Societies have always had natural ways to maintain an orderly growth pattern, and these have always been known to women. For thousands of years, one such way has unquestionably been lengthy periods of breastfeeding, allowing a natural spacing of at least two years between each child (three and even four years used to be commonplace). On the other hand, contraception or a desire to induce sterility have never been part of the mores of any culture over the centuries with the sole exception of Western aristocratic society, and while this latter mentality, after slowly filtering down to large land owners and then to the middle classes may have finally spread throughout our entire civilization, it is still far from being shared by the rest of the world, even today.

We must now leave the European aristocracy, which having opted for new ways of thinking after destroying the old, began to understand as the 20th century dawned that it had no solid foundation on which to build. Let us leave the industrial cities streaming with soot, teeming with vice and screaming with solitude to study menopausal women in other climes and, since it is the cradle of Western civilization, let us go to Southern Europe, to the lands bordering the eastern and southern coasts of the Mediterranean.

Everyone knows that the light there is of incredible luminosity, the land of outstanding beauty ... and the men are happy and proud, because to be a man is to be the head of a family, the father of many children. And one thing is essential if they are to fulfill themselves and carry out their destiny as men, and that is a wife.

In Mediterranean societies, men and women are closely dependent upon each other, since a man cannot be complete until united with a woman. Men therefore put all their might and energy into seeking a wife. They know that a father will not let his daughter leave his house to go just anywhere. Before obtaining the hand of their beloved, they must therefore pay their future father-in-law a certain sum of money or its equivalent in kind, as a guarantee. Far from providing evidence that women are bought and sold like chattels, this custom shows that they have enormous value and are totally independent beings. Fathers do not consider it prudent to entrust the happiness of their daughters to men who have not proved that they are capable of providing for their wife and children. If the young man is not thrifty or hard-working enough to acquire beasts or lands, it is unlikely that he would make his wife happy, and a father would prefer to keep his daughter at home than expose her to a life of misery in the house of someone unable to furnish some kind of guarantee.

Men wishing to marry must therefore pay the father of their future bride a dowry, which will be given to her on her wedding day. This, together with gifts from her father, will remain her own property. These men who have a healthy self-esteem are in fact seeking women with the same characteristic, and the dowry paid by the bride's husband-to-be and father is the token of her great value.

Marriage is therefore a young man's prime and ultimate goal. He will do everything in his power to achieve it, make any sacrifice. When the day comes for the bride to leave her family's home and enter the house of her husband, laden with gifts that represent her investment in their joint enterprise - gifts that will always remain hers and that she will be free to invest in order to increase their capital - she feels like a queen entering into her kingdom. How can she not feel proud? Her husband has left his father and mother for her. He has chosen her from several others, and now they will be "as one," linked inseparably forever. They will share the same joys and griefs, bear the same responsibilities,
face the same challenges. Their love will totally transform them and make them a family, because children will surely arrive very shortly. They will then be a community of individuals bound by mutual responsibility and ties of respect, honor and gratitude.

A chosen wife and honored mother, a Mediterranean woman is also a shrewd and necessary business partner - and this is an important point. She runs her household as a business is run in the West. She supervises workers who help in the fields or the house; she buys the raw materials required for her many activities; she sells what she produces and invests the profits herself; she remembers to be charitable, and her wisdom is acknowledged by all.

Such women are not objects - far from it! They are independent persons whose "price is above rubies." We know this because a text has come down to us from ancient times that asks "Who can find a virtuous woman?." The book of Proverbs contains a magnificent poem that sings high praises of such a woman. As an interesting aside, this was intended to be read by husbands in Jewish households to the assembled family at sunset every Friday, the close of the work week.

A far more recent text, which we owe to a writer of the 17th or 18th century, describes the work of French peasant women. This was neither easy nor sedentary, and it is not difficult to understand why they were bound to have a very high opinion of their abilities and the very definite feeling that they were indispensable. In fact, no one in pre-industrial societies would have thought otherwise for a single instant. Men and women each had very specific, clearly defined roles to play, and both were equally necessary to each other.

"Following our custom in France, village women look after cows, calves, piglets, swine, pigeons, geese, ducks, peacocks, chickens, pheasants and other sorts of animals, both to feed them and to milk them, make butter, cheese and set aside fat for the workers' victuals. They are also in charge of the oven and cellar, and responsible for fashioning hemp, shearing ewes, carding, spinning and combing the wool, making cloth to clothe the family, cultivating the vegetable garden and looking after the stores of fruits, herbs, roots and grains... The farmer's wife meets out the bread so well that we only use that baked on previous days and, when prices rise, she has some quantities of beans or buckwheat ground with the wheat because the mixture of flours swells the dough and the bread is higher and of greater volume."

