

INTRAVAGINAL INSTRUMENTS: A MEDICO-MORAL EVALUATION

Many students of theology, as well as directors of souls, associate the word "pessary" almost exclusively with positive contraception. It is not unusual to see the term in theological manuals, unaccompanied by any modifier, used in this sense.¹ Even when the modifier "occlusive" is used with the word "pessary,"² many seem to look upon the modifier as a redundant descriptive adjective or at least seem to have only vague ideas about the fact that there are some pessaries which are used for purposes other than contraceptive and which may or may not be occlusive.³ The purpose of this note is to offer some clarification of these concepts.

As a matter of fact, the term "pessary" has a much broader meaning in the medical literature, and when it is used alone it normally carries no contraceptive significance at all. Dorland's *American Illustrated Medical Dictionary* (21st ed.), for example, defines pessary as "an instrument placed in the vagina to support the uterus or rectum," and the second meaning is "a medicated vaginal suppository." This definition is followed by an enumeration of thirteen kinds of pessaries which represent species and subspecies of the generic use of the term. And of these thirteen uses of the word "pessary," only one is specifically contraceptive. The Dorland list is not meant to be historically exhaustive.

The English word "pessary" and the Latin *pessarium* are derived from the Greek word *pepos*. Originally this was an oval stone used in playing certain games. Later the term was applied to a medicated plug of lint or wool which was inserted into the vagina. Hippocrates used half of a pomegranate as an intravaginal support in cases of prolapse of the uterus, which is a concept closer to the modern medical meaning of the word.⁴ Pessaries and suppositories remained in constant use throughout history.

The various kinds of pessaries that have been used in the past are of no particular importance here. It will be more profitable to limit this study to the types of pessaries currently used in American medicine. For the purposes of this note, pessaries may be divided into three general classes ac-

¹ A. Piscetta, S.S., and A. Gennaro, S.S., *Elementa theologiae moralis* 6 (2nd ed.; Turin, 1933) 187; M. Zalba, S.J., *Theologiae moralis summa* 3 (Onia, 1958) no. 1521; H. Noldin, S.J., *Summa theologiae moralis* (21st ed. by A. Schmitt, S.J.; Westminster, Md., 1941), *De sexto praecepto*, no. 72; E. Genicot, S.J., and J. Salsmans, S.J., *Institutiones theologiae moralis* 2 (17th ed.; Brussels, 1951) no. 665.

² B. H. Merkelbach, O.P., *Summa theologiae moralis* 3 (8th ed.; Montreal, 1946) no. 594.

³ T. A. Jorio, S.J., *Theologia moralis* 3 (4th ed.; Naples, 1954) no. 1204, note.

⁴ Harry Wain, *The Story behind the Word* (Springfield, Ill., 1958) p. 244.

ording to their purposes: supportive pessaries, dilative pessaries, and contraceptive or occlusive pessaries.

SUPPORTIVE PESSARIES

Supportive pessaries are intravaginal braces made of hard rubber, soft rubber, or plastic, the purpose of which is to exert corrective support for the prolapsed or retroflexed uterus. They are used in those cases where, after natural uterine supports have weakened and displacement of the uterus has resulted, surgical repair is not immediately indicated.⁵ In many cases these pessaries, supplying a corrective support for the uterus, relieve the symptoms of backache, fulness, bearing-down pressure, straining urination, etc., which accompany uterine displacement. There are several commonly used types of these supportive pessaries. They may be worn for years, being removed every four to six weeks for cleaning.

Hodge-Thomas-Smith Types: A hard-rubber, oblong, frame-like supportive device is referred to as Hodge-Thomas, Thomas Smith, or C. Albert Smith pessary, depending on various minor variations in design. *In situ* it does not interfere with marital intercourse and leaves the vagina and cervix completely unobstructed, fitting up against the roof of the vaginal vault, widely framing the cervix.

Doughnut Type: These are hard- or soft-rubber ring pessaries, of more or less doughnut-like shape and design. They are used primarily in those cases where the uterus, because of the weakness of its natural supports, prolapses and descends into the vagina. The thick ring rests on the floor of the vagina, beneath the uterus, to support it in a shelf-like manner and prevent the uterine descensus from protruding through the orifice of the vagina. The "hole in the doughnut" allows the passage of genital secretions. This type of pessary, because of its bulk, inhibits complete penetration during coitus, but not to a substantial degree, and, moreover, is normally removed by the patient prior to the act. This type of pessary is more likely to be used in cases of elderly women, when prolapse is more common and coitus is less frequent. These pessaries must be fitted by a physician but, as has been pointed out, can be removed and replaced by the patient. The variations in the need and design are irrelevant to the moral consideration. The *disk type*, for example, is essentially the same as the doughnut type, both in its medical purpose and in its moral implications.

⁵ For a discussion of the moral aspects of the surgical approach to prolapse of the uterus, whether by conservative surgery or hysterectomy, see T. J. O'Donnell, S.J., *Morals in Medicine* (2nd ed.; Westminster, Md., 1959) pp. 140-42.

