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structive so that I and others who, like me, labor with the belief that *Humanae Vitae* is a vital document of our time and is true in its essence and fidelity to right and reasonable thought, should be enlightened by constructive criticism.

Addendum: I am in debt to Father Donald Keefe, S.J., of the St. Louis University School of Divinity for some very helpful suggestions. I regret particularly that because of my lack of theological expertise I am unable to thread through this discussion (which is essentially philosophical in nature) Father Keefe’s excellent suggestions regarding the theology of creation in Christ. It is to his type of thinking that I alluded above when I expressed a hope that those keener than I would develop whatever there may be of value in this essay. Thanks also to Fathers Joseph Farraher, S.J., and John Falcone for their encouragement, and to Dr. Edward Betz and his wife, Johanna, for their solid constructive criticism.

Finally, but certainly not least, I add my heartfelt thanks to my secretary, Theresa Mangona, who has patiently borne the labor of his and all other previous essay, in addition to her other duties.

REFERENCES

1. For the reader whose interest does not normally include philosophy, being a sense may be interpreted generally as existence or presence-in-the-world. I shall be employing the term however in the same sense M. D. gives it in *A Preface to Metaphysics* (Beed and Ward), 1948.


Teaching The Safe Period Based On The Mucus Symptom

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The Billings describe their program for introducing couples to the use of the mucus symptom as an indication of ovulation and the reaction to the program. A thorough explanation of the mucus symptom and its use in practicing periodic abstinence is also included.

Experience has shown that an overwhelming majority of women, probably nine out of ten, can immediately interpret their own mucus symptom, if it is accurately described to them in language that they understand. The remainder can also be taught to do so, if they can be persuaded to keep a careful daily record of their menstrual cycles, with individual assistance.

Women are superior teachers, and it is not necessary for them to have had medical training. A simple method of keeping the record, using colored adhesive stamps, is useful both to the woman under instruction and the teacher. It is essential that the teaching be kept completely separate from the teaching of other methods of birth control and it is recommended that widespread use of the method be promoted by the provision in each community of a small group of women who are well-informed, who possess the capacity to teach with confidence and who are motivated toward success.

There will always be very large numbers of people, who, when they consider that it is necessary to avoid pregnancy, will use only a natural method. During the past few years, interest in the natural methods has increased, and this has been due in part to simplification of the practical techniques and greater reliability.

The occurrence of a fertile ovulation is always accompanied by the secretion of mucus from the glands of the cervix uteri. It is possible to define days of infertility and possi-
ble fertility according to the symptom pattern which results from the presence of this mucus. In an experience which has extended over approximately 20 years, involving thousands of women in different countries of the world, it has become clear that most women readily identify the mucus on first hearing an accurate description of it, and that the remainder can be taught to do so.

Many people have contributed to the development of our current teaching methods. It is reasonable to suggest therefore, particularly with regard to the detail of the content and presentation of the information, that at least initially the recommendations be closely followed. Success depends ultimately upon the quality of the teaching provided, given genuine motivation on the part of the husband and wife seeking assistance.

It has been essential to listen carefully to the words and phrases women themselves use naturally to describe the physiological events and to test the capacity of other women to understand them. The male teacher is inevitably at a disadvantage, and many doctors, including a number of gynecologists, have only a dim appreciation of what they are trying to describe. The gynecologist is prone to think in terms of what he himself may be able to observe by physical examination at a particular moment. Natural modesty makes it difficult for a woman to discuss the cervical mucus with a man even though he be a doctor. In some cases there is the problem that the woman has had commenced, if the usual fall of temperature from its post-ovulatory level had not occurred.

Many of our clients had already used the rhythm method or the temperature method, or the two combined, with success, and some of our teachers had experienced substantial success with these methods, especially the temperature method, in their own practice. There is no fundamental contradiction between any of the natural methods, and the detailed observation of the mucous symptom can be engrafted onto the knowledge the teacher and the woman already possess. However, it is now necessary to be very clear in teaching how the methods supply information in different ways and to insist that the indications provided by the mucous should always be strictly followed; a poorly-instructed woman will sometimes use the most fertile days in the cycle for intercourse, despite the clear indication of the nearness of ovulation provided by the mucous, because she is still thinking rhythm method and is counting days.

Those teaching the temperature method should be careful to point out circumstances in which the temperature method fails or may be positively misleading: the woman must be encouraged to ignore the temperature record under these circumstances; if there has been excessive emphasis on the need to wait until the temperature rises it may only be possible to relieve her anxiety by persuading her to give up taking the temperature altogether.

