

SELECTIONS.

The Prevention of Conception. Its Practicability and Justifiability.*

BY WILLIAM PAWSON CHUNN, M. D., BALTIMORE.

The above written title will serve as a text for a few remarks on the method or means of conception, as well as the consideration of its prevention.

While sterility is looked upon as a misfortune, fecundity is generally regarded as one of the blessings of Providence. The old injunction "crescite et multiplicamini" is still in force, and much has been said and done by way of carrying out this doctrine. Its advantages are obvious in many cases. After war and pestilence and in newly discovered countries we recognize a few of the conditions where a rapid increase of the population is most particularly beneficial.

Such reasons in time past have induced kings and rulers to distribute to the peasantry large sums of money so that the woman having the largest family received the greatest share. So it will be seen also that in following out this course, anything that resulted in fertility, or any means furthering conception, was duly approved and recorded in the writings of the day.

Indeed it is only necessary at the present time to look through any appropriate text-book to find that while every author treats of the cure of sterility, not one mentions the prevention of conception. This no doubt arises from the fact that among the older writers there was no trustworthy preventive known, and from the general opinion that such things are regulated and controlled by a divine Providence.

This opinion is still prevalent, as I had occasion to find out a short time ago, as follows: It so happened that for certain good and sufficient reasons I warned a patient against such an accident as future pregnancy. As a natural consequence she asked how it could be avoided. I replied by saying I would have a certain prescription filled for her by the druggist. Upon going to the druggist and

* Read before the Gynecological and Obstetrical Society of Baltimore, January 29, 1896

incidentally speaking of the object in view, he simply said, "I am a Roman Catholic and would prefer that some one else should fill the prescription."

Right here, then, comes up the question: "Is the prevention of conception justifiable?" Doubtless, some will say it is not, and that it would be flying in the face of Providence to prevent a fertile woman from conceiving. Why, then, should some of these fly directly in the face of Providence by splitting up the cervix of a sterile woman whom nature never intended should conceive? Why charge \$250 to dilate a contracted cervical canal when Providence has intended such a woman to be barren? Why make an artificial vagina when Providence has evidently placed that bar to conception?

If it is admitted that Providence intended some women to conceive and others to be barren, it is certainly just as immoral to force a barren woman to become pregnant as it is to prevent a fertile woman from conceiving. And, moreover, some go so far as to say it is improper treatment not to prevent a woman from conceiving under some circumstances.

Before going into these circumstances it may be well to inquire a little concerning the manner of conception.

Ordinarily, the male element is supposed to make its way through the vagina, uterus and tubes, by its inherent vitality, finally meeting the ovum in one of the Fallopian tubes, in which case pregnancy possibly ensues. It has also been stated that the uterus exercises a sort of suction force by which the vitalizing germs are carried into the body of that organ. The first theory is the one generally received at this time and is most probably correct. The second theory would depend for its verification upon the fact that air was or might be present in the uterus after sexual congress, or otherwise no suction force could have been exerted.

The walls of the cervix at the external os, in the cervical canal, at the internal os and in the cavity of the body of the uterus in the unimpregnated condition, lie in opposition so far as my experience goes. It would seem, therefore, that this second theory is without foundation. It would follow then that the fertilizing principle is simply deposited in the vagina and about the cervix, and that for pregnancy to ensue it must find its way up into the uterus above.

As the movements of the spermatozoa are slow, this must be a matter of some little time. To show the vitality of these cells, however, it is only necessary to say that pregnancy has ensued where the spermatozoa was not introduced into the vagina at all, but only deposited about the vulva.

It is not supposed that the uterus is capable of any voluntary action in the matter, as in that case it would be under the cerebro-spinal system of nerves instead of the sympathetic. Such evidence would go to show then that if the vitalizing germs could be entirely washed out of the vagina or neutralized conception could not occur. It is well to consider here in what case, if any, it is lawful and proper to use means to prevent conception.

A medical man said some time ago: "Women were divided into two classes, viz., those who wanted children and those who did not want them." Now, then, what are we to do for those that not only do not want them, but can not have them? Let us consider, for example, a woman with a fibro-myoma of the cervix where natural delivery is impossible. We know such cases do occur. Shall we try to prevent conception or shall we prepare to do Cesarean section? Which method would the woman select if the choice were left to her? The answer seems obvious.

How about those cases of pelvic deformity where a viable child at term, born in the natural way, is an impossibility? Shall we try to prevent conception or get ready for celiotomy? What would the patient say if the question were left to her? Can any one doubt the answer? If an ounce of prevention is worth a pound of cure, right here would seem to be the place for the ounce of prevention. In both classes of cases mentioned here I have seen one example and it is probable other members here present remember like instances.

All cases of contracted pelves, pelvic tumors, cancers, etc., may be included in the class where the prevention of conception is justifiable and to be recommended. Let us consider then what means we have at our disposal to accomplish the desired result. Where pregnancy is liable to prove fatal we can advise and insist on the cessation of sexual relations. This advice is not generally followed, as series of three or four Cesarean sections on the same women have abundantly proven. In these cases where celiotomy and Cesarian section have been done three or four times on the same woman, it has seemed to me to have been a great mistake not to have taken out the ovaries at the first operation. If the woman is young and it is desirable to prolong sexual life and vitality, why not tie a string around the uterine ends of the Fallopian tubes? This last procedure would effectually prevent the ovum from descending on the one side and the semen from ascending on the other. It is a simple procedure and attended with little danger.

For a man to calmly wait with a knife in his hand to rip open a woman's belly when the necessity for so doing can be avoided is not

to my mind an edifying or humane spectacle. On the other hand, I do not go so far as to say it is right to take out a single woman's ovaries who is viciously inclined simply to prevent her having children so that her family may not be disgraced. This operation, however, has been done for the purpose mentioned.

