock Square, London. These are only a few of the many institutes which were helped by the generosity of the American women doctors.

A report was given by Dr Michotte Rouse of Belgium, even although there was no longer an affiliated association. There were 196 women doctors in Belgium some of whom held important posts in the hospitals and medical research institutes.

The Council and Executive of the Federation met regularly in London and lobbied the UK government on various important issues. It also was responsible for the distribution of generous gifts of money sent from the medical women in America and Canada.

Dr Mary Eddis reported that the Canadian Medical Women's Federation met regularly and had 80 members.

Despite the sufferings and persecutions during the years of the German occupation the Czechoslovakian Association continued to exist. Members were very courageous and: *did their best to save Czech people from famine and slavery*. Many members were imprisoned and some were executed. Universities had been closed by the German occupiers and it would be some time before there were sufficient numbers of qualified doctors to meet the medical needs of the population.

The association in Denmark, which had 50 members before the war, had been reorganised on a new basis, and now had 220 members and it hoped to be re-affiliated to MWIA at the Council Meeting.

The French association had also been re-organised after the war and had held their first meeting in 1946 under the chairmanship of Louisa Martindale, their honorary chairman. Since 1945 The American Women's Hospital had sent monthly gifts of \$300 to France in aid of war victims

The Dutch Medical Women's Association constituted in 1937, with a membership of 200, had applied for affiliation to MWIA. Although this was provisionally accepted by the General Assembly at the 4th Congress in Edinburgh in 1937 it had not been ratified by Council which had not met on account of the war. The association was dissolved in 1942 to avoid: *the nazification of our profession*. The Association was re-organised in 1946 and had a membership of 150 against a total of 900 medical women in Holland.

The number of medical women in New Zealand increased markedly during the war. 196 medical women were on the register and approximately 135 were in active practice.

In June 1941, the Norwegian Medical Women's Association together with the Norwegian Medical Association were placed under the chairmanship of a Nazi doctor and the control of government commissioners. Both associations withdrew and ceased to exist although private medical meetings were held. In June 1945, the Medical Women's Association held its first official meeting and new officers were elected from among the 95 members. The American Medical Women's Association sent \$1000 in 1945 and \$500 in 1946 as a gift and this was being used to reconstruct a small fishing port, Televag, which was completely destroyed by the Germans.

The Swedish Medical Women's Association held meetings throughout the war. It had 100 members out of 250 practising women doctors in 1946. As members of MWIA they supported women doctors who had come to Sweden as refugees from Germany, Austria, Czechoslovakia, Norway and Denmark. They invited them to their meetings and into their homes.

The “Open Meeting” was followed on the 21st September by the MWIA Council Meeting at the same venue. It was attended by 190 delegates from 12 countries – Belgium, Denmark, France, Finland, Great Britain, Holland, India, New Zealand, Norway, Sweden, Switzerland and USA. Apologies were received from Austria, Canada, Hungary, Czechoslovakia and Yugoslavia. The MWIA President, Louisa Martindale, chaired the meeting.

The Honorary Secretary, Dr Montreuil -Strauss, gave a very full report from July, 1937, when the Council last met in Edinburgh at the 4th MWIA Congress. MWIA Executive had met 14 times between July 1937 and July 1939 either in Paris or London, the last meeting being held in London on July 1939. Circular letters were sent every 3 months from the secretariat in Paris to all the national associations until the secretariat in Paris closed in November, 1939. Dr Montreuil-Strauss continued to communicate with 20 national associations until March, 1940, but in June of that year she was no longer able to make any contact when Paris was occupied by the German forces. Word was received in October, 1940 that the associations in Austria, Belgium, Czechoslovakia, Denmark, Finland, France and Holland were virtually suppressed. Thereafter Miss Martindale continued to communicate from London with other associations outside of Europe. With the liberation of France in 1945 contact was again established between the MWIA officers and then slowly with national associations.

Before the MWIA secretariat closed in 1940, lists of refugee women doctors had been kept for many years and the Honorary Secretary had made contact with other countries which were willing to accommodate them. Some of these doctors were able to practise again in America and Great Britain after passing the necessary examinations, but, other less fortunate colleagues were unable to resume professional activities outside of their own countries. In order to earn a living these women doctors worked as nurses, masseurs and in beauty parlours in Denmark, Sweden and New Zealand. The Honorary Treasurer, Dr Odium, reported that no subscriptions had been paid since 1939 as the work of MWIA had been in abeyance. After payment of expenses for postage there was a balance of £268.

The business discussed at the Council Meeting included the ratification of the affiliation of the Dutch Medical Women’s Association and the re-affiliation of the Austrian and Danish Medical Women’s Associations. A decision was made that the MWIA Secretariat should in future have a permanent position and the National Corresponding Secretaries would submit their views on the venue within three months. The annual subscription was set at a minimum of one shilling with a request that those countries which could afford to pay more should do so. An invitation from the Dutch Association to hold the 5th Congress in Amsterdam was accepted and the topic chosen was “The Responsibility of Medical Women in the Reconstruction of the Post War World”.

Dr Heise of Copenhagen made an appeal to national associations to provide material for a new Medical Women’s Library in Philadelphia... The American Medical Women’s Association was planning to raise \$500.000 to erect a building for a new Medical Women’s Library on the campus of the Women’s Medical College of Pennsylvania. This would be a library for all medical women.

An interesting and enjoyable social programme was provided over five days for all the Council members and representatives from abroad. The Medical Women’s Federation provided their guests with lunch on two days at the Royal Society of Medicine and the Café Royal and their London Association gave a reception at the London School of Medicine for Women. Louisa Martindale and Janet Aiken provided lunch in their homes and a visit was made to a London theatre to the popular play “Song of Norway” at the invitation of Louisa Martindale and Doris Odium. Two buses were hired by Louisa Martindale to take the visitors around London and the visitors: *Felt like pilgrims, happy and deeply moved both at the dignity with which London carries its great scars and at the incomparable beauty of its most important treasures which are all still there.*

Tea was provided after the tour by Dame Louie Mc Elroy at the British Medical Association House and the following day a visit was made to Windsor Castle.

Dr Andrea Andreen from Sweden wrote the following words after describing the social programme in London for the MWIA Bulletin, December, 1946:

Foreign delegates at international congresses always have a lot to be grateful for. That is true this time in amplissima forma. In spite of the cheerful ease with which our hostesses passed over their difficulties we know how big these difficulties were. We shall never forget what the British Federation and what the President of MWIA did for us in after war London of September, 1946."

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- (3) Wellcome Contemporary Archives Centre, London, SA/MWF/box 8
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CHAPTER 9 The First Post-War Mwia Congress - The 5th

After the Council and Open meetings in London, the Secretariat in France maintained contact with the countries represented at the meetings and endeavoured to support members in countries which had not been able to re-establish their associations. Dr Montreuil-Straus, MWIA Honorary Secretary, in Paris, and Louisa Martindale, MWIA President, in London were in constant communication. Both were pleased that so many young women doctors were now interested in MWIA and they realised it was important to encourage their activity in national associations, as well as inspiring national associations to grow or re-establish, securing the future of MWIA

Preparations were soon commenced for the next Council Meeting and the 5th MWIA congress which was scheduled to be held in Amsterdam between the 20th and 30th June, 1947, only 9 months after the London meetings. The organisers of the congress, members of the Dutch Association, became affiliated to MWIA at the Council Meeting in London, September, 1946. They were provisionally accepted by MWIA at the 4th Congress in Edinburgh, December, 1937, but their affiliation had not been ratified by MWIA Council which did not meet after the outbreak of war. MWIA Executive met several times in London and Paris prior to the 5th Congress and was able to assist the newly affiliated association.

The first MWIA Council meeting was held on Tuesday morning, 24th June, 1947 prior to the official opening of the 5th Congress. The venue for the Council meetings was the offices of the Dutch Medical Association situated in an old patrician house, on the banks of a canal. The meeting was chaired by the President, Louise Martindale, who expressed her pleasure that 350 members and delegates were expected to attend the 5th Congress. There was second meeting of Council after the Congress under the chairmanship of the newly elected President, Charlotte Ruys, on Saturday 30th June at the same venue. A full account of the proceedings of Council and a report of the 5th MWIA Congress are published in the Journal of the MWIA (1)

The following members attended the 9th MWIA Council Meetings:

Miss Martindale, President,

Dr Odium, Honorary Treasurer,

Dr Montreuil-Straus, Honorary Secretary,

Council Members

Dr Lore Antoine, Austria, Dr Owen, Canada, Drs Heise and Braestrupp, Denmark, Dr Eriksson, Finland, Dr Thuillier-Landry, France, Drs Aitken, Esselmont, Harding and Hertzfeld, Great Britain, Prof. Ruys, Dr Sanders and Lohr, Holland, Dr Guldberg, Norway, Dr Spencer-Sales, New Zealand, Drs Chree-Reid, Johnston, Schrack, Stimson and Thelander, USA.

Dr Michotte-Rouse, Belgium and Dr Schnabel, Switzerland were present at the Council meeting although there was now no national association in either of these countries and Dr Borsaelli, a guest, representing Italy.

The minutes of the 8th Council Meeting, written in both English and French, held in London in 1946, were approved. The resolution, adopted at the 8th Council Meeting, to acquire a permanent MWIA Secretariat, was cancelled on account of the present unstable financial situation. It was decided to determine the place of the secretariat only for the next 3 years.

The Honorary Treasurer, Dr Doris Odlum, reported on the financial state of MWIA. Prior to the meetings in 1946 there was a balance of £290 in bank and Council had decided in 1946 that regular subscriptions would start again in 1947 but if any national association felt they were able to give a subscription in 1946 these would be gratefully received. Sweden, USA and Canada were able to send subscriptions in 1946 and she had already received subscriptions for the year 1947 from 6 national associations giving MWIA an income of £325 with more subscriptions to be paid. The expenditure over the past year had been £330 so MWIA had become solvent once more. Dr Odlum's report was unanimously adopted.

In her report, the Honorary Secretary, Dr Montreuil-Straus, spoke of the efforts being made to re-establish relations with national associations, who were not able to attend the open meetings in London in September, 1946. Contact had been made with the Polish Association which, although depleted, was now reorganising. There was a new National Corresponding Secretary (NCS), Dr Maria Skokowska. She informed MWIA that the MWIA Vice-President, Dr Garlicka and the former NCS of Poland had been killed by the invaders of their country. The Italian Association had reorganised and would attend this congress. She had been unsuccessful in her attempts to contact the association in Russia and Romania and the NCS in Portugal, Dr Benoliel, had requested that her name be removed from the list of NCS's. The NCS of Yugoslavia had also resigned but had suggested Olga Miloschevitch as her replacement but there had been no communication from her.

There were now 15 national associations affiliated to MWIA – Australia; Austria, Canada, Czechoslovakia, Denmark; Finland, France, Great Britain, Holland, Hungary, New Zealand, Norway, Poland; Sweden and United States. Three associations- Belgium, Italy and Switzerland, were being revived.

In conclusion, the Honorary Secretary stated:

I believe that we have reason to be proud of the fact that so soon after separations and misunderstandings caused by the war we have succeeded in re-establishing our international co-operation. We can therefore turn with confidence towards the future and believe that the MWIA will, in accordance with the subject of our scientific discussions, take an active and efficient parting the reconstruction of the post-war world (1)

Dr Montreuil-Straus's report was unanimously adopted

Other business was then discussed by Council

The Retiring President: A proposal by the British Federation that the retiring president should automatically be made a vice-president or a member of the Executive to secure continuity in the management of Association was accepted:

The retiring president would be an officer for a three year term with power to vote (1)

Re-affiliation of dissolved or revived associations;- *It was decided that dissolved or revived associations should be re-affiliated only after submitting their constitution to Council. The Council decided that the question of relations with the German medical women should be considered at the next Executive. (1)*

Alteration in the Constitution and By-Laws:

1. *It was decided that the President, the Hon. Treasurer and the Hon. Secretary having functions of an international character, should not represent their country:*

Each association shall have the statutory number of Council members irrespective of the members it

might have on the Executive as President, Hon Treasurer or Hon. Secretary.⁽¹⁾

2. In the case of the resignation or death of a Vice-President the choice of her successor should be left to the Executive in consultation with the country of such a Vice-President. In the case of the resignation of the President, Honorary Treasurer and Honorary Secretary, a special meeting of the Council shall be called to elect a successor ⁽¹⁾

These alterations to the Constitution would be recommended to the General Assembly ⁽¹⁾

Nominations

Council next discussed the nominations for the new President and the Honorary Treasurer. Three names had been nominated for President: Prof Ruys, Holland, Dr Stimson, USA and Dr Andreen. Both Dr Andreen and Stimson withdrew their candidacy and it was proposed that Dr Ruys would be nominated to the General Assembly.

Drs Sanders and Odum had been nominated as Honorary Treasurer but as Dr Sanders had withdrawn her candidacy it was agreed to recommend Dr Odum to the General Assembly.

Secretariat

It was decided that the Secretariat should remain in Paris for a further three years.

The second Council Meeting was held on Saturday, June 28th, under the chairmanship of Prof Ruys, MWIA President. Dr Crowe, Australia, and Dr Dewetterova, Tchechoslovakia, also attended this meeting as representatives of their countries.

Prof. Ruys thanked Council for recommending her candidacy to the General Assembly and stated that she would do her best as President to further the prosperity of the Association. She presented Council members with four copies of a book on the University of Leydon from the Vice-Chancellor of the University.

Council members moved to discuss new business:

Dr Montreuil-Straus was unanimously re-elected as Honorary Secretary

On the proposal of the Treasurer, Dr Odum, Council adopted two resolutions:

1. That the annual subscription should be two shillings

2 That cheques may be signed by any two of the following- President, Honorary Treasurer, Honorary Secretary Past President, for the next three years, provided that one of the signatures is always that of the Honorary Treasurer⁽¹⁾.

It was proposed by Dr Eriksson-Lihr, Finland, that the next Council Meeting should be held in Helsingfors, Finland in July, 1949. Council agreed to this venue and also that Council would meet prior to the 1950 Congress which expected to be in Philadelphia, unless it was impossible for European members to travel to the States and the Congress would be held in Paris in 1950.⁽¹⁾

It was agreed that Dr van Hoosen, USA, who had been proposed by four Scandinavian Associations, should be made an Honorary Member of MWIA. ⁽¹⁾

Relationships with other international organisations were discussed and Council authorised the Executive to send representatives and observers to UNESCO, International Association of University

Women, International Council of Women, World Medical Association and International Federation of Business and Professional Women. Drs Odlum and Montreuil-Straus were appointed as observers to attend the Assembly World Medical Association in Paris. (1)

A decision was made to accept the generous offer of the American Medical Women's Association to use the international section of their Journal as a medium of communication and to print in their Journal the reports of the scientific sessions and the national corresponding secretaries' reports from the Congress as there was a shortage of paper in Europe. Dr Eriksson-Lidr offered to ask the Finnish Medical Association to send paper to enable the Bulletin to be printed. (1)

Finally, Prof Ruys in closing the 2nd Council Meeting, suggested that the Executive should carefully consider the organisation of the next Congress in Philadelphia in three years time and if possible synchronise the date with the other international organisations.

The Inaugural Ceremony of the 5th MWIA International Congress took place at the Royal Institute for the Indies, Amsterdam, on the 24th June, 1947 at 2.30pm under the chairmanship of Miss Martindale, MWIA President. Miss Telegen, representative of her Majesty the Queen of Holland and the Minister for Social Justice were present

Dr van der Blink-Rolder, President of the Dutch Medical Women's Association: *Welcomed all members present and especially the representative of Her Majesty the Queen, the Ministers who honoured the meeting by their presence and the Lord Major of Amsterdam who showed so much kindness to the Congressists*

Having recalled the gratitude felt by the Dutch people towards the countries who helped them in the hours of their distress, Dr van den Blink-Rolder added:

I know that some of our guests have come here in order to find an answer to the question whether there is a need for a society of medical women. I hope at this congress they will find proof that there is certainly a need for such a society, not only in order to look after the special spiritual and material interests of medical women but also to stimulate international relations between medical women and especially in order to show that the woman's point of view in regards to various problems should not be disregarded

There is nothing better than an international congress for mutually stimulating and intensifying friendly feelings among peoples. This does not usually only occur during the scientific part, but even more during – let me now call it - the social part. The exchange of thought- scientific or non-scientific- never bears so much fruit as in free intercourse when one knows there is mutual confidence in a group of people and appreciation of people with the same feelings.

The Minister for Social Affairs addressed the congress and welcomed the Medical Women's International Association to Amsterdam. He was certain that women doctors did not belong to their own society to isolate themselves from their male colleagues but because they might have a different attitude towards certain aspects of their profession, especially in the medical-social field.

Miss Martindale, as MWIA President, expressed the gratitude of the Medical Women's International Association for the great honour bestowed by her Majesty, the Queen Wilhelmina, who had accepted

patronage of the congress. She emphasised:

That the aim of the Congress meetings was to study, in an international spirit the part that the medical women can play in the reconstruction of the war-scarred world. Medical women desired that in the future social security be insured for every human being and that HEALTH should form part of this social security.

Professor Cornelia Lange, on behalf of the Dutch Medical Women's Association, presented each representative of the National Associations with a medal, symbolising what she described as:

The holy war of Arnheim, expressing thus the gratitude of Holland to the Allied Forces and the generous countries that helped Holland during the war.

The following morning, June 25th, Miss Martindale opened the first session of the General Assembly Meeting. In her welcome to members of the Congress she said:

How wonderful it is that so many of you are here today. Two years ago we scarcely thought it would be possible to have so many representatives from so many countries.

Her first duty was to report to the General Meeting that Council had met the previous day and unanimously nominated Professor Ruys as the new MWIA President. She was the Professor of Bacteriology and Epidemiology to the Medical Faculty at the Amsterdam University and had been involved in the heroic Dutch Resistance Movement. The General Assembly unanimously elected Professor Ruys as President. She took the chair of the Meeting and stated how honoured she was to be chosen as President:

This choice is not so much a choice of myself personally, but the choice of my country, and I therefore feel I can be proud of it. Before the war I was not so much interested in international affairs. I thought that I, as a working woman, had the task to do my work as well as possible, and perhaps better than a man because people ask from women more than they ask from men but the terrible experience we went through made me realise that we have a task in the field of the rights of mankind and of truth. We have fought during the war for these principles; we have to do more than ever now in peace.

Professor Ruys thanked Miss Martindale for the twenty years she had led the International Association, keeping it alive during the war years and making it possible for so many medical women from many countries to meet in Amsterdam.

The business of the General Assembly commenced with reports from the Treasurer, Dr Odum and the Honorary Secretary, Dr Montreuil-Straus. These reports, previously presented at the first Council meeting, were unanimously adopted.

It was agreed that the Italian Association should be re-affiliated as soon as its constitution was received.

The six Vice –Presidents nominated by Council, the nomination of Dr Odum as Honorary Treasurer and Dr Montreuil-Straus as Honorary Secretary were elected unanimously by the General Assembly.

Paris was approved as the venue for the International Secretariat for the next 3 years.

The alterations of the Constitution and Bye-Laws proposed by Council were unanimously adopted

by the General Assembly

1. Article VI of the Constitution: -The Officers of this Association shall be a President, the out-going President, six Vice-Presidents, Honorary Treasurer and Honorary Secretary

2. Article II of the Bye-Laws: In case of the resignation or death of the President, the Hon. Treasurer or Hon. Secretary, the Council shall meet to appoint a successor. In case of the resignation or death of one of the Vice-presidents, the choice of her successor will be left to the Executive in consultation with the country concerned.

3. Paragraph 3 of Article VII of the Bye-Laws was thus altered:

Each country shall have a regular number of Council members in addition to the members it might have on the Executive as President, Hon. Treasurer or Hon. Secretary.

Reports were received from representatives of American, Austrian, British, Canadian, Finnish, French, New Zealand and Norwegian Associations.

The second session of the General Assembly was held on the 28th June following the scientific sessions.

The invitation from the USA to hold the next Congress in Philadelphia was accepted and a list of subjects proposed by the different National associations during and after the present congress would be sent to each national corresponding secretary who were asked to inform the Honorary Secretary of their Associations choice within 6 months.

The six rapporteurs summarised the papers presented during the scientific sessions. The subject at the 5th MWIA Congress was *The Responsibilities of Medical Women in the Reconstruction of the Post-War World*. It was agreed that individually and collectively medical women should work for peace, health and decent living for all mankind. The delegates realised that they represented a small but peculiarly influential class of women intimately associated with the families of their patients in widely separated parts of the world. Their responsibilities were vital. Their influence might easily be "like unto leaven which a woman took and hid in three measures of meal till the whole was leaven".⁽²⁾

The following resolution proposed by the five rapporteurs was discussed and unanimously adopted by the Meeting:

Since in rebuilding the World, it is evident that physical and mental health are inseparable from the social, economic and moral status of the people, the women doctors meeting in International Congress in Amsterdam, June, 1947 resolve: That as physicians they must not only qualify themselves in the best traditions in all branches of their profession, but they must also participate efficiently in those activities which are concerned with the social, economic and moral betterment of society at local, national and international levels⁽¹⁾

The President announced to the Meeting that Her Majesty the Queen of the Netherlands had graciously invited a number of members of the Congress to visit her.

Professor Ruys closed the Meeting by saying that in addition to the proposed resolution, one of the most satisfactory results of the Congress was the establishment of deep and permanent friendships:

Women must exercise a stronger influence in the World. A wise Chinese proverb said: Women are

never asked to help to prevent disasters but are always called in to help in reconstruction. This showed that in the past women had waited to be called. In the future they must come out themselves and realise that bricks for building a better world lie concealed within themselves (1)

The social programme associated with the congress was as usual accepted as a very important part of the meeting and the Dutch colleagues had arranged excellent accommodation, entertainment and exciting excursions. An excellent lunch was provided after each morning session at the Royal Institute for the Indies. Following the Inaugural Ceremony the members and friends were invited to tea and an organ concert was given by the Dutch section of the International Society for Contemporary Music. A splendid dinner followed on the evening, 25th June in the Victoria Hotel with numerous speeches which were short and humorous. The various national anthems were sung at the close finishing with everyone joining in the singing of Auld Lang Syne.

An excursion was arranged to The Hague and Leyden and included the Rijks Museum, the International Peace Palace, the Castle of Oud Wassenaar and the Leyden University where a reception was given by the Rector. He recalled the dramatic moments of the German Occupation and the heroism of the masters and pupils of the University. Visits were also made to Utrecht, the Arnhem cemetery where many allied soldiers rested and the Modern Art Gallery in the Veluwe Park with its collection of Van Gogh's pictures. A reception and lunch was provided by the President of the Council of the Dutch Medical Association in a magnificent hunting lodge.

For those who stayed after the Congress there was generous hospitality from Dutch colleagues and families:

By the exquisite courtesy and the charm of their hospitality they brought us much closer together and it was with more mutual comprehension and with renewed hopes for a better world that we returned to our countries(1)

References

- (1) Wellcome Contemporary Archives Centre, London SA/MWF/box 9
- (2) Morani's Short History of MWIA, 1975
- (3) Wellcome Contemporary Archives Centre, London, SA/MWF/box 8
- (4) MWIA Bulletin December, 1946
- (5) Lovejoy & Reid, Historical Sketch of MWIA
- (6) Wellcome Contemporary Archives Centre, London, SA/MWF/box 10

CHAPTER 10 Strengthening MWIA

Following the successful congress in Amsterdam more women doctors who had formed national associations sought to affiliate to MWIA. The Honorary Secretary continued to try to communicate with the countries in Eastern Europe who had previously been affiliated but had no response. At an Executive meeting on September, 1948, a decision was regretfully made to discontinue trying to contact Hungary, Yugoslavia, Poland and Czechoslovakia as none of those countries had responded

MWIA had difficulty in continuing to publish the Journal due to the scarcity and high price of paper. It was only possible to print one Journal in 1948. This was due to the generosity of the Finnish colleagues who sent the necessary paper, making it possible to print Journal No 14, which contained the report of the meetings and social programme held during the 5th Congress. It was printed in French and English and distributed to all the affiliated associations..

The MWIA Executive Committee met seven times in either London or Amsterdam following the 5th Congress and the 10th Meeting of Council was held at Aulanko, a large hotel surrounded by a lake in Hameenlinna, Finland, in July 1949 at the invitation of the Finnish Medical Women's Association

En route to the meeting in Finland, the delegates were entertained by the women doctors of Denmark and Sweden with scientific sessions, sightseeing and hospitality. In Copenhagen the delegates visited hospitals and were entertained in the Domus Medica – a beautiful ancient building with a library and rooms where physicians could work and relax. The following day they visited the headquarters of the Danish Red Cross and attended a lecture on the international anti-tuberculosis campaign which originated in Scandinavia. This intra-dermal vaccination procedure was carried out, with the help of all the Scandinavian countries, internationally, in areas with a high prevalence of this disease and bad demographic conditions. Lunch was provided at the Medical Art Museum where Dr Bertha Van Hoosen from Chicago gave a moving and picturesque description of Elizabeth Blackwell the first medical woman graduate in America. That evening they dined at “Wivex” and spent time at “Tivoli”. On the final day they toured the Danish countryside and noted the very modern and clean Danish farms. They also visited the Renaissance castle of Frederiksborg

During their visit to Stockholm they experienced more excellent Scandinavian hospitality, receptions, dinners and visits including Haga, a small 19th century castle which was the summer residence of King Gustav 111, Lidingo – the home of a famous Swedish sculptor, Carl Milles. They were invited to a reception in a charming old wooden cottage situated at the end of a peninsula. The delegates were overcome by the large hospitals, built to American standards, the large lakes and seas covered with islands, the beautiful modern cities and ancient towns with brightly covered houses. An interesting visit was made to Northulstjukhuset where they were shown new technical improvements in angiocardiology

Details of the 10th Council Meeting were recorded in a MWIA Bulletin produced in December 1949 by the Secretariat. Council met under the chairmanship of Professor Ruys on 19 and 20 July. It was attended by Miss Martindale, Past President, Dr Odum, Honorary Treasurer, Dr Monreuil-Straus, Honorary Secretary and 21 Council members representing 10 countries:

Drs Guest and Topping White, Canada; Drs Heise and Ytting, Denmark; Drs Eriksson and Turpeinem, Finland; Prof. Gauthier and Dr Odler-Dolfus, France; Drs Aitken, Esselmont, Harding,

Hertzfeld and Mackintosh, Great Britain; Drs Sanders and Schut-Schreuder, Holland; Dr Spence-Sales, New Zealand; Dr Heidig Gundersen, Norway; Dr Sunberg, Sweden; Drs Reid, Gowing and Taylor, USA. Dr Wathard-Schatti, Switzerland, was invited to attend Council as a guest

At the Council meeting letters and telegrams of apology and good wishes were received from Drs Lovejoy, Macfarlane, de Voyhal, Hitzenberger, Lore-Antoine, Alankaram, Barengo, Pisani, Klein, Cuthbert and Wilson.

After a warm welcome by the MWIA President and the reading and approval of the minutes of the 9th Council meetings in Amsterdam in 1948, the Honorary Secretary presented her report. Dr Stimson, a Vice-President had resigned and Dr Chree Reid was nominated by the American Association as her successor and was present.

There were now 14 National associations with 5,480 members:

Austria 106, Australia 50, Canada 142, Denmark 202, Finland 200, France 140, Great Britain 2200, Holland 247, India 286, Italy 172, New Zealand 52, Norway 120, Sweden 127 and USA 1436. The Secretariat had sent 15 Circular letters to members of the Executive and to NCSs to keep them informed of the various activities of the Association and to receive their suggestions. The American Association had regularly published news of MWIA in their Journal and also a full report of the 5th Congress in Amsterdam.

The Italian Association was re-affiliated to MWIA by the Executive on receipt of their new constitution.

Reports had been received from many associations, individual members and women doctors in non-affiliated countries. India was very active but the association in Rumania had closed. Medical women had formed associations in Israel, Philippines, Thailand and Switzerland and wished to affiliate to MWIA. There was contact with individual members in Thailand and Switzerland and requests from doctors in Luxemburg and Turkey for individual membership. The doctor in Turkey reported that there were 227 practising doctors there but no association.

Relations with other International Associations had been maintained and MWIA observers or representatives had attended the World Medical Association's annual meetings, International Federation of University Women, International Council of Women, World International Association for Peace and the Open Door International. MWIA was invited to become a foundation member of the Council for the Co-ordination of International Congresses of Medical Sciences (CCICS). The Secretariat was preparing documentation to establish official relations with the World Health Organisation, and also maintain constant relations with Dr Zhukova, councillor of the exact and natural sciences at UNESCO ⁽¹⁾

Dr Odum gave her Treasurer's report stating that there was an excess of income over expenditure. The subscription income for the year ending April 1949 was £458.3shillings. There was £432. 16 shillings in the bank

Council agreed with the recommendations of the Executive:-

1. To maintain the annual subscription at 2 shillings per head but to increase the subscription for individual members
2. To maintain the expenses of the Secretariat at the present level

3. To repay part of the Honorary Secretary's expenses to Finland
4. That the cost of one annual visit to London, Paris or Amsterdam to attend the Executive be paid to the President and Honorary Secretary
5. That no travelling expenses to the next General Assembly in USA be paid to members (1).

Council approved the admission of Dr Klein, specialist in Paediatrics, Luxemburg, Dr Pierra Hootrakoul, Head of the Bangkok Peirre Maternity Unit and Dr Better, Israel, as individual members. The associations in Switzerland and Philippines were affiliated to MWIA but the application from Israel was refused as they had, as yet, no constitution. .

A decision was made by Council that at future congresses, the outgoing president would chair the Council Meetings and the first General Assembly and the newly elected president would chair the second General Assembly

Dr Lovejoy, the founder and first President of MWIA, and Miss Martindale, the President who had successfully kept MWIA alive during the difficult years of the war were made Honorary members of MWIA.

During the second meeting of Council, July 20, Dr Pisani, Italy, Dr Walthard-Schatti, Switzerland and Dr Better, Israel were invited to attend the meeting.

A discussion was held on the venue of the 6th MWIA Congress. An invitation had been received from the AMWA to hold the congress in 1950 in Philadelphia. This would be the centenary of the Medical Women's College. Council confirmed this choice and fixed the dates as 11-15 September, 1950, devoting the 13 September to the celebration of the Centenary. The American delegates said that AMWA would facilitate the visit of delegates, and the Canadian delegate, Dr Topping-White, hoped that the delegates to the Congress would visit Canada.

Council next ratified the participation of MWIA in the Council of International Congresses of Medical Sciences as a founder member. The dues would be calculated as 6% of congresses held by MWIA

Reports were received from ten national associations:

The Austrian Association was very active and met regularly in Vienna. There had been an increase in membership especially outside of Vienna. The profession was overcrowded and medical women had lower incomes than male doctors. The Association advocated that women should have the same rights as men. The members were keen to have contact with women doctors in other countries and hospitality was offered to colleagues from other countries which enabled Austrian women doctors to visit foreign cities.

The NCS of Canada reported that their annual meeting took place at the same venue and time as the Canadian Medical Association with whom they had good relations. The Association had 10 provincial federations and was involved in breast cancer research.

The report from Denmark highlighted their work in birth control in Copenhagen. The Association provided free information on this subject and was supported in this work by the City Council. They

also ran free clinics staffed by 20 doctors and thirty two nurses who gave their services voluntarily. As a result of this project the City intended to open public clinics for birth control.

The Finnish Association had been very active and has initiated a Women's Committee to promote better housing. Women architects, medical women and housewives' organisations were involved.

The principal aim of the French Association was to promote friendly relations between women colleagues and it had tightened the bonds between members by holding regular social events. It was their intention to restart lectures again. They had a section for medical students.

The Medical Women's Association in Great Britain and Northern Ireland were updating their leaflet on menstruation. They were aware of the need to encourage education on this subject in schools and places of work to improve sanitary facilities for school girls and women in industry. The Scottish Sub-Committee on Social Medicine had prepared a memorandum on the needs of children deprived of normal family life.

The MWIA Congress in Amsterdam in 1947 had stimulated an increase in the membership of the Dutch Association and almost 1/3rd of the Dutch doctors were members of the Association. Scientific meetings were held monthly and reports of new research were also given by members who has visited USA and UK.

The Association in India which had been active since 1907 included a division in the Dominion of Pakistan. A quarterly journal was published which provided statistics from the different maternity hospitals in India. The Association had for 35 years established a medical service for women under the auspices of the Countess of Dufferin Fund and also guarded the interests of medical women who were so essential to maintaining this service (3). Representations had been made to the Indian Government to give women working in the Provincial Medical Service equal opportunities and equality of status and conditions of service as men.

Following five years of inactivity due to the war, the Italian Association held its first general meeting in Milan in October 1947 and a successful National Meeting in Turin September, 1948. The topic discussed was *Pathology and Hygiene of Housework* and prizes were awarded to young students who presented their scientific and research papers in order to interest them in the Association. There were now seven sections within the Association four of which were in the University towns of Rome, Turin, Milan and Bologna.

The Association in New Zealand was active holding scientific and social events. The first woman medical graduate in the country and founder of the Association in 1921 had received a CBE in recognition of a life-long service to women and children in the community.

The Norwegian Association was flourishing, holding many meetings and arranging a congress of Scandinavian medical women at Lillehammer in June, 1948.

The members of AMWA were preparing for the MWIA Congress to be held in Philadelphia in 1950. The members were kept up to date with the activities of MWIA through the international section of their quarterly journal.

The reports of national association were included in the Bulletin of MWIA, December, 1949

A telegram, addressed to the President and members of MWIA, was received from Dr Munch, Norway who in 1919 at a meeting in New York supported the founding of MWIA;-

Deeply touched by receiving your greetings. I hope and pray that God will bless you all and your good work throughout the suffering world. My special love to the friends of 1919 who may still be alive – Oslo, 22.7.49 (1)

The Council Meetings were followed by Open Meetings on 19 and 20 July. The first topic discussed was *Women's vote on Home and Housing*:

The medical problems associated with housework and the home were discussed and it was interesting to learn of the role business and professional women, especially women physicians, were playing in the improvement of conditions for the housewife. The subject was so important that it was decided to have further discussion at the next General Assembly in 1950 (2)

The second topic was *In what Branches of Medicine do Medical Women in your Country Predominate and Why?* :

It appeared from the discussion that women physicians seemed especially to select Paediatrics, Psychiatry, General Practice and Public Health, the reason for the choice in most cases being the fact that these branches of medicine offered the greatest opportunity for training and for future service(2).

The social programme created :

A "climate" favourable to personal exchanges between colleagues, to the knowledge of the soul of a nation, which on account of distance and our ignorance of its language, remained unknown to us.

The accommodation at Aulanka was in ideal surroundings, beside a lake in pine and beech forests, giving the participants time to relax between meetings with gentle walks, and, in the evenings Finnish steam baths- "the sauna"-followed by a swim in the cool water of the lake. It was acknowledged that:

Dr Turpeinen, a charming Finnish colleague dressed in her colourful traditional costume had arranged everything so well.

There were various excursions after the meetings including a boat trip to Hattula where a historical 15^h century church with colourful frescos was viewed, a visit to a tuberculosis sanatorium at Ahvenisto and the district mental hospital in Hame.

Various hospitals in Helsinki were visited including the children's hospital said to be one of the most modern establishments in the world and the neighbouring "Children's Palace", an enormous and luxurious building which is a hospital for mentally deficient children, convalescents and chronic cases as well as a school for nurses.

The town of Helsinki entertained the group to lunch and the Burgomaster spoke to each guest in their own language. A tea party was given at the banquet hall of the Council of the State. On the final evening, Dr. Eriksson-Lihr, invited the Council members to a dinner party in her home on an island

close to the Baltic sea. The Finnish colleagues extended home hospitality to foreign guests who were able to extend their stay.

A French colleague who described the social events wrote the following:

We enjoyed splendid weather all through our visits which enabled us to appreciate the everlasting twilight and the ever changing colours of the Northern waters and skies. We shall keep vivid memories of that beautiful country, of this courageous people, who maintained all through the worst trials, its personality, its spiritual independence, its trust. Nor shall we forget the feminine energy which, after the war had decimated the male population, carries on in such an effective way in all branches of the Finnish activities

After the Council meeting in Finland Professor Ruys had to deal with a very difficult situation. Esther Lovejoy, independently, had been in touch with medical women in Germany and had encouraged one of them, Dr Riffeser, to form a new “Bund Deutscher Arstinnen” which could ask for affiliation to MWIA. A letter from Dr Riffeser to MWIA was discussed at an Executive meeting in Bournemouth, UK, December, 1949, together with a letter from Dr Heise, of the Danish Medical Women’s Association. The Danish medical women had proposed that three German women doctors, well known to, and held in high regard by three Danish colleagues, be admitted to MWIA as individual members. The Executive decided that it had not the power to accept any German individual member as it was a question of major policy which required to be discussed at Council and the General Assembly. Similarly Esther Lovejoy was informed that the affiliation of a German Medical Women’s Association would be discussed at the next Council and General Assembly. The Norwegian Association also requested the German doctors to be admitted as individual members. Professor Ruys, however, wrote privately to Esther Lovejoy trying to explain the difficulties MWIA would have at the next congress if doctors from former German occupied countries were confronted with German doctors. There was still a great deal of bad feeling – even hatred- in Europe of the Nazi regime who inflicted so much cruelty on Jews, invalids, the elderly, mothers and children who were gassed or subjected to medical experiments by German doctors in concentration camps. Through time MWIA, who aims to promote international understanding, will be able to welcome the German women doctors but only when this has been discussed within the Association. MWIA will take a lead from the World Medical Association who required German physicians to sign the “Declaration” condemning those doctors involved in medical experiments before they would be admitted to WMA

(3)

A year later in September, 1950, the 6th MWIA Congress was held in Philadelphia at the invitation of the American Medical Women’s Association (AMWA). Previous to the official meeting in the USA many European delegates were the guests of the Federation of the Medical Women of Canada in Montreal, Quebec and Toronto, of the Women’s Medical Association in New York City and the Medical Women’s Association of New Jersey:

At all of these stopovers, scientific programmes, social events and sight seeing filled the days (and much of the nights) so that by the time the delegates arrived in Philadelphia all were well acquainted

(2)

Two hundred medical women attended the Congress from eighteen countries:

Australia, Austria, Canada, Denmark, Finland, France, Great Britain, Holland, India, Israel, Italy, Yugoslavia, New Zealand, Norway, Philippines, Siam, Switzerland and USA.

All the meetings – Council, General Assemblies and scientific sessions were held at the Women's Medical College of Pennsylvania and were reported in the Medical Women's International Journal, No 15, January, 1951

The first Council Meeting was held prior to the Opening Ceremony on Monday morning, 11 September 1950.. Professor Ruys, President, chaired the meeting. The following were present;- Miss Martindale, Past President; Dr Odum, Honorary Treasurer and Dr Montreuil-Straus, Honorary Secretary.

Drs Guest, Ericksson-Lihr and Chree Reid – Vice-Presidents

27 Council Members from 16 countries: Dr Cuthbert, Australia, Dr Schulhof, Austria, Dr White, Canada, Drs Seidelin and Brun, Denmark, Dr Turpeinen, Finland, Drs Odier-Dollfus and Bergerot, France, Drs Aitken, Esselmont, Mackintosh and Evans, Great Britain, Drs van der Blink-Rolder and Sanders, Holland, Dr Davar, India, Drs Kozlov and Szkop, Israel, Dr Giorgi, Italy, Dr Mayo, New Zealand, Dr Halderson, Norway, Dr del Mundo, Philippines, Dr Strettbacher, Switzerland and Drs Gowing, Lovejoy, Macfarlane, Schrack and Tenbrinon, USA.

After approval of the last Council Minutes, Finland, 1949, Dr Montreuil-Straus, the Honorary Secretary gave her report:

The Executive had met on 5 occasions since the last Council Meeting- In Finland, twice in both UK and Paris and four Circular Letters were sent to NCSs to keep them informed about MWIA affairs.

News has been received regularly from all national associations apart from Sweden. France had an increase in membership – 60 new members. The membership of MWIA was around 5,500.including two new affiliates Switzerland, 60 members and Israel 222 Members. There were 5 new individual members – three from Yugoslavia - Drs Bogicevic, Filipovic and Mitrovitch, one from Greece- Dr Papafiguero and Dr Soriano from Spain

Two Associations of Medical Women in Cuba had asked to be affiliated, but as only one association from a country is allowed under Article 5 of the Constitution the Executive wished Council to discuss these applications. The Bavarian Medical Women's Association had written to inform MWIA that the German Association was re-organising and the question of MWIA's relation with the German and Japanese Associations was also referred to Council by the Executive.

MWIA continued to interest medical women throughout the world. In 1946 MWIA was in contact with seventeen national associations of medical women but now twenty five countries represented by associations and individual members had sent delegates to the congress in Philadelphia

The request by MWIA to enter into official relationship with WHO had been adjourned pending a comparative study to be carried out relating to MWIA's constitution and that of the World Medical Association as it was laid down that organisations having similar aims must have joint representation. MWIA continued to send observers or representatives to international organisations.

The Honorary Secretary concluded her report by announcing her intention to step down from her position to make way for a younger member:

For twenty one years I have been your Secretary General twenty one years during which I have been in a position to estimate the value of international relations between medical women, women who

have spent their early years surrounded by disease and death, experiences which have taught them compassion and the need for collective responsibility⁽⁴⁾

The Honorary Treasurer presented the income and expenditure account for the past year reporting that there was an excess of income over expenditure of £258.18 shillings. She detailed the expenses of the Secretariat (£169.11s), the travelling expenses of the President and Hon. Secretary (£78. 7s), the cost of printing, stationery and postage (£75), the subscriptions outstanding for 1949 and subscriptions received for 1950. The cost of the Secretariat was increasing and was likely to reach £300 in the future. More secretarial assistance would be required. The balance of the account in the Westminster Bank, London was £425.19s.

AMWA had given a generous gift of \$770 as a donation to members of the Executive Meeting and Council. It was decided by the Executive that \$600 should be allocated to cover the expenses of the Honorary Secretary and to divide the remainder equally among the Council members.

A decision had been made to charge a congress fee of £1 per head for everyone attending the Congress in Philadelphia. This sum would be used towards the expenses of the Congress. The Council for the Co-ordination of International Congresses on Medical Science (CCIOMS) granted a sum of \$250 towards the expenses of the Rapporteurs to the 6th Congress and a further sum of 50,000Fr .towards the multigraphing of the Scientific reports to be submitted to the Congress.

She informed the Council that subscriptions were outstanding from five countries – Canada, India, Israel, Italy and the Philippines and six individual members. Some countries and members had difficulty in transferring money to France.

It was agreed to ask the two Cuban Associations to merge and become affiliated to MWIA.

Three Honorary members were proposed – Dr Guest by the Canadian Federation and Drs Eliot and Macfarlane by the American Association.

One nomination had been received for the election of the next President – Dr Ada Chree Reid, USA, a cardiologist and chief of the Cardiac Clinic. New York Infirmary. Since 1947 she has been the editor of the Journal of AMWA ⁽⁴⁾..

In view of the resignation of the Honorary Secretary, the Council, after a heated discussion, voted in favour of transferring the Secretariat to London. The main objections to this venue was the need to have a bilingual secretary who was fluent in both English and French and the fact that Latin American countries would feel disadvantaged if both the new Hon Secretary and the President were from Anglo Saxon countries. Dr Janet Aitken, UK, was proposed as Honorary Secretary and Dr Odier- Dollfus, France, as Honorary Treasurer.

Six Vice- Presidents were nominated, Dr. Cuthbert, Australia, Dr. Eriksson, Finland, Dr. Montreuil-Straus, France, Dr. Odum, Great Britain, Dr. Cassa, Italy and Dr. Haldorsen, Norway.

The Official Opening was held in the Mitchell Hall, at the Women's Medical College on 11 September, 1950 Professor Ruys, MWIA outgoing President, opened the proceedings and read

greetings from many important people including a telegram from the USA President Truman, Mrs Eleanor Roosevelt and the Secretary General of the World Medical Association.

Welcome addresses were given by the Chairman of the Woman's Medical College, the President of the Royal College of Physicians of Philadelphia, the Associated Chief of the Children's Bureau and finally the Secretary of the Health Department of Pennsylvania. Following short speeches by representatives of each national Association, Dr Elizabeth Waugh, President of AMWA, read a message of Welcome and good wishes.

The first General Assembly on the 11 September was presided over by Prof. Ruys who welcomed the delegates and expressed the hope that:

Their work would proceed in an atmosphere of mutual understanding (4).

The General Assembly ratified the election of Dr Chree Reid as President, and approved the reports of the Honorary Secretary and Honorary Treasurer as adopted at the Council Meeting. The admission of the Swiss and Israeli Associations and five individual members, presented at the Council Meeting, was ratified .

The General Assembly approved London as the headquarters of the Secretariat and unanimously elected Dr Odier-Dollfus as Honorary Treasurer, Dr Aitken as Honorary Secretary, the six Vice-Presidents submitted by Council and Drs. Eliot, Guest, Lovejoy, Macfarlane and Miss Martindale as Honorary members.

Reports from NCSs were read by Dr. van der Blink-Rolder, Holland, Dr. Esselmont, Great Britain, Dr. Mayo, New Zealand, Dr. Wegener, Denmark, and Dr. White, Canada.

Prof. Ruys presided over the second Council Meeting held on the 15 September and presented Dr Montreuil-Straus with a gift from Council in appreciation of her work.

Following the roll call an important discussion regarding MWIA's relation with the German Association of Medical Women formed in 1950 and now applying for affiliation to MWIA. Prof. Ruys and several members of the Executive had met with Dr Kutz, Secretary of the newly constituted German Medical Women's Association She had examined their new constitution which she found satisfactory. Dr Kutz had stated:

That the members of the German Medical Association were willing to sign a declaration condemning the barbarous experiments carried out by German doctors under the Hitler regime and to take the "Geneva Oath" as drawn up in 1948 by the World Medical Association (WMA). It was noted that comparatively few German women doctors had been involved.

Dr. Lovejoy moved:

That the application be accepted. We should draw into our group the medical women of Germany and have sufficient confidence in ourselves to believe that we can influence them more than they can influence us (4).

There was some resistance to this motion but it was seconded by Dr Fel de Mundo. An amendment by Dr Cuthbert, Australia, seconded by Dr Esselmont, Great Britain: *which made the admission subject to WMA deciding in favour of it*

was put to the vote and carried by 17 votes for and 14 votes against This decision was conveyed to the 2nd General Assembly.

Prof. Ruys informed Council that it was MWIA's duty now that they were affiliated to CCIOMS to legalise their constitution and were advised that Switzerland was the country where this could be most easily done. Prof. Ruys read the Constitution and drew attention to the amendments which had been suggested:

(1) Art.4.1 That in future one association only per country shall be entitled to affiliation with MWIA.

(2) Art 9 That Council members and delegates alone are entitled to vote.

(3) That the President and six Vice-Presidents shall remain in office for the period between two General Assemblies, that is until elections are held. They shall be re-eligible for the following term but ineligible for the succeeding one. {The present constitution lays down that the term of office shall be three years, while provision is made for the General Assembly to be held at least once every three years). The above amendments to the constitution were adopted and it was decided to submit them later to the General Assembly for ratification

Council agreed to set up an *Ad Hoc Committee on Pathology and Hygiene of Housework* in order to fill in the gaps which existed regarding our knowledge of statistics, legislation and organisation –the whole question being of paramount importance to women the world over⁽⁴⁾. This had been suggested at a scientific meeting the previous day.

The last item for discussion was subscriptions and other financial matters. There was a suggestion that a special rate should be introduced for distant countries. Dr Odum read the decisions of the Executive for ratification by Council.

1. An annual subscription of 2 shillings sterling by members. In case of special hardship the Executive would decide a suitable reduction.

2. The annual subscription for individual members would be 10 shilling sterling.

3. 6% of the total congress fees received would be paid to CCIOMS.

4. Any money left over from the congress fees after expenses paid, should be retained in the special MWIA account in the USA. Similarly the \$177 left over from the gift to MWIA from AMWA and the subscription of AMWA for 1949 amounting to £261.8s should be kept in this special account.

Finally the Treasurer reported that the 1949 Canadian subscription of £45 would be paid into the London account; the Philippine subscription for 1950 for 162 members would be paid in dollars to Dr Reid and held in the MWIA account in USA and the Indian subscription for 1950 for 308 members would be retained in India.

The 1st General Assembly met on 15 September and was opened by Prof. Ruys. The decisions approved by Council were ratified including the amendments to the Constitution.

Prof. Ruys then introduced the subject of the German Medical Women's Association's affiliation to MWIA and summarised the discussion at Council. Opinions were also divided at the General Assembly but the decision of the Council was eventually ratified by 43 votes to 31.

Prof. Ruys, in her final address to the Assembly before she relinquished office to Dr Reid, spoke of the help the Association had given her to understand other countries and opportunities to travel and

see the homes of colleagues of people of the same standing in life. Five and a half years ago she had been in prison and on three occasions the German invaders of her country made her believe she was to be executed the same day. During these dreadful hours of waiting, many thoughts went through her mind and she decided if she came out alive she would take on some other task beyond that of being only a good bacteriologist. When she was asked by the Dutch Association if she was willing to be nominated as MWIA President she recalled these thoughts. She will never forget that this Association helped her to overcome many sad feelings.

She then introduced the new President of MWIA who she was sure would be a wonderful President

Dr Chree Reid paid tribute to Prof Ruys and addressed the General Assembly speaking of medical women's abilities and the need for them to be represented in greater numbers on policy-forming boards of medical councils. She paid tribute to the work of the United Nations and the achievements of its World Health Organisation in improving personal and public health.

Australia had invited MWIA to hold the 7th Congress there and France had invited Council to meet in Paris. Similar invitations were extended to Council to meet in Austria, Norway or India

Dr Eriksson was appointed chairman of the Committee on Pathology and Hygiene of Housework which had been ratified by Council

The reports of the Scientific Sessions were published in the Journal of AMWA and this was distributed to the different countries.

The scientific subjects discussed at the Congress were *Anaemia in Women* and *the Pathology and Hygiene of Housework*.

The medical problems associated with housework intrigued the lay press as this was the first time consideration had been given to this subject by an organised medical group (4). The Executive Committee, realising the social and medical significance, appointed a committee to carry on further study, to formulate suggestions and to obtain the support of other women's groups in an effort to solve the manifold problems associated with "occupation housewife". A coloured slide presentation "The Heart of the Home" was shown which demonstrated many novel and work saving features of the kitchen planned under the supervision of Dr Gilbreth, a consultant engineer. Prepared by the New York Heart Association to aid the cardiac housewife, the principles of the work-simplification kitchen can be applied to any household (4)

During the Congress at the Women's Medical College of Pennsylvania there was a very important celebration - its 100th anniversary. Clinics were held during the morning and scientific papers were presented by members of the Faculty of the college. The Alumnae Association hosted a luncheon and the delegates were guests of the College at a dinner where they were entertained by a quartet singing medleys of American folksongs (4)

A pre-congress social programme began for many European Delegates with visits to Canada and USA as guests of the medical women of these countries. In Canada this included visits to hospitals,

lectures, a reception by the Governor General at the Parliament buildings in Ontario, luncheon and dinner parties (one at the Royal Canadian Yacht Club) and a visit to Niagara Falls..

In the USA the wonderful hospitality experienced in Canada was repeated by American colleagues who were aware that the European delegates in 1950 did not have access to many US Dollars and their generosity included inviting the delegates as guests into their homes or hosting meals at their headquarters' hotel.

In New York scientific sessions were arranged during hospital visits with luncheons, dinners and entertainment, hospitality from the National Council of Women, a visit to Ellis Island and a three hour sail around Manhattan Island before being driven to the Women's Medical College in Philadelphia

On Friday, 15 September, the final night of the Congress, a magnificent and formal gala banquet was held at which Esther Lovejoy, the first President of MWIA, captivated her audience with a lively history of MWIA.

Members from each country tried to express our thanks, difficult for all of us to perhaps to convey the extent of our gratitude, but particularly difficult, and also courageous, for those who did not speak very fluently in either of the two official languages - French and English. We hope we did manage to convince our hostesses of our most deeply sincere appreciation of all the care they had taken in arranging the congress and the wonderful good time they had given to their visitors.

Ref

- (1) MWIA Bulletin, December 1949
- (2) Lovejoy & Chree Reid A historical Sketch, 1919-50
- (3) Wellcome Contemporary Archives, London, SA/ MWF Prof Ruys Correspondence
- (4) Section on Medical Women's Associations
- (5) MWIA Journal No 15, January, 1951

CHAPTER 11 Progressing As An International Association and THE FIRST MWIA INTERNATIONAL TOUR

The 6th Congress in Philadelphia, where strong bonds of friendship were formed between medical women from eighteen countries, was a great success despite the problem of monetary exchange for many countries. Dr Chree Reid had referred to this in her inaugural presidential address:

“Every cloud has a silver lining”. The problem of monetary exchange – which has caused many of you annoyance and perhaps some hardship- does have its silver lining, because by necessitating provision of private hospitality rather than hotel accommodation for our overseas visitors, it has made it possible to become much better acquainted in a shorter period of time. In what better way can we really learn to know one another than by breaking bread at our family board, particularly if that bread be a breakfast biscuit. The best friends our countries have abroad, your country and mine, are those individuals who have lived with us and with whom we have lived. Therefore I suggest that we build upon this happy circumstance a policy of reciprocal hospitality – an exchange of visits among women physicians around the world. I urge you to consider seriously the importance of this exchange of cultural envoys of good will as one method of resolving misunderstandings, of fears and the suspicions which, unfortunately, prevail today (1)

MWIA was now recognised as an important international association and consulted on matters relevant to women doctors and their patients. In 1949 United Nations had refused the request of MWIA to enter into official relationship with WHO on the grounds that women physicians, as members of their national medical associations, were automatically members of the World Medical Association which was recognised by WHO. In 1951 MWIA re-opened the question of recognition by WHO stating their wish to be recognised apart from WMA. In the spring of 1952 a resolution was passed at the WHO Executive to re-consider the affiliation of non-governmental organisations, including MWIA.

There was improved communication with the international associations of professional, business and university women, and the International Council of Women. Dr Reid encouraged correspondence with those international bodies, attended their meetings when invited and considered that MWIA should send observers to their congresses

In 1951 Drs Aitken, Haldorsen and Sundberg attended the meeting of the World Medical Association in Stockholm and noted that representatives of Germany and Japan were admitted to the World Medical Association. The three MWIA members made useful contacts at this meeting including a woman doctor from Iceland representing her country at the meeting and it was felt that the presence of Dr Haldorsen had been invaluable in promoting the recognition of MWIA by WMA.

As founder members of the Council of International Congresses of Medical Sciences, MWIA attended their General Assembly in 1952 at Geneva. The name of this organisation was changed to Council of International Organisations (CIOMS). It proposed to its member organisations that they should hold smaller conferences, dates of conferences should be fixed 2 years in advance and that international conferences should deal with problems of international importance (1)

The President, Dr Reid, in her inaugural address (Sept, 1950) had advocated:

Reciprocal hospitality – an exchange of visits among women physicians of the world.

She, herself, resolved to try to meet the world's women doctors and proposed an MWIA tour associated with the Council Meeting in Vichy hoping that delegates from many countries would take part. Unfortunately currency restrictions in Europe made this tour difficult for European colleagues but delegates from the Philippines and the USA were able to travel. Dr Reid in her President's message in the MWIA's Journal No 16 detailed this MWIA tour associated with the Council Meeting at Vichy.

The Filipino doctors flew to London and the American group travelled either by sea or air. The group were entertained in London - now the home of the MWIA Secretariat – by the Medical Women's Federation including the MWIA Honorary Secretary, Janet Aitken, who gave hospitality at her farm in Sussex after a sight seeing tour of the English country side. They visited the Obstetric Unit at University College Hospital where Miss Josephine Barnes gave a lecture on some aspects of pre and postnatal care in England – 70% of deliveries were performed by midwives, 80-85% of births were spontaneous, medical students were trained by midwives and delivered babies under their supervision and 80% of babies were breast fed. Their day in London ended with a visit to the Garrett Anderson Hospital where they were entertained to a tea and sherry party. The rest of their stay in London was spent in sight seeing, shopping, theatre visits and dining in Soho.

The next stop was Amsterdam where they were looked after by members of the Dutch Medical Women. After a lecture on the standardisation of Cortisone they continued on tour to Delft, Volendam, the many canals and the flower auction. Although there was no national association in Belgium they travelled there by bus visiting Brussels, Antwerp, Bruges and Ghent. The group next spent time in Paris where they met French colleagues and spent more time shopping as well as visiting the theatres and opera before attending the Council meetings in Vichy, France, September, 1952.

After the Council Meeting in Vichy the MWIA tour resumed and was joined by other members from UK and Norway. In Geneva they toured the Palais des Nations - formerly the seat of The League of Nations - and the headquarters of WHO where they heard about the many activities and projects which would bring health to all. Members of the Swiss medical women in Geneva and in Zurich entertained the group and arranged a visit to the famous 1,000 bed Canton Hospital, where tea was served on the roof terrace which provided a panoramic view of Zurich and the mountains.

Munich was the next stop on the tour and the members received a warm welcome from and were entertained by the medical women of the German Medical Association. There were still signs of the destruction from the recent war but they were able to visit hospitals, museums and the opera. From Germany the group entered the Russian zone on the way to Vienna where the Austrian doctors arranged visits to hospitals and a splendid dinner in one of the famous Viennese restaurants as well as hospitality in their own homes. A return visit was made to Germany visiting Frankfurt and Wiesbaden where the group again saw the terrible damage caused by air raids.

This first official MWIA tour was very successful in that medical women were able to meet others from different countries. Plans for a second MWIA international tour were proposed in August, 1953, to include Scotland Ireland and Scandinavian countries and a possible Mediterranean tour in 1954 depending on the venue for the 7th MWIA Congress.

For only by getting together in this friendly fashion can we really understand one another's problems and thus help to resolve the misunderstandings and banish the fears that exist in the world today - Ada Chree Reid – (2)

The 1st Council Meeting at Vichy was held on 14 September, 1952 at the Theatre des Fleurs, Vichy with Dr Reid, President, in the chair. There were 200 MWIA members from 18 countries attending this meeting, 70 of whom had participated in the MWIA tour. Those present were, Dr Aitken, Honorary Secretary, Dr Odier-Dollfus, Honorary Treasurer and thirty council members from 18 countries:

Dr Charlotte Anderson, Australia, Dr Reinhart-Feisch, Austria, Dr Christine Howse, Canada, Drs Braestrup and Heise, Denmark, Dr Turpeinen, Finland, Prof. Chevrel and Dr Sorrel-Dejerine, France, Dr Esselmont, Evans, Harrower and Patrick, UK, Dr Sanders and van den Berg, Holland, Dr Chaudhuri, India, Dr Pulvermacher, Israel, Dr Tosoni Dalai, Italy, Dr Pryor, New Zealand, Dr Backe, Norway, Dr del Mundo, Philippines, Dr Sundberg, Sweden, Dr Schnabel, Switzerland, Drs von Zwehl, Bleumel and Fisscher, Germany and Drs Ahlem, Noble, Gowing, Johnston and Ratterman, USA.

Apologies were received from Dr Cuthbert, Australia and Prof. Ruys, Holland, and a greetings telegram was received from Esther Lovejoy.

Following approval of the minutes of the last Council Meeting held in Philadelphia, 1950, the President reported on her activities over the past two years. Progress had taken place with possible recognition of MWIA by WHO, improved liaison with WMA and other international women's organisations and better communication with national associations and individual members through a circular letter sent to NCSs between Council meetings and congresses.

Dr Aitken, Hon Secretary, reported that she had replaced the part-time administrative secretary, Miss Slee, who had resigned to take up an offer of full-time work, with Miss Rowland who had previously spent time working in France.

There had been no new affiliations since the last congress but as the WMA had re-admitted Germany and Japan, and the Executive, following the discussion on the request from the German Association for re-affiliation to MWIA, had recommended their re-admission to MWIA. Three members from the German association had been welcomed to this Council Meeting. Contact had been made with the new association of medical women in Thailand and correspondence had taken place with Japan.

Due to transport difficulties the Executive had only met once in the past 2 years so much of the business had been done by correspondence. This meeting was attended by Drs Reid, Aitken, Dollfus, Casassa, Eriksson-Lihr, Odum, Haldersen and Monreuil-Straus.

Finally, Dr Aitken reported that MWIA was now registered in Switzerland in accordance with Swiss Law and the Statutes deposited with Borel and Lachenal, Geneva. Dr Dollfus, Hon Treasurer, reported that there had been a deficit of £49 due to the exceptional high costs of printing the Statutes, their registration in Switzerland, and the cost of printing the Bulletin in the French and English languages. All associations apart from Austria and India had paid their subscriptions including the re-affiliated German Association.

Reports were received from representatives attending the WMA meeting in Stockholm and the CIOMS in Geneva.

Female Circumcision had been highlighted by the Medical Women's Federation and also discussed by various international bodies, including the Economic and Social Council of the United Nations who proposed a resolution as follows:

Invites the Trusteeship Council under Article 87 of the Charter, and members of the United Nations, which assumes responsibility for the administration of Non-Self Governing Territories, to take immediate action with a view to abolishing in Trust and Non Self-Governing Territories, all customs which violate the dignity and security of persons, as proclaimed in the Charter and in the Universal Declaration of Human Rights. This was unanimously endorsed by Council (1)

The first Council meeting was followed by an open session of the Council on the morning of 15 September where six papers were presented by eminent French women doctors:

1. The Value of Puncture Biopsy in Disease of the Liver
2. The Value of Ophthalmoscopic Observation in cases of High Blood Pressure
- 3 Experimentally Induced Lesions in the Liver of the Rabbit by the Administration of Cod Liver Oil
4. Recent Facts on the Classification of Primary Tumours of the Ovary
5. Damage to the Liver in Malaria
6. Some Problems Concerning the Mental health of the Child of 1-6 Years

The Council resumed after lunch on 15 September when reports of the Committee on the Pathology and Hygiene of Housework were presented.

The President made a speech in appreciation of the work of the National Corresponding Secretaries who then presented their reports to Council.

The Australian medical women in New South Wales had established their own modern hospitals in Victoria and Sydney. There were 300 members from a total of 868 women doctors.

The women doctors in Austria totalled 120, and they had been advising their Minister of Justice on reforms of Austrian Law connected with family and marriage, drawn up in 1813. They hoped to secure the right of married women to use their maiden name, to choose her own domicile and, if necessary, to obtain a modification of the divorce law relating to the disposition of property, the right of the wife to a profession and the equality of the illegitimate child with the legitimate.

In Canada, the members had revised their constitution which was drawn up in 1925 when they were affiliated to the Medical Women's Federation. They have 172 members from a total of 800 women doctors spread across a vast area between the Atlantic and Pacific and up to the North Pole. The Canadian Federation funds medical students each year from the Maude Abbot Loan Fund.

The Danish association numbered 225 out of a total of 628 women doctors.

Many of the 215 members of the Finnish Medical Women's Association travelled abroad each year and gave an account of their travels at the association's meetings. Special meetings were arranged for medical students.

The French Association, who organised this meeting in Vichy, had 250 members, 10% of the total of women doctors. They did not hold scientific meetings but aimed to encourage and assist women medical students, especially those about to qualify by advising them on specialisation.

The German women doctors re-acquired a legal existence in 1950 after being dissolved in 1935. They already had 1,100 members. They had a close relationship with other women's organisations and were members of committees dealing with health insurance, public assistance and professional medical jurisdiction. They appreciated very much their renewed association with MWIA.

There were 2,300 members of the Association in UK and each member received a quarterly journal which gave an account of the activities of the Association and original articles. Special committees were set up to study special problems such as, day nurseries, hygiene facilities for girls in schools, hygiene facilities in public places, the effects of work on pregnancy and labour and family planning and adoption.

The Dutch Association had "decentralised" so that they did not lose contact with their members living outside of Amsterdam. This had been a great success and there had been an increase in membership - now 335 in seven regional branches. This resulted in a revision of their constitution.

The Association in Israel had 250 members out of a total of 500 women doctors. There was no discrimination in the profession and all doctors worked. Women doctors were in charge of children's hospitals, maternity and child welfare clinics and school health services. They specialise in paediatrics, obstetrics, gynaecology and ophthalmology.

The Italian Association had opened a medical welfare centre in Milan for the middle classes who had suffered economically since the war. There were 2,000 women doctors but only 120 were members of the Association. They encouraged young doctors by awarding two prizes for the best thesis presented by a recently qualified women doctor.

Only 6% of the graduates in medicine were women in New Zealand and there were 47 members in the association. Meetings were held in Dunedin three or four times each year and reports of these meetings were sent to other members.

Being a doctor in Norway was very hard work because of difficult terrain and the need to travel around the country in severe weather. The women doctors, with courage and willingness to work in unattractive areas, had "made good". They were interested in specialising and 22% did this compared to 21% of men. Over half of the 320 Norwegian women doctors were members of the Association.

The Philippine Association had recently celebrated its third birthday and had 200 members. One year ago it introduced a free clinic for women and children and members gave their services free of charge. It had been active in giving their opinion on and helping legislative measures affecting the health of women and children.

There were 64 active members in Switzerland meeting regularly in Zurich. They gave frequent radio broadcasts on the physical and mental welfare of women.

USA had 1,402 members in thirty local branches. A monthly journal was published and included scientific papers and news of the activities of MWIA. The Association supports the American Women's Hospital in the USA and abroad and provided a scholarship loan fund for women medical students.

Following these reports the Council discussed the remainder of their business.

Only one invitation had been received for the venue for the congress in 1954 – Australia - but there was concern that very few members would attend because of the travelling difficulties for many members. A decision was made to postpone this visit until there were more associations in that area. The Executive was authorised to select the venue and date of the next congress and to allocate a sum up to £200 to any country whose finances were limited.

The President proposed that the subject to be discussed should be *The Menopause* in three main aspects – psychological, sociological and endocrinological. This subject had been put forward by the Danish Association. Papers should also be considered from countries which had special experience on the subject of early marriage and should be accepted. (1)

The French colleagues were excellent hostesses and arranged many social events which included visits to a thermal establishment, a research laboratory and a museum. A tea party and an evening Gala dinner at the Grand Casino theatre were offered to Council and delegates by the Municipality and the Societe Fermiere of Vichy. After the official meetings were over the remaining members were taken by their hostesses to celebrated beauty spots in and around Vichy and the MWIA international tour continued .in Europe.

The meeting in Vichy, thanks to the hospitality and hard work of the French Medical Women's Association: *Was a memorial and brilliant gathering.* (2)

The VIIth MWIA Congress was held at the Grand Hotel in Gardone, Riviera, Italy in the lovely setting of Lake Garda, from 17-21 September, 1954, and hosted by the Italian Medical Women's Association.

Over 300 members attended from 21 countries:

Australia, Austria, Canada, Denmark, Finland, Germany, Great Britain, Holland, Israel, Italy, New Zealand, Norway, Philippines, Sweden, Switzerland, Thailand , USA and Yugoslavia.

The first Council meeting took place in the Grand Hotel on the evening of Thursday 16 September, 1954 under the chairmanship of the President, Dr Ada Chree Reid. Dr Janet Aitken, Honorary Secretary, Dr Odier- Dollfus, Honorary Treasurer, 5 Vice-Presidents : Prof Cassana, Drs Eriksson-Lihr, Haldorsen, Montreuil-Straus, Odlum and 37 Council members from 18 countries attended the meeting (3).

Following the approval of the minutes of the Council meetings in September, 1952 at Vichy, it was agreed that only agenda items which required a decision by Council would be discussed, and the President's and Honorary Secretary's reports would be postponed to the General Assembly.

The Honorary Treasurer reported that there was a deficit in the year ending April, 1954 due to the financial advance made to the Italian Association to meet preliminary expenses of the Congress and the printing of the Bulletin in English and French. Some Associations had defaulted in paying their dues as they were in difficult financial circumstances and Council approved the action of the Executive in waiving their dues up to 1954.

Applications for affiliation to MWIA were accepted from South Africa, Hong Kong, Iran and Taiwan. Five other countries had applied for affiliation – Greece, Lebanon, Portugal, Spain and Turkey - and their applications would be accepted subject to scrutiny of their statutes. Approval was also given to applications from 3 individual members – Dr Walser, Liechtenstein and Drs Tran-Vy and Le thi-Hoang, Vietnam. Two Yugoslavian doctors who were attending the Congress were interested in becoming individual members.

Two doctors from the Philippines, Drs Sizon and Guazon and a Canadian doctor Dr Ethlyn Trapp, were admitted to Honorary Membership of MWIA.

Reports from several new MWIA Committees – Finance, Archives, Scientific and Publicity were presented to Council and a proposal to form an Opportunities Committee to be responsible for hospitality and to investigate the possibility of awarding fellowships was adopted.

There were two nominations for President. Dr Chree and Dr Yolanda Tosoni-Dalal, chairman of the Organising Committee of the Italian Congress. Dr Chree withdrew her name and Council unanimously elected Dr Tosoni-Dalal.

Council discussed the four resolutions which had been submitted. The American resolution on the Constructive uses of Atomic Energy was adopted and the proposal that the organisation of international congresses should follow the guidelines suggested by C.I.O.M.S was agreed although this would require changes to the statutes. The proposal by the Italian Association that MWIA Congresses should be held every 5 years and that MWIA should contribute financially to the organisation of each congress was rejected. A recommendation by the Executive that MWIA should follow the precedent of WHO and WMA and only employ the official languages of the Association at meetings was agreed and if the organising country wished to use its own language as well it should carry the expense. (3)

The official opening of the V11th Congress took place on Thursday morning, September 16th. 1954 at the Town Hall of Brescia, a mediaeval city. After visiting the fine piazzas and surrounding buildings, the delegates were welcomed to the Town Hall by the Mayor of this lovely city. He emphasised:

The importance of the part that women were playing in medicine because of the contribution that they could make as women and said that for centuries there had been distinguished medical women in Italy who had been world famous both as teachers and doctors (3).

The scientific sessions began in the afternoon of the 16th September This session was devoted to papers presented by members of the Italian Association and covered a variety of topics. The main topic of the Congress was *The Menopause - Psychological, Sociological and Endocrinological Aspects*. Twenty one papers were read by members of affiliated associations. There was also a closed session devoted to the problems of very early marriage.

Two General Assemblies were held. Dr Reid, the out-going President, chaired the first Assembly and reported on her achievements:

- WHO had granted MWIA consultative status as a non-governmental agency and she had attended the WHO Assembly in Geneva in 1954. As a result of this action by WHO, the United Nations Economic and Social Council (ECOSOC) had also given MWIA Consultative Status.
- Closer arrangements had been established and observers exchanged with the International Council of Women, The University Women and other international women's organisations.

She had travelled widely and this resulted in the Association of Thailand joining MWIA and sending its first Council member to this meeting. Hong Kong, Iran and Formosa associations had applied for affiliated to MWIA, associations were being formed in Greece, Lebanon, Portugal, Turkey and the Spanish Association was being revived as a result of her visits. Contacts had been made in Brazil, Egypt and Korea. She stressed the importance of personal contacts to increase the membership of MWIA.

The Honorary Treasurer gave a detailed report of the income and expenditure from May, 1953-April, 1954, and explained the reason for a deficit of nearly £154 as reported to Council on the 16 September. Only two associations had failed to pay their subscriptions for 1953.

After thanking the French Association for their generosity in hosting the 1952 Council meeting in Vichy and the Italian Association for the organisation of this Congress, the Honorary Secretary, Dr Aitken presented her report to the General Assembly :

Since V1th Congress in Philadelphia the Executive had met in London in 1951, Vichy in 1952 and Amsterdam in 1953; one of their main tasks had been to revise the Statutes and their alterations would be discussed during the second meeting of the General Assembly.

MWIA had been represented at WHO Executive Meetings in Geneva and at its Regional committees in the Western Pacific and South East Asia. Dr Reid was the official representative to Ecosoc in New York.

Observers from WHO and WMA were attending this Congress and invitations had been sent to Presidents of medical women's associations in Argentina, Bolivia, Brazil, Chile, El Salvador, Mexico and Uruguay but only a representative from Argentina, Dr Gomeza-Ferrarotti was able to attend.

Dr Aitken had made contact with women doctors in Eire and South Africa. There were two groups in South Africa who had met to constitute one association and had now applied for affiliation.

Finally, Dr Aitken, presented the names of three members, Dr Trapp, Canada, Drs Mendoza-Guazon and Acosta-Sison, Philippines, proposed by their associations for Honorary Membership of MWIA.

Following the adoption of the Honorary Secretary's report, the General Assembly ratified the affiliation of the Thai Medical Women's Association and the acceptance of associations in Hong Kong, South Africa and Taiwan. The affiliations of Greece, Lebanon, Portugal, Spain and Turkey were also accepted subject

to a scrutiny of their statutes and three individual members, Dr Walser, Lichtenstein, Drs Tran-vy and Thi-Hoang, Vietnam and Drs Milochevitch, and Dr Husar, Yugoslavia.

The General Assembly elected Dr Tosoni-Dalal, a Paediatrician and member of the Italian Association, as their new President to take office at the second General Assembly Meeting.

At the 2nd Council Meeting on the 20 September, Dr H.de Roever-Bonnet, Holland was elected Honorary Treasurer, Dr Aitken, Honorary Secretary, and Professor Chevril, France, Dr Halderson, Norway, Dr del Mundo, Philippines and Dr Walthard-Schatti were elected as Vice-Presidents.

Two invitations had been received for the venue of the 1956 congress from Switzerland and Thailand - but they were doubtful if they could organise a large meeting. Once more the decision was left to the Executive. An invitation from Great Britain to host the congress in 1958 was accepted.

The topic for the scientific meeting at the V111th congress was discussed and a decision made to present four subjects, chosen by the Executive, to the General Assembly:

- The Adolescent - proposed by Canada and Great Britain
- Old Age - proposed by Denmark
- Problem of married women working outside the home and its effect on the physical and mental health and well being of the family group
- Menstruation

The next day the General Assembly met and discussed the proposed revision of the statutes. It was agreed that this required more time and would be discussed at an Extraordinary meeting of the General Assembly in 1956. The General Assembly chose *The problem of Married Women Working Outside the Home* as the topic for the 1956 meeting and *The Adolescent* for 1958.

A statement made by Dr Aitken at the first General Assembly on the future election of Presidents was approved:

We have in the past the tradition that the new President should be chosen from among the members of the country in which the country was meeting. The situation is changing however, and we have many member countries and some of these may be unable to hold a congress in their country, but may also have a highly distinguished member whom we would like to choose as President. It should therefore be accepted that in future the tradition of the past is not necessarily upheld and any member of the Association may be chosen as President. (3)

Reports were received from eighteen national associations:

The Australia Federation had 300 members in 6 societies who hold monthly meetings which may be scientific, cultural or social.

The association in Austria had 120 members who meet twice each month.

There were 200 medical women in the Canadian Federation which met annually and they maintained close contact with the Canadian Medical Association who publish reports, notices and letters of the Federation in their Journal.

The Danish Association in recent years has undertaken investigations into the health and working conditions of 1,000 housewives with eight year old children.

There were 221 members in Finland and they meet regularly and discuss social welfare subjects such as geriatrics, psychiatry and the health of children whose mothers work regularly outside the home.

The French women doctors were trying to build up local sections in the provinces. They had 225 members. Grants were given to students.

The newly re-affiliated German Association now had 1045 members and was very active. It held many scientific meetings in various parts of Germany and published a quarterly journal.

The British Federation was also very active and published a quarterly journal which carried scientific papers and reports on the work of the Federation. It sent representatives to many other associations and sends reports to Government Commissions and other bodies.

Membership of the Dutch Association was now 362 and still rising.

The main purpose of the Association in India was to promote the interests of medical women regarding their status in Government service.

300 medical women in Israel belong to the Israel Women Physician's branch of the Association of Physicians and met once a month. They have laid the foundations for the Israel League of Family Health and are concerned with family planning, advice on the psychological aspects of marriage, premarital advice and sex education. The League is recognised by the Government and receives financial help.

In Italy there were 210 members grouped around university cities. A great many of the members belong to the Association as individual members as they resided in small towns. In the past 2 years they have been involved in organising the V11th Congress in Gardone.

The Association in New Zealand was involved with many other women's groups and annually entertained the new medical and dental graduates.

There were 314 members if the Philippine Medical Women's Association in five chapters. They provided a health education programme on television. With the help of AMWA they organised care for indigent women and children.

Stockholm was the centre of the activities of the Swedish Association. They owned a property in Stockholm where meetings were held and two rooms rented to women doctors.

The Swiss Association had 82 members. They also co-operated with other women's societies dealing with social and hygienic problems.

The membership and activities of the American Association (AMWA) had expanded in the past 2 years. They had a Scholarship Loan Fund and the Journal of the Association ran an annual contest

for the best article by a student, internee or resident. It maintains an interest in the American Women's Hospital and the Women's Medical College of Pennsylvania.

At the close of the meeting the new President, Dr Tosoni-Dalal, and the new Executive were installed.

As usual at MWIA Meetings, there was a full social programme which included the famous Scala Orchestra and singers, a boat trip to a charming village called Sirmione, the cathedral of Salo which was adorned with Venetian paintings, hospital visits, a tour around Lake Gardone and finally the official dinner in the great hall of the Grand Hotel transformed into a banqueting hall and graced by the Congress members in evening dress. (2)

References

(1) *MWIA Journal*, No 15 January 1951

(2) *MWIA Journal* No 16, June, 1953

(3) Honorary Secretary's report to VIth Congress

CHAPTER 12 The New MWIA Constitution And The Next Congress

A decision had been made to revise the Statutes and Bye-Laws and MWIA Executive did preliminary work on this revision prior to the V11th Congress held in Italy. The revised Statutes were presented to the 2nd General Assembly at the Congress in Gardone, Italy but after discussion it was decided to allow more time to study the Statutes and postpone the proposed revision until an Extraordinary General Assembly to be held at the Burgenstock Hotel among the Swiss mountains at the invitation of the Swiss Association in 1956. (1)

This meeting was called by Council for September, 1956, as there was outstanding business to discuss and the Statutes' revision required to be approved by the General Assembly.

Council met prior to the Extraordinary General Assembly on the 21 September and it was attended by President, Dr Tosoni-Dalai, Honorary Treasurer, Dr Roever-Bonnet, Honorary Secretary, Dr Aitken, Past President, Dr Reid and four Vice-Presidents, Professor Chevrel, Drs Haldorsen, Hillard and Walther-Schatte. There were 34 Council members present from Austria, Canada, Denmark, Finland, France, Germany, Great Britain, Holland, Iran, Israel, Italy, New Zealand, Norway, Philippines, South Africa, Sweden, Switzerland, Taiwan and USA.

The business to be discussed at the Extraordinary General Assembly was previewed by Council. It was noted that only one national association had raised an objection to the revision of the Statutes which had already been circulated. Council agreed that the South African Medical Women's Association was entitled to insist that their members should also belong to the South African Medical Association.

Council agreed that action should be taken to provide information to the Status of Women section of ECOSOC. They had requested a report on matters connected with equal pay and tax legislation as applied to married women (2). The affiliated associations would be asked to give information for the preparation of this report

The observer from the World Medical Association was permitted to speak at the Council Meeting and he outlined some of the work of WMA where it was felt MWIA and WMA could collaborate. This included atomic radiation and the WMA Conference on Medical Education which would focus on post graduate teaching at all stages of a doctor's career and where it was felt that MWIA might make a useful contribution.(2)

The Extraordinary General Assembly was opened by the President, Dr Tosoni – Dalai on the 21 September, 1956. She welcomed observers from WMA, University Women, Council of Women, World Federation for Mental Health and the European League for Mental Hygiene.

In her Presidential address she again expressed her fear that, not only those who worked in atomic energy, but the whole world was about to suffer from the dangers of nuclear radiation. She had alerted WHO and WMA to these dangers and stated once more that doctors had a social responsibility to make the biological facts of danger known and to awake humanity to an inevitable disaster if nuclear energy was not controlled;- *Thus the medical profession can serve the cause of peace* (2)

The opening session of this General Assembly was devoted to the reading of various reports: The Honorary Secretary, Dr Aitken, detailed in her report the consultation process on the revision of the Statutes. The need for a revision of the Statutes had been raised at Vichy in 1952 and the Executive had discussed this in 1952 and 53, but the proposals had not been accepted at the Congress in Gardone, September, 1954. Following the Congress, the text was submitted once more to national association for their comments. These comments were considered by the Executive meeting in Vienna in 1955 and some were incorporated into the text and this revised text was again sent to the national associations. All the associations except South Africa had signified agreement and the technical point raised by South Africa would be discussed and hopefully the General Assembly would be able accept the revised draft.

Dr Aitken reported that she had been in correspondence with the Association of Medical Women of Japan with over 1,000 members and it was hoped that they would request re-affiliation to MWIA. The President, Dr Chieko Ryu, had replied stating: *That the Japanese Association does not yet feel ready for affiliation but hopes it will be able to apply later* (2).

MWIA has had increased collaboration with other organisations. Consultative status with WHO had been renewed and MWIA representatives had attended regional meetings in Manila, Madagascar and New Delhi as well as meetings of WHO in Geneva, which were attended by the permanent representative there, Dr Peterson, a member of AMWA, whose husband works for WHO. Dr Chree Reid continued as the permanent representative at ECOSOC in New York and she attended the weekly meetings for non-governmental organisations. Three conferences had been proposed for their participation – one from the Division of Human Rights on combating discrimination and two from the Status of Women on implementation of equal pay and tax legislation for married women.

The Honorary Treasurer, Dr Roever-Bonnet presented a detailed financial report, which showed a healthy bank balance despite unpaid subscriptions from five national associations in 1955 and one in 1954. It had been agreed by Council that the subscription would not be increased.

Reports were given by the various members representing MWIA on other international organisations

At the second session of the Extraordinary General Assembly on the 23 September the revision of the Statutes was discussed and other outstanding MWIA business

The General Assembly approved the main revisions to the Statutes (Appendix 3) as follows:

- Council to meet twice in 5 years and the meeting to be held in any country determined by Council or failing this by the MWIA officers. The choice of venue to be decided by the national association of the country.
- The Executive to meet before Council
- Council to call a General Assembly at least once in 5 years
- The quorum for a Council meeting would be 25 members
- The quorum for the General Assembly to be 100 members from 5 countries (2)

It was decided that the Honorary Secretary should prepare an annual report which, after approval by the Executive, would be sent to National Corresponding Secretaries.

The Executive had considered a proposal from the Italian Association to establish in Italy (possibly at the Riviera) a holiday centre which could also become a temporary or permanent rest home for members of MWIA:

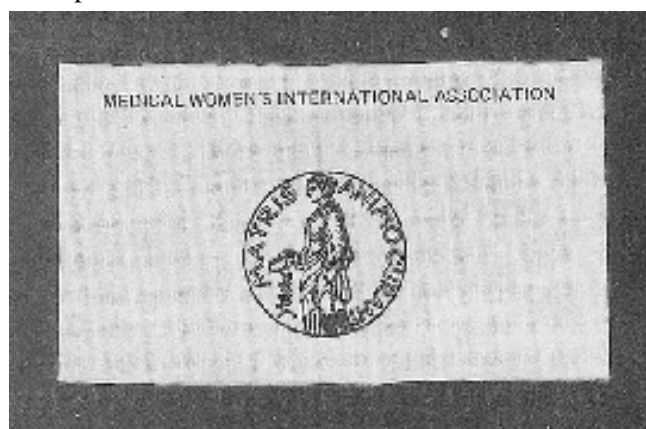
The Italian Association requested the Executive to submit this proposal, if they were favourably disposed towards it, to the General Assembly meeting at Burgenstock and if the Assembly approved each affiliated national association would be asked to submit a project of financial assistance before 31/12/56. The financial assistance may take the form of shares at a price to be decided by the Executive. (3)

The Executive agreed that this was a *delightful project* but it was obvious that the national associations must be consulted if they were to be asked to join in this project financially.

Hungary had appealed to MWIA for medicines. A discussion was held as to whether medical samples given to doctors should be sent to Hungary but no decision was made

The General Assembly approved the affiliation of the medical women's association in Lebanon and Dr Tegualdo Ponce Vargus, Chile, President of the Pan-American Medical Women's Alliance, and Drs Pelzer and Helaers, Belgium as individual members. Dr Gianferrari, Italy and Professor Gauthiers Villars, France were elected Honorary Members

A questionnaire had been sent out to the national associations about the problem of Licensed Houses of Prostitution and the President suggested that the results could be sent to a permanent committee in Geneva dealing with this subject. Thirteen national associations had replied but as the question proved to be complicated it provoked arguments in many countries. France had abolished such houses and introduced a regulation that venereal diseases must be notified and a reintroduction of licensing, in any form would be vigorously opposed. As the Danish Association also felt that MWIA's summary did not do justice to the complexities of the problem and a more detailed study should be undertaken before sending a report to any international organisation, the General Assembly agreed to postpone a report (2).



