



Society for Menstrual Cycle Research

Newsletter

Spring/Summer, 2008

get the drive to pursue controversial issues that others ignored? Where did

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### President's Remarks

With the news that Barbara Seaman died in late February, I feel as though I lost my sister. I have this strong sense of loss, not because I ever met her, nor because I even know someone who knew her, nor because I share her style as a hard-bitten, New York journalist. Barbara Seaman feels like a sister because, from my first awareness, she was there, speaking for me. Long before I had a voice for women's health, I always knew she was out there, researching, figuring out the power networks that harm women. And I knew she would speak her mind. She was a feminist at a time when the word was just starting to be a way to describe upstart women. Although the "F" word is not a popular one today, Barbara Seaman was a feminist sister who was not afraid to challenge power. She did that not for her own sake, but to improve the health of women. For my sake and for millions of women she would never meet.

Barbara Seaman's major achievements make me very grateful to her. I wish, more than ever, that I had met her. But what I really wonder is: Where did she

she find the courage to speak about the harm that the Pill, or "HRT," was doing to women? I don't know. One clue may be that she graduated from Oberlin College, a school that encourages its students to "speak Truth to Power."

What do I, as a menopausal woman some seven years her junior, and as an active women's health researcher, owe to Barbara Seaman? It is useful to list them:

1. Informed consent about drug actions and side effects. To Barbara Seaman we owe the fact that all prescription medications in the USA and Canada have package inserts in which manufacturers are required to honestly declare the content of the medication, the expected benefits and the expected side effects. This work led to the principle of "informed consent" about medical procedures as well as drugs and to much more rigorous, although by no means perfect, review by national agencies that oversee drug safety, such as Canada's Health Protection Branch (HPB) and the USA's Food and Drug Administration (FDA).

2. Safer oral contraceptives with 1/3 as much estrogen. With the

publication of *The Doctors' Case Against the Pill* in 1969, the year I graduated from medical school, Barbara Seaman started a North American chain of events that led to the dose of estrogen in the pill being lowered from more than 100 micrograms to doses of 20-35 micrograms today. The lower doses provide nearly equal contraception but are safer. (However, while these current pills have been marketed as "low dose," they still contain approximately four to five times higher estrogen action than the normal menstrual cycle and are still associated with side effects.)

3. The Women's Health Initiative trials. In 1975, Barbara Seaman and others founded the National Women's Health Network (NWHN) that works as a women's health lobby group in Washington, D. C. Among its other accomplishments was the eventual formation of an Office of Women's Health at the National Institutes of Health. That Office—although without the power of enforcement—has responsibility to ensure that women are equally represented in all research funded by the USA government. The NWHN was also at the hearings when Wyeth-Ayerst brought a petition asking the Food and Drug Administration (FDA) to label estrogen as preventing women's heart disease. The NWHN pointed out that, although there were many observational studies showing that Premarin created out of Pregnant Mares Urine (the Wyeth-Ayerst drug that is the most commonly used estrogen in North America), appeared to prevent heart attacks, these were likely biased. There were no randomized, double blind placebo-controlled studies sufficiently large to prove whether or not estrogen prevented heart disease. Yet it was being prescribed for menopausal "estrogen deficiency" and to prevent

heart disease to millions of midlife women, whether or not they had hot flashes. The Women's Health Initiative (WHI) randomized double blind placebo-controlled hormone trials were thus begun, which showed that estrogen does not prevent heart disease. As we know, the studies also showed adverse health effects from hormone use.

4. Sex Parity in Medical Education. In the 1950s and 1960s women made up less than 10% of medical school classes in the USA and Canada. The National Women's Health Network lobbied to improve women's access to medical schools. Today there are equal numbers of women and men graduating as physicians.

