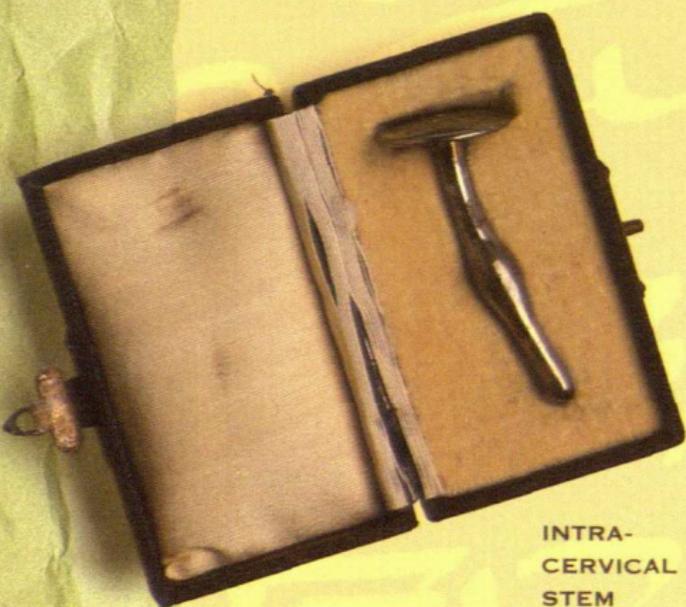


The
History
Of
Contraception
Museum

W

ELCOMME TO A MUSEUM
THAT IS ONE OF A KIND
IN THE WORLD.

HOUSED AT
ORTHO-MCNEIL INC.
IN DON MILLS, ONTARIO
IS A COLLECTION
OF CONTRACEPTIVE
ARTIFACTS THAT
REPRESENTS THE
UNENDING QUEST
THROUGH THE AGES
FOR THE PREVENTION OF
UNWANTED PREGNANCY.



INTRA-
CERVICAL
STEM



THE MUSEUM IS ALSO
A TRIBUTE TO THE
EFFORTS OF PERCY
SKUY, PRESIDENT OF
ORTHO-McNEIL INC.,
WHO FIRST BEGAN THE
PAINSTAKING SEARCH
FOR HISTORICAL
CONTRACEPTIVE
DEVICES BACK IN 1966.
SINCE THEN, THROUGH
INTENSIVE SEARCH
AND GENEROUS
CONTRIBUTIONS FROM
AROUND THE WORLD,
THE COLLECTION HAS
GROWN TO BECOME
THE LARGEST

RETROSPECTION ON
CONTRACEPTION
EVER ASSEMBLED.
FOR HEALTH CARE
PROFESSIONALS,
TEACHERS AND
RESEARCHERS –
IN FACT, ANY
INDIVIDUAL WITH
AN INTEREST IN
THE HISTORY OF
CONTRACEPTION –
THE MUSEUM PROVIDES
A FASCINATING INSIGHT
INTO HUMAN
INVENTIVENESS AND
PROGRESS.

The history of contraception can be traced back thousands of years. The first mention of contraception – coitus interruptus – can be found in the Bible, in the book of Genesis, Chapter 38:9.

What is probably the first-ever written prescription for a contraceptive tampon can be found in the Ebers Papyrus, a compendium of medical practices written in 1550 B.C. The prescribed contraceptive was a medicated lint tampon designed “to cause that a woman should cease to conceive for 1 year, 2 years or 3 years. Acacia and dates are ground fine with a hin* of honey, seed wool is moistened therewith and placed in her vulva”. Despite the primitiveness of the method, there is an element of fact in it: for it is known that acacia ferments into lactic acid, a substance still recognized as a spermicide today.

*an ancient measurement

AND ONAN KNEW THAT THE SEED SHOULD NOT BE HIS; AND IT CAME TO PASS, WHEN HE WENT IN UNTO HIS BROTHER'S WIFE, THAT HE SPILLED IT ON THE GROUND, LEST THAT HE SHOULD GIVE SEED TO HIS BROTHER.

BOOK OF GENESIS, 38:9



SEED WOOL
HONEY
DATES
ACACIA



During the second century, vaginal plugs, tampons and suppositories were used in a bid to prevent pregnancy. These were often composed of such gummy agents as honey (which acted as a barrier), cedar gum and oils – as well as more bizarre matter like the dung of crocodiles and elephants. The latter was mixed with sodium carbonate which was believed to act as a spermicide. Other spermicides commonly used with sponges included lemon juice, vinegar or a soap solution. And in the Talmud (about 200 A.D.), the Hebrews wrote of “spongy substances” used by women as tampons to prevent sperm from entering the womb.