It is an undeniable fact that Mediterranean women, whether Jewish, Arab or Christian, occupy an important social position from the time of their marriage, just like the French peasants in 1781 or the women of the bourgeoisie portrayed by Chardin. One of his paintings, "Le Benedicite" (1740), tended by an attentive, devout mistress of the house, is permeated by peace.

And this position does not diminish with passing years but, on the contrary, grows in importance and, when the climacteric arrives, most of these women are nearing the peak of their glory. Their sons are becoming men, their daughters women. Their family will expand again, and their power will increase proportionately. While they may lose their own daughters, they will acquire daughters-in-law and thus find themselves with dominion over an immense house that has to be supervised and counseled, and this will continue until the end of their lives. As time passes, these women increasingly become the focus of the affection, loyalty and honor of their husband, sons, sons' wives and grandchildren. And, in accordance with the traditional command:

"Give her of the fruit of her hands; and let her own works praise her in the gates." Prov 31:31
These women's strong self-respect cannot be denied. They are happy to be women because they are proud to be mothers. Their children and, in particular, their sons give them their identity - the sons that they have brought into the world, nursed at their breasts, educated and continue to love and cherish - and the daughters that they have borne their husbands bring them great social importance, particularly when such children are modest in behavior and everyone knows that they will be richly endowed by a father who is mindful of their great worth.

This is a very special women's world and, if we put our Western prejudices aside, it is easy to see that Mediterranean women, governed by their fathers and then their husbands, lead very stable lives from birth to death, free of many stresses. It is traditionally said in these thousand-year-old societies, for example, that "Favor is deceitful and beauty is vain." It is the enterprising, ambitious woman who is independent, active, fruitful within her household that "shall be praised."7 Agreed, these women live within the walls of their husband's house, but they live intense, free and dignified lives.

But, that isn't all! There is one point that we must understand if we want to understand why these women do not feel distress at menopause. The lack of competition and, in particular, the compulsion to remain beautiful in order to be noticed and appreciated; their strong self-respect that intensifies as the years pass; their autonomy in ruling their children, servants and business are not sufficient to explain a climacteric as uneventful and, it must be said, as unnoticed as theirs. We have to look deeper.

Remember, these women are married to men who want children. They therefore marry young, shortly after puberty which occurs at 14 to 16 years for girls, and 16 to 18 for boys, as it used to do in Europe.8 A young man marries a girl who, once the marriage has been consummated and the signs of her virginity exhibited, will become pregnant during the first year of her married life. She will then experience a regular cycle of pregnancy, delivery and breastfeeding that will leave very little and often no place for menstruation. In fact, except for a few menses at puberty, generally without ovulation, she may well have no regular monthly cycles, unless her husband is away for an extended period of time or perhaps during the change of life. These too will most likely be anovulatory cycles, as was the case during puberty.

The fact is that these women rarely experience menses, since breastfeeding gives place after two or three years to another pregnancy. They will have very long periods between pregnancies when they experience no blood loss whatsoever. At menopause, the decrease in estrogen required to induce ovulation and then menstruation generally occurs during a breastfeeding cycle and thus passes unnoticed and, once the child has been weaned, the woman will await a pregnancy as in past years and it will quite simply not occur.

It is easy to understand that the end of menstruation does not have any great meaning for women who rarely have periods, and consequently experience none of the problems that afflict so many Western women (painful periods, premenstrual syndrome, excessive flow, etc.). It is therefore difficult for this event to be accompanied by any particular stress.

When comparing Western and Mediterranean women, it has to be admitted that their sexuality is totally different. That of the former is one-dimensional - pleasure - whereas that of the latter is five-dimensional, carrying with it the desire for a heterosexual relationship and joy when she finds herself pregnant, giving birth and nursing her child. For a Western woman, her first menstruation is the signal that she can now be sexually active; regular cycles during her twenties and thirties confirm that she is still young and, most important, that she has managed not to become pregnant. For a Mediterranean woman, the first menstruation means possible marriage, many children and a contented, fulfilled
husband. During her life as a wife, menstruation will mean that the child that she has been feeding for two or three years is now weaned and that, soon, she can once again become pregnant.