Here's a hard question:

What would Barbara Seaman tell us at the Society for Menstrual Cycle Research to do today, were we to consult her? I think she would tell us, as we have been doing in our position statements, to keep challenging those who, with exquisite backing, deny the adverse-for-estrogen WHI results. She would tell us to keep saying that estrogen doesn't prevent heart disease. I think she would also tell us to keep asking, as we have been in our position statements, for more safety data and for randomized double blind placebo-controlled trials of extended (or cycle stopping) hormonal contraception. We can pat ourselves on the back for these two clear position statements. But I think Barbara Seaman would urge us to take up further challenges. Two issues that I find important are, first, although there is sex-parity there is not "gender-parity" in medical education and in women's health research. Gender parity has not been achieved in medicine and science—women are still not equally paid nor equally represented as professors, deans, scientists and

leaders of women's health research. I also feel that Barbara Seaman, if she had been made aware of it, would urge us to ensure recognition of true rather than mythical hormone changes of perimenopause. For example, although billed as a time of dropping or deficient estrogen levels, perimenopause is a time of erratic sometimes higher estradiol and lower progesterone levels. I have taken from Barbara a new courage to ferret out the power behind the interests that threaten women's health. I feel it is time for us at the Society for Menstrual Cycle Research to retrieve the courage of our feminist sisters from the 1970s and, like Barbara Seaman, speak out loudly and to power, even when our truth is controversial, treated contemptuously or worse, ignored.

Other matters:

The next biennial conference of SMCR will be June 4-6, 2009, in Spokane, Washington. Watch for the call for proposals and further information about the conference, which will be sent out in the fall.

Errata: In the last newsletter, I inadvertently left off one of the members of the board. Tracy Quinn is also serving ex-officio in her role as Past-President until 2009. The full board is now: To serve until 2009: Elizabeth Kissling, Phyllis Mansfield, Diana Taylor, Marianne McPherson (completing Maria Clara Whitaker's term). To serve until 2011: Ingrid Johnston-Robledo, Joan Chrisler, Christine Hitchcock, Margaret (Peggy) Stubbs. To serve until 2013: Maria Marvan, Giovanna Chesler, Judith Berg, Heather Dillaway. Ex officio on the board because of their various roles are: President: Jerilynn Prior (to serve until 2009, then as past president until 2011), Past President: Tracy Quinn, Secretary/Treasurer: Peggy Moloney,

Activist Liaison: Chris Bobel, Newsletter: Paula Derry.

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Member News

Two SMCR members in one department! Giovanna Chesler has joined fellow SMCR member David Linton on the faculty at Marymount Manhattan College in Communication Arts. She will teach video production and film theory, along with niche courses devoted to media, health and gender. Now that two minds devoted to social constructions of menstruation are in one location, Giovanna and David intend to collaborate on future projects around the menstrual cycle.

Joan Chrisler has two recent publications. "The menstrual cycle in a biopsychosocial context," was published in 2008 in F. L. Denmark & M. A. Paludi (Eds.), *Psychology of women: A handbook of issues and theories* (pp. 400-439). Westport, CT: Praeger. Her paper "Fear of losing control: Power, perfectionism, and the psychology of women," appeared in *Psychology of Women Quarterly*, 32, 1-12 in 2008.

Peggy Moloney is presenting a poster at the American Headache Society's 50th Annual Scientific Meeting the end of June: Moloney, M.F., Aycok, D.M., Cotsonis, G.A., Myerburg, S., Farino, C., Lentz, M. "Feasibility and acceptability of an internet-based headache diary." This study was funded by the National Institute of Nursing Research. She has received funding for her next study, an online educational intervention study: "An Internet-based educational intervention for women with migraines," from Endo Pharmaceuticals. She also received an internal grant to develop the intervention to be used in this pilot:

Moloney, M.F., P.I. "Development of an Internet-based educational intervention for women with migraines."