It is needless to say that to prevent husband and wife from living in the usual relationship may be imposing a most exacting restriction upon both, and that such a restriction is not liable to enhance moral rectitude in so far as the male is concerned. So after all it is the choice of the lesser evil.

What other methods are there then which would serve the purpose? Means which prevent the male product from entering the vagina, such as the condom, are considered injurious and therefore are not to be further considered here. The usual method pursued by most women is to use some sort of vaginal syringe and is usually accomplished in the following manner: The end of the syringe being inserted in the vagina, the upright position is assumed and the douche is taken over a commode or in a stooping posture over some other vessel. The water here simply follows out the nozzle of the syringe, the vagina is not fully distended and consequently the semen is not completely washed out.

That this method is most ineffectual was very forcibly impressed on the writer a few days ago. A woman had been treated four months for vaginitis by a well-known gynecologist without relief. At the end of that time she fell into my hands. After making the usual applications to the vagina at the office, I directed her to take a douche at her home twice daily flat on her back on the floor, with the hips elevated on a bed-pan. This was the first time the horizontal position had been assumed. In seven days the vaginitis had entirely disappeared. The disappearance of the inflammation seemed to me to show plainly the relation between cause and effect.

There may be no hesitation in affirming that this method presents one of the most certain and harmless preventives at our disposal. One or two triturations of the bichloride of mercury added to the warm water will materially aid the purpose in view. Of course there are disadvantages and some little time and trouble must be expended to ensure success, but considering the fact that nearly every woman has the intelligence and means at her disposal for completely washing out the vagina after conjugal relations, it is her own fault if she sees fit to disregard measures intended for her own protection.

In case objection is made to the foregoing, on account of circumstances or inherent laziness, another procedure may be advised, and this leads me to refer to the case already mentioned, where the druggist showed scruples. This woman was a patient of mine and was truly, so to speak, "ripped from stem to stern." Her husband weighed over two hundred pounds and her three children at birth were of unusual size. Each child was born at the peril of her life. Now, why, I ask, should this woman be subjected to future pregnancies and grave risks if means are at hand for preventing the same? Why allow the children already born to run the risk of becoming motherless if such a contingency may be avoided? Whom would it benefit if this woman's husband should become a widower?

For these reasons it seemed to me only right and proper to use such remedies as lay in my power to prevent the cause of threatened calamity in the future. For this reason then I had prepared and made in suitable form a number of vaginal suppositories composed of cocoa butter, containing ten per cent of boracic acid. One of these suppositories being introduced into the vagina before congress, dissolves in from three to five minutes. The cocoa butter having melted and the boracic acid having been set free, acts as an effectual germicide, and moreover, being applied to the various parts of the vagina and cervix, remains in contact with those parts as long as any other fluid those organs may contain.

This application causes no discomfort of any kind and would seem to be entirely harmless. These suppositories may be easily kept and carried from place to place, and for convenience of application are far superior to any other method mentioned. Tannic acid, bichloride of mercury or any other germicide may be used in place of the boracic acid. For efficiency it may be considered next in value to the vaginal douche, if not equal to it. These suppositories are also most valuable in the various forms of cervical and vaginal inflammations. It is also apparent that in case of any contraction of the uterus by which the cervical mucous membrane may be forced down or everted during coition, and by subsequently receding might draw in the semen with it, the suppository being first in the field would render such action of the womb futile and without effect.

It is only necessary that the germicide be pushed up into the vagina against the cervix, and this may be accomplished without any previous retraction of the perineum.

In case the cocoa butter does not dissolve with sufficient rapidity it is well to mingle with it a few drops of olive oil or glycerine. If experience should determine this method reasonably safe and to be

depended upon, it will no doubt supercede all other means for the prevention of conception.

Some four years ago I had occasion to advise another woman concerning the danger of future pregnancy, and in order that her husband might be as well instructed as herself in the matter, she accompanied him to my office. While making a vaginal examination it was demonstrated how easy it is to depress the perineum and slip a wad of cotton into the vagina, the woman being in the dorsal position and the index finger pressing back the perineum. Mr. X. was of the opinion that he could perform the necessary manipulation as well as I could. He therefore had a number of borated cotton pledgets about the size of an English walnut and tied a short string to each. After conjugal relations one of the pledgets was soaked in a bichloride solution and introduced into the vagina, the index finger of the left hand being used as a perineal depressor. This woman had had four children at short intervals. The husband met me a few days ago and was profuse in his expressions of gratitude, three years having passed without further increase in his family. The cotton may remain in the vagina a short time or may be removed the next morning.

Some women, as is probably well known, use successfully what the French call a womb veil, consisting of a small soft rubber cup surrounded at the brim by a flexible rubber ring about an inch or inch and a quarter in diameter. This contrivance is harmless and in some instances is doubtless effectual. It is, however, open to the objections that only a limited number of women would know how to make use of it, and from the fact that the cup is liable to be displaced during the intercourse. For these reasons, therefore, this method is not largely employed.

In case a determined woman has decided to prevent conception if possible and for sufficient reasons, I should recommend a vaginal suppository before sexual relations and a vaginal douche immediately after, taken in the dorsal position, as before mentioned. This would undoubtedly seem the safest plan outside the condom.

By way of conclusion, it may seem fitting that some apology be made for the crude and imperfect way in which the subject has been brought before you, and it is also possible that from want of scholarly attainment or lack of policy in presenting unvarnished facts some one's sense of delicacy may have been offended. But yet, if my advice has chased dull care away, or been the source of comfort to any human being, why should I feel ashamed?—*Maryland Medical Journal*.