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sonality is in some way related to the mystery of the Trinity. The analogy is not hard to see. Just as God, knowing Himself, generates the Son by an intellectual filiation, and these two Persons, loving each other, breathe forth the Holy Spirit in oneness of will and infinite beatitude, so in us there is knowing - which leads to loving. And as the endless goodness of the Trinity overflowed on us in the bounty of creation, so must our love go out to others in selfless giving beyond the demands of mere obligation.

The whole of oneself is at the service of the whole need of the patient. This is the ideal held up to the medical profession. This concept of personalized medicine, or humane medicine, does not destroy, duplicate or conflict with the role of religion. The goal of medicine is to heal the body, as the aim of psychiatry is to heal the psychic structure. The air in the Trinity is something essentially different - it is to save the soul. However, all of these disciplines have side effects that integrate them. Emotional disorders can and do create pathological problems in the physical structure, and spiritual disorders can affect both the psychic and physical nature of man. Medicine, psychiatry, and religion are all adjuncts to the whole order of God who is the ultimate source of all health. For "in Him we live and move and have our being."

THE DOCTOR
and OVULATION DETERMINATION
G. C. NABORS, M.D.

THE CURRENT emphasis on "population explosion" has added new impetus to the willingness of Catholic couples to want to space their pregnancies. The modern urban housewife turns to her gynecologist, often without discussing the matter with her spiritual adviser. More often than not she is rebuffed by discouragement, laughter, and trite remarks. If her gynecologist happens to be non-Catholic, his attitude is likely to be one of impatience and unwillingness to instruct her in any method that does not involve contraceptive greases and gadgets. Even the Catholic doctor may instruct her with the impression that rhythm is not trustworthy. If she does not succumb to sin, she goes to the priest, who sends her back to the doctor.

The obsolete "rhythm calendars" were never truly reliable for good reasons: first, they used a technique of guessing at a function as opposed to measuring a body function. It can be compared to older methods of determining anemia. Doctors trained in former times were known to hold down the patient's lower eyelid, peer into the mucus membrane and diagnose the presence or absence of anemia. Fortunately, this method has been replaced by measuring the blood count. A second reason for the failure of rhythm calendars was the inability of a woman to collect a significant amount of data to average out her cycles. For most women, it did not seem important for them to know the length of their cycles until marriage approached. More often than not, pregnancy occurred soon after marriage and subsequent pregnancies came in such succession that they failed to have enough menses to find out what their "average" was. As a result of this series of circumstances, this group of women maintain that rhythm does not work.

There have been a number of methods devised to measure the body function of ovulation. These were recently reviewed by Speck. Of the now known methods, there are two that are practicable and adaptable to home use. They are basal temperature determinations and detection of cervical glucose. The value of basal temperatures is well established. Its chief popularity with gynecologists is its valuable use with the infertile couple. It has been used as an index of ovulation since Van de Velde. 

De Nabors, of Dallas, Texas, is a Diplomate of the American Board of Obstetrics and Gynecology.

NOVEMBER, 1960

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of the National Federation of Catholic Physicians' Guilds will meet December 3-4, 1960. Time: 9:30 a.m. Place: Mayflower Hotel, Washington, D.C. The officers of the National Federation and one delegate from each active constituent Guild constituting the Board will conduct business.
THERMOMETERS ARE GRADUATED ON
THE FERTILE WOMAN WHO IS ANXIOUS;
OF UNDERSTANDING ON THE PART OF
SOMEONE, 3 TIMES A NIGHT TO ATTEND
THE PATIENT AND THE DOCTOR. THIS
CAN'T BE PRACTICED. THE LEADING
METHOD IS IN DISREPUTE WITH
THEM, BEEN PUBLISHED MANY TIMES.
THIS IS A GOOD WAY OF MARRYING
AND INTERPRETING TEMPERATURES.
THE MASTERS OF THIS METHOD, CAUTION
AGAINST INACCURACY UNDER
THESE CIRCUMSTANCES. THE
RECOMMEND "DIPPING" THE TAPE
LONG ENOUGH TO BECOME THROUGHLY
WET AND OBSERVATION OF NO LONGER
THAN ONE MINUTE. THE OTHER
REASON FOR HIS FAILURE TO CONFIRM
IS THE FACT THAT HE WAS TESTING INFERTILE WOMEN.
WE HAVE BEEN INTERESTED IN AN
DIFFERENT TECHNIQUE OF HAVING
THE PRESENCE OF CERVICAL GLUCOSE.
THE TECHNIQUES OF OTHER
INVESTIGATORS UTILIZED THE RANDOM TESTING AT
APPROXIMATELY 24 HOUR INTERVALS.
WE HAVE BEEN COLLECTING 24 HOUR
SAMPLES OF CERVICAL SECRETIONS AND
TESTING THE 24 HOUR AGGREGATE.
THIS IS DONE BY HAVING THE PATIENT
WEAR THE TASSETTE OR MENSTRUAL CUP DESCRIBED BY LISWOOD.3
THESE PATIENTS HAVE ALSO KEPT BASAL
TEMPERATURES AND WE HAVE DONE
ENDOMETRIAL BIOPSIES ON THE FIRST DAY
OF MENSTRUATION. THESE DATA ARE
BEING COLLECTED FOR PUBLICATION ELSEWHERE.
WHETHER OR NOT THIS MORE
TROUBLESOME TECHNIQUE WILL PROVE
TO BE EVEN MORE ACCURATE MUST
WAIT THE PUBLICATION OF OUR DATA.
AT ANY RATE, IT IS CERTAIN THAT THE
APPEARANCE OF CERVICAL GLUCOSE IS
RELATED TO OVULATION IN AN
IMPORTANT WAY.