Source of Failure—Combination of Methods

The tendency of some teachers to combine the mucus and the temperature into one record and one method is a serious source of failure and may lead to abandonment of all natural methods or of all sexual intercourse in the marriage. The influence of the teacher who is addicted to the thermometer is seen in various ways. For example, in the woman who marks the day of the peak symptom by reference to the temperature record instead of according to her judgment of the appearance of the mucus and more especially the sensation produced by its presence. Sometimes the woman loses confidence in the mucous symptom (instead of losing confidence in the temperature method) when she does not observe the rise of temperature she has been told the mucous will predict. The occurrence of only one anovular cycle may be sufficient to cause doubt and loss of confidence, unless the reliability of the mucous symptom in defining days of infertility has been clearly explained.

Evidence regarding the reliability of the mucous symptom as an indication of fertility has been accumulated in a number of different ways. It was our practice at first to teach the mucous symptom within a composite instruction involving also the rhythm method and the temperature method and other symptoms of ovulation. Many women elected to do nothing more than follow the mucous symptom; they proved that they could avoid pregnancy by "keeping clear of the mucus" and
later achieve pregnancy by an act of intercourse when the characteristic mucus was present. The use of the method spread extensively as the result of women who were using it successfully advising others about it.

Professor J. B. Brown of the Melbourne University Department of Obstetrics and Gynecology then began to assist us by monitoring the ovarian hormones, and there was some general astonishment, which has continued to the present day, at the revelation of the accuracy with which the woman nominated the proximity of ovulation. Careful instruction in the mucus symptom helped a number of women to achieve pregnancy when the marriage had been sterile for a number of years against the wishes of the husband and the wife. A number of women who conceived remarked that it was only in the cycle in which conception occurred that the normal mucus pattern described to her had occurred, after a succession of cycles in which a scanty, flaky mucus was a feature. This association between poor fertility and a poor mucus symptom is a well-known observation. We became a point of reference as attendance at our teaching center progressively increased, and were consulted by people using various natural methods, the rhythm method, the temperature method or methods that can only be described as entirely original.

We actively and publicly encouraged consultation with any couples who seemed to have experienced a failure of any natural method, including our own, and have done this from our earliest days, when we were using the rhythm method alone. If the woman has kept an adequate record of the mucus symptom and of acts of intercourse in a cycle in which she becomes pregnant, the explanation of the pregnancy is generally obvious to her and to her husband or can be demonstrated to their satisfaction so that they return to the use of the method afterwards with confidence.

The Initial Instruction

The aim of the initial instruction is to remind the woman of the mucus, to explain it and to convince her of its importance. Each woman needs to be informed that every fertile cycle will have an identifiable mucus pattern, and to be given confidence that she will be able to understand it. Every effort should be made to persuade the husband to attend, in order that he may demonstrate acceptance of his share of the responsibility. It is important that the husband should be made to feel involved and not just an observer, and a discussion of the dependence of the sperm cell upon the mucus for survival, transport and perhaps fertilization helps the husband and wife to think in terms of "our fertility" rather than "my fertility." With the help of simple diagrams, the anatomy and physiology of ovulation and menstruation, conception and implantation, and the role of hormones in the production of ovulation and the symptomatology of the cycle are explained at a level appropriate to the audience.

Individual variations with regard, for example, to the frequency of ovulation can be quoted and used to explain how nature directs attention to the fertile time of the cycle. Using circular, colored diagrams, we describe the onset of the menstrual period, marking the commencement of the cycle, with mention of the variable number of days of bleeding. Following the cessation of bleeding there occur days of dryness, and now the opportunity is taken to emphasize that the mucus is better recognized by the sensation produced by its presence than by visual observation. (One of our colleagues, an experienced teacher, Dr. Lydia Sans, has been educating blind women to observe the mucus symptom and to record it and the other events of the menstrual cycle by buttons of different sizes on a string.) On the dry days there is a positive sensation of dryness of the parts external to the vagina. The number of dry days is variable, there being none at all in short cycles.

The commencement of the mucus is first recognized by the disappearance of the sensation of dryness, and its replacement by a wet or sticky sensation. Within a day or so of the disappearance of the dryness the amount of mucus increases, usually to an amount sufficient for it to be observed. Sometimes, at this stage of the cycle, there is a large amount of cloudy, somewhat tacky mucus, which appears to have come away from the cervix like a plug. Women must be warned that it is not the amount of the mucus which is important. In other cases the mucus is first seen as sticky, yellow or white flakes of very small quantity.

