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SOGC NEWS

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is a national medical society in Canada. Since its founding in 1944, the society has promoted excellence in the practice of obstetrics and worked to advance the health of women through leadership, advocacy, collaboration, outreach, and education.

From the summer of 2013 until November 2014, the SOGC Newsletter contained a series of articles based on the "Percy Skuy Collection on Contraception Through the Ages" which resides at the Dittrick Medical History Center at Case Western Reserve University in Cleveland, Ohio. These articles, which deal with unique aspects of selected artifacts from this collection, have now been assembled for your reading pleasure.

Contraceprtion Through the Ages, by Laura Travis

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SOGC News – Summer 2013

Tales of contraception: A Series Introduction

By SOGC Honourary member Percy Skuy, Pharmacy Emeritus, Ontario College

The following introduces an upcoming series of articles which will look back at the history of contraceptives. You can read the first installment, on cervical caps, also published in this month's newsletter.

"…and he spilled it on the ground, lest that he should give seed to his brother's wife,"

— Genesis, Chapter 38, Verse 9

The above passage appears in the story of Onan and is one of the early references to masturbation, and in this case, a not so subtle reference to the 'withdrawal' technique of contraception.

Contraception—a topic clouded by innuendo for centuries and the butt of significant negative legislation well into the 20th century. In Canada, it was a criminal offense to advertise or offer for sale such products up until August of 1969.

On a different level of significance, it was in 1965 that the first glimmer of what was to become the largest retrospective in the world describing the history of contraception was initiated. From just a few items utilized in a lecture given by myself on modern methods in contraception, the collection has grown to well over 700 artifacts.

This collection has been on display at provincial and annual meetings of the SOGC, the ACOG, the FIGO and other international meetings from Singapore to Copenhagen.

I gave the original lecture while in a management position with Ortho Pharmaceutical (Canada) Ltd., and eventually I became the president of the company, which allowed me to quietly—and many times not so quietly—build up this unique collection.

After being located in Toronto for 40 years, the collection now resides permanently at the Dittrick Medical History Center, which is part of the Case Western Reserve University in Cleveland, Ohio. It continues to draw a wide audience of medical, paramedical and lay people.

A vast number of the artifacts are “one of a kind” and would be impossible to replace. There are some wonderful stories on how many of the items came to reside in this unique display which is to be the subject of a series of anecdotes on how selected items were discovered – how they were obtained – and other information of relevance to the artifact.

About Percy Skuy

Percy Skuy held the presidency for 22 years with two Johnson & Johnson affiliate companies in Canada: Ortho Pharmaceutical (Canada) Ltd. and Ortho McNeil Inc.

He held numerous positions in the pharmaceutical industry including that of chairman of the board of the Pharmaceutical Manufacturers Association of Canada, now known as Rx and D.

Percy was a member of the Federal National Advisory Council on Pharmaceutical Research and sat on the board of directors of the Canadian Foundation for Women’s Health. In 1995, he was made an Honorary member of the SOGC—the first representative of the pharmaceutical industry to receive that honour.

His accomplished career includes the establishment of the only collection devoted exclusively to the history of contraception. This collection now resides permanently at the Dittrick Medical History Center in Cleveland, Ohio and encompasses the Percy Skuy Research and Library Facility, along with an endowment for an annual lecture.

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SOGC News – Summer 2013

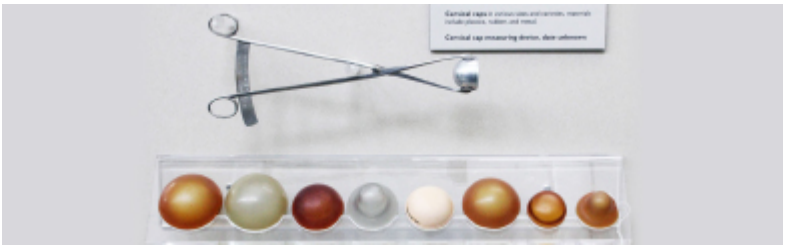
Cervical caps: Tales of contraception

By SOGC Honourary member Percy Skuy, Pharmacy Emeritus, Ontario College

“Does one size fit all?”

Cervical caps date back to around 1880 and can be found in an assortment of materials such as metal, plastics and rubber, along with being available in a range of colours. Caps were made in a single size but also in sets ranging up to six different sizes, to be able to ensure a close fit over the cervix. Suction appears to play a major role in the effectiveness of this method and modern cervical caps seem to do well with a “one size fits all” approach.

