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Commission on Rhythm

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COMMISSION ON RHYTHM

Since the last report of the Commission on Rhythm (November 1966) meetings of the Commission were held on January 13 and May 12 at O'Hare Inn, Chicago. These meetings were primarily devoted to the re-examination of the Commission's purpose, its relationship to the national office of the Family Life Bureau and Family Life Directors, its membership and financing. Contributing to the discussions were fifteen physicians and ten priests.

PURPOSE

Given the widening problems that were confronting society and the modern physician in the areas of sexuality, reproduction, fertility, abortion, sterilization, conception and population control — voluntary, coercive and compulsory; given the widening personal involvement of individual members of the Commission in these problems; given the fact that the rhythm method and the rhythm philosophy were inextricably related to the wider dimension of sexuality and its allied problems, it was concluded that the Commission should function under the wider purposes expressed above. Toward this end it is planned to change the name of the Commission to include *human values and human reproduction*.

RELATIONSHIP TO FAMILY LIFE DIRECTORS

It was the concensus of opinion shared by both family life directors and physician members that improved function and efficiency could be achieved in the Commission's

work were it to become an independent organization of physicians, with ancillary professional personnel as warranted. In this connection it was understood that since, for the most part, individual physician members of the Commission maintained a working relationship at the local level with family life directors and the people they represent, the necessary collaboration with family life work would in fact be maintained. Furthermore, it was the thought of the national family life director, shared by all, that a periodic exchange based on common interests on some liaison basis would be part of the working relationship of the Commission and the family life director group.

MEMBERSHIP

By common agreement and vote, membership of the present Commission was restricted to physician members. The past policy of open meetings and permitting non-members, who shared the purposes of the Commission, to be present as guests was reaffirmed.

FINANCES

Two financial problems beset the Commission. The smaller one pertains to the expenses of members attending the meetings of the Commission. Though most physician members of the Commission underwrote their own expenses willingly, it was believed that for the sake of wider membership and equity, means should be worked out for the subsidization of attendance at meetings. As a first step in this

direction many of the family life directors present expressed their willingness to send in their place physicians associated with their local programs.

The larger problem concerned itself with the vital need for substantial operating funds to carry out and expand the work of the Commission. As an initial and preliminary step, until substantial funding was obtained, family life directors of major centers offered to make financial contributions to the work of the Commission. With the resolution of the membership of the Commission, it was also believed that the Commission would be in a better position to solicit grants from foundations and government. Active steps are being initiated in this direction.

THE THIRD INTERNATIONAL SYMPOSIUM ON RHYTHM

The Third International Symposium on Rhythm has been rescheduled for late October in New York. It is expected that announcements of this meeting giving further details will be made early this summer.

RHYTHM

Interest in rhythm continues to grow. The Ford Foundation has granted Dr. Ferin of Belgium a quarter of a million dollars for research in the rhythm method. The World Health Organization has an active committee on the biology of fertility control by periodic abstinence. Of interest in its report of July 19, 1966 is the following: "The data from four studies in Western Europe of the use-effectiveness of

the temperature method with restriction of coitus to the infertile period of the hyperthermic phase [showed] the failure rate was 0.8 to 1.4 pregnancies per 100 woman-years of use."

It is now generally recognized that the oral contraceptive pills and the intrauterine coil have been a failure in the undeveloped countries of Asia. India under a new administration is now placing its hopes on an extensive sterilization program. It is yet to be demonstrated that such a method will be accepted by the Indian people. Concerning sterilization recent studies in Korea concluded, "The frequency of sterilization neurosis of this group leads us to feel that a psychiatric screening interview before the sterilization operation as an important routine for all new cases wanting the operation is invariably required to prevent the sterilization neurosis that the patient would be likely to regret later."

The Commission continues to be active in supplying rhythm program demonstrations on request. This spring Dr. John Hillabrand, representing the Commission, is taking a team of four people to Las Vegas and Santa Fe, New Mexico and to Wichita, Kansas for this purpose. Three additional communities have made enquiries. Dr. Tom Nabors representing the Commission has served a similar purpose for a community in Texas.

Two letters in appreciation of the work of the Commission have been received from far flung parts of the world again demonstrating the world wide interest in rhythm.

The first is from a nun-physician in Korea:

I am tremendously interested in your Commission on Rhythm and would be very grateful if you could possibly supply us a copy of the Second International Symposium on Rhythm and also the third one whenever it is ready. We are anxious to pay whatever expenses it would entail to put us on your mailing list both for now and also any future literature you may have available. Korea may seem far removed from any modern approach but believe it or not even in our little rural town of Jeung Pyeong, we have a very active Rhythm Clinic which I initiated with the assistance of one of our Sister nurses and also a qualified Korean public health nurse. It started on a small scale attending a seminar set up in our parish with the parish priest invited to give the introductory talk. The seminars grew into more seminars and rhythm programs have expanded into other parishes where our Maryknoll Fathers and Sisters are working. So now that may give you a small idea

of why I am so keenly interested in your publication. All best wishes to you, Doctor, and all your staff who are helping to make your Commission on Rhythm a real success. I realize, all too well, how much extra time you must have to give to this project. Blessings on you!

The second letter is from an obstetrician in Auckland, New Zealand.

I was most interested in your Bulletin No. 4 in the November issue of LINACRE QUARTERLY. Although brief, it was very encouraging to those who try to make a practical proposition of rhythm. As I would like to keep in touch with this work I would be grateful if there were some way in which you could keep me in mind. Perhaps you have a mailing list for similar news items. This is the first Bulletin I have seen. I have the Proceedings of the first International Symposium and would not like to miss out on later issues. . . .

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