Condoms were originally used to protect against disease – a practice that has assumed an even greater importance today. Early Egyptian men wore “penis protectors” made from animal membranes, more often as a symbol of status or rank than for its more practical purposes alone. By the 18th century, condoms had taken on a new role: the prevention of pregnancy. The word “condom” is said to have originated from a Dr. Condom (or Conton), a physician who is purported to have invented the condom for King Charles II (1600-1685).

Since then, the condom (male and female) has evolved alongside our own progress through the ages: from rubber to latex to modern-day polymers.



EARLY CONTRACEPTIVES
INCLUDED PESSARIES
MADE OF ELEPHANT OR
CROCODILE DUNG



ANIMAL
MEMBRANE
CONDOMS



SPONGES



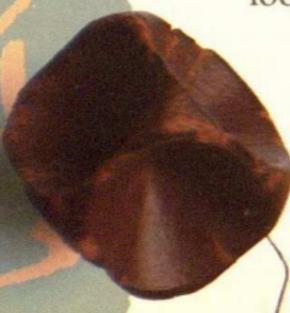


The

he cervical cap has a history that embraces the rakish escapades of Casanova in the mid-1700's. He advocated the use of half a lemon, from which the juice had been extracted, as a cervical cap to be fitted over the cervix. By the end of the 19th century, cervical caps were being produced in a variety of shapes, sizes and materials such as metal, rubber and later, plastic. One of the more bizarre barrier items was the Block Pessary – a square block with concave sides that was inserted into the vagina with the expectation that one of the concave surfaces would fit over the cervix. It was quite aptly described in 1931 as “an instrument of torture.”

The wishbone intra-cervical device and stem plugs of the early 1900's were the precursors of the intrauterine device concept. Some wishbones were fashioned from 10 kt and 14 kt gold and stem plugs were sometimes sutured to the uterine wall to prevent expulsion. It is hardly surprising that infection, cervical erosion and other complications frequently followed.

The intrauterine device (I.U.D.) has a long history that dates back 3,000 years when, according to popular legend, smooth pebbles were inserted into the uterus of camels to prevent them from becoming pregnant during long desert crossings. The first contemporary report on the use of I.U.D.s was written during the early 1900's and, since then, the intrauterine device has grown to encompass an ever-evolving range of designs, from butterflies to bows, rings, loops, T's and many, many more.



BLOCK
PESSARY

THIS INSTRUMENT
FOR MEASURING
THE UTERINE CAVITY
WAS DEvised BY A
PRISONER OF WAR IN
INDONESIA - USING
PARTS FROM DOWNED
AIRPLANES

After having stretched the head
of the I.U.D. in the car. when this
hook must be put down on the screw
to prevent that the fingers shall
be injured. If we shall

INTRA-
CERVICAL
WISHBONE

I.U.D.s



W

hen one thinks of oral contraception today, it is the pill that comes to mind. But throughout history, women have orally consumed an unorthodox array of potions and toxic substances in their efforts to prevent pregnancy. Over 4,000 years ago, women in China drank mercury to combat fertility, while 400 years ago, women in India swallowed carrot seeds as a post-coital contraceptive. Here in the New World, dried beaver testicle was brewed in a strong alcoholic solution and drunk by women in the backwoods of northern New Brunswick. In the more recent 1930's, the Barbasco Root was discovered in Mexico – and with it, a steroid used in the manufacture of the oral contraceptive pill.

With such an inventive history behind us, it is easy to see how today's more common contraceptive methods have evolved. But the history wouldn't be complete without mention of the diaphragm; douching with a variety of solutions; spermicidal gels, suppositories, film and foaming tablets; and of course the most natural of all contraceptives, the Rhythm Method.



