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Herbert Ratner

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Commission On Rhythm

ORIGIN OF THE COMMISSION

The Commission on Rhythm arose out of the International Symposium on Rhythm held in Washington, D.C., October 22-24, 1964. This Symposium was co-sponsored by the Family Life Bureau of the National Catholic Welfare Conference at the urging of its director, Rt. Rev. Mgr. John C. Knott, and the National Federation of Catholic Physicians' Guilds during the presidency of Clement P. Cunningham, M.D.

The Symposium met with remarkable success. Of the 239 registrations, some 80 physicians and more than 100 religious were in attendance. In more than half of the states were represented, including Hawaii. Others came from England, Australia and Chile as well as from Ontario and Quebec. The wide-spread interest in the Symposium led to a 238 page publication of the Proceedings, available from the Family Life Bureau, NCWC, 1312 Massachusetts Ave., N.W., Washington, D.C. 20005. Price $3.00. The Proceedings include papers on the scientific and psychologic aspects of rhythm, those concerned with spiritual and moral considerations, as well as a series of reports on the practical experiences of rhythm clinics throughout the country. A major outcome of the meeting was the expressed desire of those present for a committee that would carry on this interest in rhythm.

FIRST MEETING OF THE COMMITTEE

The first meeting of this committee was held in St. Louis on Feb. 10, 1965. It had as its general purpose the following:

1. To compile an evaluation of present day knowledge regarding the physiology of reproduction, ovulation and the practice of rhythm.

2. To encourage and stimulate research centers to develop new programs of research directed at increasing the effectiveness of rhythm.

3. To develop an educational program that would make available to diocesan leaders, current knowledge regarding rhythm. The program would also offer assistance in the development of rhythm facilities and the training of personnel at the request of the ordinary of the diocese.

The membership of the committee was appointed by the co-sponsors of the Symposium. The National Federation of Catholic Physicians' Guilds assigned the following physicians: Thomas Hayes (Grand Rapids), chairman; John J. Bresnan (Milwaukee); John Hillabrand (Toledo); William Lynch (Brookline, Mass.); Andrew Lucas (Wisconsin Rapids); John M. Malone (Detroit); and Grover Nabors (Dallas). The Family Life Bureau was represented by the following priests: Reverend John Dietzen (Peoria); Reverend Walter Imbierski (Chicago); Reverend Lawrence McNamara (Kansas City, Mo.); Reverend Clifford F. Sawher (Detroit); Mgr. John C. Knott and Mr. Jack Kenna of their staff, and Dr. Herbert Ratner (Oak Park, Ill.), the Bureau's consultant on medicine and marriage. At this meeting the committee assumed the name of the Commission on Rhythm and the responsibility of carrying out the wishes of the International Symposium on Rhythm.

SUBSEQUENT MEETINGS

Subsequent meetings were characterized by a devoted attendance of the membership and a continuing exploration of means and ends.

The second meeting was held at O'Hare Inn, Chicago, on May 15 and 16. The first day consisted of a series of sessions with representatives of pharmaceutical firms who shared our clinical and research interests in perfecting rhythm through ovulation detection and the regularization of ovulation without elimination. Constructive exchanges were held with Searles, Philip Roxane and William Merrell personnel. One major research project resulted. On the second day Dr. Hillabrand reported on a Toledo diocesan rhythm educational program which resulted from the decision of the May meeting to activate Bishops. The program, formulated by Dr. Hillabrand and his associates, is parish-centered and systematically covers all of the parishes of the diocese over a city and large rural area. The method utilized, restricted intercourse to the post-ovulatory period as determined by the basal temperature and was offered as a method which matched the security of the Pill without its hazards. It was concluded that this new approach had great value and could be a model for many dioceses and should be publicized with other extant rhythm set-ups. The program for the 2nd International Symposium was discussed in great detail. John G. Bousells, M.D. of the Department of Obstetrics, Ohio State University Medical School and director of the Columbus Diocesan Family Planning Clinics was added to the Commission.

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The fourth meeting of the Commission was held on Sept. 10, 1965 at O'Hare and was devoted primarily to the program for the Second International Symposium on Rhythm. At this meeting the following new physicians were added to the Commission: Joseph Ricotta (Buffalo); Robert J. Walsh (New York) and Drs. Richard F. Mattingly and John G. Masterson, chairmen of the Departments of Obstetrics and Gynecology of Marquette and Stritch Medical Schools, respectively. It was requested that the Family Life Bureau recommend additional priests for membership.