Paula Derry will be presenting a paper, "Preconditions for transdisciplinary health sciences," at the annual conference of the Metanexus Institute. This year's conference is "Subject, Self, and Soul: Transdisciplinary Approaches to Personhood," Madrid, Spain, July 13-17. She will discuss general habits of mind and cognitive presuppositions and strategies that provide a transition from a mechanistic to a holistic view of the science underlying health care. She will also discuss her model of menopause, the Lifespan Biological Model, as well as a transdisciplinary model that she has developed of psychological depression.

Joan Moon, EdD, CNM presented her computer-based module "A Woman's World: Discovering the Dynamic Menstrual Cycle" at the *Technologic Innovations in Nursing Education: Best Practices In Informatics & Simulation Conference* held in Hilton Head, SC in Mar 2008. She has also been promoted to Associate Professor of Nursing at the University of Toledo College of Nursing.

Jean Elson, Ph.D. was chosen by the student cast of the "Vagina Monologues" to receive the 2008 University of New Hampshire "Vagina Warrior Award," "for her tireless efforts in educating students and opening our minds to the important issues surrounding women today."

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**Member Profile: Susan Cohen, RN, PhD**

By Diana Taylor, RN, Ph.D.

In 2008, Susan Cohen stepped down from the Board of SMCR. She had been SMCR President 2003-2005; Co-convenor of the 2001 Conference;

Convenor of the 2003 Conference; Board member 1998 to 2008; and an active SMCR member since 1986.

I have known Dr. Cohen for over 20 years. She has made extensive contributions to professional practice, nursing education, and women's health research over the past 30 years. She is an expert clinician, an experienced and dedicated teacher, an innovative thinker, a well-focused scientist, and an involved participant in the academic and local community who brings her knowledge of health promotion and feminist theory to her work. Throughout her career, Dr. Cohen has maintained a research program related to women's health care and has the skill and talent to translate this knowledge in a variety of ways to the widest possible audience. She has been active in developing the knowledge base in women's primary care and developing new practice and education models for women's health care providers. She has received local, regional, national, and international recognition.

Dr. Cohen's contributions to the Society have been significant and sustained. She has been an active participant in the scholarly activities of the Society for 22 years, presenting at most of the biennial research conferences. As the SMCR president (2003-2005) and recent past president (2005-2007), Dr. Cohen provided creative, substantive and organizational leadership for the Society's biennial research meeting as well as leadership in the development of partnerships between the Society and scientific collaborators. She is always generous with her time providing both support and intellectual guidance to those working with her.

In addition to her volunteer contributions to the Society, Dr. Cohen is an active

member of twelve other professional organizations and eight of them are research-focused organizations. As secretary to the National Organization of Nurse Practitioner Faculties (2003-2007) which sets educational standards for graduate nursing education programs, she has been instrumental in the development of a women's health special interest group to assure that evidence-based knowledge is included in the curriculum.

Dr. Cohen had been instrumental in the curricular reform of the women's health specialization at the University of Pennsylvania, the University of Texas-Houston, the University of California-San Francisco and Yale University. Her substantive knowledge and teaching experience in women's studies, feminist philosophy, and reproductive physiology are unique among our peers in any discipline. She has developed creative cross-disciplinary teaching-learning strategies that have been used by me in the development of the UCSF Women's Primary Care Program as well as by many other colleagues at the University of Washington, Massachusetts General Hospital, the Institute for Health Professions, and at the University of Illinois-Chicago. Furthermore, Dr. Cohen has an incredible memory that crosses disciplines as well as research, education and practice. She is always available to remember the most obscure reference as well as to suggest creative ideas for educating women's health professionals. For example, Dr. Cohen provided substantive and organizational leadership for a five-member collaboration that resulted in both a paper and presentation, titled "From female disease to women's health: New educational paradigms." Selected as a foundational presentation for the first multidisciplinary national conference on women's health research, education and

practice in 1994 (*Reframing Women's Health: New Paradigms for Multi-disciplinary Research and Practice*), this paper has been referred to as innovative and critical to the advancement of health professional education for women's health.

