

GREAT MEDICAL LIVES

ROBERT E. HAVARD: THE MEDICAL INKLING

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Many are familiar with the Inklings, the Oxford writing group who met throughout the 1930s and 1940s and whose members included C.S. Lewis, J.R.R. Tolkien, Owen Barfield, and Charles Williams. The group's shared interest in mythopoetic literature and Christian thought has attracted a wide variety of scholars, with many academic journals dedicated to the group or its respective members. Nonetheless, a large number of Inklings remain woefully under-studied, including Robert E. Havard, a Catholic physician, scholar, and poet.

Robert Emlyn Havard was born in 1901 in South Kyme, Lincolnshire. After receiving undergraduate training in chemistry at Oxford, he went on to study medicine at Cambridge and Guy's Hospital in London. Over his career, he held a number of research posts and co-authored over twenty scientific publications in a wide variety of journals: *The Lancet*, *Nature*, and the *Annals of Tropical Medicine and Parasitology*, among others. While Havard's scientific training primed him for a career in academic medicine, his yearning for a more clinically-oriented position eventually lead him to accept a general practice in Oxford.

Dr. Havard's association with the Inklings, and notably his friendship with C.S. Lewis, began around 1934 when he made a house call to treat Lewis's influenza. In Havard's reminiscence "Philia: Jack at Ease," he recounts that the pair spent "some five minutes discussing his influenza ... and then half an hour or more in a discussion of ethics and philosophy"^[1]. The men's common interests—philosophy, theology, and poetry—set the groundwork for a friendship that would last until Lewis's death, almost thirty years later.

Havard also enjoyed a long-standing friendship with J.R.R. Tolkien, likely aided by their shared Catholic faith. Just as with Lewis, Havard's relationship with Tolkien persisted even once the Inklings had dissolved as a writing group. In "Professor J.R.R. Tolkien: A Personal Memoir," Havard recounts that the two men were neighbors from 1953 to 1968. They attended the same church, and Havard "often drove him home and [the pair] sat in the car chatting for half an hour or so outside [Tolkien's] house"^[2]. Indeed, it was not uncommon for Havard to drive both Lewis and Tolkien throughout the course of their long friendships, as while both claimed to hate the automobile, each would call on Dr. Havard whenever they needed a ride^[3]!

Surprisingly, scholarship has largely neglected Dr. Havard's contribution to the Inklings—despite the fact that he was one of the group's most regular members—as well as his published writings. While not as prolific as his compatriots, Havard's his own literary accomplishments include an appendix to Lewis's first apologetic work *The Problem of Pain*, his own apologetic for the importance of beauty,^[4] a sizeable number of poems,^[5] and a variety of

book reviews on theological and medical topics. Crucially, Havard's Catholic faith—inclusive of his integrated view of medicine, spirituality, and human persons—shines through and unites this body of work.

Of special importance to Dr. Havard was the role of medicine among those of religious vocation. As a Catholic physician in Oxford, he was often called upon to offer medical care and advice to the religious houses in the area, and such work required an acute understanding of the qualities of religious life. Colin Havard (son to Robert Havard) has remarked on his father's sensitivity to the context of such medical cases, noting that he "had a good sense of psychology as well as of pure physical medicine"^[3]. Dr. Havard's attentiveness to human psychology, as well as his compassion for those suffering mental illness, exists as a common thread throughout his work.

Indeed, a glimpse into Dr. Havard's service in religious houses and his care for those suffering psychiatric illness is provided by a 1956 book review published in this very journal. Titled "The Religious Life: The Role of the Medical Adviser,"^[6] the article reviews *Medical Guide to Vocations* by René Biot, MD., and Pierre Galimard, M.D. Praising its authors, Havard's review largely focuses on the book's treatment of mental health.

Havard begins his review by affirming the "essential unity of human nature"^[6], stressing a Thomistic understanding of human persons: "For it is clear that if body and soul are one "thing," then any activity of the soul, as in prayer, will be reflected in some way in the body, and vice versa"^[6]. It is in this intersection between body and soul that medicine "comes into contact with such spiritual questions ... [such as the] difficulties met with in the religious life" (26). Havard eloquently recognizes both the limitations of medicine—noting the "ill-defined borderland between body and mind"^[6] and that "medicine is not an exact science, still less so psychological medicine"^[6]—as well as its relevance to religious life. While he notes that mental illness is not "fundamentally altered"^[4] by the religious life, the duty of the physician is tripartite: to recognize an individual's mental suffering, to understand their illness, and "wherever possible, to help them"^[6]. Near the conclusion of his review, Havard calls for a collaboration between a doctor and a priest to explore the "relation between the life of the spirit and the life of the emotions"^[6] Such work remains relevant and necessary today.