Casanova supposedly used the rind of a scooped out half lemon as a cervical cap (or diaphragm – same principle) as one of his methods of contraception. Contributions of cervical caps have arrived at the Museum in unusal ways.



I was introduced to a Dr. Hans Lehfeldt, an ob-gyn in a New York City hospital who, I was told, had accumulated a number of different shapes and sizes of cervical caps. I arranged to meet with him at his clinic in New York City where he showed me an intriguing collection of unusual cervical caps, which he had taped onto a large sheet of cardboard. He would hold up this cardboard as a teaching tool to show his class of medical students. He acknowledged that there was considerable room for improvement on this teaching tool. We struck a deal!

Dr. Lehfeldt would donate his caps to the Museum and I, in return, would provide him with an 8×10 colour photograph and a slide of every item, which would allow him to present his collection far more efficiently. The cardboard backing was the only loser in this arrangement.

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SOGC News – September 2013

Tales of contraception: The truth, the 'hole' truth, and nothing but the truth!

By SOGC honorary member Percy Skuy

Intrauterine cervical devices (IUCDs) were quite popular in Europe as early as the 1920s, but were never quite accepted in the North American market. In fact, these devices were a major factor in delaying the entry of the intrauterine devices (IUDs) into the market until the 1960's. That is, however, a separate story in this series.

Staying with the IUCDs: there were only two basic shapes that existed—namely, the stem and the 'wishbone.' The stem style was simply pushed into the cervix like a plug. To ease insertion of the wishbone shape, a small amount of wax was applied to the tip of each arm held in the closed position. It was then inserted into the cervix and then allowed to return to its original shape when the wax melted from the body heat.

There were some similarities in the modes of action between the IUCD's and an IUD, with the key difference being that the IUD could invariably be left in the uterus without removal for a considerable length of time, whereas the IUCD was intended to be removed at regular intervals – usually just prior to the woman's menstrual period – cleaned and then reinserted when menstruation ceased.

The best tolerated material used for an IUCD was 10 or 14 karat gold, but being expensive it was often substituted for by inferior metals and substandard materials. More often than not, these devices were left in place without being removed and cleaned. Infection often followed.

Many of these users emigrated to the U.S. and the exposure that the American doctors had to the use of these devices led them to remove them permanently.

Meanwhile, clinical research on the IUD was being initiated around this time, primarily by Dr. Ishihama in Japan, Dr. Oppenheimer in Israel and Dr. Ernst Grafenberg in Germany. Confusion between the IUD and IUCD was probably the main reason why it took until the early 1960s, when the Hall-Stone ring was created in New York, for interest in the U.S. to be shown for the acceptance of the IUD. This stainless steel device showed a close resemblance to that of the Grafenberg Ring.

The Museum now contains many hundreds of shapes and sizes of IUD's. By comparison, however, the IUCD's were quite difficult to collect and there are interesting stories about how each of these found their way into the Museum. My favourite story – and I do have many –revolves around the time when it was popular for women to collect small and unusually shaped objects made of gold to be hung from a gold charm bracelet. The wife of a pharmacist in downtown Toronto was in the pharmacy and spotted a gold stem style IUCD on a shelf. She had no idea what the item's intended use was, but she commandeered it and took it to her jeweler to have a hole drilled in the base so that she could add it to her gold bracelet.

She wore it for over 20 years until she was amazed to read an article in the daily newspaper regarding an interview on the Museum which featured a large photograph of me holding up a device identical to that which she was wearing. A few days later she and her daughter turned up at the Ortho Pharmaceutical plant, not knowing who might be interested in receiving such an article for the Museum. This message was relayed to me, and Usain Bolt, the current world 100-metre record holder, would have come a poor second to me in the time that it took me to leave my office and arrive in the reception lobby. It turned out that I had known her late husband for many years, and after a tour and coffee, she left knowing that her "charm" had found a new home following an unusual route.

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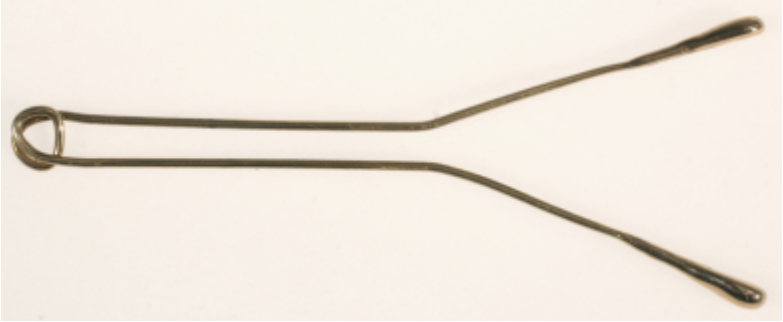
SOGC News – October 2013

Tales of contraception: A world-travelled IUD

By SOGC Honourary member Percy Skuy

The commonly used IUD's were produced mainly in molds with hand work being added to complete them. Many creative examples exist however, of innovation in the making and insertion of individual devices – each with its own individual story.