The emblem created and already used in 1954 by the Italian Medical Women's Association at the Congress in Gardone was adopted by a large majority as the MWIA emblem.

It was a replica of the first female physician, Hygieia, daughter of Aesculapius, the Greek God of Healing. The inscription read-

Matris animo curant MWIA - They cure in a motherly spirit (1)

A report was given by Dr Fe del Mundo who had organised the first MWIA Western Pacific Regional meeting in Manila. Representatives had attended from Japan, Korea, Philippines, Taiwan and Thailand. The topic discussed was *Maternal and Child Health*.

MWIA had received invitations to hold the next Council Meeting in 1960 in the Philippines and also Germany. Concern was expressed that a meeting in the Philippines would involve a long journey for European members and it was questioned if the national associations would be willing to send their delegates there. It was decided that national associations should be consulted before a final decision was made.

There were discussions at the General Assembly about the need for active participation of members in the work of MWIA. This would stimulate interest in its work and lighten the burden on the Executive. Dr Harding proposed the creation of three committees:

Financial; to increase financial resources of MWIA

Editorial; to revive the post war journal of MWIA

Scientific; to guide the preparatory work for the scientific sessions

Dr Nakling pointed out that three such committees had been created in 1953. These committees had not met owing to the distance which separated the members. The General Assembly approved a proposal that this should be discussed at the next Council Meeting

At the 2nd Council meeting immediately after the Extraordinary General Assembly Dr Albrecht, Germany was elected as a 7th Vice-President as proposed in the new Statutes which had just been approved by the General Assembly Dr Odium was re-elected chairman of the Finance Committee with terms of reference to improve the finances of MWIA.

After a prolonged discussion of the need for a Scientific Committee, it was agreed that this would assist in the co-ordination of the scientific work done in each country on the proposed subject for a congress. Dr Hillard, who had prepared a working plan and questionnaire on the subject "The Adolescent" was appointed convenor of this sub-committee to start work after the London conference in 1958.

As regards the Editorial Committee, Dr Aitken reported that Dr Lovejoy had written to propose the revival of the MWIA Journal. The Executive had already discussed the suggestion:

That it should be published in America under the editorship of Dr Chree Reid, at least twice a year and that advertising revenue would cover the expenses involved.(2)

She had written to Dr Lovejoy asking for a detailed budget, with estimates of revenue and expenditure, as MWIA had no resources to meet any additional expenditure. Council approved this action on behalf of the Executive.

As usual, reports were received from national associations – twenty one were presented at this meeting. All the associations were active and reported increased membership. Many held scientific meetings and supported medical students who were encouraged to become members. Some associations were requested to give evidence to their governments and its health and social

committees and other organisations on medical related subjects and the careers of medical women. The women doctors, especially in developing countries, continued to provide free medical services for women and children.

A full day was devoted to the scientific programme. The topic discussed was *The Problems of the Married Woman working outside the Home, and their Effects on the Physical and Mental Well Being of the Family Group*.

Prof Ruys summarised the presentations and discussions at the end of scientific sessions. In some developing countries women were still regarded as inferior and had no right to an independent existence. As their lifespan is short, it is often an economic necessity to have many children:
To have hands to do the work thus childbearing is the primary task.

Even in some European countries women still did not have equal rights with their husband. In Holland a wife has had no equal rights with her husband to their common property although that will change in 1957. In Switzerland she had, as yet, no voting rights and in UK a wife may not know what her husband earns.

In Western civilisation economic pressure and an increasing percentage of women marrying often encouraged the women to work outside the home but more married women also chose to have outside interests including a job for the development of her personality. Women were becoming emancipated and a man's attitude to women was changing just as the status of women was changing.

It was felt that working outside the home was not responsible for a bad influence on the physical or mental health of the woman but rather the special circumstances within the family e.g. illness in the family, or women who cannot cope with any situation. It was stressed in the reports:—

That women suffering from various consequences of overstrain are found equally among those who have extra duties outside their household duties and those who have not. All except the Swiss-German report confirmed that the problem child does not especially come from families where the mother works outside the home.

Divorce was also sighted as a problem but there were no more divorces in marriages where women had an outside task. Conflicts with husbands were independent of the occupational status of the woman.

There were also some positive influences. Some women loved their work especially if they had special training before marriage and others felt that their work gave them a feeling of independence. Some families may achieve a higher standard of living but for other women it is an economic necessity.

There were differences between the countries, especially in post war Germany and Switzerland where it was suggested that this may be due to a slower evolution of husbands.⁽⁷⁾

A working plan for the scientific sessions had been discussed at an Executive meeting in Vienna. It had been agreed that each association would be invited to submit the name of a speaker qualified to deal with the subject to be discussed at the scientific meeting and any relevant material they might have should be sent to one of the chosen speakers. After the presentation of the papers the audience

would be invited to form small study groups to discuss the presentations. Members of the group could decide whatever language they wished to use in the group but any questions to speakers or any resolutions to be submitted required to be in English or French. The Executive considered that this method of working would lead to fruitful discussions. (2)

Two hundred members and friends attended this meeting in the mountains above Lake Lucerne. They were accommodated in two neighbouring hotels but the meetings and the meals were held in the Burgenstock hotel. On the first evening a member of the Swiss Association gave a recital of songs drawn from the three cultures that had contributed to modern Switzerland – French, German and Italian. On the second evening there was a film show and an impromptu showing of films of African Life by Dr Isabel Robertson the NCS of South Africa. A gala banquet was given by the Swiss Association on the third evening followed by numerous speeches and a variety of Swiss entertainments which included yodelling, dancing, coin spinning and a performance on the great Alp horn. The music was provided by a rustic band in national costume. A tour of the lake and a visit to a manufacturing chemist was also fitted into the very busy days ending yet another successful MWIA meeting.

Following the meeting in Switzerland MWIA continued to develop through its contacts with WHO, ECOSOC, WMA, and CIOMS and the researches it had undertaken at their request. Membership had increased, more national associations requested affiliation to MWIA and women doctors in other countries expressed interest in forming associations with a view to becoming members. MWIA members had been invited to attend conferences and meetings of important international associations as well as sending representatives or observers to other international organisations. The influence of MWIA had spread and it was held in great respect world wide.(6)

In June, 1957, Dr Tosconi-Dalai, MWIA President, after attending the 7th General Conference of Non-governmental Consultative Organisations, talked to several officers of WHO in Geneva about the activities of MWIA. This was very important as every two years a WHO standing committee reviewed the consultative status of NGOs and recommended whether or not their status should continue. WHO was interested in the topic for the 8th MWIA Congress- “The Adolescent” –as they were also organising a conference on this subject and would value a contribution from MWIA. She once more expressed to WHO MWIA’s concern about the utilisation of atomic energy and learned that they had nominated a commission to study the problem and report in 1958. As MWIA had been one of the first organisations to highlight the dangers of atomic radiation in the field of medicine and industry they would be invited to attend a conference on this subject in 1958. (6)

The MWIA Executive met in Rapallo, Italy, in September, 1957 and its main discussion centred around the scientific and technical organisation of the 8th MWIA Congress in UK. The invitation from the Philippine Association to hold the Council Meeting there in 1960 was discussed, but the Executive, after consulting national associations, realised that it was unlikely that the necessary number of Council members required to reach the statutory quorum of twenty five would be able to attend. The Executive decided at this meeting to invite national associations to contribute to a special fund to assist in meeting the travelling expenses of MWIA delegates to meetings of other organisations. The majority of associations replied that:

Though in some cases willing to help with travelling expenses of their own delegates, they were unable to make a special contribution to this fund in view of currency restrictions and other difficulties.

[During the Opening Ceremony of the 8th MWIA Congress the Honorary Secretary reported that the French, Israeli and Australian Associations had promised to make a special contribution].

A second regional meeting was planned to take place in Bangkok at the end of December, 1957 but due to internal difficulties in that country the meeting was cancelled

The 8th MWIA Congress, the first to be held under the new constitution, was hosted by the Medical Women's Federation in London, 15-21 July, 1958. The venue was Bedford College in the centre of Regent's Park. This was, at that time, an excellent site for a conference with simple and quiet charming student accommodation in the heart of a great city. (6)

The Congress was opened on the 16 July by the Countess Mountbatten of Burma who was introduced by the President of MWIA, Dr Tosconi-Dalai. In her introduction, the President spoke highly of the work of the Countess:

Who was superintendent-in-chief of St John's Ambulance Brigade and had collaborated with the Red Cross while she was Vicereine in India. She was well known and greatly esteemed by medical women throughout the world for her interest in the problems of social and practical medicine. In India too she appreciated and encouraged the work of the Indian Medical Women and was much interested in the hospital at Vellore. (6)

In her inaugural address, Countess Mountbatten:

Spoke of the women who had pioneered the field of medicine, particularly those who had gone out to India in the 1870s and 80s to do work which was still remembered, and to found institutions, which, as she could say from her own knowledge, were still flourishing. She then spoke in very moving terms of the work done by Indian women doctors during the Burma campaign (6)

Following the official opening of the 8th Congress, the President of MWIA welcomed Past Presidents, Dr Lovejoy, Prof. Ruys, and Dr Chree Reid and representatives of WMA, WHO, International Council of Women and the World Federation for Mental health. She gave a special welcome to the delegates who had travelled from the Far East and observers from Hungary, Poland and Rumania. After congratulating the Medical Women of India who had celebrated their 50th anniversary in 1957, she gave an account of her activities as President since the Extraordinary General Assembly Meeting in Switzerland. She spoke at length about her visit and contact with WHO in 1957 and the conference on atomic energy to which MWIA had received an invitation. This conference would be organised by the Japan Council against Atomic and Hydrogen Bombs and was supported by scientists from all over the world.

The Honorary Secretary, Dr Aitken, next presented a detailed report of the work of the Association since she took office in 1954 and reported on its activities since the meeting in Burgenstock. MWIA now had over 8,000 members and there were active associations in the Near and Far East and the continent of Africa. If the associations in Argentina, Peru, Japan, South Korea and Vietnam who had applied for affiliation were approved by the General Assembly, the membership would exceed 9,000. This would also be the first time that MWIA had affiliated associations in Latin America. Membership was increasing in the Western Pacific and it was with regret that the invitation to hold the next Council meeting in the Philippines would not be possible in 1960.

She reported on MWIA's activities and attendance at meetings of ECOSOC including the 10th Anniversary of the Declaration of Human Rights in New York, regional meetings of WHO in Washington, Copenhagen and Hong Kong by local MWIA members and the WHO Assembly and Executive Meetings in Geneva. Representatives had attended the meetings of WMA in Cuba and Istanbul and MWIA has been asked by CIOMS to nominate speakers to the Conference on Medical Education, to be organised by WMA in Chicago in 1959.

The work of the Secretariat in London had increased. Five Circular letters had been sent in 1957 to associations and already four had been distributed in 1958. This had involved an increase in their work and also increased expense. There had also been a vast amount of individual correspondence from members and associations in connection with the present congress as delegates who wished to participate, each required two or three individual letters to assist them with currency and visa restrictions.

In closing she announced that she was retiring as Honorary Secretary after eight years and thanked the many colleagues she had worked with over this time and spoke of her enjoyment of:

The widening of experience and sympathy which one gets when meeting and trying to understand the points of view of people in lands distant from one's own. This is one of the main objects of our association. (6)

Dr Roever-Bonnet, Honorary Treasurer, presented a detailed financial statement which showed that MWIA had a small surplus of revenue for 1957. Two national associations had not yet paid their subscription for 1957, one association had only paid half and an association had failed to pay their 1956 subscription (6).

Dr Chree Reid, Past President, gave two short reports. The first on her attendance at the Conference of Non-governmental Organisations in New York in April, 1958 attended by more than 175 national and international associations. The second, the 25th session of ECOSOC in New York, April and May, 1958, where measures to promote the industrialisation and productivity of under-developed countries was debated and an appeal to member governments to increase their financial support for the United Nations Children's Fund. They had also discussed many problems connected with the Status of Women.

The 1st Council Meeting was held after the Opening ceremony of the 8th Congress on the 16 July. It was attended by Dr Tosconi-Dalai, President, Dr Roever-Bonnet, Honorary Treasurer, Dr Janet Aitken, Honorary Secretary, Prof Chevril, Drs. Albrecht, Haldorsen, del Mundo, Walthard-Schaetti, Vice-Presidents and 40 Council members from the following 22 countries:

Australia, Austria, Canada, Denmark, Finland, France, Germany, Great Britain, Holland, Hong Kong, India, Iran, Israel, Italy, Lebanon, New Zealand, Norway, Philippines, South Africa, Sweden, Taiwan and USA.

Following the approval of the minutes of the Council meeting in 1957, the first business discussed was the election of the President for the period 1958-60. Dr Marion Hillard, Canada had received overwhelming support from the national associations but due to illness she had written to withdraw her nomination. The Executive had met and presented the following resolution which was unanimously approved by Council:

In view of Dr Hillard's illness, it was decided to recommend to Council the postponement of the election of a new President, and to invite Dr Tosconi-Dalai to continue to act as President until the situation as regards Dr Hillard's health was clarified. If it proved impossible to maintain Dr Hillard's candidature the associations would be consulted and asked to make further nominations (6).

Council next welcomed and approved the affiliation of Argentine, Peru, Japan, Vietnam and South Korea to MWIA and the election of Prof. A Charlotte Ruys as a Honorary member

A resolution from the Executive was unanimously approved:

It is recommended that MWIA should in future defray the travelling expenses of the Honorary Secretary when attending meetings on behalf of MWIA and that a certain sum should be set aside for such purposes.(6)

The Old Woman had been chosen by the Executive as the topic at the Council meeting in 1960. Dr Aitken reported that a questionnaire had been drafted by the British and Italian Associations and modified by WHO. It would be circulated to all associations and they would be invited to nominate speakers to present papers at the next congress.

At the first meeting of the General Assembly, 16 July, chaired by the President, Dr Tosconi-Dalai, the General Assembly accepted the Executive's resolution on the election of the next President, the affiliation of the Associations of the Medical Women of Argentine, Peru, Japan, Vietnam and South Korea was ratified and the election of Prof. Ruys as a Honorary Member was approved

The Financial report and the Honorary Secretary's report were then approved by the General Assembly.

The Council met for a second time on 20 July when Dr Tosconi-Dalai reported the sad news that Dr Hillard had died. Council observed a one minute silence in her honour.

The Executive requested the Council to withdraw their previous motion and allow the election of a new President to take place. Apart from Dr Hillard, nominations had been received from Australia and Finland in favour of a candidate from Great Britain and from the Philippines, the name of Dr Fel del Mundo. The British Medical Women had persuaded Dr Aitken to stand as their candidate and the President of the Philippine Association, in view of the circumstances, withdrew their nomination. Dr Aitken was unanimously elected by Council as the new President of MWIA.

The recommendation of the Executive, to elect Dr Vera Peterson as the new Honorary Secretary and re-elect Dr Roever-Bonnet for a further period in office as the Honorary Treasurer was unanimously approved by Council. The election of Prof Chevrel, France, and Drs.Wright, USA, Albrecht, Germany, Holmstrom-Wiberg, Sweden, Prof. Chevrel, France, Dr Lloyd Green, Australia, Dr del Mundo, Philippines and Dr Antoine, Austria as Vice-Presidents as recommended by the Executive was unanimously approved by Council and a resolution to increase the number of Vice-Presidents to eight to secure a better representation of countries in Asia and the Middle East.

Council members were aware that there had been no increase in the subscription since 1945 and remained at 2s.0d per member but it should now be raised to cover the increasing expenses of the Association. This was supported by the Treasurer, Dr Roever-Bonnet, as otherwise the Association

would require to draw on its reserves. Opinion was divided on this issue. Some members thought it could cause problems for smaller countries and others felt it would be better to raise money from those who were particularly interested in the Association and attended congresses, by increasing registration fees. A motion was passed *-that the question be referred back to the national associations.*⁽⁶⁾ If the associations agreed to a change this would not take effect until 1960.

Two invitations had been received for the Council meeting in 1960. The first was from the Philippine Association and the second from the German. The invitation from the Philippine Association had already been discussed and regretfully declined as it was unlikely that a quorum would be possible. The Invitation from the German Association to hold the meeting in Baden Baden in September, 1960, was accepted. Dr Fel del Mundo then:

Invited the General Assembly to come to the Philippines in 1962, to see the other half of the world and to study its problems. The Philippine Association hoped that it would be possible to contribute towards the expenses of the delegates from distant countries, and at any rate, they could promise that from the moment the delegates stepped ashore they would be offered full hospitality. The invitation was enthusiastically accepted by Council. ⁽⁶⁾

Three resolutions were passed at the end of the 2nd Council Meeting.

On the subject of Regional offices:

The Executive approves and supports the functioning of regional groupings of the Medical Women's International Association and appreciates the valuable contribution they can make to the work of MWIA. It deeply regrets that the present financial situation of the International Association prevents any more practical expressions of its interest

An Austrian resolution was moved by Dr Antoine and amended by Lorna Lloyd Green to include the words "if practicable":

In the event of any emergency or public disaster, where members of the MWIA feel able to contribute financial or practical relief measures, it is resolved that such relief if practicable, should be directed through the national association of medical women in the country concerned, or in the country most closely connected with the area of disaster.

Dr Lloyd Green, Australia, moved a motion concerning the financial report:

That the Association's accounts should be audited annually.

The motion was amended and moved by Dr Esselmont (UK) to read:

That the Association's accounts should be audited every two years.

The amended motion was approved by 21 votes to 20.

At the 2nd General Assembly on the 20 July, Dr McGeachy of Canada paid tribute to the memory of Dr Hillard.

The election of President, Honorary Secretary, Honorary Treasurer and the seven Vice-Presidents as recommended by Council, and the other business transacted by Council was approved by the General assembly.

National Corresponding Secretaries from twenty national associations presented full reports of the activities of their associations. Associations continued to increase their membership and were involved in organising scientific meetings, providing scholarships and loans to medical students and

young doctors, and in some countries developing improved medical and social services for women and children. The Austrian Association had opened a home for the elderly near Vienna, the Canadian Association had been constituted as a sub-committee of the Canadian Medical Association and the Scandinavian countries continued to have regular joint meetings

The Adolescent was the topic discussed at the scientific meeting and eight presentations were given by members from France, Germany, Italy, Israel, Netherlands, Sweden, UK and USA. The presentations were followed by very interesting and important discussions. Many participants expressed their opinions. Adolescence was seen as a time of transition between childhood and maturity and the beginning of the reproduction cycle. This subject was discussed under several sub-topics- General, Gynaecological, Cancer, Disability and Disfigurement, Psychological and Psychiatric.

Adolescent cancer was a rare condition and normally associated with embryonic factors affecting the thyroid and bone tissues. Gynaecologists had to deal with conditions arising from puberty and it was noted that the onset of this was earlier in Great Britain. Delayed puberty and menorrhagia did cause concern to young girls and especially their parents but could be successfully treated by a sympathetic gynaecologist but dysmenorrhoea was considered to be a socio-economic disorder. Surgeons and plastic surgeons were important people to correct physical defects in the adolescent as soon as possible especially any surface deformities and genital defects should be repaired before puberty. The request for treatment by a surgeon or plastic surgeon to correct a disfigurement should never be seen as “pure vanity” but as important - *the integration of body and mind of the young person*

The Psychological and psychiatric aspects of adolescence were thoroughly discussed and it was recognised that school, friendships and especially good family relationships were important (8)

The first social event was an evening reception given at the Senate House of London University by the Vice-Chancellor. It was attended by:

The Chancellor, Her Majesty, Queen Elizabeth, the Queen Mother, who came straight from a fairy tale in silvery –white gown with diadem and collar of diamonds and rubies. Her majesty, with exquisite grace, had a friendly word for all of them - with a charming spontaneity she would approach a child, admire the wonderful kimonos of the Japanese delegates the delightful dresses of the members from Hong-Kong, Formosa, Vietnam and the butterfly-winged dresses of the Philippines. She took an equal interest in the country of origin and the professional activity of each delegate. (6)

The following day, after the official opening of the Congress, the participants were invited to the Mansion House, the home of the Lord Mayor of London, where they had a magnificent tea provided by Rousell Laboratories. They were invited to view this historic building, built in the middle of the 18th century, with its elegant rooms of English furniture from the 18th and 19th Century and admire the portraits and paintings. They were welcomed by the Lord Mayor. The following day the British Government offered a reception at the Savoy Hotel, hosted by the Minister of Health

These receptions, not only gave the delegates and their friends and families an opportunity to visit a few of London’s famous buildings, but allowed them an opportunity to renew old friendships and make new ones in very sociable and pleasant surroundings.

There were three interesting excursions organised - to the colleges of Oxford, Cambridge and the ancient city of Canterbury where visits were made to the weavers' cottages and the great cathedral. On the Saturday evening a cruise down the river Thames to Woolwich gave members and friends a view of many historic landmarks of London.

The new President, Dr Aitken, entertained the National Corresponding Secretaries in her home to afternoon tea:

Almost 40 nations were represented in the limited space of one drawing room and a garden in bloom. (6)

The Royal Free Hospital opened its doors to the delegates who were served tea by young medical students. There was an exhibition of photographs and portraits of some of the medical women pioneers of the profession.

The final event was a gala banquet at the Dorchester Hotel where everyone appeared in full evening dress or national costumes. It was attended by the Presidents of the Royal Colleges of Physicians and Surgeons.

Dr Lovejoy, the first President now in her eighties was observed to enjoy this congress and actively take part in the scientific sessions, general assemblies and all the social events.

References

- (1) *MWIA International Journal* N0 16 June, 1955
- (2) *MWIA International Journal*, N0 19 Sept 1956
- (3) Wellcome Contemporary Archives SA/MWF/Circular letter N0 6
- (4) Lore, A. *The following 21 years 1921-70*
- (5) Morani, A. *A short history of MWIA*
- (6) *MWIA International Journal* N020, Dec. 1958
- (7) *Reports from the Extraordinary G.A.Burgenstock, printed by CIOMS*
- (8) Wellcome Contemporary Archives SA/MWF Congresses box 99

CHAPTER 13 Into the Sixties

At the close of the 8th Congress in July, 1958, the Secretariat moved from London to Geneva, in the country of the new Honorary Secretary, Dr Vera Peterson. A new part-time secretary, Mrs Ruth Bonner, was officially employed from January, 1959 although she had assisted Dr Petersen voluntarily before this especially with the questionnaire on the Status of Women.

During the remaining months of 1958 and in 1959 members represented MWIA at many international meetings although lack of funds prevented it sending representatives to all the meetings in which it was interested. Members attending international events on behalf of other organisations or living in or near the venue of the meeting were often willing to act as MWIA representatives. Other members attended meetings and covered their own expenses. Because of the long interval of time between Executive and Council meetings, representatives sometimes were unable to put forward the views of MWIA. They were able to speak about the activities and interests of MWIA but unable to participate in the scientific or technical discussions and speak on behalf of MWIA as they had no instructions. Dr Aitken suggested that the representatives should introduce any statement with the following sentences:

My organisation, MWIA, has not had an opportunity to meet and discuss these problems and therefore has not stated its official opinion. However, I am authorised to express my personal opinion as the representative of MWIA. (1)

Dr Vera Peterson attended the Executive meetings and General Assemblies of WHO in Geneva in 1958 & 1959. WHO had embarked on a world-wide campaign to eradicate Malaria and also Smallpox in countries where it was still a problem. It recognised the health problems arising from inadequate sanitation, the need to protect the public from ionising radiations and the lack of health personnel in many countries. A programme had been undertaken to provide an adequate supply of safe water to people throughout the world.

WHO had been invited by ECOSOC to undertake a study of the persistence of ritual operations against girls and measures to prevent it. In response WHO replied that they felt that such a study was outside its competence, but offered to make what information it had available to an agency undertaking such a study. (1)

MWIA was represented at regional meetings of WHO in Africa, Americas and Pan-American Health Organisation, South East Asia, Europe, Eastern Mediterranean and Western Pacific by local members in 1958 and 59.

Dr Chree Reid, MWIA permanent representative to UN, attended the 14th session of the Commission on the Status of Women, 14 April, 1960, which was held at Buenos Aires. This commission had been established in 1946 to study the political, economic, social, civil and educational status of women throughout the world. Resolutions were passed on the following:

- The right of married women to work
- A minimum age of 15 years for marriage
- Full and free consent of both parties to marriage
- Ritual operations
- Vocational guidance and training for girls and women
- Equal opportunities for girls and women with boys and men to education

In May, 1960, Dr Reid together with Drs Helen Miller and Dr Shanahan attended the 3rd Conference of Non-Governmental Organisations (NGOs) at the UN headquarters in New York. Such organisations had been created in 1956 by United Nations in recognition of the contribution that other agencies outside of governments could make to bring about change and improve the lives of people world-wide. They were able to explain the work and policies of UN, obtain support from other like minded organisations and work together to urge governments to support their work

The new MWIA Executive met in Geneva, June 1959 and it was agreed that MWIA must increase its funds to cover the cost of the Honorary Secretary's travelling expenses to attend the Council Meeting in 1960 and the General Assembly in 1962. Rather than increase the subscription to finance these expenses the following proposal was made:

The Executive Committee proposes that, at every international meeting those attending pay, as part of their registration fee for the meeting, a certain sum to be earmarked for MWIA which the organising country will collect and transfer to MWIA. (1)

Another very important resolution was passed on ritual operations:

The MWIA deeply deprecates the practice of female circumcision on medical and humane grounds but feels that any action for prevention must come from within the countries concerned. At the present time the only practical action possible for the MWIA consists in influencing doctors, midwives and nurses who come on visits for training, or for research from these countries where the practice prevails. (1)

This resolution was sent to national associations for their comments and their opinion on the best way of ending this practice

The organisation of the scientific programme at the Council Meeting in 1960 was planned at this Executive Meeting and communicated to the national associations in a circular letter :

The subject- "The Old Woman" had been chosen for discussion as a contribution to the MWIA to World Mental Health Year. There would be eight main papers, each of thirty minutes, followed by one hour of discussion and each intervention would be limited to three minutes. On the final morning the participants would break up into six working groups for further discussion of different aspects of the subject. (1)

National associations would be asked to submit the names of speakers and to nominate chairmen of discussion groups, but it was the Executive who invited colleagues to prepare and present a paper on an aspect of this subject in which they had a particular interest.

The inaugural ceremony of the Council Meeting was held on 8 September, 1960 in Karhaus, Baden-Baden. Dr Janet Aitken, President, welcomed members and gave an address at the opening ceremony. As male colleagues were now on the whole understanding and helpful towards women doctors, she asked the question:

One might wonder why a women's international body should continue to exist? For myself, I think it is because women have, and always will have, certain special women's problems which are helpful for them to discuss together. I suppose the most important of these is that when women doctors marry, they, like other women, are likely to have children, and indeed, are much happier if they do. They have to face the fact, however, that this leads to time-taking responsibilities outside their

profession and this in turn leads to many and various problems. Thus we believe our association to be valuable. (1)

Dr Aitken introduced Frau Wilhelmine Lubke, the wife of the President of the Federal Republic who welcomed members of MWIA and noted that this was the first time the Association had met in Germany. She expressed her admiration for the achievements of medical women in their profession and their pioneer forbearers who had fought for the cause of women in the medical profession. (1)

The 1st Council Meeting, held at 8pm on 8 September, 1960, was attended by the President and chairman, Dr Aitken, Past President, Dr Tosoni-Dalai, Honorary Treasurer, Dr Roever-Bonnet, Honorary Secretary, Dr. Peterson, Vice-Presidents Prof. Chevril, and Drs Albrecht, Antoine, Holmstrom, Lloyd Green, Fe del Mundo and Wright and forty six Council members from twenty one national associations. The National Associations present were: Australia, Austria, Canada, Denmark, Finland, France, Germany, Iran, Israel, Italy, Japan, Netherlands, Norway, Philippines, South Africa, South Korea, Sweden, Switzerland, Taiwan, UK, USA. Apologies were received from Hong Kong, India, Lebanon and New Zealand. Representatives were also present from the World Health Organisation, the World Federation of Mental Health, the International Council of Women and the World University Women

After the approval of the Minutes of the Council Meetings held in 1958, the President, Dr Aitken announced that a proposal had been made by the Executive to request Council at this session to call an Extraordinary General Assembly in place of the 2nd Council Meeting on 9th September, 1960 at 5.30 pm. This was necessary as there was concern that the quorum might not be reached at the General Assembly in the Philippines and a resolution to give Council and the Assembly meeting in the Philippines power to carry out the work of MWIA and to take valid and legal decisions, required to be passed by a General Assembly. This proposal was adopted by Council.

The Honorary Treasurer, Dr Roever –Bonnet, presented the financial statement for 1958 and 59. Three national associations had not paid their subscriptions and another had only partially paid for 1959. Income was falling and the association in India had reported that it would have difficulty in paying its subscription for 1960. The annual fee to CIOMS had increased from 20 to 100 dollars and salaries and travelling expenses were increasing. The Executive had decided not to increase the rate of subscription in view of the forthcoming congress in the Philippines. Council agreed to transfer the surplus of £458 from the London Congress to the Travel Fund. The Treasurer had great difficulty in arranging the audit of the accounts in Holland as neither the Treasurer nor auditor were aware if the money received from each affiliated association corresponded to the number of members and the auditor required signed statements from the MWIA President, MWIA Treasurer and the NCS of each association. Council agreed that under the present difficulties of the present circumstances that the accounts be submitted to and examined by the Executive.

Dr Vera Peterson gave her first report to Council as Honorary Secretary. She began by introducing and expressing her appreciation of the new secretary, Mrs Ruth Bonner, who had worked so hard in the preparation for this meeting. They had sent regular circular letters to national associations and they appreciated the prompt replies received from the NCSs to the many requests for information and also the reports they sent of the activities of their national associations. Despite currency and travel restrictions 21 out of 29 national associations had managed somehow to overcome these restrictions and attend the meetings.

After reporting the important decisions made at the Executive meeting in June, 1959 she spoke of the continuing discussions taking place in other international organisations about female circumcision. The medical women in the UK had sent a resolution on this subject to be forwarded to WHO and AMWA had sent a recommendation. It had been reported by a WHO representative at the 14th session of the Commission on the Status of Women that some governments were already undertaking measures to eradicate the practice of ritual operations and this was confirmed by some members of the Commission who stated that:

Under these circumstances a resolution on the subject might prove harmful and would further more, interfere with the internal administration and legislation of the countries concerned.

A resolution was adopted by the Commission expressing concern with the persistence of the practice and calling to the attention of WHO, UNICEF, UNESCO and ILO the need for concerted action against the continuance of the practice. At the 30th session of ECOSOC in July, 1960, the Social Committee considered the report from the Commission and adopted the following resolution:

The ECOSOCexpresses the hope that the Governments concerned will continue and accelerate their efforts with a view to the complete abolition of all such practices..... and will take advantage of the UN and of the specialised agencies which they consider would assist to this end. (1)

The MWIA emblem, which had been approved by the General Assembly in 1956, had now been authorised by the Executive to be sold as a brooch during the Council Meeting at the cost of three shillings each.

She reported on the planning of the 1Xth MWIA Congress in the Philippines in December, 1962-January, 1963. The medical women now had their own new building in Manila with an auditorium - named in honour of Dr Lovejoy- to receive the participants, The Philippine woman doctors were offering hospitality to participants and hoped that this would encourage many colleagues to attend so that there is at least a quorum to transact MWIA business. Airlines had been approached to help to organise travel to the Philippines at advantageous rates. The subject to be discussed would be "The Medical Practitioner and Parent Education".

Council approved the recommendation from the Executive to grant individual membership to Dr Gadomska, Poland and Dr Susana Saric, Yugoslavia

Invitations had been received from AMWA and the Canadian Medical Women's Federation to hold the Council Meeting in North America in 1964 and from the French Association to come to Paris for the Xth MWIA Congress in 1966. It was felt that European members would find it expensive to travel to two successive meetings so far from Europe and it might be preferable to hold the Council Meeting in Europe in 1964 and in North America in 1966. National associations were asked to decide the venues and dates and at the Extraordinary General Assembly the following day chose to hold the Xth Congress in North America in 1966. As France was unable to change their date, Norway was chosen as the venue for the Council Meeting in 1964. The Council Meeting was adjourned at 10pm

As agreed by Council an Extraordinary General Assembly was held on 9 September. The Assembly was attended by all the Council members and 100 delegates of national associations. The following resolution was adopted unanimously:

In case the "quorum" of the Council and the Assembly should not be reached in the Philippines, the Council propose to the Extraordinary General Assembly, meeting in Baden-Baden, to give to the Philippine General Assembly the power to approve the decisions taken at the Philippines, whatever their number, provided that, if any decision taken should not be acceptable, it can be reviewed at the following Assembly. (1)

The resolution on ritual operations was adopted unanimously and it was decided to send it to WHO.

As 1959-1960 was designated World Refugee Year by United Nations, Dr Peterson introduced a resolution on the "Admission of Refugee Doctors to Medical Practice". Some governments, national medical and dental associations and the Council of Europe had highlighted the problem where nationality was a barrier to refugees resuming their professional careers and of helping these doctors to receive the necessary training in their host countries. The resolution was adopted and sent to the Assembly of the World Medical Association meeting in Berlin and also to WHO.

Dr Peterson drew the attention of the Assembly to a decision of the Executive to request consultative status as an NGO with the UNICEF Executive Board since the health activities in favour of children and families of UNICEF are similar to those of MWIA. The Assembly was in favour of such a step and the request should be submitted to UNICEF.

There was some time available to listen to the reports of the activities of a few national associations but other reports were published in the Medical Women's International Journal, No 21:

All the associations reported much activity with regular scientific and social meetings. Members in most associations were involved in research work.

The Austrian Association's main effort was relief for refugees and the American Women's Hospitals sent financial support for this work. The Austrian association provided accommodation in a flat for sick refugees and Hungarian medical students. They ran a small convalescent home for 18 persons and were planning to open an old age home.

The new association in Hong Kong had trebled its membership and has had help and support from the Medical Women's Federation in UK in their struggle for equal opportunities and salaries for women doctors

The re-affiliated association in Japan now had 600 members and the delegation of 19 attending this Council Meeting were only able to do so with the help of MWIA in obtaining visas.

The association in Lebanon had managed to persuade their Government to allow women doctors to work in Government schools and clinics on an equal basis with men.

The women doctors in the Scandinavian countries – Denmark, Finland, Norway and Sweden continued to hold annual meetings of their region

Free clinics for women and children were run by the women doctors in the associations in Taiwan and Vietnam

Journals were published by eight associations- Germany, France, India, Japan, Philippines, Thailand, UK and USA.

The scientific topic discussed in Baden-Baden was *The Old Woman*. A very detailed questionnaire was sent to the 29 national associations prior to the meeting in Baden-Baden and responses were received from 23 associations. Dr Peterson prepared a report from this questionnaire which was printed as an appendix to the 83 page report of the scientific discussions published with the assistance of CIOMS. (2) This report gave a global view of the statistics on the morbidity and social attitude to the old woman in 1958-1960.

Papers were presented under seven sub-headings:
The Fragile Sex - Male or Female
Metabolic Disorders and Nutritional Requirements
Cardiovascular Pathology
Mental Disorders
Rehabilitation
Institutional and Homecare
Social Aspects of Life in Old Age Homes

On the last day of the meeting the participants broke into several groups and discussed relevant subjects of the old woman – her place in society and the family, her working situation and pension, physical illness, mental disturbances and the measure of care of the old women.

A brief summary of the positive and important contribution this conference had made to this subject was made by Dr Doris Odlum:

The conference seemed to have arrived at the view that neither physical nor mental changes in ageing were inevitable so that they might ask themselves "Is your ageing really necessary" and give the encouraging answer "No". With proper treatment and care, ageing might never lead to complete dependence or disability but we realised that we did not really know the cause of either physical or mental disorders on the ageing and a tremendous amount of research was necessary in that field. Rehabilitation was essential and it was our duty to press forward with every method that could be devised. It was important that old persons should be valued and should remain in close contact with the family and the outside world and, above all, should be occupied and feel their occupation was necessary and worthwhile and not merely a distraction to pass the time. (2)

The German hostesses had arranged a successful meeting in the beautiful salons of the Kurhaus and also an enjoyable social programme. On the first evening an informal reunion was held in a restaurant in the Karhaus. On the following days there was a visit to the thermal establishments at Baden-Baden, an excursion to the Black Forest, an outstanding ballet performance by two principals of the German Ballet Companies and a final banquet at the Karhaus.

This was again another outstanding reunion of medical women from the first international body to be formed and remain in continual existence. This was highlighted by the President, Jane Aitken, in her welcoming address at the Opening Ceremony:

In medicine there are many common bonds between all nations and these are surely a contribution to world understanding and following that we hope to world peace.(3)

The report of the scientific meeting associated with the Council Meeting in Baden-Baden proved a long costly and onerous task for the Secretariat. There was great interest in the topic, *The Old Woman*, and although many copies were sent to national associations, libraries and many International Organisations, requests for copies of the report were still coming into the Secretariat

from various parts of the world even before the Secretariat began their journey to Manila at the end of 1962. The printers of the report in UK had no reserve copies and the Secretariat requested national associations to send them any spare copies they still had so that the many requests for copies could be met.

As no meeting of the Executive was held in 1961 there was a great deal of correspondence especially in the months before the Congress in Manila. This also put extra pressure on the Secretariat who had to deal with many questions and matters of policy which required communication with members of the Executive. Fortunately communication through correspondence was excellent and the NCS's were also diligent in keeping the Secretariat informed of their activities and responding to numerous requests for information. (4)

Members of MWIA had enthusiastically accepted the kind invitation of the Philippine Medical Women's Association (PMWA) to hold the 9th Congress in Manila but Council was very apprehensive in Baden-Baden, that those members from Europe and America would not travel due to the high cost of flights. Dr Chree Reid in America and the Secretariat in Geneva spent a great deal of time enquiring about the possibility of advantageous travel arrangements to the Far East to encourage attendance. After a great deal of negotiation with air companies and travel agents, group travel and chartered flights were successfully arranged although many European members resisted this offer. In 1962 this was an unusual way to arrange travel and it was considered to be "too risky" by European members.

Despite all the apprehension, 200 MWIA members from 23 national associations travelled to Manila and joined 210 members of the Philippine Medical Women's Association to attend the 9th Congress

The 9th Congress of MWIA opened in a colourful ceremony on 31 December, 1962 at 9.30 am in the main hall of the Philamlife Building. The principal delegates from the 24 participating national associations, each assisted by a girl scout, entered the festive auditorium to the music of the Philippine Army band carrying the flags of their countries. A banner in blue and white with the insignia of MWIA, designed and executed by the PMWA, was also displayed for the first time.

Dr Fe del Mundo, Chairman of the Organising Committee, opened the Congress and welcomed the delegates and representatives of WHO, UNICEF, WMA, International Hospital Federation, International Federation of University Women, International Council of Women, International Planned Parenthood Federation and World Federation for Mental Health.

Following the roll call of delegations and a short address by the President, Dr Janet Aitken, the Secretary of Health in the Philippines welcomed the participants on behalf of the President of the Republic of Philippines and gave a short address. He quoted words used by President Macapagal when he addressed the 11th session of WHO Regional Committee for the Western Pacific:

While in ideological conflict, the two sides strive to excel each other in perfecting instruments of death, you strive to perfect modes for the prolongation of life. It is in your endeavour, therefore, where man's true welfare and destiny shall be resolved....

and healthier and saner mind of healthier and happier men of all nations will labour in universal brotherhood, not for strife and death but for health and life. (4)

Dr Vera Peterson, Honorary Secretary, presented her report and expressed her admiration and gratitude for the magnificent job that the Philippine Medical Women's Association had done in organising the 9th Congress, offering such generous and warm hearted hospitality and planning the technical discussions and social events.

In welcoming the applications for affiliation to MWIA from medical women in Brazil and Columbia, she stressed that new affiliations and growth in MWIA would only come as a result of personal contact between officers of MWIA and medical women in non-affiliated countries.

MWIA had continued to take an active interest in the work of UN and its agencies and MWIA had the good fortune to find members willing to act as MWIA representatives at their own expense. Dr Paterson had received letters from many organisations thanking MWIA for the support and work their representatives and observers had given.

She reported that MWIA was represented at the following International Organisations and Associations:

- Economic and Social Council (ECOSOC) - MWIA in consultative status
- Conference of Consultative Non-Governmental Organisations (CCNGO)
- World Health Organisation (WHO) – consultative status had been extended for a Further 4 years. The collaboration now included appointing officers of NGOs to Expert Panels of WHO, establishing close contact with WHO technical staff in specific areas of activities, sending representatives to attend meetings of Expert Committees and WHO may make grants available to carry out specific studies on WHO's behalf.
- Food and Agricultural Organisation (FAO)
- United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- Council for International Organisation of Medical Sciences (CIOMS) who contributed to the printing of *The Old Woman*.
- United Nations Children's Fund (UNICEF) with whom MWIA as had consultative status since 1960
- International Labour Office (ILO)
- International Council of Women (ICW)
- International Medical federation (IMF)
- International Hospital Federation (IHF)
- International Planned Parenthood Federation (IPPF)
- International Union of Child Welfare (IUCW)
- International Union of Health Education (IUHE)
- World Federation for Mental Health (WFMH)
- Word Medical Association (WMA)
- Committee of Correspondence (CC) - a committee that was set up in 1952. It is a non-governmental and independent organisation of women. It is interested in seeing that women take an active role in the development of their country and in strengthening women's voluntary and professional organisations.

Finally Dr Paterson proposed for consideration, that MWIA establish a permanent headquarters in some major city, centrally located, with good communication and with a full time staff.

The first Council Meeting was held after the Inaugural Ceremony on the 31 December under the chairmanship of the President, Dr Janet Aitken. The following members were present:

Honorary Secretary, Dr Vera Peterson,

Vice-Presidents, Drs Lore Antoine, Marta Holmstrom, Lorna Lloyd-Green, Fe del Mundo and Katherine Wright and 50 Council members from Australia, Austria, Canada, Denmark, Germany, Finland, France, Hong Kong, India, Iran, Israel, Italy, Japan, Netherlands, Norway, Philippines, Republic China, Republic South Africa, Sweden, Switzerland, Thailand, UK, USA and Vietnam.

Apologies were received from the Honorary Treasurer, Dr Roever-Bonnet and the associations of Argentine, Lebanon, New Zealand, Peru and South Korea.

Representatives from WHO, UNICEF, WMA, IHF, ICW, IPPF, WFMH and the International federation of University Women were welcomed to the Council Meeting.

Following the approval of the Minutes of the Council Meeting held in Baden-Baden, Council unanimously elected Dr Fe del Mundo as MWIA President for the next session. This was the first time that a member from an association in Asia had been elected to this office and Fe del Mundo thanked Council for this honour.

Council approved the recommendation of the Executive to accept the associations in Brazil and Columbia as new affiliates of MWIA. Dr Leona Baumgartner, a distinguished American physician, who was the first and only woman to hold a position in the USA State Department, was approved as an Honorary Member of MWIA.

In the absence of the Honorary Treasurer, Dr Peterson presented the Financial Report for 1960 and 61. The funds were now held in the Union de Banques Suisses, Geneva and 8,000 guilders had been invested in 4% Bonds of the Kingdom of the Netherlands. The Travel Fund had increased with various gifts from members and seven national associations, from the sale of paintings by Japanese members and the surplus from the Baden- Baden meeting. All subscriptions had now been paid for 1960 but four national associations had not paid dues for 1961. As it had still been impossible to find an auditor in Holland who would undertake this task without a strict control of the exact membership of each national association, it was agreed that the Executive would continue to control the books until a means of auditing could be established. The Treasurer's Report was approved by Council. (5)

The Executive had recommended to Council:

That it was necessary to increase the funds by raising the subscription in order to enable MWIA a wider scope of more useful work. (5)

Some associations felt that if the subscription was raised to 5 or 6 shillings it would be difficult for members to pay this increased fee. Dr Reid, USA, suggested that a sliding scale based on economic status could be used as in the United Nations and their specialised agencies. This would allow less economically developed countries to pay a minimum subscription and highly developed countries would contribute more. Others suggested that the participants at the international meetings should pay a higher registration fee. No decision was made and further discussion was referred to the next Council Meeting.

The first MWIA General Assembly was held at the Philamlife Building on Monday 31 December, 1962 at 2pm. The Assembly was chaired by the President, Dr Aitken. The role call of national Associations present was made and the minutes of the last General Assembly were approved.

After the General Assembly ratified the election of Dr Fel de Mundo as the President of MWIA, Dr Fel de Mundo took over the chairmanship of the Assembly. The General Assembly ratified the action by Council of the affiliation to MWIA of the two new associations in Brazil and Columbia and the election of Dr Baumgartner as an Honorary Member. They approved the Treasurer's report and the decision to accept the invitation of the Norwegian Association to hold the next meeting of MWIA at Sandefjord in June 1964. (5)

Representatives of the following countries read the reports of their activities:

France, Hong Kong, India, Israel, Italy, Norway, Philippines, Republics of South Africa and China, Switzerland, UK, Vietnam. The French Association published a journal twice a year and counsel medical students regarding suitable specialties for women. The three main projects of the medical women in Hong Kong was school health, including dental care, a general campaign against blindness and equal pay for women doctors especially married women doctors who are even paid less than their unmarried colleagues. A journal is also published by the Indian association. Free health clinics in the poorer districts of Iran are organised by the women doctors and marriage guidance and cancer screening clinics have been founded by members of the Israeli association. The Italian medical women encouraged young women doctors by awarding annual prizes for dissertations on their research.

The 2nd Council Meeting was held on 4 January under the chairmanship of Dr Fel de Mundo and attended by those present at the first Council Meeting

Drs Roever-Bonnet and Vera Peterson were re-elected as Treasurer and Secretary, and Council agreed to a request from Dr Peterson, to nominate an Assistant Honorary Secretary in case she should leave Geneva before the end of her term of office. Dr Audeud-Naville, a member of the Swiss Association was proposed. She had represented MWIA at WHO conferences and other meetings in Geneva.

As 16 nominations had been received for Vice-President, the Executive had given careful thought to geographical distribution, whether the country had held this office before and the need for continuity, before submitting a list of 8 names to Council with the addition of one alternate. Council objected to this action by the Executive as it gave Council little scope to discuss and come to a decision. It was noted that the candidate from South America was not included in the Executive's list although 2 candidates had been chosen from North America and that no candidate from Africa had been chosen. A proposal to vote for each candidate separately and not for the list of candidates was defeated and the necessary 2/3rds majority supported the following list presented by the Executive to Council: Dr Lore, Austria, Dr Banting, Canada Dr Bhatia, India, Dr Holmstrom, Sweden, Dr Lloyd Green, Australia, Dr Pirami, Italy, Dr Frenkiel, Israel, Dr Wright, USA with Dr Lloyd Williams, UK, as an alternate.

Many members of Council agreed that a revision of the voting procedure was required for future elections to allow Council to be given a wider choice.

There was also disagreement on the proposal of the Executive to raise the subscription from 2 to 4 shillings. It was pointed out that MWIA needed more funding especially if they wished a permanent

secretariat. Others opposed the rise as they felt the members of their associations who were not interested in MWIA would object. The proposal to raise the subscription was eventually approved by a large majority.

It was agreed that the subject to be discussed at the 1964 Meeting in Norway would be “Preventive Aspects of Chronic Disease”. This subject had been proposed by UK and they would be asked to prepare a plan for the discussions which the secretariat would send to all associations.

The meeting to be held in 1966 would be held in the USA during the first week of June.. Two subjects - Utilisation of Total Medical Womanpower and Alcohol and Mental Health had been proposed. The Executive had recommended the former topic for the Congress in 1966 and this was approved by Council.

Two resolutions were submitted by the USA. The first proposed that the term of office of members of the Executive should be limited to a 2 year term subject to re-election for a further additional term. After discussion this resolution was adopted unanimously. The second resolution proposed that there should be a General Assembly every 2 years and this was adopted by council.

Two resolutions proposed by the Philippines were also adopted by Council. The first proposed regionalisation of MWIA into Northern and Southern European Regions, an African Region, North and South American Regions, and Regions for South East Asia, Eastern Mediterranean and Western Pacific. Israel would be included in the Southern European Region and South Africa in the Northern European Region as its working language was English. The second proposal to be discussed was the establishment of a permanent secretariat and two special committees – Ways and Means Committee whose function would be to raise funds by lawful means for the operation of a permanent secretariat and to add to the travel fund and an Exchange Education Facilities Committee- whose function would be to enable national associations to seek and give aid to one another through such projects as exchange fellowships. (4)

The final business of Council was a motion by Dr Reid, that the Council Meeting at Sandefjord, Norway in 1964 should be designated as an Extraordinary General Assembly in view of the changes to the Statutes which would be discussed.

The 2nd General Assembly followed immediately after the Council Meeting in the Philamlife Building and was chaired by Dr Fel de Mundo. The General Assembly ratified all the items approved by Council at their meeting on the morning of 4 January - the re-elections of the Honorary Treasurer, Honorary Secretary and the Vice-Presidents were approved and the increase in the subscription rate to 4 shillings.

The venues for the 1964 and 1966 meetings and the scientific subjects to be discussed were approved but the resolution proposing the establishment of a permanent secretariat caused a lengthy discussion as there was concern that this would be too expensive. Dr Peterson explained that the office was in her apartment and there were no overhead charges but as this arrangement would not always be possible an alternative had to be found in the near future. Dr Fel de Mundo emphasised that a decision on this subject required to be made with the minimum of delay, and urged delegates to discuss the question within their associations as soon as possible.

The General Assembly was unable to hear the remaining reports from NCSs but these were published in the MWIA Journal No 21 and showed that associations remained active, providing medical education for their members, fighting against discrimination to their members, organising free health care to the underprivileged population of their countries and supporting each other and undergraduate medical students.

Scientific meetings were held on the 2 and 3 January on *Parent Education and the Medical Practitioner*. These took the form of presentations on the following subjects followed by group discussions on various aspects:

What constitutes Parent Education?

Preparation of the Physician for their Role in Parent Education

Education for the Public in the Need for Parent Education

Cooperation between the General Practitioner and the Specialist in Mental Health Education of the Family

The Role of the Physician in the Preparation of Parents for the Sex Education of their Children

Parent Education in the Prevention and Management of Diseases

Education of Healthy Children by Healthy Parents.

Many suggestions for the way forward were made and included the following:

- Doctors should avoid being authoritarian in their relationships with families
- They should not use technical terms
- Education should include setting goals and motivating people
- Doctors should understand the effects of culture, religion, social taboos on behaviour
- Doctors need to be sensitive to the needs of families
- Medical schools must prepare students for their role in human relationships and education
- The best time to begin health education is in childhood
- The role of the General Practitioner within a health education programme is vital
- The part that parents play in the sexual development of the child is twofold – education, instruction and example
- The influence of the parent is of great importance in a child's life
- Children have much imagination and their stories are full of fantasy
- Children are egoistic and must learn to share (5).

A session to discuss the theme of the 16th World Health Assembly *Education and Training of the Physician for the Preventive and Social Aspects of Clinical Practice* was held following the 2nd General Assembly. Eminent educators from the Philippine Schools of Medicine participated in this discussion in close co-operation with the WHO Regional Office of the Western Pacific (4).

The MWIA Secretariat had arranged a special chartered Jet Airliner to transport European members from London, stopping en route at Copenhagen, Frankfurt and Rome at a reasonable cost of \$817 per person if 120 participated and \$700 for 142 participants. At an additional cost a post congress tour of India was arranged on the return flight to Europe or the possibility of returning by sea and visiting various interesting countries.

The members of the Philippine Medical Women's Association, as hostesses to the first MWIA Congress to be held in the Far East, not only organised a splendid scientific programme but also: *Generous hospitality was showered on participants coming from all over the world.* (4)

Participants arriving at the airport in Manila at all hours of the day and night were welcomed by members of the Organising Committee – including Dr Fe del Mundo.

One of the highlights of the social programme was the reception given by the President of the Republic of the Philippines and the First Lady in their magnificent riverside palace and grounds. The President also made his private yacht available to transport members to Corregidor where they spent the day.

The new building of the Philippine medical women was visited where a memorial Plaque was unveiled, and also Dr Fe del Mundo's Children's Hospital where luncheon was served in the hospital grounds and two foundation stones laid for a health centre and hospital for local community.

On New Year's Eve a dinner and dance was given by a Manila family and the following day there was an excursion to Tagaytay, mountain resort, with a beautiful view of mountains and volcanoes, where the medical women of the region gave a festive reception with exotic foods.

A spectacular event was the "Fiesta Filipina" at the Vera Perez Gardens where the Members were entertained with folk dances and a fashion show on the evolution of the Filipino dress.

Other memorable events were a symphony concert, home hospitality and receptions by the President of the Philippine Women's University, the President of the Far Eastern University and a Philippine Judge.

The congress ended with a solemn and colourful banquet in the Manila Hotel attended by the Vice-President of the Republic and ambassadors and ministers of participating countries. A Spanish ceremonial dance and other Philippine entertainment were given. Finally the colours of the participating nations were lowered closing an unforgettable Congress. (3,4)

References

(1) MWIA Journal No 21 December 1960

(2) The Old Woman, Wellcome Contemporary Archives SA/MWF Box 98

(3) Lore Antoine, History MWIA

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CHAPTER 14 A New Look for MWIA Meetings

The Honorary Secretary, Dr Vera Peterson, had informed the General Assembly at the 9th Congress in Manila that WHO had passed a resolution giving NGOs in consultative status with WHO, a greater opportunity to participate more actively in its work. At their request MWIA had devoted a session at their 9th Congress to discuss the technical subject of the 16th World Health Assembly and a report had been sent to WHO. This had been followed by an invitation to MWIA to send a representative to an Expert Committee on General Practice in July, 1963. As short notice had been given for this meeting, and neither MWIA nor WHO were in a position to pay expenses, Dr Peterson herself represented MWIA on this occasion. She had no expertise on the subject but sent the agenda of the meeting to associations asking for information which would help her put forward MWIA's opinion.

In order to be ready for any future invitation to attend an Expert Committee, Dr Peterson decided that MWIA should set up a "standing panel" of highly qualified MWIA members who could be called upon to represent MWIA at meetings of WHO Expert Committees. (1)

MWIA was also asked by the World Medical Association to contribute articles to a special issue of their official Journal on "Women in Medicine" which would be published in January 1964. The Editor suggested such topics as "Wastage of Women Doctors" through marriage, their distribution among specialties, and the most suitable branches of medicine for women and short historical sketches of pioneer women doctors. (1)

Preparation for the Extraordinary General Assembly to be held in Norway in June/July, 1964, began in 1963. The MWF had accepted responsibility for organising the scientific programme and the Secretariat informed the associations of the sub divisions of the topic *Preventive Aspects of Chronic Diseases* (2) This was the third Extraordinary Meeting in 8 years that had replaced what was originally listed as a Council Meeting but due to revision of the Statutes on two occasions and other important decisions requiring the approval of the General Assembly there had been no isolated Council Meetings since 1952. Council Meetings attracted many members and there was, despite efforts to discontinue, an associated scientific meeting.

The Executive met at Geneva in September, 1963 and it was attended by Dr Fel de Mundo, President, Dr Roever- Bonnet, Honorary Treasurer, Dr Peterson, Honorary Secretary and Drs Antoine, Banking, Holmstrom, Lloyd-Green, Pirami and Wright, Vice-Presidents. Dr Frenkiel and Bhatia sent their apologies.

Reports were given by the Executive members on the work they had accomplished on behalf of MWIA. Dr Wright, the Chairman of the Committee for the revision of the Statutes reported on the progress they had made.

Two new medical women's associations had applied for affiliation – Madagascar and Spain - and correspondence with doctors in Ceylon, Ghana, Iceland and Pakistan would hopefully result in applications for individual members.

Other business discussed included the un-expected return of the Honorary Secretary to the USA in November, 1963. On the recommendation of Dr Peterson, the Executive decided to maintain the

Secretariat in Geneva with Dr Audeoud- Naville, who had been appointed Assistant Honorary Secretary at the 9th Congress in Manila, in charge. Dr Peterson agreed to continue overall supervision from the USA. Office space would be rented at 10 Rue Bellot, Geneva, the residence and office of the Dr Audeoud-Naville, and all MWIA documents and equipment would be removed to the new office.

The Executive discussed the programme and future administration of MWIA and their recommendations would be put to the next Council and General Assembly in Norway. (3)

After her departure to USA, Dr Peterson maintained close contact with the Secretariat in Geneva but she found it very difficult to do the same kind of job as before from the USA. The Secretariat suffered another set back when Mrs Bonner resigned from her position of part time secretary in January, 1964, to take on a new full time position with the International Schools Association in Geneva. Dr Audeoud-Naville employed Mm, de Barry in December, 1963 as a part time secretary. (3)

The Norwegian Medical Association (NMWA) assisted the Secretariat with the arrangements for the meeting on hearing of the departure of Dr Peterson from Geneva. They took over the organisation of the General Assembly, accommodation and the final preparation of the scientific programme. Although this meant extra work for the Norwegian Organising Committee it was greatly appreciated by the Secretariat. A greater number of participants than expected registered and this caused accommodation difficulties for the Norwegian Committee, chaired by their NCS, Dr Nankling. The problem was solved in a very unexpected way by using three modern whaling ships which were in port for the summer to provide hotel accommodation for 200 of the participants. The official meetings were held in the Park Hotel, Sandefjord only a short bus ride from the port. (5)

Following an informal reception at the Park Hotel on Sunday 28 June, the Congress was officially opened in the hotel the following morning. Welcome addresses were given by Dr Ytrehus, President of the NMWA, Dr Fel de Mundo, President of MWIA and the Mayor of Sandefjord. R Karl Evang, Director General of the Health Services of Norway gave an inspiring speech on the health problems of the world today. He spoke of the success of the combined efforts of WHO and governments to eradicate Malaria and Smallpox but remarked on the difficulty of fighting Tuberculosis and Nutritional Diseases. He pointed out that Preventative Medicine and Health Education were the decisive factors. He concluded on an optimistic note:

Although we live in a world of wars, destruction, sadism, cynicism and brutality never experienced before, we also live in the century of the Bill of Human Rights and of scientific progress. Never have so many people in the world been at the same time on the march, the good march for greater freedom, greater responsibility, better health and a happier world, and, in this search they need us, the doctors, because we are the only ones, who, against all other types of ideologies, can keep up the values of the human being. (5)

This Extraordinary Meeting in Sandefjord, Norway (referred to in the official Norwegian programme as the 10th Extraordinary General Assembly) was the first to hold joint meetings of council members and delegates as had been agreed at the General assembly in Manila. The Council did not meet on its own prior to the General Assembly but both councillors and delegates discussed the business together. Any decisions to be taken were voted on by the councillors first and the delegates either ratified or voted against their decision. (5)

The Council and delegates met together on the morning of Tuesday, 30 June under the chairmanship of Dr Fel de Mundo. 585 members from 26 Associations were present:

Australia (10), Austria (5), Belgium (1), Brazil (1), Canada (12), Denmark (20), UK (95), Finland (6), France (9), Germany (53), Holland (13), India (8), Iran (10), Japan (30), Israel (5), Italy (31), Luxemburg (1), Norway (74), Philippines (23), Spain (1), Switzerland (11), Sweden (18), Thailand (6), USA (54) and 11 members of the Mexican Medical Women's Association who hoped to affiliate to MWIA at the next Congress. Apologies were received from Columbia, Hong Kong, Lebanon, New Zealand, Peru, Taiwan, South Korea and Vietnam.

In her report, Dr Fel de Mundo spoke of the generous donations the Philippine Association had received for the organisation of the 9th Congress. This made it possible to meet the congress expenses and a surplus of \$2,000 left from the registrations fees was presented to the Honorary Treasurer and the MWIA Banner and the Presidential mallet to MWIA. The printing of the MWIA Journal, recording the business and scientific sessions in Manila, was a gift from the Science Development Board of the Philippines. The President had also initiated a quarterly newsletter to foster closer relations among national associations.

Dr Peterson reported to the Meeting about her unexpected return to the USA in November, 1963 and the changes at the Secretariat in Geneva. The Assistant Honorary Secretary, Dr Audeoud-Naville, had continued the work of the MWIA Secretariat in a rented office at her residence and Dr Peterson had continued supervision from the USA. She thanked the Assistant Honorary Secretary and the new secretary Mme de Bary for the difficult job they so willingly undertook with very little experience.

The 10th MWIA Congress would be co-hosted by AMWA and the Federation of Medical Women of Canada at Geneva, New York 10-17 July, 1966. The theme of the scientific discussion would be "Utilisation of Total Medical Womanpower". Invitations had been received from the Netherlands and Israel to hold the Meeting there in 1968.

Dr Peterson spoke of MWIA relations with International Organisations and International Associations. MWIA was represented at many meetings throughout the world as observers or in its status as a NGO

ECOSOC - MWIA continued to be represented by Dr Reid with Dr Shanahan as her alternate. The Australian Association had suggested that MWIA request Category B status with ECOSOC so that it could take a more active part in the work of the Commission on the Status of Women and the Social Committees. After consultation with the UN Liaison Officer in Geneva, the Executive decided that we should continue on the register where we are listed by virtue of our relationship with WHO and this gave us all the privileges, we, as a medical society, required to relate to the UN and its special committees.

WHO - Co-operation with this organisation had been very close and MWIA was setting up, with the help of national associations, a list of experts from the membership who can represent MWIA on WHO Expert Committees. MWIA was represented at meetings in Geneva and at regional meetings

UNICEF - Dr Scanlon of New York represented MWIA at their meetings. MWIA was asked to send a report of its activities in 1962/63 regarding child health (3)

ILO - The International Labour Organisation published a report *Women Workers in a Changing World*. Dr Albrecht knew of some interested specialists in occupational health in Germany who would study this report and she would also welcome the co-operation of national associations.

Finally Dr Peterson thanked the General Assembly for the privilege and honour of serving MWIA as Honorary Secretary. She would continue as Honorary Secretary from the USA until the next congress in 1966. Dr Andeoud-Naville would remain as the Assistant Honorary Secretary at Geneva

In her financial report, the Treasurer, Dr Roeber-Bonnet reported that the subscription would remain at 4 shillings. The Travel Fund, which was depleted by the cost of travel of the Secretariat to Manila, required contributions from the national associations. The General Assembly voted to use the surplus from the Congress in Manila to replenish this fund.

The Ways and Means Committee recommended that a continuing fund should be established in honour of Dr Esther Pohl Lovejoy, the Founder of MWIA and the interest used for maintaining the Association she founded. This was unanimously agreed by the Council and delegates.

The Assembly ratified the affiliation of Spain and Madagascar.

There were prolonged discussions at the 2nd Extraordinary General Assembly Friday, 3 July, 1964. The new Statutes had been circulated to national associations but there was so much disagreement that it was impossible to reach a decision as so many new ideas were introduced. It was agreed to defer the matter to the next General Assembly in 1966. Neither was agreement reached with regard to a permanent secretariat. Estimates had been received from Geneva and Vienna, and during the meeting another offer was made by UK to establish the permanent secretariat in London. (5)

A resolution passed at the General Assembly following discussions at the Scientific Session on Recognition of Mental and Emotional Disorders, requested WHO:

To promote or undertake research in growth and development in the special area of the psycho physiological and psycho social factors especially as it pertains to the respective roles of men and women in different cultures. (6)

Scientific sessions were held on the 29 June and the 2 July. The presentation of each paper was followed by a general discussion on the following topics:

- Prevention of Chronic Gynaecological Disease
- Prevention of Feminine Genital Tuberculosis and Sterility
- Sexual Education as a Means of Prevention of Chronic Gynaecological Diseases
- Prevention of Genital Prolapse
- Anaemia in Women and Children
- Some Epidemiological Aspects of Nutritional Anaemia
- Treatment of Haemolytic Anaemia in the new Born
- The overall Pattern for Diabetes prevention
- Use of Routine Medical examination in the Control of Obesity and Diabetes in Women and Children
- Recognition of Neurosis, Addiction and Suicidal Tendency in Women and Adolescents
- Prevention of Disorders of Posture and Movement (Patient Demonstration)

- Prevention of Industrial Diseases and Injury
- Industrial Noise and Damage Risk
- Recognition of Mental and Emotional Disorders.⁽⁵⁾

The Norwegian Medical Women were excellent hostesses and arranged a very enjoyable social programme. This included a dinner at The Park Hotel where all the participants were the guests of the Norwegian Association, a folklore evening after supper at the Jutunballen and a banquet in the Park Hotel on the last evening closed the Congress. There was also a full day excursion by train to Oslo and there members visited the Town Hall, the Munch Museum, the Vigeland Sculptures, the Viking Ships and the Kon Tiki. A formal reception was given by the Norwegian Government in the Fortress and Castle of Akershus. In the evening the participants boarded a steamer “Holger Danske” to cruise from Oslo to Sandefjord and were entertained on board by the Norwegian Women’s Student choir.

Thus ended a very full *Extraordinary* and a new look General Assembly where members of Council and the delegates of national associations united as a General Assembly and even questioned the prolonged efforts of the Executive to change the Constitution and to establish a permanent secretariat.

Dr Peterson continued as Honorary Secretary from the USA and Dr Audeoud-Naville as Assistant Honorary Secretary in Geneva under Dr Peterson’s supervision.

Dr Fel de Mundo represented MWIA at the General Assemblies of WHO and WMA and continued to visit national associations and other countries to encourage the medical women to form associations and affiliate to MWIA. These visits included Pakistan, Turkey, Indonesia, Ethiopia, Panama and Guatemala.

The 10th MWIA Congress was held from 10-15 July, 1966 in Rochester, USA and was organised by the American Medical Women’s Association (AMWA) and the Federation of the Medical Women of Canada. The overall chairman was Dr Claire Ryder of Virginia, USA and the Canadian chairman Dr Henrietta Banting, Toronto, Canada. The very effective and efficient planning was the responsibility of the Rochester Organising Committee. ⁽⁷⁾

A reception and film show was held on the eve of the Congress at the George Eastman House for those who had already arrived in Rochester. This was followed by dinner at the homes of “Rochesterites.” ⁽⁸⁾

The Congress, attended by 330 members from 31 national associations, was official opening on Sunday, 10 July, 1966 in the fabulous Midtown Plaza Mall, by the Major of Rochester. In a brief ceremony he awarded the keys of the city and welcomed the participants to the conference. From Rochester the group travelled by coach to Geneva, New York where the Congress was formally opened at the Hobart and William Smith Colleges. They were welcomed by the Mayor of Geneva and the President of the Upstate Medical Centre Syracuse, New York. The official address should have been given by Dr Charles Hudson, President of the American Medical Association, but he was stranded in Salt Lake City by an airline strike. The Director Officers Services Department of this

Association relayed his apologies and greetings to the 10th Congress and his address which included the following statements:

The late President Kennedy's appointment of Dr Janet Travell as official White House Physician dramatises the new position of women in United States Medicine and the progress they have made in winning full acceptance from their colleagues and parents. The American Medical Association regarded this action as conclusive testimony to the equality of women in medicine, an equality that took more than a century of struggle and difficulty to achieve.

At the end of his address he stated:

At the A.M.A's recent annual convention in Chicago, the House of Delegates approved the appointment of a committee on health manpower and urged association leadership in efforts to prevent shortages in the medical profession and in allied health professions. To reach these objectives, I assure you, we shall be thinking in terms of womenpower as well as manpower. (8)

There followed an impressive ceremony at which Dr Fel de Mundo, President MWIA received the 1Xth Elizabeth Blackwell Award with the following citation:

The more thought that we give to the problems which the entire world share, the more greatly convinced we become that the ultimate answers wait upon a sufficiency of men and women equal to massive solutions. Human leadership remains the sine qua non- the Alpha and Omega. The language we use this A and Z, which in our present application represent ability and zeal. Each, potentially effective, lies barren in the absence of the other.

Doctor del Mundo, your extraordinary intellectual and professional abilities have been proven and sharpened on two continents, your zeal transcends continental boundaries. Humanity looks to you and your kind to provide the massive solutions which alone will save it from itself.

The world has already richly yet rightly recognised your abilities, your zeal and your accomplishments. We dare to add our accolade, because Elizabeth Blackwell, Doctor of Medicine, would have us join you in spirit to her. In token of this, we, in the name of Hobart and William Smith Colleges, present you this medal in her revered memory and invoke God's continuing blessing upon you and your redemptive ministry of medicine. (8)

This impressive ceremony was followed by luncheon and a coach drive through the Finger Lakes Region of New York and the Jackson and Perkins Rose Gardens. The General Assemblies were held on the afternoons of the 11, 13 and 14 July, 1966, in the Hotel Manger, Rochester. Dr Fel de Mundo presided at the first meeting and after the roll call of the 29 associations present and the reading of the minutes of the last Assembly in 1964, Miss Barnes, UK, spoke in memory of Miss Louisa Martindale, the 4th MWIA President and described her achievements and her devotion to MWIA.

In her final report as President, Dr Fel de Mundo described her activities during her term in office. She had visited all the countries with affiliated national associations as well as other countries where she had encouraged medical women to form associations. These visits had been possible through the financial assistance given by the Philippine Medical Women's Association 1962 Congress Organising Committee (9). A decision had been made to discontinue the MWIA Newsletter which she had edited and printed in Manila. Instead regular and fuller circular letters would be sent from the Secretariat and would contain more news of national associations, reports from regions and officers.

Dr Peterson gave her last report as Honorary Secretary and presented a resume of her activities since becoming Honorary Secretary in 1958. All the records of MWIA would be stored in Geneva and would remain there until a new Secretariat had been established.

There were now 34 national associations affiliated to MWIA - rising to 34 when the association in Guatemala was approved by the General Assembly:

Argentina, Australia, Austria, Brazil, Canada, China (Taiwan), Columbia, Denmark, Finland, France, Germany, Hong Kong, India, Iran, Israel, Italy, Japan, Lebanon, Madagascar, Netherlands, New Zealand, Norway, Peru, Philippines, South Africa, South Korea, Spain, Sweden, Switzerland, Thailand, United Kingdom, UK, USA and Vietnam (9)

The Treasurer was pleased to report that MWIA had a large surplus as no funds were required for the printing of the bulletin and the scientific reports of the congress in Norway. The running costs of the Secretariat had been very low and she had received payment of overdue subscriptions. The Esther Lovejoy Fund was established and the Travel Fund stood at over £600.

She expressed concern that some national associations were not paying for their full membership. Members had been described by some associations as full, active, inactive and passive but it was important for the future of MWIA that fees were paid in full for all members.

At the 2nd meeting of the General Assembly the proposed revision to the Statutes, which had been discussed by the Executive and caused some disagreement at the Extraordinary General Assembly in Sandefjord had again been revised. After a great deal of consideration by this General Assembly the new Statutes and By-Laws were finally approved. Assemblies would now be held at least twice in 5 years, the President and Vice-Presidents' term of office would be from one General Assembly to the next, Vice-Presidents would be eligible for re-election for one term and the election of a President Elect was accepted. (5).

A proposal to establish a permanent Secretariat was approved and it was agreed to locate it in Vienna, Austria. £2,000 would be granted annually to run the Secretariat.

Dr Lore Antoine, Austria was elected President and Drs Banting, Canada, Christensen, Denmark, Esselmont, UK, Henry, France, Lloyd-Green, Australia, Morani, USA, Pirami, Italy and Szkop-Frenkel, Israel were elected as Vice-Presidents. Dr Martha Kyrle, Austria, was elected Honorary Secretary and Dr Roever –Bonnet was re-elected Honorary Treasurer.

The National Medical Women's Association of Guatemala was affiliated to MWIA and Individual membership was granted to Dr Shafkat, Pakistan and Drs Aslan and Zinca, Rumania.

The venue for the 11th Congress would be Vienna and the topic, suggested by the MWF, was *The Hungry Millions*

The Regional Vice-Presidents, the Special Committees and the NCSs presented their reports and the 2nd General Assembly was closed

The 3rd Assembly took place on 14 July after the close of the Scientific programme and the following resolutions were passed

- 1 *Whereas the MWIA is profoundly concerned with the total welfare of women, and whereas the improvement of the status of women is a basic part of this welfare, be it resolved that the MWIA urge that voting rights be extended universally to all qualified women.*
 - 2 *Whereas there is an acute shortage of women trained in medical and related professions, and whereas domestic duties often prevent women from completing their training and practicing their professions, be it resolved that the MWIA encourage the establishment of child-care centres associated with medical school and hospitals.*
 - 3 *Whereas there is a shortage of physicians in the world today, and whereas the cost of medical education is very high, be it resolved that in order to promote maximum utilization of medical womanpower, the MWIA urge governments to allow the expense of home help to be a legitimate deduction from taxable income for the working woman.*
 - 4 *Whereas health and welfare programs are of great concern to all women, and whereas women physicians are qualified to participate in these programs, be it resolved that the MWIA urge local, national and international agencies to make more use of these capabilities at policy-making levels.*
 - 5 *Whereas the opportunities for women in medicine and related professions are unlimited, be it resolved that MWIA members publicize these opportunities in medicine as challenging and fulfilling vocations, both for unmarried and married women, and take an active part in career counselling.*
 6. *Be it resolved that the MWIA approach international, education and medical organizations with a view to enlarging educational opportunities at post-graduate level, by making available funds and facilities for increased international personnel exchanges.*
 7. *Be it resolved that the MWIA request its member organizations to study ways and means of increasing the number of qualified women admitted to medical schools*
 8. *Whereas some women physicians, because of other responsibilities, are unable to devote full time to the study of medicine, be it resolved that MWIA member organizations study ways and means of providing more flexible arrangements for post-graduate medical education.*
 9. *Be it resolved that the MWIA instruct its member organizations to study ways and means of re-training medical women for their return to practice.*
 - 10 *Whereas some women physicians, because of home responsibilities, are unable to devote full time to the practice of medicine, be it resolved that MWIA. member organizations study ways and means of creating more worthwhile part-time posts.*
 11. *Be it resolved that all those countries, who are members of the United Nations Organizations (UNO) but have no national associations of medical women, be invited through their governments to send two medical women as observers to the next General Assembly of the MWIA.' (Proposed by the United Kingdom delegation.)*
- Resolution from West Germany: "In addition to the motion of the United Kingdom, we propose that East Germany (ODR) which does not belong to the UNO, be included in this list."*
12. *Be it resolved that the MWIA request the World Health Organization to consider the inclusion of facilities for women doctors in the construction of hospitals*
 13. *Be it resolved that the MWIA shall send all resolutions passed at this Congress to the Ministry of Health, or equivalent government departments, of all the countries which are represented in the*

Association, by affiliated organizations or by individual members (9).

The Scientific programme was held in the Hotel Manger during the mornings of the 11-14 July. The topic discussed was *The Optimal Utilisation of Medical Women Power* and each of the daily sessions presented four aspects of the subject – Supply; Interrelationships; Demand; Goals

A workbook had been prepared in advance with abstracts of some of the papers to be presented and statistical studies received from national associations outlining the total number of physicians, the percentage who are women and their percentage in the various specialties of their countries

From the statistics and papers presented, it was noted:

That human medical power was in short supply and the increased use of the potential womanpower, increased facilities for training and the reclamation of women not using their talents fully may be part of the answer. Interrelationships of women physicians and her environment were affected by cultural, socio-economic, political, religious and other factors affected the supply of women medical students, and the practice of medicine by women in various countries. Vocational training and counselling left much to be desired and more part-time training posts were required during the early years of establishing a young family. To satisfy the increasing demand, women doctors, with family responsibilities will have to contribute their abilities in part-time work or in positions with regular hours. Refresher courses to retain women doctors and part-time specialty training should be encouraged. Governments should allow tax exemption for domestic help as no government can afford to waste the abilities of expensively trained women doctors. (8)

The goals were seen as immediate concerning women physicians primarily and larger problems which were worldwide in scope. The immediate problems included the difficulties experienced in obtaining accurate statistics to show the activity of medical women, the need to overcome prejudices surrounding women doctors, the absence of medical women as role models in many countries and the inflexible training schedules. The worldwide challenges that required action and where women doctors had a large part to play included population growth, care of the environment, nutrition and clean water, an aging population, new techniques and medicines, research and medical ethics. . The resolutions passed at the 3rd General Assembly exemplified how some of these goals could be reached.

The social programme was well planned and gave every one the opportunity to meet and make new friends as well as renewing friendships-one of the most important opportunities at an international meeting The social activities included a lunch and fashion show in the Rochester club, a enjoyable concert by the Eastman Chamber Orchestra, a visit to the Kodak factories and the official banquet in the Hotel Manger on the final evening of the Congress where entertainment was given by the Rochester Philippine community.

On the morning of 15 July, coaches transported the Congress members to Ontario as guests of the Federation of the Medical Women of Canada. After a sight-seeing tour of Niagara Falls and the Ontario Hydro Electric Power Commission, members of the Government of Ontario welcomed their guests to Ontario and provided a buffet luncheon at Queenston Heights. The formal closing ceremony of the Congress was held in Ontario before the guests returned to Rochester.

In 1967 the new Secretariat was established in the building of the Vienna Medical Board, with the guidance of the President, Lore Antoine, who lived in Vienna and had long experience of MWIA affairs. The new Honorary Secretary, Dr Martha Kyrle, was assisted as required by Dr Lotsch, a member of the Austrian Medical Women's Association. Dr Kyrle appointed Mrs Hertha Dax as MWIA Executive secretary and thus began a long and useful association of two friends as both worked very closely together for the advancement of MWIA over a period of 20 years.

Like her predecessors, Dr Kyrle continued to communicate with all the affiliated countries through the NCSs and more regular MWIA Circular Letters were sent by the Secretariat. She also maintained contact with all the MWIA Officers, Individual members, the United Nations and the other International Organisations and Associations involved in matters of Health. An official statistical form was introduced to be used by NCSs to return their official report to the Secretariat.

On 17 August, 1967, the founder of MWIA, Dr Esther Pohl Lovejoy, passed away at the age of 97 years, after a short illness.

The 11th Congress was held in Vienna where the new Secretariat had been established and the President, Dr Lore Antoine practiced. It was held in the Vienna Hofburg, the former Imperial Palace, from 24-28 June, 1968. There were 700 participants from 24 countries.

Dr Antoine welcomed the audience and addresses were given by representatives of WHO, WMA, UNICEF, the Dean of the Medical Faculty of Vienna University and Mrs Rehor, Minister of Social Affairs. The Congress was then officially opened by the President of the Federal Republic of Austria.

At the 1st General Assembly, Dr Morani paid tribute to the founder and the 1st MWIA President, Dr Esther Pohl Lovejoy. This was followed by the President's report. Dr Antoine stated that her main concern during her term of office had been the establishment of the permanent MWIA office in Vienna. She introduced the new Honorary Secretary and Executive Secretary to the Assembly. Dr Kyrle gave her first report and an account of the new Secretariat in Vienna.

The Treasurer presented her last financial report and assured the Assembly that MWIA had a healthy bank balance.

Dr Lloyd Green, Australia was elected President, Dr Leone Hellstedt, Sweden, President Elect and Dr V Mary Crosse, UK, Honorary Treasurer. Nine Vice-Presidents were elected although the Executive had only decided to form 8 MWIA regions, but it was considered important to re-elect the four eligible Vice Presidents as their advice was much needed. Dr Christensen, Denmark and Dr Mary Esselmont Northern Europe, Dr Henry, France, Southern Europe, and Dr Morani, USA, North America were all re-elected. There were five new Vice-Presidents – Dr Ohensorge, Germany, Central Europe, Dr Stoltz, Brazil, South America, Dr Ono, Japan, Western Pacific, Dr Pirnia, Iran, Near East and Africa, Dr Dharmapanij, Thailand, Central Asia.⁽⁵⁾

In her acceptance speech, Dr Lloyd Green, the newly elected President;

Referred to the importance of international congresses, when the associations really became alive, personal contacts established, friendships made and renewed and international bonds tightened. She concluded, however, that beyond these happy gatherings each individual member of MWIA is needed to contribute in her own way, if future progress of MWIA is to be achieved.⁽⁵⁾

During the 2nd General Assembly, Dr Sandford Morgan reported on the Australians federation's preparations for the 12th Congress in Melbourne, which would commemorate MWIA's 50th Anniversary. A film on Australia was shown at the Palais Pallfy to give members an idea of Australian life and its fauna and flora

A secret vote, held to decide on the venue for the 13th Congress in 1972, was won by the French Association and the city would be held in Paris. The Dutch Association proposed the topic of *Toxoplasmosis* for this Congress. A prolonged discussion took place for and against such a purely scientific subject and the decision was referred to the final General Assembly where this topic was finally accepted by a secret vote.

The proposed increase in the annual subscription by 2 shillings gave rise to a lively debate but the proposed new subscription rate was finally approved by the Assembly.

Reports were read by the Vice-Presidents and the Chairmen of Special Committees but for the first time the reports of the NCSs were not read but were printed in the congress journal.

A new innovation at this Congress was a luncheon given to the NCSs in appreciation of their work on behalf of MWIA. Highlights of their reports were presented during the lunch.

Contact had been made with a number of countries but no new national association was affiliated at the General Assembly. Seven new Individual Members were approved:

Drs Angela Apachitel, Rumania, Dr Siva Chinntamby, Ceylon, Lamia El-Bedri, Iraq, NantiKumari Girl, Nepal, Mercy Mlotywa, Lesothe, Maude Stevenson, Bahamas and Torpakiy Saberi, Afghanistan

Honorary Membership was conferred on the Immediate Past President, Dr Fel de Mundo.

The Philippine Association announced their project - the publication of the Esther Pohl Lovejoy Memorial Pamphlet and offered to present a draft to the Executive Meeting in 1969. The Philippine Association would publish the pamphlet at their expense if approved by the Executive.

The Hungry Millions was the topic of the Scientific Programme. A brilliant keynote address was delivered

at the first session by Professor George Borgstrom, Food Scientist at the University of East Lansing, Michigan, USA, entitled The Dual Challenge of Health and Hunger – a Global Crisis. He spoke of

The rapidly widening hunger gap resulting from the inability of the world's food and water resources to meet the needs of millions of children and adults and he demanded global planning, efficient utilisation, world and regional allocation of resources and basic justice to overcome this threatening situation. (5)

Thirty five papers were presented during the scientific session and several impressive films were shown on malnutrition and its effects Discussions groups were formed under the following subheadings:

- The Population Explosion and its Control
- Adequate Food Supplies
- Inadequate Food Supplies

At the 3rd General Assembly Dr Beryl Corner, UK, gave an excellent summary of all the papers. Five resolutions were submitted and passed by the Assembly. The first referred to the need for planned parenthood education. Three dealt with improvements in nutritional conditions and an improved explanation of natural resources in certain countries, the education of mothers on basic facts of nutrition and improved mother and child care in community centres. The fifth resolution requesting intervention by the UN to help the famine victims in Biafra would be sent to Mr U Thant, the Secretary general of the UN (5).

The social programme began with a visit to the illuminated Schonbruun Palace on the evening before the congress and the congress participants were invited on behalf of the Austrian Medical Women's Association to a cocktail party in the Josephinum. The Lord Mayor of Vienna held a reception in the Vienna Town Hall the following evening and a special performance was given at the famous Spanish Riding school on another occasion.

A full day excursion by coach was arranged to "Wachan" in the Danube Valley, well known for its beauty, castles, old villages and vineyards. The party was then taken by coach to visit a famous abbey at Melk. After lunch the members sailed in a special boat on the River Danube back to Vienna.

On the last evening, a banquet was held at the Vienna Concert Hall, bringing to a close the 11th MWIA Congress (5).

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- (8) AMWJ, Vol. 21, Oct., 1966 Dr Schondel's papers*

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CHAPTER 15 The Golden Jubilee Celebrations

By 1969 the Secretariat was well established in Vienna and Dr Martha Kyrle and Hertha Dax were now well known to the NCSs and many members after meeting with them at their first congress in Vienna now the permanent seat of the Secretariat. Regular circular letters to all NCSs and Individual Members were sent and communication with countries was good. Dr Kyrle made contact with women doctors in Ireland and tried to encourage the medical women in Turkey

The new Treasurer, Dr Crosse, considered it was important for MWIA to build up some capital as she felt this was necessary for the future of MWIA. She did her best to encourage national associations to pay in full for all their members.