Dr. Cohen is a creative and dedicated scholar and provides new ideas about women's health and illness phenomena. An important attribute with regard to her contribution to advancing women's health scholarship has been her ability to work in teams that include clinicians and scientists across disciplines. Too often we are guilty of only "talking to ourselves" whereas Dr. Cohen has the ability to communicate effectively with multiple audiences.

A significant contribution to women's health knowledge has been Dr. Cohen's research and publications focusing on women's everyday life experiences that influence healthy function and illness recovery. Her work builds on a cross-disciplinary, biopsychosocial framework of descriptive research and advances to the development and testing of innovative therapeutics. For example, independently and in a collaborative team, Dr. Cohen has investigated previously unexamined myths about women's experiences with hysterectomy and surgical recovery over time. Findings from this research expanded the biomedical perspectives on hormonal function and change to include psychosocial and functional factors. Currently, Dr. Cohen has moved to intervention research and is one of a handful of researchers who is rigorously testing non-drug treatments for midlife women experiencing menopausal symptoms. Findings from her NIH-funded studies are already informing other symptom management research and clinical practice. In

addition to testing new therapies, her work is providing important methodological information for an area that does not always conform to traditional clinical trial research designs.

Dr. Cohen is a true scientist-practitioner as well as a role model, a generous colleague, and a mentor. She combines a keen curiosity with a thoughtful vision of women's health and scholarship. She provides the inspiration and the expertise to ask the important questions and the critical knowledge to answer the questions that would advance the science of women's health. As a colleague, she initiates the investigation of new areas of exploration. Always aware of the gaps in our theoretical and clinical knowledge base, she motivates herself and her colleagues to define clinical practice and women's health scholarship as more than an appendage to biomedicine. Her intellectual curiosity is infectious and many of the ideas and components of my own program of research are the result of my association with Dr. Cohen. I believe that her special contribution is the ability to define important clinical problems that have yet to surface in the professional or scientific community and then to facilitate collaboration toward the examination of these ideas. Working together is always enjoyable and exciting as we attempt to merge clinical and scientific scholarship toward new interpretations. Clearly, Dr. Cohen has distinguished herself as a collaborative leader in women's health practice, education and research.

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Body Literacy, Fertility Awareness Conference

Justisse-Healthworks *for Women* is hosting a conference, *Body Literacy and Fertility Awareness: Building*

Community & Envisioning the Future, May 14 to May 17, 2009, in Edmonton, Alberta, Canada. The conference is aimed at Holistic Reproductive Health Practitioner graduates and students, fertility awareness instructors, and other holistic well-woman care providers. This is an exciting opportunity for us all to come together and share our particular area of interest and expertise in the field of fertility awareness education, body literacy, and holistic reproductive health care. The purpose of this conference is to build community among HRHP and FAM educators by sharing and dialoguing about our knowledge, experience, strengths, and vision for our work and the collective work. We intend to provide an opportunity to bring forth discussion on a variety of issues that touch the heart, mind, body, and soul of this field. We invite rigorous academic and clinical case presentations, workshops, activities, and playful and creative expressions from the field. Our intention is to provide a salon style environment which includes discussion and exchange as an integral part of each presentation. We encourage participants to share how they have integrated fertility awareness with their particular area of expertise and the particular population they serve. For information about submissions contact: info@justisse.ca subject HRHP Conference, or visit www.justisse.ca go to events, or call -1-866-justisse.

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**Update on SMCR Publications**  
By Phyllis Mansfield and Peggy Stubbs,  
Co-Editors

In record time and working under very tight page length constraints, we are happy to announce that the following papers which were presented at the 2007 conference in Vancouver will be

published as a special issue of *Health Care for Women International* (expected publication date, August, 2008):

From Convenience to Hazard: A Short History of the Emergence of the Menstrual Activism Movement, 1971-1992, Chris Bobel

Update on Hormones, Menopause, and Heart Disease: Evaluating Professional Responses to the Women's Health Initiative, Paula S. Derry, Ph.D.