When her periods cease in mid-life, a Western woman's image of herself as an active sexual partner is automatically ripped apart. Just think of the irony! Having spent her childbearing years dreading the slightest delay in her periods, a Western woman in her forties will now be convinced that once they disappear, her youth and beauty, her reason for existing and for feeling a little loved will also be lost. It is a well-known fact that a very great number of Western women frankly refuse intercourse and become frigid at this point in their lives.

On the other hand, the cessation of her periods will at first raise the hopes of a Mediterranean woman (she will think she is pregnant) or will not even be noticed in the active expectation of another pregnancy. Mediterranean women generally increase their sexual activities at this stage in their lives. They have no intention of admitting their infertility to their husbands and know that they still have a chance of becoming pregnant again (in the West it is said that there is a realistic possibility of conception for 18 to 24 months after the last menstruation). However, if no pregnancy does occur, it will not cause any great problem because the wife has nonetheless had many children. In addition, when her last-born begins trotting around the place, her older sons and daughters will have had their first offspring. She will never stop being a mother and, until the end of her days, will have the very conscious feeling that she has fulfilled her destiny as a woman.

According to an American gynecologist, our Western lifestyle has engendered a phenomenon which he terms "incessant ovulation" (i.e. ovulating cycles that recur every month throughout child-bearing years), whereas only a few generations ago the greater part of a woman's reproductive years would have been passed without ovulation because she was either pregnant or breastfeeding. Many medical books today state that the menstrual cycle is the paramount sign of the reproductive function in women. While that may be true for Western women, it is not so for women elsewhere in the world, since the paramount sign of their reproductive function is having babies.

Although we are only now beginning to be surprised by this state of affairs and question its legitimacy, it was first recorded in Europe in 1775. A physician and philosopher named Roussel conjectured that "menstrual flow, far from being a natural institution is, on the contrary, an artificial need contracted as part of the social state." Seeking to explain what he considered an anomaly, and probably strongly influenced by Rousseau and his ideas on civilization, he put it down to what he termed "vice." "Women having acquired vices have also acquired menstruation. Thus, menstrual evacuation, once introduced into the human species, will continue without interruption."

Although we obviously cannot subscribe to Roussel's explanation today, many physicians and scientists do say that the social changes which have led to Western women menstruating throughout their reproductive span have also led to their bodies - particularly their uterus and breasts, which are hormone-dependent organs - being subjected to recurrent high, non-physiologic levels of estrogen, causing serious disruption of their hormone balance and disordered growth.

It is being found less and less natural that a woman should bleed for a total of 2 months every year, or the equivalent of seven years or so of constant hemorrhaging during her gynecological life as a sterile woman! There are reports in the scientific literature that menses recurring throughout the years from puberty, which is occurring earlier and earlier in Western women (8 to 10), to menopause (48 to 52) are a far from normal condition. We have even gone so far as to speak of a unique feminine bio-endocrinology, created by socio-cultural choices and the consequences of interfering with nature.
It is said that traveling broadens the mind. It is certainly very stimulating to note things that do not happen the same way as at home and, at the very least, it can give a healthy perspective to our opinions. To summarize our findings until now, a Mediterranean woman is prolific, and happy to be so. It is the foundation of her self-esteem, an honored social position, and an unobtrusive menopause that coincides with the acquisition of even greater dignity, independence and autonomy. As we have seen, this general picture contains important details. This woman's approach to her menses implies not only a symbolism that is diametrically opposed to that of Western women, but also - and this is what we are going to look at now - very specific hygienic behavior. The normal lack of menstruation protects her from a whole array of related ills, and her scrupulous respect of rules of hygiene when they do occur allows her to avoid another series of painful complaints, which have unfortunately become more and more common since the liberated women of our civilization have found themselves increasingly obliged to be "full-time" sexual partners.

For Mediterranean women, menstrual periods last seven days, during which they abstain completely from sexual relations. In actual fact, this statement is not totally accurate and the nuance deserves our close attention. It is the Mediterranean man who will abstain from intercourse with his wife during this period. Their religious code stipulates that it is the man who must not approach a woman while she is unclean to discover her nakedness. It is the man who is responsible for respecting his wife's privacy during this time and, to paraphrase the prophet Ezekiel, a man who is "just and does that which is lawful and right" does not "come near to a menstruous woman." (Ezekiel 18:4-6)

Several scientific authorities of our time have studied the principles of hygiene codified by Moses in the Pentateuch and assert that they form part of preventive medicine "in harmony with the most modern tenets of medicine."