The new Secretariat had continued to have close relationships with other international associations and organisations related to health and women and children's issues. They insured that MWIA was represented at important international meetings.

The arrangements for the 12th Congress in Australia were in the capable hands of President Lorna Lloyd Green and the enthusiastic Australian Medical Women's Association. As 1969 was the 50th Anniversary of MWIA there were many special festivities planned by the Australians in co-operation with the Secretariat and Immediate Past President, Dr Antoine.

The 12th MWIA Congress was held in Melbourne, from 14-20 February, 1970 and a very special celebration of MWIA's 50th birthday was held during the Congress.

THE GOLDEN JUBILEE CELEBRATION (1)

There was an air of festivity and excitement in the foyer of the Isabel Younger Ross Memorial Hall in Melbourne on the evening of 16th, February, 1970 as members of the X11th Congress of the Medical Women's International Association met for their Golden Jubilee Celebration,

On a table, facing the entrance, stood the Jubilee Cake, white-frosted, three tiered, outlined with tiny flags of 35 national associations and decorated with sprays of flowers. To its right was a gilded stall, hung with gay silk scarves showing a delicate scrolled design in black and white, with the emblem of the Association in the centre and a border of 35 small national flags.

Soon the auditorium was filled to capacity by a gaily dressed, chattering throng, the lights were dimmed and the President. Dr Lorna Lloyd-Green, shimmering in a long gold lame frock appeared in front of the dark blue stage curtains to introduce the night's programme.

This evening, she said, was an exciting one in the history of the Association which had attained its 50th year on October 19, 1969. She paid tribute to the founders. for their foresight and tenacity of purpose, adding that it was possibly difficult for some of the younger members to try appreciate the difficulties of medical women fifty years ago. She was greatly indebted to the late Dr. Esther P Lovejoy the 1st President, of the Association, and to the seventh President, Dr. Ada Chree Reid for their history up to 1950 and to Dr. Lore Antoine, Immediate Past President, for searching through the records of the past 20 years.

She then introduced Dr Grace Cuthbert Browne, a Past Vice-President and compere of the evening's

programme.

The stage curtains rolled back, disclosing a large relief map of the world, in dark blue against a white background, a projection screen and a lectern draped with the banner of the Association. I

Dr. Cuthbert Browne said that she appreciated the honour of being the narrator of a pictorial presentation of national flags to the President and the exchange of membership certificates.

The MWIA was the oldest of all international medical association. Dr Cuthbert Browne showed on the screen a facsimile of the invitation sent to guests at a dinner held in New York on the 21st of October, 1919, given by the American Women's Hospital Committee of the American Medical Women's Association at which there were 140 guests, representing 16 nations. This dinner was in honour of the women doctors who had served in France in World War I with the American Women's Hospital and of representatives of the First International Conference of Women Physicians, sponsored by the Young Women's Christian Association, which had met in New York. A group of some of the guests of the 1919 dinner was shown, followed by a group of twelve women doctors chosen to organise the Medical Women's International Association.

Succeeding slides showed notable persons and events in the history of women in medicine. A photograph of Dr. Esther P. Lovejoy, First President, was followed by pictures of the first women graduates of member associations, including Dr. Elizabeth Blackwell, who graduated from Geneva, N.Y. in 1849; Dr. Elizabeth Garrett Anderson, the first woman on the register in the United Kingdom who graduated from London University in 1866; Dr. Marie Heim-Vogtlin, the first medical graduate in Switzerland from the Zurich University in 1866; Dr. Madeleine Bles, from Paris in 1875; and Dr. Maria Montessori from the University of Rome in 1890. These and many other distinguished women, whose portraits were shown on the screen, had been the living foundation stones of the Association.

Beginning in 1919 with two member associations, the MWIA now had 35 national associations, with a total membership of approximately 12,000 medical women

As the story unfolded, with its portraits of famous women, each nation mentioned was indicated by a golden light on the map, and the National Corresponding Secretary of each member association appeared on the stage, holding aloft her national flag, which she presented to the President, receiving in return a certificate of membership. The timing was perfect and the audience responded with enthusiasm and applause, as it watched the pictorial history on the screen, described by the clear, confident voice of the narrator, and saw the slow pageant of smiling, beautifully dressed women, some in national costume, carrying their large colourful flags across the stage, while lights indicating their countries flashed on to the map. As the story ended with the admission of three new member nations, Bolivia, Ceylon and Ecuador, a graph on the screen showed the growth of the MWIA over a period of fifty years, and lights showing all 35 countries appeared on the map.

Audience and stage alike seemed to have been caught up in an atmosphere of international achievement and friendship, illustrated so simply, yet so dramatically and spreading over fifty years in time and the whole world in space

The meeting concluded with the presentation of brooches to Past Presidents and certificates of Honorary Membership to distinguished members of the Association.

The social gathering and supper that followed was a very happy one. The Congress was already three days old, new friendships had been formed and old ones renewed Everyone looked forward with pleasure and excitement to the week ahead and to the future of the Medical \Women' s International Association. The Golden Jubilee had been well and truly celebrated. (1)

518 members from 25 affiliated national associations and 92 accompanying persons attended this Congress in Melbourne. The scientific topic discussed was *The Health of Women in Industry* (2)

Papers were read by 31 members under the following headings

- Their physical health
- Their children
- Their mental health
- Preventive medicine
- Rehabilitation
- Training for Industrial Medicine

Ten workshops were held with participation and lively discussion by the members. on these subjects

Dermatological problems	Part-time work
Family Planning	Immunisation and health education
Dysmenorrhoea	Pollution and toxic hazards
Respiratory Infections	Provision of staff medical care
Pep pills and other drugs	Antenatal care

Several ideas for resolutions were presented to the General Assembly at their 3rd meeting. These were referred to the Resolutions committee and later sent to all national associations

- Family Planning Clinics should be available at place of work
- There should be increased opportunities for post graduate training and part-time work
- Machinery should be constructed to fit women and they should not work in confined space. There should be safety in working areas and any hazards noted especially the risks of pollution and toxic chemicals at dry cleaners .and exhaust fumes
- Children's day houses should be established
- Personnel Departments should be set up to arrange visits to doctors and clinics by employees without loss of pay
- There should be rest periods at work
- There should be pre-employment examinations
- There should be equal pay for women (2)

The 1st General Assembly was held on the 16 February where reports were given by MWIA officers. These Assemblies have always been conducted in a business-like manner with the reading of minutes and any apologies. The MWIA President was in the chair.

Dr Lloyd Green, President, after announcing the death of Dr Montreuil-Strauss, Honorary Secretary MWIA, 1929-1950, gave a brief outline of her two year Presidency, the organisation of associations of medical women in Australia and their interest in MWIA affairs.

Dr Kyrle described the development of the new MWIA Secretariat in Vienna. Rooms were originally provided in the Vienna Medical Academy building. The Academy was mainly concerned with the organisation of medical congresses and Mrs Dax, MWIA Executive Secretary, also worked as the congress secretary at the Academy. In 1968 the MWIA Secretariat moved into the offices of the Vienna Medical Board and Mrs Dax became the full time MWIA Executive Secretary. Dr Kyrle felt that the Secretariat was now truly an international one. Since 1968 several tasks had been completed. This included defining the duties of the NCSs, preparing details of "Planning a Congress" to be used by national associations hosting a MWIA Congress and publicising lists of meetings and international associations attended by MWIA members. Finally she reminded members representing MWIA that it was important that they sent a report of the meetings to the Secretariat within four weeks

The Honorary Treasurer, Dr Crosse presented the financial report. MWIA money was now held in a Sterling and Dollar accounts in UK and a Dollar account in New York. A small deposit account remained in Amsterdam. A surplus had now been built up in the General Fund and the Travel Fund had received donations which had helped to bring the Secretariat to Australia. The Jubilee Fund had now been established and she invited national associations to establish a reserve fund as a Jubilee gesture. The subscription for Individual members would be raised from 6 shillings to £1 as it cost MWIA more money to service these members.

Reports were presented from several national associations.

The Medical Women's Federation had been invited to attend a BMA meeting to discuss the difficulties women doctors who wished to return to work experienced in finding suitable employment. Dr Lloyd Green and Morani had also attended this meeting. The Department of Health in the UK agreed to set up post graduate training for such doctors

A meeting of the associations of Germany, France, Holland and Italy together with women doctors from Belgium had protested to the Medical Assemblies in Brussels that no woman doctor sat in these forums

The Australian women doctors had won equal pay with their male colleagues to be implemented in 1972.

The women doctors in India felt they were the oldest medical women's association having been started in 1907. They published two journals annually and provided a cytology clinic in Bombay. Taiwan also ran charity clinics

Iran worked through the Women's Council who send their propositions to the Government concerning the health of women and children

Japan became an NGO in 1969. It organised medical examinations and treatment in remote areas where there were no doctors

Korea reported that it had been part of the Korean Medical Association since 1960 but was now trying to become independent

South Africa remained a sub group of the National Medical association

Spain published three medical bulletins annually and in 1969 joined with other women's organisations

The Scandinavian countries (Denmark, Finland, Norway and Sweden) continued to hold a joint annual meeting

The women doctors in Thailand continued to provide various clinics at their headquarters – Early Detection, Family Planning, Medical and Psychiatric clinics- all on a voluntary basis

The meeting of the 2nd General Assembly on 17th February approved the affiliation of three new associations – Bolivia, Ceylon and Ecuador. and two Individual members – Drs Dekaris, Yugoslavia and Hallgrimsdottir, Iceland

Two new committees were re-introduced – the Honorary Membership Committee and the Congress Committee which was formerly called the Scientific Committee.

Brazil was the venue chosen for the 14th Congress in 1974 and the topic would be *Genetic and Environmental Factors affecting Human Health*.

There were, of course, elections for the Executive Committee for the session 1970-72

President	Dr Leone McGregor Hellstedt	
Immediate Past President	Dr Lorna Lloyd Green	
President Elect	Dr Alma Morani	
Hon. Treasurer	Dr V. Mary Crosse	
Hon. Secretary	Dr Martha Kyrle	
Vice Presidents	Dr Kaisa Turpeinen	Northern Europe
	Dr Helga Thieme	Central Europe
	Dr Marguerite Fayot-Petitmaitre	Southern Europe
	Dr Rosa Nemir	North America
	Dr Hildegard Stoltz	Ibero–America
	Dr Liossa Pirnia	Near East & Africa
	Dr Tuangphark Dharmapanij	Central Asia
	Dr Harumi Ono	Western pacific

There were six committees - Education, Finance, Honorary Membership, Ways and Means, Project and Congress Topic Committee

Dr Helga Stellamor was approved as Assistant Executive Secretary. (2)

There was an associated social programme throughout the week of the Congress. This included a service in a synagogue in Melbourne and a Mass at St Patrick's Cathedral followed by home hospitality. Boomerang throwing occupied another evening and on another occasion Australian films were shown. A full day excursion, midweek, was enjoyed by the members and accompanying persons. A special occasion was a reception at Government House and the Congress closed with a magnificent banquet on the final evening. Many participants took the opportunity after the congress to see more of the vast continent of Australia. (2)

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CHAPTER 16 MWIA Activities In The Seventies

With the excitement of the Jubilee Congress over the Secretariat returned to Vienna with the heavy workload arising from the business of the Executive and General Assembly meetings in Melbourne. The resolutions which were passed were sent to all national associations and the report of the 12th Congress was prepared in both English and French and took many months preparation. This report was sent to all international associations maintaining relations with MWIA as well as to all participants of the congress, national associations and individual members.

The Secretariat maintained in constant contact with the new President, Dr Leone Hellstedt who visited the Secretariat on several occasions to discuss important matters. There was also close contact with the President-Elect, Dr Alma Morani, the Honorary Treasurer, Dr Mary Crosse and the NCSs and Vice-Presidents through Circular and Officers Letters. NCSs also received specific correspondence regarding various issues especially where no decisions had been reached at the General Assemblies – the MWIA insignia, the proposed Distinguished Member Award and the project of autobiographies of medical women for MWIA's archives. There was no doubt that the establishment of a permanent Secretariat under the direction of Martha Kyrle (once the First Lady of Austria) had resulted in a more efficient and effective office and a knowledge of protocol. (2)

From spring, 1971, the Secretariat communicated with the French Congress Organising Committee to help them with the organisation of the 13th Congress. They also prepared the agenda and documentation for the Executive, which met in Vienna in September, 1971. This meeting was mainly concerned with the preparation for the forthcoming Congress. The Secretariat also translated all the abstracts of papers to be presented at the scientific meeting into English and French.

One of the greatest problems which faced the Secretariat was the representation of MWIA with other international organisations. Martha Kyrle considered it to be:

A matter of prestige for us to be represented whenever we are invited. (2)

She appealed to associations to help to find a member willing to represent MWIA at least at the larger meetings which were announced in the Circular Letters.

The Opening session of the 13th MWIA Congress, 3-7 September, 1972, was held in the Medical School of the University of Paris. The MWIA President, Dr Leone Hellstedt welcomed the guests of honour, the representatives of WHO, UNICEF, WMA, International Federation of University Women, International Council of Women and the International Planned Parenthood Federation and MWIA members. The President of the French National Association spoke on behalf of the host association and after addressing the audience, the Minister of Health, Monsieur Jean Foyer, officially opened the Congress. Mademoiselle Dienesch, State Secretary, gave the keynote speech on the subject of "Perinatal Care".

The topic of the scientific programme was *Toxoplasmosis* and national associations had been asked in 1968 to study this subject, report on the prevalence in their country and also the relation of toxoplasmosis to abortion. Forty three papers were read on the subject under the subheadings Epidemiology, Pathological Anatomy, Laboratory Findings, Acquired Toxoplasmosis, Congenital Toxoplasmosis and Toxoplasmosis and Pregnancy. On the final day of the Congress a round table was held where international experts in the field of Toxoplasmosis took part. In the summary of the presentations and the round table discussions, it was noted that infection came from eating undercooked contaminated meat and from domestic cats. The disease was widespread and often asymptomatic. Congenital Toxoplasmosis occurs where a pregnant woman is infected in the last two trimesters and can give rise to neurological diseases in the new born such as chorio-retinitis and/or hydroencephalitis. Early

diagnosis and treatment was effective.

The 1st General Assembly on the 5 September was chaired by the President. She welcomed the delegations from 30 of the 35 national associations. Apologies were received from the Vice-President of Central Asia and the national associations of Argentina, the Philippines and Vietnam. National Associations reported 102 deaths during 1970-72.

Following the roll call and reading of the minutes of the General Assembly of the 12th Congress, the President gave a report of her activities during her 2 years in office. She had attended congresses of six national associations including the Northern Regional Congress held in Finland.

She expressed an opinion that since young colleagues were now invited to speak at mixed congresses, it was important to raise the standard of MWIA's scientific programme and to offer subjects which are neglected at mixed congresses to encourage young women doctors to participate in MWIA Congresses

Two new committees had been formed – the Assessment Committee made up of non office bearers of MWIA and the host country and would report to the Executive after each congress on the opinion of ordinary members, and a Project Committee to keep under review the expressed aims of MWIA and to suggest practical ways by which these aims might be furthered.

The Honorary Secretary, Dr Martha Kyrle, presented her report of the Secretariat's activities during 1970-72. She welcomed the 2 new associations who would be affiliated at this congress and paid tribute to Dr Hellstedt who had encouraged the Egyptian medical women to form an association with 30 members and Dr Morani who had contacted the Mexican Medical Women's Association and persuaded them to re-affiliate to MWIA after an absence of several years. She spoke again of the difficulties encountered in finding members to represent MWIA at other organisation's meetings. She realised that this was often due to the sacrifice of time and money that this entailed. MWIA had been represented at the General Assemblies, Executive and Regional meetings of WHO, meetings of CIOMS, WMA, Commission on the Status of Women, International Federation of University Women and conferences of NGOs

Finally she thanked everyone for their kind co-operation and paid tribute to the Board of Medicine of Austria who allowed MWIA to have the Secretariat in their building at very favourable terms (2).

The Honorary Treasurer, Dr Crosse, gave a rather gloomy report of MWIA's financial state. Income did not cover the current expenses and there was instability in the world's currencies and a rise in the cost of living, travel, printing and postage £300 had been lost with the devaluation of the USA dollar and more could be lost due to the "floating" of the pound sterling. To minimise losses £5,000 had been transferred to Switzerland and the capital is now divided between UK, Holland, Switzerland and USA

The General Fund had increased by £2028 following the sale of badges and scarves and increased interest on bank deposits. The Travel Fund had been reduced in 1970 but a surplus from the Australian Congress of £486 had increased the fund to £651. The travel expenses for the Secretariat would now require to be met from subscription income. She emphasised the fact that only the Honorary and Executive Secretary were paid travelling expenses and all other officers paid the cost of their travel and accommodation

In conclusion Dr Crosse informed the Assembly that MWIA required more income as a result of increasing expenses. Income could be generated by increasing the annual subscription and a surcharge on the congress fee,

payable to MWIA, to cover the cost of congresses. (2)

The 8 Vice-Presidents gave a report of their regions. They had all visited the national associations in their region and a Northern European Regional meeting had been held in Finland. Drug Abuse in School Children had been discussed. All the national associations held scientific meetings and several projects were on going to improve the health of women and children in developing countries. European and North American countries were concerned with the difficulties women doctors had in continuing to practice due to inflexible training programmes and family responsibilities

The General Assembly received reports from 7 MWIA Committees – Finance, Ways and Means (Fund raising), Education, Insignia (MWIA Emblem), Project, Congress Topic, Honorary Membership, and the American Women's Hospital Service (AWH). Since 1940 the AWH had co-operated with national associations of MWIA bringing medical relief during and after World War II in UK, France, Holland, Norway, Finland and Austria. As the needs in Europe diminished AWH assistance concentrated in Asia and needy areas in the USA. Its work expanded in 1967 with the addition of clinics and nursing services caring for American-Indian, Mexican-American black and white families in Tennessee and Arizona and family planning services in other areas of the world.(2)

Written reports were received from the 21 NCSs outlining their National Associations activities

Business discussed and approved at the 2nd General Assembly, 6 September, 1972 included :

The affiliation of the Egyptian Association and the re-affiliation of the Mexican Association

The approval of Drs. Angelescu, Rumania, Demkoff, Belgium, Helgadottir, Iceland, Palonimo, Columbia and Saeed, Iran as Individual Members

The Election of Dr Morani (USA) as President, Dr Ono, Japan, as President Elect, Dr Crosse as Honorary Treasurer, Dr Kyrle as Honorary Secretary and 8 Vice-Presidents Drs Turpeinen, Finland, Fayot-Petitmaire, France, Thieme, Germany, Nemir, USA, Roedenbeck, Peru, Robertson, South Africa, Boonkhanphol, Thailand and Gibbons, New Zealand were approved

The new President gave her address, promising to concentrate her efforts during her years in office on Fund Raising, Public Relations and Publicity

A secret vote was taken to decide the venue and topic at the XVth Congress, to be held in 1976. The General Assembly voted for Japan as the venue and *Viral diseases and their Sequelae* as the topic (2).

Dr Lloyd-Green spoke of the financial success of the 12th Congress in Melbourne and the surplus was deposited as follows:

Aus\$500 to MWIA Fund, Aus\$50 to Lovejoy Fund and Aus\$1000 to MWIA Jubilee Fund which was used to increase MWIA capital

The General Assembly approved an annual subscription of 5 Swiss Francs per member for the period 1972-74

A new Resolutions Committee was formed under the chairmanship of Dr Jean Lawrie (UK) and was responsible for wording or rewording resolutions from members and the scientific sessions. At the 3rd General Assembly the following five resolutions were passed. Four would be sent to national associations who should take the appropriate steps to put them into effect. As Resolution No 4 referred to an internal MWIA matter it was referred

back to the Topic Committee

RESOLUTION No. 1: *submitted by the Austrian Medical Women's Association:*

- a) *That governments provide medical care during pregnancy (free of charge, if possible).*
- b) *That there be better opportunities for women to re-enter their former profession or to be trained in any other profession after years of absence from work.*

RESOLUTION No. 2: *submitted by the Medical Women's Federation (UK):*

That the following resolutions passed at MWIA Assembly in Rochester, N.Y. in 1966 be re-affirmed, namely:

Whereas there is a shortage of physicians in the world to-day, and whereas the cost of medical education is very high, be it resolved that, in order to promote maximum utilization of medical womanpower, the MWIA urge governments to allow the expense of home help to be a legitimate deduction from taxable income for the working woman. Whereas some women physicians, because of other responsibilities, are unable to devote full time to the study of medicine, be it resolved that MWIA member organizations study ways and means of providing more flexible arrangements for postgraduate medical education.

RESOLUTION No. 3: *submitted by the German Medical Women's Association:*

- a) *That MWIA recommend that its national associations should take care that training classes are established and generally promoted which enable colleagues who, because of family duties, have not practised their profession for many years, to return to their profession, to bring their knowledge up to date and to make themselves once more acquainted with medical thinking and acting.*

- b) *That MWIA recommend that national associations of medical women should advocate that official regulations for special training contain the following paragraph:*

Women doctors with family duties should be able to apply to the authorities who award specialist qualifications for permission to train in a speciality on a less than full-time approved programme.

RESOLUTION No. 4: *submitted by the Medical Women's Association of the Netherlands:*

That for each Congress of the Medical Women's International Association only one subject should be chosen which can be discussed from all angles.

There should be simultaneous sessions where clinical, social, preventative, purely scientific, etc aspects of the topic can be discussed

More medical women will be likely to attend if they can find subsections of the main topic which corresponds with their interests

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RESOLUTION No. 5: *submitted by the American Medical Women's Association*

Whereas Toxoplasmosis is a widespread disease affecting the socioeconomic condition at all levels, we recommend:

- a) *That the public as well as the medical profession be informed of the frequency, origins, and effects of Toxoplasmosis in their areas;*
- b) *That testing and re-testing of the pregnant women and the new born babies be done to assist in the early diagnosis and treatment;*
- c) *That committees be established for the further study of all environmental factors that contribute to the development, dissemination and treatment of Toxoplasmosis (2).*

There was a varied and interesting social programme arranged by the French Association. On the first evening the

members were hosted by the President of the French Senate at the beautiful Palais de Luxemburg. The Municipality of Paris gave a reception at the Town Hall the following evening before members attended a Sound and Light Performance at the Hotel des Invalides. A cruise on the Seine was enjoyed on the third evening and a magnificent banquet was held at the Pavillon d'Armenoville on the final evening. A full day excursion to Rheims with a visit to the champagne caves was arranged on the last day and this ended yet another successful Congress

Both the new President, Dr Morani, and the Treasurer, Dr Crosse, had made special mention of the need to improve the financial state of MWIA during the General Assemblies in Paris. Dr Morani suggested several ways of fund raising including increasing membership by admitting other health care professionals, seeking money from public spirited or philanthropic individuals who are in sympathy with the aims of MWIA, developing a tax free international foundation or solicit large gifts, generous contributions and legacies from our membership. Dr Crosse and previous treasurers were aware that national associations did not pay for all their members. The definition of "member" was raised and it was noted that one large association only paid dues for half its membership as well as others who only paid for their *active members*. Dr Morani accused such associations as having no real interest in MWIA. Members requested that the Finance Committee and not the Executive should discuss the definition of a member. A previous treasurer had written to all national; associations stating that every dues paying member of their association is automatically a member of MWIA and dues should be paid for all their members.

The Secretariat in Vienna continued to develop MWIA and communicate with the President, Officers and national associations through the NCS. The 13th Congress Report (No26) was, for the first time for many years, only printed in English and the French and Swiss Associations expressed regret with this decision. Dr Lyrle apologised but explained that the cost of printing both versions had become very expensive and very few associations requested a French version. Only 4 out of 37 national associations corresponded with the Secretariat in French.

The Northern European Regional meeting was held in Amersfoot, The Netherlands, in June, 1973. There was 140 participants and the scientific topic discussed was *Over Prescribing and its prevention*. The members of the Dutch Association organised many interesting excursions in their country.

An Executive meeting was held in Vienna in September, 1973 and attended by all the officers except Drs Boonkhamphol, Gibbons and Robertson. Dr Alexander, who had been appointed Acting Honorary Treasurer by Dr Morani following the death of Dr Crosse on March, 1973, also attended the meeting together with Dr Lloyd-Green and Stoltz. Committee Meetings were held on the day prior to the Executive as some committee members were present

The business at the Executive included discussions on the scientific programme for the 14th Congress to be held in Brazil. Dr Stoltz reported on the preparation for the congress.

Relations with other international associations remained satisfactory but the problem of finding members to represent MWIA remained. Permanent representation had improved with UN Organisations in Geneva and New York. New relations were established with the International Association of Women in Radio and Television (IAWRT) and The Centre for Women in Medicine (CIWM). MWIA was elected a member of the Executive Board of CIOMS. (2)

In January, 1974, a Regional Congress was held in Manila to celebrate the United Nations declaration of 1974 as the "World Population Year" Through the great efforts of MWIA President, Dr Morani, MWIA received a large grant of US\$ 50,000 from the USA through the co-operative efforts of the US Agency for International

Development and Family Planning International Assistance Fund. This money was given to the Philippine Medical Women's Association and made it possible to organise the 1st Asian Regional Conference on Family Planning. The very efficient Philippine medical women organised a very successful meeting attended by 1,976 health professionals from across the globe. Dr de Mundo opened the conference with the theme *Mobilising Medical Women for Family Planning*. The keynote speech was given by the first lady Mrs Imelda Marcos, who addressed the audience on *The Moral Dimensions of Family Planning*. (3)

The XIVth MWIA Congress took place in the Gloria Hotel, Rio de Janeiro, Brazil, 13-18 October, 1974. In the audience were 600 medical women from 35 countries and representatives from WHO, UNICEF, WMA, International Council of Women, International Planned Parenthood Federation, International federation of University Women and the International Association of Women in Radio and TV.

The Opening Ceremony was held at the Convention Hall of the Gloria Hotel on Sunday, 13 October, 1974. The Brazilian guests of honour included The Secretary of Health of the state of Guanabara, Deputy of the State of Guanabara, President of the Federal Council of Medicine, A representative of the Pontific Catholic University of Rio de Janeiro, the President of the Brazilian Medical Association and the President of the Brazilian Society of Medicine and Surgery.

The President of the Brazilian Medical Women's Association welcomed the official guests, representatives and members before Dr Alma Morani presented the opening address when she spoke of the growing government and international commitment to Family Planning Programmes during 1974, the United Nations World Population Year, and the increasing response from educators and trainers in spreading this action programme.

The scientific programme *Genetic and Environmental Factors affecting Human Health* was introduced by Professor Carlos Filho who spoke of the various genetic and environmental issues mankind was facing with mutations and the effects on human health of the destructive actions of man.

The 1st General Assembly, held on the afternoon of the 15 October was chaired by the President, Dr Alma Morani. Following the roll call, apologies were read from absent associations – Argentina, Bolivia, Denmark, Hong Kong, Iran and Madagascar. The audience stood in memory of 148 members of the association who had died during 1972-74.. Special tributes were made to Dr Crosse, Honorary Treasurer of MWIA and Dr Ada Chree Reid, Past President who had died in 1973.

After the minutes of the last General Assembly meetings, which were printed in the Report of the 13th MWIA Congress, were officially accepted, Dr Lloyd-Green, Procedure Adviser, explained the existing rules for debate and voting.

Dr Morani gave the report of her activities as President. She had attended 2 regional congresses in Germany and the Philippines and had visited Brazil, Hong Kong, Japan and Taiwan. She had felt very proud of members of MWIA on those visits and she had both new educational and cultural experiences. She had been disappointed, however, with the efforts made to raise funds and encouraged members and associations to contribute more than just their subscriptions to MWIA.

The Honorary Secretary, Dr Martha Kyrle, reported that the topic of the 13th Congress "Toxoplasmosis" had raised a great deal of interest from many other organisations and the Secretariat was still busy dealing with requests for the proceedings from the scientific meeting. Preparation for the scientific programme at this the 14th Congress had also given rise to a great deal of work as the abstracts had been received and translated into the

official languages for inclusion in the Congress proceedings. (2)

The Acting Honorary Treasurer, Dr Alexander, apologised to the Assembly, for the failure of 1973 MWIA Accounts to be audited as the accountants had been unable to produce the audit in time for the Congress. She presented the accounts for 1972 but noted in general that with inflation and the economic situation in the world it would be difficult for MWIA to meet expenditure from income. An effort would be made to retain the subscription at its present level of SF5 per member (2)

The 8 Vice-Presidents reported on the activities in their regions. The Northern Region had held a successful meeting in the Netherlands in 1973. The German Association which organises a national meeting every 2 years, invited the other associations of the Central European Region to attend although to date it had not been called an official regional meeting. The French and Spanish Associations in the Southern European Regions held national meetings annually. The Associations in North America organised many meetings and AMWA had invited the Mexican Association who are part of this region to attend their annual meetings. The member associations in South America were active within their own areas but as distances were great, salaries low and there is a rigid control of currency exchange, members were unable to travel to exchange medical knowledge which they realise was very important. The African and Near East Region was also large, consisting of Israel, Iran, Egypt, Madagascar, South Africa and individual members in Iraq, Lesotho, Tunisia and Turkey. The Vice-President, Dr Robertson, had visited several countries and made contact with 26 medical women and written to 61 and hoped that other associations would be formed in Africa. In the Central Asian Regions, associations were active organising family planning, cytology, and mother and baby clinics. The Vice-President of the Western Pacific Region, which was also large, communicated by correspondence. The associations in this region found it difficult to fund raise for projects. There had been a very successful MWIA Congress in Manila (2)

There were reports from 7 MWIA Committee:.

The Finance Committee had drawn up a budget for the next 2 years and had decided that it would not be necessary to raise the subscription provided that MWIA gave permission for the use the interest on capital in case of an emergency

The chairman and members of the Fund Raising Committee had been unable to raise money in their own country for MWIA. She congratulated the President who had raised money in the USA. The President had designed a scarf with a map of Brazil printed on Brazilian Cotton. The scarf would be sold at the Congress to raise funds for MWIA

The Public Relations and Publicity Committee was unable to report any great achievements neither in publicity nor improving public relations. A few suggestions had been received from a number of associations for the future, including the South African women doctors who invited women physicians to a special function during the annual meeting of the South African Medical Society. A book about pioneer medical women has been edited by the Canadian women doctors to publicise the Canadian Federation. An excellent questionnaire had been sent by the Vice-President of the Near East and African Region to all African Medical Women and a personal letter written to every colleague setting up in practice offering help and assistance. To promote MWIA's relations with WMA the chairman has suggested that all national presidents and MWIA Officers should become individual members of this association

The chief aim of the Project Committee was to seek ways of carrying out the objectives of MWIA. One way this could be achieved was by recruitment of women colleagues. This was not an easy task but the committee felt that by raising the scientific standard of congresses and initiating studies on issues of particular importance to medical

women this would encourage new members. The collection of the autobiographies of early women doctors had already started and MWIA would contribute to Women's Year by publishing these in book form. The third suggestion to improve attendances at congresses was an attractive social programme where members could communicate with each other, relax and feel welcomed by MWIA and the host nation. Home hospitality and small intimate social functions would be more friendly than large receptions and cocktail parties!

The Congress Topic Committee had chosen the subject to be discussed at this congress and assisted with the development of the scientific programme. It was one of the few committees which had actually met on three occasions at their own expense. A decision was made that in future the congress topic would be chosen only two years in advance rather than four so that it would be more "topical". Ten topics had already been proposed for the Congress in 1978 and this committee had the responsibility to present to the General Assembly in 1976 the most appropriate topics for 1978.

The Education Committee chairman gave a report of the 4th World Conference on Medical Education organised by the WMA and where she had represented MWIA. She noted that very few women attended this conference and the problems affecting them in regards medical education were not mentioned. This committee had only been set up to prepare for the WMA conference and had no other projects.

The Resolutions Committee dealt with the resolutions which arose from the scientific sessions. Its work began during the scientific programme but it did give the Assembly information about the procedure for submitting resolutions. (2)

No new association had applied for affiliation. The General Assembly approved the names of eight colleagues who had applied for Individual Membership:

Drs M Abhay, Laos, Ahmed, Pakistan, DA Costa Martins, Mozambique, Fuller, Gambia, Jarrett, Sierre Leone, Mahabane, Lesotho, Oduntan and Ogunmekan, Nigeria. The number of Individual Members in 1974 was 31

Honorary Membership was conferred on Drs Esselmont, UK, Leone Hellstedt, Sweden and Lola Vilar, Spain.

For the first time MWIA honoured colleagues who had been members of MWIA for 50 years. Jubilee certificates were presented to the Jubilee Members who were present (2)

Reports were received from 27 out of a total of 37 national associations affiliated to MWIA. The following were the affiliated associations in 1974:

Argentina, Australia, Austria, Bolivia, Brazil, Canada, Denmark, Ecuador, Egypt, Finland, France, Germany, Guatemala, Hong Kong, India, Iran, Israel, Italy, Japan, Korea, Madagascar, Mexico, Netherlands, New Zealand, Norway, Peru, Philippines, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, UK, USA, Vietnam. (3)

The 2nd General Assembly, 17 October, 1974 was chaired by the President. The following officers were elected by a secret vote:

President	Dr Harumi Ono, Japan.	
President Elect	Dr Helga Thieme, Germany.	
Honorary Treasurer	Dr Marta Holmstrom, Sweden,	
Honorary Secretary	Dr Martha Kyrle, Austria,	
Vice-Presidents	Northern Europe	Dr Henrica Verhagen, Netherlands
	Central Europe	Dr Adelina. Husslein. Austria,

North America	Dr Minerva Buerk, USA	
South America	Dr Sue Roedenbeck., Peru	
Central Asia	Dr Maria Boonkhanphol, Thailand	
Near East and Africa	Dr Isobel Robertson, South Africa	
Western Pacific	Dr Joan Redshaw, Australia	(2)

Following the new President's address by Dr Ono who also gave details of the XVth Congress to be held in Japan, Dr Hellstedt, Past President, gave a financial account of the 13th Congress in Paris. The printing and distribution of the Congress report, the travel expenses of the Secretariat and the luncheon given to the NCSs had been paid from the registration fee. Some extra Secretariat expenses and the theft of money from the office of the Secretariat in Paris were not covered. Donations of \$3,000 from Individual Members and \$600 from the sale of gifts were donated to MWIA.

The Assembly voted to hold the 15th Congress in Germany with the topic to be discussed *The Use of Mass Media in Medicine*

It was announced that the annual affiliated dues would remain at SF5 but the dues for Individual Members would increase to SF10

The closing session of the Congress and 3rd Meeting of the General Assembly was held in the afternoon of the 18 October, 1974. The Rapporteur presented a summary of the papers of the scientific sessions and the discussions at the 6 workshops. The deputy chairman of the Resolutions Committee presented nine resolutions in English and another member of the committee read a French version. After discussion of the resolutions and some amendments, the General Assembly accepted the following wording:

RESOLUTION NO 1 (submitted by the South African Association):

In areas where medical women are few in number, an association formed between medical women of nearby countries shall be eligible for affiliation with the MWIA.

RESOLUTION NO 2 (submitted by the French Association):

a) Attention is drawn to the importance of Family Planning at all levels concerned with maternal and child welfare.

b) Family Planning should be accessible to the entire population, independent of their social standing, and should include the necessary medical care, medication and devices, free of charge.

RESOLUTION NO 3 (submitted by the French Association):

In view of the increasing requirements for adequate supply of water for all population groups, and the increase in pollution in the available supplies, it is recommended to all countries that the necessary technical and administrative measures, appropriate to each region, be intensified a) to conserve water supplies; b) to counteract pollution.

RESOLUTION NO 4 (submitted by the Thai Association):

Be it resolved that the women doctors of M. W. I. A. assembled for their 14th Meeting in Rio de Janeiro in October 1974, which is World Population Year, convey to all the women in their native countries during the forthcoming International Women's Year 1975 their determination to continue the educational programme concerning Family Planning.

RESOLUTION NO 5 (submitted by the Thai Association):

Be it is resolved that the women doctors of M. W. I. A. assembled for their 14th Meeting in Rio de Janeiro in October 1974, convey to all the women in their native countries during the forthcoming International Women's Year 1975 their determination to continue the educational programme concerning the inestimable advantages to the child and mother of Breast Feeding.

RESOLUTION NO 6 (arising from Workshop "Family Planning", submitted by the German speaking group:

Whereas world-wide information about human reproduction and birth control is absolutely necessary be it resolved that:

- a) Relevant information be imparted from childhood onwards, appropriate to each age group and to include parents as well
- b) In view of the progress towards equality of rights, women be made aware of their rights in their particular country
- c) In order to fulfil the demands under a) and b) the educational system be recommended to provide equal opportunity for girls and boys for study and for all forms of vocational and higher education;
- d) The task of medical women in Family Planning imply information and counselling in family planning to be considered an integral part of the advice given by all women doctors independent of their speciality; full advantage of any opportunity in human contact to be used to the utmost by medical women in order to motivate individuals in that subject.

Conscious of their medical responsibility medical women reaffirm that family planning be the concern of the individual and the family only, and that under no circumstances should family planning be misused as a political instrument.

RESOLUTION NO 7 (submitted by Workshop on Mental Health influenced by Genetic Disorders and by other Disease):

We recommend that physicians as well as society in general, including children and adolescents, be educated in the facts of familial genetic disorders and the availability of genetic counselling.

RESOLUTION NO 8 (submitted by Workshop on Protective Measures for Individual Health during Infancy, Adolescence, Procreative Time, Ageing and Senescence):

Although we are conscious of the necessity of industrial and technical development and the benefit that may result, MWIA recommends to all it may concern:

- a) to give the first importance to human health instead of technical and industrial development to prevent disturbance in the bio-cycle;
- b) to introduce new industrial techniques only when through research the necessary protective measures are defined.

RESOLUTION NO 9 (submitted by Workshop having proposed Resolution No. 8):

MWIA recommends to restrict the extensive diagnostic use of X-rays and other ionizing radiations to a minimum for medical indications under adequate control (3).

The topic of the scientific programme was *Genetic and Environmental Factors Affecting Human Health*. Papers were presented under the sub-headings *Genetic Factors*, *Physical Factors* and *Psych- Social Factors*. The papers were printed in full in the congress proceedings in French and English

Six workshops discussed the subjects *Family Planning, Theoretical and Practical Principles of Genetic Disease, Environmental Factors affecting Genetic Material, Mental health Influenced by Genetic Disorders and by Other Disease, Ecological and Socio-Economic Factors affecting Health and Protective Measures for Individual Health during Infancy, Adolescence, Procreative Time, Aging and Senescence- Care of workers.* The presentations and discussions resulted in six resolutions being passed at the 3rd General Assembly.

The social programme was interesting and a little different from previous occasions. It included a soccer match at the Maracana Stadium and an invitation to a horse race at the Jockey Club. The Brazilian Association gave a cocktail reception following the Opening Ceremony and on another evening they entertained the participants to a Brazilian Evening. The Governor of the State of Guanabara offered an evening reception and the State House of Representatives on two separate evenings. There was a full day tour in the middle of the congress to a variety of interesting and historical areas. As usual there was a very enjoyable closing banquet held on this occasion in the Gloria Hotel, before the members parted with pleasant memories of their time in Rio.

On their return to Vienna after the 14th Congress, the Secretariat's main task was the preparation of the Congress report which they distributed to the Officers, NCSs and other International Associations in March, 1975. This task was now easier as the report was only printed in English. Dr Kyrle also sent Circular Letters and other important letters requesting information to the national associations. Their "responses" were described very politely by Dr Kyrle; *-Communication with national associations has on the whole been satisfactory and we don't lose hope for better response in the cases where our relations have unfortunately remained somewhat one-sided*(5)

The Secretariat printed and distributed a booklet, *Planning a Congress*, which would assist national associations intending to invite MWIA to hold a congress in their country. This was written by Dr Lloyd-Green and stressed the importance of close co-operation between the MWIA President, the MWIA Secretariat and the organising committee of the host association. Congresses must pay for themselves as MWIA had no financial resources on which to call. Any loss would be the liability of the host association and the use of any surplus would be determined by the host association but it was hoped that it would be put towards furthering the aims of MWIA. As the cost of simultaneous translation was now prohibitive it had been decided that in line with other international organisations, English would be the language used. The host country may use interpreting services at their own expense. A surcharge on the registration fee may be required to cover MWIA expenses, such as the travelling expenses of the Secretariat and the printing of the Congress report. ().

In June, 1975, the 2nd official MWIA Northern European Regional meeting was held in Aviemore, Scotland and attended by 253 participants and their families from the 6 national associations of the region and 2 Individual Members from Iceland. MWIA President-Elect, Dr Thieme and the Vice-President of the region, Dr Verhagen attended. The topic of the scientific programme was *Severe Congenital Abnormalities - Implications for the Family and Society*. A special meeting of the National Presidents and NCSs of the region was held to discuss matters of common interest.

A meeting of the Executive was held at Vienna in September, 1975, when MWIA business was discussed and the details of the 15th Congress in Japan. The President and President -Elect visited the Secretariat in Vienna in April, 1976 and other colleagues who visited the Secretariat were always appreciated by Dr Kyrle as this gave an opportunity to have *face to face exchange of ideas with colleagues from other countries*.

The 15th MWIA Congress, held at the Keio Plaza Hotel, Tokyo, 22-28 August, 1976, was organised by the Japanese Medical Women's Association. It was attended by 1,013 MWIA members and 116 accompanying persons.

The thunder-like beating of the Rokusuke drums “welcomed” the participants at the Opening Ceremony on the morning of 23 August, 1976 before the President, Dr Harumi Ono, gave her official warm welcome to all the members, their families and friends and the representatives from UNESCO, WMA and the Federation of University Women. Welcome addresses were given by the President of the Japanese Medical Women’s Association and chairman of the Organising Committee, Dr Takana, the Minister of Health and Welfare, Dr Tekemi, the President of both WMA and the Japanese Medical Association and the Vice-President of Health and Welfare.

Dr Tanaka, praised the participation of medical women in medicine in the various countries and hoped that they would take part in health education, health promotion programmes and other public health activities:

With women’s heart and touch. (5)

Dr Tekemi, in his address, stated that in the development of community health care there were areas where only medical women could understand the situation:

Today the mode of life changes so rapidly and the menace of pollution are apt to increase with the rise in the standards of living. The role of medical women will enlarge and become more important in the areas of health education and preventive medicine.

The keynote address was given by Dr Nakao Ishida, Professor of Microbiology at the Tohoku University, Japan. He described the more recently challenging virus associated with cancer, namely Hepatitis B (HB). He illustrated the method of cultivating this virus and showed family trees where three generations were infected by this virus giving rise to hepatoma, chronic hepatitis, cirrhosis and asymptomatic carriers. It was a very important virus with probable maternal transmission to newborn infants. This address set the stage for the topic of the scientific programme – *Viral Infections and their Sequelae*. A summary of the discussions and resolutions arising from the scientific programme were presented at the closing session on the 13 August.

The 1st General Assembly, held on 24 August, 1976 was chaired by the President Dr Ono. The audience stood for a minute’s silence in memory of the 107 deceased members since the last congress in 1972.

A Past President, Dr Lloyd –Green, was introduced to the Assembly as the new Procedure Adviser and she proposed that the minutes of the last General Assemblies in 1974 as detailed in the 14th Congress Report be approved as read.

Dr Ono described her activities during her presidency. She had visited several national associations in the Far East and in Europe and attended the World Medical Assembly in Tokyo

The Honorary Secretary, Dr Kyrle, in her report referred to the new booklet *Planning a Congress* and hoped it would be of use to host associations in the future (4)

Communication with the association in Vietnam had ceased in 1974.

The Honorary Treasurer, Dr Holmstrom, submitted the accounts for 1973, 74 and 75. She had taken over the role of treasurer in 1974 at a very difficult time due to the devaluation of the pound and rising inflation in many countries. The dues were now collected in Swiss Francs which was a more stable currency and this had protected MWIA from greater losses. The General Fund had improved with dues from 10, 438 members and a surplus from the Congress in Brazil of £3,154. MWIA funds were now banked in Zurich and reliable bonds had been purchased with a high interest rate of at least \$5,000 annually. In 1975 membership had risen to 11,506 and after expenses MWIA had a surplus of \$2,000 and did not require using the interest from capital. However she stressed that in 1976 MWIA’s financial situation would be difficult unless membership was increased to cover the

increase in expenses. She stated that MWIA would require using interest from capital until 1979. A decision had been made by the Executive to combine the three funds – Lovejoy, Jubilee and Fellowship Funds to create the Lovejoy-Jubilee-Fellowship Fund.

The Assembly was presented with a very detailed income and expenditure account and balance sheet which they approved. (4)

The Finance Chairmen, Dr Helga Thieme, gave her report and congratulated the Treasurer on her skill in investing MWIA's money. She presented a conservative budget for 1976-78 but expressed concern that there was no spare money to allow MWIA to expand its projects and donations and other sources of funds required to be found to fulfil MWIA's commitment to its members and society as a whole. There would, however, be no increase in the subscription rate (4)

The Fund Raising Committee had worked very hard but the chairman, Dr Morani, had found that fund raising varied from country to country and was not the culture in several countries. She had successfully fund raised in the USA and other members had success in Australia and South Africa but more effort was needed. (4)

The chairman of the Public Relations and Publicity Committee, Dr Chenoweth, spoke of the many ways that MWIA members could improve public relations and publicity. She stressed the importance of good communication between national associations and the Secretariat, the need for MWIA committees to communicate with each other and also MWIA officers and national associations. It was important to highlight the many awards given to MWIA members and to publicise the special accomplishments made by MWIA members.

Dr Hellstedt reported that the Project Committee would publish a book containing the Life histories of 92 pioneer MWIA members born between 1880 -1910 and their motivation to study medicine.

A new committee – the Fellowship Committee, chaired by Dr Turpeinen, had been formed at the Congress in 1974. The committee had set up terms of reference for a fund to be known as the Lovejoy-Jubilee-Fellowship Fund the purpose of which would be:

- The furtherance of education and training of medical women, special consideration being given to those in developing countries
 - The provision of financial assistance to MWIA members
 - The provision of financial assistance for specific projects carried out by member associations of MWIA.
- (4)

The assets of the fund would be derived from donations. The proposals for these awards would be put forward by the chairman of the Fellowship Committee to the MWIA Executive who would make the final decision.(4)

The reports of the National Corresponding Secretaries were not presented due to time constrictions .Several associations reported a falling membership and difficulties in attracting new members. Many continued to organise scientific meetings for the members and some associations in developing counties provided free medical care for women and children.

The American Women's Hospital Services continued to assist 13 medical clinics in needy areas of 9 nations Emphasis in their support was on helping people to help themselves. Programmes were extended in Bolivia, Haiti, India, Korea, the Philippines, Taiwan and Thailand but the Vietnam clinic in Saigon had been suspended as there had been no contact since the end of military activities. Support would end for the oldest clinic of this

hospital service in Nikaia, Greece where an American Women's Hospital School of Nursing had been established as funding was now available from another source.⁽⁴⁾

The General Assembly approved the affiliation of the Medical Women's Association of Nigeria and accepted four colleagues – Drs Georgia Golafale, Liberia, Guiser Koyunoglu Wells, Turkey, Loina Sangale, Kenya and Jivea Tzakova, Bulgaria as Individual Members

Honorary Membership was conferred on Alma Morani and Rosa Nemir, USA, and Hildegard Stoltz, Brazil

The 2nd General Assembly, held on the 26 August, 1976 was chaired by the President, Dr Ono.

The election of officers for the session 1976-78 was held by secret ballot:

President	Dr Helga Thieme, Germany	
President-Elect	Dr Beryl Corner, UK	
Honorary Treasurer	Dr Marta Holmstrom, Sweden	
Honorary Secretary	Dr Martha Kyrle, Germany	
Vice-Presidents	Northern Europe	H Verhagen, Netherlands
	Central Europe	Husslein, Austria
	Southern Europe	Marcella Sava-Borgstrom, Italy
	North America	Minerva Buerk, USA
	South America	Hildegard Stoltz, Brazil
	Central Asia	Siva Chinnatamby, Sri Lanka
	Near East & Africa	Liossa Pirnia, Iran
	Western Pacific	Joan Redshaw, Australia

The elections were followed by the new Presidents address. Dr Thieme emphasised the importance of medical education, closer co-operation with medical women from developing countries, particularly in the African continent and the protection of medical ethics.

The General Assembly held a secret vote for the venue of the 17th Congress in 1980 and the scientific topic to be discussed. Iran was chosen as the venue and the topic chosen for discussion was:

Medical Priorities in Developing, Progressive and Established Countries.

The 3rd General Assembly and closing session of the Congress followed under the chairmanship of the out going President, Dr Ono

A brief summary of the scientific papers was given by the General Rapporteur, Dr Rosa Nemir;-
Sixty-eight papers from all the continents were presented in 10 sessions.

These papers and two films were most instructive and comprehensive.

The viral diseases encompassed a discussion of some 12 viruses ranging from the well known poliomyelitis virus, which is rapidly disappearing, as suggested by the title of one paper "10 years in Finland without poliomyelitis" to the more recently challenging virus now being associated with cancer namely Hepatitis B (HB) The manifestations of infection were hepatoma (cancer of the liver), chronic hepatitis, cirrhosis, and asymptomatic carriers of the virus. In his keynote address Professor Ishida illustrated the importance of a latent virus, the significance of probably maternal transmission of viruses to newborn infants and the challenge of explaining an 80% incidence of HB antigen in females with only a 20% incidence in males. The geographic variability of some

six HB viral fractions in different parts of the world was illustrated. Dr. Ishida's lecture set the stage and projected the viral model for future discussion.

Thereafter, approximately 12 viruses were considered from the following standpoints

1. Geographic distribution of the antigen
2. Racial and individual factors within these areas affecting the response to infection
3. The development of immunity
4. Transmission of the virus with especial emphasis on the fate of the newborn infant
5. Clinical features of viral diseases and of the congenital abnormalities
6. Sequelae, long range or immediate
7. Preventative measures with emphasis on vaccination

Viruses considered were Poliomyelitis, Smallpox, Measles, Rubella, Hepatitis and Cytomegalic.

The 2nd topic discussed was the role of medical women in the community. This covered a wide range of activities from those given on a personal non-paying basis to those in administrative positions - academics. It was felt that women had a very important role in government policy making and in formulating recommendations (4)

Dr Jean Lawrie, UK presented the resolutions. One was rejected and three resolutions were turned down as it was felt that they were considered recommendations to the Executive and four were accepted by the General Assembly:

RESOLUTION No 1 (submitted by Workshop 1)

- a) That every national government should be asked as part of its national health program to reconsider its immunization program:
- b) That immunization programs should be continuously re-evaluated;
- c) That polio immunization programs should be developed in all countries and the aim should be 100 percent protection;
- d) That a maximum effort should be made to immunize school girls and women at high risk of exposure to rubella.

RESOLUTION NO. 2 (submitted by Workshop 3):

Members of this MWIA meeting in Tokyo wish to reaffirm the role of the doctor in the community to care for the sick, to prevent and relieve suffering.

We resolve to make sure that the health needs of the community are kept as the principal aim of professional and government planning and that this aim takes priority over all else.

RESOLUTION NO. 3 (submitted by The American Association):

Whereas children are the world's greatest asset,

Whereas it has always been the responsibility of women to protect, health, safety and well-being of children,

Whereas there is much suffering among the world's children from abuse, neglect and deprivation,

Whereas children are powerless to speak for themselves and have not access to legal redress of wrongs,

Be it resolved that MWIA through its 37 national affiliates urge each national government to be concerned with the interests and protection of children and coordinate efforts on behalf of children.

RESOLUTION NO. 4 (submitted by Workshop 3):

This meeting of MWIA wishes to encourage part-time positions for doctors so that their skills are not wasted as family needs arise and that part-time postgraduate training facilities be made available.(4)

Social events were held each evening and a full day excursion was arranged to Nikko where many beautiful temples were admired. On the first evening of the Congress the Japanese medical women hosted a magnificent reception in the Keio Plaza Hotel. The Minister of Health offered a reception at Chinzanso Gardens on the second evening and the Governor of Tokyo gave a reception in the Keio Plaza Hotel on the third evening. At these receptions every one was impressed with the beautiful ice sculptures sitting on the buffet tables. On the last

evening of the Congress there was a splendid banquet with Japanese entertainment and many short speeches

Various events also took place during the week including daily tea ceremony, an exhibition of Japanese Art and Ikebana displays.

Yet another MWIA Congress where members came to appreciate another culture had their medical knowledge greatly increased and made lasting friendships

As one congress closes and its congress report is prepared and printed, the Secretariat not only prepares for the next congress but continues to communicate with members of the MWIA Executive, committee chairmen and national associations.

In March, 1977, Dr Kyrle and Mrs Dax spent three days in Berlin visiting the venue for the 16th Congress and meeting with members of the German Organising Committee to discuss details for the congress. Later, when the abstracts were received for the scientific programme, Mrs Dax translated them into French the other official language of MWIA.

An Executive meeting was held in Vienna during June, 1977. This was a sad occasion as Leone Hellstedt, a Past President, was very ill and unable to finalise the arrangements for the publication of her book *Women Physicians of the World* which contained the stories of MWIA pioneer medical women. Dr Minerva Buerk, USA, was able to take on this responsibility to enable the book to be available at the 16th Congress in Berlin.

In 1977, WHO re-confirmed MWIA's status of official relations and the Association continued to be represented at meetings at WHO in Geneva and in the regions, The MWIA President, Dr Thieme visited WHO headquarters in 1977 in order to find out the possibility of closer cooperation with WHO. It was suggested that this could be done regionally or WHO could be asked to assist in existing programmes of any of MWIA's national associations. It was difficult for MWIA as a whole body to take part in any UN project and this could be done more efficiently at national level.⁽⁵⁾

The XV1thMWIA Congress was held in the Berlin Congress Hall on August/September 1978. The Opening Ceremony took place on 27 August and was introduced by a performance of the Schoneberger Boy's choir

MWIA President, Dr Helga Thieme opened the Congress and welcomed the distinguished guests representing the Government of West Berlin and the Federal Republic of Germany, the Churches of the Republic, the Diplomatic Core, the military forces, the medical profession of Germany, German Women's Organisations and the German press, radio and television. She gave a special welcome to representatives of WHO, CIOMS, UNICEF, WMA, IPPF, ZONTA and she greeted over 1,000 medical women who had come to Berlin from 52 countries of the world. Welcome addresses were presented by the distinguished guests and representatives.

Opening lectures were given by two guest speakers.

The first speaker, Professor Alfred Gellhorn, USA, President of CIOMS spoke on *Medical Ethics in the Modern World*. He suggested that the medical profession was insensitive to many pressing ethical and moral questions and seemed to be preoccupied with more research and complex technology. He considered that the ethical dilemma of preservation of the patient's life at all costs versus the concern with the quality of living is one of the issues facing doctors. He discussed the various medical codes including the Nuremburg Code in its application to research on healthy subjects and other declarations as well as the additional code because of the involvement of

health professionals in torture and other cruel, inhumane and degrading treatment of prisoners. He urged women physicians to take the lead in a positive stand and speak for decency and human rights for all people

The second guest speaker was Professor Hertha Strum, Germany, Director of the International Central Institute of Television for Youth and Education, University of Munich, Her topic was: *Mass Media and Medicine: A Psychologist's Perspective*. In her presentation she warned that we must accept that mass media presentations do not necessarily have the expected effect as the recipients are dependent on their age, intelligence and social environment. In the case of mass media presentations there is a problem in that we are dealing with anonymous individuals whose reactions we cannot observe and we are not able to check or control directly how and whether they will understand. She stated:

As you seek to explore particular issues arising from the relationship: between mass media and medicine, please remember that in making decisions, the individual tends to choose a moderate course of action, one which he can follow easily and could be helped by mass communication as well as personal communication. (5)

The 1st General Assembly under the chairmanship of Dr Thieme was held on 29 August. From the 37 national associations affiliated to MWIA only two – Egypt and Hong Kong - had been unable to send a delegation.

The Associations present were:

Bolivia, Brazil, Canada, Denmark, Ecuador, Finland, France, Germany, Ghana, Guatemala, India, Iran, Israel, Italy, Japan, Korea, Madagascar, Mexico, Netherlands, New Zealand, Nigeria, Norway, Peru, Philippines, Sierra Leone, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, United Kingdom, USA, Vietnam.

The General Assembly approved the affiliation of the two new associations – Sierra Leone and Ghana – so that they would be able to take part in the General Assembly Membership was also granted to two Individual members – Drs Abdulhadi, Jordan and Muna Hassan Hussein, Sudan.

The President expressed her regret at the death of 138 colleagues and special memorial speeches were given for Dr Charlotte Ruys, MWIA President, 1947-1950, who died in February, 1977 and Dr Leone Hellstedt, MWIA President, 1970-72, who died in July, 1977.

Following the acceptance of the minutes of the 15th Congress held in Tokyo as published in the Congress Report No 28, March 1977, Dr Lorna Lloyd - Green, Procedure Advisor, explained the new procedures being introduced:

- Councillors required to submit their voting papers before the beginning of the 2nd meeting of the General Assembly
- The President would introduce each person proposed for Executive Office for the term 1978-80.

She also announced that invitations had been received from India, the Philippines and UK to host the XV11th Congress in 1982 and gave details of the procedure for voting and debate at the General Assembly Meetings.

The President, Dr Thieme, gave her report. She had visited twenty countries during her term of office, eleven of these in developing countries, five of which had not been familiar with MWIA. One of these had applied for affiliation and the other four were in the process of forming associations of medical women. Doctors from developing countries were not in a financial position to attend a congress but the German Government had financed the attendance of twenty medical women to this congress.

The Honorary Secretary, Dr Kyrle, presented her report giving details of MWIA's activities and their representation at WHO, UN, WMA and other international organisation meetings

Each regional Vice-President gave a resume of the activities of their region: The 6th Regional Congress of the Northern European Region was held in Stockholm on June 1977 and the topic discussed was *Sexually Transmitted Diseases*. The Medical Women's Federation celebrated their Diamond Jubilee in July, 1977 with a conference in London on *The Seven Ages of Man* and a supporting social programme.

Although no Regional meeting was arranged in the Central European Region the German Association, despite their preparation for the XV1th Congress in Berlin, held a scientific conference associated with their Annual Assembly on "The Medical Aspects of Women in Sports".

The Vice-President of the Southern Region of Europe reported that a Regional Meeting had been held in November, 1978, at Bologna where "The Environmental Influence on Family Planning" was discussed. New branches had opened in France but interest had fallen in the Spanish Association with a loss of many members. The Individual Member in Rumania hoped that an association could be formed there.

Although no regional meeting took place in the North American Region, the three countries – America, Canada and Mexico – were very active and organised many scientific meetings. The Mexican Association held many training seminars for their members and was increasing in numbers. The Canadian women doctors also organised training seminars. They would prefer to have their own Vice-President as they feel this would facilitate their many activities. An increasing number of students and young doctors were joining the association in the USA. This Association provided loans to medical students through their Scholarship Loan Fund.

The South American Region lost one of its affiliates in 1978 as the association in Argentina ceased to exist. For the first time the other five countries had sent delegates to the XV1th Congress.

The associations in the Near East and Africa Region were very wide spread but the members of the Israel Association organised the first regional meeting in Jerusalem prior to this XV1th Congress. The medical women in Iran were preparing for the XV11th Congress in 1980 and were aware of the progressive changes taking place in their country. The other countries held scientific meetings and the doctors in Nigeria provided health education through the mass media for their population and have a research project on female circumcision.

In the Central Asian Region both the Indian and Thai medical women undertake much humanitarian work and give voluntary service in the form of free health and screening clinics to the people of their countries.

The national associations in the Western Pacific Region were all very active. The women doctors in Taiwan and the Philippines provided free screening, health and family planning clinics for the women of their country.

The Honorary Treasurer's report for 1976-78 was presented by the Treasurer, Dr Marta Holmstrom. The subscription income now covered the running costs of MWIA and MWIA's financial state was satisfactory. Membership had increased, large donations had been received, the congress expenses were covered by a charge on the registration fee and subscriptions were now collected in Swiss Francs instead of pound sterling. MWIA money was now held in Zurich where a high interest rate was obtained, the capital had increased and MWIA was able at last to fight inflation. There was no requirement to raise the subscription which had remained at SF 5 since 1972.

The Committee chairmen reported on their proceedings over the past 2 years. Communication with committee members was by airmail or a meeting during a congress.

The Finance chairmen, Dr Thieme, congratulated Dr Holmstrom on her stewardship of MWIA finances and informed the Assembly of the establishment of the "Special Travel Fund" This had been started by a generous donation from the Empress of Iran. This fund would be used to subsidise the travel expenses of Executive members from less developed countries to assist them in attending MWIA meetings. 20% of MWIA interest and 20% of the surcharge on the congress fees would also be added to this fund. Donations had been received from Australia, Japan, USA and other affiliated countries Members had contributed towards the cost of the publication of the book "Women Physicians of the World" and other projects.

Dr Thieme also spoke of a personal proposition she had put to the Executive which they would consider at the Executive meeting in 1979. She suggested that the subscription fees to the less developed countries should be reduced as their currencies were weaker than the Swiss Franc and this had caused an unjustifiable burden to these countries.

The Fund Raising Chairman also reported on the many donations received by MWIA and announced a sale of gifts donated by many of the congress participants to further increase MWIA's finances

The Public Relations Committee had produced a booklet containing the history, aims and pertinent facts of MWIA. This would be widely distributed to governments, international organisations, medical and scientific societies, women's groups and individuals to improve the visibility of MWIA

The Project Committee announced the completion of the "Book" edited by the late Leone Hellstedt and it was now on sale.

A new Committee had been set up "The Health of the Mother and Child" under the chairmanship of Dr Husslein in recognition of the *United Nations' Year of the Child*. The work would include the health of the mother and child covering all aspects of aspects of physical and mental health of the mother throughout her years of fertility and for the child from birth to adolescence.

The Fellowship Fund, with a grant received by the Finnish Association from the Finnish Ministry for Foreign Affairs Developing Countries Fund, arranged the training of a radiographer in South Africa and Finland. Both the associations in South Africa and Finland were involved. The training enabled the X-ray Department in the Queen Elizabeth Hospital in Lesotho to operate the machine donated by the Federal Republic of Germany in 1976 ⁽⁵⁾

The NCS reports from 31 countries and the American Women's Hospital Service (now in its 61st year) were received and printed in the report of the XV11th Congress.

The 2nd General Assembly was held on 31 August, 1978, was again chaired by the President, who announced the Executive's decision to confer Honorary Membership on three colleagues in recognition of their outstanding service to MWIA:

Dr Minerva S Buerk, USA

Dr Gabrielle Henry, France

Dr Isobel Robertson, South Africa

Jubilee Membership Certificates were awarded to 92 Jubilee members who joined MWIA 50 years ago

The Executive Committee for 1978-80 was elected by secret vote as was the venue and scientific topic for the XV11th Congress in 1982.

President	Beryl Corner, UK
President – elect	Joan Redshaw, Australia*
Honorary Treasurer	Marta Holmstrom, Sweden
Honorary Secretary	Martha Kyrle, Austria
Vice Presidents	
Northern Europe	Babill Stray- Pederson, Norway
Central Europe	Anneliesse Schwobel, Switzerland
Southern Europe	Renee Lagrue, France
North America	Beverley Tamboline, Canada
Ibero- America	Hildegard Stoltz, Brazil**
Near East and Africa	Olu Oduntan
Central Asia	Siva Chinnatamby, Sri Lanka
Western Pacific	Trinidad Gomez, Philippines

*(Joan Redshaw had resigned as candidate for this position in favour of Liossa Pirnia in 1978 but was elected unopposed following Liossa Pirnia's resignation in January, 1979)

** (Changed at the request of the South American Region)

(5)

The new President, Dr Corner, gave her address and after thanking those who had served MWIA during 1976-78 she spoke about the need to improve communication within the Association and stressed the importance of not only sharing with each other but also caring for each other.

Harumi Ono gave a report on the last Congress in Japan. This was not only a stimulating and enjoyable congress but was also a financial success and some of the surplus was given to the MWIA Book Project to help with its publication

Dr Pirnia, Iran, gave some general information about her country and the welcome awaiting MWIA there at the XV11th Congress in Teheran. The scientific topic for discussion would be *Medical Priorities in Developing, Progressing and Established Countries*.

The venue for the XV11th Congress would be in the UK and the scientific topic chosen was *Humane Management in Medicine*.

Alma Morani gave a resume of the work of the American Women's Hospital Service which was part of MWIA but not recognised as such by the membership. Founded by the 1st President of MWIA, Esther Lovejoy, was active in many developing countries, supporting medical care in Bolivia, Calcutta, Thailand, Korea, the Philippines and Taiwan. It also had projects in the Southern hemisphere including a plan to open a clinic in Mexico. She invited associations to inform the Service of any projects requiring financial help. (5)

The closing session was opened by the President on 1 September, 1978 before handing over to the new President, Beryl Corner.

Hildegard Stoltz summarised the proceedings of the scientific programme. This differed from country to country and in some areas personal contact by health professionals was preferred. There were some dangers in campaigns by mass media which required financial support and support by appropriately qualified staff. Concern had been expressed that uncontrollable misinformation could cause possible damage. (5)

Catrin Williams, Chairman of the Resolutions Committee, presented six resolutions which were for acceptance or rejection but not for debate. One resolution which was received had been withdrawn and another sent to the Executive. The resolutions written in English and French had been distributed to the national associations before the closing session. The following resolutions were accepted by the General Assembly (5)

RESOLUTION NO. 1 (proposed by the MWIA Executive)

In order to stress and further the purposes and aims of MWIA as laid down in our Statutes the following five recommendations with regards to medical ethics should be observed by our members:

- 1) You shall not countenance, condone, or participate in torture or other forms of cruel, inhumane or degrading treatment of a fellow human being under any circumstances.*
- 2) You shall not provide any means or knowledge to facilitate torture or other forms of cruel, inhuman or degrading treatment.*
- 3) You shall not apply your knowledge and skills to assist in methods of interrogation or to certify prisoners or detainees as fit for any form of punishment that may adversely affect physical or mental health.*
- 4) Your medical relationship with prisoners or detainees must only be for the purpose of protection or improvement of their health and would be accepted as such outside the prison environment.*
- 5) You will be supported by the World Health Organization, the World Medical Association, the Council for Organizations of the Medical Sciences, the Medical Women's International Association and fellow doctors throughout the world in the face of threats or reprisals resulting from your refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.*

RESOLUTION NO. 2 (proposed by the Committee Health of the Mother and Child)

- 1) We propose that MWIA should encourage countries with high maternal and infant mortality rate to use mass media to improve health education.*
- 2) We propose that MWIA view with great concern the persisting poor standards of maternal and child care in many countries and bring this to the attention of appropriate international and national organisations.*

RESOLUTION NO. 3 (proposed by the Scientific Meeting on the subject "Nutrition and Diet")

It was resolved that Government Departments of Health and Education be requested to set up committees to develop education programmes on Nutrition for Television.

RESOLUTION NO. 4 (proposed by the Medical Women's Associations of Germany and Iran)

- 1) Mass media should encourage the reporting of child abuse to police or social agencies etc. by anyone who suspects it, especially neighbours.*
- 2) Those reporting suspected child abuse must be immune from liability and their names must not be disclosed to the public.*
- 3) Laws should be adopted in all countries to implement the above.*

RESOLUTION NO. 5 (proposed by the Medical Women's Associations of the Philippines and the Republic of China)

1) Mother and child care clinics be expanded to reach the widest segment of the population. This could be one contribution of MWIA to the Decade of the Child.

2) Said services should stress on the prevention phase of mother and child care, especially along nutrition, immunisation and family planning.

RESOLUTION NO. 6 (proposed by Medical Women from developing countries and the German Association)

The MWIA supports the suggestion made by a study group on Mass Media and Medicine, consisting of colleagues from twenty developing countries and the German Medical Women's Association that an appeal should be made to all governments of the developing countries:

1) To improve and strengthen the existing means of disseminating health information.

2) To request the governments of those countries where radio and television are not yet available to study the possibility' of installing them, for they have proved to be the most valuable means for a wide dissemination of health material.

The President informed the Assembly that the resolutions would be sent to the various international organisations and asked the national associations to forward them to the appropriate authorities in their own countries. She declared the XV11th MWIA Congress closed.

There were many social events and sight seeing tours of West and East Berlin throughout the Congress. On the evenings the 27, 28 and 29 August there were 3 social events: An Old Berlin Evening at the Hilton Hotel, A reception by the Senate of Berlin and a meeting of Specialists at typical Berlin restaurants. On Wednesday 30 August there was a full day outing to Nuremberg, Lubeck or Historical Potsdam. The official banquet was held in the Reichstag on the Friday evening. And a cruise on the Havel was offered by the Senate of Berlin on the Saturday afternoon. (5)

Despite an informal proposal that MWIA Congresses should be held less frequently 5 MWIA Congresses were organised during this decade. However this decade did record growth, financial stability and the unity of MWIA..

(1) X111th MWIA Congress, March, 1973

(2) Report X1Vth MWIA Congress, March, 1975

(3) Morani, Alma, A short History of MWIA, March, 1975

(4) Report of XVth MWIA Congress, February, 1977.

(5) Report of the XV1th MWIA Congress, March, 1979

CHAPTER 17 The Diamond Jubilee Congress

MWIA members went home from the Congress in Berlin looking forward to the 17th Congress to be held in Iran, October, 1980. This congress promised to be so exciting and some national associations started to plan their pre and post congress tours with visits to Isphahan, Shiraz, and the Caspian Shores. MWIA President-Elect, Liossa Pirnia, in the closing session at the 16TH Congress in Berlin, had extended a warm welcome to MWIA to attend the 17th Congress in Teheran. The members of the Iranian Medical Women's Association were already well ahead with their preparations for this Congress.

It became evident at the end of 1978 that it would not be possible to hold the 17th Congress in Iran and Dr Pirnia resigned as President-Elect. The Honorary Secretary contacted, the NCS of the Medical Women's Federation in January, 1980 to ask if the British Association would be willing to host the 17th Congress in 1980 in the United Kingdom instead of 1982. Their agreement reached the Secretariat in January, 1979, the Organising Committee was appointed and they immediately began the task of preparing a congress in 17 months instead of four years.

The Report of the 16th Congress was prepared by the Secretariat, published in March, 1979 and distributed to all National Associations and Individual Members. Regular Circular letters and other postal communications were also sent by the Secretariat. During 1979 and 1980 the Secretariat was very supportive of the Organising Committee in UK and received over 100 abstracts of papers for the scientific programme of the 17th Congress to be held in Birmingham, August, 1980. As usual, Mrs Dax translated these abstracts from English into French and typed both versions in such a way so that they could be duplicated in UK and used as the official proceedings.

An Executive meeting was held in Vienna in September, 1979. The two most important decisions made at this meeting were the appointment of Dr Joan Redshaw as President-Elect for the rest of the 1978-1980 session as a replacement for Dr Pirnia, and the acceptance of the previously extended invitation of the Philippines to hold the 18th MWIA Congress in 1982. One other important announcement was made at this meeting by the Honorary Secretary – that she and Mrs Dax would retire after the 1982 Congress. Their resignation was received by the Executive with great regret as MWIA had exceptional development during their 14 years of hard work. It would be necessary to find a new venue for the MWIA Secretariat as well as a new Honorary and a new Executive Secretary. A resolution was also received by the Executive from MWF requesting MWIA to consider voting for MWIA regional Vice-Presidents within the regions. Beryl Corner, however, was asked to request MWF to withdraw this resolution.

During 1979 and 1980 MWIA was invited to attend many meetings of WHO in Geneva and in the regions and of ECOSOC and UNICEF at United Nations Headquarters in New York where Satty Keswani was the MWIA official representative. MWIA's official representative at WHO's Headquarters in Geneva was Dr Annemarie Schindler.

The 5th MWIA Northern European Regional Congress was held in Denmark in June, 1979 and was attended by 100 members from the 6 national associations of the region. The scientific topic discussed was *Prevention and Treatment of Multi-handicapped Children*

The World Conference of the United Nations Decade for Women, - *Equality, Development and Peace* was held in Copenhagen in July, 1980. MWIA was represented by Drs Thieme, Keswani and Christensen. As this was a very important conference, MWIA sent, for the first time, an official statement to the UN Headquarters in New York for submission to the Conference:

As an NG-Organisation with members in 56 countries, having consultative status with ECOSOC, WHO and UNICEF, the Medical Women's International Association wishes to present the following Statement to the World Conference of the United Nations Decade for Women:

This Association aims to

- 1. Stimulate, encourage and promote the entry of women into the medical and allied sciences throughout the world and assist them in the optimum utilization of their medical training*
- 2. Overcome any remaining discrimination between men and women physicians concerning remuneration and pursuit of their careers*
- 3. Promote and encourage activities- directed to the improvement of total health.*
- 4. Aid medical women, particularly in the developing countries, to obtain fellowships for study abroad, grants for research projects in their own country, and grants for travel to attend scientific assemblies.*
- 5. Encourage medical women to recognize the importance of the interrelationship of environment and social aspects of life as an influence on health and the necessity for health education of the community in matters affecting physical and. mental well-being.*

The MWIA is concerned with two topical problems:

- 1. To obtain opportunities for part-time postgraduate training and employment in medicine for women with domestic commitments*
- 2. To support WHO's attitude with regard to female circumcision. (1)*

Observers attended meetings of the WMA and CIOMS and other international organisations.

The 17th Congress marking the Diamond Jubilee of MWIA was held at the Metropole Hotel, Birmingham, 17-23 August, 1980. The Scientific Topic was *Medical Priorities in Developing, Progressing and Established Countries*.

The Opening Ceremony took place in the Palace Suite of the Metropole Hotel on the morning of 18 August. As the participants and guests assembled Baroque music was played by a quartet of flute, violin, violin-cello and harpsichord from the Academy of St Philips, Birmingham.

The President, Dr Beryl Corner, introduced HRH the Duchess of Gloucester; Patron of the Medical Women's Federation, and welcomed the 660 participants and accompanying persons from 35 countries. She reminded them that MWIA, now celebrating its 60th birthday and was the oldest international association in continuous existence since 1919. There were 56 affiliated national associations and many individual members. She welcomed representatives of national and local government, the National Health Service, World Health Organisation, World Medical Association, International Planned Parenthood Federation, UNICEF, International Council of Women, International Federation of University Women, International Soroptomists, British Medical Association and the French National Council of Women.

The Deputy Mayor of Solihull - the district of West Midlands where the Congress was held - added his welcome to the participants of the Congress. HRH the Duchess of Gloucester then addressed the

assembly and declared the Congress open.

Sir Henry Yellowlees, Chief Medical Officer to the Department of Health and Social Security, gave an address on the topic of the Congress and was followed by Dr Leila Mehra, Medical Officer, Maternal and Child Health, World Health Organisation who presented the Keynote address *Primary Health Care both in Developing and Developed Countries*. She stressed the importance of Primary Health Care in developing countries and the need to foster and strengthen this to ensure *health for all countries of the world*. The Member States of WHO had committed themselves to one of the most important goals of the century – *the attainment of all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Health was vital to peace and security and health and healthcare has a vital part to play in the development of countries*.

Health could not be attained where poverty and misery abound, where food and safe water are scarce, where unemployment and underdevelopment are widespread, where housing is inadequate, where public and community science and education are lacking

She emphasised the effect that these factors had especially on women of child-bearing age and their children. 12 million children in the world died every year before their first birthday – the majority in developing countries – and 10% of the survivors before the age of five due to communicable diseases. Infant and maternal mortality in developing countries remained unacceptably high

Governments, NGOs and WHO all had a part to play in supporting Primary Health Care in all countries to improve the health of all nations. She expressed the belief that MWIA, as an NGO, had a major role to play in achieving the goal of *Health for All by 2000* and had already shown their capabilities in this area through the work of many of their affiliated associations (1)

Following the Opening Ceremony HRH received the officers of MWIA and other members who were involved in the organisation of the Congress. During lunch HRH was presented with a copy of the MWIA book “Women Physicians of the World.”

The 1st General Assembly of the 17th MWIA Congress took place at 4pm on Tuesday, August 1980. Dr Corner, President, opened the meeting and welcomed the delegates of affiliated associations and Individual members.

Following the roll call, the Honorary Secretary, Martha Kyrle, presented greetings from members and read apologies for absence from the associations of Bolivia, Ecuador, Egypt, Guatemala, Hong Kong, Peru, Spain, Thailand and Vietnam.

The President asked the Assembly to stand in memory of the 198 members of the national associations of Austria, Canada, Finland, Germany, Japan, South Africa, United Kingdom and the United States had died during the past 2 years

Following the acceptance of the minutes of the 1978 General Assembly, printed in the Report of the 16th MWIA Congress, the Procedure Advisor, Dr Lloyd Green, explained to the Assembly the rules for debate and the voting procedures for councillors and delegates.

Dr Corner presented the report of her activities during the past two years including the challenge which became evident in January, 1979, that the 1980 Congress could not be held in Teheran as planned. She was extremely grateful to her MWF colleagues, who had agreed to take over the organisation of this Jubilee Congress in February, 1979 and made special mention of her gratitude to Miss Catrin Williams, Chairman of the Organising Committee and Dorothy Ward, NCS, its Honorary Secretary. The change of venue was necessary to comply with MWIA Statutes including the election of Officers, financial affairs and other important MWIA matters.

She had hoped to visit many national associations during her Presidency but due to the change of congress venue, and the short time available for congress organisation, she had been unable to accept invitations from some national associations. It had been necessary to visit the Secretariat in Vienna on several occasions and attend frequent meetings of the MWF Congress Organisation Committee of the MWF

In her first year of office she was assigned a WHO project in South East Asia and was able to visit colleagues in North and South India and an Individual Member in Nepal. She attended the Northern Regional Congress in Denmark and was invited to a Congress organised by the Philippine's Maternal and Child Health Association in Manila where she made contact with many medical women

She reported that the Executive had decided that the Fellowship Fund could be used to assist MWIA members to attend MWIA Congresses, if, for financial reasons they were otherwise unable to do so and especially to encourage members from developing countries. Two Fellowships had been offered for this congress. The British Government had also offered two Fellowships to doctors from Eastern Europe to attend the Congress. These had been awarded to Dr Godomska from Poland and to Dr Kisselcove-Valova from Bulgaria. Both these doctors would present papers.

In closing she showed the new President's badge to the Assembly. This had been donated by the Canadian Medical Women's Association from their Henrietta Banding Memorial Fund

The Honorary Secretary, Martha Kyrle, presented her report covering the period 1978-1980. She also thanked British colleagues for agreeing to host this Congress just 18 months ago. The Secretariat had been in close contact with the MWF Congress Organising Committee and assisted them in their preparatory work

The Secretariat had communicated with members and informed them of all new developments as well as receiving over a 100 abstracts for the scientific programme of this Congress and translating them into French.

The Executive had met in Vienna to deal with important business matters and the Secretariat had been in close contact throughout the two years with the President, Treasurer and Immediate Past President.

The MWIA Folder and Pamphlet had been revised and published and these had updated previous versions. News had been received of the formation of new associations in Kenya and in Sudan but neither country had requested affiliation. Two Individual Members had applied for membership

International relations had been maintained with UN/ECOSOC and UNICEF and official relations with WHO. Dr Schindler continued to act as MWIA official representative to WHO Headquarters in Geneva and MWIA has been represented at WHO Regional Meetings.

Dr Marta Holmstrom, Honorary Treasurer, presented her report and submitted the accounts for 1978 and 1979. At present MWIA had capital of SF371, 000, distributed in 6 funds. MWIA assets were invested in Bonds with our Swiss Banks, Nordfinanz and Credit Suisse in Zurich, on the advice of internationally well known bankers.

Income was derived from subscriptions and substantial revenues from donations, surcharges, various sales and annual interest income of approximately SF25.000 and at present MWIA has SF20, 000 in reserve. There would, however, be extra expenses associated with the 1982 Congress in Manila. Permission was given at the Rio Congress in 1974 to use the interest income for one year to cover the deficit before raising the annual dues. As it was likely there would be a deficit of SF20, 000 by 1982 it would be necessary to increase the dues, or find another solution - such as an increase in membership - to improve the financial situation.

She informed the Assembly that there had been 13,200 members in 1979 resulting in a net income of SF61,000 but in 1980 MWIA had lost 450 members, and, as she felt it was unlikely that membership would increase it would be necessary to raise the dues in 1982. She accepted that her suggestion to raise the dues (which had remained the same since 1973) was not popular but as Honorary Treasurer she was responsible for the economy. She gave the Assembly three choices:

1. *Increase our membership - this would be difficult but we could try.*
2. *Increase our dues – if we raise the dues by SF1 we will lose about 10% of our membership, however we can try.*
3. *Lower the standard of our services- this is the choice I would recommend.*

I suggest that we start the new Secretariat at a cost of SF40,000 per year and increase the standard when we can afford it

I am the first to appreciate the present Secretariat which we now have had for 12 years. It has been excellent, it has been efficient and the association had flourished during this period. But now it is the time to adapt ourselves to the conditions of the sick economy all over the world (1)

The General Assembly received the reports of the Finance, Fund Raising, Public Relations and Publicity and Project Committee

Dr Ono, Finance Chairman, expressed her thanks to the Honorary Treasurer who took great care of MWIA money and to the Secretariat who were very careful with their expenditure. In spite of global inflation MWIA's expenses were running smoothly

She reported that The Lovejoy-Jubilee Fund had new guidelines. The Fund assisted the continuing medical education of members *who, by reason of age or domicile, were unable to support their attendance at a MWIA Congress, to represent her country as the NCS or to participate actively in the scientific programme. The sum available would not exceed SF 1.000 per person and the maximum number of applications accepted would be three for each congress (1)*

The Primary Health Care Project Fund was set up by Adelina Hussein and Olu Oduntan on behalf of MWIA. It would support an antenatal and postnatal care clinic for mother and child as well as family planning services in a given area in Nigeria.

She also gave notice that MWIA may require to raise the subscription in 1982 as the interest on capital may be used to support the Secretariat in 1981

The Fund Raising Committee had received a gift of SF 5,000 from its chairman, Joan Redshaw and Mrs Jane Wright. £1000 was raised at the Congress from the “bring and buy sale” and the sale of dolls given by members of national associations.

Beverley Tamboline, Canada, Chairman of the Public Relations and Publicity Committee, had published a newsletter in 1980 at the request of the Executive. This had been introduced to improve communication within MWIA. Another newsletter would be produced in 1981 and she encouraged the national associations to provide information about their activities and special projects to her or the Secretariat to include in the next MWIA Newsletter (1).

MWIA had sponsored the book “Women Physicians of the World”. This was reported by the chairman of the Project Committee, Minerva Buerk, USA, *as the only ongoing successful enterprise undertaken by MWIA* (1) She announced that the total assets from the sale of the book were US\$20,310.10 including a gift of US\$ 5,000 from Francis Harding in memory of its author, Leone Hellstedt. The original manuscripts of the book had been placed in the Florence Moore Library of the Medical College of Pennsylvania (Women’s Medical College, Philadelphia). Despite its success the Executive had voted against the publication of Volume 2 of this book at the present time.

The Second General Assembly was opened by the President, Beryl Corner, on Friday August 22, 1980, at 2.00 pm.

Dr Hildegard Stoltz, Brazil, Chairman of the Topic and Scientific Committee, gave her report to the Assembly and announced three topics for the 1984 Congress. The topic would be decided by a secret vote during the General Assembly.

The Chairman of the Health of the Mother and Child Committee, Adelina Husslein, Austria, gave an analysis of the questionnaire which had been sent to national associations. The basic health problems were maternal morbidity and mortality and infant mortality due to insufficient prenatal care. Toxaemia, anaemia and high risk pregnancy had not been detected during pregnancy. Contact was made with those countries where maternal and infant mortality was excessively high and the Executive had accepted a project in Nigeria of a Primary Health Care Programme at a cost of approximately US\$ 10,000.