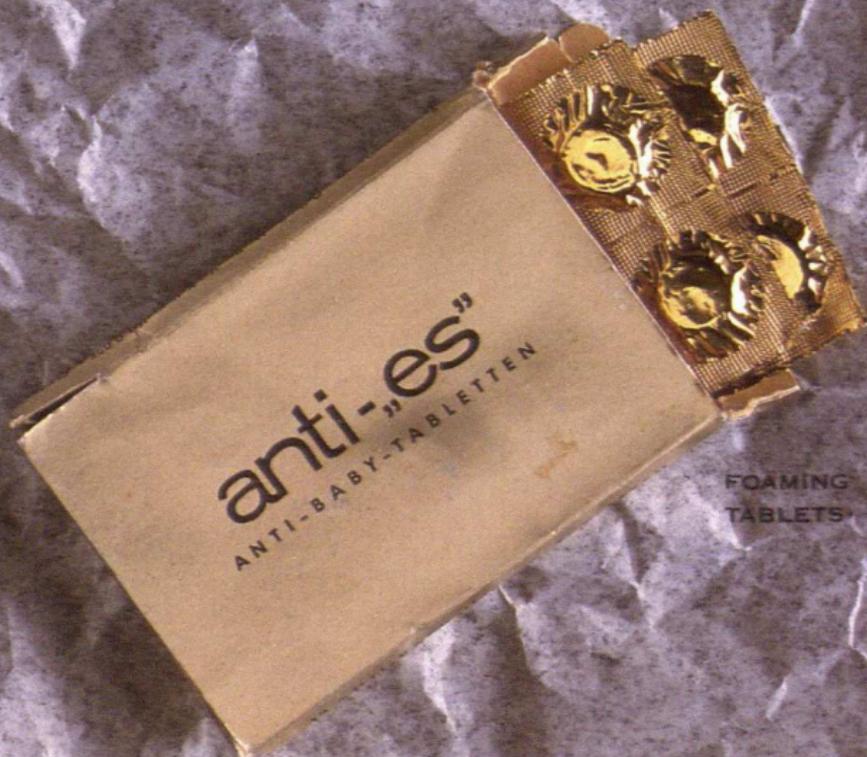
MERCURY AND
CARROT SEEDS



RICE PAPER



BEAVER TESTICLE



FOAMING TABLETS

The perfect contraceptive still remains elusive. Today's researchers are continually exploring new methods, fortunately with more skill and knowledge than was shown by our ancestors. Among the more advanced of these are long-acting skin implants, nasal sprays, vasectomy plugs, male and female injectables, patches and the male oral. And who knows? Perhaps by the time the "perfect contraceptive" is found, people will then look upon the methods we find acceptable today with equal curiosity – and awe.

VAGINAL
RINGS

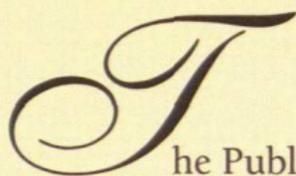
Two light-colored, ring-shaped vaginal rings are shown in the bottom right corner of the page. They are made of a smooth, light-colored material and are arranged in a slightly overlapping, circular pattern.



INJECTABLE



NASAL SPRAY



The Public Affairs Department at Ortho-McNeil welcomes any enquiries from parties interested in the museum.

The artifacts are on display at: Ortho-McNeil Inc., 19 Green Belt Drive, Don Mills, Ontario, M3C 1L9 and can be viewed by appointment with the Museum Curator, at (416) 449-9444.

Donated artifacts form a large part of the Contraception Museum and such contributions are acknowledged alongside their display. We greatly appreciate hearing from anyone who may have an artifact to contribute and thank the following for their generous donations.