Here is how one such device was "saved" for the museum. A woman from Saudi Arabia had a strip of gold wire fashioned into an IUD shape. She wore it successfully for over 30 years, until it was finally removed by a physician in the United Kingdom who kept it in his office desk and brought it out occasionally to show it off. A colleague of his from the United States was visiting him and was so taken with the story and appearance of the device that it was given to him for safekeeping.

Upon his return to the United States, he heard about the museum and I received a phone call to ascertain if I was interested in receiving the device for the collection.

It is now one of the more valuable items in the museum – especially with the price of gold today!

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SOGC News – Fall 2013

Tales of Contraception: It's the Real Thing

SOGC Honourary member Percy Skuy

In our 21st century, there are still people who are quite willing to pay many thousands of dollars to obtain some rhinoceros horn powder to use as an aphrodisiac. Elk antler is a cheaper version. Such products are taken in the belief that there can be a transference of potency in animals to a human.

It comes as no surprise, therefore, that many techniques in contraception were tried in the Middle Ages without people having a real understanding of how contraception actually took place. The microscope was only invented by Dr. Anthony van Leeuwenhoek in 1677 and so prior to that time, sperm would have been invisible and speculation rife as to just how pregnancy actually occurred. Amulets therefore, were worn along with the use of many other techniques in an attempt to prevent pregnancy.

Ear wax from a mule was a popular item to insert in an amulet. And why a mule? Because it's a sterile animal. So, where to find a mule in Canada, and then have the ear wax removed for the Museum? Fortunately I was able to call on the company's Medical Director in Mexico and my request went along the following lines: "Ramon, I know that what I am about to ask you for is not in your normal job description, but here is what I need you to do for me…." The wax was delivered to me shortly thereafter.

Weasel testicles and bones were worn as amulets and I approached a hunter in Northern Ontario to obtain this product for me. I was told that "weasels" were not in season but that he could get me "ferret" which apparently is from the same family. I insisted on having "the real thing" on display which took him quite a while to deliver.

Another favourite was for women to wear a bone taken from a totally black cat. One does not go to road kill to obtain such a specimen. One goes to his supportive veterinarian. Well, it took me three veterinary specialists and a ten years' wait before I was able to get what I needed!

Going back some 3000 years, it has been documented that elephant and crocodile dung were used as vaginal inserts in both India and Egypt. Because of bile salt concentrations, the pH of the dung varies considerably between these two animal species, so it is not clear as to which product would have provided – if any – the greater degree of protection.

In more recent times, some women in northern New Brunswick imbibed dried beaver testicle in a strong alcoholic solution. It's worth speculating whether the testosterone content in the testicles may have provided some level of contraceptive effect.

Anyone open to participating in a clinical trial?

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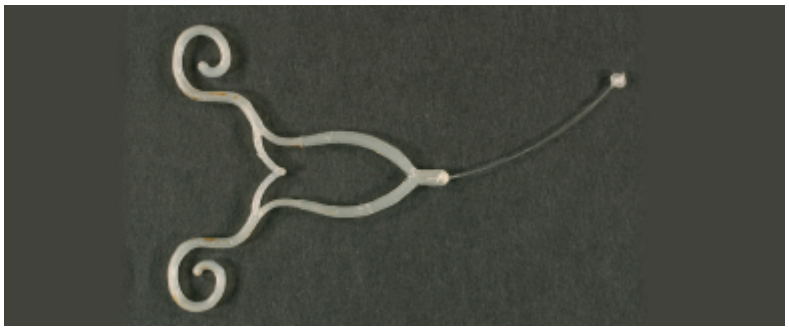
SOGC News – Winter 2013/2014

Tales of Contraception: All Is Not Well If It Does Not End Well

SOGC Honourary member, Percy Skuy

The use of the oral route to try to achieve contraceptive protection is quite an old concept. Three thousand years ago women in China swallowed lead and mercury which are highly potent substances. These women may well have become sterile – and then died later of lead or mercury poisoning.