As ovulation approaches the mucus becomes thinner, sometimes more copious, and sometimes less copious, and develops a slippery consistency, producing a sensation of wetness which is very easy for the woman to recognize in the course of her ordinary daily activities. At this stage of the cycle the untutored woman may say that she no longer has any mucus at all, and this would mean that she had so far learned to describe only what she could see. Usually however, there is now sufficient mucus for her to observe that it has become clearer and elastic so that it will stretch and can be pulled out to a considerable length without breaking. In every respect the mucus now resembles raw egg-white, and this marks the peak of the symptom. The peak symptom occurs very closely after the peak blood level of estrogens, marks the peak of fertility in the cycle and occurs, on the average, immediately before ovulation.

Some women cannot distinguish with certainty between the mucus on two or even more successive days: in this case they are taught that the peak symptom is recorded on the last day of this characteristic mucus, with a return to cloudy, tacky mucus thereafter. The peak of the mucus symptom is accompanied by vulval fullness, swelling and softness, all these phenomena contributing to the increase of sexual interest at this time.

Mid-line lower abdominal and low back pain, bearing-down pains and bleeding may occur in proxim-
Most women, even young women, have some fertile cycles, and in a number of women infertile cycles are of common occurrence. Observation that the fertile mucus pattern does not occur in every cycle may lead the woman and the teacher to the mistaken conclusion that the ovulation day will be untraceable in her case. It is important to emphasize that every fertile ovulation will be accompanied by the appropriate indications, and that success depends merely on following the rules exactly.

The other advantage of the mps is the provision of a large amount of information for the teacher to take in at a glance. This enables the teacher of a large group of women quickly to identify those who require additional individual help, or who have unusual patterns to be explained, for example, by lactation, the approaching menopause, etc.

It is essential that in order to learn the method reliably the husband and wife refrain from all sexual contact during the keeping of the daily record of at least one menstrual cycle. The inexperienced woman may have difficulty in distinguishing between the normal mucus and seminal fluid which may escape from the vagina following intercourse. A poor record at the first attempt is often an indication of continuing sexual activity during the cycle.

**Follow-up Interview**

The error must be avoided of providing too much information at the first instruction. The woman and her husband are given an appointment to be seen with the daily record of the first cycle after the instruction, and then the points which have not been properly understood are evident and may be clarified. At this interview the timid, anxious woman is recognized, so that the following that the woman may use the method as long as or as short a time as they choose, and as carefully or as carelessly as they choose. But it is made absolutely clear that, if the avoidance of pregnancy is essential, the instructions must be followed exactly, and it is further emphasized that all sexual contact must be avoided on days of possible fertility. Indulgence in close contact between the sexual organs during the days of possible fertility makes a complete farce of any natural method, as does intercourse with the use of mechanical contraceptives at this time.

In other cases a series of regular interviews extending over several months may be required. The individuals may be over-anxious, or they may be under considerable persuasion to adopt an alternative method. Many of the arguments they will hear are of the "everyone knows" variety, such as "everyone knows that the rhythm method doesn't work." Questions and objections need patience and understanding. The secretions produced by love-making are altogether different from the cervical mucus and the idea that the two may be confused springs from prior misunderstanding of the significance of the mucus. Pathological discharges resulting from vaginal infection are
altogether different, often being offensive and associated with soreness and irritation. Even if it were difficult to eliminate such a discharge quickly by appropriate treatment, the presence of the discharge does not prevent the woman recognizing the presence of the physiological symptom by the changes it produces in the discharge.

The instruction will have made it clear that the practical application of the mucus symptom is to avoid all but the dry days before ovulation, and that from the fourth day past the peak symptom the remaining days of the cycle are safe. The explanation of the mucus should have made clear the rule that all sexual contact is to be avoided during the presence of the mucus, until the appropriate time after ovulation, and that this instruction is not simply given to avoid the possibility that intimate embracing may cause the couple "to go too far."

Sometimes a woman is unwilling to learn the method and manufactures difficulties, admitting freely that if she is uncertain of a previous experience or previous teaching, and a number of teachers only feel secure if they use the temperature method, or the rhythm method, or temperature and rhythm combined in addition to observation of the mucus symptom. Though not ideal there is no great harm in this, provided that the observation of the mucus symptom is recognized as an independent method, to be recorded separately. The deficiencies of the other methods should be explained and in particular the woman should be warned that she will need to learn to interpret her mucus symptom ahead of the menstruation. At the appropriate time it alone will give her security.

It should be made clear in the teaching that if rhythm method calculations and/or temperature records are to be used at all, they are allowed to assist the woman to learn the ovulation method properly, with the explicit intention of discontinuing these less reliable techniques as soon as possible.