DR. H. CIMBER

DR. M. IRWIN, CORNWALL, ONTARIO

DR. R.F. MCCALLUM, DELHI, ONTARIO

DR. C.W. ARNOLD, HAILEYBURY, ONTARIO

MR. A.R. KAUFMAN, KITCHENER, ONTARIO

DR. EDWARD A. SABGA, LEAMINGTON, ONTARIO

MR. J.D. DICKEY, OAKVILLE, ONTARIO

MR. & MRS. DONALD A. MANORE, OAKVILLE, ONTARIO

MR. & MRS. D. MARSTON, OTTAWA, ONTARIO

MRS. DOROTHEA PALMER FERGUSON, OTTAWA, ONTARIO

MRS. A.P.C. HOPKINSON, PERTH, ONTARIO

DR. M.B. RYCKMAN, ST. THOMAS, ONTARIO

DR. D.W. BRODIE, STOUFFVILLE, ONTARIO

MR. DEREK BENNETT JR., TORONTO, ONTARIO

MR. MURRAY BLACK, TORONTO, ONTARIO

DR. S. FEDDER, TORONTO, ONTARIO

DR. A. GOLDHAR, TORONTO, ONTARIO

MR. & MRS. HARRY HASHMALL, TORONTO, ONTARIO

MR. BENOIT LEGAULT, TORONTO, ONTARIO

PLANNED PARENTHOOD OF TORONTO

JULIUS SCHMID CANADA LTD., TORONTO, ONTARIO

MR. KEN STYLES, TORONTO, ONTARIO

MR. & MRS. W. SULE, TORONTO, ONTARIO

DR. R. SURAN, TORONTO, ONTARIO

DR. J. TEICHMAN, TORONTO, ONTARIO

THE UPJOHN COMPANY, TORONTO, ONTARIO

DR. G. VADASZ, TORONTO, ONTARIO

PROFESSOR FERNAND LABRIE, LAVAL UNIVERSITY, QUEBEC

DR. R.A. MCKEOWN, MONTREAL, QUEBEC

DR. J. RIOUX, QUEBEC, QUEBEC

DR. J.A. JACQUES DESROSIER, VILLE D'ANJOU, QUEBEC

DR. F. MOENS, REGINA, SASKATCHEWAN
DR. R.L. DUNN, BIRMINGHAM, ALABAMA
DR. B. VORHAUER, CALIFORNIA
DR. W. BENSON HARER, JR., SAN BERNARDINO, CALIFORNIA
DR. MILOS CHVAPIL, UNIVERSITY OF CALIFORNIA
DR. JOHN LEVINSON, WILMINGTON, DELAWARE
DR. HOWARD TATUM, ATLANTA, GEORGIA
DR. U. FREESE, CHICAGO, ILLINOIS
G.D. SEARLE INTERNATIONAL, CHICAGO, ILLINOIS
DR. M.C. CHANG, WORCESTER FOUNDATION, MASSACHUSETTS
DR. R.A. GOEPP, DETROIT, MICHIGAN
DR. ROBERT M. ST. JOHN, BUTTE, MONTANA
DR. J. BOWER, HENDERSON, NEVADA
MS. HEATHER FRIZZELL, CRANBURY, NEW JERSEY
DR. MICHAEL BURNHILL, NEW BRUNSWICK, NEW JERSEY
DR. R. J. MURPHY, RARITAN, NEW JERSEY
DR. S.G. LASCH, NEW YORK
DR. H. LEHFELDT, NEW YORK
DR. GOPI NATH GUPTA, ROCKEFELLER UNIVERSITY, NEW YORK
POPULATION COUNCIL, NEW YORK
DR. SHELDON J. SEGAL, NEW YORK
DR. W.V. TURKEL, NEW YORK
MR. EDWARD J. ZUKASKY, EASTON, PENNSYLVANIA
CABOT MEDICAL, LANGHORNE, PENNSYLVANIA
DR. D.A. EDELMAN, NORTH CAROLINA
DR. DAVID MALCOLM POTTS, NORTH CAROLINA
DR. GEORGE DENNISTON, SEATTLE, WASHINGTON
DR. GORDON STRAUGHAN, MUKILTEO, WASHINGTON
PIACT, SEATTLE, WASHINGTON
DR. RUSSEL J. THOMSEN, WASHINGTON, D.C.
DR. MARY ANN LEEPER, JACKSON, WISCONSIN
ALDRICH CHEMICAL CO., MILWAUKEE, WISCONSIN
PROFESSOR AGREGE ROBERT MAILLET, CEDEX
PROFESSOR R.W. SHORT, MELBOURNE, AUSTRALIA
DR. M. THIERY, BELGIUM
DR. D. WILDEMEERSCH, BELGIUM
DR. GOLDSTEIN, SAO PAULO, BRAZIL
DR. BIRGIT THOMSEN, DENMARK
DR. JASON GARDOSI, ENGLAND
MR. GEORGE TEMBE, LUTON, ENGLAND
DR. BOURDEL, BAYONNE, FRANCE
DR. JEAN COHEN, PARIS, FRANCE
DR. JACQUELINE KAHN-NATHAN, PARIS, FRANCE
MR. RENE COURNOT, FRANCE
DR. WILLEM A.A. VAN OS, HOLLAND
DR. ISTVAN BATAR, HUNGARY
DR. T.S. MARTON, HUNGARY
OTA RING INSTITUTE, JAPAN
DR. RICHARD H. YUNG, SINGAPORE
MR. M. SKUY, SOUTH AFRICA
WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND
DR. GRAEME RIDDOCK, TASMANIA



© ORTHO-McNEIL INC. 1993

a 2380