Catrin Williams, UK, chairman of the Resolutions Committee, reported that a memorandum had been prepared, defining MWIA Policy Resolutions which were the responsibility of the Executive and the Scientific Resolutions which were the responsibility of her committee during the Congress

At this point, the President, Beryl Corner, referred to a policy resolution which had been submitted by the German Association to the Executive in 1979. The Executive had not been in favour of this resolution and informed the German Association of their decision. The German Association

requested the Executive to circulate this resolution to national associations and the following resolution would be sent to national; associations and their comments considered by the Executive in 1981:

The MWIA subscription fee will be increased by 10% for members of established countries and decreased by 60% for developing countries. The established countries will pay a subscription fee of SF 5.50 per member per year and developing countries SF 2.00 per member per year. The distinction of the countries will be made in accordance with the classification established by the United Nations (1)

Due to shortage of time the reports from national associations were not read but published in the Congress Report

Despite falling numbers and difficulty in attracting young women doctors the majority of national associations remained active and continue to hold regular scientific and business meetings. Seminars to the public on women's health issues have been the activity of the Federation of the Medical Women of Canada as well as scientific sessions for women doctors. The majority of associations held regular scientific meetings as well as social events. The associations in Austria, Ghana, Nigeria, Sierra Leone, UK, and the USA produce newsletters or journals. Health clinics – screening, family planning, immunisation, internal medicine, obstetrics and gynaecology, paediatrics as well as community health education were provided free by members of the associations in Ghana, India, Korea, Nigeria, Philippines, Taiwan and Thailand. No reports were received from Denmark, Ecuador, Egypt, Iran, Israel, Madagascar, Mexico, Peru or Vietnam.

The Vice-Presidents gave a resume of the activities of their national associations in their region. The Northern European region was the only one to hold a regional meeting. The 5th regional congress was organised by the Danish association in Ellsinore, June 1979.

The President announced that two medical women had applied for Individual membership – Dr Rachma Fazwa Boedjang, Indonesia and Dr Mame Fatou Toure, Senegal. The General Assembly accepted these applicants and they were presented with affiliation certificates.

Golden Jubilee certificates were presented to 130 members who had joined MWIA fifty years ago;- Austria 3, Canada 4, Germany 6, Italy 1, Japan 76, Switzerland 1 United Kingdom 26 and United States 13.

Honorary Membership was conferred on three distinguish MWIA members;-Dr Harumi Ono, Dr Helga Thieme and Dr Katharine Wright

The following members were elected to the Executive for the term 1989-1992

President Joan Redshaw, Australia

President Elect Dr Trinidad Gomez, Philippines (Beverley Tamboline withdrew
her candidature after two votes failed to reach a 2/3rds majority)

Honorary Treasurer Marta Holmstrom, Sweden (unopposed)

Honorary Secretary Martha Kyrle, Austria, (unopposed)

Vice-Presidents

Northern Europe	Babill Stray-Pedersen, Norway	(re-election)
Central Europe	Anneliese Schwobel, Switzerland	(re-election)
Southern Europe	Renee Lagrue, France	(re-election)
North America	Beverley Tamboline	(by vote)
Ibero-America	Hildegard Stoltz, Brazil	(acting)
Near East & Africa	Olu Oduntan, Nigeria	(re-election)
Central Asia	Marie Catchatoor, India	(unopposed)
Western Pacific	Ayako Sano, Japan	(by vote)

The new President, Joan Redshaw gave her address. She thanked her predecessor, Beryl Corner, members of the outgoing Executive, Committee chairmen, the Procedure Advisor, Lorna Lloyd Green and members of the Medical Women's Federation who had organised this Congress. She urged MWIA members to give high priority to education, health and social issues and scientific advancement and to extend to those in greatest need the greatest help. MWIA should listen to young medical women, women's organisations and the women who will receive health care at the primary level – *listen to their stated needs, then provide meaningful projects and dynamic programmes (1)*.

The President announced the result of the secret vote. The venue for the 19th Congress in 1984 would be Canada. The topic for discussion at this Congress would *Men and Women - Biological and behavioural differences*

She referred to the decision of the Secretariat to retire after the Manila Congress in 1982. The Executive had decided that the national associations should be asked to consider the possibility of establishing the MWIA Secretariat in their country. Offers should be submitted to the Executive Meeting in 1981.

Dr Alma Morani, USA spoke of the work of the American Women's Hospital Service (AWHS), founded by Esther Lovejoy in 1971. Due to decreasing contributions and escalating administration costs the directors had taken steps to dissolve AWHS. A plan had been drawn up to distribute its assets to the "Medical Education and Research Fund" of the American Medical Women's Association with the understanding that some of the present AWHS directors would become *the AWHS Committee of the American Women's Association*. She hoped that the humanitarian projects with which it had been involved over 63 years would continue under the Executive Board of the American Medical Women's Association.

The closing session was held on Friday, August 22, 1980.

The general Rapporteur, Dr Joan Sutherland, UK, gave a summary of the preliminary address given at the opening ceremony and the scientific papers presented during the Congress

The Duchess of Gloucester spoke of the ideal of service to society and her opinion that the medical profession implemented this ideal in its work. She acknowledged the contribution made by women doctors

The Family was discussed at the first session and papers were given on pregnancy, abortion/sterilisation and child abuse. The management of pregnancy in diabetes was highlighted as requiring specific attention and monitoring of foetal growth. Methods of contraception sterilisation and termination of pregnancy in different countries were described and reference was made to the different legal situations. A full session was devoted to child abuse and an interesting experiment was described where “at risk” families were supervised and supported from the birth of the child. Efforts were made to improve bonding and responsible child care. Rape and incest were discussed and the different attitudes in countries examined.

Preventive Medicine included immunisation programmes and the management of infectious diseases in various countries. The challenges of the optimum age and improving the low uptake were highlighted and the importance of health education stressed. The changing and contrasting patterns of infectious diseases in a range of countries were identified.

The discussion around **Occupational Health** emphasised the need for health education and care in the work situation of a population with its peculiar hazards and pattern of disease.

The topic of **Community Health** looked at methods of delivering health care in various countries and the training of Para-medical and medical staff. The importance of basic primary care at the point of patient contact was stressed.

A workshop on **Nutrition** covered infant nourishment, education of parents and dietary abuse. Obesity and anorexia were studied as psychological aetiology manifesting itself in dietary abuse.

The subject of **Drugs** dealt with addiction and the effects on the foetus and infant of drug addiction in the mother. Papers were also read on the pattern of drug prescribing in UK and minimising the effects of oral contraception on the cardiovascular system.

Further Development Plans focused on the future. This included reconciling desirable medical provision with human and financial resources in all countries. It was clear that priorities required to be established in all kinds of environments and that these would vary from country to country (1)

Catrin Williams presented the resolutions which arose during the congress from the scientific sessions. These were accepted by the General Assembly:

RESOLUTION No. 1 (Session Preventive Medicine-Accidents)

1. Parents should be warned of dangers to children inherent in commonly used household items and educated in appropriate safety measures. There should be enforceable safety standards for the manufacture of household appliances.
2. Medications should be supplied in child-proof containers.
3. Poison Reference Centres should be easily available for advice.
4. The media should be involved in publicising measures for the increased safety of children.

RESOLUTION No. 2 (Session: Health Education)

It should be emphasized in medical education that knowledge of their own bodies, information as to their diseases and sharing the responsibility for decision-making in their treatments will promote the health status of individuals.

RESOLUTION No. 3 (Session: Health Education)

Resolve that MWIA take positive action to:

1. Educate women around the world about matters of health.
2. Protect women against unduly aggressive medical and surgical practices.
3. Defend women's rights in health matters.
4. Increase women's participation in decision making concerning their own care.

RESOLUTION No. 4 (session Abortion/Sterilisation)

The health status of our patients should be considered in relation to their social and cultural role. A dictatorial and solely technological approach should be avoided. This should be emphasized in medical education.

RESOLUTION No. 5 (Session: Abortion/Sterilisation)

Every individual woman in every country should have the right to decide for herself if she wishes not to become pregnant. Reliable information and safe means to prevent pregnancy should be at her disposal.

RESOLUTION No. 6 (Session: Further Development Plans)

That the attention of governments be drawn to the cost effectiveness of programmes aimed at the detection of precancerous eminently treatable lesions particularly where the detection rate is high and treatment relatively simple but failure of diagnosis and treatment are expensive in terms of finance and mortality.

This resolution is put forward with special reference to the diagnosis of breast and cervical precancerous and cancerous lesions.

RESOLUTION No. 7 (Session: Further Development Plans)

That all the member associations are very aware of the importance of the elderly. Everything should be done for their maintenance in their accustomed environment. Home help and centres for activities should be accessible. There must be an avoidance of isolation in specialist hospitals. The segregation, however comfortable and expensive, does not solve the problem of the elderly. Old age is a time of life with rights as have the stages of youth and maturity.

RESOLUTION No. 8 (Session: Drugs and Drug Addiction)

In order to give adequate assistance to those addicted to drug and/or medicine urgent priority should be given to the development and provision of specialised centres reserved entirely for the treatment of such cases.⁽¹⁾

The President declared the 17th MWIA Congress closed.

There were many social events commencing with an Ecumenical service at Coventry Cathedral on Sunday August 17 followed by a reception and welcome supper at the Metropole Hotel by invitation of the British Council and the host association. On Wednesday August 12 by invitation of the Birmingham Council, delegates and accompanying persons were able to choose either to attend a performance of Hamlet at the Memorial Shakespeare Theatre in Stratford on Avon or a boat cruise on the River Avon. There was a full day excursion to, Eton and Windsor Castle, Stratford and Warwick Castle, Oxford and Blenheim Castle or a visit the Wedgwood china factory.

The Congress Banquet was held in the Metropole Hotel preceded by a reception from the British

Government. As usual at the final banquet there were many lively speeches and of course entertainment which included Scottish Country Dancing.

(1) Report on the Diamond Jubilee Congress No 29, March 1981

CHAPTER 18 Into the Eighties

Continuing to Thrive and Improved Communication

On their return from the Congress in Birmingham, Martha Kyle and Hertha Dax dealt with all the business arising from the Congress in Birmingham and produced a full report of all the activities, the scientific programme and the minutes arising from the General Assemblies. The Report of the XV11th Congress was printed and the Secretariat distributed it to all National Associations by March, 1981.

A very successful Northern European Regional Congress was held in Oslo in May, 1981 and attended by 110 members. The topic of the Scientific Programme was *Parents and Child- Medical and Psychological Aspects of Pregnancy, Delivery and the First Two Years of Life*. Twenty six lectures were delivered by doctors, psychologists, physiotherapists, nutritionists, lawyers and theologians. Four workshops were also held. The final highlight of the social programme was hospitality in member's homes before attending the children's parade on the Norwegian Constitutional day.

An Executive meeting was held in Vienna in June, 1981 and the national associations were informed of the important decisions taken by the officers. These included activities regarding the Nigerian Project, arranging special discussion groups for young MWIA members at future congresses and the proposed change of venue for the Secretariat. The President, Joan Redshaw, spent 10 days in Vienna prior to the meeting of the Executive.

The Secretariat's other main activity was concerned with the XV111th MWIA Congress to be held in Manila in November, 1982. They were in constant communication with the chairman of the Philippine Organising Committee Chairman, Dr Envarga-Santos

The President again visited the Secretariat in Vienna in May, 1982 for 2 weeks, and was joined by the Past President, Beryl Corner and the Treasurer, Martha Holmstrom to discuss the venue of the new Secretariat. National Associations had been asked to consider offering a venue for the Secretariat within their country and offers were received from the Netherlands, the Philippines and the United Kingdom. The United Kingdom proposed 3 venues in Glasgow, Edinburgh or Bristol- the latter at the request of Beryl Corner. Two candidates for nomination as MWIA Honorary Secretary were proposed and Dorothy Ward was selected unanimously at interview by the Executive of the British Association (2). The MWIA Executive however chose Bristol as the preferred venue which was impractical for an Honorary Secretary who lived in Glasgow. The national associations were kept informed of the developments and were asked if there were other countries interested in offering a venue. The Netherlands withdrew their offer; the Philippines re-iterated theirs; and the German Association offered Cologne as a venue. The German Association nominated Carolyn Motzel as Honorary Secretary. In September, 1982, the German offer was accepted by all members of the Executive.

The Opening Ceremony of the 18th MWIA Congress was held in Meeting Room 1, at the Philippine International Convention Centre on November 22nd, 1982. The topic of the Congress was *Humane Management in Medicine*. Music was provided by the Philippine Army Band.

The President of the Philippine Medical Women's Association and the Chairman of the Congress Organising Committee, Dr Carmen Enverga-Santo delivered the Welcome Address and later introduced the Guest of Honour – the President of the Republic of the Philippines, His Excellency, Ferdinand E Marcos. Dr. Fe. Carlos –Dizon, Co- Chairman of the Organising Committee, welcomed the delegations from 30 participating countries as well as important guests representing the Diplomatic Corps, WHO, UNICEF, World Medical Association, IPPF, International Council of Women, Zonta International, Philippine Medical Association and others. The 18th MWIA Congress was formally opened by the President of the Medical Women's International Association, Dr Joan Redshaw.

His Excellency, Ferdinand E Marcos delivered the Opening address *Humane Management in medicine*. He commented on the complexity of modern day medical services which had given rise to increasing specialisation and advanced medical technology and he suggested that the fascination and success or failure of novel medical technology, and the preoccupation with techniques may have set aside consideration of the Hippocratic Oath of medical practice which is the healing of the patient. He quoted the MWIA inscription – *Matris Animo Curant- Cure with Maternal Concern. This he felt made women an indispensable human dimension to this profession (1)*. He stressed the importance of humanity being part of modern medicine:

What women have to give to the art of healing is to give a dimension of care and nurture. He compared the practice of medicine to politics, as he felt that human consideration was an essential element of both as both were intricately woven especially in developing countries.

The 1st General Assembly was held on Tuesday, 23 November, 1982 at the International Convention Centre, Manila. Joan Redshaw, MWIA President and Chairman welcomed the delegations of 1,161 participants from 30 countries.

Following the roll call the President announced with deep regret that 213 members had died since the last congress. Tributes were given in memory of two outstanding MWIA members Lore Antoine, MWIA President, 1966-68 and Janet Aiken, MWIA Honorary Secretary, 1950-58 and MWIA President 1958-62. The President requested the General Assembly to stand in memory of their deceased colleagues.

Following acceptance of the minutes of the General Assemblies of the 17th MWIA Congress printed in the Congress report, the Procedure Advisor, Mary Scott Young, Australia, explained the rules for debate and voting to the councillors and delegates.

Two new associations had applied for affiliation to MWIA. The Women's Group of the Irish Medical Association were accepted with the full rights of membership. The Kenya Medical Women's Association was formed several years ago and now wished to affiliate to MWIA but they had not submitted their Statutes in time for approval by the General Assembly. The Assembly gave their approval to their membership of MWIA with the restriction that their affiliation would become effective when their Statutes were received and approved.

Approval was given to applications by three Individual members:

Concha Albalat-Criado, Spain, Latifa Soullmane, Morocco and Helena Siregar Sumatra, Indonesia.

Joan Redshaw, President, gave an account of her activities during her term in office. Following the Congress in UK she had visited Italy, Germany, Canada and New York where she paid a brief visit to United Nations. She had visited the Secretariat in Vienna in 1981 and 1982 and attended the Northern European Congress in Norway, 1981. She had made a second visit in 1981 to the United Nations in New York and met several important UN people and WHO representatives. She presided at the annual meeting of the Philippine Association in Manila and gave a keynote address. In 1982 she returned to UK and visited the possible venues for the Secretariat in Bristol and Scotland, followed by a busy 17 day visit to the Secretariat in Vienna. During a visit to Hong Kong she became aware that the association there was just viable. This was followed by a visit to the Korean Association which she found was very active, as was the association in Japan. Her final visit had been to India to attend the 7th All-India Conference in Madras where she had hospitality from the Medical Women's Association there.

Martha Kyrle gave her last report as Honorary Secretary. She had kept in touch with all 38 national associations and 20 Individual Members informing them regularly of the Secretariat's activities, the decisions of the Executive and circulating news of other associations.

Relations with international associations had been maintained, although it was still difficult to find members who were able to give of their time to represent MWIA at international meetings. Satty Keswani and Rosa Lee Nemir represented MWIA at UNICEF Meetings in New York and Annemarie Schindler was MWIA official representative at WHO in Geneva. In Vienna, now a 3rd UN City, MWIA was represented by Anjuta Lotsch.

Finally she informed the General Assembly that she and Mrs Dax would be responsible for all the work associated with this congress and continue to function as the MWIA Secretariat until the end of June, 1983.

She concluded her report by thanking those who had supported her during her 16 years as Honorary Secretary and in particular Mrs. Dax- *the most efficient and best Executive Secretary we could possibly have had*. As a last remark she commented:

I should like to state that the necessity of world wide co-operation and friendship between medical women has been one of the foundations of MWIA in 1919. This necessity has continued to date and it is my belief that strong bonds between medical women will even be more important in the future (1)

The Honorary Treasurer, Marta Holmstrom, Sweden, announced that she too would retire at the end of the Congress and gave a short summary of her 8 years in office. When she took office the economic situation had been a problem. She sought guidance from the Executive and was given responsibility to arrange all financial matters. She appointed Price Waterhouse, Stockholm, to audit MWIA accounts and give her advice. She transferred MWIA capital of SF150.000 (US£70,000) to Switzerland and invested it in Swiss Francs. She used MWIA income of SF 50,000 from membership dues to pay running expenses. Membership had increased from 10,000 members in 1974 to 14,000 and the yearly income was now SF 70,000 which covered all the running expenses. MWIA's capital had increased from SF 150,000 in 1974 to over SF 450,000 in 1982. This had resulted in a substantial sum of interest which could be used and, if possible, the capital should be kept or increased to defray international inflation. The Executive and Finance Committee would require to decide the best way to use this interest e.g. the Nigerian or other projects.

Reports were then received from MWIA Committees:

Harumi Ono, Japan, chairman of the Finance Committee praised the Treasurer for her hard work and wise advice and this, together with increased membership and high interest rates had helped MWIA financially and there was now no need to increase the subscription rate which had remained at SF 5 for 10 years

Three members were assisted to attend the Manila Congress through grants from the Lovejoy Fellowship and the Nigerian Project would be supported for another year.

The Fund Raising Committee Chairman, Dr Ayako Sano, found it hard to raise funds for MWIA. The international bring and buy sale held during the congress had raised US\$ 2,000 and a raffle which would take place at the banquet would increase this total.

The Newsletter produced by the Chairman of Public Relations and Publicity Committee, Beverley Tamboline, Canada, had improved communication within and outwith MWIA. The newsletter would continue with two editions in 1982 and 1983 but does require the input of MWIA members.

Dr Minerva Buerk, Chairman of the Project Committee, presented details of the Book Project – *Women Physicians of the World*. This project was now closed and there would not be a 2nd volume.. Only 60 books out of a. total of 1,000 remained unsold and the total funds raised from the sale of the book totalled US\$ 35,849 .16. The funds were deposited in America and the General Assembly agreed that the Project Fund should remain in the USA. The Executive had decided that the Project Committee would continue in order to deal with any future MWIA projects.

A Primary Health Care Project for Mother and Child was set up in Nigeria, June 1981 under the auspices of the MWIA Health of the Mother and Child Committee chaired by Adelina Husslein, Austria. This special project was being carried out in Lagun, 30 Kilometres from Ibadan, and was under the control and supervision of Professor Olu Oduntan, Head of the Department of Preventive and Social Medicine, University of Ibadan. US\$ 15,000 has been set aside for this project and a preparatory study had already been started. Implementation of the programme would commence in 1983 and the Executive would receive a report in 1983. A detailed report would be presented to the General Assembly in 1984.

The Topic and Scientific Committee, under the Chairmanship of Hildegard Stoltz, Brazil, had received eight possible suggestions for the scientific topics at the 20th Congress in 1986. The Executive had discussed the topics received and as 1984 had been designated by the United Nations as the International Year of Youth, they proposed that suggestions received from national associations would be covered by the topic;- *Problems of Adolescence- Medical and Psychosocial*.

The Chairman of the Resolutions Committee gave details of the procedure for submission of resolutions from the Scientific Sessions to be debated at the closing session of the General Assembly.

Before closing the meeting of the General Assembly, the President recalled the facts of the developments which had occurred after the congress in 1980 after the announcement of Martha Kyrle's retirement. The Executive had chosen Bristol as the venue for the Secretariat although the

British Federation had also proposed Glasgow and Edinburgh, and nominated Dorothy Ward who resided in Glasgow for the position of Honorary Secretary. The German Association then offered Cologne as the venue and nominated Caroline Motzel as Honorary Secretary. The Secretariat would be set up in the building of the Federal Board of Physicians of Germany, in Cologne and would be opened on July 1, 1983.

The General Assembly, when asked to ratify the Executive's decision, did accept Cologne as the venue and were impressed by the nomination of Dr Motzel and her personal qualities for the position of MWIA Honorary Secretary. However, her eligibility was questioned as she had a US Doctorate of Dental Surgery and a German Medical Dental Doctorate. After further discussion, the session was adjourned and the matter referred to the next General Assembly.

The 2nd General Assembly was held on Friday, November 26 at 2.30pm at the Manila, International Convention Centre.

Due to the adjournment of the 1st General Assembly and the shortage of time, the President asked the vice-President's permission to have their reports printed and not read. Similarly the reports from the NCSs were not read at this General Assembly.

Babill Stray-Pederson Vice-President of the Northern European Region, presented the reports of the Northern European Region which included Denmark, Finland, Netherlands, Norway, Sweden and the United Kingdom,

The Danish Association had organised a 2 day meeting on *Violence against Women*. It had received a tremendous response not only from physicians but also lawyers, police and social workers. A panel discussion on the *Threatened Children in the Danish Society* had attracted papers and audiences from general practitioners, paediatrics and social workers.

The Finnish Association, who had 169 members, found it hard to recruit young doctors and many of their members were retired. The association had investigated women doctors' right to maternity leave and, although salaried medical women were granted 18 weeks fully paid maternity leave, 67% of those in private practice required to work up to their date of delivery and 28% returned to work soon after delivery. This had resulted in a Round Table discussion on this topic at a medical exhibition in Paris, which was attended by members of the Ministry and medical unions. In July, 1982, a law was passed allowing a daily indemnity to medical women during a few weeks before and after delivery.

The Executive of the Netherlands Association had focused on equal rights for their members during a time of increasing medical unemployment. The members gave vocational advice to female medical students in order to prepare them for their future status in a world of economic crisis.

The Norwegian Association had 160 members 1/3rd of whom were over the age of 70.. They continue to meet four times each year and organised a very successful Northern European Regional Congress in Oslo.

In comparison the Swedish Medical Women had 728 members of whom 627 were still working. They met regularly and discussed national and MWIA affairs as well as organising scientific lectures.

The United Kingdom reported an increase in membership and an increasing interest from young medical women. They had met with representatives of the Royal College of Obstetrics and Gynaecology, The Royal College of Surgeons, The Royal College of General Practitioners and the British Paediatric Association and had useful discussions on important issues involving the training and employment of women doctors. Working parties are involved in discussing Maternity Leave, Rape and Sexual assault. The MWF is interested in medical students and discussing with them ways in which the Association can assist and support them as they prepare for their future careers

Finally the Vice-President welcomed the new Irish Association which had been affiliated to MWIA at this Congress in Manila.

The Vice-President of the Central European Region, Dr Anneliese Schwobel, Switzerland, gave the report of the associations in her region- Austria, Germany and Switzerland.

The Swiss Association had gained many new members following a recruitment campaign The Association had now embarked on a project with the Department of Health and others to introduce part-time specialist training, assistance in resuming professional work after a career break for family reasons and additional educational provision.

The German Medical Women organised many scientific meetings and co-operated with other women's organisations in their country.

Dr Schwobel closed by thanking Dr Kyrle and Hertha Dax for their work in Vienna on behalf of MWIA.

The Vice-President of the Southern European Region, Renee Lagrue, France, reported that the Spanish Association no longer existed and the region now comprises of France and Italy. Although both of these associations were very active the region is small and she asked *that amalgamation of the Central European Region and the Southern European Region be reconsidered.* (1)

The French Association was making every effort to obtain legal maternity leave for medical women who are working in the private sector. It is supporting the population of the Republic of Central Africa with a health education programme in Bangui.

In Italy the 13 branches of the Association are actively supporting medical education. Scientific meetings and round table discussions on medical and social problems are held and public health education information given to the public. The branches in Sicily have undertaken an extensive investigation in schools to determine the level of knowledge about haemoglobinopathies, especially Mediterranean anaemia.

Beverley Tamboline, Vice-President of the North America Region (Canada and USA) reported that the two countries held joint Annual Meetings.

The American Medical Women's Association (AMWA) continued to recruit new members and had set aside a special fund to finance this. AMWA will support a new public history project at the Medical College of Pennsylvania which will trace the history of women physicians in America.

The Federation of Medical Women of Canada (FMWC) was concerned with increasing their membership- both active and student- and has held successful recruitment drives in 2 of its 5 regions.

The Vice-President of the Near East and African Region, Olu Oduntan, described her very large region which included Egypt, Ghana, Iran, Israel, Madagascar, Nigeria , Sierra Leone and South Africa. Her main objective as the regional VP had been to publicise the activities of MWIA and encourage medical women in the countries in this region to form national associations. She had contacted medical women in Kenya, Lesotho, Liberia, Senegal, Sudan and Uganda as well as the national associations of the other countries already affiliated to MWIA. The Kenya Medical Women's Association had now applied for affiliation and 2 medical women from Lesotho and Namibia wished to become Individual members. Communication within the region was very difficult.

In Sierra Leone the medical women provided free medical services for some of the schools and the German Association has donated a Volkswagen van for use in the Schools Health Programme.

There is an unstable political situation in Uganda and the association had been going through some difficult times. Membership of the association has fallen due to doctors leaving the country and young doctors had economic and domestic constraints.

The membership in Nigeria had increased although there was some difficulty in recruiting young doctors. It collaborated with other women's organisations in the country and in addition carried out various community health activities including health educational radio broadcasts. The doctors also provided free medical care to children in homes and in the school for handicapped children. The Association had just completed a country wide study on female circumcision. The proposed MWIA Primary Health Care Project in Nigeria has added a new dimension to the global image of MWIA

Dr Maria Catchatoor, the Vice President of the Central Asian Region reported that there had been no communication with Sri Lanka but the associations in Thailand and India were very active

The Thai Medical Women have opened their new building in Bangkok. Her Majesty, the Queen of Thailand officiated at the opening ceremony. The building is their headquarters and clinical services which included cancer screening, vaccination programmes, dental treatment and family planning are held there. In co-operation with Zonta, a mobile medical service is available to the poor, and a rural health promotion programme was carried out with the help of the National Council of Women.

There are three active branches of the Association of the Medical Women of India situated in Bombay, Calcutta and Latur. In Calcutta a hospital has been opened with help from the International Soroptomists and the Ladies of the Inner Wheel. An outpatient eye department and a day centre for malnourished children was opened in 1981 and with further help from Soroptomists in Yorkshire, UK and the Inner Wheel, surgical and maternity departments have now been equipped and are functioning. The Bombay branch held regular scientific meeting and refresher courses for general

practitioners. The members provided free medical care for the poor. A cancer detection camp was held in Latur in 1981.

The Vice-president of the Western Pacific Region, Ayako Sano, had visited the associations in the Philippines, Korea, Taiwan and Japan. The Korean medical women were active in family planning projects and provided free medical services in rural areas. The Association in Taiwan also participated in family planning projects and provide community health care. In Japan the Association organised regular scientific meetings and raised funds for the disabled and handicapped.

The Associations in Australia and New Zealand had increased their membership and the percentage of women doctors in New Zealand had increased. There had been no communication from the Association in Hong Kong.

No official Vice-President's report was received from the Ibero-America Region although two NCSs of the region forwarded their national reports. Brazil aimed to assist with public health problems and supported medical women. Following the 1980 Congress the Association had sent the resolutions which were passed to the Government and to medical schools and associations. This had resulted in the Association being invited to participate in meetings of medical specialties. The medical women in Mexico organised monthly scientific meetings and others dealing with cultural topics such as archaeology and religion.

The Honorary Secretary presented Jubilee Certificates to 152 MWIA members who had joined MWIA 50 years ago. These were given to the NCSs of the following countries: Canada, 7; France, 1; Germany, 2; Japan, 110; UK, 18; USA, 14.

The President presented three members with certificates and the gilded emblems of Honorary Membership of MWIA:

Dr Beryl Corner for her work during her Presidency 1978-80

Dr Marta Holmstrom for her outstanding services as Honorary Treasurer 1974-82

Dr Martha Kyrle for her efficient management as MWIA Honorary Secretary 1966-82

Mrs Hertha Dax was made a MWIA Member of Honour for her work as Executive Secretary, 1966-82..

The President then continued the debate on the new Secretariat which had been adjourned at the end of the 1st General Assembly. An Extra-ordinary Executive Meeting had been held to discuss the problem. The conclusion was that the nomination of the German Medical Women's Association was in order and that Dr Carolyn Motzel was an eligible candidate. This decision would not affect the membership requirements of any of the affiliated associations.

Dr Motzel was invited by the President to address the General Assembly, introducing herself and describing her career. The decision to install the MWIA Secretariat in the building of the Federal Chamber of Physicians of Germany, in Cologne, as from July 1, 1983 was accepted. (1)

The result of the election of MWIA Officers 1982-84 was announced

President	Trinidad Gomez, Philippines	
President Elect	Beverley Tamboline, Canada	(unopposed)

Honorary Treasurer*	Anne Bogg-Berggren, Sweden	(unopposed)
Honorary Secretary *	Carolyn Motzel, Germany	(unopposed)
<u>Vice-Presidents</u>		
Northern Europe	Brita Silverstolpe, Sweden	(unopposed)
Central Europe	Gertrude Zickgraf, Germany	(unopposed)
Southern Europe	Fernanda de Benedetti-Venturini	(unopposed)
North America	Patricia Tudbury, USA	(unopposed)
Ibero-America	Pilar Reyes, Mexico	(unopposed)
Near East & Africa	Dinah Jarrett, Sierra Leone	(by vote)
Central Asia	Maria Catchatoor, India	(re-election)
Western Pacific	Il-Ok-Choo	(by vote)

— * Marta Holmstrom, Sweden, acting Honorary Treasurer until 30 June. 1983

* Martha Kyrle, Austria, acting Honorary Secretary until 30 June, 1983.

The Honorary Secretary spoke of a suggestion from the Sierra Leone Association: *That the associations of the industrialised countries should “adopt” associations in developing countries.*

A number of associations had favoured this suggestion but the Executive had not felt able to make a firm decision, however the idea would be followed up and all associations informed of the final decision.

The Honorary Secretary also commented on the message which had been distributed by Dr Drachmann, Sweden, during the Congress. It was concerned with the danger of nuclear war and its prevention. She drew the member's attention to the international medical organisation “International Physicians for the Prevention of Nuclear War” formed in Boston, USA in 1980. The importance of this organisation and its goals in view of the growing danger of nuclear war, had already been discussed at the Executive Meeting and the Secretariat would make enquiries as to the possibility of MWIA becoming a member either as an association or individually (1)

The closing session, on Friday, 26 November, 1982 at 4pm was opened by the President, Joan Redshaw.

She referred to the Policy Resolution received from the German Medical Women's Association: It proposed that there should be a 10% increase in the membership dues of industrialised countries and a 60% decrease in the membership dues of developing countries. This resolution was rejected in a secret vote. Two policy resolutions had been received from the members of the Young Forum who were meeting for the first time in Manila. These Resolutions would be considered by the next Executive in 1983.

Pat Tudbury, Chairman of the Resolutions Committee presented 17 resolutions arising from the Scientific Sessions. The following 15 resolutions were accepted by the General Assembly:

RESOLUTION NO. 1 (Workshop Humane Approach Doctor-Patient Relationship)

Resolve that MWIA promote more effective information to the patient concerning his health and what to expect from the doctor.

RESOLUTION NO. 2 (Workshop Humane Approach Doctor-Patient Relationship)

Resolved that MWIA promote the extension to more rural areas of good medical and paramedical services.

RESOLUTION NO. 3 (Workshop on Obstetrics)

Whereas pregnancy and childbirth may be dehumanised by unthinking use of technology, although many scientific interventions have been found to be useful in cases of abnormalities in pregnancy and labour, resolved that these interventions not be used routinely or without carefully reviewed indications.

RESOLUTION NO. 4 (Workshop on Obstetrics)

Whereas women are under-represented in some countries in obstetrics and gynaecology, resolved that in all countries where women are a minority of obstetrics and gynaecology specialists, MWIA promote increases in the numbers of women in the specialty.

RESOLUTION NO. 5 _ (Free Paper Presentation)

Be it resolved that the MWIA go on record as disapproving of the practice of female ritual circumcision, and bring to the attention of the World Health Organization and other Agencies the adverse effects of this practice on the physical and mental well being of the women affected. It is proposed that means of education be provided in those countries to eradicate the practice.

RESOLUTION NO. 6 (Humane Management of the Critically or Terminally Ill)

Resolved that the organization for hospice movement be encouraged by MWIA.

RESOLUTION NO. 7 (workshop on Handicapped)

Resolved that MWIA recommend the inclusion of rehabilitation medicine in the curriculum of all medical schools in the undergraduate level.

RESOLUTION NO. 8 (Workshop on Handicapped)

Resolved that MWIA encourage programs of public information on the handicapped in order to promote self-esteem on the handicapped person and to emphasize to the general public ability rather than disability.

RESOLUTION NO. 9 (Workshop on Handicapped)

Resolved that MWIA recommend the allocation of public funds for improvement of the condition of the handicapped.

RESOLUTION NO. 10 (Workshop on Handicapped)

Resolved that MWIA support, and, where possible, implement the architectural barrier code.

RESOLUTION NO. 11 (Workshop on Neonates)

The MWIA 18th Congress wishes to stress the importance of the Promotion of Breast Feeding. There should be:

- a) Strict implementation of the WHO Code of Practice for Marketing of Breast Milk Substitute
- b) Intensive motivation through education of health personnel and of the population
- c) Provision of rooming in and breast feeding facilities in obstetric wards.
- d) Schemes for evaluating the efficacy of breast feeding promotion at primary health care level.

RESOLUTION NO. 12 (Workshop on Neonates)

Resolved MWIA recommend specific instruction in communication to relatives for all health

personnel in the humane management of sick and abnormal new born infants.

RESOLUTION NO. 13 (Humane Approach of the Elderly)

Whereas modern technology tends to interfere with the doctor-patient relationship, especially in regard to the care of the elderly, MWIA recommends that the role of the family doctor be emphasized.

RESOLUTION NO. 14 (Humane Approach of the Elderly)

MWIA recommends that respect for the elderly and acknowledgement of their contribution over the years to the community should be emphasized in the profession, the family, and throughout society.

RESOLUTION NO. 15 (Humane Approach of the Elderly)

MWIA recommends that the training of the caring professions include the study of gerontology (the normal process of aging) and of geriatrics (the pathology of aging) as separate entities so that all elderly people are not treated as sickly, disabled or unfit people.

A summary of the scientific papers presented at the V111th Congress was given on behalf of the appointed Rapporteur, Alicia O. Caspellan.

Eighty four papers on *Human Management* were presented as well as several free paper presentations

Papers presented on the Humane Approach suggested that the Doctor-Patient Relationship should be characterised by one of concern, dedication and commitment and the importance of a personal general physician was stressed in two UK papers.

A more humane approach in Obstetrics at every stage was emphasised, but there was a need for more scientific research so that our patients can be treated using techniques based on sound scientific studies *and not on poorly understood statistics and passing medical fashion* (1)

In managing the *New Born* humanely, it must be appreciated that in salvaging very small babies it was important to keep in mind it was *not only survival but intact survival* (1.) It was suggested that there were financial and religious factors influencing the doctor

In discussion of Humane Management of the Handicapped it was claimed that there were 500 Million disabled persons in the world and that there is a challenge to the medical profession to help these disabled persons to function as normal and productive human beings. A multidisciplinary approach was required.

Medicine required to be humanised without losing its scientific value in the treatment of critically and terminally ill patients. The *Hospice concept* helps the terminally ill patient.

At the final session the humane management of the elderly was discussed. In Western society institutional and geriatric care were described and to a certain extent supported, where as in the Philippines *cultural, ethnic, religious beliefs and other factors led to the appreciation of the aged in the homes of the family* (1)

Sixty reports were included in the Free Paper Presentation and included the following:

The practice of medicine was described as an art and should not be thought of as a calling, a trade nor business.

Medical education is costly in time, effort and resources and students should be selected carefully.

Female circumcision was described as an inhuman procedure and the great majority of African women would wish its abolition.

Malaria, malnutrition and viral infections such as measles and poliomyelitis caused physical handicap among children.

The management of early breast cancer should be considered from an aesthetic point of view.

The outgoing President closed the MWIA 18th Congress thanking all the participants and everyone who had supported her during her Presidency.

There were many social events during the week of the Congress including home hospitality by the Filipino doctors and a reception at Malacanan Palace by invitation of the first Lady Madam Imeldo Marcus. There were many receptions, sight seeing tours, museum and hospital visits and, of course, shopping trips.

The Closing Reception and Banquet was a splendid affair with traditional music and dancing. Friendships were renewed and many more made among the medical women of the world who once more met together to learn from each other and have a deeper understanding and appreciation of other cultures

(1) Report on the XV111th Congress, Manila, Philippines November, 21-27

(2) Wellcome Contemporary Archives SWA MWF.

CHAPTER 19 MWIA Activities with the New Secretariat in Germany

The Secretariat remained in Vienna for seven months after the Congress in Manila, prepared the report of the XV111th Congress which was sent to Manila to be proof read there by Dr Carmen Enverga-Santos who also arranged the printing and the final distribution of the reports to national associations in May, 1983. As the acting Honorary Secretary, Martha Kyrle, informed the associations of all the decisions taken at the XV111th Congress and distributed the resolutions which were passed at the General Assembly.

Dr Carolyn Motzel visited the Secretariat in Vienna in February, 1983, to discuss all MWIA matters in great detail with Martha Kyrle and arrangements were made for Mrs Dax to spend one month in the new Secretariat in Germany. Finally 18 large boxes were packed and sent to Cologne to arrive by the 1 July, 1983. The financial statements of the Vienna Secretariat, including the cost of the transport of MWIA material and their expenses in Cologne, were settled by the Acting Treasurer, Marta Holmstrom ⁽¹⁾.

On 1 July, 1983, the new MWIA Secretariat was established in the building of the Federal Chamber of Physicians of Germany at a very reasonable rent. The Secretariat consisted of two offices with access to all modern office equipment. An Executive Secretary, Miss Hovel, with language skills in English, French and German was employed to assist Carolyn Motzel ⁽¹⁾. Caroline Motzel, mindful of the financial position of MWIA, furnished the two offices very modestly and willingly accepted office furniture from other associations in the building.

The first Executive Meeting to be held in Cologne, under the new MWIA Secretariat, took place on 3-5 August, 1983 under the chairmanship of the President, Trinidad Gomez. One of the important decisions made at this meeting was that the Young Forum would be a permanent feature of MWIA congresses and it was hoped that this would be an incentive to young women doctors to join MWIA. Twelve members of the Executive attended and each evening, after dealing with MWIA affairs, the Executive were entertained to dinner by Carolyn Motzel and spent an evening at the Opera.

Only one Regional meeting was held during the 1982-84 session. The Finnish Medical Women's Association was the host to the 7th Northern European Regional Congress, June, 1983, at Haikko, Porvoo. It was attended by 130 people and the topic discussed was "Rehabilitation of Old People". It was interesting to learn the manner in which each country of this European Region organised the care of the elderly and how they solved related problems ⁽¹⁾.

The XIXth Congress of the Medical Women's International Association was held at the Vancouver Hotel, Vancouver, Canada from 29 July to 4 August, 1984. The Scientific topic was Men and Women: Biological and Behavioural Differences. The Congress was attended by 667 persons – 574 members and 93 accompanying persons. There were 17 delegates at the Young Forum. The Congress was officially opened by the President, Trinidad Gomez, in the Pacific Ballroom of the Hotel Vancouver on Monday 30 July. She welcomed all MWIA members and accompanying persons, the representatives of the World Health Organisation, the World Medical Association, the International Association of University Women and the International Council of Women.

A Council Meeting was held, Tuesday 31 July at 13.30. The following subjects were discussed.:
Rules of Procedure and Voting Election of Officers

XX1st MWIA Congress
Scientific Resolutions
Election of Officers
Re-regionalisation (1)

Annual subscription of MWIA
New Affiliations
Honorary Membership

The President, Trinidad Gomez opened and chaired the 1st General Assembly on Tuesday, 31 July at 15.00 hrs. She welcomed the delegations of 30 national associations and the individual Members present.

Greetings were received from several members who were unable to attend, including Past Vice-President, Hildegard Stoltz, Brazil, Martha Kyrle, Past Honorary Secretary, Austria and Mrs Dax, Past Executive Secretary.

Apologies were received from Dr Reyes, Vice-President of Ibero-America, Dr Schindler, MWIA Representative at WHO, Geneva, and from the National Corresponding Secretaries of Brazil, Finland, India, South Africa and Taiwan who had been able to send alternates, and from Bolivia who were unable to send a representative

Dr Caroline Motzel, the Honorary Secretary, took the roll call. 30 national associations were present but another 6 had not been able to send delegations to attend the XIXth Congress. The Honorary Secretary confirmed that a quorum was present.

The President expressed deep regret over the death of 183 colleagues since the last Congress. Dr Corrie Hermann, Netherlands gave a memorial speech for Dr Henny J.A. Verhagen, MWIA Vice-President of the Northern Region, 1974-78. Dr Alma Morani, USA spoke in memory of Dr Katherine Wright, Past Vice-President of North America, 1968-66. The President asked the General Assembly to stand for a minute of silence in memory of their colleagues.

The Procedure Advisor, Dr Alma Morani, USA, referred to the Rules of Procedure as presented to the Councillors and NCSs at their meeting prior to the General Assembly and reiterated that only councillors and delegates had the right to vote. (1)

Dr Gomez gave her President's report. She had attended the Meeting of the Economic and Social Commission for Asia and the Pacific, in Tokyo, March 1984. This was the first of a series of regional meetings held worldwide to identify the problems women were facing in their region as well as to propose strategies for the advancement of the status of women. She also attended a similar meeting, ASEAN Confederation of Women's Organisations, in Jakarta. This meeting discussed the status of women in the ASEAN countries- Brunei, Indonesia, Malaysia, the Philippines, Singapore and Thailand. The President had made new contacts in Brunei, Malaysia and Indonesia and it was hoped that these countries would form national associations and affiliate to MWIA.

Three new MWIA Committees had been formed since the congress in Manila:
Committee on Constitutional Amendment - chaired by Beryl Corner, UK.
Young Forum Committee – chaired by Utu Ottan, Germany
Past Presidents Committee – an advisory body to the President to be chaired by the Immediate Past President.

Dr Gomez was able to confirm that MWIA's relations with WHO, UNICEF, CIOMS, the World Medical Association and other NGOs had been maintained. The project in Nigeria was continuing and had been visited by the Chairman of the Mother and Child Committee. A primary health care Project would take also place in the Philippines.

Work had ready started on the amendment of MWIA'S Statutes and Bye-Laws and the booklet on *Planning a Congress* was being revised in time for the next congress.

In closing her report she stated:

We look forward to the participation of our members in activities or programmes that go beyond what is medical, be it along improving the economy of families and promoting a better quality of life, better health and family unity. We must get ourselves involved in activities and services, not just as doctors, but also as women, the larger segment of the world population. The United Nations now recognise women as an instrument that can certainly help to attain the goals that are being aimed at for a better and happier world to live in. I therefore feel we must act and the time is NOW and not tomorrow. (1)

A short report was received from Martha Kyrle, who was acting Honorary secretary until 1 July, 1983, giving details of the final activities of the MWIA Secretariat in Vienna. She was unable to attend the Congress but sent her best wishes for a successful Congress and *a prosperous future for MWIA* (1).

The new Honorary Secretary, Carolyn Motzel, Germany, gave her first report, covering the period July, 1983-84. She expressed her appreciation to Martha Kyrle and Hertha Dax for their co-operation, thoughtfulness, advice and help during the transition of the Secretariat to Cologne. She described the new accommodation in the building of the German Medical Association where the new Secretariat was housed. She had particularly appreciated visits by members of six national associations. The first Executive had been held in August, 1983 and Carolyn Motzel had sent reports of the business discussed at this meeting to all national associations and Individual Members. Regular Circular letters had been distributed and communication with the national associations had improved. (1)

Anna Bogg-Berggren, Sweden, Honorary Treasurer, gave her first report. There had been no change in the financial arrangements as set up so successfully by Marta Holmstrom, the previous MWIA Treasurer. Dues were received from a membership of CHF 14,710 and this had covered the expenses of the Secretariat, the auditor, international subscriptions and other small expenses. Extra expenses had included an additional sum Swiss Francs CHF15, 325 for the retirement benefit of the Executive Secretary, Mrs Dax, and CHF 844 to cover the cost of the transfer of the Secretariat to Cologne. Investment income in Banque Scandinavia was CHF 500,498 which included CHF 82,774 from the Book Project, "Women Physicians of the World". The surcharge from the Manila Congress was CHF 24,590 and the income from the sales amounted to CHF 10,860. 75% of the interest from capital would be used to cover the costs of the Nigerian Project, the Executive meeting in Cologne and the fellowship grants. Capital was essential for MWIA to enable it to continue with projects and other activities. (1)

Reports were presented by the Vice-Presidents of the 8 regions.

The Vice-President of the Northern European Region, Brita Silverstolpe, Sweden, had visited Finland and attended the 7th Northern European Congress in Porvoo. Although she had been unable to visit the other countries in the region she had received information about their activities. All countries of the region met 2-4 times annually and discussed maternity and family problems, violence, rape, nuclear war and care of the elderly. Other important challenges were the difficulty in obtaining post-graduate posts and combining family commitments and post-graduate training.

Ireland had joined the Northern European Region in 1982 and the women doctors had already made their mark in this country by working with the Association for the Improvement of Medical Services to improve the time taken for out-patient appointments, communication following still births and continuity of care by doctors. They had also gained equal rights for women consultants regarding widower and orphan's pensions. A joint meeting and dinner were held with women doctors from Northern Ireland who were members of the Women's Medical Federation in UK.

The medical women in Norway met four times annually to discuss cultural, medical and social topics followed by an informal dinner. Subjects discussed included medical research on women, women's sexuality and violence against women and children. The Swedish Association of Medical Women had an increase in membership which now reached 750. They met 2 or 3 times annually and discussed medical and psycho- social problems.

The Medical Women's Federation, UK, remained committed to improving the career and training prospects for medical women. They had held discussions with several Royal Colleges to emphasise the need for part-time training in all specialties. Various working groups had discussed ethical problems and others associated with rape and assault. Career Advisors from the 25 local associations met annually to study medical women's difficulties in following their careers. Refresher courses were held to encourage medical women who had been out of touch with medicine to regain confidence and medical skills to assist them to return to medical work.

No reports had been received from the other two members of this region –Denmark and the Netherlands.

The Central European Region consisted of Austria, Germany and Switzerland, and Dr Gertrude Zickgraf, Vice-President, presented a report about their activities. Like other European countries there had been an increase in the proportion of women doctors but many found difficulty with postgraduate training and there were an insufficient number of part-time posts for young doctors with family responsibilities.

In Austria, where there have been an increasing number of women doctors, the association had failed to attract young women doctors. Their main success had been their home for retired women doctors which is always fully booked.

The women doctors of the Swiss Association held regular meetings where such topics as part-time work, refresher courses, family medicine and healthcare are discussed. Two young members had written their thesis on "Profession and Family Situation of Women Doctors in Switzerland". Great efforts had been made to attract young women doctors and to assist them in their specialist working situation.

The German Association worked with other women's organisations in the medical, social and educational fields. At their annual meeting the topic discussed was the "Growing Dependence of Patients and Doctors Confronted by New Demands". In the field of health education and health care, the German Association had introduced a model project- The Happy Children's Ward – which was concerned with bibliotherapy in children's hospitals. The project was sponsored by the Federal government and was successful and well established with 11 more institutions under the supervision of the German Association. In co-operation with the Federal Government and the University hospital for Gynaecology, a project for self examination of the female breast for early diagnosis of cancer had been promoted.

Fernanda de Benedetti-Venturini, Vice President of the Southern European Region, reported on the activities of the two countries in this region – France and Italy. She had contacted the medical women in Spain who intended to seek re-affiliation with MWIA and communicated with Belgian colleagues who were interested in forming an association. The Italian Association had submitted a resolution requesting MWIA to include Israel in this region.

There were 13 branches of the Italian Medical Women's Association and two more were proposed. The branches of the Association met monthly and discuss scientific subjects and the business of the Association. Members were preparing for the MWIA Congress to be held in Naples in 1987.

The French Association had 8 groups which meet regularly. At its 1983 General assembly a lecture was given on "Feminisation of Medical Staff in University Hospitals". This emphasised the growing number of women doctors and their increasing importance. The lecture at the General Assembly in 1984 by a woman lawyer was "Legal Implications of Artificial Procreation". An annual round table conference was held and the subject in 1983 "The Monitoring of Pregnancy" was given by a woman lawyer. The President and Vice-President of the French Association had recently studied the composition of the Superior Council of Universities. This Council was the representative authority of university hospital doctors. They showed that women doctors were unrepresented on this Council. By stressing the fact that there was a scarcity of women doctors at all decision making levels in the hierarchy of university hospitals, the French Medical Women's Association had succeeded in having more women nominated to this Council.

The Vice-President of North America, Pat Tudbury, USA, congratulated the Federation of Medical Women of Canada on reaching their 60th Anniversary and on the organisation of the 24th MWIA Congress in Vancouver. She had attended their annual meeting where the scientific programme on "The Four Stages of Women's Sexuality" was presented. The 10 branches of the Federation promoted health education through seminars to the general public.

The American Medical Women's Association was now divided into regions with a regional governor who provided liaison with the National Executive Board. A periodical Journal of the American Medical Women's Association was published and the American Women's Hospital Service continued to provide medical care to needy clinics in Haiti, Bolivia and the Appalachian Mountains of the USA.

The MWIA Region of Ibero America consisted of Bolivia, Brazil, Ecuador, Guatemala, Mexico and Peru. No report was submitted by the Vice-President, Pilar Reyes, but the national corresponding secretaries of Bolivia, Brazil and Mexico provided reports.

Bolivia was asked by the President's Office for Social Action to participate in projects for a national programme on the welfare and status of women. They also participated in health education through campaigns in the mass media. The XV11th Congress of the Pan American Women's Alliance was held in Bolivia in 1982.

The Association of the Medical Women of Brazil held scientific and social meetings on varying topics in their seven regions. They also met at musical or theatrical events or spent week-ends together in the country side or at spas. A journal is published twice each year and the NCS distributed MWIA Circular letters to all the regional branches in order to maintain communication with MWIA.

In Mexico, the medical women organised scientific meetings annually and discussed such topics as The Woman Doctor and Family Health and Invalidity as a Health Problem. Courses are arranged on Anti-Conception Methodology, Hormonal Anti-Conception and Family Planning.

The African region was very large and widespread and communication was poor. There were now 9 affiliated national associations within this region- Egypt, Ghana, Iran, Israel, Kenya, Madagascar, Nigeria, Sierra Leone and South Africa. Due to the present state of the economy in her country, the Vice-President, of the Near East and African region, Dinah Jarrett, Sierra Leone, had been unable to visit these countries but was able to communicate with them, and other African States through WHO co-ordinators. She had received replies from many African countries and interest had been expressed in forming national associations or becoming individual Members of MWIA.

There was a large increase in membership in Ghana particularly among the young doctors. They held a successful scientific meeting – "Current Trends in Medicine."

The association in Egypt was small with a membership of 60 although there were 10,000 female doctors in this country .The activity of the association was mainly in maternal and child health projects and preventive medicine.

The medical women in Israel reported that their association was inactive but attempts would be made to revive interest

The newly formed association in Kenya now had 50 members and they had submitted proposals to their Government for various medical projects

In Nigeria, the Medical Women's Association had 4 very active branches. They were involved in eradicating female circumcision through country wide information and education on the hazards of this traditional procedure. The Association was collaborating with the Nigerian Bar Association to introduce legislation against child abuse, child labour and child neglect.

The Medical Women's Association in Sierra Leone participated in their government's programmes such as Primary Health Care, Fertility Advisory Service, Family health initiatives and Reproductive health training programmes. The Sierra Leone Medical Women's Association had founded the Lokomasama Primary Health Project and they supported a private day care centre. They had also

collaborated with the Zonta Club of Freetown to run a country-wide breast screening service by teaching self examination through the media.

There was a large membership in South Africa. They were very disappointed that the Medical Association in South Africa turned down their request for part-time specialist training and they intended to provide detailed information on the feasibility and workings of such a scheme with details of its success in other countries. They were also unsuccessful in tabling an amendment to the Abortion and Sterilisation Act of 1975, to permit abortion following failed sterilisation or contraception.

The association in Sudan has been revived and a new Executive Board formed. There was interest in Lesotho to establish an association.

In concluding her report, the Vice-President, Dr Jarrett, asked MWIA to reconsider re-regionalisation of the countries of Africa, Sub-Sahara Africa and the Mediterranean as the continent of Africa was so vast and had 54 countries. She also requested developed countries to assist developing countries to attend congresses.

Maria Catchatoor, India, Vice-President of Central Asia, presented her report on 2 countries in this region. She had had no contact with Sri Lanka and Vietnam.

The Medical Women in India were involved in social welfare and provided medical care and health education to their less fortunate citizens. In West Bengal they had established cancer detection and social welfare clinics with financial assistance from a Past President of MWIA, Alma Morani. The medical women in Calcutta ran a mission hospital and young girls were trained as medical aides. The doctors in Madras collaborated with the Red Cross on the organisation of health, nutrition and education camps and with the Family Planning Association of India. A Cytology clinic had been started in Bombay. A Journal is published by the Association of Medical Women in India.

In Thailand, the Medical Women's Association organised cytology and breast screening clinics as well as family planning services. They also served rural areas with a mobile van offering medical and dental care

The final regional report was given by the Vice-President of the Far East Region, Dr Il Ok Choo, Korea. There were seven countries in this region – Australia, Japan, Korea, New Zealand, Philippines and Taiwan. Re-regionalisation had also been suggested in this region by the Philippines but Australia and New Zealand opposed this proposal as did some other countries of the region.

The Australian Federation of Medical Women had a membership of 600. It had six state societies which in turn arranged to be the policy making body of the Federation for a three year period as well as liaising with MWIA. Each state society was independent and organised scientific meeting and social events according to the needs and interests of its members. The South Australia Society presented to the South Australia Government a comprehensive response to their paper on the Provision of Health Services to Women in Australia.

There were 1800 members in Japan. It cooperated with 10 national women's organisations to highlight the problems experienced by Japanese women. It encouraged young Japanese women

doctors to undertake medical research by granting 10 scholarships in 1983 and 84. It was concerned that only a small percentage of women doctors in Japan were professors - 1.25% are professors and 3% are assistant professors.

For many years the main activity of the Association in Korea was a charity clinic which they ran in a needy area.

The women doctors in New Zealand were very concerned that the Government had discontinued the Medical Reserve Scheme which allowed women doctors to work part-time while they brought up their young families. They have actively opposed the Government's action.

The members of the Philippine Association provided a charity clinic, a medical mission in the country side, nutrition education and the promotion of breast feeding. They also arranged continuing education for their members in various areas.

In Taiwan, the Association had financed a new building where the members ran a charity clinic which treated 3,000 cases each year. They had received a special award from the Department of Social Affairs for their outstanding contribution to health care services rendered to the general public especially those in the low-income bracket. They also participated in local and governmental activities providing family planning, free immunisations, cervical and blood pressure screening clinics (1).

The President thanked the Vice-Presidents for their reports and their work in the region. (1)

Reports from MWIA Committees followed

In the absence of the Finance chairman, Marta Holmstrom, Sweden, her report was read by Harumi Ono, Japan. She detailed the sources of income available to MWIA

1. Subscription Income amounted to CHF 70,000 which was used for general expense.
2. Interest on Capital was CVF 40,000 – 25% would be re-invested, CHF 15,000 would be used for the Nigerian Project and the remainder would cover the Executive Meeting expenses, travel costs of the Treasurer and the Chairman of the Mother and Child Committee and the Fellowships for the Congress.
3. Other income came from a surcharge levied at the congress (CHF20/ per capita) and from the MWIA sale. It was intended that the income from the sale would be part of the capital fund but on this occasion it would require to be used to cover congress expenses.

She warned that it would be essential to freeze expenses for the next 3-4 years to increase the capital and the interest we can subsequently use from it. It would also be necessary to increase the Congress surcharge which was fixed at CHF20 /capita in 1954, as it was not sufficient to cover all the additional expenses of the congress.

Harumi Ono then read a recommendation from Marta Holmstrom to increase the annual subscription fee by 1 Swiss Franc to 6 Swiss Francs per member of each national association. This was accepted by a majority vote of the General Assembly. (1)

Harumi Ono introduced a proposal to start a Holmstrom Fund in recognition of the hard work and devotion of Marta Holmstrom to the finances of MWIA. She had tripled MWIA's capital to over ½ a million Swiss Francs in eight years. This fund would be used to provide an interest free loan to

associations hosting future MWIA Congresses. Harumi Ono had contributed CHF 1,100 to start the fund and encouraged others to make donations. The General Assembly accepted this proposal. ⁽¹⁾

At the 2nd General Assembly, 3 August, 1984 at 15.00 hours, the reports from the other MWIA Committees were presented. ⁽¹⁾

Remedios Arellano, Chairman of the Fund Raising Committee reported that money had been raised from two raffles and the MWIA sale, raising a total of US\$1,564 and Canadian \$5,540.

Adelina Husslein, chairman of the Mother and Child Committee, spoke of the Project in Nigeria under the supervision of Professor Olu Oduntan. MWIA had already given US\$ 7,500 for this project which would consist of a new well to serve the existing dispensary, salaries for a midwife and a dispensary assistant and funds for drugs and vaccines. She visited the village in 1983. The village was built of mud huts with a population of 1,000. The villagers themselves were financing a new dispensary which was being constructed outside the village. She had observed the unfinished well which had only been started 8 days previously. She visited the existing dispensary which was poorly equipped and there were many people waiting for treatment. She felt that it did not correspond with the aims of the MWIA project but basic health care did exist. Drugs and vaccines were needed and a permanent midwife to carry out ante and post natal care and family planning as detailed in the agreement signed by MWIA and Professor Oduntan in 1981. The project was discussed by the Executive and they agreed to continue with it for another year and supply the necessary drugs and vaccines.

There had been no new projects under consideration by the Project Committee since the publication of the Women Physicians of the World. Ayako Sano, Japan, Chairman of this committee, explained that there was no finance available for new projects. A Japanese colleague had promised a contribution of US\$ 10,000 to continue the education of women doctors from South East Asia provided they returned to their own countries to continue their work.

Minerva Buerk, A former Project Committee Chairman, announced that the surplus from the sale of the Book Project had realised US\$ 38,222.97 and it was now concluded. She proposed that this surplus should be kept in a separate fund to be known as the Leone Hellstedt Fund in memory of the Leone Hellstedt, a Past President, who edited the book which contained the autobiographies of 91 medical pioneers born before 1911.

The chairmen of the Public Relations and Publicity Committee, Beverley Tamboline, Canada and Lila Kroser, USA, recommended that the Newsletter should be published twice a year and should continue to promote MWIA to other international associations and women's organisations.

An interim report was given by Beryl Corner, UK, on the work of the Statutes and By-Laws Committee which she chaired. Their task was to review the Statutes and By-Laws of MWIA and make recommendations to Council. A first draft had been presented to the Executive in 1983 and officers and national associations were asked to send recommendations and suggestions. The final draft would be presented to the General Assembly in 1987.

Catrin Williams, UK, Chairman of the Resolutions Committee, informed the General Assembly of the procedure for consideration of resolutions from the scientific meetings including the workshops,

seminars and discussion groups. These resolutions would be presented to the final Assembly for acceptance or rejection by a majority vote without any debate.

Six topics had been received by the Topic Committee, chaired by Hildegard Stoltz, Brazil, to be discussed at the Congress in 1989:

Alcohol and Drug Abuse

The Impaired Physician

Incidence of Cancer in Women in Different Countries

Child Abuse and Neglect, Sexual Abuse and Spouse Abuse

Food and Drugs; Light and Shadow

Organ Transplants

The topic would be chosen at the General Assembly by secret vote

Ute Otten, Germany, Chairman, gave the first report of the Young Forum Committee, established in 1982. They had discussed the difficulties young women had in receiving postgraduate training, continued medical education and their difficulties in finding employment. Opportunities for part-time work and part-time training were difficult in many countries and the future for young female doctors of child bearing age was unsatisfactory. This amounted to a reduction in human rights for female physicians and MWIA should bring this to the attention of international associations and the appropriate bodies. The Young Forum had met on three occasions and they had decided that the two main issues to be addressed were increased participation of young female doctors in MWIA, and to organise a project in a needy country at no expense to MWIA. Sierra Leone had been chosen

The Committee chairmen were thanked by the President for their reports and their commitment to MWIA. (1)

Reports had been received from 27 countries and the activities of the various national associations had been presented by the regional vice-presidents. Due to time constraints it was not possible to read the reports from the NCSs. .

No new women's national medical associations had applied for affiliation to MWIA The following eight colleagues were accepted as Individual members:

Diana Marulanda de Montalescot, Columbia

Libertina Amathila, Angola

Lydia Albukrek, Turkey

Simin Azari, Iran

Alieh Madjd, Iran

Haydeh Malek, Iran

Shokouh Mohamed, Iran

Zarah Pouransary, Iran (1)

The General Assembly elected the following officers for the term, 1984-1987 by secret vote:

President: Beverley L. Tamboline, Canada

President-elect: Fernanda de Benedetti-Venturini, Italy

Honorary Treasurer: Anna Bogg-Berggren, Sweden

Honorary Secretary: Carolyn Motzel, F.R.G.

Vice-Presidents:

Northern Europe: Monica McWeeney, Ireland

Central Europe: Gertrud Zickgraf, F.R.G.

Southern Europe: Yvonne Perol, France

North America: Patricia Tudbury, U.S.A.

Ibero America: Pilar G. Reyes, Mexico

Near East & Africa: Dinah E. Jarrett, Sierra Leone

Central Asia: Mana Boonkhanphol, Thailand

Western Pacific: Il Ok Choo, Korea ⁽¹⁾

Three associations - Australia, Kenya and Korea had invited MWIA to hold the XX1st MWIA Congress in 1989/90. The Executive had decided not to accept the invitation from Kenya as the Kenyan Embassy had confirmed in writing that there were certain entry restrictions for some of MWIA members. Representatives from Australia and Korea gave presentations of their country. After a secret vote the General Assembly accepted the invitation from the Korean Association to hold the XX1st Congress in Seoul in 1989. ⁽¹⁾

The General Assembly accepted the following topic for the XX1st Congress:
“Incidence of Cancer in Women in Different Countries: Contributory Factors, Early Diagnosis and Treatment”.

Joan Redshaw presented the International Report which had been given by the Honorary Secretary at previous congresses. It was proposed that the Honorary Secretary, Carolyn Motzel would continue to give this at future congresses. Dr Redshaw had attended the UNICEF Board meeting in 1982 and noted that WHO and UNICEF would work together to obtain the goal of “Health for All by the year 2000”. The role of NGOs in this project was stressed by the UNICEF Executive Director. The permanent MWIA Representatives at United Nations in New York were Satty Keswani and Rosa Nemir. The official MWIA representative in Geneva is Annemarie Schindler. MWIA had been accredited at WHO for a further 3 years and Leila Mehra has been appointed as the official Technical Advisor to MWIA.

MWIA also had relations with CIOMS, WMA, the International Federation of University Women and the International Council of Women. The Statutes of the International Physicians for the prevention of Nuclear War had now been ratified and were available from the MWIA Secretariat. It was realised that this could be a very important affiliation for MWIA in the future. ⁽¹⁾

MWIA International Relations Officer, Carolyn Motzel, reported that she had tried to co-ordinate the international activities of MWIA and also to contribute to the realisation of its aims and purposes. She reminded the Assembly of the of the Aims and Purposes of MWIA and MWIA's responsibility as an international association:

To afford medical women the opportunity to work on common problems together and to gain co-operation of medical women in matters of international health. As women and as doctors we have a double mandate and challenge. This responsibility as an international organization involves activity in three forms:

- 1) To send informed observers to represent MWIA who shall contribute to the policy making decisions of the future.*
- 2) To inform MWIA members of world humanitarian and health problems*
- 3) To motivate and encourage members to actively contribute within their resources locally, nationally and internationally.*

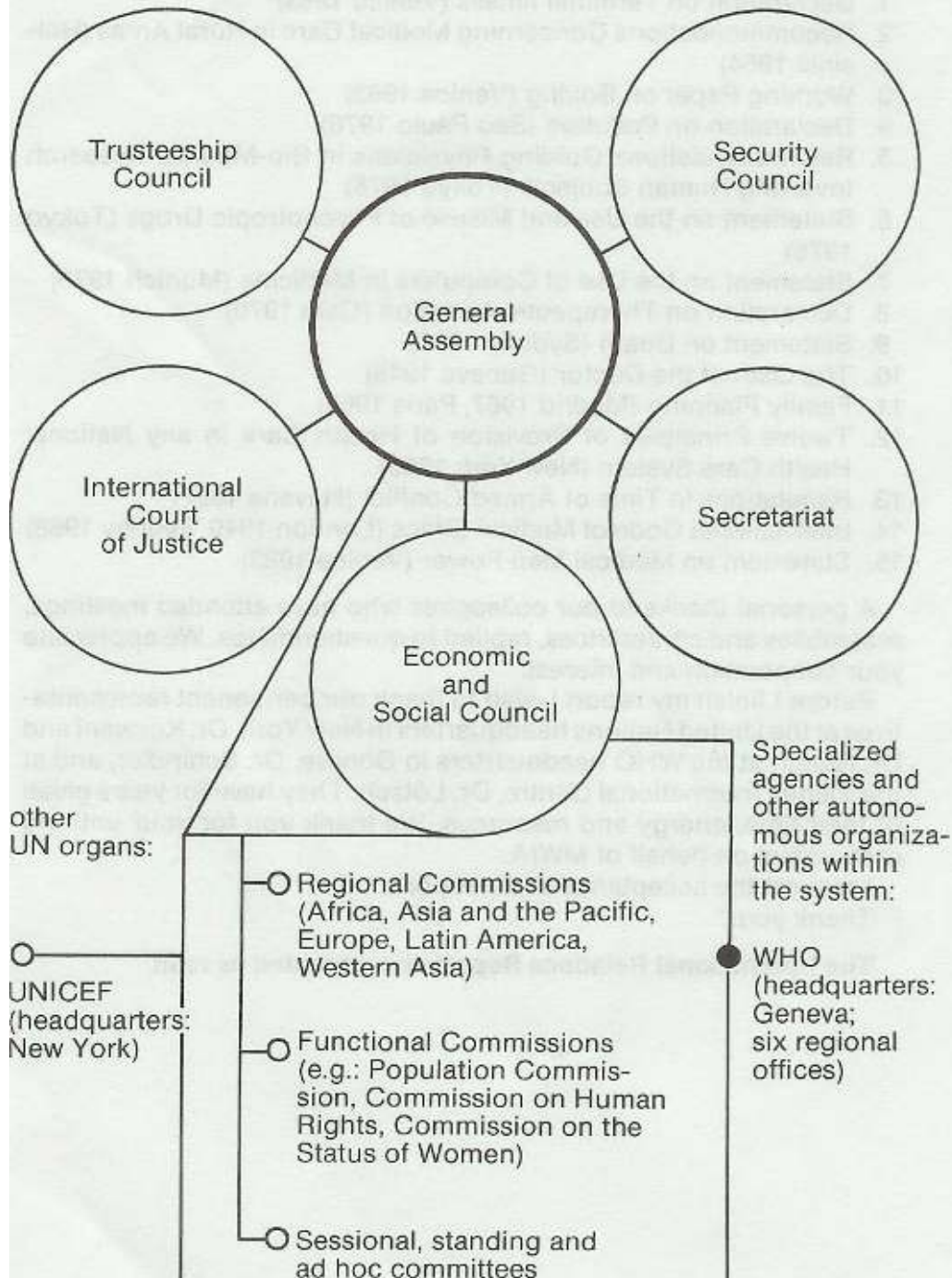
Within this conception, MWIA has been actively involved in non-governmental organization status (NGO) with the United Nations Economic and Social Council (ECOSOC), United Nations Children's Fund (UNICEF), and has official relations with the World Health Organization. Relations were also maintained with the Council for International Organizations of Medical Sciences (CIOMS), which we were a founder member and a member of the Executive Board, and with the World Medical Association (WMA). Relations are also maintained with other non-medically oriented international organizations with which we share areas of mutual interest are Zonta, Soroptomists, International Council of Women (ICW) and the International Federation of University Women (IFUW). I welcome the representatives of those organizations to our Congress. (1)

MWIA had been represented at WHO meetings in Geneva and at WHO Regional Meetings in various countries by MWIA members residing in that region or country. The meetings of the UN Commission of the Status of Women, the Planning Committee for the 1985 UN Conference/Decade of Women and other important UN meetings dealing with family issues were held in Vienna. MWIA representatives continued to attend UN meetings in New York and MWIA had been represented at the UN Conference on Population in Mexico, August, 1984.

The following helpful diagram illustrating international relations was included in the report of the X1Xth Congress:

MWIA's relation to the UNITED NATIONS system

The six principal organs of the UNITED NATIONS



(1).

MWIA had been represented at WHO meetings in Geneva and at WHO Regional Meetings in various countries by MWIA members residing in that region or country. The meetings of the UN Commission of the Status of Women, the Planning Committee for the 1985 UN Conference/Decade of Women and other important UN meetings dealing with family issues were held in Vienna. MWIA representatives continued to attend UN meetings in New York and MWIA had been represented at the UN Conference on Population in Mexico, August, 1984.

Anne-Marie Schindler gave an account of the WHO meetings held in Geneva. She had attended 2 General Assemblies, 2 Executive Board Meetings, the Congo Board meeting and the NGO Conference on Human Rights. She had met with Ruth Bonner who was a new MWIA representative in Geneva and Leila Mehra to discuss improving the flow of information from national associations to the MWIA Secretariat and/or Geneva and visa versa.

Satty Keswani, Representative at UN in New York, focused on two important activities of the United Nations. The Decade of Women which began officially in Mexico in 1975 and would end in Kenya in 1985. This has provided a forum to highlight women's rights and draw attention to areas where progress is still urgently needed. At the World conference in Mexico a World Plan of Action was adopted to improve the status of women. Two new institutions were set up – Convention for the Elimination of all Forms of Discrimination against Women, The International Research and Training Institutes for the Advancement of Women (INSTRAW) and the Voluntary Fund for the United Nations Decade for Women.

Anjuta Lotsch. MWIA representative at United Nations in Vienna attended the Preparation Conferences for the Decade of Women and the regular meetings which were arranged to discuss to discuss women's affairs.

Honorary Membership was conferred on Joan Redshaw, Australia, Immediate Past President and Ayako Sano, Japan, a past Vice-President who was highly recommended for her fund raising activities.

160 Golden Jubilee members of MWIA from the following countries were congratulated for 50 years of faithful affiliation to MWIA

Australia (15), Canada (9), F.R.Germany (1), Japan (119), Norway (2), Sweden (1) and the United Kingdom (19)

Policy Resolutions

Young Members Forum

Four policy resolutions were presented by the Executive to the General Assembly. .

The General Assembly accepted an amendment proposed by the Australian Medical Women to the 4th Young Forum policy resolution and accepted the following five resolutions from the Young Forum

- 1. Be it resolved that the workshop " Young Forum" be made a permanent feature of MWIA*
- 2. The MWIA should allow for reduced fees and accommodation for one young medical doctor representing her national association and participating in the workshop*
- 3 The workshop should discuss matters of importance to all medical women doctors, especially the young, and also promote participation in MWIA*

4. *MWIA should look for ways of improving the situation of young medical women who, in many countries, face the fact that equal opportunities do not exist with regard to their professional careers.*
5 *The Young Forum requests that MWIA members participate in an exchange friendship programme to enable young women doctors to visit colleagues for four weeks. It would be desirable to live with colleagues and have the possibility to observe medical activities* (1)

Inclusion of Israel in Southern Europe

The Italian Association officially proposes that the reconstructed Association in Israel should form part of Southern Europe.

This resolution was accepted by the General Assembly (1)

Re-regionalisation

A request from the Philippines Association for re-regionalisation of the Western Pacific and Central Asia Region was withdrawn as consultation with the countries concerned had shown that this they did not wish re-regionalisation(1).

Archives for MWIA Historical Records

Alma Morani moved

To accept an offer from the Medical College of Pennsylvania to deposit MWIA Archives in their "Archives and Special Collection on Women in Medicine" (1)

This was accepted by the General Assembly

The Closing Session of the General Assembly was held on the 3 August, 1984. Dr Chris Hill, Canada, summarised the scientific papers presented at the Congress. Papers read on the first day (Monday) concentrated on personal relationships and discussion ranged from male and female relationships to more technical aspects such as prenatal sex selection. On Tuesday there was more emphasis on the more professional aspects of training and practice – looking at the ways women physicians were taught and trained their colleagues and the ways in which we taught and dealt with our patients and the general public. The third scientific programme continued on Thursday and the main topic was again training and practice but this time was more inclined to public health concerns of the various countries represented. Many serious concerns were raised at this session. The sessions on the fourth day revolved around sexuality and family concerns as well as primarily societal concepts of male and female roles. Changing attitudes towards these concepts were also explored.

Several invited keynote speakers discussed many thought provoking subjects of specific interest to female doctors. Fascinating and informative papers were presented and gave rise to much discussion and important resolutions (1).

Scientific Resolutions

The following Scientific Resolutions were passed by the General Assembly

1. *Be it resolved that all medical associations recommend the creation of opportunities to combine professional work with a family role for parents of both sexes.*

2. *Be it resolved that National Associations request their government and/or other relevant policy making bodies to help to promote the creation of part-time post-graduate training posts.*

3. *Be it resolved that MWIA and its member association stimulate women doctors to take part in the activities of professional organization and to study and participate in the management functions of health care delivery.*

4. *Be it resolved that MWIA encourage the active involvement of women in the life of their community.*

5. *Be it resolved that MWIA support the involvement of both parents in the upbringing of their children.*

6. *Be it resolved that the MWIA should encourage National Associations and their local groups actively to campaign for the development of child care facilities for the staff and students of hospitals and medical schools.*

7. *Since nuclear warfare is one of the greatest health menaces facing humankind and since there can be no possible medical response to a nuclear war! be it resolved that physicians educate themselves and others on the medical aspects of nuclear war.*

8. *Be it resolved that this Congress recommend to all countries the application of the following measures for the prevention of alcohol and other drug problems:*

1) That advertising of alcohol and tobacco with its influence on both young and old be restricted and brought within effective control with the goal of an early total curtailment of such advertising

2) Because most countries are now becoming conscious of the devastation caused by driving under the influence of alcohol and other drugs, the MWIA supports the strictest controls to alleviate the problem and urges assistance to those organizations working to achieve these objectives.

3) MWIA supports WHO in its call for the lowering of alcohol consumption.

9. *Be it resolved that the MWIA recommend that health care providers be given the educational opportunities for developing the knowledge, attitudes and skills necessary for dealing with sexual issues in the elderly as part of their total health care.*

10. *Be it resolved that the MWIA recommend that the sexual needs and concerns of the elderly be recognized by the individuals and the institutions that care for them.*

11. *The MWIA wishes to express its opposition to unnecessary extensive surgery in benign genital disease in women.*

12. *Whereas sexual behaviour between adults and children has far reaching medical and psychological consequences for its victims MWIA:*

1) Deplores such behaviour

2) Supports the introduction of education on this subject into medical school curricula

3) Calls for the development of social and legal resources to protect children against sexual exploitation

13. *Be it resolved that member countries of MWIA make all efforts to carry out an educational programme, starting with early adolescence, against smoking and drug abuse, to protect the health of all*

14. *Be it resolved that MWIA give support to all member countries in which female circumcision is practised in their efforts to educate the public regarding the health hazards involved and the eventual elimination of female circumcision (1)*

Closing of the X1Xth MWIA Congress

The outgoing President, Trinidad Gomez, thanked all the participants for their attendance, support and understanding and expressed her hope that they had enjoyed the Congress. She declared the X1Xth Congress closed.

Social Programme

There was a well organised programme of events which included the following:

Invitations from Canadian members to afternoon tea at their homes

A Welcome reception by the Federation of the Medical Women of Canada

An evening of sports

A luncheon for the National Corresponding Secretaries

An Excursion on Wednesday, 1 August, to Victoria Island

Hospital tours

A reception and farewell banquet in the Congress hotel on the last evening ⁽¹⁾

References

1) *MWIA Congress Report No 31*

CHAPTER 20 The Decade of Women and MWIA Regional and International Congresses.

Following the Congress in 1984, MWIA had a very busy 3 years with involvement in revising their Statutes & by-Laws, attending the many preparatory meetings for the Decade of Women in 1985 as well as the NGO Forum prior to the conference itself, and sending representatives to an increasing number of international meetings. The Committee on Non-Government Organisation (CONGO) had recommended that MWIA be reclassified as category 11 status at UN. With this new responsibility they were able to actively participate and be heard in the working groups of the Economic and Social Council

The new MWIA Secretariat had successfully organised their first international congress in 1984 and were now happily settled in the office in Cologne rented from the German Medical Association. They had excellent support from the German Medical Association.

The months after an MWIA international congress are very busy for the Honorary and Executive Secretaries. All national associations and individual members require to be informed of the decisions made at the Executive meetings and the General Assemblies, the membership of the new Executive, the policy and scientific resolutions passed and new affiliates. One “time consuming task” is the preparation of the Congress report which is sent to the national associations and individual members within one year of the congress. The regular work of the secretariat must continue however. This included the Circular Letters, Officers Letters, correspondence with the President, Vice-Presidents, members, NCSs, Committee chairmen and other international associations including WHO and UN. It was necessary for the Honorary Secretary to request MWIA members to represent MWIA at an increasing number of meetings. This was not easy as MWIA did not offer members out of pocket expenses, so it was important to find willing MWIA members within close proximity of meetings – this in the days before the use of fax or email for rapid and inexpensive communication had really started. It is doubtful if MWIA members realised or really appreciate the workload carried by the Honorary Secretaries and assistant Executive Secretaries over many years.

The Association applied successfully for renewal of its official relations status with WHO. This was agreed for a further 3 years from March, 1986 – yet another recurring task to be completed by the Secretariat. Renewal was not automatic and required evidence of MWIA’s collaborative activities worldwide with WHO in promoting health especially in developing countries. The Secretariat depended on input from the NCSs of all national associations to ensure WHO was satisfied that MWIA was fulfilling its obligations to achieve this renewed status. As already recorded there was also a successful application for Status 11 with UN.

At the suggestion of Dr Morani and with the approval of the General Assembly, Vancouver, 1984, MWIA historical records/ archives (1919-1975) were prepared by the Secretariat and sent to the Women’s Medical College of Pennsylvania where the “Archives and Special Collection on Women in Medicine” were held. This task would, in the future, be repeated at 5 yearly intervals. (1)

Two Executive meetings were held in Cologne at the headquarters of the German Medical Association in 1985 and 86. As the Executive was responsible for MWIA business between general assemblies it required to appoint a new interim Treasurer following the resignation of Dr Anna-Bogg-Berggren, Sweden, who wished to retire due to health reasons in January, 1986. A new interim

Treasurer was appointed in accordance with the Statutes and By-Laws. Dr Lila Kroser, USA, Chairman of the Finance Committee accepted this appointment.

At these Executive Meetings the Statute and By-Laws Committee met face to face as their work since 1984 had been by correspondence with the chairman, Beryl Corner and the Secretariat. A Long Range Planning Committee was appointed at the 1986 Executive and met briefly to discuss their remit. They submitted one recommendation to the Executive regarding the nomination of the regional vice-presidents. This was accepted and included in the Statutes and By-Laws revision. It was agreed that a questionnaire should be sent to the NCSs to encourage national associations to discuss the current status of MWIA and define its future role by making MWIA more dynamic within its defined aims. It was considered necessary to promote medical women and to express views on medical and women's issues so that MWIA was seen as a more evident international voice. NCSs were requested to return the questionnaire by the end of February, 1987. (1)

1985 was the Year of the World Conference of the Decade of Women, which was attended by Government delegates and observers from over 150 nations and was preceded by the NGO Forum which attracted over 12,000 participants. MWIA was represented at the NGO Forum in Kenya by Diana Jarret, VP Near East and Africa, Florence Manguyu, NCS, Kenya, MWIA Resolutions Chairman, Catrin Williams (also representing Wales) and MWIA Honorary Secretary, Caroline Motzel. There were other MWIA members attending the Forum and Conference representing different associations or their Governments. The Kenya Medical Women's Association (KMWA) presented a very successful workshop on Women in Health which was well attended. This Association also gave hospitality to MWIA members attending the Forum and Conference in Nairobi. MWIA presented the following statement:

The MWIA opposes commercial live organ transplant across international borders on the following grounds:

It is 1. Against medical ethics

2. Procedure for which there is no medical indication

3. The exploitation of the poor for the wealthy. Often it is women who sell their organs to secure food and medical care for their children

4. Produces two standards of humanity. The wealthy that purchase health at the expense of the loss of health of the under-privileged

The United Nations should express strongly its abhorrence of this practice. (1)

The XXth Congress of the Medical Women's International association was held in the Central Sorrento Palace Hotel, Sorrento Italy, 26 April – 2 May, 1987. The topic discussed was “*ADOLESCENCE; MEDICAL AND PSYCHO-SOCIAL ASPECTS*”

The Congress was attended by 541 persons – 472 members and 69 accompanying persons. 19 members attended the Young Forum.

The Congress was preceded by the pre-congress Executive meetings and the 1st Council Meeting both chaired on separate occasions by the President, Beverley Tamboline. Business was discussed which would be presented to the General Assembly for approval included:

- New Rules of Procedure to facilitate the conduct of business at the forthcoming MWIA General Assembly(GA)
- The institution of a Scholarship Loan Fund.
- New timing of the choosing of Congress Topics

- Time to be allowed for discussion of Scientific resolutions before they are presented to the GA
- Reviewing of previous resolutions passed by the GA
- The new Long Range Planning Committee
- MWIA Projects
- Honorary Membership
- Re -regionalisation
- Scientific and policy resolutions
- Statutes
- Election of Officers
- XX1st Congress and venue for the XX11nd Congress

A NCS Briefing was held on Sunday 26 April and covered the above decisions which would be discussed at the General Assemblies.

The Congress was officially opened by the President, Beverley Tamboline, in the Sirene auditorium. She welcomed MWIA's official guests, all members and accompanying persons. The Italian Medical Women's Association was thanked for inviting MWIA to their country.

Dr Paola, President of the Italian Medical Women welcomed all participants to Italy and Sorrento- *Blue skies welcome you*. She presented the guest speakers – Ettore De Toni, Professor of Preventive Paediatrics, University School of Medicine, the Gaslini Children's Hospital, Genova and M. Teresa De Toni, Associate Professor of Preventive Paediatrics, University School of Medicine, Gaslini Children's Hospital, Genova. Both spoke of the importance of prevention and the hope for the future health of children and adolescents with the study of Genetics

The Scientific Programme was introduced by Elvira Galluzzi, Italy, who also welcomed the participants and their contribution to the scientific programme. She acknowledged the importance of adolescence – a formative and transitional period and of great importance in a man's life. Doctors were duty bound to provide help and support by tackling and following the problems of adolescence and discussing them together.

The NCSs and members of the Executive were invited to a lunch hosted by MWIA in recognition of their work on behalf of MWIA

There were 2 General Assemblies during the Congress, both chaired by the President. The 1st General Assembly was held on the afternoon of Monday 27th April. The President welcomed the delegates and Council Members of the National Associations, and MWIA members.

The Honorary Secretary, Dr Carolyn Motzel, took the roll call and verified that the necessary quorum for the General Assembly was present.

The President had received messages of regrets from Dr Harumi Ono, Finance Committee Chairman, Dr Schindler, International Representative, Geneva and Dr Nemir, International Representative, New York who were unable to attend. Greetings were received from Dr Hans Peter Brauer, Secretary

General, of the Standing Committee of Doctors of the European Communities and Dr Winifred Fernandes of the Indian Medical Women's Association.

The President expressed her deep regret over the deaths of 245 colleagues from 13 national associations who had passed away since the XIX th Congress in Vancouver and requested the GA to stand for a minute's silence in memory of their colleagues.

The Minutes of the GA, Vancouver, 1984, as printed in the XIX th Congress Report were accepted.