The modern day "Pill" has only been available for a little over 60 years, but already creative use of these hormones has expanded this market successfully into additional avenues such as topical, intrauterine, sub-dermal and injectable. Despite the ups and down, this has been a reasonably successful story. However many innovative products for contraception have fallen by the wayside and this holds true particularly with the IUDs. The availability and flexibility of working with plastics stimulated activity in the development of an assortment of shapes for use as IUDs. Creative they may have been, but more often than not, unsuccessful. Here are just two shapes from the Museum that look interesting but the inventors had overlooked the difficulty in how to have them inserted into the uterus.



One device that was well ahead of its time contained a long spring with diverging metal wires and coloured beads attached at one end. The intent was to have drugs incorporated at the beaded ends so that the device could act as a therapeutic agent and as a contraceptive at the same time. The specimen that is in the Museum is likely the only one the inventor ever made.

Protrusion of part of the IUD into the vagina for identification purposes has sometimes caused problems. The solution appeared to be the development of a “tail-less” IUD with a different technique for identification in situ. This was accomplished through the incorporation into the plastic of samarium cobalt, which has magnetic properties. A compass like device was then made which allowed for the IUD to be easily detected from outside the body. A clamping system was devised so as to be able to attach and remove the IUD. Technically everything worked well except for the fact that the samarium cobalt leached out of the mixture and being toxic, caused the experiment to be abandoned.

A different problem existed with the expulsion rate of an IUD if inserted shortly after delivery. In an effort to resolve this, an absorbable suture of cat gut was knotted at the top of the IUD and embedded into the fundus at the time of delivery. Two weeks later the suture would dissolve, leaving the device in place in a now relatively normal sized uterus. Clinical studies were conducted in a number of countries which showed that the expulsion rate was not significantly reduced and so the approach was abandoned at a heavy cost to the developer.

The formula for success of “5% inspiration and 95% perspiration” seems to hold true for many of the items in the collection.

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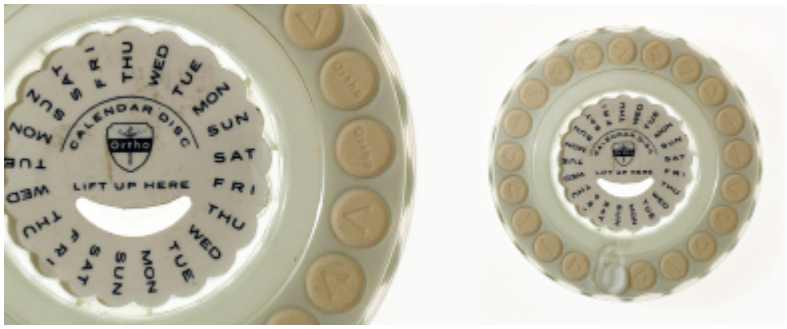
SOGC News – September 2014

Tales of Contraception : "Put Yourself in the Picture!"

SOGC Honourary member Percy Skuy

The concept of contraception seems to attract creativity in a variety of forms and from products to techniques. Innovation in the latter part of the 20th century has provided the Dittrick Museum with a collection of such anecdotes. Following are just a few examples drawn from this period.

When the first two oral contraceptives were put on the Canadian market in the early 1960s, the dosage regimen was "one tablet a day for 20 days – and then stop for 5 days." This meant that the user would start and stop her regimen on a different day for each cycle—which was quite confusing. It took a couple of years for an extra tablet to be added to make the regimen easy to follow with "three weeks on and one week off" and starting and stopping on the same day of the week.



Appropriate dispensing packages were then developed by creative manufacturers, especially with the precise requirements to follow the prescribed regimen for oral contraceptives. This became even more apparent when the placebo 28 day packages, the sequentials, and other dosage regimens to be followed in the proper order came to the market. Packaging for birth control tablets then moved onto providing discrete cosmetic-looking containers for those women who carried their tablets around in a purse.

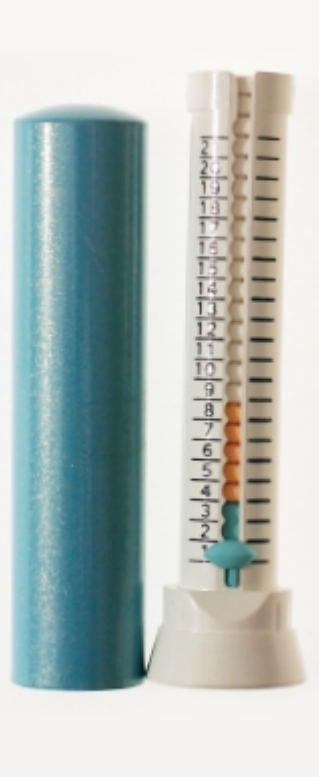
These packages sometimes filled other needs. I had a call once from a university student in Toronto who needed an empty Dialpak package. She was not on the Pill, but used the package to keep track of the days of the week!

