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We should not be disturbed by the apparent paradox of the gynecologist's seeming to serve both fertility and sterility. In some patients he tries to increase fertility, while in others he seeks to control it. Each of these may be quite legitimate activities because he serves the interests of each individual patient; but at all times he employs only licit means.

The most appropriate motto for physicians, not only for those in the Judeo-Christian tradition but also for noble pagans such as Hippocrates, is "Caritas et Justitia." The philosophical malaise afflicting the medical profession in the modern world is that sentimentalism has been mistaken for love, and injustice flourishes as never before. The unprecedented dilemma is that physicians now see it as their right, even their duty, to sometimes kill their patients (in abortion or euthanasia). The dilemma spills over into problems of fertility that are of fundamental importance because they deal with life and the sources of life.

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Contraception

There is no doubt that the greatest stumbling block for the average person is the prohibition of contraception. If this common pastoral problem could be resolved satisfactorily, it would lead to spiritual and psychological benefits in numberless marriages. In *Humanae Vitae*, Pope Paul VI outlined the sublime concept of marriage lived in conformity with God's plan for humanity but its publication in 1968 led to the spectacle of thousands of laymen, clergy, religious and even bishops leaving the Church over this issue.

The passage of time reveals further the courage and wisdom of the Pope in making this statement. He merely adhered to sound moral principles in teaching that the rights married partners give to each other extend only to normal intercourse and are not a sort of

carte blanche for all forms of sexual activity. There is an implicit obligation, once intercourse has been embarked on, to carry the act through normally. Even though there is a general obligation to respect fertility, it is not necessary to ensure that one or all acts of intercourse should result in pregnancy. The duty of achieving fertility must be interpreted in a reasonable way; for some few patients with serious health or social problems, the duty is not to conceive at all. But whatever is done must be carried out in a licit way.

The Pope in a single sentence had to express a formula that would apply to married partners who were young or old, fertile or sterile. In Paragraph 11, therefore, he laid down the unchanging principle that " . . . each and every marriage act must remain open to the transmission of life." In other words, only normal intercourse is permissible; fertility is of secondary importance. Yet this simple statement was met with a howl of protest; the Pope was condemned for placing an intolerable burden on suffering people or precipitating overpopulation.

The principles he enunciated were identical with those embodied in Pope Pius XI's *Casti Connubii* (1930), the many allocutions of Pope Pius XII, and Pope John XXIII's *Mater et Magister* (1961). The consistent Christian tradition supporting normal intercourse is outlined by Noonan [1] in his classic monograph, but in spite of his great erudition he does not seem to accept this simple principle.

We must be impressed by the independence of those who have rejected the papal magisterium, even if we deplore their foolhardiness. They seem to have forgotten the ancient dictum, "Qui mange du Pape en meurt" (who eats — or attacks — the Pope will die). Peter is a rock on which many enemies have foundered.

The few contraceptive choices all offend against either love, purity or justice. Coitus interruptus is a sordid choice that has been condemned since the time of Onan (Genesis 38, 8-10). Barrier methods (condom or diaphragm) alter the nature of intercourse and convert the reproductive organs temporarily into indifferent organs "for the transmission of life." This is what George Bernard Shaw termed "mutual masturbation," and if this method is acceptable there can be no exclusion of solitary activities, oral or anal acts, or homosexuality in general.

Intravaginal spermicides of various types and "the pill" must be regarded as sterilizing agents. Although they do not offend against purity, their problem is in the area of justice. If they are acceptable, surgical sterilization must also be permitted. In the present state of knowledge, the intrauterine contraceptive devices can be considered as abortifacients, along with the prostaglandins and postcoital hormones. To accept them is in effect to support abortion.

It is difficult to believe that simply taking a daily pill or having a loop of plastic embedded in the uterus will make such a difference

to individual lives that peace of soul, serenity of mind and burgeoning love will thereby automatically develop. In fact the available sociological evidence is all to the contrary. There is no doubt that the widespread dissemination of contraception, especially the more sophisticated forms, has facilitated the infidelity, promiscuity and venereal disease that afflict society at present.

What is left? As any sound physician could have maintained, there is only the physiological method of family limitation based on ovulation detection. It is interesting to observe the almost hysterical reactions that even the mention of this method induces in a medical audience: "It doesn't work; unscientific; the restrictions are too difficult for any normal couple; unrealistic; useless for the lower social classes; early or late intercourse produces mongols, anencephalics, and other abnormalities," and so on. When the firms turning out drugs, IUCDs, condoms, diaphragms, etc., join in the denigration, the overtones of vested interests become obvious. The same criticism applies to the Family Planning Association and the International Planned Parenthood Federation. Contraception is a million dollar industry.