Dorothy Ward, UK, presented the new Rules of Procedure and Voting to the General Assembly.

There followed reports by the President, Honorary Secretary, Treasurer and Vice-Presidents of MWIA.

Beverley Tamboline, Canada, gave an account of her activities during her Presidency. She had attended the Northern European Regional Congress in The Netherlands and encouraged all regions to hold a regional meeting between International Congresses especially as these were now at 3 yearly intervals. She had also participated in the Annual General Meetings of the Federation of the Medical Women of Canadian and the American Medical Women's Associations. Following the Executive meeting in Cologne, 1986, she visited the venue for this Congress in Sorrento.

Membership of MWIA was now over 16,000 and the Columbian Medical Women's Association had applied for affiliation to MWIA There were also applications from another 9 countries for Individual Membership bringing the number of countries represented in MWIA to 65. There were still many countries not represented in MWIA.

MWIA had maintained its official relations with WHO and Dr Schindler and Mrs Bonner were the MWIA permanent representative in Geneva. Within the UN we hold Status 11 with ECOSOC and Drs Nemir and Keswani are the permanent representatives in New York and Dr Lotsch in Vienna.

She referred to the resignation of the Treasurer, Dr Anna Bogg-Berggren and the Executive's appointment of Lila Kroser, USA, as Treasurer for the remainder of the session. She had been chairman of the Finance Committee. She thanked Dr Bogg-Berggren for her work as Honorary Treasurer and Dr Kroser for accepting the interim appointment.

A new Scholarship Loan Fund, recommended by the new Treasurer to the Executive, would be set up The initial fund was generously started by a personal gift from Dr Sano, Japan, and further funding was available from the Pearl Fund and the sale of Sears Shares. More funding was required and she invited members to make donations.

Finally she thanked the Officers, Secretariat, Committee Chairman and their members for all their work during her term of office and MWIA members who had who had communicated with her. (1)

Dr Carolyn, Honorary Secretary presented her report outlining the work of the Secretariat and thanked members who had responded to her many requests. She was indebted to the Executive and committee chairman for their interest and support and was very pleased that communication with

NCSs had markedly improved in the past session. She appreciated their advice and interest. They are the important link that allowed the Secretariat to main contact with members.

Miss Helga Hovel had completed her service to MWIA and she had been replaced by Mrs Varga as Executive Secretary.

She continued to contact other countries not yet affiliated to MWIA and encouraged individual members to establish new associations in their countries.

She was especially pleased that Dr Leila Mehra from WHO had been assigned to MWIA as a technical Adviser. Dr Mehra gave guidance and help to the Secretariat and to the representatives in Geneva. She also thanked MWIA permanent representatives in New York and Geneva for their work.

In closing she thanked the Organising Committee of the Italian Medical Women's Association with whom she had worked during the preparation for the Congress⁽¹⁾

The new Treasurer, Dr Lila Kroser, gave a very detailed account of MWIA finances. She had spent the past year familiarising herself with the financial structure and paid tribute to Dr Marta Holmstrom, a previous Treasurer, who had provided a firm foundation on which to build and also to Dr Bogg-Berggren, the immediate past Treasurer who had relinquished the finances in such good order. She had not changed the auditors, Price Waterhouse, or the investment of capital funds in Banque Scandinavia en Suisse in the form of Swiss Franc Bonds and Equity Funds.

She reported that there was total assets value of 731,488CHF in December, 1985. The income in 1986 was 151,016CHF less bank charges. Expenses in 1986, covering Executive meetings, international subscriptions, fees to Price-Waterhouse and legal fees for the changes to the Statutes and By-Laws (paid in 1986) were \$38,625. The total Secretarial expenses were 81,70CHF and the total assets for 1986 were 845, 770CHF. This gave an increase of 108,204CHF of assets in 1986 over 1985 and a surplus of 70,000CHF of income over operating costs. Other expenses from 1986 were paid in 1987 so the excess was approximately \$45.000. Despite the major expense in 1986 in renewing the Statutes and By-Laws:

The bottom line is we are in the black!

There were now 59 affiliated national associations but only 23 of these countries paid their dues in 1986. The number of paid members increased from 16,100 in 1985 to 16,620 in 1986.although there were 17,146 official members.

The President had appointed an ad hoc committee to prepare a protocol for the Scholarship Loan Fund which now amounted to \$25,000

Four Lovejoy Fellows had been funded to attend the XXth Congress and MWIA also shared the expenses with the Italian Association of the 21 Young Forum members.

The Executive agreed to partially fund the travelling expenses of Vice-Presidents in order to encourage the participation of younger members in the Executive.

Finally she outlined the 10 MWIA funds where the revenues and expenses of the organisation were allocated

General Fund

Balance of funds not allocated to special funds

Secretarial & Treasurer Travel Fund

Cost of travel to congresses for two members of Secretariat and Honorary Treasurer

Administration Special Fund

To cover the cost of annual Executive meetings

Lovejoy Jubilee Fund

Fellowships of 1000 CHF each for elected members to attend congresses

Public Relations & Publicity Fund

To be used for public relations expenses e.g. Newsletter

Dr Leone Hellstedt's Fund (previously known as Project Fund)

To provide the cost of future projects of MWIA

Nigerian Project Fund

To cover the cost of the Mother and Child Project in Nigeria

Young Project Fund

To provide the cost of congress fees for Young Forum Members

Dr Marta Holmstrom Fund

To provide interest free loans to host associations hosting international congresses

Scholarship Fund

Purpose of this fund as yet not specified

Finally she thanked the Secretariat for their help in collating financial information and the President and Executive for their confidence in her and allowing her to serve as Treasurer. She stressed the importance of MWIA maintaining “capital” to fund and continue with MWIA projects (1).

The Vice-Presidents from the region presented their reports which summarised the activities of the countries in their regions.

Northern European Region - Dr Monica McWeeney, Ireland
(Denmark, Finland, Ireland, Netherlands, Norway, Sweden and United Kingdom)

In the UK the number of women graduates had now reached 45%. The highest majority of these graduates were in the junior training grades but there had been no significant increase in the number of women in women holding senior posts in the hospital specialties. The Royal College of Obstetrics & Gynaecology were concerned that few women were following a career in this specialty due to the demanding on call duty.

The Medical Women's Federation (MWF) was asked by the Department of Health, the General Medical Council and the Royal Colleges, to comment on various issues and members were encouraged to stand for election to national medical committees.

An important symposium on “Rape and Sexual Abuse” was held in 1985 – the year MWF celebrated its 70th birthday.

A successful Northern European Regional meeting was hosted by the Dutch medical women in 1986. The topic discussed was "Occupational Health and Women". This association was very active nationally organising meeting, workshops and Management Training courses. They published frequent large newsletters.

The Norwegian Medical Women have had a tragic time with the death of two of their prominent members - their NCS and President.

The Finnish Medical Women celebrated their 40th anniversary in 1986. They have 151 members and hold frequent meetings discussing Aids, Health screening, new vaccines and the Mama Project.

In Ireland, the medical women were involved in organising the National Women's Health week in their country. It focused attention on women's problems both in health and social spheres. Members of the association participate in many national committees and brought to the attention of their government issues concerning women's health.

Members of the Medical Women's Association in Sweden also contributed to many national boards and committees. Well attended meetings discussed health related subjects such as – Sex Abuse of Children, Mammary Cancer, Suicide statistics, Burn out syndrome and Computers in Patient Care. A summary of the discussions were published in the Swedish Medical Journal.

Central European Region - Gertrude Zickgraf, Germany
(Austria, Federal Republic of Germany, Switzerland)

The medical women in Austria met monthly and tried to attract young medical women. They continued to be responsible for the running of a home for retired women doctors.

The Swiss Medical Women's Association participates in matters of public interest and had been involved with other female organisations and relevant groups in discussing such issues as Right to Life, In vitro Fertilisation and Embryo Transfer and the Role of Women in Medicine.

In the Federal Republic of Germany there were 26 active branches of the Medical Women's Association. They co-operated with other women's organisations and the German Medical Association. They were involved in a project -*The Happy Children's Ward* which dealt with the mental care of chronically ill children and those who suffer from cancer. The Young Forum was very active in Germany and has collected large amounts of drugs and medical supplies for the paediatric hospital in Freetown, Sierra Leone. A monthly journal was published which served as a means of communication and exchange of thoughts for all members.

Southern Europe Region Yvonne Perol, France
(France, Israel, Italy, Spain)

There are 3500 women doctors in Israel but only 10 belong to the medical women's association. There are 200 suicides annually – mainly among adolescents or young adults.

The Italian medical women had 9 regional branches and have had a busy few years preparing for the XXth MWIA Congress. They continue, however, to hold meetings in different towns on various subjects.

The French association have 1000 members but only paid dues for 200 members. In 1986, a member of the association was elected as the first President of the College of Physicians.

A women doctor from Turkey – an individual member - will attend the XXth Congress in Sorrento and hoped to form a national association in Turkey.

North America - Dr. Patricia Tudbury
(Canada, United States America).

The members of this region had continued to develop closer relations with the Pan American Women's Alliance in the Ibero-American Region and had established liaison between this Alliance and MWIA. Rebecca Kuniyoshi, Peru, is a member of both Associations and has translated the recent MWIA Circular Letter into Spanish and sent it to branches of the Pan American Alliance. MWIA members from Canada and America will attend the forthcoming XV Congress of the Pan-American Alliance in Panama. It is hoped the visibility of MWIA will also be increased in this region of WHO.

Both national associations of MWIA in this region share common problems and challenges. There is a need to increase membership and communications in this vast region and encourage new national associations to form in the English speaking countries of the Caribbean and affiliate to MWIA.

The Federation of the Medical Women of Canada had 483 members (8.5% of medical women). They are however recognised as the organisation that speaks for women doctors. 40% of medical students are female The Federation was involved in health care issues with the Canadian Government and had planned many Women's Health Seminars aimed at non-medical people.

The American Medical Women's Association (AMWA) had a membership of 7609 including 2326 medical students and 1375 doctors in post-graduate training. The Association had 2 strategic plans – a Leadership Task Force promoting increased leadership by women in the American Medical Association, the specialty societies and medical schools and an Anti Smoking Task Force working through the branches of the Association to prevent smoking in teen-aged women. A journal is published bi-monthly.

The American Women's Hospital Service Committee continues to support clinics in various countries and assists a home for women who are substance abusers and a home for run-away boys.

Latin America – Dr Pilar Reyes
(Bolivia, Brazil, Columbia, Guatemala, Mexico, Peru)

Bolivia had been very active with involvement with the Radio Clinic of Family Counselling in lectures and conferences to the community.

The Brazilian Medical Women held a successful meeting for women doctors and many women doctors are now showing an interest in this association.

The medical women in Guatemala were inactive for 3 years but have now regrouped and issued an invitation to MWIA to hold the XX11nd Congress in Guatemala. The Association had rebuilt a park for children in a deprived area and restored clinical services to the community.

The Medical Women's Association in Mexico held monthly meetings on various medical and social issues. Following a severe earthquake the Association organised several medical teams to be responsible for medical services in the most affected parts of the country.

Near East and Africa (Dr Dinah Jarrett)

Egypt, Kenya, Nigeria, Sierra Leone, South Africa Madagascar

Dr Jarrett had been unable to visit the countries of her region due to major constraints in her country but she tried to keep in contact with the various associations in her region if she was able to attend other conferences where she gave brochures and letters to male and female colleagues asking them to contact female doctors in their countries. She received information from doctors in Burundi and Uganda who were interested in forming medical women's associations.

There were many active members in Egypt working in universities, Primary Health Care Centres, School Health and hospitals. In Egypt there was no discrimination and male and females doctors have equal rights and the number of female doctors is increasing. Women are now appointed as professors and head of departments.

The association in Kenya is very new and still relatively small. They ran a successful workshop at the Women's conference in Nairobi entitled *Women and Health. The Hungry Child project has been established for two years in the Eastern Province.* The Association also provided free medical care to children, vaccinations, and offer family planning advice, dental checks and cervical smears to their women.

In Nigeria the association was increasing and now had 7 branches and all branches had at least one project. It is hoped that the government will in future use medical women in national health projects.

The medical women in Sierra Leone participated in Government projects such as Primary Health Care, Fertility Advisory Services and Reproductive Health Training Programmes. The Association was also interested in assisting the Government with school health programmes including research on immunisation but they were not supported by the Minister of Health.

Central Asia - Dr Mana Boonkhanphol

(India, Sri Lanka, Thailand Vietnam)

There had been little communication with the associations in Sri Lanka and Vietnam due to the social and economic conditions in these two countries.

The members of the Association in India were involved in family planning projects and the health of the mother and child. Each branch of the association had its own vaccination project, school health programme and cancer research. The West Bengal branch had opened a fifty bed hospital for the needy and the Bombay branch ran a cytology clinic. The Indian Medical Women's Association also donated a Golden Jubilee Scholarship to young members for outstanding clinical research in any branch of medicine.

The Association in Thailand had many activities which included:

Early cancer detection clinic

Medical and dental mobile unit to the slum and rural areas

A general practice clinic held in the Association's headquarters 5 days per week

Education of public with medical information and other publications in Woman's magazines
A special "25th anniversary year project" when they held over one week a special event - "Fighting against Cancer of Cervix and Breast". This included discussions on television and radio as well as exhibitions and workshops

Western Pacific Dr Il Ok Choo

(Australia, Hong Kong, Japan, Korea, New Zealand Philippines, Taiwan)

This region held a regional congress in Taipei, Taiwan in 1986 - 30 years after the first regional congress in 1956. There was a scientific programme, a visit to a veteran's hospital, sight seeing, an evening banquet hosted by the Mayor of Taipei, with Chinese food and entertainment, and most importantly - a regional business meeting. The business of the meeting included a suggestion to split the region into two parts as the distances from north to south were great and communication poor. (This proposals was not accepted by the MWIA Executive nor the General Assembly)

The Australian association had 674 members in 6 state branches. The Executive of the association functions for three years in each state in turn as it is such a vast country and a triennial meeting of the Association is held. Each state is active and autonomous holding its own meetings. The Executive of the Association has been very active and involved in controversial and political aspects of medicine in Australia.

Members in Taiwan ran a charity clinic and they also organised a successful regional meeting.

The Japanese medical women gave an annual research grants in clinical and basic medicine to six young doctors. They organised scientific and social events through out the year.

The Philippine medical women continued to organise postgraduate education for their members and offered community services such as free monthly clinics for veterans, Operation Harelip, immunisation programmes and the continuation of many community projects are included on their agenda.

In Korea there were 1500 registered members but only 350 are active. Members meet regularly every month to discuss scientific topics and socialise. A monthly newsletter was published and an annual journal with scientific research reports. Women's health consultations are held at weekends offering immunisation, medical services, mother and child care, family planning and advice for breast feeding.

The Vice-Presidents reports were accepted by the General assembly. (1)

The reports of MWIA Committee were presented

Finance Committee

This report was given by Hannah Reeve Sanders, South Africa, on behalf of the chairman Harumi Ono, Japan who was unable to be present. She announced that there would be no increase in the dues but the situation would be monitored closely. There were now 16,620 members – an increase of 520 since 1986. She proposed that the budget be accepted. This allowed for the purchase of a new computer and other office equipment, financing in part the travel expenses of the Vice-Presidents

and \$12.500 (from donations and shares) identified by MWIA towards scholarships and fund raising projects.

Fund Raising Committee

The chairman, Remodios Arellano, the Philippines, thanked the Korean Medical Women's Association for their donation of US\$1000 and the Swiss Medical Women's Association for their donation of 1000CHF. The members of the Young Forum had sold the raffle tickets which had raised Lira 2,606,000 and 3.235.400 Lira and US\$ 117.75 was the total from the bring and buy sale. She had been unable to raise money in her country for MWIA funds but instead a yearly scholarship for a Master's degree in Public Health would be offered in conjunction with the MWIA Scholarship Programme.

International Relations Committee

This was presented by Carolyn Motzel. Its aim was to encourage and co-ordinate international representation. The committee had recommended the following areas of sustained commitment within the UN system:

1. Subcommittees on health, human rights, family, peace, youth, aging, disabled persons, crime prevention and drug abuse
2. Increased involvement with WHO, CONGO. ILO AND CIOMS
- 3 Recommended that MWIA continues its relations with WMA
- 4 Recommended that MWIA maintained relations with non-medical orientated international organisations with whom we share areas of mutual interest – Soroptomists, International Council of Women and International Federation of University Women

She thanked her committee members and the permanent representatives at UN, Drs Keswani and Dr Nemir, Dr Schindler and Mrs Bonner at WHO headquarters, Geneva and Dr Lotsch at the Vienna International Centre.

She spoke of MWIA's involvement at the NGO Conference in Nairobi as reported in the Honorary Secretary's report.

She had attended the International Conference, *Health Policy, Ethics and Human Values- an International Dialogue* convened by the Council for International Organisations of Medical Sciences. She listed the many international conferences and other meetings of organisations attended by members representing MWIA often at their own expense.

1. International Youth Year - 4 in Vienna, Austria
2. Committee and Meetings on Aging – 9 in Vienna 1 in Rome
3. WHO meetings in Regions and Geneva – 18
- 4 .Meetings on the Decade of Women – 3 in Africa, 1 in Geneva, 6 in Vienna
5. Meetings on the Family - 19 in Vienna. 1 in Geneva
- 6 Meetings on International Peace- 1 in each of Bangkok and Geneva, 4 in Vienna
7. Meetings on Crime – 1 in Vienna, 1 in Milan
- 8 .Conference on Non-Governmental Organisations in Geneva
9. Council for International Organisation of Medical Sciences – 3, Greece, Mexico and Switzerland.
- 10 World Medical Association 2 Singapore and Belgium

11. International Labour Office 2 in Switzerland
12. United Nations Children's Fund – 2 in Geneva, 3 in New York
13. Drug Abuse and Illicit Trafficking - New York, 1 in Vienna
14. Pan American Women's Alliance - 1 in Dominican Republic
15. Other Conferences – 6 in various continents

Committee on the Health of the Mother and Child

Adeline Husslein, Austria, the chairman of the committee, reported on the various activities in the past 2 years. This included the completion of the well in Nigeria, the Executive recommendation to co-operate with UNICEF on a programme of immunisation for the children of Nepal, with an expenditure of \$10,000 over 2 years and a BCG vaccine immunisation programme in Enugu, Nigeria, which had the approval of WHO.

Long Range Planning Committee

This committee was formed at the 1986 Executive meeting. Its purpose was to make MWIA more dynamic within the defined aims, to promote medical women and to express views on health and women's issues. It must have a more evident "international voice". With congresses only every 3 years, there should be decentralisation with more autonomy for the regions. It only made one recommendation in 1986 – that each vice-president should be nominated by its own region. This was included in the draft of the new Statutes and By-Laws. A questionnaire was also agreed and sent to NCSs requesting their opinion on the current status of MWIA. Ten replies were received prior to this congress and the committee had reviewed the opinion of national associations:

- It was considered that MWIA could not assist in recruiting members to national associations(NA)
- There should not be a maximum of NAs per region. There was no consensus regarding 2 VPs for regions with large number of members, and agreed that regions should be responsible for nominating their own VP.
- MWIA should consider funding VPs to visit the NAs of their region
- Standing Committees should be designated and more information sent to their members
- No consensus on the language used by MWIA
- More communication with members and more communication from NAs
- Fund raising should be for specific projects. Projects, funding of travel expenses and communication were considered important
- Health care projects such as immunisation, and programmes for training and retraining after time out for medical practice
- Cooperation with other international medical and women's organisations

Project Committee,

This committee was co-chaired by Babill Stray- Pederson, Norway and Olu Odunton, Nigeria. It was originally established in 1970 to promote and publish the book "Women Physicians of the World". The surplus raised from the sale of the book helped to establish the Leone Hellstedt Fund which can be used for future MWIA projects.

These projects were important for MWIA's continued relations with WHO and are thus very important to MWIA. The project in Nigeria was under the direction of the Mother and Child

Committee. The chairman has reported to the General Assembly that it was now completed. Different immunisation projects were planned in Korea and Nigeria.

The committee had been investigating the possibility of MWIA joining with other women's organisations in projects for the developing world.

The Executive has decided that all individual requests for financial assistance without MWIA involvement would not be considered

Assistance to medical women was of MWIA's aims. MWIA had funds available to assist medical women to progress in their careers. A Scholarship Loan Fund had been established to help medical women with further medical training and education. The Fund has been established from a donation from Dr Sano "the Pearl Fund" and money from the sale of Sears Roebuck stock. There was also a Lovejoy Fellowship Fund to support members who wished to attend MWIA congresses.

Efforts were being made by the committee to establish a Scientific Aid Network. This would require experienced medical women scientists and physicians who can offer technical expertise to others seeking this and in this way can promote and encourage medical knowledge and friendship between medical women worldwide.

The Executive has agreed that the interest from the Project Fund (\$5000 annually) can be used for projects initiated by MWIA members.

Public Relations and Publicity Committee

The chairman, Dorothy Ward, UK emphasised the importance of this committee in improving communication with MWIA members and also informing non-members, other organisations and the public of MWIA's activities, aims and objectives.

Three Newsletters were published annually with contributions from all the regions. The MWIA pamphlet had been revised and should encourage new members and new associations.

Resolutions Committee

This committee under the chairmanship of Catrin Williams, UK, meets daily during a congress. It discussed resolutions arising from Scientific sessions and, if necessary reworded a resolution for clarification.

Statutes and By-Laws Committee

This committee was established in 1982 to revise MWIA's constitution. A draft copy had been sent to national associations for consultation. The Executive Committee had made a few minor changes at its recent meeting and the General Assembly considered it in detail. The Statutes were adopted by the XXth General Assembly meeting in Sorrento, 28th April, 1987. The By-Laws were also accepted by the General Assembly on the same date (2).

Topic Committee

Vibeke Jorgensen, chairman, described the aims of this committee - to propose topics for future congresses, to ensure that the topic is broad enough to attract women doctors from all areas of the world, representing all branches of medicine, to attract scientific papers of a high standard and the

topic should be suitable to the host country's needs, culture and health patterns. The Young Forum would be encouraged to consider an additional topic e.g. working conditions of young doctors.

The Executive decided in 1986 that the topic should only be chosen 3 years in advance of the next congress and that a half day should be set aside to discuss a current medical issue to be decided by the Executive one year before the congress.

Young Forum Committee

Chaired by Shelley Ross, Canada, and Karen Anderson, USA.

This committee was now well established and the Young Doctors Forum, for doctors under the age of 40, was a permanent feature of MWIA. Resolutions passed at the 1XXth Congress in Canada ensured this. This group established a project to send medical supplies to Sierra Leone. There were a few obstacles which they eventually overcame.

The General Assembly accepted the reports of the many MWIA committees. (1)

The General Assembly accepted 14 new Individual members from 10 countries:

Agnes Azodi, Hungary, Zuhai Amato, Turkey, Homa Kiassat, R.M Tabatabai & Nahid Ezzeddin, Iran, Kotha Panikkar, West Malaysia, Oumou Younoussa Sow, Rep. De Guinee, Asma El Dareer, Fathia & Adel Mahmoud, Sudan Qhing Qhing Diamini, Swaziland, Bibia Chenoufi Bahri, Tunisie, Mastura N. Jasujja & Jane Kavuma-Kayonga, Uganda, Gricelia Mkumba, Zambia .The affiliation of the Medical Women's Association of Columbia was approved. The Association de Mujeres Medicos had been reactivated. (1)

The General Assembly elected the following officers for the session 1987-1989.

President: Fernanda De Benedetti-Venturini, Italy

Immediate Past President: Beverley Tamboline, Canada

President-Elect: Il Ok Choo, Korea

Treasurer: Lila Stein Kroser, U.S.A.

Secretary-General: Carolyn Motzel, F.R.G.

Vice-Presidents:

Northern Europe: Monica McWeeny, Ireland

Central Europe: Anjuta Lotsch, Austria

Southern Europe: Yvonne Perol, France

North America: Shelley Ross, Canada

Ibero America: Verna Alva Leon, Peru

Near East and Africa: Florence W. Manguyu, Kenya

Central Asia: Dina N. Patel, India

Western Pacific: Virginia Yu-Chin Kuan Taiwan ROC (1)

Following the presentation of the new Executive members the new MWIA President gave her acceptance speech. She thanked the General Assembly for electing her as President and was very honoured and pleased to hold this office. She prioritised three areas of important activity for MWIA – cooperation with other international bodies, the completion of the projects of the Mother and Child Committee and to take care of younger medical women and also older doctors.

She thanked the Italian Medical Association for their hard work in organising a successful Congress and she looked forward to meeting everyone again in Korea

Shelley Ross reported on the XIth Congress held at Vancouver in 1984. A donation of Can. \$5,000.00 had been made to the Young Forum and also Can.\$222.00 from the sale of the Federation of Medical Women of Canada book to MWIA.

Dr Joo Yang Ja, Korea, reported that the XXth MWIA Congress would be held in Seoul, 3 – 8 September, 1989.

Four national associations had invited MWIA to hold the XXth Congress in 1992: Guatemala, India, Taiwan and USA. Representatives from these national associations gave short presentations before a secret vote was held by the General Assembly. The invitation from the Guatemala Medical Women was accepted.

Honorary Membership of MWIA was conferred by the General Assembly on Trinidad Gomez, Philippines, Past President MWIA, and active in the Philippine Medical Women's Association...She was thanked for her devotion to MWIA and the medical profession. Barbara McClintock, U.S.A. was recommended for Honorary Membership by the Swedish Medical Women's Association for her outstanding services deserving acknowledgement by the medical profession. Dr. McClintock was awarded the Nobel Prize in Medicine in 1983 for research on the mobility of genomes in chromosomes. We thank her for her devotion and inspiration.⁽¹⁾

217 Golden Jubilee Members were congratulated by MWIA for 50 years of faithful affiliation with MWIA:

Australia 4	Italy 2
Canada 5	Japan 82
F.R.G 4	Sweden 1
Finland 2	United Kingdom 76
India 3	U.S.A, 36

The President presented the Golden Jubilee Member Certificates to Dr. Marjorie Scott Young, Australia, Dr. Famito Katuchi, Japan and Dr. Martha Holmstrom, Sweden personally, and to the NCSs of the national associations of those who were not present. These certificates were given in appreciation of the loyalty of those members to MWIA ⁽¹⁾.

Reports were given by the MWIA representatives

WHO in Geneva	Mrs Ruth Bonner,
UN in New York,	Dr Satty Keswani
The International centre in Vienna	Dr Anjuta Lotsch
MWIA Technical Adviser to WHO	Dr Lila Mehra

POLICY RESOLUTIONS were presented by the Executive. These had been submitted to them by several associations regarding re-regionalisation

1. The Australian Federation of Medical Women

To increase the number of regions with fewer national associations per region

2. The Egyptian Medical Women's Association

The Middle East and North Africa should be represented together, the centre to be in Cairo

3. Regionalisation in South and Central America The Asociacion Guatemala de Mujeres and the Asociacion Nacional de Medicas Mexicanas

Region 1. Mexico, Central America and Panama

Region 11 South America

The General Assembly was advised that a Committee would be formed by the Executive to consider re-regionalization and that the recommendations of the Committee would be presented of the General Assembly in 1989.

The General Assembly accepted the following three policy resolutions:

PR 87/1. During future MWIA Congresses social programmes for the members should not coincide with Scientific Sessions and General Assemblies."

PR 87/2, Future Congress fees should be split into:

- a nominal fee for the Scientific Programme;
- a separate fee for each social event

PR 87/3. Measures to enhance the external “visibility” of MWIA should have a high priority in next year’s strategies.

(1)

A summary of the scientific papers was presented by Dr Elvira Galluzzi who spoke of the high quality of the papers.

On the first day the discussion on “Adolescence” began with a definition and considered its aspects in different cultures. The importance of correct education, an open and calm relationship within the family and school and a healthy environment free from risks The psychological nature was presented on the second day and the problems of nutrition, intelligence, deviating behaviours and the crisis in this specific period of life were considered. The pathology was also discussed as well as genetic and endocrine disorders and these subjects continued into the third day including the pathology of the various body systems, tumours and chronic diseases. On the fourth and last day the problems which adolescents must tackle with regard to the family, school and society were considered as well as death, suicide, violence and crime, as well as an important session on Aids. There were 4 workshops held on Bulimia. and Anorexia, Reproductive Health, an Aids session and Sexuality of Adolescent in the present legislation.

The General Assembly passed the following scientific resolutions arising from the scientific programme

C87 R1

Whereas, Cigarette smoking is rapidly becoming the leading cause of death in women throughout the world, and

Whereas, parental smoking is a major factor in childhood respiratory diseases, and

Whereas, the majority of women who smoke begin this practise at an early age, and

Whereas, smoking during pregnancy is potentially damaging to the foetus, and

Whereas, smoking in public places is harmful to non-smokers, and

Whereas, tobacco advertisements depict women who smoke as beautiful, youthful and liberated

Be it resolved that MWIA endorse public education programmes on the harmful effects of smoking, for smokers and non-smokers, and

Be it further resolved that MWIA encourage its members to ban smoking in their offices, clinics and hospitals.

C87 R2

The MWIA urges Governments through their departments to implement health education programmes throughout the school years, and in countries where such a programme already exists, to strengthen it.

1. The promotion of physical, mental and social well-being;
2. The development of a sense of personal responsibility for one's own health and the health of others in all areas of human relationships;
3. The development of responsibility in social issues and in the wellbeing of the wider environment.

C87 R3

The Members of MWIA should promote as much as possible sexual education for adolescents at school.

087 R4

The MWIA stresses upon the UN to take all possible measures to prevent that children and adolescents:

- are imprisoned on open or hidden political grounds;
- participate involuntary in military actions ⁽¹⁾.

The outgoing President Dr. Beverley Tamboline thanked the General Assembly for their attendance, contributions, work and support. She expressed her desire to have the opportunity to meet again at the XXth MWIA Congress in Korea to deepen old friendships and meet new members.

The President, Prof. Fernanda Be Benedetti Venturini, officially declared the XXth MWIA Congress closed.

A most interesting social programme was offered by the Italian medical women. They gave a welcome reception in the Sorrento Palace Hotel on Sunday 26 April allowing participants to renew old friendships. A Folkloristic Party was held on Monday 27 and a cruise to Capri took place on the official "day off" on Wednesday 28. The banquet was given on the final evening in the Congress hotel when many speeches of reminiscing and thanks were given by MWIA officers and members.

Various hospital visits took place during the Congress ⁽¹⁾

Yet another MWIA Congress came to an end. This gave MWIA members an educational view of medicine in other continents and cultures and the importance of the health of adolescents. It also provided an opportunity for members and their guests to enjoy each others company and a different culture.

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References

(1) MWIA Congress Report No 32

(2) MWIA Statutes & Bylaws, XXth Congress, Sorrento, Italy, 1987.

CHAPTER 21 MWIA's Resources And The 21st MWIA's Congress

The Secretariat in Cologne was well managed and now better equipped to deal with the increasing workload of the larger number of national associations, committees, representation at WHO, UN, and communication with other interested international organisations and countries. The German Medical Association provided a spacious office of 2 rooms and the use of their office equipment at a very reasonable rent. The Japanese Medical Woman's Association had given funding to the Secretary General to purchase modern office equipment. This enabled the purchase of two new computers.

The Treasurer had agreed to reimburse the travel expenses of the Executive members as MWIA finances had improved and it was important to support and encourage young and capable members to stand for office with financial support. She was certain it was important to keep money in investments to increase the finances but also to seek further funding to allow MWIA to be involved in more international projects.

MWIA Honorary Secretaries (now named the Secretary General) over many years had given of their time generously to support MWIA – and continued to do so - but the work of MWIA had increased greatly and the Executive realised that although it was expensive to hold more frequent Executive meetings there was a need to improve the management of the Association. A small Management working group of the Executive was introduced during the session 1989-92. (2)

At the request of the General Assembly, the Executive, meeting in Cologne, July, 1988, discussed Article 25 of the recently revised By-Laws and the following words were accepted: *In the event of disaster or war, MWIA may go into temporary suspension.* (1) The revised constitution would be used at the XX1st Congress

An Ad-Hoc Committee was established (the 13th) by the Executive to examine the structure of MWIA committees, as over the last few years an increasing number of committees had been had been created by each Executive. One of the tasks recommended by the General Assembly to the new Executive elected in 1987 was to consider if so many were necessary. In 1987 there were 12 committees all with a specific task but too often with overlapping remits. It was also necessary to differentiate between a "Standing Committee" – a permanent committee with a continuing defined task - and other "committees" formed for a specific purpose (ad hoc committees) which normally should not continue once their work was completed. It was recognised that a Finance Committee was essential for the smooth running of an association and the Executive of MWIA had introduced a Finance Committee in 1968 and on appointing its Chairman recommended that she should attend the Executive meetings if she was not already an Executive member.

The Northern European Regional held a conference in 1988 at Trinity College University, Dublin hosted by the Irish Medical Women. The topic was "Your Health is your own Responsibility". During the Conference there was a regional business meeting.

Italy was the venue for the 1st Southern European Regional Meeting held in Genoa, hosted by the Italian Medical Women's Association, May, 1989. The topic discussed was "Medical Women in a Europe without Frontiers". At the end of this conference the *Ten Commandments of the Medical*

Women of a United Europe were approved and it was hoped they would become guidelines for all doctors:

1. Remember you are a human being and the patient is an individual like you.
2. When you do your job, remember that you too are fragile, relative and .vulnerable.
3. When you see a child, remember your child.
4. When you make a diagnosis do not boast of your knowledge.
5. Use an easy and comprehensive language with your patients.
6. Do not prescribe useless medicine and not without explanation.
7. Do not ask your honorarium if your patient has to steal to get the money.
8. Do not recommend impossible solutions and examinations to justify your ignorance.
9. Do not criticise your colleagues' mistakes but remember you own errors.
- 10 Do not deny your advice when requested and remember you are only an instrument in God's hands and you must give what you received from nature.

The XX1st MWIA Congress was held at the Convention Centre, Sheraton Walker Hill Hotel, Seoul, Korea, 3-8 September, 1989. The topic on this occasion was "Incidence of Cancer in Women in Different Countries".

A briefing meeting for the NCSs was held on 3 September,. prior to the opening of the Congress. They each received a folder which contained voting cards, reports, Rules of Procedure, Guidelines, an agenda for the 3 General Assemblies and other important details which would help to make the G.A. run smoothly. Carolyn Motzel, Secretary General, chaired this meeting. She thanked the NCSs for their responses to her many communications and drew their attention to the contents of their folders.

The 2 candidates, who were seeking election as President Elect of MWIA, addressed this meeting and spoke of their relevant past experience and their plans for MWIA if they were successful in the election.

The Opening Ceremony was held in the Kayagum Theatre on Monday 4th September. It was ushered in by a parade of flags of the nations represented at the Congress. Professor De Benedetti Venturini, President of MWIA, officially opened the Congress and welcomed the invited international guests, MWIA members and their accompanying persons. Dr Joo YangJa, Chairman of the Organising Committee of the Korean Medical Women, and Dr Kim Ku Ja gave welcome addresses. Two further welcome speeches were offered by Mr Kim Chong, the Minister of Health and Social Affairs, and the President of the Korean Medical Association, Dr Kim Jae Juon.

The scientific programme was opened with a speech by the chairman of the Scientific Programme, Dr Chung Hie Oh:

She felt the greatest aspiration of mankind today was to ensure that all individuals live their lives in health and happiness shaking off poverty and disease. There were always ill fated people in any nation or society no matter how abundant the country is materially. Sickness does not have any boundaries and comes to all of us even to those working in the medical field. The biggest medical problem we face today is the incidence of cancer in women in different countries. (1)

She expressed the hope that members of MWIA would benefit from the eighty Scientific papers to be presented and that everyone would benefit professionally by hearing of the experiences of colleagues.

Three General Assemblies were held at the Congress on Monday 4, Tuesday 5 and Friday 6, September. The President chaired these assemblies and welcomed the delegates from the affiliated national associations and the individual members.

Greetings were received from Dr Corner, UK,. Dr Ono, Japan and Dr Zickgraf, Germany, who were unable to attend the Congress.

The General Assembly stood in memory of the 241 colleagues of 15 affiliated national associations who had passed away since the last congress;- Australia 9, Brazil 4, Denmark 2, Germany 47, Finland 5, India 1, Italy 3, Japan 63, Korea 1, Netherlands 1, New Zealand 2, Sweden 1, Switzerland 2, UK 54, USA 51.

The Minutes of the General Assemblies, 1987, held in Sorrento, Italy as printed in the XXth Congress report were accepted.

Miss Williams, UK, presented the Rules of Procedure and Voting to the General Assembly.

The **President, Prof. de Benedetti Venturini** gave the report of her activities during her term of office. She had maintained contact with the Secretariat in Cologne and chaired a meeting of the Executive. As President she had represented MWIA at UNICEF and WHO meetings and attended the Northern European Regional meeting in Dublin. She had visited the French Medical Women's Association and the Italian Medical Women's Associations in several regions of Italy. The President's report was accepted by the General Assembly.

The Secretary General presented her report for the period 1987-89

- She thanked the Japanese Medical Women's Association for their generous gift which had enabled her to purchase modern office equipment.
- The Statutes and By-Laws had been distributed to the NCSs and National Presidents. .
- The Secretariat expenses had been audited by Price Waterhouse . The expenses in the year 1988 amounted to CHF 69.030.00.
- Applications had been received for affiliation to MWIA from 5 national associations. There were also requests for Individual membership.
- MWIA had awarded 3 Lovejoy Fellowships to members on the recommendation of their national associations.
- 16 countries had nominated and supported 16 Young Forum Members to attend the Congress.
- The Secretariat had received invitations from 3 national Associations to host the XX111rd Congress in 1995 – Denmark, India, and USA. . The Embassies had confirmed all nationals were permitted to enter their countries. She discussed the international relations MWIA. had with other important organisations and associations:
 - MWIA continued to have official relations with WHO and Category 11 Status with ECOSOC.

- Dr Lotsch continued to represent MWIA UN meetings in Vienna- Crime Prevention, The Family, Aging and Narcotic Drugs.
- Mrs Bonner was MWIA representative in Geneva and attended meetings of WHO, UNICEF, The Family, Aging, NGO Committee on the Status of Women, Human Rights, ECOSOC. CONGO and other miscellaneous meetings in Geneva.
- Dr Schindler had represented MWIA for many years in Geneva but had now retired and was replaced by Dr Staehelin.
- Other MWIA members were representatives at WHO meetings in their regions and the MWIA President may also attend.
- At UN in New York, Dr Keswani and Dr Nemir represented the Association at the NGO Committee meetings.
- MWIA's relations with WMA was concerned with attendance at each other's meetings and where necessary discussing issues of common interest.

As a founder member of CIOMS active relations have continued and MWIA was represented by Carolyn Motzel who has been elected to the Executive Committee of CIOMS. In 1988 they organised an important conference on *Health Policy, Ethics and Human Values-European and North American Perspectives* and in 1988 a conference in Bangkok discussed *Ethics and Human Values in Family Planning*.

In closing she thanked the Korean Medical Women for their generous hospitality. The report was accepted by the General Assembly.

Dr Lila Stein Kroser, Treasurer, presented her report and reassured the General Assembly that despite some turbulence in the money market MWIA funds were in sound fiscal health.

In 1987 excess of revenue over expenses was 7,074 CHF and in 1988 the excess of revenue over expenses was 67,999CHF.

She gave some indication of a few of the expenses paid:

- In 1987 and 88, 2/3rds of the Nepal Immunisation Project had been paid and the remainder would be sent in 1989.. This project had paid the cost of \$10 for immunisation against Diphtheria, Measles, Polio, Tetanus and Tuberculosis.
- Dr Motzel was funded to attend the CIOMS meeting as the official representative, Dr Jorgensen to attend the WHO European Regional Meeting and Dr Tudbury to attend the Pan American Health Conference in Washington.
- The new ad hoc committee appointed by the President to reevaluate the structure of MWIA Committees would have an impact on MWIA's finances.
- Three Lovejoy Fellowships had been awarded for this Congress.

There were 19 Young Forum registrants at this Congress. MWIA will pay half their registration fee and the Korean hosts provided free accommodation. In closing she thanked the Italian Medical Women for their gift of \$4000 which had been added to the Scholarship Fund.

The report of the Treasurer was accepted by the General Assembly.

The Vice-Presidents gave their reports:

Northern Europe Dr Monica McWeeney Ireland.

This region consisted of 7 countries, Denmark, Finland, Ireland, Netherlands, Norway Sweden and United Kingdom. They had similar cultures and the region was small enough to facilitate travel.

There was a regional meeting in Dublin, June, 88, attended by 150 participants and a follow-up meeting in Copenhagen in April, 89, attended on this occasion by 2 representatives from the 7 countries of the region to discuss *Sex Education- Preventive Measures against AIDS in Schools*. During her second term of office she had participated in the 55th Anniversary of the Dutch medical Women and the 70th anniversary of the Medical Women's Federation.

I

Central Europe Dr Lotsch, Austria.

This was a smaller region with 3 countries- Austria, Switzerland and Germany. The Swiss Association had 625 members. They held a General Assembly with an associated scientific meeting annually. The German Association had a membership of 1530 in 27 branches. They held many scientific meetings and annual general assemblies. They co-operated with the Federal Government on a programme of cancer prevention. The Austrian medical women had arranged scientific meetings on prevention, special diets, psychological treatments, acupuncture and homeopathy. They had 230-250 members and excellent contacts with medical students.

Southern Europe - France, Israel, Italy, Spain.

The Vice-President, Yvonne Perol, France, was present at the Southern European Regional Meeting in Genoa, May 1989. The topic was very important – “Medical in Europe without Frontiers” as Europe prepared to enter the European Economic Community – it was important to establish a network between European medical women. Also discussed at this meeting was AIDS – its treatment, evaluation and education campaign.

North America Canada and USA

Shelley Ross, Canada. Vice-President of the region reported that the Medical Women's Association (AMWA) in America had devised a strategic plan with specific goals – on Anti Smoking, Leadership Training for medical women and Osteoporosis. This had resulted in an increase in membership and they were now proceeding with Dependent Care and Legislative Lobbying. AMWA also encouraged medical students and residents and had introduced a newsletter with relevant information for those reaching retirement. The Federation of the Medical Women .of Canada had become politically active and had managed to reverse a decision by 2 of its Canadian provinces who had refused to fund contraception related medical services, one of whom had also refused to fund therapeutic abortions as a result of rape and incest. Women's Issues Committees were being formed in many provinces. They addressed the needs of women physicians as well as issues affecting women in general.

Ibero America Bolivia, Brazil, Columbia, Guatemala, Mexico, Peru.

The Vice-President of the region, Verna Alva, Leon, spoke of this large region with a population of 412 million people most of whom had large families and there were many children under the age of 15 years and a high mortality rate. Only 10% of the doctors in the region were women but they were slowly taking leadership posts in the profession, including public health administration, and as academic teachers and professors. The Association in Brazil was the most active in the region. They published a regular bulletin and organised many educational meetings including topics covering population and young people's health problems. In Bolivia there were many health problems and the medical women there were active in finding solutions. An increasing number held important positions in the Ministry of Health and in Universities. In Peru they arranged many scientific meetings on AIDS, Cancer in Women, Haemolytic Anaemias and Neonatal Infections. They organised courses which were approved by 2 medical schools. Cultural and social events were held

and “Friendship” meetings were arranged in doctor’s homes to “get to know each other”. The doctors in Guatemala were preparing for the XX11nd Congress to be held in 1992. They held monthly scientific meetings. There was poor communication between national associations in this large region due to different languages, poor mail, strikes and other technical problems. The women doctors felt that they were struggling although they aimed *to set on a path to excellence*.

Near East and Africa – Egypt, Ghana, Kenya, Nigeria, Sierra Leone, South Africa, Madagascar. The Vice-President, Florence Manguyu, Kenya, had contacted colleagues in other African countries including Ethiopia, Sudan, Zaire, Zambia and Zimbabwe with a view to persuading them to start national associations in their countries. The medical women in Uganda and Tanzania had applied to MWIA for affiliation at this Congress. The African delegates attended the 4th International Congress on Aids in Sweden, June 1988, and had formed *A Society for Women and AIDS in Africa*. They held their first workshop in Harare which was attended by 12 African countries including the Vice-President of this region. She had also attended a workshop in Kenya on “Women and Health at the Household Level” organised by the African Family Studies (CAFS). The Kenya Medical Women’s Association held a successful conference on “Child Abuse and Neglect.” The conference was co-sponsored by WHO and UNICEF and attended by people from all walks of life. This association was proposing to start preventative health services-“Well Women Clinics”.

Central Asia India, Sri Lanka Thailand Vietnam.

In Thailand, The Queen of this country was honoured by the Royal College of Physicians (London). She was also the patron of the Thai Medical Women’s Association. Both she and the King had provided training programmes for the physicians and surgeons of Thailand and were concerned with the health and the health care of their citizens. The medical women were involved in providing health clinics in many parts of Thailand. They had set up early cancer detection clinics, medical and dental mobile units which visited the slum and rural areas, public health education, skin and general practice clinics. The medical women in India organised many voluntary clinics and collected medicines and donations to provide health care, cytology clinics, a fifty bed hospital in Bengal, and mobile van health clinics in the slum areas were a few of their activities. They were also involved in medical education throughout the country. A medical journal also published twice a year.

Western Pacific Region

This was a very large and widely spread region – Australia, Hong Kong, Japan, Korea, New Zealand, Philippines and Taiwan. Despite this it held its 3rd Regional Meeting in Manila, Philippines in 1988 and planned the 4th one in Australia in 1990. The topic for 3rd Regional Meeting was “Preventive Medicine towards Development and Peace”. 600 local delegates attended and 20 from abroad. Many interesting scientific papers were presented. At a business meeting the nomination of future Vice-Presidents of the region was discussed. The Australian Medical Women changed the location of their headquarters every 3 years and in 1989 this was situated in Sydney but was now moving to Queensland. They felt quite isolated from MWIA regional activities and asked MWIA Executive once more to consider establishing a Southern region for those countries below the equator. There were 773 members in 1989. They emphasised the need for part-time training and job sharing for women graduates involved in parenting and child bearing during their postgraduate years. This was in response to a Minister of Health’s enquiry into medical education. A special request was also made to the Government for part-time training for woman practitioners in particular specialities e.g. Obstetrics and Gynaecology was emphasised as very important in order to provide services for women.

There were 2,000 members in the Japanese Medical Women's Association. They continue to award a research grant annually to 5 or 6 young doctors who were involved in excellent research work. Doctors from the Association gave lectures to the public on important health issues. The Korean medical women were preparing for the XX1st Congress in Seoul. Continuing medical education, management and leadership seminars for members were important activities of the Philippine Association. They also provided charity clinics – medical, dental and cancer screening and community services including harelip correction, cancer screening, feeding and nutrition programmes, immunisation and de-worming. In Taiwan the members also provided charity clinics to the underprivileged patients in Taipei at very low cost and also gave free lectures on health to the community.

The General Assembly accepted the reports of the Vice-Presidents. (1)

Committee Reports

The reports from the Committee Chairmen followed starting with the Ad Hoc Committee on Re-organisation of MWIA Structure which had been accepted by the Pre-Congress Executive and ratified by the General Assembly: The formation of 3 Standing Committees - Finance, Scientific and Research, Ethics and Resolutions. There would be 2 other “named” committees -Young Forum and Newsletter. There would also be a Past Presidents' Advisory Council. Ad Hoc Committees could be established for a limited period and purpose.

Finance Committee. Hannah Sanders, South Africa, presented her report for the session 1987-89.and asked the General Assembly to consider several recommendations:

- That there should be no increase in the subscriptions – 6CHF /members of the national Associations and 10CHF /Individual Member.
- Those national associations who fail to pay their subscription within 3 years will forfeit membership of MWIA.
- There should be a concerted effort to raise funds for MWIA.
- The acceptance of the annual budget as presented by the Treasurer, the financial statements and the bank account.
- The Finance Committee endorsed the new Committee structure with its funding implications.
- That MWIA should be represented at international or important national meetings with input from the national associations and regions.
- That MWIA would provide Project funding in the form of skills of its members rather than financial aid.

Fund Raising Committee The chairman, Dr Park, Korea suggested that fund raising at the XX11nd Congress would be as follows -

- MWIA Sale – gifts donated by members would be sold. The Korean Young Forum would be in charge of the sale.
- Young Forum Members would sell tickets for the raffle – gifts provided by the Executive and Presidents and NCSs of each country.
- Memorabilia of the XX11st Congress would be sold by the Young Forum throughout the Congress.

Heath of the Mother and Child Committee. The Chairman, Adelina Husslein, Austria had not been informed by UNICEF what use had been made of MWIA's recent financial contribution. Guatemala had not given details of their proposed project and no funding had been given. Peru had sent details and would receive \$300 per year towards equipment for basic health services in Peru. WHO had congratulated MWIA on its contribution towards the Nepal Immunisation Programme through UNICEF.

Long Range Planning Committee. Beverley Tamboline (Canada), Chairman reported that this committee was dissolved at the Executive Meeting in 1988 and the future strategic planning of MWIA would be the responsibility of the Executive.

Project Committee. Since 1988 the Chairman, Babill Stray-Pederson, Norway, recalled that she considered that this committee should oversee all projects and that the chairmen of these projects should be members of the committee. The projects can now be funded by the interest from the Leone Hellstedt Fund (\$5000 annually). There were 2 applications for projects-

1. An appeal from the Orphan's Home, Bangladesh for a medical clinic project

As there is no affiliated national association in this country this causes difficulties, as we do not know what the purpose of the funds will be or how they would be used.

2. An application from the Advisor to the Minister of Health in Pakistan for the purchase of Tuberculosis drugs.

There were no other applications at present to use the 1988 funds for projects. There was, however a proposal from the chairman of the Topic Committee, Vibeke Jorgenson, Denmark, and VP Shelley Ross, Canada. *That a workshop on communication skills to be held during the XX11th Congress.* The decision would be left to the Executive who would now supervise MWIA projects as the Project Committee had been dissolved.

Public Relations and Publicity Committee. This Committee, under the chairmanship of Dorothy Ward, .UK, was asked by the Executive to consider the following resolution passed at the XX1st Congress in Sorrento and make suggestions - *Measures to enhance the external visibility of MWIA should have a high visibility in the next years' strategies.*

This Committee made the following recommendations:

- MWIA members should identify with the Association
- MWIA Secretariat, the Officers and national associations should communicate with the press and media.
- MWIA Secretariat, MWIA Officers and nominated members of national associations should respond to all topical issues e.g. female abuse, discrimination and women's health issues.
- The Secretariat, Officers and national associations should identify "outside contacts" who will bring to their attention relevant articles.
- Improve relationships with other professional women's organisations.
- Publicise MWIA to medical students.
- Exchange programmes for young medical women.
- All efforts in public relations should be recorded nationally, internationally and locally.
- National associations should become involved with their government's legislation.

Re-Regionalisation Committee. The countries of the Ibero-America region had asked that the region be divided into two. Despite letters to the region and publicity in Circular letters, the chairman of this committee, Pat Tudbury, USA, had received no communication from the regional VP, nor the Presidents and NCSs of national associations. The Committee recommended that the region should be divided into a Mexico-Central American region and a South American region if the representatives of the Ibero-American Region still wish to divide. Patricia Scrivenor, Australia, spoke on behalf of 3 nations who wished a division of the Western Pacific Region. She compared the number of members and national associations in the 8 regions and recommended to the Executive that the Western Pacific Region should be divided into the Asian – Japan, Korea, Japan and Pacific – Philippines, Australia, New Zealand.

Resolutions This committee under the chairmanship of Catrin Williams, UK, had updated the Congress resolutions from 1976 onwards and their recommendations had been circulated to the Executive. These updated resolutions would be presented later to the General Assembly for their approval. (2)

Scholarship Loan Fund. Gertrude Zickgraf, Germany, chairman, informed the Assembly that an application form had been approved and circulated to the NCSs. One application had been received from Dr Omnia El Bendury, Egypt, and this had been sent to the Executive. In 1988 the finances of the fund allowed \$4,000 to be given to either one applicant or divided between two members. It could be extended for a second year. There had been some discussion as to whether it should be an interest free loan, or a non returnable loan but the finances were unable to sustain these suggestions at present. It was also suggested that the scholarship should cover the period of training required and not a set time. The Executive would select the candidate by a simple majority, or, if necessary, the President's casting vote.

Topic Committee. The chairman, Vibeke Jorgensen, Denmark, explained the purpose of this committee was to choose the topic for future congresses. The Young Forum would choose an additional one for their meeting and their topic for the XX11th Congress was "Communication Skills". The Topic Committee had suggested that "Health for all Children" should be discussed at the XX11rd MWIA Congress in 1992 and that a half day should be set aside for the discussion of a topical medical issue.

Young Forum Committee. Chairman Else L De Wit, Australia, discussed the Eritrea project of the Young Forum which had been arranged by Liz Adamson, UK. Members in Australia, Japan, Korea, Sweden and UK had raised and donated money. The funds would purchase equipment in the UK and be sent to Eritrea to improve the Primary Health Care Programme there (Eritrea was small state north of Ethiopia). The reports of the Committee chairman were accepted by the General Assembly.

The Corresponding Secretaries of each national association were asked to prepare a written report on the activities of their association over the past session. Due to shortage of time these reports were not presented at the General Assemblies but included in the Congress Report. These reports were vital to the work of the Secretary General who used such the information when requesting recognition of MWIA by United Nations and the World Health Organisation. The Regional Vice-Presidents' reports presented to the General Assembly should include the important activities of each national association - if she has received information prior to the congress. Each national association highlighted its activities which included the following:

- The statistics of their country, their national association and membership.
- Educational activities for doctors, other health professionals and students.
- Dialogue with their government on behalf women doctors and women and children's health and social issues.
- Special projects.
- Research.
- National meetings.
- Voluntary medical activities especially in the health field.

New Affiliations. The General Assembly accepted 5 new countries as members of MWIA: Medical Women's Association of Belgium, Section of the Women Doctors of the Polish League, Association of the Uganda Medical Women, The Medical Women's Association of Tanzania, Association of the Women in the USSR, (Georgia). Two Individual Members, Marija Varoscic, Yugoslavia, Roya Amini, Iran were accepted.

Election of Officers The following officers were elected by the General Assembly for the session 1989-92

President:	Il Ok Choo, Korea.
Immediate Past President:	Fernanda De Benedetti Venturini, Italy.
President-Elect:	Dorothy Ward, United Kingdom.
Treasurer:	Lila Stein Kroser, U.S.A.
Secretary General:	Carolyn Motzel, ERG.
Vice- Presidents:	
Northern Europe:	Vibeke Jorgensen, Denmark.
Central Europe:	Anjuta Lotsch, Austria.
Southern Europe:	Elvira Galluzzi Camozzi, Italy.
North America:	Shelley Ross, Canada.
Ibero America:	Verna Alva Leon, Peru.
Near East and Africa:	Florence W. Manguyu, Kenya.
Central Asia:	Dina N. Patel, India.
Western Pacific:	Virginia Yu-Chin Kuan, Taiwan, R.O.C.

In her acceptance speech to the General Assembly Il Ok Choo thanked them for electing her as President. She also gave special thanks to the outgoing President, Professor Fernanda de Benedetti Venturini, the Secretary General, Carolyn Motzel, Executive Secretary Miss Varga, the Treasurer, Vice-Presidents, Chairmen of Committees, and finally to her Korean colleagues who dedicated all their time and energy towards the success of the Congress. She stressed the importance of achieving the goals of MWIA – to encourage the entry of women into the medical field, to improve our knowledge by exchanging ideas and experiences and last but not least to promote the status of medical women.

A report was given on the successful XXth Congress in Sorrento in 1987. There was a financial surplus and the Italian Medical Women's Association gave Lira 5,000,000 to the MWIA Scholarship Fund.

Dr Slowing de Miro, Chairman of the Organising Committee of the Medical Women of Guatemala, extended greetings from the President of the Republic of Guatemala, the Mayor of the City of Guatemala and the Minister of Public Health. The Medical Women's Association of Guatemala looked forward to welcoming MWIA in March 1992. The topic would be "Health for all Children" .

The General Assembly voted to accept an invitation from the Dutch medical Women's Association to hold the XXIIrd MWIA Congress in The Netherlands. The venue would be The Hague and the dates 7-12 May, 1992.

International Relations. Mrs Bonner, MWIA representative to WHO, UNICEF, Human Rights and other UN Agencies in Geneva presented her report. She had aimed to give MWIA visibility within the UN Agencies and other Non-Government Organisations (NGOs) and to establish personal contacts within these two important groups. She had maintained relationships and worked with other non medical NGOs in Geneva who were also involved in women and child health and social issues. It was important that MWIA continued to speak out on these issues. MWIA members had now been appointed to the WHO EXPERT ADVISORY PANELS and were invited to numerous meetings dealing with Health and Women's issues.

Dr Lotsch, MWIA representative at the Vienna International Centre attended many NGO meetings on the Status of Women, Aging, Family Issues, Youth, Peace and crime prevention and Criminal Justice.

Drs Nemir and Keswani were the MWIA representatives in New York. Adolescence and Youth were popular topics as over half the world's population was under 25. Adolescents were more numerous in developing countries Both attended the many NGO meetings in New York each week.

Since 1985, at the end of the Decade of Women and the finalising of the Forward Strategies for the Advancement of Women there has been much activity at UN aimed at *the Elimination of all forms of Discrimination against Women*. The Commission on the Status of Women met annually and in 1989 discussed the priority themes of the United Nations Decade of Women and decided to prepare a comprehensive report for the review and implementation of these Strategies for the Advancement of Women by 1990. It was also decided to hold conferences in 1995 and 2000 to review and appraise the achievements and obstacles affecting these strategies.

The General Assembly approved the following awards:

Honorary Membership MWIA was conferred on Beverley Tamboline, Canada, who was the Immediate Past President MWIA.

Member of Honour was conferred on Prof. Rita Levi-Montalcini; Italy who had been awarded the Nobel Prize in Physiology and Mrs Bonner, Switzerland, Past Executive Secretary MWIA, who represented MWIA in Geneva.

82 **Golden Jubilee Members** received certificates for 50 years affiliation to MWIA which were presented by the President (Japan, 62, Sweden, 3 and UK, 19.

Resolutions

The updated resolutions, a policy resolution and a scientific resolution were ratified by the General Assembly. The recommendations from the Scientific sessions and workshops were accepted by the General Assembly.

Policy Resolution

PR 89/1 That all nominated candidates be presented to the next General Assembly.

Scientific Resolution

The General Assembly of the XXlst MWIA Congress passed the following scientific resolution:

C89 R1. It has been MWIA's privilege to meet in Seoul, Korea 3-8 Sept, 1989 discussing the Incidence of Cancer in Women in Different Countries, finding cancer of the breast and cancer of the cervix to be the commonest cancers. It is MWIA's recommendation that education of women is critical to allow women to present themselves for early detection, treatment, and care. MWIA would encourage governments to provide such centres for early detection of cancer.

Scientific Recommendations

No. 1 (Session: Organ Transplantation)

1. MWIA's statement on Organ Transplantation presented to the UN End of Decade of Women Conference in Nairobi, Kenya should be reaffirmed.
2. The concept of children as live donors is unacceptable.
3. Topic Committee and Scientific Committee of the XXII nd MWIA Congress should set up a workshop on Organ Transplantation with speakers invited to give presentation on various aspects of Organ Transplantation.

No. 2 (Workshop: Education and Communication Skills)

1. There should be a keynote speech on Communication Skills at future Congresses.
2. There should also be a workshop on Communication Skills, Medical Women's role in Medical Society and working conditions for doctors.

No 3 (Session: Cancer Screening)

1. Cancer Screening Programmes should be introduced for women in all countries depending on the incidence of particular malignancies in different countries.
2. Members of MWIA should endeavour to use procedures such as sterilisation, laparoscopies or family planning visits to identify early cases of carcinoma.
3. Every effort should be made to teach careful and considerate methods of pelvic examination.

4. Further research into the apparent association between Chlamydia infection and cervical cancer should be encouraged.
5. Where cervical cancer screening programmes are planned provision must be made at the same time for the management of the abnormal smear which would include colposcopy and gynaecological services for treatment.
6. Patients with moderate/severe dysplasia on Pap Smear should have colposcopy, both brush and spatula smears should be taken to prevent false negative. This is important as the average age of patients with cancer of cervix is falling.
7. Specialised techniques such as electronic microscopy, immuno-histochemistry, cytogeneses and molecular biology should complement surgical pathology practices.
8. MWIA supports the setting up in developing countries of an increased number of regular clinics for cytological examination.
9. Social workers should receive instruction which enables them to educate the women in the community as to the importance of regular medical check-ups.
10. National Associations should encourage the investigation of the prognostic factors of gynaecological cancer and encourage multicentre prospective randomised trials of more limited and effective surgical procedures in order to individualise treatment effectively and maintain the quality of life.

No. 4 (Workshop: Retired Women Doctors)

1. Retirement age should be flexible according to the ability to work satisfactorily and the wish of the doctor to stop work.
2. Doctors should prepare for retirement and pursue hobbies and voluntary work and keep fit with exercise and health care.
3. This subject should be announced earlier before the congress or at least in the final Circular Letter so that retired doctors may prepare for the subject.

No 5 (Family-planning)

MWIA should strongly support any initiative, be it local, national or international, for identifying, reforming and supporting DES exposed mothers, daughters and sons.

MWIA should initiate and support information campaigns on DES for the Medical Profession.

MWIA should call for a complete ban of DES and for measures taken with all due speed to prevent the production of DES and its export to the developing countries under the attention of relevant organisations such as the World health Organisation and United Nations.

The Congress was closed by the out going President Prof. Fernanda de Benedetti-Venturini. She thanked all the participants for their attendance, contributions, work and support and also expressed the hope that they had enjoyed the Congress. She also thanked those who had helped to make the event a success and all those who had supported her during her presidency and extended her best

wishes to the incoming President, Dr IL OK Choo. Dr Choo officially declared the XXIst Congress closed.

The social programme was appreciated by all participants. Those attending the Executive Committee were offered home hospitality and were treated to Korean food. There was a Welcome reception on Sunday 3rd September in the Congress Hotel, hosted by the Korean Medical Women. On Monday 4 September there was a dinner and a performance by the little Angels. An International night, with participants dressed in their national costumes, took place at the Convention Centre on Tuesday evening and participants visited a fur saloon on Wednesday evening when a UK participant won a beautiful fur cape. Hospital visits were arranged on the Thursday afternoon and the Congress banquet was the finale on Friday 8 September bringing another successful MWIA Congress to a close. (1)

References

- (1) MWIA Congress Report No 33.
- (2) MWIA Executive Minutes (enclosures) March, 92.

CHAPTER 22 Challenges to MWIA in a Changing World and the XXIIInd Congress

The new MWIA session following the XXIst Congress commenced with great expectation. Membership had increased, the Secretariat was well equipped and the finances were strong due to prudent housekeeping and good investment income. The Treasurer, with the approval of the Finance Committee, now funded the subsistence and travel expenses of Executive members, Procedure Advisor and Standing Committee Chairmen attending meetings of the Executive. A small honorarium to cover necessary expenses was also available to members of the Executive and Chairmen. It was still considered important to raise the visibility of the Association if fundraising was to be successful ⁽¹⁾ The change in the committee structure had improved communications within the Association and the introduction of a Management Group during this session had made it easier to deal with important issues between Executive meetings and also give support to the Secretariat. Members of this working group were the President, President-Elect, Immediate Past President, Treasurer, Secretary General and the Procedure Advisor. It met at the Secretariat in Köln between the Executive meetings, considered matters referred to it by the Executive and advised the President in the event of an emergency affecting the functioning of the Association. It would only discuss matters referred to it by the Executive and President, but had no power to act on any matters they were asked to discuss. It made recommendations to the Executive who would approve or reject these. The *Terms of Reference* for this group and other MWIA's committees were introduced during the following sessions. ⁽¹⁾

In February, 1990, a new Executive Secretary, Dagmar Waberzeck, who was fluent in both English and French, was engaged. She had experience in the international department of the Association of Salaried Doctors in Köln prior to her appointment.

There were many changes throughout the world at this time. The Berlin wall had fallen and Germany was unified, Eastern Europe including the Soviet Union opened up to the world and there were wars in the gulf area. The challenge to MWIA was to be ready to open their doors to these emerging countries. More African as well as Eastern European countries were seeking affiliation to MWIA.

Three Regional Congresses were held during the session 1989-92:

The 4th Western Pacific Regional Congress took place in Brisbane, Australia, 29-31 August, 1990 where "Woman's Health into the 21st Century—Challenges and Solutions" was the topic discussed. The first meeting of this region was held in the Philippines in 1952 but there was an interval of 34 years before the 2nd meeting of the region in Taiwan, 1986. At the regional business meeting it was decided that since 6 of the national associations in this region no longer supported re-regionalisation that no further action was necessary by MWIA.

The Xth Northern European Regional Congress was arranged by the Swedish Medical Women's Association in Rattvick, Sweden. 29 May-2 June, 1991. The subject discussed was "Different Stages in a Women's Life- Medical, Physiological and Psychological Aspects". There were Workshops on Leadership and the Working conditions for Women Doctors in the region. This congress was attended by the MWIA President and President-Elect. Two members from the countries of the region had also met in Amsterdam, April, 1990, to discuss screening practices in their countries and important MWIA business.

The recently re-affiliated Belgium Medical Women's Association organised the **2nd Southern European Congress** in Gent – “The Changing Face of Medicine”–The special guest speaker was Prof. Lila Wallis, New York, who presented a paper on “The Changing Face of Women”. The meeting was attended by the President-Elect, Dorothy Ward, the Secretary General Carolyn Motzel, and the Vice-President of the region, Elvira Camozzi as well as participants from France, Hungary, Italy, Luxemburg and Norway. (1)

In April, 1991, MWIA members were invited to form a group to visit and support medical women in China under the leadership of Monica McWeeney, Ireland. This visit was organised and partially funded by an American Association “People to People”. 70 MWIA members and accompanying persons made good contacts with Chinese medical women and men. They experienced Chinese Medicine first hand, including a caesarean section under acupuncture. We were shown the results of research carried out by Chinese medical women in various specialties, visited large health clinics, schools, fitness clubs for elderly persons and were invited into Chinese homes. Three cities in China with ancient history were chosen for this visit where we viewed places of interest as well as meeting with Chinese medical women. We were entertained in each city by the Regional Ministers of Health and MWIA in turn entertained our hostesses at the invitation of “People to People”. Our contact with the Chinese medical women professionally and socially was very stimulating and we hoped that they would form their own national association and affiliate to MWIA. We heard a few months later that they were establishing medical women's associations in many parts of China. They were unable, however, to affiliate to MWIA as the Medical Women's Association in Taiwan wished to be known as the Republic of China and this was not acceptable to the authorities in Beijing. As the medical women in Taiwan had cooperated with MWIA for nearly 40 years and were very loyal members no further official contact was made until a small group from MWIA attended the World Women's Conference in Beijing in September, 1995. Both the medical women in Taiwan and China attended the regional congress in Japan. 1993

Another challenge which occurred during this MWIA session caused great concern at the Executive meeting in 1991. MWIA General Assembly had voted to hold their XX11nd International Congress in Guatemala, March, 1992. A serious incident occurred during the preparation period and MWIA was informed by some members of the Guatemala Medical Women's Association that their President had been kidnapped - possibly by rebels - and no one was sure where she was. After discussion the Executive were of the opinion that this might not be a suitable venue for a Congress. It was agreed that Dorothy Ward, President Elect, should visit Guatemala City, the venue chosen by the Guatemala Medical Women's Association for the venue of the Congress. She met with the medical women and also with members of the Government in Guatemala City - including the Minister for Human Rights. She also reported on a daily basis to the British Ambassador to Guatemala at his request. She was aware that she was under high security both day and night with two armed Guatemalans shadowing her during this visit both within and outside the hotel. The British ambassador reassured her that this had been arranged by the Government in Guatemala for her protection. She discussed the “kidnapping” with the authorities and with the help of the German Ambassador in Guatemala the President of the Guatemala Association was released. Dorothy Ward used the opportunity during her visit to inspect the Congress hotel. She discussed all the arrangements with the medical women regarding the Scientific and Social programmes. The Government and the British Ambassador assured her that the participants would be safe and she was able to inform the Executive that the Congress would be held in a safe environment. She became

aware that there was a split within the Medical Women's Association and persuaded colleagues there to unite and organise a successful MWIA Congress in 1992.

The XX11nd Congress was held at the Conquistador-Sheraton Hotel in Guatemala City from the 8-14 March, 1992, and discussed "Health for All Children"

The MWIA President, Dr IL Ok Choo officially opened the Congress in the Gran Theatre of the Miguel Angel Asturias Cultural Center on Sunday 8 March, 1992. A parade of the national flags of the national associations present welcomed the delegates prior to the Opening speech by the President. She thanked the Medical Women's Association of Guatemala for inviting MWIA to their country and welcomed the participants, accompanying persons, invited international guests and members of the Government of Guatemala. Dr Slowing de Miro, chairman of the Organising Committee of the Guatemala Medical Women's Association and their President, Dr Sara Salazar de Pezzarossi also welcomed the participants. Other addresses followed by Dr Carlyle Guerra de Macedo, Director of the Pan American Sanitary Office, Dr Miguel Angel Montepeque, Minister of Public Health and Social Welfare of Guatemala and Dr Thierry del Rue, representative at UNICEF for Guatemala. The Guest of Honour, The First Lady, Mrs Magda Eunice Bianchi de Serrano Elias emphasized the need to present alternatives to solve the problem of the so-called *Street-children*. (2)

The National Corresponding Secretaries were briefed by the Secretary General following the Opening Ceremony and received the usual information folder from the Secretariat. The Procedure Advisor, Catrin Williams, advised those present on the Rules of Procedure for the General Assembly. The regional Vice-Presidents met their respective NCSs and Presidents.

The General Assemblies, were held on Monday, 9, 11 and 13 March and chaired by the President, Dr Choo. She welcomed the delegations of the affiliated national associations and other MWIA members present at the 1st Assembly. The Secretary General took the roll call and established that a quorum was present.

The participants stood in memory of 234 colleagues from 12 nations who had passed away since the XX1st Congress:

Belgium 1, Denmark 4, Egypt 1, F.R.Germany 28, India 1, Japan 48, Kenya 1, Netherlands 2, New Zealand 4, Philippines 7, UK 69, USA 70,

The Minutes of the XX1st General Assembly, Korea, 1989, as printed in the 33rd Congress report were officially approved by the General Assembly.

The Procedure Advisor, Miss Catrin Williams, UK, presented the Rules of Procedure and Voting to the General Assembly. The General Assembly approved the affiliation of two new national Associations -

The Cameroon Medical Women's Association and The National Association of Romanian University Medical Graduate Women and 12 Individual Members:

The President gave an account of her activities during the past 2½ years. She had attended 2 Regional Meetings- the Western Pacific Meeting in Australia, September, 1990 and the Northern Regional Meeting in Sweden, 1991. She was invited to give the keynote address at the 40th Annual Meeting of the Philippine Medical Women's Association, 1989, in Manila, "Women Helping

Women". The President had made 7 visits to Manila since 1979. She had represented MWIA at 2 meetings of the WMA in Hong Kong in 1989 and in Malta in 1990. She participated in the WHO-FIGO meeting in Singapore and was involved in a workshop on behalf of MWIA in co-operation with Dr Leila Mehra, WHO, "Women's Perspective and Participation in Reproductive Health". Representing MWIA at WHO in Geneva she was very aware of the importance of this organisation for global health as she listened to the representatives of governments debating this subject. The topic of the scientific meeting was "The Role of Health Research in the Strategy for Health for All by the Year 2000". She reported to the G.A. on the new structure of MWIA. The new structure was proving successful and would be maintained.

The Secretary General, Carolyn Motzel, gave an account of her work and the Secretariat in Cologne. She had received good communication and thanked the NCSs for providing the necessary information. Two Executive meetings were held in Cologne in 1990 and 1991. The new Management Group had met twice between Executive Meetings and she felt that this group was extremely supportive and enabled the Secretariat to function in a more efficient manner. She had received a request from 2 National associations - Cameroon and Romanian - for affiliation. They had already been approved by General Assembly as well as 12 Individual Members. Invitations had been received from the Kenya and Chinese Medical Women's Associations to host the XXIV Congress in 1998.

She congratulated the 23 Golden Jubilee Members for their faithful devotion to MWIA for 50 years and thanked the hosts - Association of Medical Women in Guatemala - for their enthusiasm and generosity in organising the XXIV MWIA Congress.

She gave a full report of MWIA's International Relations. The Secretariat had prepared a document for the review of MWIA's official status with WHO. This took place at the 89th session of WHO in January, 1992, and a decision was expected soon. She thanked Dr Leila Mehra, MWIA's Technical Advisor of WHO, for her support and advice regarding the future activities of WHO and future collaboration between MWIA and WHO. Similarly MWIA's category 11 status with the UN Economic and Social Council would be reviewed in 1993. This status had allowed MWIA to actively participate in the Committees of Human Rights and Aging and the subcommittees on Health, Education, Youth, Women's Affairs and Crime Prevention. As a founder member of CIOMS, the Association continued to be very active in this organisation. The conferences of CIOMS provided an international forum for the exploration of not only the scientific aspects of new developments in biology and medicine but also the social, ethical and legal implications. There were other international associations with whom MWIA collaborated and sent representatives to conferences or meetings. These included WMA, UNICEF (with whom MWIA cooperates on an Immunisation Project), NGO Committees on Aging, Development, Family, Crime Prevention, CSW, Human Rights, Youth, Traditional Practices, Environment and Health, and other NGOs – Soroptomists, Zonta, Council of Women, IFUW and other WHO and UN Committees nationally, regionally and locally. Many members had represented MWIA at these and other conference and meetings in their own time and at their own expense. This has been much appreciated by the Secretariat and Executive. Finally the Secretary General thanked the President, Executive, Committee Chairmen, Miss Williams and Frau Waberzeck for their help and support..

The report of the Secretary General was accepted by the General Assembly. (2)

Officers were elected for the session 1992-95 by secret ballot as follows:

President:	Dorothy Ward, United Kingdom.
Immediate Past President:	Il Ok Choo, Korea.
President-Elect:	Florence Manguyu, Kenya.
Treasurer:	Lila Kroser, U.S.A.
Secretary-General:	Carolyn Motzel, Germany.
Vice-Presidents:	
Northern Europe:	Catrin Williams, United Kingdom.
Central Europe:	Gertrud Zickgraf, Germany.
Southern Europe:	Elvira Galluzzi Camozzi, Italy.
North America:	Anne Barlow, U.S.A.
Ibero America:	Ingrid Slowing de Miro, Guatemala.
Near East and Africa:	Hannah-Reeve Sanders, South Africa.
Central Asia:	Sompong Raksasook, Thailand.
Western Pacific:	Fe Canlas-Dizon.

The General Assembly voted by secret ballot to accept the invitation from the Kenya Medical Women's Association to host the XXIVth MWIA Congress, 1998 in Nairobi, Kenya.

The Treasurer, Lila Kroser, presented her report on the finances of the Association assuring the Assembly that the Association was financially sound due to the investments made by a past treasurer, Marta Holmstrom. There had been a 45% increase in capital between 1981- 91. There were 17,494 dues paying members in 1991- an association of 44 national associations and 39 Individual members. The income from dues 1989-91 was CHF 313.078. The investment income in the same 3 years was approximately CHF 183.441 (the 1991 audit had not been completed). The Korean Medical Association had gifted CHF 6600 to the Scholarship Fund following their successful Congress and in 1989 members of the Young Forum had launched a new fund and had raised CHF 4,000 towards projects. 86% of investments were in Bonds and 14% in Equities. A minimum was kept as cash in the USA to pay bills. The Executive now received re-imburement of their travel expenses and a small business allowance was given to the officers and chairmen of committees to cover their expenses. 3 Lovejoy Fellowships were awarded for the Congress in Korea in 1989 and 3 for the Guatemala Congress. MWIA paid half the Congress fee for the Young Forum members. She concluded her report by announcing that there would be no increase in dues.

The Treasurer's report was approved by the General Assembly. (2)

The Chairmen of the 3 Standing Committees presented their reports:

Dr Hannah Reeve Sanders, South Africa, **Chairman of the Finance Committee**, explained that communication with committee members was normally by mail but it would meet during the Congress. She had visited the bank in Geneva to ascertain the distribution of the MWIA funds and

the committee was now considering employing a less expensive firm of auditors. Although there would be no increase in the dues at present this would be considered again in 1995. It was however essential to increase membership to improve MWIA's income and any fund raising should be co-ordinated by the Finance Committee. The Scholarship Fund would make the first award in 1992 to MWIA members only. (2)

The Chairman of the Ethics and Resolutions Committee, Pat Schriver, Australia, explained the method for considering resolutions arising from scientific sessions at congresses or from members. All resolutions were first considered by the Committee and then by the Executive. As chairman she would present the resolutions with the Executive's recommendations to the General Assembly and these would be discussed and accepted or rejected but the wording could not be changed.

Recommendations would be considered as resolutions in three parts:

- A. Arising from the scientific sessions at the XXIIth Congress in Seoul and approved by the Executive.
- B. Policy matters approved by Executive.
- C. Resolutions proposed by National Associations which were not all supported by the Executive. The recommendations will be discussed and voted upon under the item "Policy Resolutions" on the agenda.

A. SEOUL CONGRESS

She presented for adoption by the General Assembly, as MWIA policy, the recommendations from scientific sessions at the Seoul Congress. The Executive has considered each of these and recommends the acceptance of four:

1. Organ Transplantations

- a. MWIA reaffirms the resolution presented to the U.N. End of Decade of Women Conference in Nairobi.
- b. MWIA opposes commercial live donor transplant across international borders on the following grounds:

It is (i) against medical ethics;

- (ii) a procedure for which there is no medical indication;
- (iii) the exploitation of the poor by the wealthy; often it is women who sell their organs to secure food and medical care for their children.
- (iv) produces two standards of humanity. The wealthy that purchase health at the expense of the loss of health of the underprivileged.
- (v) a concept of children as live donors of organs for transplantation and is unacceptable. - Supported by Executive.

2. Communication Skills

In view of medical women's roles in education and their need for communication skills, MWIA resolves that "Communication Skills" be a side topic for future at meetings: national, regional, and international.

Supported by Executive.

3. Traditional Practices

a. MWIA condemns all forms of female genital mutilation and recommends health education of the communities concerning the health hazards of this practice.

b. MWIA wishes to actively support the Inter-African Committee on Traditional Practices in their endeavour to eliminate such practices and offers professional medical expertise.

Supported by the Executive.

Recommendations concerning Cancer in Women

a. MWIA approves and encourages the introduction of screening programs for women in all countries. The screening programs chosen should depend on the incidence of particular malignancies in different countries.

b. MWIA recommends the establishment in developing countries of increased opportunities for regular Pap smear cytological examination.

c. MWIA recognizes the importance of regular medical checks to women's health and therefore recommends that all social and health workers receive instruction to enable them to educate the women of their community about the necessity for medical check-ups.

Supported by the Executive.

5. Diethyl Stilboestrol Use and Side-Effects

a.. MWIA initiates and supports information campaigns on DES for the medical profession.

This was not supported by the Executive, who feels it is more appropriately done by specialist colleagues.

b. .MWIA calls for a complete ban on the use of DES.

Not supported by the Executive.

There are some issues which have been widely discussed in all countries and which are matters concerning WHO and various United Nations committees at which we are represented. Your Executive believes they are issues for which we should have a policy. For this reason they recommend for your acceptance the following:

POLICY STATEMENT RECOMMENDED BY THE EXECUTIVE

1 HIV/AIDS

1. MWIA affirms that all persons who have HIV/AIDS should be given, without discrimination, the same respect, care, and treatment afforded all other members of their society who are in need of medical care.

2. MWIA urges all nations to provide community education about the transmission of HIV and about safe sexual practices, which will diminish the spread of this pandemic.

Surrogate Pregnancy

MWIA opposes the exploitation of women which may arise through surrogate pregnancies.

In-Vitro-Fertilization

MWIA has considered in-vitro-fertilization.

It recognizes:

I. The desire of infertile couples to have children.

ii. the high cost of IVF programs; and

iii. the contributions such programs have made to research and scientific knowledge of early pregnancy.

It therefore supports such programs, where the ethics of the community accept it and where the community can afford such a program after providing a proper standard of medical care to all its members.

Fertility Control

MWIA recognizes that termination of pregnancy is requested by some women.

1. Where that procedure is culturally acceptable, MWIA believes women should be offered the safest, least invasive, and most acceptable medical alternative.

2. MWIA believes that women and their partners should be fully informed concerning methods of contraception, including their side effects, benefits, and risks, in order that they may choose the safest method acceptable to them and to their culture.

3. Further, MWIA believes all nations should ensure that all children are educated concerning reproduction, contraception, and safe sexual practices.

There are other important issues on which we should have policies, such as genetic engineering and confidentiality of medical information.

These and any others which were referred to the Ethics and Resolutions Committee by any member nation will be considered before the next General Assembly.

C. FROM NATIONAL ASSOCIATIONS

(There were some administrative recommendations which have already been adopted without requiring resolutions and will not be referred to.)

The following all came from the Dutch Female Doctors Association.

1. It is resolved that the number of votes received in ballots of General Assembly be presented in the Congress report.

The Executive does not wish to influence voting on this issue.

2. a. It is resolved that the Executive review of the eligibility of candidates nominated for office (ARTICLE 16 of the By-Laws) and accepting nomination cannot include the power of veto.

2. b. Be it resolved that all candidates nominated for office and accepting nomination shall be presented for election to the General Assembly with the Executive's advice concerning eligibility.

Recommended by the Executive.

2. c. It is resolved that the special requirement that a President-Elect should have experience at the Executive Committee of MWIA recommended by the Executive (CL 91) be deleted.

Not supported by the Executive.

3. a. It is resolved that the Management Group shall act only on its recommendations to the Executive not prior to THREE (3) months following the last day of the management group meeting.

The Executive regards this as unnecessary delay and recommends TWO (2) months in view of modern communications.

3. b. It is further resolved that action on a recommendation of the management group shall only be taken when no rejection of that recommendation has been received within the time prescribed.

The Executive did not approve this resolution as action of the Executive should not be able to be prevented by a single veto.

4. It is further resolved that the MWIA makes every endeavour to be represented by highly qualified doctors at meetings of WHO and UN (expenses paid by MWIA).

Strongly supported by the Executive.

5. It is resolved that MWIA supports, in principle, Women's Studies in Medicine. Any such study will be considered for funding by the Scientific and Finance Committees.

Approved by the Executive.

6. It is resolved that committees present the General Assembly with a detailed written report of their work of this past term and an outline of priorities for the next term.

Those reports should, if possible, be available three months prior to the General Assembly.

Approved by the Executive.

Three other resolutions requiring a change in the Constitution have been discussed:

I. That committee chair people and members be elected by the General Assembly.

2. That the period of office of committee chair people be limited to two terms and those committee members may serve a maximum of 12 years.

As the Executive had agreed that national associations will in the future be asked to nominate committee members and because management under the new constitution is still evolving, these resolutions have been deferred.

Finally the chairman reported that this Committee had functioned this session as a resolutions committee but it was hoped that during the next 3 year session it would give priority to some matters of ethics policy (2)

The Report of the Scientific and Research Committee was presented by the chairman, Riet Ansink Schipper, Netherlands. She stated the aims and objectives of the committee were to improve the level of scientific and research work concerning MWIA activities at congresses, projects, and training and with women's issues.

The 13 members of the committee came from different regions and fields of activity and Professor Perol, France, agreed to be the deputy chairman. Guidelines had been drawn up for a scientific programme, preparing and presenting a paper or poster at congresses and instructions for chairwomen of the scientific sessions. These guidelines were approved by the Executive and included in "Planning a Congress". Committee members also offered to help with the selection of papers for congresses and made suggestions for improving the level of papers.

Proposals were made for the MWIA Scholarship Loan application form in collaboration with the chairman, Gertrude Zickgraf, chairman of the Scholarship Fund and Hannah Sanders, chairman of the Finance Committee.

The reports from the 3 Standing Committee Chairmen were approved. (2)

The Regional Vice-Presidents gave an account of their term of office and their reports have been augmented from the written reports of the NCSs in their region.

The North American Region included Canada and USA. Shelley Ross, Canada, the Vice-President presented her report to the General Assembly.

