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Editors' Note

This is the third time that we, the editors, have had the privilege of organising an international meeting on estrogen therapy in the peri- and post-menopause. The first two meetings were concerned mainly with the beneficial effects of the therapy. On this occasion, whilst looking at the work done in the three years since our last workshop, we wanted also to
consider the possible risks of the therapy, and, if possible, to weigh these against the advantageous aspects.
The meeting did not succeed in coming to a concrete conclusion in connection with this latter point for, as with most, if not all, therapies, what is right for one patient is not right for all. What the workshop did provide was a platform for the airing of views and a healthy debate on all aspects of the matter. Very often, as will be seen in the following pages, we heard 'This seems to be the case, but further studies are needed before we can be sure', but if a consensus of opinion has to be given it is probably that estrogen therapy is clearly of enormous benefit to many women, contra-indicated in some cases, and to be used with caution in others.
In publishing the proceedings of the workshop we hope to bring current opinion and up-to-date data to the attention of the prescribing physician and so to make easier his task of deciding how best to treat the individual patient.
The papers published here are those presented at the workshop, and no attempt has been made to edit them. The discussion sessions, however, had, of course, to be edited for the sake of clarity and brevity, but all the speakers have had a chance to read a draft of the manuscript and to ensure that the comments printed here are as they wish them to appear.
We are extremely grateful to all present at the workshop, especially to

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those who read papers, for sharing with us their latest findings and opinions, and our special thanks are due to Professor Nordin who so ably chaired the general discussion session, and upon whom fell the unenviable task of trying to balance the benefits of the therapy against the risks.
Finally, we acknowledge with grateful thanks, the enthusiastic help of Pamela Freebody - now for the third time - with the editing task.
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Welcoming Address

It is a great privilege for me to welcome, on behalf of the International Health Foundation, so many distinguished scientists to the third of our workshops on menopause research. In the previous two what might be called the basic physiological, endocrinological, and therapeutic aspects of 'ageing and estrogens' and 'estrogens in the post-menopause' were discussed. This one will be devoted to what is of paramount and immediate importance to the patient in this age group and to her therapist, namely, the pros and cons of estrogen therapy.

A critical review of the prevailing opinions and, perhaps, the formulation of recommendations concerning this subject are urgently needed. I am certain that the proceedings resulting from this meeting will contain not only most valuable reports on research activities, but also well-considered authoritative opinions, and many useful suggestions of direct practical importance regarding the therapeutic use of estrogens.

One may wonder why, when the physiological event of the menopause and all its accompanying problems must have existed since the beginning of mankind, so much scientific and public interest should only now be devoted to the period around the menopause and the time thereafter. It seems that mere existence is not the thing that matters. The importance of facts changes with time, and this holds true for the climacteric. What then has brought about these claimed changes? To my mind there are, among
others, three influences of major importance. Firstly, there is prolongation of life expectancy. The fact that for women in industrialized countries this is now some 70 or 75 years means that most can now expect to spend one third of their lives in the postmenopause. Consequently, there is now much more time than before in which to notice, experience, and be bothered by, climacteric and post-climacteric changes. The second influencing factor is the emancipation of the woman. Our mothers and grandmothers usually spent their lives for and with the family. Only in very rare instances were women actively engaged in the working process of professional life. The woman's place was in her home, and it was her intention that this should be so. Her main responsibility was the household, and the care of her husband and children and of the aged of the family. In such surroundings the experience of - let us say - hot flushes and other unpleasant climacteric complaints was of relative unimportance, and so was their prevention. This situation has drastically changed. Nowadays, when a woman is incommoded by a burst of sweating or a red face, by an unexplainable attack of sadness, and so forth, while in the office or in a place where others watch her and expect optimal efficiency from her, such symptoms become very real problems. In our time, therefore, women have become increasingly concerned about their well-being, at any rate in the period around the time of the menopause. Thirdly, modern medicine has much more than mere moral support to offer to sufferers from ailments connected with progressing ovarian insufficiency. Intensive research has resulted in the development of a number of therapeutic possibilities, above all, that of estrogen replacement. Optimal therapy always depends on factors such as sufficient knowledge of the cause of a troublesome condition, of the actions of the therapeutic agent, and of the benefit/risk balance. It is my sincere hope that the next two days will contribute substantially to the enlargement of this knowledge, to the benefit of all women and their families.

Dr. Hans Kopera
Secretary of the Board of Trustees
of the International Health Foundation