

BABIES FOR BARREN



Prospects for parenthood have increased greatly; now one out of three couples



FOR THE FIRST three years of their marriage, Patricia and Larry Ford, of Columbus, Ohio, lived under a continual strain.

They wanted very much to start raising a family. But Patty—blonde, blue-eyed, and ordinarily a cheerfully bubbling young woman—had endometriosis, a common disease of the uterus which prevents reproduction. Month after frustrating month she waited, aware that the longer the ailment persisted, the less were her chances of ever achieving motherhood.

Patty's doctors tried surgery, but it didn't help. Then she went through a long series of examinations and tests—none of which had positive results. "I was tired of going around in circles," Patty recalled the other day. "Visiting my doctor was a nightmare. And at my bridge club, all my friends had babies, and that's all they talked about. I grew irritable and despondent and quit the club because I felt left out.

"At 30, I knew my chances were getting slimmer. Larry and I thought of adoption. Once I heard of a baby that we might get, and we were seriously tempted—but instead I told another couple about it. You see, we still had hopes."

Then one day Patty read in a newspaper that a prominent professor of obstetrics and gynecology at Ohio State University Medical School had received a grant for a special research project involving infertility. Patty went to see him. The doctor told her he was clinically testing a new hormone pill, dydrogesterone. Did she want to try it? Patty jumped at the opportunity.

"It was my last resort," she says. "There seemed nothing left for me to do."

For four months, Patty took the hormone pill. During the fifth month she became pregnant.

MARRIAGES

By THEODORE IRWIN



who seem to be "permanently" childless can have youngsters of their own

"When my obstetrician confirmed the news, we went kind of wild," Patty says. "It was my Christmas present to the baby's grandparents. Larry and I celebrated by going dining and dancing. Of course, I thanked my doctor and told him, 'You did the impossible,' but he merely grinned.

"When we had Randy—our baby—I felt there was a completion in our marriage that wasn't there before. He is such a joy to us. And you know—I joined the bridge club again. I love to talk about babies now."

In July, Patty will have another child. This pregnancy came with no delay, but she is taking the pills to be sure she will retain the baby.

In another section of Columbus, pert, pretty, dark-eyed Mrs. Margerite (Peggy) Oates—a former Miss Ohio—also had gone through a period of despair, convinced she would never have a baby. Peggy, too, had endometriosis. A year after her marriage, an ovary had to be removed.

"I felt panicky," she says. "Life had no meaning without children."

Another Success Story

Like Patty, Peggy became part of the professor's project at University Hospital and took the dydrogesterone pills. Peggy's mother had some qualms about her using a new drug because of the furor over thalidomide, which had caused tragic birth deformities. But Peggy, who is a nurse (her husband is a medical student), had complete confidence in her obstetrician.

"I was eager," she says, "to do anything which offered a ray of promise."

In January, 1962, Peggy gave birth to a healthy, bouncing son, Scott. Last February she had a second baby, David. On a recent afternoon, as a husky little Scotty toddled around her living room, Peggy remarked: "When you produce something like this with a pill, anything is worth trying. I've been saved a lifetime of heartache."

Recently, the professor invited to lunch a group of patients who had taken the hormone pills successfully. One woman in her mid-30s had been trying in vain to have a baby for nine years. Another had had six miscarriages. A third had had one child, then had gone for years without another pregnancy.

Elsewhere in the nation, through other fertility drugs and techniques, prospects are brightening for women who have been denied motherhood. At least one out of 10 married couples in the U.S.

have difficulty in having children. To these 8,000,000 people, infertility is a baffling and heart-breaking deprivation. One of the most touching appeals a doctor hears is, "We want to have a child, but we've tried and failed. Please, can you help us?"

Today, the good news is that, through advances of medical science and increasing knowledge by doctors, one out of three couples (and even 50 percent of certain types) who seem to be "permanently" sterile can be guided toward a family enriched by a nursery. Medical authorities are emphatic about the progress being made. "Many conditions which couldn't be corrected a few years ago now can be cured," points out Dr. A. J. Sobrero, a New York infertility specialist.

Hormone treatment probably is the major contributor to this advance. A vast amount of infertility is due to hormone deficiencies, according to Dr. Jacoba C. de Neef, Ohio State University gynecologist. The new dydrogesterone pill, a synthetic substitute for the female hormone progesterone, is being used to treat a broad range of menstrual disorders as well as to prevent miscarriages. After years of testing, it has been cleared by the Food and Drug Administration and made available to all doctors. In one series of tests with the drug, Dr. Matt H. Backer, Jr., of the St. Louis University School of Medicine, reported that 78 percent of hitherto infertile patients maintained a successful pregnancy.

A Drug for Hormone Deficiency

Another hormone drug, hydroxyprogesterone caproate, also has proved effective with about four out of five women who previously had had three or more consecutive miscarriages. For women who have a hormone deficiency, such drugs provide a suitable "nest" in which the embryo can grow if conception occurs.

Other drugs such as cortisone can stimulate defective ovaries. And when Fallopian-tube surgery is necessary, the operation is successful in at least half the cases, says Dr. John Rock, Harvard gynecologist.

On the theory that some women have repeated miscarriages because they are allergic to their husbands, doctors at Tufts Medical School in Boston have grafted a small patch of skin from the husband to the wife's arm. The idea is to "immunize" her against irritant substances within the husband. Results so far indicate that most

of the women went on to have uneventful pregnancies. Some who had miscarried as many as eight times delivered normal babies.

To help the childless, a doctor must first get at the causes, of which there is a bewildering variety. A wife may be unable to conceive because of a disease, faulty development of reproductive organs, failure of endocrine glands to function, a defect in the nervous system, or a chronic infection. Fatigue, poor diet, lack of exercise, and overweight also can be responsible.

But in at least one-third of the cases, infertility is due to some obstruction in the Fallopian tubes. The blockage may be caused by infection or a noncancerous growth in the womb's wall. This is where surgery helps.

Men May Be at Fault, Too

But wives are not entirely at fault. In two out of five cases, lack of an heir can be traced to the husband. Male sterility may be the aftermath of mumps as an adult or it might result from an injury, excessive drinking, or a disease like undulant fever. Sometimes it may stem from a man's job—an X-ray technician, for instance.

Can the roots of infertility be purely psychological? Many medical authorities contend that emotional conflicts—fear of childbirth, poor adjustment to marriage, a feud with in-laws—can interfere with reproductive processes by causing spasms of the Fallopian tubes. Nervous tension can clog the tubes as one's throat chokes up during an emotional crisis.

Psychiatrists often have encountered infertile women who became pregnant once their emotional barriers were removed. The mere decision to seek medical help may improve a couple's chances. At the Duke University fertility clinic, as well as at the Yale clinic, it was found that a great many "infertile" women became pregnant shortly after their first visit. Since medical treatment would not have been effective so soon, this seems to bear out the psychological factor. Dr. Alan E. Guttmacher, the distinguished New York obstetrician and gynecologist, says: "Apparently medical attention reduces anxiety and creates a favorable, relaxed atmosphere for conception."

Whatever the underlying causes, they must be pinpointed before a suitable remedy can be recommended. Like a detective, the doctor has to solve the mystery, first determining the degree of infertility and then uncovering the reasons

(Continued on page 4)

COVER:

Ozzie Sweet photographs champion golfer Jack Nicklaus, who at 23 is the youngest ever to win the Masters Tournament. He will also be the favorite in the U. S. Open next week. See his story on page 14.

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