The American Medical Women's Association (AMWA) had developed a strategic plan in 1984. This included "Anti- smoking", "Leadership for Medical Women", "Osteoporosis" and later "Dependent Care". Having fulfilled their goals on these issues they moved their office from New York City to Alexandria, Virginia to be closer to the national capital and engage in political lobbying which had been very successful. They have prepared a number of policy and position papers which allowed AMWA to act by letter and telephone when planned legislative action ran contrary to their position on the subject to be discussed. With the expansion of their horizons AMWA was now able to take leadership roles in medicine and had become powerful advocates for women's health. Membership had increased and branches had been reactivated The annual meetings of AMWA were held in 1989 Beverley Hills, California entitled "The Cycling Women", and in Philadelphia, in 1990- the topic "The Changing Face of Medicine: Women Physicians Lead the Way".

The Federation of Medical Women in Canada had also increased membership as they were now involved in issues of interest to women physicians. As their national office was located near the capital they had become more politically involved. They had remained within organised medicine e.g. the Canadian Medical Association and the College of Family Physicians and had spearheaded the creation of Women's Issue committees. The Federation was active on women's issues and also in opposing any parliamentary bill which was insensitive to the lives of women.

Southern European Region – Belgium, France, Israel, Italy, Spain.

The report of this region was presented by the Vice-President. Elvira Galluzzi Camozzi. She had remained in touch with the 5 countries of the region and visited Belgium and her own country, Italy. She had contacted colleagues in Greece and hoped that they would form an association which could affiliate to MWIA. In 1991 she attended the 2nd Southern European Regional Congress in Gent, organised by the recently re-established Belgium Medical Women's Association. The theme discussed was "The Changing Face of Medicine" and covered the most frequent health problems of women – amenorrhea, menopause, cancer, cardiovascular diseases, depression, AIDS and medical

complications in pregnancy. This association had held their 1st national meeting in Liege in 1989 – The Cycling Women. Both these meetings were supported by the MWIA President, Dorothy Ward and the Secretary General, Carolyn Motzel as well as participants from Hungary, Luxemburg, France, the Netherlands, Norway and Italy. The French Medical Women's Association remained active and held annual General Assemblies and conferences centring on topics such as communication, teaching, women doctors in schools, women in sports and AIDS. The membership of the Italian Association had increased. National meetings were held and subjects discussed included Mental Disorders, Prevention in Women's Health and Welfare Diseases. On the occasion of World Aids Day in 1990 the Genoa branch organised a special meeting on "Women and AIDS".

Northern European Region –, Denmark, Finland, Ireland, Netherlands, Norway, Sweden, UK. The Vice-President, Vibeke Jorgensen, Denmark, reported that the region was very active apart from Norway which was dormant at present. Two representatives from the 6 active countries had met in Amsterdam in April, 1990 and discussed "Screening" in their countries and MWIA business. The Xth Northern Regional Congress was hosted by the Swedish Medical Women in Rattvick. The Danish Association organised 8-10 postgraduate seminars annually on various themes including - Abortion, Children's Rights, Young People, Working Conditions for Doctors, Research etc. One of the aims of the Finnish Medical Women was to support female medical students and practitioners with their career problems and the care of their children. They held clinical meetings on a variety of medical subjects and social gatherings. The Irish medical women worked on behalf of female doctors to improve their working conditions and ensure that their patients can consult female doctors and female gynaecologists and obstetricians. The Association in the Netherlands had been planning and fundraising to establish a University Chair in Women's studies in Medicine. They arranged national meetings 4 times each year and weekend courses on leadership training. The local branches held many scientific meetings. The Swedish Medical Association and the Swedish Medical Women's Association collaborated to organise a 2 day professional course for female representatives in the professional organisation. They also arranged scientific and social meetings. The Medical Women's Federation in the UK had been involved in monitoring the changes in the health service following the implementation of the National Health Service Legislation in 1991. They had been concerned that the increase in doctors' working time to 60 hours /week made it difficult for all doctors to combine a career in medicine with family responsibilities. Scientific meetings were held in association with Council meetings and local associations also arranged similar meetings.

Central Europe – Austria, Georgia, Germany, Poland, Switzerland.

The report of the Vice-President, Anjuta Lotsch, Austria, was read in her absence by Gertrude Zickgraf, Germany. There had been a small increase in the membership in both Germany and Switzerland and this was noted by an increase in younger members. This region was now over doctored and younger doctors found it more difficult to be employed in training posts. Part-time posts were now available and also the provision of child care in hospitals. Germany had experienced political changes following re-unification and contact had been made with many women doctors in Eastern Germany and a few branches of the German Medical Women's Association had been formed. It required to alter its statutes after re-unification and the "Young Forum" was added into the constitution. The association held general assemblies, scientific and social meetings. A new abortion law was introduced and the association was very involved in monitoring its progress and

recommended that the woman herself should decide on an abortion after professional counselling. Both the Swiss and German associations were interested in the issues of Women and AIDS and the problems associated with Gene Therapy. The Austrian Association continued to run a home for retired women doctors. No communication was made with Poland and Georgia.

Near East and Africa – Egypt, Ghana, Kenya, Madagascar, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda and the new affiliate the Cameroon.

The Vice-President, Florence Manguyu, Kenya reported that this was a large region extending over the African continent from north to south, with 10 affiliated countries and individual members in 11 other countries. Regional offices had been set up in Nairobi shared with the Kenya Medical Women's Association and the region intended to hold the first African Congress in Nairobi in 1993 and invited MWIA to come to Africa for their first international congress in 1998. The region was very involved in women and children's health and there were many activities by WHO and UNICEF in which MWIA was involved. These included the Convention on the Rights of the Child, Baby Friendly Hospitals and Safe Mother Initiative. The Egyptian medical women were involved in projects at national level with UNICEF and government activities. It had an annual publication – Health of Children and Mothers. In Ghana the medical and dental women promoted the general welfare of women and children. They held regular scientific meetings, worked with the Ministry of Health in a mobile clinic in a disadvantaged area of rural Accra, promoted health education about AIDS and safe sex practices. They collaborated with the National Council of Women in pursuing a Breast Cancer Prevention Program. They aimed to increase their health education program, population control and promote better working conditions for women doctors. The women doctors in Nigeria were also very active in health education, public enlightenment on cancer and cancer screening, screening for hypertension and visual defects in children, research and nutritional status of children were a few of their many activities. The South African Society of Medical Women were working to improve the status of their members and had already achieved paid maternity leave, part-time specialisation and housing subsidies for medical women. They cooperated with the South Africa, Medical Association to improve the health and welfare of women and children.

Central Asia – India, Sri Lanka, Thailand.

Vice-President, Dina Patel gave a report of the activities of India and Thailand as contact had been lost with Sri Lanka. Both these countries provided screening activities for women as well as running medical and dental clinics. They also provided health information in the public media and work with other organisations on health and welfare issues. In Thailand an outstanding women doctor was acclaimed for her work on AIDS prevention. The women doctors in Bombay ran a very busy cervical screening clinic with nearly 5,000 smears annually. The West Bengal branch publish a journal twice each year. They continued to run a fifty bedded hospital for the underprivileged and provided a mobile health clinic.

Western Pacific Region – Australia, Japan, Korea, New Zealand, Philippines,

Taiwan. The Vice-President, Virginia Kuan, Taiwan, in her report highlighted the very successful 4th Regional Congress which was held in Brisbane, Australia in 1990. The Australian Federation had experienced a fall in membership but was pleased to note an increased interest from young members and the regional meeting in Brisbane had improved their profile among women doctors in Australia.

Each State branch had continued to hold clinical and social meetings. The Chinese Medical women in Taiwan had presented “A Hymn to Hygeia” as a possible anthem for MWIA. This association continued to run charity clinics and also a series of lectures on health for the public. Their government and Department of Health consulted the association on matters related to women doctors, their training, and the health of women and children. The Korean Women’s Medical Association provided continual medical education programmes for its members and education on AIDS to medical and paramedical personnel under the auspices of WHO and the Ministry of Health. Free gynaecology clinics for uterine cancer detection were given to welfare patients as well as health counselling services. They also met with WHO who assisted them in the AIDS programmes and a document was written “AIDS – related tasks and KWMA”.

The New Zealand Medical Women’s Association published a book in 1990 *Women Doctors in New Zealand - A Historical Perspective, 1921-1986*. It had a membership regular meetings and activities including preparing submissions to the government on a new structure for the Health Services in New Zealand. The medical women in the Philippines held their 40th Annual Convention in November 1990 “Women Helping Women”. Each year it provided opportunities for leadership and management training to their members and invited medical students to attend their many seminars and postgraduate courses. It had 250 members in 56 branches and they worked with WHO and UNICEF in the field of Primary Health Care. It is represented on their government’s task force which will prepare a Programme of Action for Children in 1991- 2000. It had been very involved in aid to the victims of the recent Mt Pinatubo eruption and the typhoon and flood in Ormoc City. “A Save a Child” project was launched providing feeding centres for children, establishing medical missions and the distribution of clothes, food and medicines.

Ibero America – Bolivia, Brazil, Columbia, Guatemala, Mexico, Peru.

The final Vice-President’s report was given by Verna Leon, Peru. The Peruvian Association was now 34 years old and 400 women doctors out of a total of 2000 were members of this association. It took an active role in developing the aims and objectives of the association as well as assisting and maintaining the program of the medical institution which was followed by the majority of male and female doctors within the country. The scientific meetings included Geriatrics, Acupuncture and Alternative Medicine, Laser Treatment and Prevention of Cardiovascular Diseases. Cultural and social activities were included in their varied programme. Similarly the women doctors in Bolivia were improving the administration and organisation of the institution and had managed their economic resources and improved their communication with MWIA. It is understood that they are the only association within the region who pay their annual dues to MWIA. Their many activities included scientific meetings, international seminars with other academic and scientific organisations in Fighting against Abortion, Control of Cancer of the Cervix and Medical Ethics and Family Planning. The National Association had a special program to meet the needs of university women especially in health education. They had worked to obtain a better service for AIDS patients and to stimulate women doctors to achieve their full potential. There are 100,000 doctors in Brazil, 30% are women but only 70 belong to the Brazilian Association of Women Physicians. It published a bulletin biannually and the regional branches held scientific meetings on topical issues. The Guatemala Medical Women’s Association celebrated their 25th anniversary in 1991 and has been preparing to hold the XX11nd MWIA Congress in 1992. During 1991 there was an increase in membership. They have worked with other women’s organisations with common objects. They held regular scientific meetings and also social events. In concluding her reports from the relatively few communications

she had received from this region, she emphasised that this was a very large region and there had been a proposal that it be divided into one region for Mexico and Central America and one for South America. This would help the region with a better approach and understanding of the needs and ambitions of the women doctors and improve communications. She noted that infant and maternal mortality was still too high and infectious diseases still a great challenge.

The Vice-Presidents' reports were accepted as read by the General Assembly. (2)

MWIA Representation at WHO and United Nations meetings.

WHO/UN Geneva. Mrs Bonner continued to be a faithful attendee at the above meetings cooperating with UN bodies and other NGOs in improving health for all and in particular women and children. She attended WHO, UNICEF and Human Rights meetings in Geneva. and participated in working groups on the Status of Women: Women and Health, Women and Literacy, Women and Employment, Women and the Family. As a representative of MWIA she was invited to the PREP/COMS of the Conference on Environment and Development which were held in Geneva in preparation for the main conference in Rio. The main issue here was emphasis on the development of women and girls in developing countries. The other main meetings attended in Geneva were meetings of NGOs who had consultative status with ECOSOC. These covered basic human problems including health, environment, development, women and children. The MWIA President and Vibeke Jorgensen, Denmark also attended the WHO General Assembly in Geneva and the WHO Executive Meeting was attended by the President.

United Nations in New York Representatives - Drs Keswani and Nemir, USA.

There were over 1,500 NGOs promoting UN work and their interaction contributed to the strength of UN. The NGOs were slowly progressing with their agendas. Progress has been made in many countries to achieve the aim of WHO- *Health for all by the year 2000*. There had been improvement in the coverage of immunisation against 6 diseases, as well as an increase in birth attendants at childbirth, clean water and sanitation. There was concern, however, with the effects of increased alcohol, substance abuse and the increase of other diseases in developing countries such as cardiovascular diseases, cancer and diabetes, that health would be compromised.

WHO European Meetings. Representative – Vibeke Jorgensen, Denmark

Dr Jorgensen attended these meetings held in Copenhagen and in other European countries and took part with the new President, Dorothy Ward, at the WHO Technical Discussion on Women, Health and Development in Geneva.

The reports of these representatives were accepted by the General Assembly (2)

HONORARY MEMBERSHIP

This was conferred on the Immediate Past President, Professor Fernanda de Benedetti-Venturini, Italy. (2)

GOLDEN JUBILEE MEMBERS

23 Members from Japan, New Zealand, UK and USA were presented with Golden Jubilee Certificates.

THE YOUNG FORM Else de Wit, Australia, chairman, reported on their fundraising activities in the past 2 years. They had collected 4,000 US\$ which would be given to the University Health Care clinics in Guatemala City.

PAST PRESIDENT'S ADVISORY COMMITTEE had met during the Congress and wished to have greater cooperation with the MWIA Secretariat.

SUMMARY OF SCIENTIFIC PAPERS - HEALTH FOR ALL CHILDREN

This was presented at the Closing Ceremony of the Congress by Sarah Salazar de Pessarossi, Guatemala. The 24 papers reviewed were mainly from Guatemala.

Infant Mortality Rates in Developing Countries–Strategies for their Reduction(6)

A cooperative and integrated effort has been made between governments and NGOs towards reducing infant mortality. The most important strategies discussed included- encouraging breast feeding, immunisation, family planning, education of the community, provision of basic amenities and labour assistance. The effect of a cholera epidemic in Guatemala in 1991 was presented and as a result of a coordinated work between the government and other organisations the course of this disease was atypical as there were fewer cases and a lower mortality rate.

Model for Integrated Attention Health Care Services for Children) (7 Papers)

Integral medical attention in the different branches of medicine was basic to delivery of care especially to underprivileged – street children, widows and other groups.

Child Health Problems in the 90s (10 papers)

Several conditions were presented such as paediatric malignancy and its late effects, oral health and how to help atopic and asthmatic patients and their families.

Child Neglect and Abuse (7 papers)

This was seen as a common problem in every country with devastating consequences such as depression, anxiety and physical and other mental disabilities. Medical women were urged to treat and find solutions to the problem including safe houses for battered women and children.

Effects of Environment on Child Growth and Development (9 papers)

Environmental, economic, social and highly technological factors and their side effects on children's physical and mental health were analysed and the consequences of child hawking, sexual assault, accidental injuries, truancy and stealing were presented. The health hazards of firewood used for cooking, excessive television viewing producing inactivity and poor concentration were also discussed.

Vaccination: Technical Development: (4 papers)

There were problems with vaccination in developing countries - inadequate vaccination protocol, weak vaccines and immune deficiencies within the vaccinated population and the new vaccines now available were discussed.

Sexually Transmitted Diseases (2 papers)

Clinical manifestations were now seen in infants and comprehensive sex and health education was important for mothers and teenagers.

Congenital Malformations and Rehabilitation (11 papers).

There were many congenital anomalies in Guatemala and early diagnosis, treatment and rehabilitation were important.

Family Planning and Prenatal Care (15 papers).

The conditions of prenatal care and spacing of children differed from country to country and the risk factors for neonatal mortality were mentioned. It was important to educate the birth attendants about the risk factors during pregnancy. Pregnancy complications in adolescents were noted and associated with a higher neonatal mortality. There was also increased miscarriage and low birth weight with physical abuse in pregnancy.

Problems of Malnutrition (4 papers)

Nutritional status could be simply assessed by a simple anthropometric method. Obesity and its complications were harmful to children and their diet could cause behavioural problems. Adequate nutrition in children under the age of 3 was important for their future health and survival.

Women, Health and Development (11 papers)

Solutions had to be found to improve the health and development of women in many countries. This was due to poor access to education, problems during pregnancy, care of small children, part-time work, emptiness of existential values, psychological problems, competition and discrimination, low salaries and less access to important positions.

RESOLUTIONS PASSED AT THE XX11nd MWIA CONGRESS

Some resolutions were already printed and presented in full within this chapter under the report of the Ethics and Resolutions Committee and approved by the Executive Committee) - Chapter 23. They were discussed, amended, rejected or passed at the 3rd General Assembly in Guatemala on 13th March, 1992. Only the numbers and titles of these resolutions passed are printed here as well as any amended or new resolutions passed.

A. SEOUL CONGRESS

C92 R Organ Transplantations

C92 R2 Communication Skills

C92 R3 Traditional Practices

C92 R4 Cancer in women

NEW/AMENDED RESOLUTIONS

C92 R5/RU486 Recognizing that the right to access the benefits of scientific progress is a universal right protected by the International Covenant on Economic, Social and Cultural Rights, and that this is the unalienable right of every individual the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION calls upon the manufacture of RU 486 to:

(i) move with all appropriate speed to submit applications for approval of RU486 to the drug regulatory authorities, in those countries where the drug is at present not available.

(ii) conduct clinical trials for those indications which are scientifically promising.

(iii) In addition, the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION supports continued research and access to similar drugs which may be produced by other manufacturers.

C92 R6 Limitation of Medical Care. The MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION calls upon its members to resist limitation of medical care for non-medical reasons.

C92 R7 D.E.S MWIA supports information campaigns on D.E.S. for the medical profession.

C92 R8 HIV/AIDS MWIA affirms that all persons who have HIV/AIDS should be given, without discrimination, the same respect, care and treatment afforded all other members of their society who are in need of medical care.

C92 R9 HIV/AIDS. Technical Adviser to WHO; Dr Lila Mehra. MWIA. ⁽¹⁾

MWIA urges all nations to provide community education about the transmission of HIV and about safe sexual practices which will diminish the spread of this pandemic.

C92 R10 Surrogacy. MWIA opposes the commercial and psychological exploitation of women which may arise through surrogate pregnancies.

C92 R11 In -Vitro Fertilisation. MWIA has considered in-vitro-fertilization. It recognises:

(i) The desire of infertile couples to have children.

(ii) The high cost of I.V.F. programmes; and

(iii) The contributions such programmes have made to research and scientific knowledge of early pregnancy.

It therefore supports such programmes, where the ethics of the community accept it and where the community can afford such a programme after providing a proper standard of medical care to all its members. Long term medical follow-up of mothers and children should be part of the programme.

C92 R12 Fertility Control. MWIA recognises that termination of pregnancy is requested by some women.

(1) Where that procedure is culturally acceptable, MWIA believes women should be offered the method which is safest, least invasive, and most acceptable to them.

(2) MWIA believes that women and their partners should be fully informed concerning methods of contraception, including their side effects, benefits and risks, in order that they may choose the safest method acceptable to them and to their culture.

(3) Further, MWIA believes all nations should ensure all children are educated concerning reproduction, contraception, and safe sexual practices.

POLICY RESOLUTIONS

The General Assembly accepted the following resolutions:

PR92/1. It is resolved that the Executive review of eligibility of candidates nominated for office (ARTICLE 16 of the By-Laws) and accepting nomination cannot include the power of veto.

PR92/2. It is resolved that all candidates nominated for office and accepting nomination shall be presented for election to the General Assembly with the Executive's advice concerning eligibility.

PR92/3. It is resolved that the special requirement that a president-elect should have experience at the Executive Committee of **MWIA** as recommended by the Executive in Circular Letter 91 be deleted.

PR92/4. It is resolved that **MWIA** makes every endeavour to be represented by highly qualified doctors at meetings of WHO and U.N. (expenses paid by **MWIA**).

PR92/5. It is resolved that **MWIA** supports, in principle, Women's Studies. Any such study will be considered for funding by the scientific and the financial committees.

PR92/6. It is resolved that committees present the General Assembly with a detailed written report of their work of the past term and an outline of the priorities for the next term. These reports if possible, be available three months prior to the General Assembly. (2)

PROMOTION OF THE XX111RD MWIA CONGRESS

Carolyn Roos, NCS of the Dutch Association and a member of the Organising Committee for the XX111rd Congress in 1995 gave a dia-presentation especially of The Hague - the venue of the Congress. She invited **MWIA** members to attend the Congress in 1995.

CLOSING OF THE XX11nd MWIA CONGRESS

The outgoing President Dr Il OK Choo thanked all the participants for their attendance, contributions, work and support and expressed her hope that they had enjoyed the Congress. She thanked all those who had helped to make the Congress a success and everyone who had supported her during her presidency. She extended her best wishes to the incoming President, Dorothy Ward who officially declared the XX11nd Congress closed. The new President in her address encouraged national associations, officers and committee chairman to improve communication within the Association (2)

SOCIAL EVENTS

On Sunday; Church Service and Opening Ceremony Monday; Lunch and Textile Conference and Fashion show, Tuesday; Visit Wednesday; Antigua, City Council Protocol, Baroque Music Concert, Wednesday; Lunch and Maya Culture Conference,

Presidents Reception - National Palace, Thursday; Visit to Chichicastenango, Visit to

Panajachel, Friday; Lunch and Mayan Music Concert, Closing Ceremony - Banquet - Hotel Camino Real (2)

References

- (1) **MWIA** Executive Minutes, March, 1992
- (2) **MWIA** Congress report No 34
- (3) **MWIA** Executive Minutes, May, 1992

CHAPTER 23 Return to Europe

On their return from Guatemala the workload of the Secretariat in Cologne continued to increase and the Secretary General realised that it was necessary to re-organise their way of working in the office, to increase the hours of work and to employ another member of staff rather than rely on temporary staff at busy times.

Frau Waberzeck, MWIA Executive Secretary, edited the Officers letters, Circular letters and the Newsletter. She was also responsible for preparing the Congress report the minutes of the Executive meetings and the notes of the Management Group Meetings. She had re-organised the record system in the Secretariat so that MWIA could respond more appropriately to the many requests received at the Secretariat. Another important task which required a great deal of time was the co-ordination of international activities and representation as requested by the General Assembly of the XX11nd Congress. Frau Waberzeck had also categorised the Executive decisions which had facilitated the work at Executive meetings and efficiency within the Secretariat and the increase in staff hours and re-organisation of the office work had resulted in improved visibility for MWIA.

Frau Yungman, had been employed as an Executive assistant part-time when she was first employed but had now increased her hours of work to 35/week. Her duties included assisting Frau Waberzeck with the daily correspondence and proof reading. She was also responsible for the systematic billing of member associations and the individual member's dues and the documentation of the expenses for Executive and Management Group meetings. She had refined the spreadsheets for financial transparency of MWIA and was responsible for correspondence with the Bank Scandinavia and the Treasurer. She had categorised all MWIA resolutions and statements and also started to prepare a database for MWIA.

These tasks and projects were part of their daily work but extra preparation was required before each Executive and Management Group meeting and also the preparation for congresses when around 20,000 photocopies would be made. (1)

There were 5 Regional meetings during the session 1992-95 (1) Three of these were "first" regional meetings as MWIA was encouraging each region to organise a meeting both scientific and business where the affairs of MWIA would be discussed.

The 11th Northern European Regional Congress was hosted by the Medical Women's Federation in Brighton, June 1993 with the topic "Abuse within the Family" and considered Abuse of the Elderly, Child Abuse and Violence within the Family. The meeting was opened by the Duchess of Gloucester, MWF Patron. A business meeting of national presidents and national corresponding secretaries was held and various MWIA matters were discussed including travelling expenses for MWIA Officers, communications between national associations and the Secretariat and the regional allocation of new affiliates to MWIA The next Vice-President of this region if the usual rotation was followed should be from Finland and the Finnish Association wished to nominate Anna Maija Seppalainen.

As there was no Young Forum member in any of the countries in this region, it was felt that young doctors should be encouraged to achieve their objectives through active participation in their national associations. National associations could consider supporting them to attend their regional meeting.

A regional newsletter was not supported but it was agreed that copies of all letters sent to the MWIA Secretariat should be sent to the Vice-President. The venue for the next Regional Meeting in June, 1996 would be Copenhagen.

A Statement was issued at the close of this regional meeting condemning violence as an act of violation of human rights.

The First Central European Congress was held in Lubeck, Germany, September, 1993. It was preceded by the National Scientific Congress of the German Medical Women's Association. Colleagues from 11 countries attended including- Belorussia, Bulgaria, Croatia, Estonia and Romania who all gave impressive reports of their professional and personal situation under the changing political conditions. The topic of the meeting was *Europe-perspective for Medical Women*. The President of the Swiss Medical Women's Association presented a paper on her research on the Careers of Medical Women "Wishes and Reality". President Dorothy Ward welcomed the many colleagues to the MWIA Meeting and gave a history of MWIA in Central Europe.

The 5th Western Pacific Regional Meeting took place in Kyoto, Japan, May 1993. 324 Participants from Australia, Japan, Korea, New Zealand, Philippines, Taiwan, Thailand, Egypt, UK and 5 observers from Mainland China including their Vice- Minister of Health. The Vice-Minister of Health Taipei was also a delegate. The topic was "Medical Care in an Aging Society" and the overriding theme was concerned with the demographic predictions for the future-falling birth rates on one hand and an increase in the aging population on the other. It was an excellent scientific programme, wonderful hospitality and a very lively social programme with the Chinese colleagues from Taiwan and Beijing joining together to sing Chinese songs.

The MWIA President, Dorothy Ward, UK, Past President Lorna Lloyd Green, Australia. and Fe Canlas-Dixon, V.P, of this region, were invited guests.

The 1st North American Regional Congress was hosted by the American Medical Women's Association in Orlando, Florida, November, 1994. It was held in conjunction with their annual scientific meeting and in close association with the Pan-American Medical Women's Association meeting at a nearby site in Florida. The theme of the meeting was "Women promoting Women's Health: Empowering our Global Family". This meeting was attended by the MWIA President and Secretary General. They also attended the Pan-American Medical Women's Meeting where the MWIA President Dorothy Ward presented a paper on Women's Health. During the Business Meeting of the Pan-American Association MWIA business was discussed and the South American MWIA members who were present agreed that this MWIA Region should in future be known as Latin America rather than Ibero America.

1st Near East and Africa Regional Meeting was hosted by one of the youngest African Medical Women's Associations – Kenya, November, 1994. The meeting was held in Nairobi with participants from most of the large African states, Canada Denmark, Germany, UK and USA. They discussed "The Health of Women and Safe Motherhood" -a very important topic for Africa and successful

fund raising enabled many health professionals to travel from throughout this large continent to take part in this excellent meeting. (1)

The Executive Committee met in Cologne in April, 1993 and 94 and the Management Group of the Executive met in Cologne in September, 1992, August, 1993 and October, 1994 The Management Group discussed urgent business in preparation for the Executive Meetings. The MWIA Secretariat had valued the support from this Group between Executive Meetings which enabled them to function in a more efficient manner. Dorothy Ward was able to visit the Secretariat in Cologne at regular intervals. Executive meetings in previous years had normally discussed the business of the Association (now shared with the Management Group) and an opportunity was given for the VPs to meet together to discuss their roles and make appropriate recommendations. In 1994 the Executive meeting included small workshops on Strategic Planning for the future of MWIA. This proved to be an excellent way of planning. Each group of 3 was composed of a senior officer, a VP, and a committee chairman or an observer invited to attend the Executive. Each of the 8 groups considered several important issues which could improve the structure and image of MWIA – a mission statement, NCSs, Executive Meetings, effective MWIA Committees, VPs' role, timetable for congresses, discussion of resolutions at congresses, membership status within national Associations and guidelines for new affiliates. The conclusions from these workshops brought about important changes including a new name for the NCS - National Co-ordinator, guidelines for new affiliations and improved communications and meetings of the General Assemblies. Over the next few years the recommendations from these workshops were introduced - the annual Executive Meetings were later held in conjunction with a regional meeting to improve MWIA's visibility and the discussion of resolutions was planned more effectively. Workshops on Strategic Planning with a professional facilitator were organised and funded for the Executive members and MWIA Committee chairmen by the Rockefeller Foundation at their centre in Bellagio.(2)

MWIA had always considered that international relations were a very important activity of the Association and during the session 1992-95 many members of national associations were involved in representing MWIA nationally, regionally and globally especially at the Preparatory meetings held in many countries for the 4th World Conference of Women, Beijing, China, September, 1995. Dorothy Ward and Vibeke Jorgensen attended these meetings in Vienna and New York and together with Carolyn Motzel and Catrin Williams, UK, the Women's Conference in Beijing. At these meetings members organised workshops and invited other NGOs and delegates of the many Governments attending the meetings to discuss the health of women and children and highlighted the many issues which affected their health and required to be recognised and dealt with by governments. Oral statements were made to the government delegations at their General Assemblies on health, emphasising the issues which affect it such as poverty, violence, sanitation, clean water, the lack of education, inadequate health care, harmful traditional or cultural practices and many other similar matters affecting the health of the family. MWIA lobbied members of the delegations especially those of their own nation, and through these interventions tried to raise awareness of the many social; and other factors affecting health globally and thus influence the final decisions of government delegations on these matters. Similar methods were used at other United Nations Conferences being held at this time including the Conferences on Environment and Development, Human Rights, Population and Development, and the Social Summit.

The following resolution was passed by the General Assembly in Korea (PR92/4)

It is resolved that MWIA makes every endeavour to be represented by highly qualified doctors at meetings of WHO and U.N. (expenses paid by MWIA). In 1993, noting this resolution, the MWIA President was requested by the Executive to find a member of the Swiss Medical Women's Association to represent MWIA at meetings of WHO and UN in Geneva. MWIA had been very well served by Mrs Ruth Bonner, a former MWIA Executive Secretary, who had agreed to be the MWIA permanent representative at WHO in Geneva. During her attendance at the WHO General Assembly in Geneva, May 1993, Dorothy Ward, and Vibeke Jorgensen, Co-ordinator of International Representation, met Mrs Bonner and informed her of resolution PR/92/4 on MWIA representation which was passed at the General Assembly in Korea and the Executive's instructions. They thanked her for her devoted service to MWIA in Geneva and presented her with a small gift.

During 1993/94 Dorothy Ward attended many meetings in Geneva and contacted the Swiss Medical Women and asked their help to find a member willing to represent MWIA at WHO and UN meetings in Geneva. Three members agreed to share the representation – Drs Doring, Neuffer and Urfer-Buffat. In April 1994 the Executive approved the appointment of these 3 doctors as MWIA representatives in Geneva. The venue for the XX111rd MWIA Congress was the Hague, the Netherlands and the topic of the scientific programme was “Women's Health in a Changing World.”

The MWIA Executive and the Finance committee met in The Hague prior to the Congress. A “briefing” meeting for the National Co-ordinators and the Presidents of national associations, chaired by the Secretary General was held. The VPs, who were now retiring and those who had been nominated for this office, were invited to attend. The N.C.s of each national association received the usual folder containing essential information for the conduct of the business at the General Assembly. The NC s and National Presidents later met with their regional VPs.

The XX111rd MWIA Congress was opened by the President Dorothy Ward, at the Congress Building in The Hague on the 9 May, 1995. She welcomed MWIA members and their guests, representatives of the Dutch Government and other medical and women's organisations. In her opening address she paid tribute to the founders of the Dutch Medical Women's Association many of whom had experienced great hardship during the occupation of their country in 1940. They had worked with the resistance movement and some of those doctors had been imprisoned and others “just disappeared” The President of the Netherlands Medical Women and Chairman of the Organising Committee, Dr Cisca Griffioen welcomed the participants and extended greetings from the Queen and Government officials. The Dutch Minister of Health, Dr Else Borst-Eilers in her speech recalled the work of Dutch Medical women in her country. The keynote addresses were given by Prof. Dr. Corlien Varkevisser who gave an overview of Women's Health in a Changing World. Dr Gunilla Kleiverda gave an inspiring introduction to the Congress topic.

Three General Assemblies were held on the afternoons of the 6, 11 and 12 May. The delegates and members were welcomed by the President who chaired the General Assemblies. A special welcome was extended to MWIA Past Presidents Drs Lloyd Green, Australia, Beryl Corner, UK, Beverley Tamboline, Canada and Prof.Fernanda de Benedetti Venturini, Italy.

The Secretary General called the roll of National Associations and established that a quorum was present. Greetings were received from Past Presidents Drs Fel de Mundo and Trinidad Gomez, Philippines, Harumi Ono, Japan, Helga Thieme, Germany, and from 2 members -Dr Yamazaki, Japan and Dr Tongsom, Philippines and Dr Leila Mehra, former MWIA Advisor at WHO.

The President expressed regret at the deaths of 244 colleagues since the XX11nd Congress The General Assembly stood for a minutes silence in their memory...

A eulogy in memory of Joan Redshaw, MWIA President 1980-82 and Honorary Member, who died 11 May 1994, was given by the President of the Federation of the Medical Women of Australia.

The minutes of the General Assemblies at the XX11nd MWIA Congress in Guatemala were accepted by the General Assembly.

The Procedure Advisor, Miss Katherine Fussell, UK, presented the Rules of Procedure and Voting to the General Assembly.

The General Assembly accepted the Medical Women's Association of Zambia and 26 Individual Members to membership of MWIA.

HONORARY MEMBERSHIP was conferred on Dr. Il Ok Choo (Korea), Past President MWIA, Dr. Vibeke Jorgensen. Denmark, Miss Catrin Williams United Kingdom and Dr Rinko Yamazaki Japan.

Golden Jubilee Certificates were presented to 182 members for 50 years of faithful affiliation to MWIA. The President presented Golden Jubilee Certificates to the Jubilee members who were present: Drs Lloyd Green, Australia, Yuko Nakamura, Kazuko Morita, Miysuko Shirahama (Japan).

Reports were received from the 5 chief officers of MWIA

The President, Dorothy Ward, presented her report for the session 1992-95. She recalled the aims she proposed to fulfil during her term in office. These included encouraging affiliated national associations to improve communication, increasing the visibility of MWIA and enhancing the health and status of women worldwide. She stated that with the support of the Executive, a half day was allocated during 2 annual Executive meetings for strategic planning, focusing on the development and future activities of MWIA. The Management Group of the Executive was able to deal in depth with pertinent issues and the Secretariat with increased staff and modernisation of their workload were more able to manage the ever increasing demands expected of an international association. Internationally MWIA was more visible as women doctors and advocates for women's health and well being. We are now represented nationally, regionally and internationally by qualified women doctors and have been actively involved in improving health through workshops, written and oral statements and lobbying of government delegations at the 3rd World Conferences, Beijing, 1995 and their Preparatory meetings.

Personally she had committed herself to her aims. She had visited 28 national associations, spoke at their national meetings and was involved in 5 regional congresses. She encouraged national associations to communicate within their regions and with the Secretariat and to be strong advocates for women and children's health and status globally. She assisted Carolyn Motzel in leading a MWIA delegation to Russia, Latvia and Lithuania in 1993 under the auspices of the Citizen Ambassador Programme to support women doctors and familiarise them with MWIA. She finished by thanking members of the Executive the Secretariat and many others for their support and friendship. (1)

The Treasurer, Lila Kroser, gave a statistical account of the Association's finances. There were 44 national associations and 39 individual members. The number of dues paying members had been stable for the past 3 years at around 17,200, although national associations in their reports claimed 20,000 members!. 3 countries –Columbia, Ecuador and Spain - had failed to pay their dues for 3

years and would now lose their privileges at the General Assembly. The income from dues between July 1991-July 1994 was CHF 371,057 and from investments CHF 238,449. The total value of MWIA portfolio was CHF 3,316,675 - 2% is held in cash, 75% in bonds and 23% in equities. Under this Treasurer's care the portfolio had increased in value by 50% in the past 9 years. MWIA remained solvent.

The Secretariat's average expenses were CHF 80-85,000 annually and the Management Group CHF 10-12,000 annually. The Executive costs had remained stable over the past 3 years since full funding was introduced and were around CHF 14,000 annually. The annual international subscriptions were CHF 2,000 and the cost of international representation and NGO activities were CHF 15,000 annually. These costs had been maintained within their budget allowance. The annual audit by Price Waterhouse was over CHF 13,000 but this fee was being revaluated and a new auditor in Geneva was being considered. The cost of safe-keeping and management of our funds in Switzerland was CHF 6,500/year. Use of other MWIA Funds had been limited – only 1 Lovejoy Fellowship of CHF 1,000 was awarded for this Congress. Two scholarships, sharing CHF 6,500, were awarded to 2 members in Uganda and the Association supported a project in South Africa over a period of 3 years under the auspices of the Planned Parenthood Association to train professionals in the prevention of sexually transmitted diseases. This project would cost CHF 10,000/year. The Young Forum Project Fund donated CHF 1,450 to the Pan American Health Organisation to establish a rural training programme in Guatemala.

In 1993-94 three new MWIA funds were established:-

Beijing Fund to support NGO workshops in Beijing –Drs Ward and Barlow

Harumi Ono Fund to support regional meetings - Past President Harumi Ono

Alma Morani Office Fund, for the acquisition of equipment - Past President Morani and supplemented by a donation from Dr Sano. Copies of all audits, budgets and bank accounts were available from the Secretariat to VPs, N.C.s and National Presidents Lila Kroser thanked the Secretariat for their support during the past 3 years. (1)

The President-Elect, Florence Manguyu had concentrated her energies on increasing the visibility of MWIA and had taken every opportunity to lobby on behalf of MWIA with governments and inter-government organisations. She had visited medical women in many countries worldwide and her main role was as an advocate for women's health. She was the chairman of the Organising Committee for the very successful 1st Regional Conference for Near East and Africa on the theme "The Health of Women and Safe Motherhood" in November 1993. She chaired the NGO Forum of the International Conference on Population and Development in Cairo, September, 1994. After a 3 month assignment at WHO headquarters in Geneva she was appointed to the WHO-Global Commission on Women's Health. (1)

The Immediate Past President, Il Ok Choo, had attended the meetings of the Executive and Management Group, had communicated with the 10 Past Presidents and received responses from them indicating how Past Presidents can help with the future development of MWIA. (1)

The Secretary General, Carolyn Motzel, presented her report

She outlined the work of the Secretariat and thanked the MWIA National Co-ordinators of national associations for the information they provided to the Secretariat as without their help it would be difficult to function as an international Association. She expressed her appreciation of the support she and the Secretariat had received from the Management Group of the Executive in dealing with

urgent issues and preparing for the Executive meetings which had enabled them to function in a more efficient manner. She outlined the process of re-organisation within the Secretariat which was now more able to give an improved service to members of MWIA and communicate with other international associations. Three national associations had applied officially for affiliation to MWIA and their Statutes and By-Laws were in order. The General Assembly had already approved their membership at the beginning of the meeting so that these associations were able to take part in the business of the Assembly including voting. Similarly 21 Individual Members had received approval. The Secretariat had received invitations to host the XXVth MWIA Congress in 2001 from 3 national associations - Australia, Taiwan and USA. The embassies of the respective countries had been contacted and they had confirmed that all nationalities would be permitted to enter their countries. The General Assembly would be asked to vote by a secret ballot during the General Assembly for their preferred host association after viewing or hearing of the plans of the 3 associations.

Before presenting the report on MWIA's international relations, she thanked Mrs Ruth Bonner, past MWIA permanent representative at United Nations and the World Health Organisation in Geneva, for her devoted service to MWIA.

MWIA had been extremely active in the past 3 year session and was now represented by medical women who were members of MWIA.. She reported on the main areas of importance.

At the Preparatory Meetings for the 4th World Conference of Women, MWIA was represented, nationally, regionally and internationally at the NGO Forums associated with the meetings of government delegations. The President, Dorothy Ward and Vibeke Jorgensen, International Co-ordinator, attended the main meetings in New York, Geneva, Vienna and the Nordic Forum in Finland. They presented MWIA statements on Women's Rights and Women's Health, organised and invited government delegations to workshops and lobbied the delegations on important social and other issues which affected women's rights and health. Similar action was taken at **WHO** Executive meetings and WHO Assemblies in Geneva and in the regions. MWIA members participated in many official WHO workshops and meetings working with Dr Leila Mehra, MWIA/WHO Technical Advisor until her retiral in 1994. **The United Nations Children's Fund** was supported by many of the national associations in workshops and projects such as immunisation programmes. MWIA's Permanent Representatives in New York attended the many United Nations NGO meetings on a regular basis.

The Economic and Social Council of the United Nations reviewed MWIA's consultative status with the UN and its category 11. Its status was renewed in 1992 providing MWIA with the opportunity to actively participate and express its convictions in meetings of UN and UN World Conferences. **Council for the International Association of Medical Sciences** which provided an international forum for the scientific aspects of new developments in medicine and biology as well as the social, ethical and legal implications. In the past 3 years it had held 3 main conferences, 1992. *Ethics and Research on Human Subjects – International Guidelines*, 1993. *Ethics of Medical Drug Promotion*, 1994 *Poverty, vulnerability, The value of Human Life and the Emergence of Bioethics*. Carolyn Motzel was elected a member of the Executive Committee of CIOMS.

The World Medical Association maintained contact with MWIA through attendance and support at each other's annual meetings. Dorothy Ward represented MWIA at the 3 annual meetings in 1992, 93 and 94. The Secretary General of WMA was helpful in encouraging the medical women in Hungary to form a national association and affiliate to MWIA. MWIA is an observer at the meetings of this Association but it was encouraged to present appropriate statements at the annual meetings. In

conclusion the Secretary General thanked members who had represented MWIA at many meetings and conferences, the Executive members and the N.C.s for their information and responses to her requests. (1)

The reports of these officers were accepted by the General Assembly.

Changes to By-Laws and Statutes. The President drew the attention of the General Assembly to the amendments of 3 By-Laws by the Executive. The national associations and individual members have been notified. (Only a complete change of the By-Laws is required to be presented to the General Assembly).

By-Law Article 3 -2nd Paragraph As far as possible, the MWIA National Coordinator of each National Association shall be a delegate.

By-Law Article 19, Each National Association has an MWIA National Coordinator who is responsible for liaison with the Association. She presents an annual report on the activities of the members of her National Association and provides the MWIA Secretariat with required information. She performs other duties as necessary.

By-Law Article 20 (Assets) The annual subscription is due on the first of July of each year.

The General Assembly passed the following changes to the Statutes.

C95 PR1

To change Statutes, Art 3(b) to:

Individual Members Any Medical Woman belonging to a country which does not have an affiliated National Association and who has filed an application directly with the Association and whose application has been accepted by the Executive Committee as an Individual Member.

C95 PR2 To change Statutes, Article 8 to: The General Assembly elects the Executive Committee and settles all business which is not within the mandate of the other Statutory Bodies.

Elections The following MWIA members were elected by the General Assembly to the Executive Committee for the session 1995-98.

President:	Florence W. Manguyu, Kenya.
Immediate Past President:	Dorothy Ward, United Kingdom.
President-Elect:	Lila Stein Kroser, U.S.A.
Treasurer:	Hannah-Reeve Sanders, South Africa.
Secretary-General:	Carolyn Motzel, Germany.

Vice-Presidents

Northern Europe:	Anna-Maija Seppäläinen, Finland.
Central Europe:	Gertrud Zickgraf, Germany.
Southern Europe:	Christine Pouliart, Belgium.
North America:	Jean Swenerton, Canada..
Latin America:	Rebeca Kuniyoshi, Peru.
Near East and Africa:	Mervat El Rafie, Egypt.

Central Asia: Tutsi Basu, India.
Western Pacific: Yoko Hashimoto, Japan.

Reports of the Regional Vice-Presidents - augmented with the N.C.s' Reports/

Northern European Region VP - Catrin Williams (UK). Denmark, Finland, Ireland, Netherlands, Norway, Sweden, United Kingdom.

This region held its 11th Regional Congress, June 1993 in Brighton and discussed "*Abuse within the Family*" as reported earlier in this chapter.

The Association in Finland remained very active holding regular meetings discussing important topics including Female Genital Mutilation, Osteoporosis, Hyperplasia of the Prostate and the unemployment of young doctors. It organised a seminar on Medical Ethics at the Nordic Forum in Turku. It joined with the Finnish Medical Society in fund raising to supply medical books to doctors in Estonia. **The Danish Association** had helped women doctors from the former East Germany and Estonia by inviting them to join in discussions on the Health Service. At their monthly meetings they had discussed many topics including Genital Mutilation, Substance Abuse, Genetic Counselling, Euthanasia and Suicide. They awarded scholarships to assist young doctors with research projects. Their President, Vibeke Jorgensen has been working with the Inter African Committee in Addis Ababa, Ethiopia, evaluating a project in Sierra Leone on income-generating activities for Female Circumcisers. It was supported by the Danish Medical Association. **The women doctors in the Netherlands** were busy preparing for the XXIIIrd MWIA Congress in 1995. They celebrated their 60th anniversary in 1994 with a day conference. It had become more involved in activities with other organisations on women's health, women's human rights and peace. It actively promoted the involvement of women in other medical organisations and in decision-making positions. The association had instituted a Chair on Women's Studies at the University of Nijmegen. **The women doctors in Norway** celebrated the 100th Anniversary of the graduation of the first women physician. They share the same problems of women doctors in other countries as they too only achieved a certain career level status. **The Association in Sweden** had been working with other Women's organisations preparing a programme for Professional Equality between the sexes and had also participated with a Swedish Medical Association working party on equal professional rights and possibilities for men and women. They organised an interesting conference on "Pioneer Women- the Price of a Career" Generally in Europe the numbers of women entering medical school was increasing but the number obtaining senior posts was slow **The Medical Women's federation of the United Kingdom** celebrated its 75th Anniversary in 1992. A symposium "Women Doctors Choices for the Future" was held at the Royal Society of Medicine, London. The need for women doctors to be active in medical committees, in management within the National Health Service, in research and teaching was emphasised as well as the need to reduce the working hours of all doctors but especially those in training. The Federation was consulted on many issues affecting all doctors by the UK Departments of Health and other important medical bodies. Members were encouraged and were successful in elections to UK committees which influenced decision making within the National health Service. A bulletin was published quarterly It was distributed to medical libraries and postgraduate centres.

Central European Region. VP - Gertrude Zickgraf Germany. Austria, Georgia, Germany, Poland, Romania, Switzerland. Two other countries in this region, Croatia and Hungary had applied for affiliation to MWIA. There were great economic problems in Eastern European countries and this

had affected the provision of health care and the degree of organisation within medical women's organisations was as yet insufficient to enable them to gain greater influence in medical politics. The German and Swiss medical women had encouraged the women doctors in Eastern Europe to join the medical associations in their countries as active members and had provided them with the necessary information on women's issues and skills to represent the interests of medical women. Emphasis had been placed on the establishment of a women's network to exchange experiences and encourage communication in Eastern Europe. The first Regional Congress was held in Lubeck, Germany, and this had already been reported earlier in this chapter. As a result of this meeting there had been on-going communications with many of these countries. The **Austrian Association** has had difficulty recruiting new members. Their main project continued to be the retirement home in Vienna for women doctors. The Association in **Germany** had a membership of 1200 and remained very active with 30 local branches. Their Young Forum Group had organised workshops of special interest to young doctors. The Association and its branches held regular scientific meetings. Members of the Association were involved in the German Medical Association and the European Women's Lobby, and were also members of the German Women's Advisory Committee. They published a bimonthly journal. Their main project is *The Happy Children's Ward*, which provides books for children in hospitals. Contacts were again established with the women doctors in Poland by a branch of the German Medical Women's Association and a scientific meeting was held in Wroclaw, Poland in 1994, and a return visit is planned to the German Medical Women's Association Congress in 1995. An association was founded in Poland in 1924 and affiliated to MWIA in 1925. Members attended some early MWIA Congresses but contact was lost during the 2nd World War. A few Polish doctors became Individual Members and an association was again affiliated to MWIA in 1987 but communication with Eastern European countries has been difficult. **The Romanian Medical Women's Association** was re-affiliated to MWIA in 1992. The Association had been a member from 1937 – 39. Ten members attended the 4th MWIA Congress in Edinburgh and invited MWIA to hold the 5th Congress in Bucharest in 1940. The General Assembly chose Hungary as the venue in 1940⁽³⁾ but this was cancelled due to the war in Europe. The Association arranged its 1st national congress in 1993 when President Dorothy Ward gave a keynote address and other MWIA members were invited as speakers. In 1993-94 they held 4 conferences attended by large audiences and arranged meetings in high schools on the prophylaxis for AIDs and other infectious diseases. The economic situation in Romania was very difficult and also the remuneration of doctors and nurses. The medical women wished to improve the health services available to their patients but this would only be possible in partnership with another association. **The Swiss Association** had a young, growing and active membership and they aimed to increase their representation in their national medical association to improve the professional conditions for women doctors. The major issues were part-time training, job-sharing, part-time career work as well as compatibility of professional and family duties for women. Workshops were organised as well as the publication of statements and other relevant information concerning women in the health care system. A network with other women's organisations had been established. Meetings with important topics were held and in 1994 the results of an investigation into the careers of women doctors was presented by the President of this association Dr Augsburg-Dolle. Three Swiss colleagues represented MWIA at WHO and UN meetings in Geneva. The main aims for the future work of this region were to improve communication, and exchange information especially with colleagues in Eastern European countries and the establishment of a network between national associations.

Southern European Region VP-Elvira Camozzi, Italy. Belgium, France, Israel, Italy, Spain.

The Association in Spain no longer existed despite the efforts of the VP. The VP hoped to found an association in Greece but the women doctors there had no interest in this suggestion as they were of the opinion that an association without political nor trade union power was of no practical help to women doctors. **The French Association** had 200 active members. It arranged an annual meeting which was attended by the MWIA President in Nancy, June, 1994. **The Belgium Association** was re-affiliated to MWIA in 1989 having disbanded in 1936 after 12 years affiliation to MWIA. They had worked very hard to become a very active association once more with many of their doctors holding important posts in the health service. They arranged annual congresses in different regions of Belgium including the very successful 2nd Southern European Regional Congress in 1991. In 1992, the topic was “A Woman in Medicine- a More Quality Approach” with focus on research, in 1993 “The Woman Doctor, her Career, her Health, her Family” and in 1994 “A Smart Woman Looks Forward” with the focus on prevention. **The Association in Israel** was trying to increase the number of its members especially among the young doctors. They cooperated with their government in activities associated with health, and had organised seminars on important health issues such as Sexually Transmitted Diseases, Heart Disease in Women and the Patient –Doctor Relationship. **The Italian Medical Women’s Association** had increased its membership and their branch in Rome had been revived. They had regular local and national board meetings and general assemblies. Annual conferences were held in different parts of Italy and the following topics discussed- Menopause and Related Diseases, New Perspectives in Haematology Problems in Immunology and Allergies

Central Asia VP Sompong Raksasook, India and Thailand.

The VP had been in regular contact with the 2 countries in her region and was invited to attend the all India Congress of medical women in Calcutta. She also received an invitation to the neighbouring region, and attended the 5th Western Pacific Regional Meeting in Kyoto, 1993 and the 40th Anniversary of the Medical Women’s Association in Taiwan, 1994. **The medical women in India** continued to run a 50 bedded hospital in West Bengal and provided medical check ups camps, immunisation and cancer detection camps in West Bengal, Nanded and Veranasi. The Bombay branch of the association held health clinics with free medical check ups in every specialty and supplied free medicine. 5832 cervical smears were carried out at the cytology clinic in 1993. Health education programmes were arranged for school children. Activities by the **Thai Medical Women’s Association** included free family doctor clinics at the associations headquarters during week days, free cervical cancer screening, gynaecology consultations and voluntary mobile medical and dental clinics in the slum areas. The association organised educational programmes for doctors and paramedics and also symposium and lectures on Pain, Baby Friendly Hospitals, Malignancies in Women, Malaria Update, Hormone Replacement Therapy and Dialysis. AIDS counselling is another project which had been supported by the Ministry of Public Health.

Western Pacific VP- Fe Canlas Dixon, the Philippines. Australia, Japan, Korea, New Zealand, Philippines, Taiwan. This region had held 3 Western Pacific Regional Executive Meetings. The first one was in 1992 during the congress in Guatemala City and 2 others followed in Kyoto during the Regional Congress in 1993. The Presidents and N.C.s of the 6 national associations in the region attended and discussed the rotation of regional VPs and the hosting of the regional congresses until 2013. The importance of good communication within the region and with MWIA Secretariat and increasing the visibility of MWIA was stressed. The successful 5th Regional meeting in 1993 was

hosted by the Japanese Medical Women and is described earlier in this chapter. A regional newsletter which highlighted the activities of the regions was published in 1992, 93, and 94. The VP, Fe Canlas Dixon, had represented MWIA at the WHO Regional Meeting in Hong Kong and participated in a workshop during the Asian and Pacific Symposium on Women and Development in Manila. **Australia** had 733 active members in the 6 State Medical Women's Societies. The Executive rotated around these societies every 3 years and during 1992-95 the Southern Australian Society had held the Executive. They had been concerned with many aspects of medical training, vocational training for general practice and career pathways for medical women. They had a vigorous and effective media campaign against the cut backs in the after care of pregnant women. They marked the Year of Indigenous people with 2 awards of Aus\$ 500 to nurses for their initiatives in women's health among remote aboriginal communities. A new Women's Medical Society has been founded in the Australian Capital territory with a membership of over 100 in Canberra. This was well placed to lobby the Federal capital on issues of concern to women doctors and their patients. **The Association in Japan** organised continuing medical education programmes which were well attended. The 1st International AIDS meeting was held Yokohama in 1994 and the Executive committee of the Association edited and published a cartoon booklet on this subject and distributed it to senior high school students. Open lectures on health were held by local groups for the public. Following the Kobe earthquake the Association donated money to the community and initiated local voluntary medical services. **The Korean Association** had kept pace with the changing political and social status of the women in their country which has always been a patriarchal society. Although women doctors achieved high academic standards few reach high positions in hospitals and universities as their colleagues fear the feminisation of medicine. Their President, who is a parliamentarian, was concerned about this and urged the association to be involved in the government based health system and to network with other women's organisations. Plans have now been introduced to reform the Korean Association and the President had initiated a study on women doctors looking at the issues of their social status and also the future role of their Association. Members have started to articulate their concerns about women with the National Parliament. They have formed a Young Forum group in their association to attract more young women doctors. **The New Zealand Medical Women's Association** had 277 members in 5 branches. They had persuaded their women medical students to become interested in women's affairs when at medical schools. Their academic members were keeping a watching brief on training protocols and their effect on women doctors. Like other countries there were very few women in the higher ranks of medicine although there was now some improvement in a few specialties. They networked with other women's associations and studied and commented on reports from Government Ministries and Standing Committees. They had recently commented on bills relating to Domestic Abuse and Female Genital Mutilation. **The Association in the Philippines** had 1,700 "regular" members and nearly 2,500 life members. It was accredited by the Ministry of Health as one of the 11 NGOs who helped to promote Department of Health programmes. The Association cooperated with other medical societies and women's organisations to improve the health of their communities. They provided free dental and medical clinics and supported projects from the Department of Health, UNICEF and WHO in many aspects of preventive medicine. **In Taiwan** the medical women were responsible for improving the health and well being of their communities and ran many projects and workshops in Primary Health Care and Preventive Medicine. With seminars, clinical training and social services the association improved the image and the job prospects of women doctors. They held their 40th Anniversary in 1994 with a special conference at the National Taiwan University College Hospital. President, Dorothy Ward gave the keynote address.

Near East and Africa

VP – Hannah Reeve Sanders, South Africa.

Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda. This was a very large continent with many countries in turmoil. Communication was expensive and difficult but the national associations had kept in contact with the VP. There were Individual Members within other 12 countries and Zambia affiliated to MWIA at this Congress in the Netherlands. A regional newsletter was published. The VP attended 2 WHO African Regional Meetings and became more aware of the health problems in Africa. The status of women and girls in Africa was extremely poor and the key to improving reproductive health. This was the theme of the 1st Regional Congress of this region – “The Health of Women and Safe Motherhood”, Nairobi, November, 1993. **The Egyptian Medical Women’s Association** was small with around 40 members although there were nearly 4,000 women doctors working in the country. They arranged scientific and social meetings and published an annual magazine. It is involved in projects at a national level and cooperated with UNICEF and WHO. **The Association in Ghana** continued to provide voluntary medical and dental services to the poor, needy and destitute in their country. They held Well Woman Clinic and gave free medical services to healthy women - screening for the early detection of cervical and breast cancer. They worked in a mobile unit with the Ministry of Health in disadvantage areas in rural Accra. Members gave health talks on AIDS, Sexually Transmitted Diseases and other similar conditions. They are determined to improve better working conditions for their doctors. The main objective of the **Kenya Medical Women’s Association** was to uplift the health status of women and children. Although a young Association which was established in 1990, it had already introduced many activities towards its objectives. It had established Well Women Clinics which will provide a research centre for women’s health as well as health care. It has initiated the introduction of integrated reproductive health and family planning services, and organised and hosted a very successful Regional Congress in Nairobi in 1993 (detailed earlier). Its members had been represented at International Congresses and schooled in leadership and advocacy skills. It now owns its own building in Nairobi which housed the Secretariat. **The Women Doctors Association in Nigeria** was now 19 years old with 11 branches throughout the country. It had many projects including - The Plight of Widows, Skin Bleaching, Cancers of Breast and Cervix, Child Abuse and Street Hawking and Women: Sexual Transmitted Diseases and Aids. **The Sierra Leone Association** was small but meetings were held regularly and these have encouraged members to become more active. They recognised that the women in their country had struggled to survive after 4 years of civil war and this had stimulated members to assist them. They had joined with the Christian Council of Churches to support and organise clinics for the 20,000 displaced persons. and also introduced screening for breast and cervical cancer. They had become very aware of the needs of their fellow woman and were determined to improve the health and well being of their women and children. **The South African Medical Women’s Association** had 60 paid-up members in 3 branches who meet together every 2-3 months. It published a quarterly newsletter and holds scientific meetings discussing such topics as Stress and the Woman Doctor; the Status of Women in the New South Africa. Members were involved individually in projects in the fields of – The Rights of Children, *The Expanded Programme on Immunisation*, Smoking Policies and The Aged - Some of these projects included cooperation with the Government, WHO and UNICEF. They had close contact with the Planned Parenthood Association regarding their project sponsored by MWIA. **The Tanzania Association** was founded and affiliated to MWIA in 1989. It recently held a forward planning workshop over 5 days to review their performance since 1989, identify their weaknesses, and plan strategies for the next 3 years (1993-96). They had held workshops and seminars with various themes - The Situation

of Maternal Health Care in Tanzania; Aids Education and Reporting (especially to educate journalists); Preparatory workshop for the Population Conference in Cairo; and reproductive Tract Malignancies in Women. They had organised outreach breast screening and breast self examination and these would be held weekly in the future. **The Zambian Association** founded in 1992 became affiliated to MWIA at this XX111rd Congress in 1995. It had been working with other NGOs and the Ministry of Health in Zambia. to improve the health of their people, especially women and children. The Association members volunteered their services and expertise to benefit women, children and adolescents by providing preventive and curative services:—1.Promoting the safe motherhood initiative; 2. Screening for hypertension, cervical and breast cancer; anaemia., 3. Health education materials 4. Counselling services for HIV infected and AIDs patients and the youth. Members of the association were actively involved in research projects aimed at improving health.

North America **VP** Anne Barlow, USA Canada, USA..

The VP highlighted the 1st Regional Meeting held in Orlando, Florida. November, 1994 reported earlier in this chapter. Both associations in this region now had a Foundation for educational and charitable purposes. In America this had broadened the visibility of MWIA and allowed the association to undertake some very ambitious projects. This included preparing and presenting a curriculum on *Women' Health*, preparation of a published book, establishing a day care facility in a health care site and developing an initiative in reproductive health. Both countries had good relations with their Ministers of Health. **In the United States of America** there were 7,926 physician members and 3,487 student members. They also offered affiliation to their association from other members of MWIA and 75 physicians had joined as affiliates. Since the national secretariat moved to the Washington D.C. area it had become very active with governmental and legislative affairs especially in regard to women's health issues. It's Student Loan and Scholarship programme had provided financial aid to women medical students and the American Women's Hospital Services contributed financial aid to medically under-serviced areas in the USA. and abroad. In collaboration with the Medical College of Pennsylvania it created the National Academy on Women's Health Medical Education in 1994. It is the first of its kind and will ensure that women's health education is blended into every aspect of medical education to students and the practicing physician. In 1995 members of this association authored and edited a *Women's Health Encyclopaedia* directed primarily at the lay person.

Latin America **VP** Ingrid Slowing de Miro. Bolivia, Brazil, Columbia, Guatemala, Mexico, Peru.

The number of female doctors in this region was increasing but they had not gained great influence in medical politics. The X11 annual conference of the XX11th Pan American Congress was held in Orlando November, 1994 and included delegations from 13 countries. The topic discussed was "Women, Risk and Prevention" The scientific programme was organised by members from Brazil. The President and Secretary General of MWIA attended the meeting and took part in the business meeting of the region.

The VPs reports were accepted by the General Assembly (1)

The chairmen of MWIA Standing Committees presented their reports.

Finance Committee chaired by Hannah Reeve Sanders, South Africa. The members the Finance Executive met on 3 occasions - 1993, 94, and 95 at MWIA Executive meetings. She referred to the Terms of Reference laid down by the Executive .

- To recommend the annual subscription rate for National Associations and Individual Members.
- To consider the annual budget as proposed by the Treasurer.
- To consider and administrate MWIA Funds.
- To consider fund raising/
- To establish working groups as required.

The Finance Committee had added their own objectives which were to run an efficient office, support the visibility of MWIA and the aims and objectives of MWIA and support projects in line with the requirements of NGOs and the Economic and Social Council of the UN. She confirmed that it would be necessary to increase the annual dues in 1998 to CHF 8 for national association and CHF10 for Individual Members. She reminded the General Assembly that the project in South Africa with the Planned Parenthood Association was entering its final year. MWIA should continue to support projects which are directed to enhance the Status and Health of Women and their Human Rights.

The Scientific and Research Committee Riet Ansink-Schipper, The Netherlands

The activities of this committee were outlined by the chairman.

- Initiating and judging MWIA projects – 3 were realised.
- Training Professionals in Sexuality Education among the Youth.
- Prevention of AIDS in South Africa.
- Seminar on Adolescent Pregnancies In Hungary.
- Guidelines in collaboration with other committees or Executive members.
- Consideration of a project.
- Moderators of scientific sessions
- Modification to Planning a Congress.
- Questionnaire to assess MWIA Congresses.
- Discussion on topics for future MWIA Congresses.

She reported that there had been a great deal of networking within the MWIA Scientific Committee and she had received many suggestions also from MWIA members around the topic for discussion. These were discussed in the Netherlands Association Scientific Committee and many have been included in the Congress programme. Around 130 papers were received for this congress.

Ethics and Resolution Committee Pat Scrivenor, Australia.

In her introduction the chairman explained the process used to bring resolutions to the General Assembly and then gave one important reason why this was important for MWIA:

As members of MWIA, we have insight into the medical and social needs of our communities. Through our representatives at United Nations and WHO we are able to express the opinions of medical women, influence world opinion and bring about change. Your representatives need to be informed of the policies of MWIA and are guided by the resolutions passed by the General Assembly. They prepare appropriate statements from MWIA resolutions for presentation at international meetings. (1)

This committee received recommendations for resolutions to be presented for debate at the General Assembly. Issues discussed at scientific meetings form the basis of recommendations some arise from national associations. The Executive had found a number of areas where MWIA has no recent policy expressed by resolution and there are a number of recommendations arising from the Executive which have been sent to the national associations. In some cases further work by your representatives had improved the wording and this will be presented at a resolutions meeting on 8 May to gain consensus on this wording prior to their presentation at the General Assembly.

These resolutions are also used by national associations to improve the status, health and well being of the women and children of their country by sending the resolutions to their Government, its agencies or other appropriate associations or societies in their country.

The reports of the 3 committee chairmen were accepted by the General Assembly. (1)

RESOLUTIONS

The General Assembly of the XX11rd MWIA Congress discussed the recommendations which had been submitted to the Ethics and Resolutions Committee and passed the following resolutions:

C95 R1. MWIA strongly supports the following strategies to reduce peri-natal and infant mortality:

1. Community health education, including hygiene, nutrition and sex education, for the whole community.
2. A strong focus on the education of women, particularly regarding reproduction and family health.
3. Family planning education, counselling and service options which are culturally appropriate, available to, and affordable by all women and their partners.
4. Prenatal care for all mothers.
5. Trained birthing assistance - whether traditional midwife or medical - in order to provide clean safe delivery.
6. Encouragement and support for total breast feeding.
7. Postnatal care for all mothers and children so that early diagnosis and management of congenital or acquired disease may be assured.

S. Immunization programs available to all children against preventable infectious diseases. Such programs should include community education regarding the importance of immunization to both the child and the community.

C95 R2 MWIA believes that infant mortality is a concern of the whole community and that a reduction in mortality requires the whole-hearted support of the community; MWIA therefore urges its members to lobby for that support.

C95 R3 MWIA urges that adequate nutrition for all children, particularly children under three, be promoted as a global responsibility, recognizing that it is essential for their optimal development.

C95 R4. MWIA condemns child neglect and all forms of child abuse, including but not only, physical, psychological and sexual, and urges every effort to identify & and prevent it. MWIA particularly recommends:

1. Raising the awareness of the medical profession regarding their responsibility to recognize and to report child abuse in order that they may accept the significant and proper role physicians should play in reducing child abuse.
2. Raising community awareness of the prevalence of child abuse and its many forms.
3. Community provision of resources to families to prevent child abuse, in particular the provision of child protection and family support.
4. Education of all child care providers to recognize all forms of child abuse and to be aware of the community resources to combat it.

C95 5. MWIA believes all young people are entitled to liberty, dignity, adequate nutrition, protection, health care, education and the opportunity for employment which will enable them to become integrated into their society.

MWIA believes that these rights should be protected without discrimination by race, religion, sex, disability or any reason whatsoever.

MWIA believes that it is the responsibility of every nation to ensure these rights.

Further, MWIA urges that the promotion and monitoring of these rights for all young people is a global responsibility.

C95 R6. The Medical Women's International Association

- * affirms that women are equally entitled with men to all human rights, freedoms, and opportunities.
- * abhors all gender discrimination.
- * is concerned that many groups of women throughout the world continue to be denied their basic rights and freedoms
- * condemns all forms of violence against women as it is a violation of their right to security.
- * recognizes that violence against women is not confined to women who are otherwise deprived and that domestic violence is widespread.

The Medical Women's International Association urges that:

- * every effort be made to change community attitudes to achieve a greater intolerance of violence against women.
- * every effort be made to empower women against violence.

* in the event of domestic violence women should be provided with alternative, protective and secure accommodation and support.

MWIA urges all States, organizations and individuals to work for the elimination of violence against women.

Further **MWIA** supports the Draft Declaration on the elimination of violence against women by the World Conference to review the achievements of the United Nations “Decade of Women”.

C95 R7. As malaria constitutes a major threat to the health and lives of 40% of the world population causing high mortality and morbidity rates particularly among women and young children, **MWIA** strongly supports the World Declaration on the Control of Malaria made in Amsterdam on 29.10.92 at a conference of ministers from 90 countries.

C95 R8. **MWIA** expresses concern at the resurgence of Tuberculosis over the past decade and the high present death rate.

MWIA notes this is in part due to the development of new strains and drug resistance by the Mycobacterium tuberculosis and also due to the spread of AIDS which contributes to the spread among the general population.

MWIA points to the dismantling of surveillance programs in developed countries as a further cause and calls for the re-education of Doctors and Governments regarding the need for such programs.

C95 R9. **MWIA** condemns all forms of Female Genital Mutilation and other harmful practices wherever they occur, and actively supports organisations in Africa and elsewhere who work for the elimination of these harmful practices.

MWIA recommends health education of both men and women of the communities where harmful practices occur, concerning the health hazards of such practices in order to combat their deeply held adherence to, and the value they attribute to these practices.

MWIA urges support for programs providing education and information on the health hazards of harmful practices in all countries where those practices occur.

C95 R10. **MWIA** accepts that intimate body searches sometimes are necessary. However, **MWIA** insists that:

1. The necessity should be clearly established.
2. All intimate body searches are a form of physical assault.
3. In every case they should be conducted by a person of the same gender who has been properly trained in carrying out intimate searches.
4. The individual searched has the right to a witness of their choice.
5. Authorities conducting such searches should keep a record of the search and the reason the search was made, and should provide a copy of the report to the individual searched.

C95 R11. **MWIA** recognizes the United Nations’ work on human rights and the progress that has been achieved over recent years.

However, **MWIA** is deeply concerned that the achievement of human rights has not been equally shared by men and women. Basic human rights continue to be denied to large numbers of half the

human population - the female half. This gender inequality is still seen in all parts of the world and at all ages.

MWIA witnesses

- gender-based unequal respect, health care and nutrition for female babies
- less education for girls.- less economic opportunities for young women
- less health care for women - inadequate reproductive education, advice and care
- less security from violence and abuse of all sorts - less economic security and health care in age.

All members of **MWIA** call upon the United Nations and all its member states to redress these gender-based inequalities and ensure basic human rights for all women of all ages.

C95 R12. MWIA recognizes that somatic gene therapy has the potential to improve the lives of those families suffering from severe hereditary diseases including some cancers. Germ cell therapy has the potential to be used in ways detrimental to humanity.

MWIA therefore supports current research in gene therapy where it is not at the expense of basic community health provision and reserves judgement on its ultimate place in health care. **MWIA** supports the use of somatic gene therapy, after it has been shown to be safe and effective.

MWIA supports equity in access to somatic gene therapy.

C95 R13. Genetic diagnosis of an individual or family can provide valuable information for family or life planning.

MWIA supports the use of genetic diagnosis of an individual or family when requested for this purpose when they have not been subjected to any pressure to have the test.

MWIA believes

- counselling should always precede and follow gene examination.
- the results should always be confidential to the individual or the parents of a foetus or child.

Genetic examination for any other purpose such as employment or insurance is unacceptable.

C95 14. MWIA supports comprehensive education programs, particularly for children regarding the hazards of substance abuse.

MWIA urges the universal availability of supportive programs to relieve drug dependency.

MWIA does not support the criminalization of substance dependency but does support the criminalization of the supply of illegal substances of abuse.

C95 R15. Physicians have the obligation to ensure that their patients are fully informed regarding their condition, its management options, their risks and the probable outcome, in order that the patient may participate in treatment choice, including refusal.

The patients' wishes to limit treatment, when clearly expressed, must be respected by the treating physician.

C95 16. MWIA believes that the health of an individual and a community is much more than just the prevention and relief of disease. The health of an individual also requires emotional, environmental and economic security.

MWIA believes that the costs of technological advances in medicine are such that they cannot be universally available.

MWIA supports technological advance and the appropriate use of technology but believes that general community health care should be given a higher priority than expensive technology in medicine when considering cost containment.

C95 R17. MWIA recognizes that medical care, including investigation, management and outcome, received by women is less than that received by men.

MWIA recognizes also that medical care provided by women physicians differs from that provided by men.

MWIA demands the elimination of all gender bias in medicine which is not biologically determined and demands the education of medical students and of practising physicians to this end.

MWIA demands that gender-related biological differences should be recognized in drug evaluation.

MWIA points out that drug evaluation conducted using a male population may not be directly transferable to a female population.

MWIA recommends that all health workers in fields such as education, research and clinical practice be stimulated to become sensitive to gender differences and use this knowledge and attitude appropriately.

C95 R18. The Medical Women's International Association believes an effective way to reduce the number of abortions is to prevent unwanted pregnancies by provision of appropriate family planning services and family life planning.

The Medical Women's International Association urges that

- Safe and legal abortion services are available, affordable and accessible in all family planning services.

- In worldwide promotion of women's health safe abortion services are seen as an important issue. Women should be encouraged to take leadership in advocating the legal and other changes which may be required.

The General Assembly of the XXIIrd MWIA Congress discussed the policy recommendations which had been submitted to the Ethics and Resolutions Committee since the last congress and passed the following policy resolutions:

C95 PR3. Any recommendation arising from a scientific session of a Medical Women's International Association Congress shall be reviewed by the Ethics and Resolutions Committee, and then discussed and edited by the Executive Committee, before presentation to the final General Assembly of that Congress if agreement has been reached by the Executive.

If the Executive recommends a rejection it shall refer this opinion to the General Assembly for discussion and vote.

The Executive Committee may reject a recommendation which conflicts with the Constitution of the Medical Women's International Association or policy agreed at the previous Congress.

C95 PR4. MWIA supports in principle the appointment of a Chairwoman to conduct General Assemblies of MWIA.

RECOMMENDATIONS OR RESOLUTIONS FROM THE WORKSHOPS

The General Assembly of the XXIIIrd MWIA Congress discussed the recommendations which had been submitted from the workshops to the Ethics and Resolutions Committee and passed the following resolutions and one policy resolution:

C95 R19. MWIA strongly condemns traffic in children, child prostitution and the exploitation of children by sex tourists.

MWIA urges every effort to prevent it.

C95 R20. MWIA recognizes health education to be essential to improving women's health.

MWIA believes that education should be

1. Provided by persons well-trained in the provision of health education and fully informed on the subject of their education program.
2. Directed particularly to health issues as they affect women.
3. Culturally appropriate.

C95 R21. MWIA condemns prenatal sex-determination done with the aims of aborting a female foetus because of son preference.

MWIA also condemns female infanticide and every discrimination against the girl child because of her gender.

C95 R22. Recognizing Anaemia in pregnancy as an important cause of mortality and morbidity in developing countries. The risk factors include chronic nutritional deficiency, malaria and poor antenatal care.

Therefore, **MWIA** recommends intervention programs should

1. Be based on the local prevalence and aetiology.
2. Increase awareness of both health care workers and women in order that women receive at least one haemoglobin estimation in pregnancy.
3. Include continuous monitoring of strategies to ensure their success.
4. Solve the issues of lack and inadequate distribution of medication.

C95 R23. MWIA recommends that retirement age for doctors should not be fixed but flexible, adjusted to individual needs and abilities, and including the possibility of reduction of work load before full retirement.

C95 R24. MWIA recognizes frequency of post-partum depression in 10-20% of all delivered women and the adverse effects to the mother, mother-child relationship, child development and family relationships.

Therefore **MWIA** urges early recognition and appropriate management of post-partum depression.

C95 P145. The Young Forum of MWIA proposes to the General Assembly to include in the official document "Planning a Congress" guidelines for the Young Forum. The guidelines should include at least one meeting and one lunch. This should be organised by the Young Forum Chairman with the Organising Committee and the Executive of MWIA. This would enable the young Forum to participate in the conference activities.

Reports from Representatives at United Nations and World Health Organisation

Vibeke Jorgensen, Denmark

MWIA was represented at several UN conferences as observers and also at the Preparatory meetings and the accompanying NGO Forums .By participating in and organising workshops, preparing written, presenting oral statements and lobbying government officials on the issues under discussion, MWIA has become more visible internationally as an advocate for women's health. Conferences attended include:

Human Rights Conference, Vienna, June, 1993.

International Conference on Population and Development, Cairo, September, 1994.

Social Summit, Copenhagen, March, 1995.

Several Preparatory Meetings and NGO Forums for the Women's Conference in Beijing, 1995 in Vienna, New York, during 1992-95.

WHO

MWIA was represented at the WHO General Assembly and Executive meetings of WHO in Geneva and at several WHO regional meetings .The President and Vibeke were the main representatives but local members represented MWIA at meetings in their regions.

UN

Satty Keswani, USA as the permanent representative in New York attended NGO meetings every 2 weeks at UN headquarters and other important seminars and conferences. She was joined by the President, Vibeke Jorgensen and other local MWIA members at the international UN conferences and Preparatory Meetings in New York. A similar pattern of attending and organising workshops, preparing statements and lobbying governments was repeated at the UN in New York and representatives were active as advocates for women's health.

.Summary of papers from Scientific Sessions

The topic of this programme was *Women's Health in a Changing World* and was divided into 2 themes - *Women's Health and Society* and *Reproductive Health*. There were parallel sessions, free papers, poster sessions and workshops.

Members of the Dutch Scientific Committee summarised the papers read at the scientific sessions at the final General Assembly.

The Women, Work and Reproductive session started with a plea for the revaluation of breast feeding in all countries. This was followed by presentations which described the heavy workload and low education status of women in Central Africa. These women required provision of the necessities of life such as water and fuel as well as income. There was poor access to family planning and the lack of skilled help during labour results in unsafe motherhood.

Malignancies in Women differed in industrialised countries - where breast cancer is common - from developing countries where cervical cancer is the main cancer. The consequence of this was the need to have appropriate screening in different countries.

Gender Differences in Health and Diseases were illustrated in the presentation of angina in women, in emotional problems in young girls, in relational encounters and the prescribing of drugs. It was important for health professionals to be aware of this.

In the papers on **Abortion and Contraception** the emotional aspects of abortion, the provision of contraception were discussed and the political, practical and sex educational aspects were highlighted.

The session on **Safe Motherhood** focussed on women in sub-Sahara Africa where anaemia in pregnancy was a major risk factor for maternal mortality.

Violence against women occurred in many situations – in war zones – in India where the dowry helps to maintain the low status of women and selective abortion against baby girls is a main cause of concern – domestic and sexual abuse and genital mutilation. In Nigeria widows were badly treated.

Sexually Transmitted Diseases (STD) and the role of Chlamydia in pelvic inflammation and infertility was emphasised and the rapid growth of HIV infection in women necessitates women to refuse sex without condoms. More information and education was necessary and STD services should be available in primary health care services.

Six guidelines were suggested in the **Women's Health Care** workshop.

- Involve social and situational factors in the interpretation and management health complaints.
- Consider the socialisation of women.
- Avoid medicalisation.
- Treat women with respect.
- Strengthen the ability of women to be independent.
- Take care of material conditions – information and social network.

The importance of the **WHO essential list** of 270 drugs was emphasised as 60% of these drugs were not available in some areas of the world whereas ineffective, irrational combinations or inappropriate drugs were used. Hormone replacement therapy raised a heated discussion. The Menopause, although not a disease, does require in some cases treatment and prevention.

Birth Control had enabled women to decide regarding pregnancy but the average age of the first pregnancy was still increasing. **In Vitro Fertilisation** was used to assist procreation. Are reproductive methods luxury? How far do couples wish to go?

Sex and Sexuality – Doctors need to be able to meet taboos and discuss this with their patients and develop new skills to handle this.

Transcultural Aspects

Experiences differ greatly in every culture.

The relevance of DES in the 1990s was discussed.

The future of MWIA and the importance of communication which differed between the young and old members.

THE CLOSING CEREMONY

The outgoing President, Dorothy Ward, introduced the new President, Florence Manguyu who gave a short resume of her work and achievements. The new President closed the Congress.

SOCIAL PROGRAMME

There were several social events including a “Get-together Party. A concert by a female orchestra, a canal cruise, various excursions and finally - the banquet

References

- (1) MWIA Congress Report No 35
- (2) MWIA Executive Minutes, 1994
- (3) Wellcome Contemporary Archives Medical Women's International Journal, N0 11 1937

CHAPTER 24 Joint Congresses in the Latin American Region

Following the 23rd Congress in the Netherlands the Secretariat as usual informed the national associations and individual members of the decisions made at the General Assemblies in the Netherlands and prepared the minutes of the General Assemblies which require to be published by MWIA and distributed within 12 months (1). Communication continued with MWIA President and Officers, other medical associations, NGO's and of course national associations.

There were 4 meetings of the Executive in Köln and regular meetings of the Management Group. These were necessary to deal with the various challenges to MWIA which required to be resolved and gave rise to an increase in the workload of the Secretary General and the Secretarial staff. (2)

Seven Regional Meetings were held during the 1995-98 session and MWIA was well represented and active as a NGO at the 4th World Conference of Women in Beijing in September, 1995. Two successful strategic MWIA workshops were held: in Bellagio, Italy and the second in association with an Executive meeting in Köln to identify MWIA's objectives and their strategic goals for the future.

The following MWIA regional meetings were organised:

6th Western Pacific Regional Congress, March, 1996, Auckland, New Zealand

The topic discussed was "The Health and Wellbeing of the Family". 62 abstracts were presented and the meeting was attended by 254 participants including the regional VP, Yoko Hashimoto, President Florence Manguyu and Past President Dorothy Ward.

12th Northern European Regional Congress June, 1996, Denmark

The topic discussed at this meeting was "The New Genetics- friend or foe". There were 110 participants including the Regional VP Anna-Maija Seppalainen, Finland, President Florence Manguyu, President-Elect, Lila Kroser, Past President, Dorothy Ward and Secretary General, Carolyn Motzel. The Danish Association sponsored 8 doctors from Eastern Europe to attend this meeting.

Central Asian Regional Congress, February, 1997, Mumbai, India

The theme was "Health Care for Women and Children- Challenges for the 21st Century". This was a well attended meeting and included the President, Florence Manguyu, Past President, Dorothy Ward, the Secretary General Carolyn Motzel and the Regional VP, Tulsi Basu.

3rd Southern European Regional Congress, May, 1997, Belgium

The topic discussed at this meeting was "Policies and Medicine for a Better Quality of Life by Prevention of Violence". This was a successful meeting attended by members outwith this region and included the Regional VP, Christine Pouliart, Past President, Dorothy Ward and Secretary General, Carolyn Motzel.

2nd North American Regional Congress August, 1997, Vancouver, Canada.

The topic discussed was "Diversity, Challenges for Medical Care in our Global Community". There were participants from 5 continents including President Florence Manguyu, President Elect, Lila Kroser, the Regional VP, Jean Swenerton, Past Presidents IL Ok Choo, Harumi Ono, Beverley Tamboline and Dorothy Ward.

2nd African Regional Congress, 1997, Cairo, Egypt.

Strategic activities for the region were discussed by 9 of the 10 countries from this region. The regional VP Mervat El-Rafie and President Florence Manguyu attended.

1st Latin America Regional Meeting, October, 1998, Brazil.

This meeting was held in conjunction with the XIVth Pan-American Medical Women's Alliance Congress, the XIXth Congress of the Association of the Medical Women of Brazil and the 24th MWIA Congress. (2)

Many MWIA National Associations were involved as NGOs at the 4th World Conference for Women in relation to women's health and wellbeing. Five MWIA members were the official representatives from MWIA –Vibeke Jorgensen, Satty Keswani, Carolyn Motzel, Dorothy Ward and Catrin Williams. MWIA was unable to provide any funding for travel and subsistence and only a small sum of money was raised by Dorothy Ward for the 5 representatives. They organised a workshop at the MGO Forum on "Women's Health in a Changing World" covering, Nutrition, Violence against Women and their Quality of Care. Statements were distributed to the Government representatives on the outcome of the workshop and on a Women's Right to Health. The Government delegations were also invited to attend the workshop. Many hours were spent by MWIA representatives lobbying the delegations of their own governments during the conference. They emphasised the many issues which affected women's health in their respective countries. (2)

Strategic Planning workshops were first introduced at the 1994 Executive Meeting in Köln. These dealt with forward planning of internal MWIA affairs and included:

- Change of the name of National Corresponding Secretary to National Co-ordinator and guidelines introduced for their briefing meeting at congresses.
- Making MWIA's committees more effective and improving the structure of VP's meetings at the Executive.
- Future Congress timetables and the introduction of "A Plan for Action".
- Discussion of Resolutions at General Assemblies.
- VPs and Committee chairmen's reports to Executive and their communication. with national associations and individual members.
- MWIA's Mission or Statement of Purpose.
- Membership status within national associations and new guidelines.
- Regional Meetings. (3)

The MWIA workshop held in Bellagio, December, 1996, was organised by President. Florence Manguyu and aimed to set new goals for MWIA and define strategies to meet these goals. There were 10 participants – 5 of the Management Group of the Executive, 4 Committee chairmen including the chairman of the Young Forum and a facilitator. The Rockefeller Foundation provided accommodation in their building at Bellagio, 90% of the travel costs including ground transportation from Milan and the facilitator's fee and expenses. Ten new goals were set for MWIA's future activities and strategies to meet these goals were developed. The 5 Members of the Management Group also met during the week in Bellagio. (4)

A further Strategic Planning workshop was organised at the Executive meeting in Köln, May, 1997 by President-Elect, Lila Kroser. This had no external funding. A new goal was identified and further strategies developed.

During the Executive meetings and Strategic Planning workshops, 1994-98, many new plans to take MWIA forward into the 21st Century emerged. Guidelines were developed, Terms of Reference were introduced, emerging challenges were dealt with, and many new ideas proposed. It was considered very important that the Executive became more transparent in the regions and it was proposed that they should meet before or after a regional meeting - this did not prove possible for a few years. Dorothy Ward, Immediate Past President, was requested to update "Planning a Congress", to undertake with the help of 2 members of the Executive an internal audit of VPs and Committee chairmen's expenses and to prepare a document on the feasibility of the MWIA Secretariat co-ordinating future MWIA Congresses centrally.