Talking "Among Us": How Women from Different Racial-Ethnic Groups Define and Discuss Menopause, Heather Dillaway, Mary Byrnes, Sara Miller, MA, Sonica Rehan

Elements of the Menstrual Suppression Debate, Christine L. Hitchcock  
Stereotypes of Women in Different Stages of their Reproductive Life: Data from Mexico and U.S., Ma. Luisa Marván, Martha Islas, Laura Vela, Joan C. Chrisler, Elyse A. Warren

Young Women's Attitudes toward Continuous Use of Oral Contraceptives: The Effect of Priming Positive Attitudes toward Menstruation on Women's Willingness to Suppress Menstruation, Jennifer Gorman Rose, Joan C. Chrisler, Samantha Couture

Menopausal Women's Perceived Causes of Hot Flash, Margaret L. Stubbs, Susan M. Cohen, Feridey Carr.

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Tracking Down the "Texas Instruments" Study: Refuting a Menstrual Myth

By Christine L. Hitchcock, PhD

In reading the literature on cycle-stopping contraception with extended or continuous use oral contraceptives, I

kept encountering the same claim about a Texas Instruments study showing a 25% reduction in productivity around the time of menstruation. This claim is being used to support arguments that menstruation is detrimental to women. However, the claim seemed to be very strong, and was at odds with what I knew about the literature on productivity over the menstrual cycle. Reviews of the literature on various aspects of performance, cognition and productivity have concluded that there is little evidence for premenstrual impairment in the general population of women (e.g., Sommer 1983; Ussher 1991). I therefore decided to research the study and the claims made on the basis of it.

I sent an email to the smcr-mbrs list, and then to a number of the authors who have repeated this statement. Unfortunately, Ellertson has since died, and no one was able to help me with her source. Kaunitz replied that the source might have been the book "Is menstruation obsolete?" by Elsimar Coutinho. I e-mailed Coutinho, who replied that his source was Katharina Dalton's 1983 book "Once a Month". One author, Dr. David Archer, took the initiative to follow up with Texas Instruments, and was good enough to send me a copy of the e-mail reply.

In sum, though this study has been cited by various authors, there is no evidence even that it existed.

Here are some examples of the statement:

"Texas Instruments noted a 25% reduction in the productivity of female workers during menses ..." Archer (2006)

"According to Thomas and Ellertson [3], Texas Instruments noted a 25%

decrease in productivity among female workers around the time of menses." Kaunitz (2000)

"For example, Texas Instruments found a 25% reduction in the productivity of female workers during the paramenstruum." Thomas & Ellertson (2000)

"Texas Instruments Corporation, for example, registers a reduction in productivity of 25 percent during the premenstrual phase of their women employees." Coutinho & Segal (1999), p. 73

The original source (according to Coutinho) is Dalton's book "Once a Month", published in 1983. That book states: *"Texas Instruments, which employs women for the assembly of electrical components, finds that the average worker's normal production rate of 100 components per hour drops during the paramenstruum to 75 per hour (p.100)."* There are no supporting references for this statement.

I close with the e-mail from the Texas Instruments communications office. According to this e-mail, there is no "Texas Instruments study," and there appears to be no way to discover what findings led to the conclusions.

From: Chandler, Gail

Sent: Tuesday, September 04, 2007 12:15 PM

Subject: RE: Reference to a TI internal study of productivity.

..., we get inquiries on this from time to time, but Texas Instruments has never endorsed or commissioned any study related to female workers and menstruation.