Like-to-Like Formula

We have formed the opinion that the "like-to-like" formula should be further developed by instructing groups of women who are willing to undertake the teaching of others within their own localities. Large centers have serious defects, particularly the lack of continuing personal supervision, and fulfill their best function by providing training programs for other teachers and expert consultative services for specific problems, as well as research. There is the danger in these larger centers of the personnel becoming preoccupied with the prevention of pregnancy, to the neglect of more important marital problems among many of their clients. Sympathy, understanding and love are the essential virtues and talents necessary for successful counseling, and they can be found in abundance among the women of every community.

In Australia advice about the natural methods of family planning is now available in the larger cities and towns. In our own city of Melbourne, there are central and suburban clinics, some of them sponsored by the local suburban councils, with help from the State Health Department. At St. Vincent's Hospital in Melbourne, there has been established a clinic which will be a training center in which the instruction of clients and the training of teachers will be almost entirely conducted by women. This is the organization that we recommend, so that there is in every suburb of every town, and in every village, a group of women who understand the ovulation method, who are able to teach it competently, who are able to impart confidence to the women they are teaching, who are motivated to help women to make a success of the method, and who are friendly and compassionate in their personalities.

This organization of teaching does not by any means exclude the participation of the husbands. Their cooperation is essential and can be confidently anticipated as soon as
the husband understands what is required of him and sees how readily his wife grasps the essentials of the method. It is important for the teacher to avoid a nearsighted obsession about preventing pregnancy and to recognize that where cooperation is lacking between the husband and wife, a more important problem exists, one which will cause continuing unhappiness and perhaps eventually the breakdown of the marriage, unless it is solved.

During the past year we have had the experience of participation, in teaching the ovulation method, in the combined activities of a birth control clinic in one of the general hospitals. The facilities are so arranged that whatever method is chosen by the individual women, all attend together and come into contact with the same ancillary staff. This practical experience has made it clear that the teaching of natural methods must be completely separated from all other contraceptive clinics. For one or two cycles, while learning the natural method, the woman may be in a state of anxiety and lacking in confidence. At that time she is susceptible to persuasion to abandon the method, even when this persuasion comes from uninformed sources.

A number of women who are taught the mucus symptom adequately along with the temperature method will spontaneously give up taking their temperature after a few cycles, and many more will do so with the least encouragement. They find themselves soon able to predict with certainty the rise of temperature that denotes the luteal phase of a few days beforehand. If a substantial number of the clients of any center where the mucus symptom and the temperature method are being taught together do not themselves suggest that the thermometer is unnecessary, it can be concluded that the teaching of the mucus symptom is inadequate.

The mental attitude of regarding that multiple indications of ovulation provide greater security than the mucus symptom alone communicates the teacher’s lack of confidence and encourages the clients to discount the indication which is dependable with those which are not. We have observed a number of pregnancies which occurred because a premature or non-specific rise of temperature was regarded as the marker of ovulation to be trusted and a day was used for intercourse despite a clear warning from the mucus. If an attempt is made to insist on both indications the one remains committed to failure to provide a solution in all those circumstances where the temperature method provides little information or none at all.

It is not very uncommon for those women who ovulate only a few times each year to exhibit a delayed rise of temperature following ovulation, so that the small fraction of the cycle which would have been provided for them by the temperature method is further reduced to perhaps only two or three days. Our experience has now shown that the ovulation method is applicable in all circumstances, while the practical rules have been verified by the appropriate scientific investigations.1 Women of low intelligence, women without education and women living in poverty have all been able to apply the method successfully. It provides for those circumstances where temperature/rhythm is inapplicable, and that is why it should not be tied to any combined method involving use of the thermometer. Thus, it provides information about the preovulatory phase of cycles however long, and is therefore about to be used successfully during breast feeding, through the menopausal years and by those women who ovulate very infrequently.2 The method is now being taught in Central America, Tonga, Fiji, the Gilbert and Ellice Islands, India and elsewhere; a report of the success which has followed the introduction of the method into Tonga from July, 1970, is being prepared for publication.3

The dissemination of the correct instruction is an enterprise which will depend for its success on the acceptance of this task by groups of women in every community. A well-informed doctor can be of great assistance in treating abnormalities, such as pathological vaginal discharges, and by dealing with other problems which seem to be creating difficulties. Ultimately the natural method will triumph, but individual effort will determine whether this occurs sooner, or not until later, with the achievement of much good delayed.

REFERENCES