A new MWIA publication was introduced "MWIA UPDATE" edited by the Secretariat containing information of the internal affairs of the Association as well as the activities of national associations.⁽²⁾

The 24th MWIA Congress opened at the Sofitel Hotel, Sao Paulo, Brazil, 9 October, 1998. The Theme of the Congress was "The Health of Women in the 21st Century". This was a combined opening ceremony for the XXIVth MWIA Congress, the XIVth meeting of the Pan-American Medical Women's Alliance, the 1st MWIA Latin American Regional Meeting and the XIXth Congress of the Brazilian Medical Women's Association.

Dr Solange Gildemeister, President of the Brazilian Medical Women's Association, welcomed the participants to Sao Paulo. Special greetings were extended to Florence Manguyu, President MWIA, Nadir Valverde de Prates, President of the Congresses, Rebeca Kuniyoshi, Regional Vice President for the Latin American Region and Lila Stein Kroser, MWIA President-Elect.

Dignitaries from the town and state of Sao Paulo were introduced and welcomed to the ceremony. These included Dr Jose da Silva Guedes, Health State Secretary, representing the Governor of the State of Sao Paulo, Mr Milton Flavio, State deputy, Dr Eleusis Viera de Parva, President of the Sao Paulo Medical Association and representatives from the Sao Paulo University and medical associations in the region.

After the official opening ceremony the participants and guests were invited to a reception which was held in the Legislative Building.

A Briefing meeting was held on the previous afternoon for the National Co-ordinators (NCs) and National Presidents who were present. Each received a folder containing the relevant reports for the General Assemblies, and the Secretary General answered questions together with other members of the MWIA Executive. This was followed by a meeting of the NCs and National Presidents with their respective regional Vice Presidents to discuss regional business.

General Assemblies were held on Friday and Tuesday 9, 13 October in the Sofitel. MWIA President, Florence Manguyu, opened the 1st General Assembly of the XXIVth MWIA Congress and welcomed the delegations of the affiliated national association and members. After introducing the

Executive members Florence Manguyu extended a special welcome to the MWIA Past Presidents – Lorna Lloyd Green, Australia and Il Ok Choo, Korea who had made the journey to Sao Paulo.

The Secretary General took the roll call and established that a quorum was present.

Apologies were received from Past Presidents, Beryl Corner, UK, Trinidad Gomez, Philippines, Harumi Ono, Japan, and Beverley Tamboline, Canada. Further apologies and greetings were received from Astrid Buhren, Germany, Elvira Camozzi, Italy, Jill McIlraith, Eithne McFadyen, New Zealand, Catrin Williams, UK and Rinko Yamazaki, Japan.

The President expressed her deep regret over the deaths of 240 colleagues from 12 countries – Bolivia 1, Brazil 2, Canada 9, Finland 6, Germany 52, India 4, Japan 72, Korea 3, New Zealand 5, South Africa 2, UK 50, and USA 35. She informed members that Catrin Williams, former Vice President for the Northern European Region, Honorary Member of MWIA and current Procedure Advisor had passed away a few days prior to this Congress. The members of the General Assembly stood in memory of their colleagues deceased over the past 3 years. The death of another stalwart member of the Brazilian Medical Women's Association was announced during the Congress- Hildegard Stoltz, a former Vice President and Honorary Member of MWIA.

The report of the 23rd MWIA General Assembly, 1995, The Hague, Netherlands had been distributed prior to the this Congress and was officially accepted by the General Assembly in 1998

There were 5 National Associations accepted as affiliates by the General Assembly:

Argentina	Argentina Society of the Woman in Medicine
Hungary	The Hungarian Medical Women's Association
Mexico	Federacion de Asociaciones de Medicas Mexicanas, AC
Nicaragua	Fundacion Medicas Nicaraguenses Dra Conception Palacio
Panama	Sociedad de Medicas de Panama

21 Individual members were accepted by the General Assembly.

Honorary Membership was conferred on Dr Carolyn Motzel, Secretary General 1982-98 and Dr Dorothy Ward, President MWIA 1992-95

134 Golden Jubilee Members were congratulated for 50 years service to MWIA

Florence Manguyu, Kenya, presented her report as MWIA President, 1995-98. She had attended the regional and many national meetings of MWIA and conferences associated with Safe Motherhood, Population, and Women' Health and Rights. She was concerned that MWIA did not have a high profile in the Global Community and was often left out of major decisions and policy issues on health generally and women's health in particular. She realised that the image of MWIA was changing but it was important for MWIA to endeavour to impact health planning activities. She wished MWIA to be more effective locally, regionally and globally and collaborate with other similar organisations. MWIA international congresses were a unique forum for MWIA's plans for future work but unfortunately they were very expensive and excluded the participation of the majority of MWIA members. She expressed the hope that MWIA would grow to great heights as we moved into the next century.

She thanked the Pan American Medical Women's Alliance and the MWIA members of the Latin American Region for welcoming MWIA to hold their 24th MWIA Congress jointly with their already scheduled congresses in Sao Paulo at such short notice. The President's report was accepted by the General Assembly. (2)

MWIA Treasurer, Hannah Reeve-Sanders, South Africa, read her report and referred to her financial statement. (2)

She noted the following changes:

1. Auditors. A new firm Kubler, Schubert & Partners, Köln was appointed– an internationally recognised firm in the European Union who had completed the MWIA audit each year within 2 months.
2. Banks. Were transferred to Schroder Bank in Zurich, to improve return on capital and an account opened for local commitments at the Deutsche bank in Köln.
3. Office equipment. was modernised, upgraded and replaced with a donation from Past President Alma Morani.
4. Investments. Constant contact by the Treasurer and Chairman of Finance with the bank had helped investments to grow by 13.56% (CHF 138,540).
5. Portfolio. had grown by CHF 1,051,091 and MWIA's loss reduced by 50%. There was a gain in donations and a rate gain in dividends but a loss in subscription income.

Major Expenditure:

Secretariat This was well contained in the Secretariat and had fallen in the past year by CHF 105,107.

The cost of Executive and Management Meetings was expensive as was the cost of International Representation. (5)

There had been a fall in subscription income due to non payment of dues by Austria, Benin, Kenya, Romania, Taiwan and Uganda, considerably reduced subscriptions from Canada, Japan, New Zealand, Switzerland and USA and the resignation of the Netherlands with the loss of their subscription income.

The Treasurer proposed an increase in the Association's dues from CHF 6-8 and an increase for Individual members from CHF 10-20. This was the first increase since 1984. In addition the recommendations from the Strategic Planning exercise in Bellagio would also add increased expenditure to improve communications and development of members and this would require to be considered by the incoming Executive. Additional funding would also be required to support the new Secretary General, who was not resident in Köln and would require more financial support.

The President Elect, Lila Stein Kroser, USA, gave an account of her activities in this role. She attended regional meetings in New Zealand, Denmark and Vancouver, participated in the Strategic Planning workshops and many conferences on Women's Health and family issues and several UN sessions in New York on behalf of MWIA.

She was frustrated with the internal strife and lack of finances which had challenged MWIA during her term in office but welcomed the outcomes of the strategic planning exercises which she would take forward into the new millennium. (2)

The Immediate Past President, Dorothy Ward, UK, highlighted her 2 main roles in this position. She had the responsibility of communicating with the Past Presidents, keeping them informed of MWIA

affairs and seeking their wise advice at the request of the President or Executive on matters of concern to MWIA. Her second role was as an MWIA Officer and member of the Executive which in the past three and a half years has been very onerous but satisfying in dealing with the many challenges which affected MWIA requiring extra communication, travelling and diplomacy. She had attended 5 of MWIA's regional meetings, the Strategic Planning workshops, led the MWIA's delegation at the 4th World Women's Conference to Beijing, represented MWIA at many WHO meeting in Geneva and Jerusalem, UN meetings in New York and became very involved with the organisation of this, the 24th Congress, when the venue changed in May, 1998 to Brazil. She was very grateful to the Congress Organising Committee of the Medical Women of Brazil for their welcome, generosity and kindness to her during the 6 months they worked together towards the 24th Congress.

The Secretary General, Carolyn Motzel, presented her last report to the General Assembly as she would retire at the end of this 24th Congress after 16 years in office. She also thanked the Brazil Medical Women's Association for their assistance in the organisation of this 24th Congress and Dorothy Ward for her co-ordination of the Congress following the change of venue from Nairobi to Sao Paulo. There had been many changes required in the Secretariat within the last few years. Valerie Yungman had been appointed as the new Executive Secretary following the resignation of Frau Waberzeck in 1995. She willingly became a very efficient bookkeeper, had the responsibility for dealing with the Association and individual member's dues and collated the MWIA Database as well as her many other heavy duties as Executive Secretary. The Secretariat was now dealing with an ever increasing correspondence of members and officers of MWIA and requests from other NGOs, WHO and UN seeking MWIA's opinion on Women's health matters and rights. The Secretariat published the MWIA Update and was very grateful for the input from many MWIA members and for the new equipment that had been provided to enable this to be possible.

MWIA's Relations with UN had been approved for another 4 years and the report of MWIA activities, 1995-98, had now been sent to WHO as MWIA's application for the continuation of their Official Relationship with WHO would be reviewed at the next meeting of the WHO Executive Board in January 1999. She expressed her thanks to the National Co-ordinators who had updated and listed the known projects and activities of their national associations. She kept this information on computer and regularly updated to ensure MWIA's continued relationship with WHO.

MWIA has been represented at many meetings including WHO, UN - both nationally regionally and internationally, CIOMS, EWL, WMA and other important regional and world conferences dealing with matters of health. Where ever possible suitable local or regional members were invited to represent MWIA. Finally she thanked members for her terms of office:

It has given me the opportunity to meet many interesting colleagues and increase my awareness of the problems facing the various societies in the global family. It has been a real learning important experience. I BELIEVE IN MWIA

The reports from these 5 chief officers were accepted by the General Assembly. (2)

The Vice Presidents (VPs) of the regions presented their reports and those from the affiliated associations have been included (if available).

The report from the Northern European Region was given by Vice President, Anna- Maija Seppalainen. Finland. Members of this region were Denmark, Finland, Norway, Sweden and UK and also include Individual Members from Estonia, Latvia and Lithuania. She attended the Regional meeting in Denmark in 1996 and held a regional business meeting. A 2nd business meeting was held in Sweden in 1997. This meeting was attended by 2 members from Finland, the Netherlands and Sweden and a decision made regarding the nomination of the next candidate as Vice President of this region. She was invited as a guest to the 80th Anniversary of the Medical Women's Federation in London, attended the 50th anniversary of the Finnish Medical women's Association and the meeting of the Scandinavian countries in Sweden, 1997. All the countries in this region held regular meetings and conferences for both their members and the public. The themes had included immigrant women, refugees and their special medical needs, children in distress, violence against women, panic disorders and problems in providing medical care. The **Association in Norway** had been dormant for some years but became active during the present triennium. They are again holding regular meetings and the membership had increased. **Women doctors in Denmark** were very active arranging 10 meetings or seminars annually and included - topics of care of critical ill patients, fertility problems and the practical and ethical problems of cancer genes. They had been involved in education of and information to health personnel on Female Genital Mutilation and its prevention among refugees from Somalia living in Denmark. To celebrate their 70th anniversary in 1998 they will arrange a scientific seminar, a banquet and publish a book with contributions from their own members entitled "Medical Women look at Health and Illness". **The Finnish Medical Women** celebrated their 50th anniversary in 1997 with a symposium on the future prospects of medicine and a dinner attended by 2 of the founding members of the association. They arranged scientific meetings on various themes including the Risk of Suicide in Depressed Patients, Incontinence, Steps in the Treatment of Hypercholesterolemia and Heart Failure. **The Swedish Association** had 2,727 members in 8 regions. The majority of women doctors had achieved specialist status but there was an increasing gap between the salaries of men and women. The Medical Women's Association was affiliated to the Swedish Medical Association and was asked to give their opinion on certain measures and in turn they wrote proposals. They produced a regular journal, had a web page and worked with journalists to write articles about women doctors. They awarded 6 scholarships each year. **The medical women in the UK** celebrated their 80th anniversary with a conference. The theme was "Preventable Disasters in Women Health." Excellent papers were presented by members from all parts of the UK and included domestic violence, teenage pregnancy, coronary heart disease in younger women, the health of women of black and ethnic minorities, postnatal depression, osteoporosis and bladder problems. The audience consisted of members but more importantly a wide cross-section of policy makers and representatives of health and women's organisations. From the papers and discussion which followed information was made available in a briefing document for members of Parliament with a view to influencing health policies. The Vice President had encouraged the increasing number of individual members in Estonia to form a national association and affiliate to MWIA.

The Regional Vice President of the Central European Region, Gertrude Zickgraf, Germany presented her report for the 5 countries of her region – Austria, Germany, Poland, Romania, Switzerland.

She reported that the national medical women's associations in this region were still confronted with great differences with regard to membership and to the professional, economic and political situations. There were restrictions in the labour market in Germany and Switzerland where the number of female medical students was now 50% but this was not reflected in the number of female

doctors employed in the health care system. In Eastern Europe the majority of medical doctors are women but this does not help their employment. Communication, however, was improving despite language problems. **The Austrian Association** was dormant and there has been no communication with them. **The association in Germany** was active and had developed an exchange programme with the Polish association. They continued to hold joint meetings and the German doctors in the Wuppertal branch collected more than DM100, 000 to assist Polish colleagues in the reconstruction of a hospital damaged by a flood disaster in 1997. From a donation by a German doctor awards had been given to 2 female Polish doctors in 1997 for their outstanding scientific research work. **The medical women in Hungary** had now concluded their discussions on the structure and organisation of the Hungarian Medical Women's Association and has been re-affiliated to MWIA at the 24th Congress after its disbandment in 1947. 70% of the doctors in Hungary are women and they are active in various fields of medicine but mainly in prevention. It is increasingly accepted as an interdisciplinary representative of the interests of medical women and an expert in the provision of medical care with regard to health issues of women and children. **The association in Romania** was concerned about the provision of medical care in their country. A project has been introduced to establish a health centre for women and children who are unable to pay for medical care. This project is dependant on donations as the economic situation is still disastrous. The membership of the association in Switzerland had improved especially among young doctors and it had revised its statutes. The promotion of the professional interests of medical women was its main topic. It had developed several pamphlets on current professional practice including a system to identify part-time posts. It also observed developments in the Swiss health care system and co-operated with related medical and political bodies.

The report of the Vice President of the Southern European region, Christine Pouliart, described the activities of the countries in this region –Belgium, France, Italy and Spain. **The medical women in Belgium** organised several meetings during 1995-98. A meeting in Brussels in November, 1995 discussed “Women are in Medicine to Stay” and in 1996 “Solidarity? Solidarity”. They organised the 3rd Southern European Regional Congress, 1997, in Bruges with the theme “Policies and Medicine for a Better Quality of Life”. In 1996 they produced the 1st Belgium Newsletter in French and Dutch. It was sent to all members with articles about the association and MWIA. There was a very active association in Italy and they had now opened new branches in Livorno, Latina and Bari and younger colleagues were becoming interested in the association. The association had arranged national scientific meetings annually and national councils twice in each year. Topics discussed included Preventive Medicine, Artificial Insemination and Improving Humanisation in Hospitals.

The Vice President of North America, Jean Swenerton, Canada, presented her report from Canada and USA. Both national associations were very active educating their doctors and the public. The Vice President organised the 2nd North American Regional Meeting, August, 1997 in Vancouver, Canada. This meeting was attended by the MWIA President, Florence Manguyu, the President Elect, Lila Kroser, Immediate Past President, Dorothy Ward and Past Presidents Il Ok Choo, Harumi Ono and Beverley Tamboline. The topic discussed was “Diversity Challenges for Medical Care in our Global Community and included emerging issues in international health. **The Federation of the Medical Women of Canada** worked on behalf of the advancement of women physicians through active mentoring of medical students and residents, support of peers and encouraging professional leadership development. It had close liaison with the Canadian Medical Association and has been instrumental in the formation of a Gender Issues Committee within this Association and a yearly National Leadership Conference for women physicians. The medical women remained very active in

their provincial medical associations. The Federation co-operated with many women's groups at a local and national level in political and health education activities and had briefed the national government on many issues. Canada and USA participated in the People to People Ambassador Programme similar to that for MWIA in 1989 visiting Beijing, Gulin and Shanghai. They met many women doctors who again expressed an interest in pursuing membership of MWIA as they did in 1990. **AMWA** continued to be a strong voice in women's health and published in 1998 *The Complete Women's Handbook* – a resource book for the lay person. In collaboration with the Simmons Graduate School of Business Management it had created a Career Development Institute for Women Physicians and AMWA, in partnership with the American Cancer Society, was also producing a breast self examination video. It had continued to be very active with legislative and government affairs and had supported several issues of women's health legislation including criminalisation of female genital mutilation. It was an advocate for reproductive health, tobacco control and violence towards women.

The Latin America Region consisted of 4 countries – Bolivia, Brazil, Columbia and Peru. The Vice President, Rebeca Kuniyoshi, Peru, communicated with her region frequently sending information from MWIA in Spanish, and with other MWIA regions twice a year. She organised the 1st Latin American Regional Meeting in Brazil, 1998. The Medical Women's Alliance in Bolivia celebrated its 50th anniversary with a National Congress attended by the VP of the region and the Past Presidents of the Pan American Alliance. They held regular scientific meetings and social events. The **Medical Women's Association in Brazil** hosted four congresses for medical women in Sao Paulo, October, 1998 on behalf of the Pan American Medical Women, the 1st Regional meeting of MWIA, the XIXth Congress of the Brazilian Medical Women and very willingly agreed to include the XXIV MWIA Congress due to the cancellation of that Congress in Kenya at 6 months' notice. The Association organised many scientific meetings for the profession. 30% of the doctors working in Brazil are women and many achieved the highest positions in their universities. There is, however still a gender gap in salaries – women receiving less remuneration for the same work and there remain family problems and prejudice about their work as well as conflict between professional and family life particularly among those on low salaries. The major activities of the **Columbian Association** had concentrated on medical education to increase knowledge in the different specialties. The members were also very aware of the many economic, social and health problems of their country and they aimed to assist homeless children, abused children, orphans, and those who were HIV positive or handicapped. They will raise funds by organising an event *El Universe Equino* which will present horses from all over the world each year.

The Vice President of the Near East and African Region, Merfat El Rafie, reported on the activities of this very large and widespread region – Benin, Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, South Africa, Uganda, Zambia. An African network on Women's Health had been established in Ghana under the direction of Afua Hesse. A 2nd Regional meeting was held in Cairo, 1997, attended by 10 associations to begin regional strategies in promoting the status of women in Africa.

In Egypt, many national projects are conducted with the help of UNICEF in reproductive health education, prevention of HIV/AIDS and promotion of breast feeding. In collaboration with MWIA, a national project on improving the communication knowledge and skills among young female doctors was introduced, to raise the standards of care for mothers and children. Workshops had been held on "Training of Trainers" for the local doctors, social workers and other NGOs to provide them with necessary information on reproductive health and environmental issues. The results were monitored

after 3 months by discussion with local trainees for the planning of their future activities in their communities. UNICEF sponsored a project in deprived areas of upper Egypt to support women's rights and improve their quality of life, to reach more female health providers to improve their understanding of women's needs and to conduct training of women physicians. The Egyptian Ministry of Health sponsored a project on adolescent girls to improve their quality of life and the Egyptian medical women organised workshops at universities in prevention and control of Aids sponsored by UNICEF. The women medical and dental practitioners in **Ghana** have become very strong and provide continuous medical education for its members and health education talks for the general public. The Well Women clinic, started in 1994, has been decentralised to various districts due to the needs of women. The Society has collaborated with the National Council of Women and Development under a sponsored programme of UNFPA which will educate rural women on sexually transmitted diseases especially AIDS. **The Medical Women's Association of Nigeria** celebrated its 21st anniversary in 1998. It had 12 active branches supporting their aim of improving the health of women in their communities. It had established Well Women clinics in the various communities for screening of cancers of the cervix and breast, reproductive health services and adolescent health counselling. Seminars and workshops were organised on topics relevant to the health of women and children. Under the sponsorship of UNFPA it had embarked on various activities in the area of adolescent health including the training of their members in adolescent health counselling. It published a bi-annual newsletter. **South Africa** had undergone major political change and "health care for all" is now provided at primary care. This had resulted in the South African Medical Women's Association redefining itself. The main issues which had kept the association active were the discriminatory practices against women doctors - no maternity benefits, unequal job opportunities etc, - these were no longer active. The association addressed the new challenges which faced it and remained committed to take forward the cause of medical women and career guidance for medical students as a means of reviving interest in the Association.

The VP of the Central Asia Region, Tulsi Basu, India had responsibility for the national associations in **India and Thailand**. The main highlight was the hosting of the 1st MWIA Central Asia Congress in Mumbai 1& 2 February 1997 attended by the International President, Past President, Secretary General and MWIA members from Canada, India, Thailand and USA. The Congress theme was "Health Care for Women and Children - Challenges for the 21st Century". The scientific and social programmes were very successful. The Associations in India and Thailand collaborated with WHO. The association in India was founded in 1907 and had remained very active providing free health care for women and children especially the slum areas. The association has participated in immunisation programmes and cervical screening and had organised HIV/AIDS Awareness Workshops. They participated in health education through TV, radio, newspaper articles and health camps. There was no discrimination against women doctors in India and they have achieved success in all specialties. The Medical Women's Association cooperates with other medical associations and the Regional WHO office. Approximately 25% of the doctors in **Thailand** were female. Male and females are equal in working opportunities, including leading positions in hospitals, health services and academic status. The association has provided routine public services since it was founded in 1960 at their headquarters' building in Bangkok, including cervical and breast screening clinics, general practice and skin clinics. They also provided public health information through women's weekly magazines and by participation in radio and TV programmes concerning women and children. They collaborated with other women's organisations to provide advice on public health issues and projects concerning AIDS counselling with the Ministry of Public Health.

The Western Pacific Region is another widely dispersed area – Australia, Japan, Korea, New Zealand, Philippines and Taiwan. The Vice President was Yoko Hashimoto, Japan. At a Regional Executive meeting held during the MWIA Congress in The Hague the national associations discussed the rotation sequence of VPs until 2013 and the host country of the regional conferences until 2011. The 6th MWIA Western Pacific Regional Congress was held in Auckland, March, 1996, with the topic for discussion “The Health and Wellbeing of the Family”. This was a very active meeting with 254 attendees and 62 scientific abstracts. The 7th MWIA Regional Congress was due to be held in Korea in 1999 but this was cancelled as a very serious financial problem had affected some Asian countries. The **Australian Federation of Medical Women** had increased their membership to 880 active members in 7 state societies. They were preparing to host the XXVth MWIA Congress in Sydney, 2001. Over the past 3 years they have been involved with medical training and workforce issues and the care of women patients has been addressed in various branches. These included sensitive issues such as termination of pregnancy and the increasing number of women in the medical workforce. The **Japanese Medical Women’s Association** awarded prizes annually to their distinguished members, and outstanding work by non member women doctors to society is recognised. A research grant is given to a young investigator and the cartoon-type illustrated booklets for AIDS prevention continues to be distributed to school children. The membership of the **Korean Association** had increased and 2 members have been elected Vice Presidents of the Korean and Seoul Governments. Another has been appointed the Minister of Health and Welfare. They arranged regular monthly meetings with continuous medical education sessions, health consultations for underprivileged women, and monthly free clinical sessions at an orphanage and visit retirement homes with donations of food and money. They published a monthly newspaper and an annual journal. They award prizes for research careers and support the submission of a scientific paper to an international journal. **New Zealand** is another country undergoing radical change and is now less able to provide increasingly expensive drugs. There had been increased pressure on women and their families in the community and for women practising medicine. Included in this is the move to have all practising doctors re-accredited every 5 years. As many women doctors work part-time or in areas with less pay than their male counterparts this has meant greater sacrifices for women. The Medical Women’s Association has made a number of submissions in support of women doctors and has had some success in this area. The Association is a small active group with concerns for the well being of women and their families in all parts of the world. The women doctors in **Taiwan** are a small percentage (8.5) of the practising doctors in the country but the Medical Women’s Association served their fellow members in the profession. It offered a forum for medical women to share their expertise, to increase interaction between members and improve the welfare of the minority of their society. There are no written restrictions or quotas for women doctors to attain to governmental positions, they achieve specialist status, chair departments and hold prestigious academic posts. They are, however, consulted less by the Government than their male colleagues. In order to correct any anomalies they have recruited young members to expand their influence, cooperating with other associations to formulate a common goal and prepare new strategies to protect women and children from sexual harassment and abuse. Unfortunately Taiwan is not a member of WHO.

The reports from the Vice Presidents were accepted by the General Assembly (2)

The General Assembly elected the following officers for the session 1998-2001.

President	Lila Stein Kroser, USA.
Immediate Past President	Florence Manguyu, Kenya.

President Elect	Shelley Ross, Canada.
Treasurer	Cajsa Rangnitt, Sweden.
Secretary General	Waltroud Diekhaus, Germany.
Vice Presidents	
Northern Europe	Disa Lidman, Sweden.
Central Europe	Corinne Bretscher-Dutoit, Switzerland.
Southern Europe	Marcella Sava Borgstrom, Italy.
North America	Estherina Shems, USA.
Latin America	Rebeca Kuniyoshi, Peru.
Near East & Africa	Afua A.J. Hesse, Ghana.
Central Asia	Chanaree Chuapetcharasopon, Thailand.
Western Pacific	Margaret Maxwell, New Zealand.

The Young Forum

Gabrielle Casper, Australia

The Young Forum was created in 1987 and had met at International Congresses as a separate forum within MWIA. A chairman communicated with members between congresses. They have now been integrated into their national associations where they were playing key roles and shaping the future of their societies. At the request of the Young Forum members, the Executive now recommended to the General Assembly that they should now “be a Forum” only at international congresses where they can discuss issues of specific interest to them and learn more about MWIA. The Forum would be encouraged to identify members who are interested in playing an active role in MWIA. Over the years the Young Forum had collected funds to develop different projects. There remains CHF 3,500 in the Young Forum Project Fund and they have decided to donate this to the Association of Medical Women in India’s Mission Hospital in Calcutta to buy equipment.

The report was accepted by the General Assembly. (2)

MWIA Standing Committee Reports

Finance Committee

Satty Keswani, chairman of MWIA Finance Committee, together with the Treasurer had visited the MWIA bank in Geneva in 1996 to discuss the reason for the fall in investment income to 6.5%. After discussion with members of the Finance Committee and the Executive a decision was made to change to the Schroder bank in Zurich. This had resulted in an increase in investment income to 15.22% in 1997. It was now important to put more effort into fund raising and increase the dues as outlined in the Treasurer’s report. Any money collected in the name of MWIA would now go through MWIA accounts. Regional collections could be used for projects in the name of the national association.

Scientific and Research Committee

The chairman, Adepeju Olukoya, Nigeria, had formed a core group of members from Nigeria to strengthen this committee. Statements had been drafted by the Committee on STDs, Human cloning, Re-emerging infectious diseases, Nuclear Technology and Smoking - its relation to Cardiovascular disease and Cancer and its damage to the unborn child. These statements were subsequently forwarded to the Resolutions Committee. The chairman participated in the process of developing a proposal for funding of a Strategic Planning exercise for MWIA. This proposal was accepted for the funding of the Strategic Planning Workshop in Bellagio, 1995. At the request of the President, the

chairman identified several issues from the UN Women's Conference in Beijing. These included the health effects of violence, adolescent reproductive health, aging and the health of women and occupational health and the health of women. Several requests for projects had been received. The projects on Interpersonal skill training for doctors in Egypt, a project on Anaesthesia from Australia and later one from India were all partially funded.

Ethics and Resolutions Committee

The Committee Chairman, Afua Hesse, Ghana, presented to the General Assembly with a list of previous MWIA resolutions, two of which had been updated by the Committee. This had been a time-consuming exercise and there were still other resolutions requiring amending or updating in the light of scientific advances. She presented to the General Assembly the resolutions from the 24th MWIA Congress, internal resolutions to change the Statutes and By-Laws which had been approved by the Executive and several Position Statements. These were all accepted by the General Assembly.

MWIA RESOLUTIONS 1998

The following MWIA Resolutions were presented to and accepted by the General Assembly at the 24th MWIA International Congress in Sao Paulo, Brazil, October 1998.

1998 .1.Oncology

MWIA recognizing that oncological operations on female uro-genital tract cancers can be mutilating, recommends that national associations strongly encourage multi-centered controlled trials into the optimal treatments for female uro-genital cancers. Treatment modalities investigated should be those that limit surgical mutilation without compromising the women's chances of survival or quality of life. Once determined, these treatments should be promoted by the use of Best Practice guidelines with regular audits being undertaken to ensure that this knowledge is current and is being disseminated.

1998. 2 Eating Disorders

MWIA recognizes that eating disorders, which cover a wide spectrum, are a health care problem. MWIA therefore recommends that National Associations encourage education, research, prevention, early recognition and intervention for these disorders.

1998. 3 Reproductive Technologies

MWIA recognizing that new reproductive technologies have beneficial effects on the treatment of sub-fertility and infertility, also realizes that many of these new technologies are applied with still unknown long-term effects on mother and child. MWIA is aware that these new technologies arouse many ethical questions which have not been sufficiently considered. MWIA therefore recommends that thorough long-term follow-up of women treated and children born after the use of these technologies be undertaken and evaluated in order to establish the long-term physical, psychological and ethical effects.

1998. 4 Menopause and Hormone Replacement Therapy (HRT)

MWIA recognizing the importance of quality of life to women during and after the menopause is however concerned about the lack of information and informed choices about HRT. MWIA reiterates the need to promote education of women and health care providers about the menopause. MWIA believes that patients and health care providers need to be informed about the advantages and disadvantages of various methods of management which may include lifestyle change and 1-IRT. This information must come from evidence-based medicine.

1998.5 Caesarean Sections C/S

MWIA views with concern the fact that the number of caesarian sections is increasing worldwide. MWIA believes that some of these caesarian sections may be unnecessary and contribute to unnecessary medicalization of women's reproductive lives. MWIA recommends that national associations encourage research into caesarian section rates, including the factors influencing these, in their countries and raise awareness among both women and health professionals about the adverse and beneficial effects of caesarian sections.

1998.6 Smoking

MWIA recognizes the relationship between smoking (including passive smoking) and cardiovascular diseases, lung cancer and damage to unborn children.

MWIA recognizes that women and youth are being targeted in many countries.

MWIA strongly supports a ban on all forms of tobacco advertising and promotion.

MWIA further supports a complete ban on subsidies for growing tobacco.

MWIA supports the education of the dangers of smoking especially to women during pregnancy and breastfeeding.

MWIA additionally recommends the enforcement of regulation of tobacco smoking in public places especially in schools and health institutions.

1998.7 Healthcare policy

MWIA believes that decisions regarding the choice of therapy should be made between the patient, physician and other appropriate health professionals without undue influence from governments, medical and pharmaceutical suppliers or any other groups not directly involved in the care of individual patients.

MWIA strongly urges that cost-effective pharmaceuticals be made available to patients in the Public Health Service, regardless of gender and of their ability to pay.

MWIA reiterates its commitment to working with all healthcare stakeholders including governments, health professional and delivery organizations, patient groups and consumers, to find medically sound means of controlling healthcare delivery costs whilst protecting and promoting the quality of patient care.

1998.8 Landmines

Anti-personnel landmines (APMs) are indiscriminate weapons recognizing no cease-fire and continuing to maim adults, children or animals that trigger them. APMs have severe long-term effects on post-war economic reconstruction and the social integration of refugees and internally displaced persons.

MWIA notes that in many parts of the world, facilities to adequately treat and rehabilitate victims of landmines are lacking.

MWIA calls for increased resource allocation for provision of facilities for treatment and rehabilitation of these victims.

MWIA also calls for an international ban on the production, sale, transfer, stockpiling and use of anti-personnel landmines and expresses strong support for the many international initiatives taken on landmines.

MWIA supports the call by WHO for countries that have been responsible for planting APMs to be active in their removal.

1998.9 Street (homeless) Children

MWIA notes with concern the increasing numbers of street children globally within the last decade. This phenomenon is occurring in spite of the fact that most countries have ratified the United Nations Convention on the Rights of the Child.

MWIA urges governments and other agencies to allocate funding for research into causation of this phenomenon as well as finding sustainable solutions for the problem.

1998.10 Child Health Care

MWIA notes with concern that in many countries child health care tends to be delivered in a fragmented fashion.

MWIA supports the call by WHO and UNICEF for the integrated management in the health care of the child.

MWIA recommends that its members advocate for this method in their countries so as to ensure that children get the best possible comprehensive and total health care whenever possible.

1998.11 Substance Abuse

In some countries, the devastating effects of substance abuse on the youth are evident by the increasing numbers of addicted youths.

MWIA believes that there should be more education on the substances that can result in addiction and other adverse effects.

MWIA calls for more research into the prevention, effects and treatment of substance abuse.

1998.12 Nuclear Technology

MWIA believes that nuclear technologies have a major public health impact on populations living around wastelands, areas after nuclear disasters, areas of unsafe nuclear plants (military, civil or mixed), uranium mining sites, areas of testing, research and development of nuclear weapons.

MWIA expresses special concern at the situation of women and children in these areas because of their greater sensitivity to radioactivity.

MWIA believes that more research is needed into the effects of prolonged exposure to radioactivity (including too low dose radio action) and other little known symptoms of radioactive illnesses.

1998.13 Re-emerging infectious diseases

MWIA recognizes that re-emerging infectious diseases such as malaria and tuberculosis remain the world's leading cause of death, accounting for 33% (17 million) of the 52 million people who die every year (WHO 1997). The struggle for control has reached a critical stage as previous cautious optimism has turned into a fatal complacency which is costing millions of lives every year. MWIA believes that the only answer to this global threat is a global response and global solidarity in seeking permanent solutions for these diseases, in order to make this world safe and healthy for all, rich or poor, male or female, young or old. MWIA therefore supports the action plans of WHO from 1998, aimed at controlling re-emerging infectious diseases.

1998.14 Human Immune deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

MWIA recognizes the escalating HIV/AIDS pandemic and its devastating effects on the populations of many countries.

MWIA recognizes that by the year 2000, 95% of the estimated 30 million people infected by HIV, will live in developing countries.

MWIA recognizes that HI V/AIDS is a public health problem with far reaching demographic, economic and social impact.

MWIA believes that all countries have a moral obligation to develop appropriate education and treatment programmes that address the real needs of a country and its population considering cost-effectiveness,

MWIA strongly urges that ethical standards for research be applied and that participants in such research be fully informed.

MWIA states that in addition, benefits of scientific discoveries tested and developed in developing countries must be made available to the populations of those countries.

MWIA urges countries to develop and disseminate well-defined policy guidelines for the management of all patients so as to ensure that they are not subject to negative discrimination in any form.

1998. 15 Violence against women

MWIA reaffirms its stand that violence against women in all its forms (physical, psychological, social, cultural and sexual) is a violation of women's fundamental human rights. Violence against women is a public health issue and has become a global problem affecting every society.

MWIA further states that although there are many long term consequences of the effects of this violence on women's health, the full extent of the problem is not known in many countries.

MWIA recognizes the efforts made by a number of countries towards increasing awareness of the problem of violence against women and through the UN Commission for the Elimination of Discrimination Against Women (CEDAW). MWIA states its concern about the long-term psychological effects on children of witnessing such episodes of violence.

MWIA expresses concern about the sometimes insensitive manner in which abused women are subsequently treated.

MW therefore urges Governments and NGOs to allocate resources for extensive research into the extent and causes of this violence as well as for prevention and treatment programmes.

MWIA urges the effective training and educating of the abused women, health, social welfare and law enforcement personnel, as well as the members of the criminal justice system on the various aspects of violence against women.

1998. 16 Nuclear weapons

MWIA being deeply concerned at the recent spate of nuclear testing in various regions of the world:

- Condemns any testing of nuclear weapons, believing that all forms of such testing exposes humanity and the environment to actual and potential risks and also potentiates the threat of nuclear warfare.
- Condemns in the strongest terms the use of nuclear weapons either in warfare or as a political threat.

MWIA further strongly supports the international movement to ban the testing of nuclear weapons. (Resolution to replace Statement on Atomic Energy 1954 and 1956.1)

1998. 17 Sexually Transmitted Diseases

MWIA reaffirms that

- The risk of contracting an STD is increased by multiple sexual partners and by the kind of sexual practices.

- The interaction between HIV infection and other STDs is so significant that HIV control can best be achieved by well organized and universally available STD prevention, control and management programmes.

Therefore MWIA recommends

- That sustainable STD prevention, education and management services should be offered by Primary Health Care Services at all levels, e.g. family planning, ante-natal, maternal and child health care.
- The provision of information regarding contraception, STDs and safe sexual practices to all adolescent girls and boys, since STDs increase the risk of HIV infection. Moreover neglected STDs may cause sterility.
- That STD consultation and examination should be confidential.
- That the treatment of STDs should always be accompanied by information and counselling about safe sex practices, partner notification and related issues such as contraception and pregnancy.
- That services for partner treatment should be pursued as vigorously as possible.

CHANGES TO EXISTING RESOLUTIONS

1998.18 Cancer

The original resolution is 1992.4. It read:

MWL4 approves and encourages the introduction of cancer screening programs for women in all countries. The screening programs chosen should depend on the incidence of particular malignancies in different countries.

It is being reworded to read:

MWIA approves and encourages the introduction of appropriate cancer screening programs in all countries,

MWIA recommends intensive research in all countries into the epidemiology of malignancies, MWIA however recommends that screening programs and their recommended frequency, in addition to depending on the incidence of particular malignancies in different countries, should also importantly depend on other ethical considerations. These include accessibility and availability of services in order to take care of positive cases that are identified.

INTERNAL RESOLUTIONS

The following Internal (Policy) Resolutions were discussed and passed by the General Assembly, 1998

CHANGE OF STATUTES ARTICLE 16 (revised 1998)

The General Assembly sets the annual subscription of affiliated National Associations and Individual Members.

Non-payment of the annual subscription within 12 months of the due date will result in the suspension unless a justifiable delay has been agreed on by the Executive Committee.

Non payment of the subscription for 3 years except in the case of justified delay entails the loss of statutory rights.

Membership shall be reinstated on payment of the subscription or such amount as agreed by the Executive Committee

The Executive Committee is entitled to accept gifts or legacies and manage them.

PR 1998. Changes to the By-Laws Article 7 (revised 1998)

THE EXECUTIVE COMMITTEE (ARTICLE 7-18) ARTICLE 7

The Executive Committee (known as The Executive):

- 1) Reviews and evaluates the activities of the Association and recommends to the General Assembly practices and projects suitable to further the activities of the Association.
- 2) Assures the management functions for which it is responsible.
- 3) Appoints the chairmen and members of committees.
- 4) Receives and evaluates the reports of all the committees.
- 5) Adopts the budget on the basis of the budget proposed by the Treasurer and the Finance Committee.
- 6) Reports to the General Assembly on the financial aspects and other activities of the Association.
- 7) Undertakes all other obligations provided for by the Statutes and By-Laws.
- 8) In an emergency situation the Executive will assure the arrangements of the Congress. The Executive recommends to the General Assembly the appropriate venue after investigation considering economic and geographic factors.

PR 1998. 3 TREASURER DUTIES ARTICLE 11 (revised 1998)

The Treasurer holds office for one term. She is eligible for re-election.

The reports from the Committee Chairmen were accepted by the General Assembly

A statement was made to the General Assembly by the chairman of the Kenya Medical Women's Association in the light of change of Venue of the 24th MWIA Congress from Nairobi to Sao Paula. After thanking the Brazilian Medical Women's Association for hosting this Congress at such short notice, she addressed the General Assembly:

Madam President, members of MWIA Executive, Presidents of national Associations, colleagues, friends:

We bring warm greetings from the Kenya Medical Women's Association and the people of Kenya .We feel glad and privileged to be part of this august gathering. Thank you for giving us the opportunity to address this assembly. We wish to thank the organisers of the Congress- The Medical Women's Brazilian Association for their willingness to accept the challenge to host the 24th International Medical Women's Congress at such short notice.

I wish to thank the entire MWIA fraternity for the honour they bestowed on KMWA to host the 24th MWIA Congress in Nairobi. We took the challenge to organise the same with dedication and determination. When all the preparations were in the final stages, only 6 months to the Congress, we received the disappointing and unfortunate news of the deferment of the meeting. It was extremely difficult. Our sincere hope is that no other sister organisation will in the future be subjected to a similar experience. Despite this we at KMWA feel we have learned a lot from this experience and believe the skills gained have enhanced our organisation capacity. We are the stronger when we let the events if life sieve past us, learning lessons to improve our service. Amongst the planned activities for the scientific programme of the Nairobi Congress was the introduction of a score card which was to be shared with all MWIA member associations The card followed the deliberations of the 1995 Beijing Conference where governments were to see how far they were as far as women's health were concerned. This tool was to deal with evaluation and monitoring of women's health issues and segregate data as to what is going on – on the ground It was hoped that this would serve as an advocacy tool to influence policy regarding budgetary allocations for women's health and monitor the implementations of various activities/projects on the same. We still hope to have the opportunity to share this important information.

In closing, the Kenya Medical Women's Association extends a very warm welcome to all of you. We are prepared to host the 26th International MWIA Congress in Nairobi- a request we hope will receive your most favourable consideration. We wish us all a fruitful and memorial 24th Congress in Brazil. May God bless you all.

*Thank you
Dr Emily Obwaka
Chairperson, Kenya Medical Women's Association.*

Reports from the MWIA Representatives at WHO and UN Meetings

Vibeke Jorgenson, Denmark, has been the MWIA International Coordinator during 1995-98, and attended with Florence Manguyu and Dorothy Ward the annual General Assemblies and Executive Board Meetings of WHO in Geneva. Oral and written statements were given on Reproductive Health and the Health Consequences of Domestic Violence. She also represented MWIA at the WHO European Regional Meetings in Copenhagen, 1996 and Istanbul, 1997. Dorothy Ward represented MWIA at the WHO Regional Meeting in Jerusalem, 1995, and both represented MWIA at the International Conference on Violence, Abuse and Women's Citizenship in Brighton, 1996. MWIA was also represented at the UN World Conference of Women, 1995, as noted earlier in this chapter.

At these meetings and conference MWIA had spoken out on the health issues affecting women exposed to poverty, lack of education and many other social conditions which affect their health and well being. This had increased MWIA's visibility and shown that women doctors are not only interested in diseases but have a holistic view of women's health.

Satty Keswani, USA, the official representative of MWIA at the UN in New York. Together with Sorosh Roshan she has participated in weekly briefing meetings at the UN building. In 1998 a conference was arranged to celebrate the 50th Anniversary of the Universal Declaration of Human Rights: *From Words to Deeds*. The Keynote speaker was Dr Nafis Sadik who described the hardships affecting women from birth to death.

The UN Commission on the Status of Women met annually in New York and in 1998 Drs. Jorgensen, Keswani, Motzel and Ward were active participants and conducted a successful workshop on "Violence on Women".

The reports from the MWIA representatives were accepted by the General Assembly.

Scientific Programme

The scientific presentations were organised around the topics of Maternal Mortality and Morbidity and the Patient and Technology of Modern Medicine. There were 10 medical sub- themes – Internal Medicine, Surgery, Anaesthesiology, Paediatrics, Alternative Medicine, Infectious diseases, Psychiatry, Neurology, Obstetrics and Gynaecology. There were also discussion of free papers and poster presentations. The discussions were animated, inclusive and wide ranging and incorporated the status of women physicians and the profound impact of politics on the health of women.

Infectious Diseases: The importance of integrating topics of contraception and HIV prevention were stressed and a shift from technical information only to exploring and /including also client's sexual lifestyle and psychosocial context. HIV prevention must be an integral part of any contraceptive counselling. Another study from Guatemala showed that there was a lack of knowledge among students, military based soldiers, commercial sex workers and hospital workers regarding general knowledge of HIV, transmission, sexuality and sexual practice information. HIV/AIDS education was essential. A study from Argentina found evidence of Human Papillomavirus in Prostate Cancer.

Education One presentation discussed the results of women's health education in Europe. This was shown to be mainly of courses in Obstetrics and Gynaecology. Was this the result of a male dominated academic profession? and was there a need for a discipline "Women Medicine" with a full professor and research facilities?. This was now taking place in Sweden, Netherlands and Denmark.

Surgery During the last 10 years the importance of breast reconstruction in Japan had become important to ensure the complete recovery of the patient both physically and psychologically.

Psychiatry: The importance of shared care between the family doctor and the psychiatrist is important to the care, treatment and outcome of the depressed woman Depression in working women in Europe was twice as common as in men. Control over unsatisfactory working conditions, poor relationships with colleagues at age 30-40 and a career of 7 years proved to be the major risk factors in women while the economic status was more important with men.

Family Violence: the recognition of this by physicians had been developed in the USA. It required emergency assistance, training and policy development for police, prosecutors and the courts and development of laws which would give legal penalties to the perpetrator. A presentation from Canada, on family violence in a rural setting suggested that privacy was valued by the abused. A process was discussed to bring it to light with reassurance regarding confidentiality and of a supportive community. The abuse otherwise may remain hidden. Domestic violence in pregnancy was also discussed and a survey of family doctors showed that they were aware that pregnancy was a trigger for the onset.

Abortion: Research among adolescents in Korea had shown they were very knowledgeable of the process especially the girls and they were aware of the possible complications and dangers to their health. The psychiatric effects of induced abortion were more prominent in women with a previous or coexisting psychiatric illness, unsupportive social circumstances or coercion. Abortion may invoke strong feelings but it is not thought to cause psychiatric illness.

Internal Medicine: A discussion on the inclusion of women in clinical trials in USA was considered important especially in cardio vascular disease and the prescribing of psychotherapeutic drugs.

Other areas presented / discussed included Reproductive Health in Egypt, Rehabilitation of Women in Sweden who have been subject to sexual torture, Breast reconstruction, Adolescent's Knowledge and Practice of Contraception, Health hazards of Hawking of girls in Nigeria, Screening of Women for Common Diseases in Nigeria and Osteoporosis in Panama.

The Closing Ceremony was held in the Sofitel Hotel on Tuesday 13 October and followed by a gala dinner with entertainment and a fashion parade. The President, Florence Manguyu thanked everyone who had helped to make the Congress a great success with special thanks to the Brazilian Medical Women's Association. Lila Kroser the incoming President stated that the focus of her Presidency would be to promote and serve women's health now and in the future. She then closed the Congress.

During the closing ceremony Dorothy Ward, Past President, and Carolyn Motzel, retiring Secretary General were awarded Honorary Membership of MWIA

A full social programme was arranged for the congress participants and accompanying persons. This included visits to the Biennial of Arts and places of culture in Brazil and Sao Paulo. Two evenings of entertainment were offered – an evening of Beatles music in different styles, language and cultures. On the second evening a congress party was held when participants wore their national costumes. A visit to an Italian restaurant in the old Italian Quarter was enjoyed by all on another evening. Participants left Sao Paulo to visit other areas in Brazil or neighbouring Latin American countries with fond memories of this Latin American Congress arranged at such short notice and also appreciated the privilege of meeting new friends and renewing old friendships in Sao Paulo.

Ref

- (1) By- Law Article 6
- (2) MWIA Congress Report No 36
- (3) Executive Minutes, 1997
- (4) Report of MWIA Strategic Planning Workshop
- (5) Treasurer's report from MWIA Congress report No36

CHAPTER 25 Women's Health and Globalisation

At the beginning of this Triennium following the 24th Congress in Sao Paulo in 1998 the newly elected Secretary General, Waltroud Diekhaus, who had experienced MWIA work as an assistant with Carolyn Motzel, took over the running of the Secretariat in Cologne with the Executive Secretary, Valerie Yungman, who had worked in the Secretariat since 1993 and was well experienced in MWIA affairs. (1)

There was also a marked increased use of modern technology within the Association and this improved communications between the Secretariat, MWIA Officers, Committee Chairman, National Associations, Individual Members and many MWIA members and other International Organisations.

The Executive met in Cologne in 2000 and 2001 for their annual meetings. The meetings of the Management Group of the Executive were cancelled due to financial restrictions but with the development of Electronic Data Processing and the great increase in the use of e-mails, communication was excellent and quicker. (1)

The Secretariat had been located in Cologne for 16 years at offices rented from the German Medical Association at a very reasonable price. This Association was now moving to Berlin and it would have been difficult to rent similar accommodation in Cologne at a reasonable cost. The Executive Secretary, Valerie Yungman, would resign in June, 2001 after the XXVth Congress and it was decided to move the Secretariat to Dortmund. This had several advantages as it would save the time and travel expenses of the Secretary General, the rent of the new offices from the Association of Self-Employed Doctors was less than previously and this association was also willing to equip the new venue with furniture. These financial savings were important to MWIA. New part-time staff had been found and this would also be of financial benefit to MWIA. Frau Yungman and her assistant of 2 years, Irma de Fellman, would be replaced in Dortmund by Ute Hoffman and Marita Pochner. (2) The Secretarial staff were responsible for the book keeping, communication with the banks and the billing and collection of national associations' dues. These tasks were introduced several years ago and had successfully decreased the cost of the annual audit.

5 MWIA Regional Meetings were held in this Triennium, 1998-2001:

2nd Southern European Regional Congress in Genoa, May, 1999. The topic at the regional meeting was "Women's Health Care approaching the year 2000". Two colleagues from Turkey and Albania were the guests of the Italian Association.

13th Northern European Regional Congress, Helsinki Finland, June, 1999. 50 Participants discussed the theme "Quality of Life". The MWIA President attended the meeting.

2nd Near East and African Regional Congress, Nigeria, June, 2000 attended by 250 participants 5 countries. The topic was "Male Involvement in Reproductive Health". The Guest of Honour was Dr Nafis Sadik, the Executive Director of the United National Population Fund.

3rd North American Regional Meeting, San Francisco, USA November, 2000. The topic discussed was "Forging Alliances in Global Health".

2nd Central Asia Regional Congress, Bangkok, Thailand, December, 2000. More than 200 participants from various countries in South East Asia and members of MWIA, including the

Secretary General, attended this congress. The theme of the Congress was “Family Health Beyond the Year 2000 - Our Society Can”. This congress also marked the 40th Anniversary of Thai Medical Women’s Association.

The documentation for the XXVth Congress in Sydney was completed by the Secretarial staff in Cologne and Frau Yungman had responsibility for the MWIA Secretariat during the Congress in Sydney, April, 2001.

The XXVth Congress of the Medical Women’s International Association Women’s Health in a Multicultural World

The Congress was held in the Sydney Hilton Hotel, Australia 19-25 April, 2001. The MWIA Executive met in the Hilton Hotel on the 2 days prior to the opening of this Congress. Past Presidents Lorna Lloyd Green, Beverley Tamboline and Dorothy Ward were invited to attend the Executive Meeting.

A Briefing Meeting was held, Thursday 19 April, attended by the NCS, National Presidents, the MWIA Vice Presidents and chaired by the Secretary General, Waltroud Diekhaus. All received a folder containing the usual reports and documents for the General Assemblies. Meetings with their respective Vice-Presidents followed to discuss regional issues.

The Opening Ceremony was held in the Sydney Hilton Hotel on Thursday 21 April, 2001 and was officially opened by Professor Dr. Michael Woodridge, Federal Minister for Health and Aged Concern. A reception was held in the Cove Room of the Hotel where he welcomed the delegates and accompanying persons to the Congress.

After the official opening ceremony, the 2 candidates nominated for the position of President-Elect, Gabrielle Casper, Australia, and Mervat El Rafie, Egypt, introduced themselves to the delegates.

Her Excellency, Professor Marie Bashir, a member of the Medical Women’s Society of New South Wales officially opened the scientific sessions of the Congress on 21 April.2001. Her Excellency is the Vice Regal Patron of the XXVth MWIA Congress.

General Assemblies were held in the Sydney Hilton Hotel on Friday, 20 April and Monday 23 April, 2001. MWIA President, Lila Kroser, USA, opened the 1st General Assembly on Friday 20 April and welcomed the delegations of the affiliated national associations and MWIA members present.

The Secretary General, Waltroud Diekhaus, took the roll call and established that a quorum was present.

The President expressed her deep regret over the death of 271 colleagues since the XXIVth Congress in 1998 and asked the General Assembly to stand in their memory

Elections for the term 2001-2004

Members were elected to the Executive Committee by the General Assembly

President:	Shelley Ross, Canada
Immediate Past President:	Lila Stein Kroser, U.S.A.
President-Elect:	Gabrielle Casper, Australia.

Treasurer:	Cajsa Rangnitt, Sweden.
Secretary-General:	Waltraud Diekhaus, Germany.
Vice-Presidents	
Northern Europe:	Disa Lidman, Sweden.
Central Europe:	Corinne Bretscher-Dutoit, Switzerland.
Southern Europe:	Myriam Van Moffaert, Belgium.
North America:	Charmaine Roye, Canada.
Latin America:	Maria Arredondo Herrera, Mexico.
Near East and Africa:	Olufunke Olajumoke Ademiluyi, Nigeria.
Central Asia:	Jyoti H. Trivedi, India.
Western Pacific:	Jeanette Tait, Australia.

Affiliations

The General Assembly accepted 2 new National Associations and 11 Individual Members.

Iceland Icelandic Medical Women' Association

Georgia Georgian Medical Women's Association

Number of Affiliated National Association 44

Number of Individual members 60 in 38 countries

Honorary Membership was conferred on Florence Manguyu, Past President, 1998-2001.

124 Golden Jubilee Members were congratulated for 50 years affiliation to MWIA. The members present received their certificates.

MWIA President, Lila Kroser, in her report, highlighted MAIA activities and increased visibility in New York and Geneva. Statements had been circulated to and workshops held at the important meetings of representatives of governments and other NGOs. MWIA had been represented by Drs Braak, Bretscher, Diekhaus, Harrison, Jorgensen, Motzel, Roshan, Ward and herself at WHO, UN and WMA meetings, many of whom did not claim expenses as they were aware of the lack of MWIA finance. Several scientific projects were initiated in Egypt, India and Nigeria. She had attended national and regional congresses and introduced a regular President's letter by email to keep the Executive informed about administrative matters, health initiatives and challenges to MWIA. She concluded by thanking the Executive and Committee Chairmen for their hard work and paid special tributes to the Secretary General and the Executive Secretary and her assistant who were now leaving MWIA.

Shelley Ross, President Elect had also attended 4 Regional Congresses where she met members, heard of their projects, listen to their ideas and appreciated the networking which MWIA did so well. Together with Past President, Florence Manguyu, she had visited WHO in Geneva and was invited to participate in preparing a manual on domestic violence.

The Past President, Florence Manguyu, had kept in contact with the 11 Past Presidents and several would meet together in Sydney as the "Past Presidents' Advisory Council" She had been involved in many international forums as a MWIA member and also as a representative of other NGOs. She had the responsibility for publishing the MWIA Annual Report which would be of great help to MWIA as a PR document and had been distributed to members, MWIA supporters and collaborators. It would be of special importance when MWIA fundraised. This was essential for MWIA projects as

finance from members' dues was insufficient to fund these. She had raised funds to support the Strategy Meeting in Bellagio during her presidency. An annual report had been published by MWIA on several occasions in the 1930s.

The Secretary General, Waltraud Diekhaus gave a report on the activities of the secretariat and the move to the new offices in Dortmund in June, 2001. She thanked Frau Valerie Yungman for her commitment to MWIA over many years and Irma Barrales de Fellmann who had assisted her for 2 years for her efficiency and great interest in MWIA. She considered that the MWIA UPDATE, published 3-4 times annually, was the main and vital tool of the Association. It fulfilled MWIA's main objective by informing all medical women of MWIA's policies and everybody of MWIA's activities and its work throughout the world with other organisations and international medical bodies. It is available to everyone on the internet.

The Quadrennial report of MWIA (1995-98) was sent to WHO in 1998 and reviewed at their Executive meeting in January, 1999. MWIA official relations with WHO were continued. A similar report was sent to the Economic and Social Council of the UN in 1999 and MWIA also continued to have consultative status with the United Nations in New York.

The Secretary General attended 4 MWIA Regional Meetings and visited the French and Russian Medical Associations in 1999. She represented MWIA at The General Assemblies of WHO in May, 1999 and 2000, at WMA in Edinburgh, October, 2000 and the European Women's Lobby in Greece, September, 2000.

MWIA Representatives attended many International meetings throughout the world and wherever possible a member was chosen in the country in close proximity to the meeting.

The Treasurer, Cajsa Rangnitt presented the report for the period October, 1998-October, 1998-March, 2001. The number of MWIA members continued to fall and although there had been an increase in the dues there had been no increase in income. Fortunately increased income had been received from investments during the year, 1999, as there had been a boom in the market giving MWIA a 40% gain. There was no gain however in 2000. MWIA was not living on its income but instead was using its profits to operate and if there was no profit then the capital would require to be used. Savings had been made by abolishing the Management meetings, reducing the honoraria to the Executive members, the cost of Executive meetings and International representation. The Treasurer expressed her concern that there had been a loss of expenditure over income during the past few years and capital assets had to be used. To improve the situation subscriptions must be paid and our income increased through fundraising and by recruiting new members.

These reports were accepted by the General Assembly

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The Vice-Presidents presented their reports.

The Northern European Region consisted of Denmark, Finland, Iceland, Norway, Sweden and UK. The reports included those from the NCs where available. The Vice President, Disa Lidman, Sweden, had attended the Regional MWIA Congress in Helsinki, Finland, in September, 1999. It was a well organised meeting but only attended by 50 participants. The theme of the meeting was *Quality of Life*. Representatives from 5 countries of this region had

also attended a business meeting in Helsinki in 1999 and in Copenhagen where Vibeke Jorgensen had provided hospitality. The Vice President had made regular contact with the countries of the region proposing amendments to the MWIA Statutes and suggesting that there should only be 1 region in Europe. She had made contact with the new Association in Iceland and tried to contact the Association in the Netherlands who had been a member of the region until they resigned in 1999. **The Swedish Association** had reduced the amount of their MWIA dues as they were concerned that MWIA was becoming less democratic and less transparent. They also proposed that the 3 European regions should merge and that a European Medical Women's Association should be formed which would stimulate the exchange of medical information as well as matters of professional importance such as working conditions, family policies of governments and research facilities. This did not find favour with the other countries in this region who feared language and cultural problems. A meeting to discuss this with the other 2 European regions was suggested and arranged to take place at the regional meeting in Italy, April, 2003. **The Finnish Medical Women** organised the meeting of the Northern region in Helsinki with a very entertaining social programme. They had arranged scientific meetings 4 times each year in Finland and kept in contact with other women's organisations in Finland through membership of the National Council of Women. The members of the **Medical Women's Association in Denmark** tried to improve the image of women doctors by making the Association visible in any medical debate and by becoming involved in topics important to women's health and lifestyle, They arranged meetings on such topics as: Rape, Urinary Incontinence; Aging of the Brain; Osteoporosis and invited other health professionals to their meetings. The Association celebrated its 70th Anniversary in September, 1998, by holding a seminar at the University of Copenhagen with special lectures on *Women in Medicine through the Years and Today* and the publication of a book *Women Doctors Look at Women's Health* with contributions from all specialties as well as the history of the Association. **Medical Women's Federation (UK)** members were encouraged to stand for election to British Medical Association Committees and Royal College Councils as this was the best way to help women to change the attitude of their colleagues. Some BMA Committees asked the Federation to send representatives to their main committees which negotiate terms and conditions of service for doctors and where there were few elected women members. The Federation was consulted by many medical associations, the media - on women's health, the Departments of Health in the 4 countries (which form the United Kingdom) on women doctors' careers and on many social and health challenges within our National Health Services. MWF was saddened in 1998 to lose a great champion of women doctors - Catrin Williams – an honorary member of MWIA, Past Vice-President of the Northern Region and for many years MWIA's Procedure Advisor. She was a wise and respected women doctor in UK, an ENT surgeon in her native country Wales and a great supporter of those disabled by the loss of hearing for whom she worked tirelessly following her retirement. "Women in Medicine", our Newsletter is published 4 times annually. Interesting articles are written by members and our very enthusiastic medical students who are full members of MWF.

The Vice President of the Central European Region Corinne Bretscher-Dutoit, Switzerland, gave the reports from the 7 countries of this region- Austria, Georgia, Germany Hungary, Poland Romania and Switzerland. Georgia re- affiliated to MWIA at this 25th Congress in Sydney, and reported that 75% of the doctors were women who worked in many different specialties and were involved in research. They were in regular contact with the WHO office in their country and held regular scientific meetings and organised an exhibition of doctor's crafts – painting, woodcraft, embroidery, ceramics and sculpture. They also provided free medication to retired members. A visit had been made by the Secretary General to the Russian Medical Women's Association in 1999 together with

the previous Vice President of this region but they had not made application for affiliation to MWIA. Contact had also been made with the medical women in Bulgaria but they had as yet not formed an association. The majority of doctors in Eastern Europe were women but they had many problems – unemployment, low salaries or retired as well as unsatisfactory equipment and medicines. Communication was also expensive and unreliable.

The Association in Austria has been rejuvenated and planned to establish better communication. **The Association in Germany** focused a major part of their activities in promoting young doctors' professional advancement, offering coaching, self management, training and mentoring programmes. It also encouraged research on medical women's working and career conditions, information about alternative opportunities and the need to increase women's participation in medical committees. It had integrated women doctors from the new states (former territories of Eastern Germany in Eastern Europe) and arranged regional conferences on the problems of women doctors in training, in their careers and in combining work with their family commitments. They celebrated their 75th Anniversary with a symposium *Do Women's Hearts beat differently?* and *Gender Specific Aspects of Cardiovascular Disease in Women*. This was attended by colleagues from Germany, Georgia, Hungary, Poland and Romania. **The women doctors in Hungary** had experienced major reforms in their medical system but they supported the health administration concept of non-invasive screening. The health administration wished to maintain the profession's medical knowledge and had introduced many postgraduate courses. The salary of those working in the profession has remained low but the medical women remain active in medical work and the improvement of health care policies and the Hungarian medical system. **The Polish Association** had close contact with the German Women doctors especially its Wuppertal branch which sponsored some of its activities. **The Romanian women doctors** also received support from the same branch of the German Medical Women's Association who invited medical students and other members as guests to their congresses and sponsored the attendance of Romanian members at the Beijing +5 meeting in New York, 2000. The membership of **the Swiss association** continued to increase and they now had 6 regional groups. Their executive supported networks and seminars on various interesting topics such as mentoring, women and money, part time employment and pregnancy during internships. Contact with members was maintained through quarterly traditional mailings, articles in the *Ars Medici*, a magazine for general practitioners, and a women's doctor page in the bulletin of Swiss doctors every 6 weeks. In November, 1998 a conference was arranged "Women over Fifty" with the Swiss Association for Psychosomatic Gynaecology and Obstetrics and members of the Swiss medical women. In April, 1999 the Association, Zonta International and University Women held a conference "Violence-Causes, Consequences and measure seen by Women Specialists". A conference in September, 1999 "The Menopause" attracted an audience of 430 women, a few brave men and resulted in a great deal of media attention.

Marcella Borgstrom, **VP Southern Europe**, began her term of office by contacting all the countries in her region - Belgium, France Israel and Italy - but had very little response initially. A Southern European Regional meeting was held in May, 1999 in Italy and was attended by members of this region, the Secretary General, 2 participants from Turkey and 1 from Albania who were guests of the Italian Association. The topic was "Women's Health approaching the Year 2000". The VP was invited to attend the annual meetings of the French and Belgium Associations.

North American Region is formed by Canada and USA. The VP, Estherina Shems. USA **The Federation of Medical Women of Canada** celebrated its 75th Anniversary in Ottawa .with a gala weekend The theme was "Medicine in Transition: Impact of Medical Women over the Past

Century". The programme covered a variety of topics pertinent to Women's Health and how the tone and form of medicine had changed over the past century. There was an interesting social programme and time to explore Ottawa. Dr Maude Abbott, a founder of the Canadian Association, and an authority on cardiac defects has been honoured by being one of 12 Canadian humanitarians and healers to be included in a limited edition of the book "The Millennium Collection" issued by Canada Post and a stamp with Maude in her academic regalia was issued in 2000. Another honour was given to a member of this association, Dr Leonora King, who practised in China for 47 years and founded a women's medical school. She was one of the 6 Millennium inductees into the Canadian Hall of Fame in 2000. Dr May Cohen was also honoured in 2000 when McMaster University created a Chair of Women's Health in her name. **The American Medical Women's Association** had 61 active physician branches and 151 active student branches. Its aim is to advance women in medicine and to improve women's health at the local, national and international level. The 3rd MWIA North American Regional Meeting was held in San Francisco with the Theme "Forging Alliances Global Health". The current MWIA President, Lila Kroser, received the Elizabeth Blackwell Award which is AMWA's most prestigious award. The Association is actively involved in legislative issues pertaining to women's health and members have testified before Congress and met White House officials as well as legislators at local and national levels. They have formed coalitions with other health related organisations and appeared in all media outlets. Internationally they had instituted an annual International Curriculum on Women's Health.

The VP of **the Latin America Region**, Rebeca Kuniyoshi, Peru, had been in constant communication with the 8 countries of this region- Argentina, Bolivia, Brazil, Columbia, Mexico, Nicaragua, Panama and Peru. She had distributed a Spanish version of the MWIA UPDATE to all the countries every 6 months. Communication within the region had improved with the use of E-mail and the interest in MWIA had increased following the MWIA Congress in Brazil. Two regional congresses had been organised- in Brazil, 1998 and in Panama, 2000. **Argentina** was a country which had experienced recurrent cycles of instability in the past few years. There was a high illiteracy percentage among 10 year old children and as high as 53% among women. Women's health was associated with problems related to family violence as well as those due to labour and social inequalities. They had been actively involved in conferences and meetings in respect of women's health in their country, including violence against women, women and leadership and discrimination against women. They had participated in regional and national congresses and research into discrimination against women in medicine, smoking among young women and topics related to women's diseases such as human cloning and genetic therapy in cancer.

The report of **the Near East and Africa region** was given by VP, Afua Hesse, Ghana. This was a large region consisting of Cameroon, Egypt, Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda and Zambia .as well as Individual members in 13 African countries. The main focus of the national associations continued to be advocacy and the many issues which affected women's health. Communication continued to be a problem in this region. The 2nd Regional MWIA Congress was held in Nigeria, June/July 2000. Over 200 participants from 5 countries attended including the Secretary General, Waltroud Diekhans. The theme was "Male Involvement in Reproductive Health". The Lovejoy Fellowship was awarded to Valerie Obot, Nigeria. Eleanor Nwadinobi, Nigeria and Dinah Jarrett, Sierra Leone. They received the Scientific Scholarship-Project Fund. **The Association in Ghana** celebrated its 40th Anniversary in 2000. It had many activities associated with women's health including breast and cervical screening and the members had given public lectures on Violence against Women and Symposia, Workshops. and TV and Radio broadcasts on a range of

topics – HIV/AIDS, Healthy sexual lives and Violence. **Kenya medical women** had continued to work to improve women's health. It encouraged school girls to study medicine and the association continued to be mentors to female medical students. The Government recognised the important role that women doctors played in their country and the association in Kenya continued to be asked to send representatives to many fora being organised by the Ministry of Health. **The medical women in Nigeria** had inaugurated 3 more branches and now had 12 in their country. Each branch had its own activities which included the establishment of Adolescent Health Clubs in secondary institutions, testing of blood pressure and weight for the public, health education on topical issues such as hypertension, sickle cell disease and cancers. Career counselling was available to young girls and they were encouraged to study medicine. Their national project was to provide free cervical and breast screening and it had joined with other associations in campaigns on HIV/AIDS. It co-operated with other NGOs and the State Government to improve the health and welfare of women and children. The Medical Women's Association is a member of the Nigerian Medical Association and has made policies that influenced the opportunities for medical women. Many Nigerian women doctors had excelled in different specialties. **The Society of women doctors in South Africa** had experienced difficulties and its membership had fallen. Several medical schools had set up committees to address gender issues and the concerns of women doctors and these had attracted both the young female and male doctors. A large national survey of women doctors had been made by members of the Society. It is expected that this survey will offer information about the barriers and opportunities for the professional development of women doctors. **The Association of Uganda Women Medical Doctors** had a membership of 150 women doctors and dentists. Its objectives were similar to those of MWIA. Its main project over the past 3 years had been the implementation of a 5 year *Adolescent Friendly Reproductive Health Project*. Other projects included *Safe Motherhood* and *Coalition against Gender Based Violence*.

The VP of the **Central Asia Region**, Chamaree Chuapetcharasopon, India, reported on the activities of the 2 countries in this region – India and Thailand. The MWIA 2nd Central Asia Regional Congress was held in Bangkok, November/December, 2000 with the theme "Family Health Beyond the Year 2000-Our Society Gain". The Congress was attended by 200 participants and included 40 from abroad and 7 Executive members. **The Association of the Medical Women of India** now had 2 NCS – one in Calcutta and the other in Mumbai. This decision was made by the MWIA Executive in 1998 on account of the vast country with over 1Bn people. The 50 bedded Mission Hospital in Calcutta continued to provide a very essential service to women and children in West Bengal. The doctors provided honorary services and many MWIA members – Drs Casper, Keswani and Ross - had provided essential items of equipment and journals. Donations were received from Drs Harrison, Kroser, the Soroptomists of Birmingham, UK and Dr Hema McDonald had generously gifted an ambulance covering running costs for a year. The Federation of the Medical Women of Canada published articles about this hospital which resulted in yet more funding. Other activities in the region included the organisation of scientific meetings, health camps in rural areas, free medicine, clothing and donations in areas affected by floods, vaccination and immunisation of children. Medical services continued to be provided in the Mumbai area at the Cama and Alpbless hospitals. **The Thai Medical Women's Association** celebrated its 40th Anniversary during the 2nd Regional Congress in Bangkok, 2000. The medical women of this association also provided medical services free to women and children and "manned" a monthly mobile medical and dental clinic in rural areas as well as screening clinics for breast and cervical cancer at their headquarters in Bangkok.

Margaret Maxwell, New Zealand, VP, Western Pacific, reported on the activities of the countries in this region – Australia, Japan, Korea, New Zealand, Philippines and Taiwan. During her term of office some countries of this region had been affected by the financial turndown, political changes in other countries, administrative and government policy changes which had affected health care and its providers and national disasters which had involved members of national associations in practical and supportive ways. The regional congress of MWIA in South Korea was cancelled in 1999 due to financial problems but a meeting of the Presidents and NCs of each country was held with the VP in Seoul and plans for the future of the region were discussed. The VP also attended the 51st WHO Regional Meeting in Manila. She considered it was important that MWIA attended WHO meetings and recommended that MWIA should, if possible, support a member from the region to attend these meetings. She had visited the associations in Australia, Japan, New Zealand and the Philippines. **The Association in Korea** had successfully challenged and ended the priority given to the selection of male physicians who applied for residencies after they qualified. Now all residents had an equal opportunity to pass the examination to enter the residencies. Regular scientific meetings, workshops and social events (golf, tennis, picnics and mountain climbing) were held and medical students invited. **The New Zealand** members organised monthly meetings and annual conferences and published a newsletter 3 times each year. This newsletter reported on the activities of the association and its branches, provided news of the other national associations in the region and highlighted information from the MWIA Update. There had been important changes in the health service in New Zealand and compulsory vocational training for general practitioners introduced. There had also been a substantial rise in the cost of medical education and newly qualified doctors had large debts which were difficult to repay from their low salaries. This had resulted in many doctors seeking work abroad resulting in shortage of manpower. This also affected women doctors who wished to work part time to accommodate family commitments.

The reports from the Vice Presidents were accepted by the General Assembly (1)

The Chairmen of MWIA's Standing Committees gave their reports

Gabrielle Casper, chairman of the **Scientific and Research Committee** had maintained good contact with all her committee members by email. They had 3 main functions over the past 3 years:

- Reviewed submissions for MWIA Projects
- Disseminated relevant material for discussion
- Reviewed the sub themes for the 25th MWIA Congress

Four sponsored MWIA projects were awarded:

1. *Widowhood Rites The Uwuogo-Nike Study* Dr Eleanor Nwadinobi, Nigeria
2. *Investigation of Urinary Stress Incontinence after Repair of Genital Tract Fistula (following Childbirth Injuries) in Ethiopia.* Dr Judith Goh, Ethiopia & Australia
3. *Relief of Pain in Cancer and Comparison of the Relief in Illiterate under Privileged Literate Privileged Women and Children* Dr Tulsi Basu, India
4. *Health Education and Emergency Health Care for Abductees and Amputees- Women and Girls Released from Rebel Lines* Dr Dinah Jarrett, Sierra Leone

All the projects proved to be of great value and material was disseminated for discussion. This related to the treatment of women in Afghanistan, and the signing of the *Global Drop the Case* to make essential medicines available in South Africa from Medicines Sans Frontiers. During the 25th

Congress members of this committee co-chaired the scientific sessions, summarised the workshops, developed plans of action, statements and resolutions.

The Chairman of the Ethics and Resolutions Committee, Betty Musau, Kenya, reported on the work of the committee which was an important part of the scientific sessions during the congress, and the preparation of the statements and resolutions which would be presented to the General Assembly for their approval. These resolutions and statements were an important tool in MWIA's advocacy for women's health.

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MWIA RESOLUTIONS 2001

The following MWIA Resolutions were presented to and accepted by the General Assembly at the 25th MWIA International Congress in Sydney, Australia, April 2001.

R. 1 MWIA recognises health as a fundamental human right, and therefore urges all countries to provide basic medical and emergency care to all citizens without gender-based discrimination.

R.2 MWIA recognises that gender inequities expose the urgent need to further empower women and supports global progress in the status of women.

MWIA urges affirmative action so that women, who represent half of the population, are given an equivalent share of appointed positions at all levels.

MWIA calls on all member governments to introduce a gender perspective into all health policies, health budgets and provision of health care. This should extend further than sex differences in morbidity and mortality rates and include those gendered behaviours damaging to health.

MWIA also urges all countries to recognize gender specificity in all medical research and education.

R. 3 MWIA encourages medical colleges, universities and other medical organizations to promote and support mentoring networks for junior medical women to encourage new female leadership.

R.4 The incidence of breast cancer is increasing worldwide and is one of the commonest causes of cancer death in women, and as early detection is currently the best means of reducing mortality and morbidity.

MWIA strongly urges that:

1. women should have available education, information about and access to those strategies available in their country that have been shown to be effective in the early detection of breast cancer.

2. Screening mammography be available and affordable for all women in the target age group and for women at high risk for breast cancer.

R.5 MWIA supports the recommendation of the World Health Organisation (WHO) that emergency contraception be available widely. In areas where there are barriers to obtaining a physician's prescription in the required time, we recommend that emergency contraception be available without such prescription, and preferably through other health professionals.

R.6 MWIA recognises that in all countries, educating women and giving them rights to employment improves family and community health. MWIA recognizes that, while countries in the developed world have made major population health gains, social and economic inequities in the developing world perpetuate poverty, the low status of women, and the consequent health problems. Therefore, MWIA strongly urges governments and international bodies to: -

- foster favourable economic situations and enabling environments for the developing world to ensure that resources are adequate to meet the basic health needs of populations;
- support health initiatives that form partnerships with sectors such as education, employment, agriculture and other development stakeholders to remove impediments to women's health;

- fully embrace the improvements and protection of women's and maternal health as a development priority worthy of substantial attention and funding.

R.7 Be it resolved that the MWIA applauds the lead taken by some countries in providing parental benefits for female physicians and encourages all countries to provide maternity benefits for its female physicians.

R.8 MWIA recognises that the technological advances that led to genetically modified food and animal material may be beneficial, but is concerned about the possibility of unknown long-term effects. MWIA strongly urges caution and further research to ensure public safety and the protection of the ecological system.

R.9 MWIA recognizes that technological advances in medical science have led to advances in human genetics but urges caution. MWIA calls for wider public discussion with accurate and objective information of the ethical and scientific issues involved and research into the potential impact on individuals and society.

R. 10 MWIA recommends national legislation to ensure the safety of drugs in pregnancy is properly evaluated. Research into drug safety in pregnancy should be promoted and supported by governments.

R.11 MWIA strongly supports initiatives taken to prohibit smoking in all public venues and long-term facilities and encourages all countries to act on implementing this initiative. We endorse our previous resolutions and we further strongly support the other international organisations and the initiatives taken for tobacco control.

R. 12 MWIA supports ongoing research and education into issues affecting postmenopausal good health, which includes lifestyle and psychosocial issues as well as the possible need for hormone replacement therapy (HRT).

R. 13 MWIA recognizes OSTEOPOROSIS as a disabling condition and resolves to encourage all countries to provide education, early diagnosis and management as well as research for its prevention.

R.14 MWIA encourages the provision of DISTANCE EDUCATION to ensure that physicians working in remote areas have access to Continuing Medical Education.

R. 15 Medical Women's International Association regards marriage as a partnership between equally empowered and freely consenting adults.

MWIA condemns all inequality, discrimination and exploitation relevant to the marital status of girls and women. Women in marriage can be exposed to physical, sexual, and psychological abuse and also financial and legal exploitation.

MWIA completely condemns 'temporary', forced, and pseudo marriages as disguises for deliberate exploitation of girls and women and calls for legislation and enforcement as required to eradicate physical, sexual, financial and legal exploitation.

MWIA calls on governments to enact and enforce laws that set the legal age of marriage at 18 years of age, as marriage earlier than age 18 can cause reproductive health problems arising from early intercourse and childbirth.

R.16 In recognising that adolescence is a stage of life, with specific tasks and challenges, MWIA has identified the fact that the health and health education of adolescents have been largely neglected.

In addition MWIA recognises the need for education of health service providers in the area of adolescent health care. MWIA urges that: Adolescents be provided with specific, accessible and confidential health services, especially in the area of reproductive and sexual health.

R.17 MWIA calls for scientific research into the claims of traditional medicine and that for a be established between traditional and orthodox practitioners.

R.18 MWIA condemns all forms of Female Genital Mutilation (FGM) as a violation of human rights and calls on all governments to legislate against FGM. Further, MWIA supports all organisations working for elimination of this harmful practice.

MWIA urges that information that FGM is not a religious duty be widely dispersed

MWIA urges the formation of health measures that effectively address the emotional, psychological and physical damage experienced by women who have undergone FGM and help them to understand why other females should not be subjected to the same practices.

R. 19 MWIA resolves that female medical caregivers should be equally accessible throughout urban, rural and remote areas.

MWIA resolves that strategies to improve recruitment and retention of doctors in rural and remote areas should specifically address barriers experienced by female practitioners. These include financial disincentives, the need for flexible hours, access to maternity leave and childcare, and provisions for employment of their partners and education of their children.

MWIA resolves that rural female practitioners have appropriate representation in the decision-making processes of government bodies and medical organisations.

R.20 MWIA recognises that lesbian doctors face discrimination, homophobia and the assumption of heterosexuality within medical systems and that this has a negative impact.

MWIA acknowledges that it is a basic human right to live and work, free from such discrimination and asserts lesbian rights as human rights.

Therefore, MWIA encourages:

the integration of lesbian, gay, bisexual and transgender issues in medical education, that active steps be taken to prevent discrimination and harassment on the basis of sexual orientation, including development of specific anti-discrimination policies in all educational institutes and workplaces.

R.21 MWIA recognises that comprehensive economic sanctions can have devastating consequences for the health and human rights of civilians.

MWIA urges governments, the UN system, multi-nationals and all stakeholders to further examine the use and effects of economic sanctions, to ensure that sanctions do not violate the rights of civilians.

R.22 Recent human developmental research has shown that the period from conception to age six years is the most critical for optimal physical, mental and behavioural development.

MWIA supports the integration of all delivery systems for family and child services and programs for parents to be active participants in their children's early development and learning.

R.23 Health in our global environment has become more complex with increasing movement of persons within and between countries.

MWIA calls for:

1. Inclusion of cultural diversity in curricula of health training institutions.
2. Sensitisation of health care personnel in order to provide culturally appropriate care.

R.24 Culture, as a way of life, is dynamic. When a 'cultural practice' becomes a threat to human well being, it is a crime.

MWIA believes that vigorous advocacy must be carried out against all harmful practices that demean individuals and violate their human rights

MWIA condemns that use of "culture and tradition" by perpetrators as an excuse or a ruse to carry out criminal acts such as rape, harmful widowhood rites, and other harmful practices

MWIA urges that legal reforms in inheritance and ownership be implemented and enforced, taking precedence over discriminatory customary laws against women.

R.25 MWIA believes that access to accurate, timely and current health information facilitates patient empowerment. MWIA recognises that there are many sources of patient health information, e.g. on the Internet, only some of which is accurate.

Therefore MWIA supports and encourages health care providers to fully inform patients about how to access, understand and critically appraise health information in order to enable patients' informed decision-making. Additionally, health care organisations should actively provide patients with the health information they require.

R.26 Domestic violence (intimate partner abuse) is a major public issue worldwide, with significant long-term impact on morbidity and mortality for the whole community, especially for women and children. To effect change, societal attitudes towards partner abuse must be considered unacceptable. MWIA urges governments in all countries to legislate that Domestic Violence (as defined by the UN, Beijing 1995) is a criminal offence, equivalent to other forms of violence

MWIA urges governments to form social structures through effective legislation to protection, education, information, education and support to all victims of domestic violence, including children. MWIA urges that legislation addressing domestic violence considers the direct and indirect impact on all members of the family, being aware that the consequences of intervention may further victimise these members.

MWIA urges research in order to develop effective therapeutic and rehabilitative programs for perpetrators to prevent occurrence now and in future generations.

MWIA urges that every effort should be made to discourage the dowry system, as it is a major cause of domestic violence and death of women in some countries.

INTERNAL RESOLUTIONS

The following Internal Resolutions were discussed and passed by the General Assembly

CHANGES TO THE BY-LAWS ARTICLE 7 und 8 (revised 2001)

ARTICLE 7 The Executive Committee (known as The Executive):

- I. Reviews and evaluates the activities of the Association and recommends to the General Assembly practices and projects suitable to further the activities of the Association.
2. Assures the management functions for which it is responsible.
3. Appoints the chairmen and members of committees.
4. Receives and evaluates the reports of all the committees.
5. Appoints representatives to other international organizations to whom MWIA is affiliated.
6. Adopts the budget on the basis of the budget proposed by the Treasurer and the Finance Committee.
7. Reports to the General Assembly on the financial aspects and other activities of the Association.
8. Undertakes all other obligations provided for by the Statutes and By Laws.
9. In an emergency situation the Executive will assure the arrangements of the Congress. The Executive recommends to the General Assembly the appropriate venue after investigation considering economic and geographic factors.

ARTICLE 8 The President directs the administration of the Association and is responsible for carrying out the policy of the Association. She serves for one term only and is not eligible for re-election.

The President:

- I. Presides over all the meetings of the General Assembly and of the Executive.
2. Is an ex officio member without voting rights of all committees.
3. Signs all legal documents authorized by the Executive and within the limits of the Association's concerns.

4. Proceeds with nominations and appointments required by .the activities of the Association which are not stated in the Statutes and By-Laws.
5. Represents the Association at meetings of other organizations or if indicated arranges for representation, representatives being nominated by the Executive. If votes for two candidates are even the President will have the final decision.
6. Manages, through the Secretary-General, the activities of the Secretariat.
7. Is responsible for all the activities dependent on her office.

POSITION STATEMENTS - WOMEN, GIRLS AND HIV/AIDS

Medical Women's International Association (MWIA) recognizes that the worldwide pandemic of HIV/AIDS is a threat to every sphere of human society. MWIA recognises HIV/AIDS as a global health emergency. Gender-based discrimination against women and girls, de facto and de jure, renders them extraordinarily vulnerable, and disproportionately at risk from this condition. This hazard to the physical and mental health of girls and women arises from gendered social, political and economic determinants, as well as biologic differences. Moreover, HIV/AIDS multiplies the burden of caring imposed on women and girls by their traditional roles.

MWIA recognises that in the context of the crisis of HIV, the human rights and health of girls and women clearly converge, and that inequalities fuel this epidemic.

MWIA believes that health is a human right, and that girls and women must have full human rights and freedoms, in equality with boys and men, in order to exercise their right to protect themselves from HIV infection and the devastating effects of the epidemic.

MWIA notes with alarm that violence against girls and women is both cause and effect of HIV, and that poverty is both cause and effect of HIV for girls and women.