We believe that TI is occasionally mistakenly connected to this topic for a couple of reasons:

1) We have heard that a study was done by a doctor, Dr. Bin Hattori, who worked on a contract basis for TI in Miho, Japan in the early 1980s. His study was not commissioned or endorsed by TI. No one at TI today is familiar with the referenced study, and we have never take any actions either then or since based on the results of such a study. The doctor passed away in early 2003, and no one has been able to produce a copy of the study or give us any information about it.

2) We do know that this study was referenced as a "TI study" in a book, "Once A Month", first published years ago in the UK by Dr. Katharina Dalton and included in some editions since then. The book itself didn't cite any source. We understand from a reporter who contacted Dr. Dalton directly in 2000 (she was 86 years old at that time) that the author insisted that there was such a study, but was vague about what it encompassed or what it said or how she connected it to TI.

The Lancet article you asked me about references Dr. Dalton's book but does not name any other source.

I hope this helps clear up any misinformation. Please let me know if you have any additional questions.

*Regards,
Gail Chandler
TI Communications*

Katharina Dalton's book is full of unsupported claims about the difficulties and impairments that accompany the menstrual cycle. There are no references, footnotes, or even descriptions of where she obtained the information. Others who are trying to locate the source of implausible assertions about menstrual disability might be well advised to check her book.

References:

Archer, D. F. (2006). Menstrual-cycle-related symptoms: a review of the rationale for continuous use of oral contraceptives. *Contraception, 74*(5), 359-366.

Coutinho, E. M., & Segal, S. J. (1999). *Is Menstruation Obsolete?* Oxford: Oxford University Press. p. 73

Dalton, K. (1983). *Once a Month*. Claremont, CA: Hunter House, Inc.

Kaunitz, A. M. (2000). Menstruation: choosing whether...and when. *Contraception., 62*, 277-284.

Sommer B. (1983). How does menstruation affect cognitive competence and psychophysiological response? *Women & Health 8*, 53-90.

Thomas, S. L., & Ellertson, C. (2000). Nuisance or natural and healthy: should monthly menstruation be optional for women? *Lancet*, 355(9207), 922-924.

Ussher JM, Wilding JM. (1991). Performance and state changes during the menstrual cycle, conceptualised within a broad band testing framework. *Soc Sci Med, 32*, 525-34.

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**Book Review**

By Paula Derry  
*Women Over 50. Psychological Perspectives*. Edited by Varda Muhlbauer and Joan Chrisler, New York, Springer, 2007. 210 pp. \$49.95 (hardbound) ISBN: 0387463402

A holistic view of menopause requires discussing physical changes in the context of psychological, social, cultural, and physical aspects of women's experiences and constraints. *Women*

*over 50* provides much welcome information about the quality of experience of mature women. The language and theories used to describe midlife women most commonly are distinctly different from those used when discussing earlier stages of life because they emphasize pathology or the denial of pathology. This book, on the other hand, describes the lives of women over fifty in a matter-of-fact manner and with the same language life would be described at any other age, that is, as having good points and bad points, external constraints and developmental issues. It is a practical book, providing real insight into the quality of experience during this stage of life.

The Editors note that the traditional definition of midlife is in flux. With average lifespans increasingly approaching the 80s, midlife is now seen less as the beginning of old age and more as a stage unto itself. In addition, contemporary women differ from midlife women in the past because they have greater opportunities and a greater variety of lifestyles. One theme of the book thus is that fifty is not the beginning of the end, in which the future is characterized only by bleakness or loss. Rather, important life tasks and accomplishments await. Notwithstanding the stereotypes, productivity is typical and women's lives involve confidence, satisfaction, and authenticity rather than preoccupation with loss and endings. A second theme is that this life stage is characterized by variability. One person is looking forward to retirement while another is going back to school to prepare for a new career. One person's interest in sexuality is waning while another's hits a peak.

The book is organized into chapters, each one written by experts in the area.