The prohibition on intercourse during menstruation, which is considered to be seven full days, is a very important factor in preventing female sterility, the transmission of infection and therefore cervical cancer, endometriosis, etc.

Few women or men know exactly what menstruation represents, its mechanism and what occurs in the uterus at that point. Since they unfortunately do not know, they do not see why they should not enjoy each other for several days a month, especially when there is a widespread belief that it is "safe" to do so - i.e. there is no danger of pregnancy and therefore no need to take the usual contraceptive precautions. Indeed, this preconceived idea and freedom cause some couples to experience overwhelming sexual desire at this specific time. Since desire has become the yardstick of their morality - I want it, therefore it's OK - they consider the increase in libido to be proof that their need is legitimate: it has to be satisfied or they will become frustrated.

Menstruation is the flow of blood from the uterus, resulting in a loss of approximately 100 cubic centimeters of blood/mucous matter and cell debris caused by uterine and vaginal shedding.

The endometrium is "stripped" during menstruation and, in the process, becomes very thin. Shedding also takes place in the vagina; its walls become thinner and there is a marked increase in its pH which becomes highly alkaline.

The endometrium goes through a 3-part cycle:

1. The proliferative phase, during which the endometrium gradually thickens. It is only one to two millimeters in depth at the end of menstruation, and stimulated by estrogens, must increase to four to five or even six to seven millimeters.
2. The secretory phase, during which large quantities of progesterone and some estrogens secreted by the corpus luteum act on the endometrial glands, lengthening and maturing them. The submucosa becomes highly vascularized and edematous, in preparation for the uterine membrane to receive and nourish the fertilized egg.

3. The menstrual phase denotes the failure of fertilization. On the 24th day of the cycle, a regressive phase is triggered and lasts about four days, during which the endometrium rapidly thins (almost 50%). Blood circulation in the dilated vessels slows and the mucous membrane (mucosa) becomes congested. Then, 24 hours before the beginning of menstruation, the arteries become constricted, gradually stopping circulation; necrosis occurs and, finally, the blood vessels rupture their fragile walls.

The liquidation or elimination of the uterine nest is a violent process, because the top layer of the uterine mucosa is "stripped," and the rupture of the arteries causes bleeding. One after another, arterioles (small arteries) become deconstructed and, since the mucous membrane is necrotized (the cells are dead), small hemorrhages take place in the area of each artery. Tiny local hematomas (0.5 to 2 mm in diameter) break, releasing dark red blood. Each hemorrhage lasts about 90 minutes but, when bleeding stops in one area of the endometrium, it starts again at a neighboring site. Uterine bleeding is therefore regional rather than generalized. It is a slow process, and lasts several days, usually four.

Once the flow has stopped, the mucous membrane repairs itself. It has to thicken once again. This is done through the action of estrogens which, from being very low at the time of menstruation, gradually increase to reach maximum levels at ovulation. The shedding/repairing process requires seven days in healthy women: four days for blood flow, three for rebuilding. On the eighth day, the endometrium has been totally restored and once again enters the proliferative phase.

The prohibition on men having intercourse with women during menstruation is not some taboo or negative categorical command. Ignoring this ban may cause various disorders in the woman, including sterility. As we have seen, vessels rupture during menstruation allowing the woman's blood to come into contact with a foreign substance: her partner's sperm. She may produce sperm antibodies, resulting in intractable and very often irreversible sterility. The sperm passes into the blood, causing a defensive reaction on the part of the host system and the secretion of antibodies not only in the cervix but throughout the body as a whole.

Menstrual flow changes the vaginal pH, which is normally very acid (around 4). Acidity is maintained by the fact that glycogen, deposited in the upper cell layers by the action of estrogens, converts to lactic acid. The acidity forms a physiological barrier against pathogens which can readily invade the feminine genital system because the vaginal opening provides easy access. If the barrier is breached - and it is every time menstruation takes place, because menstrual blood alkalinizes the vagina - pathogens responsible for genital infections can propagate within the uterus and fallopian tubes, reaching as far as the peritoneal cavity. This will result in acute complications and, in many cases, irreversible sterility. **Intercourse during menstruation therefore carries a very high risk of contamination by a sexually transmissible disease.** It is estimated that when the vaginal pH changes and becomes more alkaline - which happens with birth control pills as well as during menses - a woman's risk of contracting gonorrhea, for example, can climb from 30% to 90% after just one sexual encounter with an infected man. Today, when gonorrhea, herpes and AIDS are becoming endemic rather than epidemic, **intercourse during menstruation is nothing short of suicidal.**

