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THE PRESENT STATUS OF THE RHYTHM THEORY

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During the past five years of active work in the organization of the Latz Foundation, which has as its aim the spreading of the knowledge of sterility and fertility in the human female, we have confirmed essentially the findings of Knaus and Ogino, which they so courageously made known to the scientific world some years previously.

"The Rhythm," written in a popular style and at a time when its author felt there existed a great need during a great depression, was published in 1932. Since then, there have been five revised editions and a sixth is at this time in process of printing. In October, 1935, we outlined the experience, in a paper appearing in the *Journal of the American Medical Association*, of 114 couples who kept a written record of intercourses and menstruations over a period of one to two years. No pregnancy occurred. In March, 1937, in the *Illinois Medical Journal*, we brought fifty-nine apparent failures from our records and gave the reasons for these failures. Another paper is now in progress and ready for publication which graphically summarizes data submitted recently by men and women from various parts of the United States.

Since the publication of "The Rhythm," we have made many friends and created much opposi-

tion. We have on hand numerous letters of couples who have returned to the Sacraments after many years, since they made acquaintance with the rules of the natural spacing of births. We find it rather interesting to evaluate the reasons for the objections to a rhythm theory. The opponents fall into one of two groups. The first of these condemn the idea outright for various opinions. Among these we find the fathers and mothers who in the last fifty years were taught the teachings of Capellman, both in the confessional and in the doctor's office; these teachings we know now are quite at variance with more up-to-date physiological research. In an effort to overcome this almost insurmountable prejudice, we often meet ridicule and sweeping denunciation. The other group includes those well-meaning but misinformed laymen, priests and doctors who freely give out advice without previous study of the laws of sterility and fertility. We frequently hear our failures tell us that their doctor told them that the safe period was ten days before and ten days after menstruation. This careless information is given without cautioning as to keeping a written record of the menstrual history or as to when one should start to count these ten days, e.g., at the beginning or the end of the bleeding time. Un-

fortunately, this simple and easy advice is given often to run-down and overburdened mothers who are just recovering from the trials of a difficult birth. They then in turn tell interested friends that "The Rhythm" failed.

We might confess that our personal and written contacts with couples using the safe period has taught us a very important conservative lesson. If there is any serious health or economic problem involved: where another pregnancy at this time would entail dire consequences, e.g., an advanced pulmonary tuberculosis in the mother, or where we had an unemployed father with eight or nine children, or less; in those cases, we allow them only the use of the sterile days before menstruation. We make this statement, because in our survey of the total number of failures encountered, most of them occurred because of intercourses after menstruation. At this time, it bears repetition to mention that any unusual emotional upset or excitement, a change of climate or altitude, a sickness, a secondary anæmia, an accident, injections of various glandular preparations, miscarriages and abortions, may all be contributing factors to failures, or influencing the regularity of menstruations. (A woman is irregular if she varies more than nine or ten days over a period of eight months.) When we meet an illiterate patient who has difficulty understanding our explanation and when we can gather from the

history that there is some semblance of regularity, we allow them only one or two days before menstruation for intercourse. Many welcome this small bit of information after having lived the lives of brother and sister for many years. This little bit of privilege is often made more practical by the advanced knowledge many women have of their onset of menstruation, one or two days before the beginning of the bleeding, e.g., by the swelling of the breasts, pain in the back, etc.

Among the difficulties encountered in the practical use of the Ogino-Knaus theory is the question, when does menstruation really begin in a patient who shows bloody spots for a few hours and then stops completely for one or two days and then presents a usual active flow. This has not been easy to answer. Up to now, we have advised routinely to figure from the time that there has been a first bloody show. We found this more practical rather than allowing the patients to determine what they judged to be the beginning of the "real" menstruation. Many patients ask about the use of the system during menopause, at a time when further pregnancies are often not wished. The answer is simple; these women do not fall within the normally menstruating class of women and therefore cannot make use of "The Rhythm." A more perplexing query to the writer is the follow-up: "When does my change of life stop, doctor?"

Among the stumbling blocks in the use of the safe period, we find those couples who experience the least amount of passion during the safe period as outlined in their particular cycle.

Many books have appeared in the last few years dealing with the safe period. Outstanding is Knaus' monumental work, which has been translated into English. Hartman's book is practical and to the point.