With regard to the body, there are chapters about body image, sexuality, and the increasing importance of maintaining physical health and coping with illness. With regard to social roles, there are chapters about friendship, grandparenthood, caregiving, and work and retirement. The intimate interrelationship of physiology and psychosocial experience is examined, women's real experience is described, what we know based on the research literature and areas needing more research are reviewed, and the implication of one's choice of imagery is explicitly drawn. For example, a chapter on sexuality describes age-related changes without pathologizing them. "Vaginal dryness," for example, is often defined as a physiological problem caused by waning estrogen levels. Treatment with a prescription estrogen is often recommended. The analysis in this book, however, emphasizes that it may simply take women longer to become moist as they grow older and that "vaginal dryness" can indicate simply that a woman is not yet ready for intercourse. Measures of sexual dysfunction are commonly defined as deviation from or dissatisfaction with a norm, especially a norm defined by standards for younger adults or men. Thus, women who do not want to have sex often enough, as compared to an external standard, are diagnosed as having a dysfunction. The chapter argues for measures that instead center on a woman's experience of pleasure. Research is cited that indicates a lack of correspondence between dysfunction as defined by professionals and dissatisfaction on the part of women studied. A woman's desire for frequency of intercourse may be at odds with that of biomedical researchers. Further, her satisfaction may be importantly connected to the experience of closeness, love, lack of danger

associated with sexuality, or overall lack of life stress. Biomedical definitions that are at odds with a woman's own experience may have negative health effects. They may actively interfere with her experience of her sexuality, since pleasure presupposes comfort with one's own embodiment.

This book makes a significant contribution to the literature on women over fifty. It should be of interest to a wide range of professionals, including researchers, clinicians, and students of the psychology of women. In addition, its readable, practical chapters will be of interest to a well-educated reader in the general public. Women looking for an orientation to midlife will find this a welcome addition.

(based on a review in *Sex Roles*)

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It's Not Too Late to Pay 2008 Dues

Please note that SMCR member dues are due in January of each year. If you have already sent in your dues, or if you have paid in advance for future years, thank you! If not, please send your check for \$50 for one year, or \$125 for 3 years, made out to SMCR, to Peggy Moloney, 2351 Doreen Ct., N.E., Atlanta, GA 30345. Please also send me any changes in your snail mail or e-mail address. Contact me if you aren't receiving the e-mail notice that the newsletter is available online. Thanks.

Peggy Moloney
Secretary/Treasurer
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### **From the Editor**

The electronic version of the newsletter is posted on the SMCR website. Everyone on the SMCR listserv receives

an e-mail notice when the newsletter is posted. In addition, everyone is currently getting a paper copy except those who have opted out. However, beginning soon, we are switching to the opposite. Everyone will receive the notice on the listserv. However, if you want to continue getting a print version mailed to you, you need to opt-in, in other words, contact me or contact Peggy Moloney at her e-mail address, nurmim@langate.gsu.edu, or at 2351 Doreen Ct., N.E., Atlanta, GA 30345. I myself am ambivalent about reading the newsletter electronically, since I find my reading comprehension is higher with print. However, since the newsletter is distributed as a .pdf, downloading and printing a copy is a simple matter. Again, people who wish to continue getting a hard copy mailed to them are welcome to do so.

Submissions to the newsletter are always welcome. Please send news about your publications, presentations, activities, news of other members, commentaries on topics of interest, book reviews, announcements of upcoming conferences, queries about whether to write an article. Thanks.

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Disclaimer

Articles in the newsletter are the opinions of the authors and not the official position of the Society for Menstrual Cycle Research.

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Send newsletter preference to Paula Derry, 4811 Crowson Ave., Baltimore, MD 21212, paula.derry@gmail.com or Peggy Moloney, 2351 Doreen Ct., N.E., Atlanta, GA 30345, nurmim@langate.gsu.edu

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Note: Beginning soon, only the electronic version of the newsletter will be distributed to all members. Members who want to continue getting a paper copy are welcome to do so, but need to opt-in for this. See "From the Editor" inside the newsletter for more details.

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