Endometriosis is a disorder in which uterine mucous membrane is transported outside the uterine cavity. "Ectopic" endometrial tissue is usually detected in the genital tract, ovaries and tubes, although
it can also migrate to the bladder, rectum, intestines, appendix, etc. The tissue is subject to the same hormonal influence as the endometrium during the cycle, and will also bleed during menses. Pain and uterine hemorrhaging, fever, sterility and pelvic swelling will be experienced. Endometriosis also causes neurological problems, with pain referring to the lower back, legs and feet, as a result of uterine tissue implanted on the lumbosacral plexus.

Today, it is considered that the most likely cause of this disorder, which affects 25 to 30% of women, is sexual excitation during menstruation. Whether caused by intercourse, masturbation or erotic thoughts, the flow of menstrual blood and uterine debris is stemmed, creating a reverse flow through the fallopian tubes to reach the ovaries and spill into the pelvic cavity because, after orgasm, there is a negative intrauterine pressure that may induce a suction mechanism.

The rule of abstaining from sexual relations during menstruation should obviously also apply during the post-partum period, when the genital organs have to revert to their pre-pregnancy status, lactation has to start and the mother must regain her physical and emotional stamina. During this period, the spongy portion of the uterine mucosa to which the placenta and membranes were attached will be expelled, the uterus will turn in on itself and gradually involute while proceeding with the important task of repairing the endometrium, starting with the deepest layers. Based on present scientific data, this gigantic task requires six to eight weeks to complete.

A part of the postpartum period (one to two weeks) is characterized by the abundant discharge of lochia. This is extremely alkaline, and a highly favorable terrain for the multiplication of bacteria. Stringent cleanliness must be maintained, since the woman is extremely vulnerable to infection at this point. Because it is still distended, her uterus provides an ideal environment for microbes to multiply. Lacerated or bruised vulval and vaginal tissues are devitalized and unable to combat infection. Bacteria can enter the cervix directly, because the opening is still large. Immunity is always lowered in a woman who has just given birth, because she has lost strength and sleep and has eaten little during the long hours of labor and delivery; blood loss may also have been severe. It should also be noted that many women experience erosion of the cervix postpartum; the cause is hormonal, and the problem will resolve spontaneously after two months or so. Should erosion occur, however, it too provides a favorable environment for infection and cervical cancer.

Cervical cancer is very widespread in Western countries. It accounts for 80% of genital cancers and 25% of all cancers in women. Gynecologists and obstetricians are looking closely into the fact that this cancer is not found in women whose husbands have been circumcised (usually those of the Jewish or Islamic faiths). This observation in the 1950s made circumcision fashionable in the U.S., but the practice was abandoned in the 70s because it was noted that the prevention of cervical cancer was not due to the fact that husbands were circumcised, but that they totally abstained from intercourse during the seven days of menstruation and the postpartum period (40 days for a boy, 80 for a girl). It is a known fact that repeated trauma of a congested, bleeding or irritated organ can promote cancer.

Continence during genital bleeding also protects the man, particularly in cases of phimosis (abnormal narrowing of the preputial orifice, frequently found with diabetes) when scrupulous penile hygiene is difficult. We know that menstrual blood contains larger quantities of such irritants as choline, arsenic and creatinine. Some researchers have discovered a "menotoxin" which has a toxic effect on plants. Smith has carried out experiments on what he has called "menstrual toxin," a euglobulin produced by cell necrosis, and has shown that it causes hemorrhaging, edema and even death in some cases when inoculated in animals. Menstrual blood can also increase the virulence of female genital microbes, including gonococcus and herpes. (It is known that menstruation pro-motes the recurrence of
catamenial herpes.) The male foreskin is very susceptible to all such irritants, which can cause cancer of the glans. **This is virtually unknown in circumcised men who follow orthodox religious practices and do not approach their wives while the latter are "unclean."**

It should come as no surprise to anybody that postpartum women are very delicate and obviously at risk for hemorrhaging, prolapse, pre-embolism and infection, as well as psychoses. The new mother needs a great deal of calm, kindness, relaxation and concentration if she is to recover her physical and mental equilibrium. Resuming sexual relations too hastily exposes her not only to incredible risks of infection, needless pain because of vaginal dryness — a sign of lower estrogen blood levels, which will gradually rise and shortly become normal again if she gave birth to a boy, slightly longer for a girl - but, most particularly, feelings of anxiety or frustration which are often very intense. When a woman has just had a baby, she needs to truly enter into her role of mother. This often requires a great deal of effort, and does not leave much strength for sexual relations.