Allen, Burr and Hill's method of determining the time of ovulation by the electric potential method is novel and most promising.

Of the many other papers appearing recently on the subject under discussion, there are many who do not share our views. In the *Journal of the American Medical Association*, January 22, 1938, Stein and Cohen, evaluating the safe period, seem to have overlooked some of the most recently published material. According to these authors, less than 20% of women can make use of the "safe period," if there is such a thing as the safe period, because more than 80% of women menstruate too irregularly. In support of this conclusion, the statistics of Obata, based upon menstrual records of 964 school girls having menstruated for more than two years, are quoted and 56% of these girls experienced variations of more than 11 days in their cycles. Fluhmann, according to these authors, found that out of 76 healthy young women, one-third were regular

within a range of five days, whereas two-thirds were markedly irregular. Stein and Cohen themselves have records of 115 women, kept by 70 young women attending training school for nurses and of 45 gynecologic patients. Sixty-five of these women varied more than seven days and only 50 of the two combined groups varied between one and seven days.

These authors failed to recognize our statistics (*J. A. M. A.*, Vol. 105, No. 16, 1935) showing the variation of cycles of 2,000 healthy, mature women, who kept a written record of not less than eight months. (Abnormal cycles, caused by definitely known disturbing factors, were discarded.) This represents a compilation of 16,000 cycles—91% of this group of 2,000 women vary between two and eight days, and the variation of only 9% runs more than eight days. In the *Illinois Medical Journal* (Vol. 71, No. 3, 1937) we give the variation of the cycles of 1,500 additional women, representing at least 12,000 cycles and 90% of the women do not vary more than eight days. Ninety per cent of these total 3,500 women, therefore, may be considered to menstruate regularly within a range of four days of the average individual cycle. In Miller's study (*S. G. & O.*, Vol. 66, No. 4, April, 1938) 85% of all women (480) had a variation of not more than six days.

There is, therefore, quite a difference between the findings of Obata, Fluhmann, Stein and Cohen,

etc., and our own. The reason is clear. Obata, for instance, used high school girls for his statistics. It is a known fact that during the first few years (14 to 17 years) after the onset of puberty, menstruation appears, as a rule, in irregular intervals. The menstrual behavior of school girls, therefore, should not be used when the variation of the menstrual cycles of mature healthy women is to be determined. It is also apparent that gynecologic patients or young student nurses may not menstruate as regularly as normal healthy married women. There are many experiences which may greatly affect the physical and mental condition of those going into training. Is it not true that patients in a gynecologic clinic go there because of some genital disorder? It is, therefore, questionable whether this material may be used to determine the variation of the cycle of the normal healthy married women.

Stein and Cohen quote the work of Weinstock in an attempt to show that conception may occur at any time of the menstrual cycle. In the *Zentralblatt fuer Gynaekologie J.* 59, No. 45, 1935, Knaus discusses and refutes the findings of Weinstock to the satisfaction of most investigators.

Although in our article of failures (59) in the use of the safe period, as presented in the *Illinois Medical Journal*, we have so far only six unexplainable involuntary pregnancies out of many thousands of women who have com-

municated and cooperated with the work of the Latz Foundation, I believe this compares favorably with the best of contraceptives. May we suggest that more doctors try this natural method and ask the patients to keep accurate records? This should settle the controversy within the near future.

Among the most exact and glowing reports was the recent article appearing in the *S. G. & O.* by Dr. Miller (Vol. 66, No. 4, April, 1938). Using 480 normal patients as the basis of this study, Miller finds that in a five-year period not a single pregnancy has resulted from cohabitation outside of the fertile period. In his conclusion, he says: "That there are definite periods of physiological sterility and fertility in the menstrual cycles of normal women, appears to be a definitely established biological law." Again: "The fundamental scientific basis of the fertile period procedure is sound and reliable. The procedure offers to mankind, where it is supervised by a physician, a simple, dependable and physiological method of conception control."

For those who are interested in the moral angle of this problem, and I believe it is quite appropriate in a publication intended for Catholic physicians, we offer a translation of the most important paragraphs appearing in Latin, on this subject, in the *Theologische Praktische Quartalschrift* (1936, 89 Jahrgang, Nr. 1), by Arthur Vermeersch, S.J.