SECOND INTERNATIONAL SYMPOSIUM ON RHYTHM

This year’s symposium will be held in Kansas City, Missouri at the Hotel Muehlebach. It will begin on Thursday, December 2 at 3:00 p.m. and will close Saturday, December 4 at 4:00 p.m.

Of particular interest is the scientific program for physicians: Konal Prem, M.D. of the University of Minnesota will discuss The Basal Temperature Method of the Practice of Rhythm; Max Levin, M.D. of New York Medical School, Sexual Fulfillment in the Couple Practicing Rhythm; Daniel McSweeney, M.D., Tufts University School of Medicine, The Cervical Mucus Test for the Determination of Ovulation; Robert Greenblatt, M.D. and Virenda Mahesh, Ph.D. of the Department of Endocrinology, University of Georgia, Immunochemical Detection of Ovulation, and John Boutselis, M.D., Ohio State Medical School, Regulation of Ovulation with Clomiphene. Joining Dr. Grossman of Stritch School of Medicine will moderate discussion.

Of additional medical interest are papers by Frank J. School, M.D. of Baltimore and Rochester on Motivation in Rhythm and The Meaning of Marital Rhythm. Further, Frank F. Brown, M.D. of the Marriage Advisory Council, London, England will discuss Education in Rhythm and William Lynch, M.D. in a panel will discuss, When to Stop It and How to Do It.

The keynote speaker will be Reverend Stanislaus de Estapis, S.J., Director, Institute Soc Action Populaire, Paris, France. Other national speakers will discuss Organizing Scientific Research in Rhythm; Funding Possibilities for Research in Rhythm; Successes and Difficulties in the Practice of Rhythm, The Role of Paramedical Counselors, and Educating the Educator and Building the Favorable Public Image of Rhythm. Several top-notch theologians will participate in a panel on theological perspectives. There will also be a session devoted to the Exchange of Experiences by Directors of Rhythm Clinics.

One may obtain the printed program and pre-register for this meeting by writing to the Family Life Bureau, N.C.W.C., 1312 Massachusetts Ave., N.W., Washington, D.C. 20005.

Herbert Ratner, M.D.
For the Commission

LINACRE QUARTERLY

November, 1965

The Medical Mission Committee and the officers of the National Federation are becoming more and more interested in this field. As most of you know, this has been made a definite commitment by Pope Paul VI to all religious communities of priests and sisters in our country. In line with this, Federation officers and the mission committee members met with a group of South and Central American Bishops at the CICOP sessions in Chicago early this year. The reception was most cordial and we have been seeking means to implement some of the thoughts which came out of the conference. Problems vary in many areas of the world and sometimes seem insurmountable, but we do feel that each Catholic Physicians’ Guild has a moral obligation to fulfill the commitment made by Pope Paul. We fully realize that many Guilds are now doing all they can as far as they have been endeavoring to enlist doctors from our own country. We would suggest that our medical men work to supplement the income paid by the state for such rewarding work in the less populated areas. The image of a North American doctor working in this area could have a very beneficial psychological effect; in the United States this would be helpful for fund raising purposes and also would give example to other physicians in Central and South America as well as foster good communication.

We would appreciate your thoughts in this regard. The above letter is reaching the Latin American Bishops but at the same time to the Bishops in Latin America which reflects the current thinking of the Executive Board in the matter.

The Catholic Physicians’ Guilds were most pleased with the reception we received from the Bishops and priests at the CICOP meeting in Chicago last January. In reflecting on some of the opinions and considering the many problems which exist, it appears that our medical mission committee has a fair amount of ground work to do before any concrete proposal can be offered.

It is our general opinion that the medicine practiced in Central and South America is quite adequate, but that the concentration of physicians is in the larger, more populated areas. We do not feel that this is unique to Latin America; there are sections on the North American continent where similar problems exist, but we do admit that the transportation problem is much more severe in Central and South America. There is also the added difficulty of obtaining a North American doctor to work in these missions. Factors involving travel expenses, license procedures, language differences, and knowledge of the terrain hinder recruitment. It is our feeling that this could best be handled on a doctor-to-doctor relationship.

We would propose that the physicians in South and Central America assisted by their Public Health Ministers interest local physicians in the work for which we have been endeavoring to enlist doctors from our own country. We would suggest that our medical men work to supplement the income paid by the state for such rewarding work in the less populated areas. The image of a North American doctor working in this area could have a very beneficial psychological effect; in the United States this would be helpful for fund raising purposes and also would give example to other physicians in Central and South America as well as foster good communication.

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