DILATIVE PESSARIES

While the supportive pessaries are used more frequently in the older-age group of women, when the effectiveness of the natural musculature supports of the uterus are more likely to become weakened, the dilative, or stem-type, pessaries are more likely to be used in the childbearing period.

The stem pessaries are more commonly a glass, silver, rubber, or aluminum tube with a patent interior passage. In cervical stenosis the neck of the uterus becomes so narrowed as to block even the ordinary adequate menstrual flow. This may become part of the clinical picture called dysmenorrhea, or painful menstruation. Omitting a detailed discussion of the causes of dysmenorrhea, it is sufficient to point out here that after artificial dilation of the neck of the uterus, some physicians may deem it advisable to install a stem pessary for several weeks to maintain the dilation and to permit menstrual flow through the patency of the stem. This type of pessary frequently is designed with a bulbous lower end, to prevent it from completely passing upward through the cervix and becoming lost in the uterus.

While this type of pessary is ordinarily not installed with contraceptive design or intent, it is perfectly true that the artificial channel from the end of the vagina into the uterus may be expected to inhibit natural sperm migration. This is not because the channel is occluded (a patent stem pessary in a dilated cervix would provide a larger channel than nature would provide in the presence of stenosis of the cervix) but because the presence of this foreign body is disruptive of the built-in natural anatomical aids to sperm migration. However, not only is it possible for sperm to pass into the uterus, but after the pessary is removed the maintained dilation can be expected to improve sperm migration, and the temporary inhibiting of the migration is readily solved under the principle of double effect.

The stem pessary can also be used as a corrective measure in certain acute cases of ante flexion of the uterus.

There is, however, a moral problem connected with the stem pessary that is even more acute than contraception. The presence of the stem is an irritant to the uterus which sets up uterine musculature contraction. Hence, if conception takes place when a stem pessary is permitted to remain in the neck of the uterus, the conceptus will be aborted within a fairly short time. Even under the principle of double effect, there would be no reasonable proportion between the therapeutic value with which gynecologists view the stem pessary, and the destruction of the new embryonic life. Hence, unless there is assurance that conception will not occur (due to identification of the rhythm of the ovulation cycle, the known sterility of the husband,

etc.), a woman should abstain from coitus while wearing a stem pessary, or have it removed by her physician within twelve to twenty-four hours after coitus.⁶

It is interesting to note that under date of February 12, 1957 the Federal Food and Drug Administration published a statement to the effect that stem-type intracervical and intra-uterine pessaries are dangerous to health. Dr. Albert H. Holland, Jr., as Medical Director of FDA, noted that some forms of this type of pessary have been used for contraceptive purposes for many years but were not reliable for this purpose. He pointed out that this type pessary had been labeled for use only under medical supervision since 1941 and that now it had been decided to institute legal action in the interstate market as a result of a survey in which 92% of the experts consulted regarded them as dangerous.⁷ This, however, does not mean that their use has been totally discontinued.

CONTRACEPTIVE PESSARIES

To summarize the various types of pessaries used exclusively for contraceptive purposes, we might conveniently adopt the division used by Rubin and Novak,⁸ namely, "diaphragms" and "occlusive pessaries," although Dorland's *Dictionary* likewise refers to "diaphragm pessaries."

The occlusive pessary is a metal cap designed to fit over the entrance to the uterus and thus effectively block the passage of sperm from the vagina, through the cervix, into the uterus, and thence to the Fallopian tube, where conception might occur. The diaphragm pessary has the same purpose and consists essentially of a thin rubber dome with a thickened rim containing a spiral coil spring which exerts sufficient pressure to keep it in position. The metal occlusive pessary is usually inserted by a physician following menstruation and removed prior to the next menstruation. The diaphragm is simply placed in position by the woman herself and removed some hours after coitus. This type of pessary is often used in connection with some vaginal spermicidal jelly or cream.

In addition to the contraceptive pessaries, another intra-uterine contraceptive device merits brief mention. The Graefenberg Ring, which could be called, in a theological sense at least, a "pessary-like" instrument, is a silver wire (or silkworm-gut ring) installed in the uterus to block sperm migration

⁶ Peter Commings, Clinical Associate Professor of Obstetrics and Gynecology, Georgetown Medical School (private communication).

⁷ *Journal of the American Medical Association* 163, no. 10 (Mar. 9, 1957) 847.

⁸ I. C. Rubin and J. Novak, *Integrated Gynecology* 2 (New York, 1956) 400.

along the inner lining of this organ. It is not in common use in the United States, although it was the subject of a recent article in the *American Journal of Obstetrics and Gynecology*.⁹

It is not within the purpose of this note to comment on the evident immorality of the use of these directly contraceptive devices.

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⁹ W. Oppenheimer, "Prevention of Pregnancy by the Graefenberg Ring Method," *American Journal of Obstetrics and Gynecology* 78 (Aug. 2, 1959) 446-54.