When a woman turns to the gynecologist, it behooves him to
inform her carefully in the use of basal body temperatures and
cervical glucose determinations. She should also make notes of
symptoms such as abdominal pain, breast tenderness and mucorrhea.
Each of these can serve as a recheck on the other. Again, we
use the analogy of anemia —
most laboratories simultaneously
perform red cell count, hemoglobin
and hematocrit determinations.
each as a check on the other.

We agree that to ascertain and
record the suggested data becomes
a lot of trouble. However, the
woman who is anxious not to fall
pregnant is often willing to go to
such trouble. If she has asked for
help, this is the best help that the
Catholic doctor can offer her.

There is another important facet
to this problem and it is more
mysterious than the rest. We refer
it to the psychological aspects. The
entire idea of techniques of deter-
mining the body function of ovula-
tion is repulsive to some women.
Intelligent women may have a
mental block on recording and in-
terpreting the data. Others find
that their emotional strength in the
middle of the night overpowers the
intellect which is reminding them
that this is their fertile time. It is
a natural feminine phenomenon to
be more interested in sexual activ-
ity at the time of ovulation. How
would God have arranged it?
Surely, such women who
subconsciously ignore or knowing-
ly do not care, have a very strong
instinct and reproductive
urge. Such an urge would most
likely be subconscious. It has long
been recognized that woman has
a basic conflict between the urge
to reproduce and pregnophobia.
All females require courting; the
husbands run from the rooster. It is
only logical then, that some women
who come for advice are intellec-
tually capable of performing the
necessary tests, but are overcome
by their basic urges. On the other
hand there are women who can
determine their fertile period and
are prepared and willing to abide
by proper abstinence. In either
case, the doctor has the obligation
when asked, to instruct properly.

There are other pitfalls. It has
been estimated that only 60% of
women who menstruate 12 times a
year will have 12 ovulations. In
other words, 40% of fertile women
have varying numbers of anovula-
tory cycles. Since the temperature
and glucose methods only measure
ovulation, one readily sees that
during anovulatory months, there
will be no sign and no security.
Many women have become dis-
couraged and given up these meth-
ods because they failed to show
ovulation the first month. They
should be encouraged by the doc-
tor to continue, and he should
carefully explain anovulatory cy-
cles to her. If a girl is anxious to
remain unpregnant, she is better
off to have 6 months of security
than to have no security at all.

The woman who is particularly
prone to have trouble in inter-
pretation is the very irregular men-
struator. She is an irregular men-
struator because she is an irregular

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The relationship between ovulation and the following menstrual period is consistent. The relationship between the ovulation and the previous menstrual period is consistent only when the cycles occur at regular intervals.

Nearly everyone believes that the stimulus of sexual activity may precipitate ovulation, particularly in the irregular menstruator. On the other hand, these girls will eventually ovulate spontaneously. One of our records to be published, sired interval. Eventually ovulation is harmful to physical or emotional health. Activity is rewarding to menst

... continues...

The Church has been known to lose the British Empire in one fell swoop because She refused to sanction divorce. Neither will She change the stand on contraception.

Furthermore, everyone knows that contraceptive gadgets are not nearly 100% effective. Neither do we claim that temperature and glucose methods are 100% effective. It would seem clear that gadgets are more convenient. Likewise, there are many times in every person’s schedule when it is inconvenient to hear Mass. Because of the convenience factor, no one can accurately compare the different methods. If the temperature and glucose methods are used properly, it is reasonable to believe that their accuracy would equal that of artificial contraceptives. It behooves the doctor to be professionally equipped to instruct in this matter.

LINACRE QUARTERLY

The National Federation of Catholic Physicians’ Guilds bestows honorary membership on priests and religious who are physicians. For the most part, those religious who are practicing medicine are in the missions. Along with acknowledgment of this gesture, interesting accounts of their work accompany many of the “thank you” notes. We publish a few to inspire and inform. The Maryknoll Sister-physicians greet us with “Behold the Handmaid of the Lord” truly expressing the thoughts they send us and which we pass along to our readers.

Sister M. Augustus Doyle, MMM. M.D. writes from St. Joseph’s Hospital in Uganda —

I write to thank you for the great honor you have conferred on me in making me an honorary life member of the National Federation of Catholic Physicians’ Guilds. Your certificate has taken a long time to reach me, having gone round the world a bit first, but I hasten to thank you for it now.

When one is “buried” in Africa and supposes oneself to be forgotten by all except one’s own congregation, family and a few friends, it is suddenly comforting to find that a group of men and women who are completely unknown to one in a country one has never, alas, visited, appreciate what one is doing or, at all events, trying to do. Missions can do with a little comforting at times. I feel quite unworthy of the fine words in the certificate. However, I will do my best to live up to them. I will remember the members of the Catholic Physicians’ Guilds in my daily prayers. Many thanks for your great kindness.

Sister Louise Marie with the Maryknoll Sisters in Wu She, Taiwan tells us —

Our mission station is located in one of the mountain areas in Taiwan. We have a very small dispensary set-up; another sister and I serve same. Our patients are mostly aborigines — simple hard-working mountain people. We have about 50 patients every morning, some of them come from a great distance, walking for 6 to 8 hours. I will appreciate your prayers so that through our humble efforts, God will come to their hearts and His Kingdom may increase among the aborigines in Taiwan. Thank you very much for bestowing honorary membership upon me. You are remembered in my prayers.

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