Women need to feel complete respect and acceptance as mothers in order to truly be wives. When a man demands the resumption of sexual relationships almost immediately after the delivery of his child, it is as if he were denying or refusing to accept the fact that his wife has become a mother. The result is that she loses her self-respect and her joy at having a child. Deprived of her legitimate pride, racked by doubts that she is not loved unconditionally, and fearing that her baby may be a threat to life within the couple, she will sink into depression. Loss of appetite leads to fatigue and undernourishment, and she may go as far as to detach herself from a reality that she finds too painful to bear. **This postpartum psychosis is very common within our civilization, but it is unknown in societies where men have been taught for thousands of years that a mother must rest from 40 to 80 days following delivery of her child, and that this tenet is not open to discussion or negotiation.**

A midwifery text book mentions that many women are troubled by the question of resuming sexual relations after delivery, although they may not dare to mention it. The book suggests four weeks' abstinence. On the other hand, the woman author hastens to add, "but opinions differ on this."

**It is an undeniable fact that a Mediterranean woman, despite her many pregnancies, reaches menopause in an enviable physical and mental condition thanks to sexual mores which can be summed up by the triple maxim of Virginity, Chastity and Fidelity. Never having contracted infection, always having maintained her self-esteem through mutual respect, she is ready to begin a new life or, as 18th century authors termed it, "youthful old age." They considered the postmenopause period of the middle class and peasant women of the day as a time of vigor. As these women had no further "obligations towards their species," they could begin to live life as individuals and cultivate their intellectual faculties, greatly charming their astonished yet delighted husbands, who discovered a totally new side to their companions.**

The prolific women of other climes and other times, protected by their husbands, following a strict code of sexual hygiene throughout their child-bearing years, perceived menopause as a positive event, with none of the psychological and psychosomatic symptoms that are typically Western.

This situation is not specific to women of Jewish, Islamic and Christian cultures. It is found in numerous cultures all over the world, as demonstrated by Theresa George in a 1988 article on Indian immigrants living in Vancouver, British Columbia.

Keeping their identity and social/religious unity intact, these women took great pride in their community. Their arrival in Canada followed a classic pattern: the men came first and then sent for their wives, sisters or mothers. This meant that none of the women surveyed who were over 35 years
of age were alone when they arrived in Canada; they went to husbands, sons or daughters. Every woman had had children; none had used artificial contraception. Most had a primary education, although some had gone on to university; yet others had no education whatsoever. All wore their traditional costumes at home, at daily religious services and social events in their community, although those working outside also wore Western clothing. They continued to prepare ethnic food, which was principally vegetarian. They liked going to the store because it allowed them to meet other women and talk with them in their own language.

The women we have briefly described were assessed as premenopausal. They said they were awaiting their menopause with impatience because they would then be free from the constraints of menstruation, which also meant complete sexual abstinence, and could enter a period of their lives when they would be "clean and free." None expressed the least apprehension of menopause; their mothers had had no problems and they saw no reason why they should have any.

In fact, these women said that menopause was an important event and that they discussed it openly among themselves and with their eldest daughters. Menopause must arrive at the right time, neither too soon nor too late; but it was a fairly long period, which gave everyone time to be on time. These Indian women expressed no stress about the subject, because menopause gave them a feeling of immense satisfaction. They had, in their own words, "fulfilled their duty." They had married, had numerous children - although they could have had fewer and, if it had been possible, they would have - but they wanted to do what was best for their husbands and children with all their hearts. Now that the latter were grown and successful in life, their mothers could be proud of them and were eagerly looking forward to a new stage in their own lives.

So it would seem that these women from other climes were able to enjoy an unobtrusive menopause, a prelude to a new life because of their high self-respect which, in turn, was based on their very definite feeling of having accomplished what they had to do and having done it well - in reality, because they had no regrets since their lives had followed a thousand-year-old course.

Having faithfully carried out their roles as wives and mothers, these women had never been degraded to the status of an object and they could hold their silvery heads high with grave pride. They knew, just like the French Peasants of the 18th century, that they would never lose the Position they had acquired through their hard work and the giving of themselves. They built families with their own substance and would "reign there until death as both wife and mother."

Where do we Western women of the 1990s stand in this regard?