The fundamentally Catholic view of human persons so emphasized by Dr. Havard continues to inform the way that Christians practice medicine. In today's medical landscape, with frequent burnout among health providers and the perceived lack of empathy in the provider-patient encounter, Dr. Havard's humanitarian and intellectual work remains important. As I work on a book-length consideration of Dr. Havard's life and writings, I hope to not only unveil a physician-scholar nearly forgotten by history, but also enrich how we consider our own work in medicine.

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Jack asked if we, as an Association, had heard of NC and the published data. I confirmed that we had but stressed the Association view/belief and insistence on women being aware of fundamental knowledge of their fertility. I also stressed at the outset that we teach clients the four fertile signs and are SMT based, believing the double check method to be the most reliable and efficient. Jack was undeterred and replied quoting the pearl index perfect failure rate of 1.0 following a study of 22K women over 9 months for NC.

Jack explained that NC like to educate as much as possible and have an in-service App function explaining more and a large support team for those requiring this level of information. Jack says, NC use a “smart” algorithm that updates following data input to build a pattern for the user, giving more green days as it builds this knowledge (Green = non fertile; Red = fertile). The algorithm accounts for deviations such as alcohol, drugs etc.

The feedback from users suggests women are fascinated with learning how their bodies work!!

I asked about drop-out rates: currently around 50%, which is a point for them to address.

I said the first three months can be difficult for our clients; we allow no pre-ov infertility as women get used to how their bodies work and then are able to build in confidence with the system and their bodies. During this time we offer, as teachers, extensive support and encouragement, but user motivation is the key.

Jack explained that in 2015 NC had a large marketing campaign on social media – social media – and recognised that this captured those that may not have been suitable. They are aiming to pin point the most suitable to market: Their current mean age is 30 and they come from Europe, Africa and the Americas. Their algorithm predicts best on 5 day recordings per week; they believe weekends are usually out of user’s routine and therefore are not concerned if users do not record on these days! Jack thought those with irregular cycles may not be suitable, nor according to their literature: those with cycles less than 21 days or more than 35.

They have some issues with alerting users to the correct method of temperature taking: 4 hours sleep, before getting or sitting up; approximate time +/- 2 hours. As their key requirement is temperature only, BBT is vital. Users can elect to set parameters for plan/prevent at the start of their use and pregnancy is an area they are interested in pushing in the future.

Users can switch and Jack explained that interestingly, some users elect prevent when wanting to conceive – Jack considers maybe as additional security?

Their data shows that users demographic are educated, professional women.

NC and Jack’s own experience of working in an IVF clinic, is the lack of knowledge women have of their own bodies. On rating their App, users comment regularly that they have never been taught this basic information.

Jack stressed that NC was the only app with EU/FDA approval; they started with a small study and now have 1 million users globally and 200K in the UK. Biggest

markets: UK, Sweden, Australia, Canada and Germany. They are setting up an office in the US and will be marketing forcefully there.

Jack’s role is to provide medics with data, publications and educating healthcare professionals.

We spoke about younger generations drawn to technology and therefore giving them a choice of healthier options than pharmaceutical based contraceptives. As we know, GPs do not have the time necessary to provide information on NFP. Technology is a route for millennials, but we must ensure responsibility and reliability and as NFP teachers, we feel no App can replace personal awareness and basic knowledge.

I was particularly interested in the drop-out rate - first 3 months and reiterated that this is the time, as teachers, that our support is invaluable for clients to gain in confidence and trust in their unique pattern enabling them to continue with the method.

I enquired about their targets for the future – waiting to hear.....

It was an interesting conversation - NC intend to establish a UK office, potentially London. I expressed an interest in visiting. Jack will keep us informed and send us data as published.

NC have received bad press concerning unintended pregnancies but are not deterred in the promotion of their method.

www.naturalcycles.com. Natural Cycles website states *“Our mission at Natural Cycles is to pioneer women’s health with research and passion – by empowering every woman with the knowledge that she needs to take charge of her health.”*

Advice for readers

The CMQ notes that there are a wide variety of apps for NFP. We recommend that any potential user be advised to check with the NFPTA or Billings OM for advice. Some are excellent. Others are very poorly designed and take us back to the sort of technologies and knowledge of the 1950’s before NFP was developed as a science.

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4. Published as a series of essays in the Franciscan Annals, 1947.
5. See my previous article “Robert E. Havard: A Closer Look at the “Medical Inkling”.” Mythlore. 2017; 36(1): 195-200.
6. Havard, R.E. The Religious Life The Role of the Medical Adviser. Catholic Medical Quarterly. 1956; Volume 10 25-28.