MWIA believes that an emphasis on human rights is central to effective work and policies dealing with HP/AIDS and imposes an obligation on both state and non-state actors to ensure that the human rights of girls and women are fully respected and protected and that gender inequalities are eradicated in both the public and private spheres of their lives. Promotion and protection of the sexual and reproductive rights of girls and women is critical to confronting the HIV/AIDS pandemic. Therefore, MWIA calls on governments, the UN System, civil society and individuals, to:

1. Implement at all levels the international guidelines on HIV/AIDS and Human Rights, with particular attention to the rights of girls and women, and
2. Empower girls and women by ensuring, de facto and de jure, that they are free from discrimination and enjoy access to education, sex education including education on sexual and reproductive rights and responsibilities, and life skills, beginning in the primary grades, to employment, to economic independence, to health information and services to ensure informed health choices, and the benefits of scientific progress, in equality with boys and men, and
3. Ensure that all data gathered from science, research and public health, clinical practice and other relevant sources is gender and age disaggregated, in order to accurately and visibly represent the situation experience and needs of girls and women in the context of HIV/AIDS, and
4. Enable early access for individuals with HIV/AIDS, especially women and girls, to scientifically validated, affordable interventions, including preventions, treatments, and services.
5. Guarantee access to clean water and infrastructure, allowing the exercise of alternatives for prevention and treatment of WV infection.

6. Begin active campaigns involving the media directly to eradicate myths and stigma and stereotypes, that degrade and dehumanize girls and women, and so enhance the hazards to their mental and physical health, and
7. Review, revise and reform laws, policies, and practices to make them consistent with human rights and fundamental freedoms for girls and women, in equality with boys and men, and implement these health promoting changes on an urgent basis.

MATERNAL HEALTH

Despite international recognition of and commitment to the Safe Motherhood Initiative, there remain great inequities in maternal health care provision not only between nations, but between urban and rural communities and between different cultural groups.

MWIA recognises that maternal morbidity and mortality is preventable and calls on all governments, international agencies, and health professionals to fulfil their obligations and commitments to implement and finance the Safe Motherhood Initiatives. The implementation of safe motherhood initiatives should be informed by research to ensure their appropriateness and effectiveness. Continued quality improvement should be an integral part of the management of reproductive health services.

(1)

THE SITUATION OF WOMEN IN AFGHANISTAN

MWIA continues to receive reliable reports from Afghanistan of increased abuses and violations of the human rights of girls and women by the Taleban militia, particularly their freedom and rights to education and employment, and the progressive deterioration of the physical and mental health of girls and women who are specifically denied access to health services and humanitarian aid.

The Taleban militia demonstrate contempt for the Universal Declaration of Human Rights and the common moral vision of the International community by continuing to subject girls and women to egregious and progressively severe cruel, inhuman, and degrading treatment with devastating physical and mental health consequences, particularly for women physicians who are prohibited from the practice of their profession.

Credible reports confirm that the Taleban continue to compel women and children, otherwise, in virtual captivity, to witness public beheadings, amputations, floggings and other inhumane and cruel executions of punishments.

MWIA states that this Taleban coercion does extreme harm to the mental health of these helpless witnesses, creates a climate of terror and produces a devastating, disabling degree of despair for the future in women and children.

MWIA strongly condemns the pattern, policy, and practices of extreme and escalating violations of the human rights of girls and women by the Taleban, who demonstrate a callous disregard for lives and needs of the majority of the Afghanistan population, girls and women.

MWIA demands that the complete restoration of the human rights of girls and women be a precondition for any and all negotiations with and involvement of the Taleban militia in any legitimate international, multinational financial development matters.

MWIA demands that women shall be proportionally represented by women at any peace plans and negotiations for Afghanistan and that the full and immediate restoration of human rights and fundamental freedoms for girls and women, particularly the right of women physicians to freely practice their profession, and the restoration of free unfettered access to health care and health

services and education be a precondition of any international peace or financial development process (1)

REPORTS FROM MWIA REPRESENTATIVES TO UN AND WHO

World Health Organisation

Vibeke Jorgensen, International Co-ordinator, Denmark, reported that MWIA was invited to attend the WHO Executive meeting in January and May of each year and the Annual General Assembly in May. These meetings were held in Geneva. Dorothy Ward represented MWIA at the Executive meeting in 1999 and Corinne Bretscher and Waltroud Diekhaus attended both meetings in 2000. Corinne represents MWIA at the WHO Framework Convention on Tobacco Control.

The 6 WHO Regional meetings are held in September in the different regions and MWIA is represented where ever possible by knowledgeable local members. In the European region Vibeke Jorgensen normally is the representative. Members are able to present statements on women's health issues to the government delegations and other NGOs at these meetings.

MWIA has also been represented at the meetings of the EWL WMA and CIOMS.

It was important that MWIA was represented at certain international meetings and conferences and took part in debates on women's health. This enabled other NGOs to note that MWIA has expertise in this field. Due to financial constraints it was necessary during this triennium to prioritise the meetings where MWIA should best be represented.

United Nations

Satty Keswani is the MWIA representative at the UN meetings in new York and is assisted by Dr Roshan. They attended the weekly meetings from September to May networking with other NGOs and working with UNICEF, WHO, Decade for Women, and UN Commission for the Status of Women (CSW Beijing+5). The annual conference of CSW - government delegations and NGOs-is held in March each year. In 1999 the topic was Women and Health. and MWIA as usual arranged a workshop – *A Women's Right to Health throughout her Life* In 2000 the topic for discussion was The Girl Child and HIV/AIDS and MWIA's workshop centred on this topic from a health perspective.

(1)

SCIENTIFIC PROGRAMME

The overall theme of the Congress was discussed under over 20 different headings.

Indigenous Health highlighted issues common to the indigenes of Fiji, Vietnam and Australia and included the education of health workers, delivery of the services, the outcomes of pneumococcal vaccination in the Northern Territory of Australia and traditional medicine in the Pacific Islands.

Woman and the Medical Hierarchy papers presented were about the position of women in a variety of medical settings including the profession as a whole on this topic and covered a number of settings. The experiences described were not always positive but the data could be used to inform young women and men – who also faced similar difficulties on graduation – to encourage them.

Adolescence on the Health Agenda presented an overview of the discipline of adolescent health. Two intervention strategies in Australia and Ghana were highlighted. and it was recognised that adolescent health had been neglected and that they required to be provided with a specific, accessible and confidential health service especially in the area of sexual and reproductive health.

Women in Surgery identified the aesthetic and psychological benefits of procedures such as breast reconstruction and removal of giant naevi or lesions in aesthetically sensitive areas and the high number of women and children as patients as well as the specific needs of women at different ages.

It was recommended that breast reconstruction should be promoted as an integral part of breast cancer management.

Viral Infections (women, girls & HIV/AIDS). The possibility of premarital screening for HIV/AIDS and its inclusion on a marriage certificate was debated and whether this discriminated against HIV positive people. It was recognised that this was a global emergency and that the HIV/AIDS pandemic threatened the human rights of women and girls.

Primary Care. There was a need to recruit female medical carers throughout urban but especially rural and remote areas in Australia. Strategies were presented to attract more female practitioners to rural and remote areas as the number of female graduates increased. “Women’s diseases” such as eating disorders and domestic violence affected their health and were more prevalent and more likely to be recognised and managed in general practice.

Culture and Health. It was suggested that race does not equate to religion, alternative medicine is not necessarily traditional and that assessments based on age are commonly inaccurate.

Human Rights and Refugees were important in Australia because of the continuing effects on the indigenous population of colonisation and also by a range of countries on the indigenous population in the surrounding Asia Pacific region. Studies had shown these were barriers to good health among these people. The long term effects of biological weapons on health also required to be studied. The effects of economic sanctions on the Iraqi people and Iraqi society were described and the difficulties experienced by the health care system to deal with these. Reference was also made of the effects of abduction, rape and abuse of women and children during the civil war in Sierra Leone and its effect on their health. The effects of the loss of the human rights of women in Afghanistan had also affected their health and also the ban on female doctors from practising their profession. These effects resulted in a position statement being submitted .at the end of the Congress .and a resolution on the effects of economic sanctions.

Child Abuse was recognised in various forms including prostitution, trafficking and pornography, often associated with poverty and poor education.

Female Genital Mutilation was condemned as a violation of human rights and must be eliminated through legislation, education and support services.

Refugees are exposed to traumatic experiences and require respect and sensitive care- their basic human rights.

Torture This session caused great distress to the audience as they listened to those who had experienced it and the involvement of any health professional was condemned.

Women in Medicine The paucity of women in the decision making ranks of the profession should be identified and addressed and the acknowledgement that lesbian doctors face discrimination, homophobia and assumption of heterosexuality within medical systems and this affects their well being. There is a need for recognition of equal gender representation on medical appointments, promotion and examination committees which can otherwise disadvantage candidates.

Breast Cancer Detection – What works? Early detection was accepted as the best means of reducing morbidity and mortality .In many countries breast screening has been successful. and screening mammography should be available for those in the target age group and those at high risk for breast cancer. Breast self examination is still recommended for early detection.

Sexual Health This covered abortion and family planning. The level of education had a positive effect on the male partner in the reproductive health of women. Governments should play a major role in the prevention of unwanted pregnancies where culturally acceptable to minimise unsafe abortions.

Vulvovaginitis study had shown a risk in certain age groups of using an antifungal agent after an antibiotic.

Family Physicians in Integrated Health Care Delivery Systems The discussion at this workshop centred around the care of children and agreement was reached that a comprehensive and integrated approach as described from a programme in Canada was the best way forward.

Women and Children Living in Violence Statistics had suggested that 3/4 of doctors did not routinely ask about domestic violence although the victims would have responded willingly to this question. The development of guidelines for use in Emergency departments was advocated.

Maternal Health Several factors were identified as the cause of morbidity and mortality – Poverty, pre-pubertal marriage, lack of access to family planning, consequences of unsafe abortion, other diseases, lack of access to health care, poor compliance, lack of trained staff and a women's status.

Mental Health Stress has been more apparent with the effects of the "Changing World" with older prima gravida, divorce, less family support and teenage pregnancies in Australia. There was an effect on the child with failure to thrive and disorders of sleep or eating, mood disturbances or developmental delays. Other risk factors include poverty, single parent, history of trauma or abuse, isolation and drug/alcohol abuse. Early interventions were important for the development of the child. The effects of a diagnosis of cancer also had psychological effects on women.

Women, Health and Aging It was suggested that it was more important to maintain the quality of life than to prolong it. Attention was necessary to control blood pressure to prevent stroke and have adequate facilities for rehabilitation. There were many factors to equip people for successful aging, and the maintenance of independence.

Domestic Violence The shared theme of many papers was the extent to which this topic had infiltrated every country and strata of society leading to physical, psychological and emotional damage and even death. The importance of health professionals identifying domestic abuse was emphasised and screening in pregnancy was important.

Free Papers were presented with a suggestion that a chaplain and philosopher should be introduced members of hospital staff.

Public Health. The funding of research into women's health in all countries was emphasised and the importance of a sheltered working environment free of chemical and physical agents. This was important for women who were pregnant or breast feeding.

Mentorship These were available to medical students, interns and recent graduates in some countries and were essential for their professional development.

The Closing Ceremony was held on Saturday night, 22 April in the Hilton Hotel and was followed by a gala dinner and entertainment. The President, Lila Kroser, thanked the participants for their contribution to the Congress and gave a special thanks to the Australian medical women. who had organised the Congress. The incoming President, Shelley Ross, stated that the theme of her Presidency would be *Gender Mainstreaming, Maternal to Child Transmission of HIV/AIDS and Information Access for Adolescent Health*. Florence Manguyu was awarded honorary membership of MWIA.

Social Programme included city tours, visits to the Sydney Opera House, a Harbour cruise receptions and private dinner parties. Some national associations joined post congress tours of historic Japan and visited its beautiful gardens. Others ventured to other parts of the Far East including Vietnam. (1)

References

- 1) MWIA Congress Report No 37

CHAPTER 26 Introducing MWIA Gender Mainstreaming in Health

The 2001-04 Triennium for the Executive members commenced at the Rockefeller Study and Conference Centre in Bellagio, Italy, December, 2001. Experts were invited to join them to assist in the preparation of a manual for Gender Mainstreaming in Health following 3 years of the Executive addressing this subject under the guidance of Shelley Ross. This subject had emerged after the Women's Conference in Beijing, 1995, where governments had committed to adding a gender perspective to health. It had been shown that by incorporating a gender perspective into both clinical practice and health care policy, the health of both women and men would be improved. (1)

The Rockefeller Foundation provided an excellent venue for MWIA's "*brainstorming*" of this project and the Canadian International Development Agency and the Women's Health Bureau of Health, Canada, provided funding. UNFPA supported the development of both the manuals for Gender Mainstreaming in Health and Adolescent Sexuality. Dr Mary Cohen, Canada, assisted with the writing of the manual. Later in 2002 a trainer's workshop "Train the Trainer" was held in London and this resulted in many workshops being held within MWIA regions. and the distribution of Gender Mainstreaming CDs to national associations.(1)

The Secretariat in Dortmund, under the capable direction of the Secretary General, Waltraud Dickhaus, ably supported by 2 part-time Executive Secretaries, Ute Hoffmann and Marita Pochner dealt with an increasing workload and, of course, the preparation of the Congress report of the 25th Congress.

Executive meetings were held in Bellagio, December, 2001 in association with the Gender Mainstreaming project, at the Northern European Regional meeting in London, November, 2002, and North American Regional Meeting, August, 2003 "while cruising to Alaska." It was felt that holding an Executive Meeting in association with a regional meeting, increased the visibility of the Executive and the work of MWIA (2).

Every MWIA Region organised a meeting during 2001-04

7th Western Pacific Regional Meeting, Taipei, Taiwan, May, 2002. The topic discussed was "Women's Health Promotion and Rejuvenation in the 21st Century". Over 100 participants attended from 11 countries. This was attended by the President, President Elect, Past President, Secretary General and the VP of the region Jeanette Tait.

3rd Latin American Regional Meeting Florida, USA October, 2002. The theme was "Emerging Diseases –Old and New". The meeting was attended by the President, and the VP of the region Dr Arrendondo

14th Northern European Regional Meeting, London, November, 2002. with the topic "Women and Humanitarian Medicine". There were over 200 participants including the MWIA Executive who held a workshop on *Training the Trainer* for the Gender Mainstreaming Project of MWIA and an MWIA Executive Meeting

2nd Central European Meeting, Basle, Switzerland, November, 2002. The topic discussed was "Women's View of Medicine". This meeting was organised by the VP, Corinne Breitscher, Switzerland, and the Swiss National Medical Women's Association.

3rd Southern European Meeting and 1st Congress of the MWIA European Network, April, 2003, Naples, Italy. Participants attended from the 3 European Regions including the MWIA Secretary

General and the VPs of each region. Business of the 3 regions was discussed and the possibility of the continuation of the MWIA European Network. It was suggested that in future an extra day at the regional congresses could be set aside to discuss the network.

3rd Near East and Africa Regional Meeting, March, 2003, Kampala, Uganda when “Engendering Women’s Health” was the topic. The meeting was opened by the wife of the President of Uganda. Shelley Ross, President, facilitated a workshop on “Gender Mainstreaming in Health”. Participants attended from 6 African states and also the MWIA Treasurer, Gail Beck.

3rd North American Regional Meeting, August, 2003 Cruising from Vancouver to Alaska. The Topic discussed was “Women in Medicine; Meeting the Challenge”. It was attended by many American members who had chosen the meeting for their prestigious “*President’s Trip*” and the MWIA Executive members who held their 2003 meeting during the cruise.

3rd Central Asia Regional Meeting, November, 2003 Calcutta, India. The theme for discussion at this meeting was “Women’s Health Initiative in the 21st Century”. The meeting was attended by eminent medical women from throughout the world. The Congress was organised by the Indian Medical Women and the scientific programme was opened by MWIA President, Shelley Ross. (2)

XXV1th MWIA Congress, Keio Plaza Hotel, Tokyo, 28 July to 1 August, 2004 Medicine in a New Life Style

A Briefing meeting was held for the National Coordinators and National Presidents on Tuesday 27 July under the guidance of the Secretary General, Waltroud Dickhaus, A folder containing the agenda and relevant documents for the General Assembly was distributed to the NCs an opportunity was given to provide important information and questions were answered by the MWIA officers present.

The Executive also met prior to the opening of the Congress. Past Presidents who were attending the Congress were invited to this meeting.

The Opening Ceremony and a reception were held on Wednesday, 28 July in the Eminence Hall of the Keio Plaza Hotel. Madam Sadako Ogata, President of the Japan International Cooperation Agency, delivered the keynote address with the theme *Health as Key to Human Society*. The ceremony was chaired by Professor Yoko Hashimoto, President of the Japanese Medical Association, who introduced the distinguished guest – Dr Chikara Sakaguchi, Minister of Health and Welfare, Mr Otsuka, Vice Governor, Dr Uematsu, President of Japan Medical Association, Mr Fumio Yamamoto, Master of Ceremonies.

The reception was held in the Concord Ballroom where MWIA Executive, MWIA Past Presidents and other members of MWIA were presented to Her Majesty Empress Michiko who was very knowledgeable about MWIA and its affiliated countries.

General Assemblies were held on 28, 30 July and 1 August, 2004.

On Wednesday, 28 July the President, Dr Shelley Ross, welcomed the delegations of national associations and MWIA members present, to the 1st General Assembly

The Secretary General took the roll call and established that a quorum was present.

Greetings had been received from MWIA Past Presidents Dr Fel de Mundo and Lila Kroser. Further greetings were received from Dr Margaret Maxwell. New Zealand, Hannah Reeve Sanders, South Africa and Vibeke Jorgensen, Denmark.

The President expressed her deep regret over the death of 165 colleagues since the last congress in Sydney in 2001 including 2 Past Presidents, Lorna Lloyd Green and Trinidad Gomez. and asked the Assembly to stand in remembrance of them.

Australia 1	Cameroon 2	Canada 3	Finland 12
France 6	Israel 1		
Italy 3	Japan 64	Korea 3	Nigeria 3
Philippines 1	Taiwan 1		
UK 30	USA 35	Zambia 1	

ELECTIONS

The General Assembly elected the following officers for the term 2004-2007.

President	Gabrielle Casper, Australia
Immediate Past President:	Shelley Ross, Canada
President-Elect	Atsuko Heshiki, Japan
Treasurer	Gail Beck, Canada
Secretary-General	Waltraud Diekhaus, Germany
<u>Vice Presidents</u>	
Northern Europe:	Annemette Mygh, Denmark:
Central Europe	Nino Zhvania, Georgia
Southern Europe:	Emilia Quattrocchi, Italy
North America	Jean Fourcroy, U.S.A.
Latin America:	Francis Reis da Silva Patriclo, Brazil
Near East and Africa:	Christine Biryabarema, Uganda
Central Asia:	Pattariya Jarutat, Thailand
Western Pacific:	Yung Ah Park, Korea

(2)

New Members

The General Assembly accepted the affiliation of the following National Associations

Bulgarian Association of Medical Women

Greek Association of Women Doctors (Re-affiliation)

The Mongolian Medical Women's Association

The following 16 Individual Members

Individual Members

Sameera M. AL-TUWAIJRI	Saudi Arabia
Marianne CAROLUS	Netherlands
Aichata OUALTARA-DJAKITH	Republic Mali
Zorica DIMITRUEVIC	Yugoslavia
Margarita Victorovna FILATOVA	Ukraine
Shayesteh JAFIANFAR	Iran
Bahia Namavar JAI-IROMI	Iran
Margaret MAXWELL	N Zealand
Julia ORLOVA	Russia
Aivi Peine PULOKA	Tonga
Elizabeth STEELE	New Zealand

Vanchinkhuu SURENCHJMEG	Mongolia	
Zukhra UMAROVA	Uzbdkistan	
Kiara T. YADGAROVA	Uzhdkistan	
Adanesh SAMUEL	Zimbabwe	
Denise WATT	New Zealand	(2)

Golden Jubilee Certificates were presented to 55 members who were congratulated on their service to MWIA over 50 years

Danish Medical Women's Association	1	
Japan Medical Women's Association	13	
Medical Women's Federation (UK)	20	
American Medical Women's Association	24	(2)

The President gave the report of the activities of MWIA under her leadership and the 4 major projects that had been developed

MWIA had addressed *Gender Mainstreaming in Health* which was important to both men and women:

It leads to improvement in the fundamental principles of society to make men and women equal rather than excluding biology it adds to the social and cultural factors that effect power relations between men and women which either promote or impede health (1).

The Executive with the help of experts in gender prepared the format of a manual at Bellagio. (1) This has now been distributed on CD and appeared on the MWIA Website. It has been used by members of MWIA at various meetings throughout the world.

The 2nd project aimed at decreasing Maternal to Child Transmission in HIV/Aids had been addressed by the Executive:

It complements many of the government initiatives. Many MWIA member countries have used the project and worked with their governments and other agencies to ensure that women have access to voluntary counselling and testing and the use of Nevirapine during labour and for the newborn (1)

A Training Manual for Adolescent Sexuality had been prepared and appeared on the MWIA website: *Focusing on developing the necessary skills for physicians to use in their work with adolescents. The manual is designed for interactive workshops. (1)*

The last project was an article written by the President at the request of American Medical Association and appeared in volume 5(September, 2003) of the Virtual Mentor Journal of the American Medical Association.:

As little as 20-30 years ago, women in medicine were by far the minority. In many of the developed countries, female medical students number over 50% of the class. We must be proactive in ensuring that the profession of medicine continues to have the influence necessary to play its role in making health policy decisions that will influence the health and welfare of all (1).

The President had attended 6 of the 8 regional meetings; the 100th Anniversary of the Japan Medical Women's Association and visited the Association of India's Mission Hospital in Calcutta when attending the regional Meeting.

Finally she concluded her report by welcoming the 3 new national associations and individual members and thanked all MWIA members for their ongoing commitment to MWIA

Gaye Casper, President Elect, in her report paid tribute to the inspiring MWIA President who had worked so hard for MWIA and improved the profile of MWIA at UN, WHO and the Rockefeller Institute. (2)

She had attended meetings on behalf of MWIA including 3 regional meeting and was invited by the Australian Federal Government delegation to join them at the 47th CSW meeting in New York, March, 2003. During “waiting in the wings” she has been preparing for her work as President. She intended to continue the momentum on Gender Mainstreaming and improving the understanding of the gender culture intersect, address the barriers to the advancement of women doctors in leadership roles and the plight of widows in Nigeria, whose health and human rights were being compromised. (2)

The Immediate Past President, Lila Kroser, who had been very active in the USA in the American Medical Women’s Association, the American Medical Association and her own medical school. She chaired the MWIA Past Presidents Council, which only met at International Congresses but was available to give advice and guidance to the Association and whose members were involved in MWIA activities in their own countries. (2)

The Secretary General, Waltraud.Diekhaus, in her report spoke of the achievements of the Association under the leadership of Shelley Ross and the increased visibility this had for MWIA.

The Secretariat has had good communication with the Executive, Committee Chairman, the National Coordinators and MWIA members. The workload in the Secretariat had grown with new modern technology and the expansion of book keeping required for the many different MWIA accounts. The UPDATE newsletter had developed and was produced 4 times each year. Membership had also increased – both new national associations and individual members. She thanked the Secretariat staff who had worked to capacity.

WHO had decided to maintain official relations with MWIA in 2001 and a report of MWIA’s activities had been sent to WHO for approval at their Executive Board Meeting in 2005. The Economic and Social Council of UN had once more reviewed the activities of MWIA and approved the Association for another 3 years

MWIA representatives had participated in the NGO Committee on the Status of Women, in the Conference of NGO’s, the NGO Committee on UNICEF, special Committees of International NGOs, the European Women’s Lobby and the Council for International Organisations of Medical Sciences. The Secretary General was the official MWIA representative at the European Women’s Lobby in Belgium and had represented MWIA at 5 regional MWIA meetings and the 100th Anniversary of the Japan Medical Women’s Association in Tokyo.

She concluded by expressing the hope that MWIA’s voice would be heard and that Gender Mainstreaming would be applied to all areas and in all countries of the world (2)

The Treasurer, Cajsa Rangnitt, Sweden presented her report for the financial period 2001-04. The membership was no longer falling and there were 10,000 members giving an income of CHF 80.000. Funding raised during these 3 years was very good due to the efforts of the President and this has saved the finances of the Association. CHF 567.000 was received mainly from UNFPA for the projects "Gender Mainstreaming Manual, the Training Manual for "Adolescent Sexuality" and the "Prevention of Maternal to Child Transmission of HIV/AIDS". Another important factor which helped MWIA finances was the strong market in the year 2000 when our assets gained by 40%. Since then there have been no gains but rather losses.

The problem for the association was that we cannot live on our income and require successful fund raising. The Executive members and the Secretariat have not received any honoraria this triennium and the chairmen of the MWIA Standing committees required to be from within the Executive members to save costs.

The total of MWIA funds was CHF 924.000 on 30 June, 2004 - this showed a profit due to excellent fundraising. In 2001 when the Treasurer gave her last the report in Sydney the funds stood at CHF 1,032,000 When she was elected Treasurer in 1998 the value of the portfolio was CHF 1,051.000. MWIA is not able to live on its income and the money raised by fund raising has been used for the administration of MWIA.

Funds were raised for 3 main projects during 2001-04 and while working on these projects the Executive meetings were held and this diminished the cost of holding Executive meetings.

The cost of salaries and expenses of the Secretariat were reduced to CHF 83.000 – an excellent return for high quality work. Previously the yearly Secretariat costs were CHF 125.000 for several years. The Management meetings were abolished, the Executives' Honoraria were abolished, and committee chairmen were appointed from within the Executive.

She stressed 4 main issues that MWIA must recognise - members must work so well within our organisation that many women doctors will wish to become members, that medical women in many countries will wish to form new associations, that former associations will wish to rejoin and that all associations will wish to pay dues for all their members.

She made 4 suggestions to improve the economy of MWIA:

- Payment of Dues in time and for all members
- Fundraising for special projects and coordinating with other MWIA activities
- Finding new financial resources – a challenge for the incoming Finance Committee
- Recruiting new members and new associations to make MWIA more powerful as well as improving our finances (2)

The reports of the 5 chief Officers were accepted by the General Assembly (2)

The Vice Presidents gave the report from their regions and included are those of National Associations where available.

MWIA Northern European Region. VP Disa Lidman, Sweden

This Region consists of Denmark, Finland, Iceland, Norway Sweden and United Kingdom.

The 14th MWIA European Regional Congress was held in London, November, 2002 and attended by 200 people. The theme of the Congress was “Women and Humanitarian Medicine”. The Duchess of Gloucester, patron of the Medical Women’s Federation, UK opened the Congress and MWIA President, Shelley Ross, MWIA Secretary General, MWIA Treasurer and all other members of the MWIA Executive were present following their Workshop on “Training the Trainer” and an Executive meeting on the previous 2 days. The Congress dinner was held in the House of Commons restaurant and the participants were given a tour of the House of Lords by Baroness Ilora Finlay a Past President of MWF.

At a business meeting of the region the next VP, Annemette Mygh, Denmark, was nominated for the session 2004-07 and the Icelandic medical women agreed to host the next Northern European Meeting in September, 2005.

Another important event of this region was the MWIA European Network, April, 2003, in Naples in association with the regional meeting of Southern Europe.

The **Danish Medical Women’s Association** held 5-6 Executive meetings annually in a private home in a friendly and stimulating atmosphere and a meal is served. Unfortunately they have experienced a fall in membership.

Activities included scientific meetings where medical, political and social topics were discussed:

“When Porn turns to Violence – the Myth of the Happy Whore”

“What happens to Body and Soul when being anxious?”

“How do we Nourish the Elderly in our Nursing Homes?”

“Health Communication Strategies in Relation to Ethnic Minorities”

“The Ethics of Screening Programmes”

“Why is Medical Research so Interesting?”

There was also a variety of medical topics and visits to medical establishments.

The Finish medical women have met regularly and have discussed Dementias, current treatment of allergic rhinitis, new treatment for Osteoporosis, chronic back pain and impotence. They have modernised their Statutes and By-Laws.

Icelandic Association was affiliated to MWIA in 2001 and will host the 15th Regional Meeting in 2005.

The Medical Women’s Federation, UK, was also modernising its constitution to make it more attractive to young medical women. It continues to be recognised by the 4 UK Departments of Health as speaking on behalf of women doctors and their patients and also by the British medical Association, the Royal Colleges and other national associations. It was consulted on many relevant social and medical issues. It sends representatives to committees of the British Medical Association and their reports are received and discussed at the MWF Council meetings.

The Council meets in London in the Autumn and in a city/town where there is a Local Association in the Spring. A scientific meeting was associated with these meetings which was open to non-

members and topical medical issues are discussed. In 2004 a workshop was held on Gender Mainstreaming and Female Genital Mutilation.

Medical students are full members of MWF and attend Council meetings. There were student essay competitions, grants for student electives in developing countries, medical school prizes and grants to assist mature medical women students. Students provide articles for the Newsletter which was published 3 times a year.

The Swedish Medical Women's Association remained very active. It had made a survey of the Gender Equity plans at 21 different hospitals in their country and received much publicity by the inclusion of the results in one of the Swedish Medical Papers as well in their quarterly magazine "Karolina".

There was a gender gap in salaries in Sweden - women are paid 82-92% of men and there is a strong segregation between the medical specialties - men are overrepresented in surgery. The first woman to be President of the Swedish Medical Association was elected in 2004. A female Vice President was also elected. The Association has decided to pay dues for all its members from 2004.

In the **Central European Region** there were 7 countries – Austria, Georgia, Germany, Hungary, Poland, Romania and Switzerland. The VP is Corinne Bretscher-Dutoit, Switzerland.

The Association in Georgia, founded in 1999 now had 55 members and was planning to increase their membership and include medical students. They have varied activities which include humanitarian work in regional hospitals and prisons, scientific conferences discussing – e.g. Hormone replacement therapies, Obesity-Illness or Life Style and attendance at other national and regional meetings in Germany and UK They organised an evening of the Georgian Doctor-Poets and united with the Alliance of The Georgian Health Professionals for Tobacco Control in association with WHO. They received a license from the Ministry of Health to carry out Continuing Medical Education in Georgia.

The German Medical Women's Association had a membership of 2,100. They were consulted by their government and other NGOs concerning the health care of women. One of their main aims was to improve the working and living conditions of medical women to ensure a "Work-Life balance". There was a shortage of doctors in Germany and although the job opportunities for women doctors had improved they were still under represented in leading positions in professional and political committees concerning health policies and health care issues. In order to encourage and enable young colleagues in their careers and political engagements the association had organised seminars and workshops on career training and supported young doctors with mentoring programmes. They also aimed to improve the health of women and to promote the principle of gender mainstreaming. They noted that more female doctors were now involved in gender and sex sensitive research. The themes at their annual National Congresses promote these themes to encourage this research

The women doctors in Switzerland were also underrepresented in surgical specialties and academic medicine. The Women Doctors Association was consulted by the Swiss Medical Association. Only one woman now sits in the Federal Government and this has caused anger among the women in Switzerland. The recession had also affected the health care system. The remuneration system has been remodelled, restrictions placed on the opening of new family practices, and there was less

availability of family-friendly part-time jobs. They were also promoting the Training Manual for Gender Mainstreaming in Health and consider that it was very important to raise awareness of this issue especially among their male colleagues.

The Association hosted the Central European Congress in Basle in 2002 with the theme “Women’s View in Medicine”. The meeting was attended by members of the region and the Secretary General, Waltraud Diekhaus.

The VP of the **Southern European Region**, Myriam Van Moffaert, – Belgium, France, Greece, Israel, and Italy - emphasised two important events in this triennium – The 1st Medical Women’s European Congress in Naples in 2003 and the affiliation of Greece to MWIA. They were now members of this region.

The Belgium Association had been promoting the inclusion of new and younger members in their association from both the Flemish and French speaking communities. It had hosted many national and regional congresses and discussed various important topics – Medical Women and Communication, the Role of Women Physicians and Care-Providers in the Media, Goodbye to the Womb (unnecessary hysterectomies) and Cyclic Phenomena in Women’s Lives.

The members of the French Association had important discussions with the Ministry of Health, Employment and Education on issues concerning women and health. They had also sent some administrative and financial comments to MWIA regarding the meaning of “membership”, “individual members” and the issue of “paying members”. Their membership was increasing and they had opened a new section in Ile-de France.

The principal activities of the Italian Associations had concentrated on supporting medical women’s careers, promoting collaborative programmes among medical women, collaborating with other Italian and foreign women’s associations and cooperating in educational programmes and prevention campaigns in women and child health care. It is recognised by the Ministry of Health as a provider of credits for Continuing Medical Education at National Meetings, and had implemented an epidemiology study on Osteoporosis at a university in Rome. There was another study on Vaginal pH and a multi centre study on the properties of mineral water. The results of these studies would be published. It also was part of a network on “Women and Science” and one of the organisers of an International Congress on “Women’s Health in the Third Millennium” held in New York.

Charmaine Royce, the VP of the **North American Region** (Canada and USA) had attended the national meetings of her own country, Canada, and of the USA.

The 3rd North American Regional Congress, August, 2003 was an Alaskan cruise. The VP of the region chaired the Programme Committee. Over 100 physicians discussed “Women in Medicine – Meeting the Challenge”, aboard a cruise ship over 7 days, enjoyed a social programme and explored the various historic townships.

The Association in Canada had many activities. In partnership with their Society of Obstetrics and Gynaecology and the Canadian Pharmacists’ Association they had released recommendations for the management of the menopause in Canadian women who wished to know their options. They were

involved with the Canadian Medical Association in a project to develop the leadership skills of women physicians, to evaluate increasing involvement in medical politics and measure their success in doing so; Gail Beck has been appointed its first Director. The Federation has worked with other interested organisations to make Emergency Contraception available without prescription to women. MWIA's project *Gender Mainstreaming in Health* has been used extensively throughout the country.

Members of the Association Medical Women America (AMWA) attended the Regional Meeting - the Alaskan cruise. They maintain an important advocacy role and address health care reforms in the USA. Their goal is to increase the number of American Citizens receiving health care coverage and to develop more comprehensive national health care strategies. It is a strong advocate for women's health. Through its "e-mail advocacy alerts" it keeps members informed of important developments in reproductive rights, access to health care, tobacco cessation and issues regarding violence against women.

The AMWA Foundation is the charitable and educational fund raising arm for AMWA. These include provision of financial aid to medical students through the Student Loan Programme and the American Women's Hospitals Service which gives financial aid to clinics in the USA and around the world who serve women and children. The Reproductive Health Initiative has been instrumental in modifying the reproductive health curriculum in American medical schools.

The Latin American Region –Argentina, Bolivia, Brazil, Columbia, Mexico, Nicaragua, Panama and Peru - was led by VP, Maria Arrendondo Herrera, Mexico. A regional meeting combined with the Pan American Medical Women's Alliance took place in Florida, October, 2002, and discussed "Emerging Diseases Old and New". It was attended by participants from 12 countries of the "Americas". A workshop was held on *Gender Mainstreaming*.

The VP communicated regularly with each country, sending newsletters in Spanish every 2 months. She informed them of MWIA affairs and the activities of other countries in their region. As a VP she attended the workshops on Gender Mainstreaming and the Executive meetings in Bellagio, London and on the Alaskan cruise and kept the region up to date with this project.

Two countries in this region held important meetings in which she participated:

In Argentina: September, 2002. *Family Violence*

In Mexico: December 2002 - *Sex, Sexuality, Gender, Anti- conception and HIV/AIDs*

May, 2003 Series of weekly meetings *Gender Mainstreaming in Health*

July, 2003 *Challenges that Affect Women's Health. Professional Women in Medicine*

(An occasion to celebrate 50th Anniversary of Women's Vote Mexico Government)

October 2003 Women and Health

Olufunke Ademiluyi, Nigeria, the VP of **Near East and African Region** gave the report from this region where communication and coordination had been difficult. The region covered a wide area and included Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda and Tanzania. Sierra Leone is still recovering from a prolonged civil war, which had devastated their country, and the once very active association in South Africa has had difficulty in re-establishing itself. The medical women in Kenya, Ghana and Nigeria, however, had good working relationships with their governments and were able to promote the interests of female doctors and the

objectives of their association in relation to women's health. She had attended the workshops in Bellagio, London and during the Alaskan cruise.

The 3rd MWIA Regional Congress held in Kampala, Uganda, March 2003, was a very successful meeting opened by the wife of the Ugandan President and attended by the Ugandan, Minister of Health, MWIA President and Treasurer and the Immediate Past Vice-President of the region, Afua Hesse, Ghana. The topic was "Engendering Women's Health" and a workshop on Gender Mainstreaming was facilitated by Shelley Ross.

The medical women in Cameroon had activities in research, training and information sensitisation of the population on health issues. They had researched the effects of traditional practices on the reproductive health of their women and the health of adolescents. They are concerned about the global increase in the pandemic of HIV/AIDS which has also increased in their country especially among the young. They are now studying its effects among school adolescents and pregnancy. The results already suggested that sexually transmitted infections were a major problem. Their parents do not discuss sexuality, and they are ignorant about contraception. There are no special services for adolescents and girls are held responsible for early and unwanted pregnancy. At the end of this study the medical women hope to sensitise the population to the needs of adolescents, including HIV/AIDS, early pregnancy, developed a programme for information, education and communication adapted to adolescents and to create a health services for these young people.

The association also organised training programmes for their members on the treatment and follow up of HIV patients, training in research methods and research training on sexually transmitted infections.

The Nigerian Medical Women's Association had opened 2 new branches in Kano and Delta State and had launched the first medical journal for female doctors in Africa.

They had arranged seminars on Gender Mainstreaming in Health, Reduction of Mother to Child Transmission of HIV/AIDS and Safe Motherhood, and were liaising with the Nigerian Medical Council to give C.M.E. approval to their seminars. The Lagos State had received funding from the Pathfinders Organisation to set up a Breast Cancer Screening and awareness programme. There was also funding by the Macarthur Foundation for a programme on monitoring Maternal Health Programmes in the Kano State. The commitment of the medical women in Nigeria was to improve the health of their women and children.

The aims of the medical women in Zambia were to improve the health of women and their families, to provide a forum for the issues relating to women's health and to cooperate with other national and international organisations on matters of health. The association also provided basic screening educational services to women. It held regular meetings for its members and social gatherings in member's homes.

The activities of the **Central Asia Region** – India, Mongolia and Thailand were reported by their VP, Jyoti Trivedi, India,

The Bombay branch of the Association of the Medical Women of India continued to run the Cama and Albless Hospital and Health camps to provide screening for cervical cancer. The clinics run by

the Association in the slum areas were very popular and provided health education, vaccination sessions and routine investigation in the pathology laboratory. In the Kolkata branch hospital both in and out patients received treatment and it conducted many health camps and provided health education. The medical women also approached the government to ban smoking in public places.

The women doctors in the Mumbai branch also provided cytology clinics and organised training programmes for laboratory technicians. Great work is accomplished in the Slum clinics but as in Bombay it was handicapped by financial constraints and lack of medicines. Lectures on Empowerment of women, Gender Mainstreaming in Health Care and Legal Rights had been given as well as clinical subjects.

The 3rd MWIA Central Asia Regional Meeting was held in Kolkata, November 2003 with the theme “Women’s Health initiatives in the 21ST Century”. It was attended by MWIA President and MWIA members from other regions.

The new national association in this region was Mongolia. It was established in 2002, affiliated to MWIA at this 26th Congress in Tokyo and accepted by its Minister of Justice and Internal Affairs as a NGO. It had already developed a full agenda and expansion of its membership. Its members have agreed to implement a project on “Workplace Nutrition” at the Shastin Central Clinical Hospital .and a project to improve adolescent health education.

The VP, Jeanette Tait, Australia, of the **Western Pacific Region** reported on the activities of the 6 countries of this region – Australia, Japan, Korea, New Zealand, Philippines and Taiwan.

The Regional meeting was held in Taiwan, May, 2002. The topic discussed was “Women’s Health Promotion and Rejuvenation in the 21st Century”.

A young doctor in Australia had received a grant from the Australian Federation of Medical Women to study the “Transparency of Entry to Specialist Colleges” which will be published. Gaye Casper, President-Elect, had been recognised by the Australian Medical Association for her work on Women’s health and was awarded the “Women in Medicine” and Women’s Health awards.

The Medical Women’s Japanese Association celebrated their 100th Anniversary in 2002 and affiliated to MWIA after it was officially founded as an Association at a MWIA meeting in Geneva, 1922. The Empress of Japan attended the celebrations. It continued to sponsor and presents awards to women doctors for outstanding medical academic achievements and promoted young women researchers. In 2001 they had a joint project with the Ministry of Gender Equality and Ministry of Welfare entitled *Habitual Drinking Alcohol and Women’s Health*. It intended to educate non medical women on the risks of alcohol. Each year it organised a workshop for clinical medical students, interns and residents where the careers and opportunities for these doctors were discussed.

In the Philippines the main thrust had been Continuing Professional Development, Leadership and Management seminars. They continued to provide free health and dental clinics to the families on low incomes in their communities.

In 2002 the 7th Regional Congress was hosted by the Medical Women’s Association. The Association was very active and organised many conferences and workshop on various topics

including Gender Mainstreaming in Health. It supported female medical students and counselled High school girls to encourage them to consider working in the health professions. It continued to provide health education to the public.

The reports of the Vice Presidents were accepted by the General Assembly (2)

Bids had been received for the next international MWIA Congress from 4 countries -

France, Ghana, Italy and Switzerland. All 4 countries presented well prepared and interesting bids. A secret ballot by the General Assembly accepted the bid from the Society of Ghana Medical Women and Dental Practitioners. The XXV11th MWIA Congress would be held at La Palm Beach Hotel in Accra, Ghana 31July - 4 August, 2007 (2)

Reports from the Chairmen of MWIA Committees

Finance Committee

Afua Hesse, Ghana, Chairman of the Finance, reported that in common with other national associations worldwide, MWIA had experienced a drop in income and the Treasurer had already taken action to reduce expenditure and safeguard MWIA finances. There had been some fundraising which had enabled projects to continue and assisted the Executive Committee in continuing to meet. A full account of MWIA's financial position had been detailed by the Treasurer in her report to the General Assembly.

Scientific and Research Committee

The Chairman, Jeanette Tait, Australia, had redrafted the terms of Reference of this Committee which were approved by the Executive in London, November, 2002. Communication with the large number of committee members by e-mail had proved to be very unsatisfactory with little response and unfortunately not all members used this means of communication.

She had been concerned about the increasing use of illicit and harmful drugs especially by young people. She distributed some media releases about the harmful effects of cannabis and also highlighted the dangers of "Speed", "Ecstasy" and "Ice".

Ethics and resolutions Committee

The Chairman of this committee, Ademiluji Olufunke, Nigeria, had also experienced difficulty in communicating with her committee members. The main work of this committee, however, takes place during the Congress when resolutions required to be reworded in a acceptable form for presentation to the General Assembly.

The following resolutions were presented to and accepted by the General Assembly at the 26th MWIA International Congress in Japan, August, 2004 (2)

No. 1 MWIA recognizes that diabetes will reach epidemic level in both developing and developed countries of the world and supports WHO strategies for prevention and screening of diabetes, and encourages our national associations to implement these strategies.

No.2 MWIA proposes that leadership for medical women include:

- skills in mentoring
- advocacy for women doctors' occupational health
- understanding sex discrimination legislation
- teaching gender mainstreaming in health and international human rights

-openness to gender-EQUITY and culture-Respectful definitions of medical leadership, education and medical politics and

-sharing workable solutions to the issues faced by women doctors, such as barriers to training, child care and flexible working arrangements.

No.3 MWIA encourages physicians to acquire the knowledge, examine their own attitudes around sexuality and develop the professional approach and skills necessary to take an active role in providing education and care for adolescents in the area of sexuality.

No.4 MWIA resolves that in the fight against HIV/AIDS

-prevention must remain prominent

-antiretroviral treatment should be readily available and affordable.

-efforts to develop an HIV vaccine should be expedited and

-efforts to develop woman-controlled microbicides and condoms should be expedited.

No.5 MWIA recommends continuing education of

-physicians,

-allied health personnel,

-those who develop curricula,

-those who develop AND IMPLEMENT health policy and those involved in research

-about the importance of adding a gender perspective to all aspects of health, health care and research.

No.6 MWIA encourages the inclusion of men and boys in all efforts to promote gender equity.

No.7 MWIA supports the concept of the UN 3 by 5 strategy which aims to treat three million people suffering with HIV/AIDS with anti-retrovirals by the end of 2005, realizing that the financing of such treatment will be the limiting factor.

No.8 New motion - at the 27th General Assembly, that the executive be directed to explore a new category for medical students, and to report back to the next General Assembly, in 3 years on this.

No.9 MWIA resolves that medical curricula contain the topic of palliative care that addresses the needs and wishes of the patient, including their right to refuse treatment,

No.10 MWIA supports the inclusion of rehabilitation services as an integral part of the delivery of health care services, recognizing that there are an increasing number of people with disabilities world wide.

No.11 So as to discourage the active recruitment of health care workers from developing countries, leaving these countries with inadequate manpower resources to deliver health care equitably, MWIA encourages governments to find solutions to the shortage of healthcare providers, including adequate funding of training positions and adequate remuneration of health care professionals in their own countries so as to discourage the recruitment of health care workers from Developing Countries.

No.12 MWIA supports initiatives that will allow quick public health response to emerging diseases, both old and new, to prevent the morbidity and mortality such as was seen with the outbreak of SARS and the Avian flu.

No.13 MWIA supports initiatives of governments that will allow affordable and accessible HIGH QUALITY healthcare.

No.14 MWIA ENDORSES efforts to develop treatments for often neglected diseases (such as malaria) which affect the world's less affluent populations.

No.15 MWIA ENDORSES efforts to provide appropriate nutrition to the world's population, in combating under-nutrition, MALNUTRITION and obesity.

No. 16 MWIA encourages physical activity as a vital part to maintaining health.

No.17 MWIA encourages INVOLVEMENT OF MEMBERS in the decision-making processes in their countries.

Statutes and By-law changes Statutes Article 3

3a. To promote the cooperation and general interests of Medical Women worldwide and to develop friendship and understanding among all Medical Women without regard to race, religion or political views.

3b. To offer Medical Women the opportunity to meet so as to confer upon questions concerning the health and well-being of humanity.

3c. To work actively towards equity and equality between female and male doctors in all aspects of their medical career.

3d. To encourage worldwide - a gender awareness of differences in health, health care and health research between women and men.

3e. To promote the empowerment of medical women and patients to work towards gender equity and equality.

(2)

Report from MWIA Representative, Satty Keswani, USA, to UN, New York

There were 22 Million people in the world that required the support of the UN Commission of Refugees. UN-NGO Organisations raised money to try “to alert” to the refugee crisis.

World Leaders had met with experts to discuss the challenges of the HIV/AIDS epidemic which were facing the world and outlined the global action required to address this problem. Governments were seeking to reverse the spread of the disease by the year 2015. The UN had an important role in de-stigmatising the disease and protecting those living with HIV/AIDS.

The Commission on the Status of Women met annually during the first 2 weeks of March. MWIA was represented by Shelley Ross, Gaye Casper and Satty Keswani. The theme of this meeting in 2003 was the Advancement and Empowerment of Women. which covered information and technology, participation and access of women to the media and human rights and elimination of violence against women. A workshop on *Gender Mainstreaming* and the *Affect of Domestic Violence on Clinical Medicine* was held by the MWIA Representatives during the meeting of the Commission. In 2004 the topic discussed at the 24th session of this Commission was “The Role of Men and Boys in Gender Equity”. MWIA was represented at this session by Shelley Ross and Satty Keswani.

The theme of the Scientific Programme at the 26th MWIA Congress was “Medicine in a New Life Style” and revolved around the effects that female gender had on the health of women and their particular health problems. It also included gene technology and therapy and the education of women both in medicine and in more general terms. There were 3 plenary sessions on Diabetes/Women’s Health, Gene diagnosis and therapy and Women in Medicine. Other sessions were devoted to HIV/AIDS, breast and uterine cancers, domestic violence, adolescent health and infectious diseases and prevention. Two workshops were organised on “Leadership for Women in the Medical Profession” and another on the theme of the Triennium – “Gender Mainstreaming in Health”. There were also a large number of poster presentations.

Jeanette Tait, Chairman of the Scientific and Research Committee acted as Rapporteur and presented a synopsis of the programme at the close of the 3rd General Assembly.

Diabetes had the same incidence for males and females but was of greater significance in the latter because of gestational diabetes and its effects on the foetus. High Blood Sugar in pregnant women caused hyperinsulinaemia in the foetus which led to an increase in foetal abnormalities, ketoacidosis, diabetic coma and death. Diabetes was difficult to manage in different cultures.

Gene diagnosis and therapy: Gene imaging provided visualisation of normal as well as abnormal cellular processes at the genetic level. Recent progress in the development of gene imaging technologies would increase the role of genetic therapies for cancer, neurological, cardiovascular and inherited diseases. Counselling was described in some detail and is of great importance in the management of patients affected.

A History of Women in medicine was presented by Shelley Ross starting with Hygeia in Greece to the present day – women -who have healed with the spirit of a mother.

HIV/AIDS The Symposium on AIDS highlighted the MWIA project on maternal to child transmission. It is a disease which was increasingly affecting women and had implications to the foetus in pregnancy. Florence Manguyu, Kenya, discussed how the ideal vaccine would work and the need and challenges of including women in the vaccine trial.

Gender Mainstreaming issues presented included:– in health care, in health and ill health in Sweden, gender and job problems, the use of health care facilities in Nigeria and in female staff in medical research in Japan.

Leadership: An analysis was presented of the determinants that enable women to become leaders in their fields and the impediments that are often put in their way. Strategies were suggested to enable women to overcome these.

Other papers presented included: Current drug therapy for Rheumatoid Arthritis, Dementia Migraine and Hypertension up-to-date, Quality assurance in mammography, Domestic violence, Rape and Adolescence and female sexual dysfunction.

The Closing Ceremony was held on Saturday morning, 1 August, 2004 at the Keio Plaza Hotel. The outgoing President thanked the members of Executive Committee, the Committee Chairmen and the Secretariat for their good work during the last 3 years. She gave a special thank you to the Japanese Medical Women's Association for the excellent organisation of the 26th Congress and handed over the Presidency of MWIA to Gabrielle Casper, Australia.

The new President introduced the new Executive Committee for 2004-07. She intended her Presidency would continue with the three themes:

- Gender /Cultural intersect in Medicine expanding on the work MWIA had already undertaken on Gender in Medicine
- On leadership for Medical Women
- Women's Health and Human Rights

The social programme had always been a very important part of a MWIA Congress and the XXV1th Congress was no exception.. The first event on the eve of the Congress was a spectacular "Ice Cracking Party" in the Keio Plaza Hotel where old friendships were renewed and many new ones made. The Opening Ceremony was a grand affair with a violin concert and a delicious Japanese

buffet in the presence of Empress Michiko. On another evening a party was held at the beautiful Japanese Garden in the Tokyo quarter Chinzan-so and the Congress ended with a Gala Banquet on Saturday evening 31 July. The food and entertainment were outstanding with many participants dressed in their national costumes. The entertainment started with a puppet performance by a famous Japanese puppet master, Mr Hiroshi whose puppets were “human size” and dressed in traditional Japanese costumes. After dinner entertainment was provided by Mr Tamiko on his synthesiser combined with colourful lighting and an appreciative audience who danced the night away (2)

References

- (1) President's Report, 26th MWIA Congress Report, 2004
- (2) MWIA Congress Report No 38

CHAPTER 27 The First MWIA International Congress in Africa

This Chapter should contain full details of all MWIA activities following the 26th MWIA International MWIA in Japan, 2004 up to and including the 27th MWIA International Congress in Ghana. The Congress Report would detail the minutes of the General Assembly, 2007 held during this Congress with reports from MWIA Officers (including the important Treasurer's report), Committee chairmen, National coordinators and International Representatives and other important business of MWIA. The "MWIA" report is the official publication of MWIA. This report would also contain details of the national associations' activities prior to the 27th Congress.

Unfortunately the Congress Report with the minutes of the General Assemblies held during the 27th MWIA International Congress was not yet available for the triennium, 2004-07 following the 27th Congress in Ghana as required by MWIA By-Laws article 6 & 10. Our hard working Secretary General, Shelley Ross and our immediate Past Secretary General, Waltraud Diekhaus both prepared regular excellent Newsletters – the "UPDATE" which I have used to give a brief outline of MWIA activities from 2004-2010 but only a brief sketch of the 2007 MWIA Congress in Ghana. Shelley Ross provided the resolutions from this Congress. This has helped me to complete MWIA history up to and including its 90th Anniversary year.

The Secretariat returned to Dortmund, Germany, following the 26th MWIA International Congress in Japan, August, 2004. The Secretary General and her 2 part time Executive Secretaries published the MWIA Congress Report in May, 2005 and distributed it to the National Associations. Correspondence with members, national associations and other medical and women's association continued to increase and caused a heavy workload in the Secretariat. Their next project was the preparation for the General Assemblies to be held at the 27th MWIA International Congress in Ghana – the first occasion that MWIA would hold their international congress in Africa.

The Secretary General was very active presenting lectures on "Gender Mainstreaming" in Germany - visiting and encouraging medical women in many countries to consider forming national associations and affiliate to MWIA. She represented MWIA at the European Women's Lobby in Brussels as well as attending regional and national MWIA meetings and other important meetings of associations which were interested in women's health issues.

The Executive Committee 2004-2007.

President	Gabrielle Casper, Australia
Immediate Past President:	Shelley Ross, Canada
President-Elect	Atsuko Heshiki, Japan
Treasurer	Gail Beck, Canada
Secretary-General	Waltraud Diekhaus, Germany

Vice Presidents

Northern Europe:	Annemette Mygh, Denmark*
Central Europe	Nino Zhvania, Georgia
Southern Europe:	Emilia Quattrocchi, Italy
North America	Jean Fourcroy, U.S.A.
Latin America:	Francys Reis da Silva Patriclo, Brazil
Near East and Africa:	Christine Biryabarema, Uganda

Central Asia: Pattariya Jarutat, Thailand
Western Pacific: Yung Ah Park, Korea

*Resigned in 2005

Vice President Northern European Region 2005-2007 Dr Vibeke Jorgensen, Denmark

Regional Congresses

These meetings were popular and each region tried to organise a meeting in each triennium:

4th Latin America Regional Congress, Mexico, March, 2005

Topic “Equity and Health Nations Process”

15th Northern European Congress, Iceland, October 2005

Topic “Learn from the Past–Look to the Future” “Leading Role of Women in Medicine”

8th Western Pacific Regional Congress, the Philippines. November, 2005

Topic “Golden Health Care towards the Silvering Years”

4th Central European Regional Congress, Georgia, May, 2006

Topic Women always Healthy and Young

4th Near East and Africa Regional Congress, Zambia. July, 2006

Topic Impact of HIV/AIDS on the Attainment of the Millennium Development Goals

4th Central Asia Regional Congress, Bangkok, June 2007

Topic “Women in Medicine – Contribution to Society”

Executive Meetings were held during 2004 -2007

1. In Dortmund in June, 2005. “Strategic Forward Planning” was on the agenda
2. In Georgia, May, 2006, during the Central European Congress
3. In Ghana, Accra, July, 2007, pre 27th MWIA International Congress

The Secretary General, Waltraud Diekhaus announced her retirement after 9 years in this post

MWIA continued with their project in “Gender Main Streaming” and “Gender Culture Competence in Health” was introduced. Workshops on Gender Main Streaming continued to be organised by many national associations at their national meetings and during regional congresses. The President, Gabrielle Casper expressed the importance of medical women being seen as leaders within the medical profession and in February, 2005 encouraged national associations to include sessions on “Leadership” at their national and regional meetings.

In 2002 MWIA had developed a “Training Manual for Gender Mainstreaming in Health”- a response to the need of physicians to understand how adding a gender perspective to health and health care could favourably influence the health of women and men. This has been widely distributed on CD. MWIA's Training Manual for Adolescent Sexuality, developed in 2004, was designed to help physicians address the concerns, questions and problems that adolescents experience in dealing with their sexuality. Above all, its intent was to help physicians play an important role in teaching adolescents about 'healthy sexuality'. It also had also been distributed on CD The American Medical Women celebrated their 90th Anniversary in 2005 and the Korean Medical Women's Association their 50th Anniversary. The Indian Medical Women's Association celebrated their 100th Anniversary in 2006. Three Past MWIA Presidents passed away in this triennium – Dr Helga Thieme, President

1978-79 in May 2005, Dr Harumi Ono, President 1974-76 in October, 2005 and Dr Lila Stein Kroser, President 1998-2001 in November, 2005.

The 27th MWIA International Congress was held in Accra, Ghana, 31 July–4 August, 2007.

Topic “Women in the World of Medicine” with several sub themes including:

Gender Medicine, Leadership and Medical Women and Health in a Multi-Cultural World
(1)

As the official report of this Congress has not been published by December, 2009 it was not possible to include a summary of the scientific topic as well as other important items discussed and approved at the General Assemblies.

RESOLUTIONS FROM ARISING THE 27TH CONGRESS, August, 2004

1. WHEREAS today’s adolescents and young people constitute the largest ever cohort of this group the world has ever seen, and their sexual and reproductive health needs fail to be addressed, exemplified by the fact that half of all new HIV infections occur among children, and young people under the age of 25. A lack of information, skills and knowledge regarding sexual and reproductive health including scientifically accurate information about HIV/AIDS continues to be the case among young people.

IT IS RESOLVED *That the MWIA commit to addressing the rising rates of HIV among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based, youth-specific HIV education, mass media interventions and the provision of youth friendly health services.*

2. WHEREAS it is recognized that CARE GIVING for disabled persons, and frail or demented elderly persons, encompasses providing for their physical, emotional and relational needs, and has a strong gender connotation,
And WHEREAS it is also recognised that care givers are usually women who commonly suffer stress and exhaustion.

IT IS RESOLVED *That health policy provide for informal care givers to be supported and taught how to take good care of themselves, in order to protect against the adverse health consequences, mental and physical, of care giving.*

3. WHEREAS climate change and environmental degradation is occurring as a result of human activity, and MWIA recognizes the reports of the United Nations’ Intergovernmental Panel on Climate Change, including the resulting widespread negative health and social impacts on many people.

IT IS RESOLVED *That governments be held accountable for compliance with the Kyoto Protocol, and that industrialized countries have the responsibility to assist other nations, both financially and technically, in their response to climate change and environmental degradation.*

4. WHEREAS today human rights are violated by socially dictated gender discriminatory selective feticide, and the non-voluntary, that is, absent fully informed consent, as defined by the Nuremberg

Code Article 1, human organs are being harvested and sold internationally for transplantation or other use, which is ethically forbidden, even to save a life.

And WHEREAS medical practitioners who adhere to this ethical requirement will be protected from retaliation and reprisal for their steadfast adherence to ethical principles even in contradiction of acts of law and government by the World Health Organization, the World Medical Association, the Council for Organizations of the Medical Sciences, the Medical Women's International Association, and their fellow doctors throughout the world.

IT IS RESOLVED That a medical practitioner is prohibited by medical ethics from the use of their skills and knowledge in participation, facilitation and any contribution to acts that violate human rights.

5 WHEREAS MWIA has always recognized, and observed the human rights of free power of choice in health care, and informed voluntary consent for all medical interventions

and WHEREAS MWIA has always recognized the additional responsibilities where research involving human subjects is concerned,

IT IS RESOLVED That all recommendation made by MWIA for health policy and implementation follow, and be held accountable to, the tenants of the existing codes of conduct governing free choice and informed voluntary consent, namely the First Principle of the Nuremberg Code and the World Medical Association Declaration of Helsinki.

In addition, where research recommended by MWIA is to be conducted, the World Health Organization's Guidelines: the International Ethical Guidelines for Biomedical Research Involving Human Subjects is the benchmark that is to be followed.

6. WHEREAS there is widespread vulnerability of women to Human Papilloma Virus (HPV) infection, which plays a recognised role in the development of cervical cancer,

and WHEREAS there is a lack of primary screening and appropriately resourced assessment and treatment options of screen positive women,

IT IS RESOLVED That public health polices make cervical cancer prevention a priority and ensure that all people are educated about cervical cancer, and promote universal protection of women from cervical, vulvar, vaginal and anal cancer with the inclusion of vaccines shown to be safe and effective for its prevention. That these vaccines be available to men, for the prevention of anal and penile cancer, and to reduce transmission of HPV. Health Policy of all governments must enable access to scientifically validated, affordable interventions, including this prevention, condoms, and other treatments, and appropriate services.

7. WHEREAS Accessible, appropriate, gender sensitive Primary Health Care (PHC), is a right of all individuals and communities, where PHC can reduce poverty due to illness,

IT IS RESOLVED That Innovative strategies be implemented to address the provision of adequate human resources, and other resources essential to access.

Girls be educated in the sciences, to prepare them for education in the health sciences at all levels,

Provide flexible, adaptable working conditions, including part time work, in order to recruit and retain the numbers of health care workers needed to provide care, under safe and appropriate conditions

Value and support unremunerated work at the household and community levels, by providing scientifically correct information, and access to appropriate resources which will improve health outcomes.

8. WHEREAS MWIA recognizes that Primary Health Care (PHC) is an integral part of strengthening the health care system, and essential to meeting the needs of women. This is an important element in reducing poverty.

IT IS RESOLVED That All health care must be planned and delivered in a gender sensitive manner.

PHC provide quality care at the local community level with a functioning referral system to well resourced and appropriate higher level medical care.

PHC for women must go beyond reproductive health matters and encompass her overall health, including the full life cycle. There must be adequate funding to ensure easy access of all communities to PHC, in order to make improvements in health care, and help prevent impoverishment due to illness.

9. WHEREAS the Safe motherhood initiative has been ongoing for over twenty years, and interventions necessary for averting maternal mortality and morbidity are well known, women continue to die during childbirth and suffer tragic morbidities.

IT IS RESOLVED That Health Policy of all governments must urgently address reduction of maternal mortality and morbidity by guaranteeing access to family planning, antenatal care, skilled attendance at birth, emergency obstetric care and by investing in women's education and empowerment.

Amendment:

IT IS FURTHER RESOLVED that safe abortion be available to ALL women to provide safe motherhood.

10. WHEREAS women and girls are more vulnerable to mortality and morbidity from their sexual and reproductive roles and activities, and have a right to accurate health information, based on empirical medical evidence, rather than on political, philosophical or religious beliefs.

and WHEREAS the global pandemic of Acquired Immune Deficiency Syndrome (AIDS) caused by the Human Immunodeficiency Virus (HIV), is becoming progressively feminized.

IT IS RESOLVED That governments provide comprehensive education about sexuality, that involves families, educational institutions and local communities in the delivery of this education in recognition that such knowledge is power, and in recognition that both males and females have a responsibility to make healthy sexual and reproductive choices in their own lives.

11. WHEREAS our patients experience ongoing poor sexual and reproductive health with their suffering contributing to a large burden of disease for women aged 15 - 49 years, and for the

majority of countries where this is the situation, services continue to be constrained by lack of commodities and supplies.

and WHEREAS men continue to have the final say in decisions about health and use of resources in families, communities and governments, and are often inadequately involved in the provision and use of services, particularly reproductive health services,

IT IS RESOLVED That Health Policy of all governments must provide for reproductive health commodities such as condoms, contraceptives and maternal health drugs and equipment to be provided on a steady and reliable basis.

and THAT public health policies and interventions are implemented to provide more effective support and participation from men in promoting and protecting sexual and reproductive health.

12. WHEREAS medical students are interested in international affairs and wish to be actively involved in the challenges of developing and emerging countries,

And WHEREAS encouragement should be given to female medical students to be full and active members of MWIA

IT IS RESOLVED that female medical students be affiliated, where the individual country decides on this recognition. Medical students will therefore more actively participate in MWIA, including speaking at the General Assembly. There will be no membership fees, and no voting rights.

13. WHEREAS MWIA recognizes the value of Succession Planning, and recognizes the new perspectives that younger members and students bring to MWIA,

IT IS RESOLVED That Young Women Doctors and Medical Students form a Special Interest Group.

14. WHEREAS the global pandemic of Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV) is becoming progressively feminized, shown by the fact that women now represent 50 percent of people living with HIV worldwide and nearly 60 percent of people living with HIV in Africa. It is also recognized that three fourths of all new HIV infections are transmitted through sexual activity, childbirth and breast-feeding.

WHEREAS the services intended to deal with the HIV/AIDS pandemic are at present separate from the services for Sexual and Reproductive Health, and the existing services are inadequate, this separation is continuing to waste resources and aggravate the inefficiency of the existing services.

IT IS RESOLVED that there is stronger integration of HIV/AIDS and Sexual and Reproductive Health information and services, without replication.

IT IS agreed that the following resolutions are RETIRED in 2007, and are replaced by the Resolution, which has been accepted today.

MWIA recognizes that HIV/AIDS is a public health problem with far reaching demographic, economic and social impact.

MWIA believes that all countries have a moral obligation to develop appropriate education and treatment programs that address the real needs of a country and its population considering cost effectiveness.

15. WHEREAS women already play leadership roles in their professional lives, including the existing everyday vital leadership they provide to their communities, barriers that are arising from the current cultural inequality of women and men, continue to limit the leadership of women.

IT IS RESOLVED that we support leadership, which is inclusive and incorporates women's values and perspectives and easily promotes and mentors others. A form of Leadership that is continually ethically re-evaluating, and is committed to a liberating, rather than oppressive style o leadership, which will draw on the strengths of women.

16. WHEREAS Violence against women and girls in their own home is much greater than in public and violence is a common prevalent and severe hazard to mental and physical health carrying significant mortality and morbidity.

IT IS RESOLVED that all medical practitioners shall be trained to identify, assess treat and appropriately refer all females presenting for care.

(1)

References

1 Personal communication with Secretariat and Updates 2004-2007

CHAPTER 28 The Final Chapter 2007-08-09 into 2010 :90th Anniversary of MWIA

The Secretariat moved from Germany to Vancouver, Canada, following the Congress in Ghana in 2007. The newly elected Secretary General, Shelley Ross, set up the MWIA Secretariat in an office at her home. No Executive Secretary was engaged as the new Secretary General, an experienced MWIA officer of many years, made the brave decision to undertake all the work in the secretariat herself. She has been very successful with this decision which has saved MWIA finances but it is very time consuming and hard work for a doctor in active medical practice. This decision was accepted by the new Executive Committee.

Executive Meetings were held with the successful modern, tried and tested technology, already used by many international associations - telephone conferencing. International travel was expensive in time for busy doctors as well as a financial burden for any association. This was a prudent change. Some Executive members did meet at Regional meetings and were able to have face to face contact.

Following the 2007 MWIA International Congress a Special Interest Group for young doctors and medical students was formed. This replaced the “Young Forum Group” which was dissolved in 1998. National Associations were asked to nominate a young woman under the age of 40 to represent their country at the 28th MWIA International Congress in Munster, July, 2010. This group is chaired by Dr Inke Doench, Germany

The World Health Organisation once more reaffirmed MWIA’s official status with the organisation in 2009 for a further 3 years. (1)

Meetings were held in the 7 regions during this trimester. These meetings were important as members of a region were able to discuss in depth the cultural, health and social challenges met in their region. It also gave members of the region an opportunity to meet their Regional Vice-President and other MWIA Executive members many of whom support these regional meetings.

Latin America Regional Meeting, Puerto Rica, July, 2008.

Topic “Epoch, Gender and Health”.

President Atsuko Heshiki and VP Ruth Guillen- Maldonado attended.

16th Northern European Regional Meeting in Malmo, Sweden, September, 2008.

Topic “Bridge the Gender Gap”.

The meeting was attended by Shelley Ross, Secretary General, Regional VP Olof Sigurdardottir and VP Waltraud Diekhaus.

9th Western Pacific Regional Meeting, Melbourne, Australia, October, 2008.

Topic “Bridging Barriers – Health, Human Rights, Gender and Leadership”.

The meeting was attended by President Atsuko Heshiki, Regional VP, Winnie Yang, Taiwan and Immediate Past President Gabrielle Casper, Australia.

Central European Regional Meeting, Vienna, Austria, May, 2009.

Topics included – “Gender and Oncology, Female Physicians and Politics, Migration and Medicine”. A Gender workshop was held.

Attended by President Atsuko Heshiki, the Secretary General, Shelley Ross and the Regional VP, Waltraud Diekhaus.

North East & Africa Regional Meeting, Dar Es Salaam, Tanzania, July, 2009.

Topic “Developing World towards Achieving Health Related MDG in 2025”.

This meeting was attended by President Atsuko Heshiki and Regional VP Frida Kazembe, Zambia.

4th North American Regional Meeting, Cruise from Boston, September, 2009.

Topic “Caring for the Care Giver: Physician Heal Thyself”.

Attended by President Atsuko Heshiki, Shelley Ross, Secretary General, Regional VP Shirley Hovan,

Central Asia Regional, Mumbai, January, 2010.

Topic “Health of the Future Generation”.

(1)

The following members were elected to serve on the Executive Committee at the 27th Congress in Ghana in 2007.

Executive 2007-10

President:	Dr Atsuko, Japan.
President Elect:	Dr Afua Hesse, Ghana.
Immediate Past President:	Dr Gabrielle Casper, Australia.
Secretary General:	Dr Shelley Ross, Canada.
Treasurer:	Dr Gail Beck, Canada.
<u>Vice Presidents</u>	
Northern Europe:	Dr Olof Sigurdardottir, Iceland.
Central Europe:	Dr Waltraud Diekhaus, Germany.
Southern Europe:	Dr Gwenaelle Vidal-Trecan, France.
North America:	Dr Shirley Hovan, Canada.
Latin America:	Dr Ruth Guillen de Maldonado, Bolivia.
Central Asia:	Dr Maju Mataliya, India.
Near East & Africa:	Dr Frida Kazembe, Zambia.
Western Pacific:	Dr Winnie Yang, Taiwan.

Chairmen of Committees

<u>Finance:</u>	Dr Kyung Ah Park, Korea.
<u>Scientific & Research:</u>	Dr Olof Sigurdardottir, Iceland.
<u>Ethics & Resolutions:</u>	Dr Shirley Hovan, Canada.

MWIA Representatives at UN & WHO

<u>United Nations, New York:</u>	Drs Satty Keswani and Mini Murty,
<u>World Health Organisation, Geneva:</u>	Drs Elizabeth Dulie, Elisabeth Blocklinger.

Claudia Landerer. Andrea Gilemon.

United Nations, Vienna:

Dr Iris Habitzel.

(1)

MWIA was represented at regional WHO meetings throughout the 8 regions by members of national associations in the region and members were also invited to attend other important international associations being held in their country.

During this Triennium MWIA continued with its projects on Gender Mainstreaming, Adolescent Health, Prevention of Mother to Child Transmission of HIV/AIDS and other issues on women doctors but will include the following new projects:

- Cervical Cancer including HPV and HPV vaccine.
- Gender based Violence including trafficking and Female Gender Mutilation.
- Primary Health Care.
- Gender perspective to Diabetes Mellitus.

Although the report of the 27th Congress, August 2007 will not be available until the 28th Congress. 2010 in Munster, Germany, the MWIA Secretariat/MWIA and the news letter “Update” has provided information for this final chapter.

In her first letter as MWIA President, Atsuko Heshiki, in UPDATE No 31 outlined her aims for the triennium, 2007-10. The theme would be *Sustainability of the Health of Women in a World of Diminishing Resources* and she highlighted 3 key words – *Communication, Participation and Visibility*.

She acknowledged that the first MWIA International Congress to be held in Africa in 2007 had been very successful with 350 participants.

In the same UPDATE the MWIA Chief Officers introduced themselves and also gave a brief outline of their aims for MWIA.

The new Secretary General, Shelley Ross, paid tribute to the work of her predecessor, Waltraud Diekhaus and to the Immediate Past President, Gabriel Casper. She also thanked the medical women in Ghana for their hard work in hosting the 27th Congress and encouraged the national associations to communicate regularly with the Secretariat.

The Immediate Past President Gabriel Casper reminded the members of the importance of the MWIA Website which she would now be responsible to keep updated and hoped that she would have regular communications from the national associations and members.

The Treasurer, Gail Beck, who was now in her second term, wrote of the importance of MWIA funds which would take forward the MWIA goals set by members at MWIA International Congresses.

The President Elect, Afua Hesse, wrote of her past experience as a medical politician and her important role as an advocate for gender and justice.

News from the Regions

The 8 VPs gave a brief outline of their careers and association with MWIA.

Northern European Region

Denmark, Finland, Iceland, Norway, Sweden, the Netherlands, United Kingdom, Iceland. The VP, Olof Sigurdardottir welcomed the Association in the Netherlands back to this region. The Medical Women's Federation, UK, had celebrated its 90th Anniversary with a scientific congress and Gala dinner in London. The association had received £40,000 to research flexible training in UK and a project was financed by the Higher Funding Education Council for England, the British Medical Association, the Imperial College of London and the Medical Women's Federation to research the problems and challenges for women doctors working in Academic Practice in UK.

Central European Region Austria, Bulgaria, Czech Republic, Georgia, Germany, Hungary, Poland, Romania, Switzerland. The VP, Waltraud Diekhaus, wished to visit as many national associations in her region during the triennium.

Southern European Region Belgium, France, Greece, Israel, Italy.

The VP, Gwenaëlle Vidal-Trecan asked for good communication from the associations in her region and for cooperation in organising a regional meeting in Paris, 2010.

North American Region Canada, USA

The VP, Shirley Hovan, wrote of the important roles women doctors of this region held in their countries. In September of each year the American Medical Women's Association (AMWA) commemorated medical women who have had an important influence in the profession. The Medical Women of Canada at their recent annual meeting had also been pleased to pay tribute to Mary Cohen who had done so much for the advancement of women in the profession and the practice of medicine.

Latin America

Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Panama, Peru.

The VP, Ruth Guillen de Maldonado, wishes to strengthen the relationship region between doctors in the regions and other continents and to learn more about the cultural and health issues in the countries of the region.

Near East and Africa Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, South Africa, Uganda, Zambia.

The VP, Frida Kazembe, wished to take on the responsibility of ensuring the action plan for the region, drawn up at their regional meeting in 2006 was implemented ;-

- . HIV/AIDS
- Interaction of Malaria and HIV/AIDS.

- Issues surrounding anti retroviral therapy.
- Screening for cervical and breast cancer.
- HIV intervention for health workers.
- Gender based violence and HIV/AIDS.
- Women's right to health information.

Western Pacific Australia, Japan, Korea, Mongolia, New Zealand, Philippines, Taiwan. The VP, Winnie Yang, informed MWIA of the goals of her national association, Taiwan - *the rights of women and children*. In her role as Vice President for the Western Pacific, she wished to be an "information" channel for the region. (1)

28th MWIA International Congress, Munster, Germany, 27-30 July, 2010, will be hosted by the German Medical Women's Association at The Residence, Munster, Germany. The **Topic** "Globalisation in Medicine- Challenges and Opportunities".

DRAFT PROGRAMME

Main theme of the congress is: "*Globalisation in Medicine - Challenges and opportunities.*"

The four main topics of the congress will be:

Plenary Session I:

Gender Strategies (leadership, gender mainstreaming, gender based violence, adolescent sexuality)

Plenary Session II:

Addiction (drugs, alcohol, etc. internet and gambling addiction, etc.)

Plenary Session III:

Epidemic Plagues (e.g. AIDS, Malaria, TB, HPV)

Plenary Session IV:

Nutrition (lifestyle diseases, over-, under- and malnutrition)

Preliminary Programme

Wednesday, 28th of July 2010: 10:00 - 12:30 am

Opening ceremony with keynote lecture

Prof. Ilona Kickbusch, Brienz, Switzerland, former director WHO

Thursday, 29th of July 2010

Plenary Session I -Gender Strategies - 9:00-12:30 am

(leadership, gender mainstreaming, gender based violence, adolescent sexuality)

Gender Strategies, Waltraud Diekhans, Germany

Gender based war violence, Monika Hauser, medica mondiale e.V., Köln, Germany

Friday, 30th of July 2010

Plenary Session II - Addiction - 9:00-12:30 am

(drugs, alcohol, etc.; internet and gambling addiction, etc.)

The addictive brain, Jana Wrase, Berlin, Germany

Internet addiction – an overview, Dr. Gert-Jan Meerkkerk, Rotterdam, The Netherlands

Plenary Session III - Epidemic Plagues - 3:00 - 6:30 pm

(e.g. AIDS, Malaria, TB, HPV)

TB-globalization and resistances, Elizabeth Nagy, Szeged, Hungary

Gender influences time point of AIDS diagnosis, Margret Jöchl, Innsbruck, Austria

Saturday, 30th of July 2010

Plenary-Session IV – Nutrition - 9:00 - 12.30 am

(2)

Young Doctors and Medical Students

This Group of medical students and junior doctors will attend the Congress

Programmes. They will also have their own special programme arranged by their chairman. Special plenary session for young doctors and medical students will be held with discussion of perspectives and projects for young doctors and medical students.

There will be a **special “Get-Together” evening**, at the Café Uferlos, Münster-City. This informal get-together will give a great opportunity to meet other colleagues from all over the world, exchange ideas and experiences, find support in job searches or to work as an extern abroad.

A special guided **Poster tour** will be held in Münster-City for young doctors and medical students. These posters will be presented in a special “poster guided tour” on the 30th July 2010 at the international congress where the respective authors will be present to discuss their topic with others:

- Medical education across the world
- A working day in the lives of junior doctors worldwide
- Cultural aspects in various medical systems
- Organized and individual prevention strategies and focuses in regional health care
- Nutritional intervention strategies, HIV....

Members of this special Group will be able to apply for free accommodation and financial support. To be eligible for this support they will have to participate actively in the student poster exhibition.

(2)

Hospital Visit A visit will be arranged to an interesting teaching hospital. Opened in 2007 “The “Student Teaching Hospital” of the medical faculty in Munster with its ambulance, six patient, three observation and eight examination rooms offers a great opportunity for medical students to prepare for their future real working life. Students are able to transfer their theoretical knowledge into practice and learn more effectively in a typical hospital atmosphere. Hiding in the observation room behind mirror glass not only their mentors but also a psychologist and fellow students can give them feedback to improve their skills. In this tour “SimuScape”, a worldwide unique environment simulator was observed: a 360 degree panorama is created by seven beamers projecting moving

pictures on the wall and gives the impression of a real surrounding like a bicycle in front of the railway station in Muenster. In the so-called “Phantom-Room”, Harvey is welcoming the prospective doctors, an auscultation puppet making real lung and heart sounds. And if you always wanted to know what it feels like being really old, you can visit a course in geriatrics and put on an age simulation set, an uncomfortable suit which makes walking and seeing difficult. (2)

Congress Get-Together Evening- On Tuesday, 27 July 2010 at 6 pm, the Congress will begin with a social evening in a convivial, relaxed atmosphere when participants, family and friends from all over the world meet together to taste delicious finger food, exchange interesting opinions and discuss new ideas.

Congress Gala Evening -On Friday, 30 July 2010, the participants and accompanying persons will celebrate with a special get-together at the historical site “Bröker’s Speicher No. 10“, located in the so called “Speicherstadt”, an area in the north of Münster, originally a warehouse district. The building “Bröker’s Speicher No. 10” was constructed in 1936, and was formerly used as a bakery to cater for the German Armed Forces during World War II. This is why the building was not destroyed by the allies and remained in its former glory.

(2)

References

(1) MWIA Updates 2007-2009.

(2) Information from the preliminary programme of the Congress.

APPENDIX 1 : MWIA PRESIDENTS

Esther Pohl Lovejoy, USA.	1919-24
Lady Florence Barrett, UK	1924-29
L.Tuiller -Landry, France	1929-34
Alma Sandquist, Sweden.	1934-39
Louisa Martindale, UK	1937-47
A Charlotte Ruys, Netherlands	1947-50
Ada Chree Reid, USA	1950-54
Jolanda Tosoni-LDalai, Italy	1954-58
Janet Aitken, UK	1958-62
Fe del Mundo, Philippines.	1962-66
Lore Antoine, Austria.	1966 -68
Lorna Lloyd-Green, Australia.	1968-70
Leone McGregor Hellstedt, Sweden.	1970-72
Alma Dea Morani, USA	1972-74
Harumi Ono, Japan	1974-76
Helga Thieme, Germany	1976-78
Beryl Corner, UK	1978-80
Joan Redshaw, Australia.	1980-82
Trinidad Gomez, Philippines	1982-84
Beverley Tamboline, Canada	1984-87
F.De Benedetti Venturini, Italy	1987-89
Il OK Choo, Korea	1989-92
Dorothy Ward. UK.	1992-95
Florence Manguyu, Kenya	1995-98
Lila Stein Kroser, USA.	1998-2001
Shelley Ross. Canada.	2001-04
Gabrielle Casper, Australia	2004-07
Atsuko Heshiki, Japan	2007-10

APPENDIX 2 : HONORARY MEMBERS

Madame Curie, France.	1929	Rose Lee Nemir, USA.	1976
Berta Van Hoosen, USA .	1947	Hildegard Stoltz, Brazil	1976
Edna Guest, Canada.	1950	Minerva Buerk, USA.	1978
Martha Eliot, USA.	1950	Gabrielle Henry, France	1978
Catharina MacFarlane, USA.	1950	Isabel Robertson, S.Africa.	1978
Esther Pohl Lovejoy, USA.	1950	Harumi Ono, Japan	1980
Louisa Martindale, UK.	1950	Helga Thieme, Germany.	1980
M.Pas Mendoza Guazon, Philippines.	1954	Katherine W.Wright, USA.	1980
Honorina Acosta-Sison, Philippines.	1954	Beryl D.Corner, UK.	1982
Ethlyn Trapp, Canada.	1954	Martha Holmstrom, Sweden.	1982
Paulette Gauthier-Villar, France.	1956	Martha Kyrle, Austria	1982
Luisa Gianferrari, Italy.	1956	Joan Redshaw, Australia.	1984
Charlotte Ruys, Netherlands.	1958	Frances Sano, Japan.	1984
Leone A Baumgartner, USA.	1962	Trinidad Gomez,.Philippines.	1986
Fe de Mundo, Philippines	1968	Beverley Tamboline	1989
Ada Chree-Reid, USA	1970	F De Benedetti-Venturini,Italy.	1992
Jolanda Tosoni Dalal, Italy.	1970	Il OK Choo, Korea	1995
Janet Aitken, UK	1970	Vibeke Jorgensen, Denmark	1995
Lore Antoine, Austria	1970	Catrin Williams, UK	1995
Lorna Lloyd-Green, Australia.	1972	Dorothy Ward, UK	1998
Cicely D. Williams, UK	1972	Carolyn Motzel, Germany.	1998
Lena Ohnesorge, Germany.	1972	Rinko Yamasaki, Japan	1998
Mother Anna Dengel, Austria.	1972	Florence Manguyu, Kenya.	2001
Leone McGregor Hellstedt, Sweden	1974	Shelley Ross, Canada	2007
Lola Vilar, Spain.	1974		
Alma Dea Morani, USA	1976		

GLOSSARY of ACRONMYS and TERMS

CEDAW	Committee on the Elimination of All Forms of Discrimination against women
CIOMS	Council for International Organisation of Medical Sciences
CMA	Commonwealth Medical Association
CONGO	Conference on Non-Government in Consultative Status with the United Nations Economic and Social Council
CSW	Commission on the Status of Women
ECE	Economic Commission for Europe
ECOSOC	Economic Social Council of United Nations
EWL	European Women's Lobby
EU	European Union
FGM	Female Genital Mutilation
FIGO	International Federation of Gynaecology and Obstetrics
FPA	Family Planning Association
HFA	Health for All
IAW	International Alliance of Women
ICRC	International Committee of Red Cross
ICW	International Council of Women
IFUW	International Federation of University Women
ILO	International Labour Office
IMF	International Monetary Fund
INSTRAW	United Nations International Training and Research Unit for the Advancement of Women
IPPF	International Planned Parenthood Federation
MWF	Medical Women's Federation
NA	National Associations
NCS/NC	National Corresponding Secretary/National Co-ordinator
NGO	Non- Medical Women's Federation Government Organisation
NHS	National Health Service
PAHO	Pan American Health Organisation
PAMWA	Pan American Medical Women's Alliance
PHC	Primary Health Care
UNDAW	United Nations Division for the Advancement of Women
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Trust
UNDFW	United Nations Development Fund for Women
VP	Vice President
WHO	World Health Organisation
WMA	World Medical Association
YMCA	Young Women's Christian Association