Nobody pays for instruction in the natural method. It takes time to instruct patients in temperature taking, recognition of mittleschmerz and the characteristic ovulation mucus, but once they understand the method it will serve them well for many years.

There are two areas in which physicians commonly give inaccurate advice to patients. The duration of viability of spermatozoa is often underestimated, but there is no doubt that they can live for five days in some cases. Therefore, we should advise abstinence for about seven days before the estimated ovulation date. In couples of high fertility with a serious indication for avoiding pregnancy, the safest policy is to eliminate all the postmenstrual days and restrict intercourse to the postovulatory days.

The second deficiency is that the importance of ovulatory mucus has been overlooked. Billings [2,3] now considers that this sign alone is sufficient to time intercourse. The mucus becomes more profuse, more watery, more translucent, and exhibits spinnbarkheit. To teach patients, it should be described as resembling egg white. This is the most valuable symptom for primitive peoples.

There are several advantages peculiar to this method of contraception and to no other:

1. Normal intercourse is preserved.

2. It is esthetically and ethically acceptable to people of all ethnic origins.

3. No inherent dangers from drugs (the hazards of long term ingestion of hormones are becoming more obvious) or from foreign body implantation of IUCDs (uterine perforation, menorrhagia, pelvic inflammatory disease).

4. No cost, no equipment (since it is physiological).

5. The responsibility is shared

equally by the two partners. (In all other methods the onus is on one or the other, usually the wife. This is thought to be Women's Liberation, but actually in the sexual field she is more enslaved than ever.)

6. Self-control is fostered. (Compulsory abstinence strengthens a marriage; free access to intercourse over the years imperils it.)

7. No detriment to the unmarried.

8. Abortion is not facilitated.

Sterilization

In the last two years there has been a dramatic increase in the numbers of vasectomies and tubal ligations. There is a tremendous loss of fertility that makes our underpopulated country more vulnerable, while marital infidelity is also increasing in this sex-obsessed society.

The Fifth Commandment has always been held to forbid not only murder but also wounding, maiming, dueling, careless disregard for health or life by such things as alcoholism, drugs and dangerous driving, and mutilation. We have an obligation to preserve not only life but also health and the integrity of the body, especially in this important reproductive function. The constant teaching of the magisterium is that this prohibition is absolute and admits of no exception.

To apply this principle consistently should not be too difficult for the surgeon. If we hold to good surgical principles, we do not operate on normal organs — tonsils, appendix, uterus, or tubes — if the pathology is in some other organ.

My own practice with repeat Cesarean section is: if the lower segment tissues are sound enough to be sutured, they will stand a further pregnancy without significant risk of dehiscence. If the lower flap is so thin that it will not take a needle, and therefore cannot be sutured superior to inferior but can be from side to side, I do a subtotal or total hysterectomy.

Abortion

The last bastion of decency for the profession has been breached, but we are fighting to protect the unborn child, the physicians and society. As time goes on, it becomes obvious that contraception-sterilization-abortion is a package deal and if we accept one facet of abnormal sexuality we cannot resist the others. The contrary opinion is often expressed, that we must have more contraception to eliminate the need for abortion, but the experience of every country has been to the contrary. The curves for contraception dissemination and for incidence of abortion are not reciprocal; they both rise in parallel.

This should not surprise the sophisticated observer. All three are aspects of the anti-life philosophy. The physiological method of family limitation does not carry this risk. Those who respect normal use of the life-giving function respect life itself.

Investigation of Sterility

The only serious difficulty lies in

investigating the husband. Writers in *The Linacre Quarterly* occasionally make derogatory reference to the only licit methods and appear to favor the usual seminology techniques of the masturbation specimen, coitus interruptus or the almost absurd perforated condom. As St. Paul confirms (Romans 3,8), the end does not justify the means.

More use should be made of the postcoital urethral residue specimen of semen, a technique that offends neither ethics nor esthetics and is more precise than the Sim's test on cervical mucus. The whole aim of seminology is often obscured. The masturbatory specimen gives information on volume, total count, density, morphology, motility, pH, viscosity, and occasionally other esoteric information. The postcoital specimen gives density in numbers per high power field, morphology and motility; allowance must be made for the lower density of the last part of the ejaculate.

Are the additional facts reported in the first method of any value to the patient? In other words, is it worthwhile committing a serious sin to obtain them? In the present state of ignorance, nearly all male sterility cannot be improved by treatment. The purport of this work is investigatory, and we simply sort out patients who have some hope from those who have almost none. The latter are advised to adopt without delay. We arrive at this endpoint quite as accurately and much more agreeably by using the postcoital technique.

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