Then there was the company in Canada that introduced their new contraceptive pill in a lipstick type container in which the tablets were stacked for easy removal. The marketing strategy used was to

provide each of the representatives with boxes of real lipstick in a casing that was identical to that of their birth control pill. Since almost all doctors' receptionists were female, it was anticipated that the receptionist would be given a lipstick and in turn would be more likely to allow the rep to see her doctor.

IT BACKFIRED!

Apparently the company had overlooked the fact that women generally choose a lipstick that goes with their skin colouring or clothing. The reps apparently had to spend much of their productive time running back and forth to their cars to try to find the right shade of lipstick. This product never got off the ground.



Another company had a package dispenser developed for a birth control clinical study in which a computer chip had been secretly embedded. This chip would record precisely when a tablet was removed from the package in order to better monitor how well the patient was following the regimen. She was required to visit her doctor every two weeks with her package which could then discretely provide a printout for the clinician.

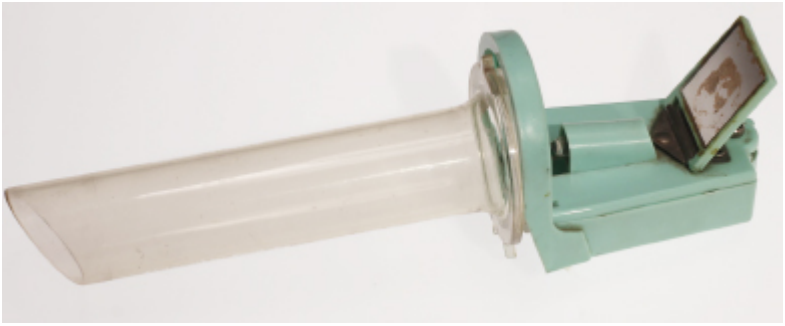
The results were highly informative, particularly from one patient who removed all 14 tablets at one time just before each follow-up visit! It turned out that she regretted having initially volunteered to start on the study, but was too embarrassed to tell her doctor this, so she just pretended to continue to participate in the study. A sample of the package is in the Museum collection, but its usage never caught on. I assume that it was either a problem of cost and/or confidentiality.

There is also no lack of consumer experimentation. One woman arrived pregnant at a hospital in London, England. She had substituted a teapot top in place of a diaphragm. We don't know what size she used! Teenage boys in Australia used candy bar wrappers cut open at one end in place of condoms. The names of the actual brands used were Violet Crumble and Crunchy.

And then, around 1962, a woman arrived at the outpatient unit of Women's College Hospital in Toronto complaining that her contraceptive technique that she had been using for three years had failed. Her method was to insert a fruit juice glass into her vagina prior to intercourse. In this case, the top of the glass had broken and embedded itself in her vagina. The resident was given quite a challenge to remove it, which he did by coating wooden tongue depressors with petroleum jelly; inserting them around the glass; filling the glass with plaster of paris and then gently pulling the glass out. The only reason I can report on this incident is because I happened to call on the resident the following day while I was still a rep. Then years later, as I began collecting these anecdotes, I was able to track down this resident, now an Ob/Gyn in practice near Kingston, Ontario. He had, of course, thrown away the glass but was able to give me its approximate measurements. Today we would probably have been able to save the glass, too, for display.

An enterprising inventor adapted the principles of the Cerviscope to produce a self-examination home kit which would allow the user to see her cervix, monitor any cervical mucous changes and thus determine her stage of ovulation! The kit consisted of a clear plastic tube for insertion into the vagina. Attached to the tube was a small compartment to hold two batteries and a bulb to light up the cervix. A small adjustable mirror was fixed on to the back of this compartment.

It was offered for sale in the U.S. as a mail-order item and, not surprisingly, was a commercial failure.



Hopefully this series of articles on the history of contraception will have whetted the appetite of the reader to want to visit the complete collection at the Dittrick Medical History Center located at the Case Western Reserve University in Cleveland, Ohio.

To date, word of mouth has been the most successful way in which items have come to the Museum. The availability of the internet has also opened a few doors towards obtaining more items – each with its own intriguing story. My experience tells me that there are still many more artifacts and anecdotes waiting to be uncovered.

Put yourself in the picture. Let us know if you have one to share!

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SOGC News – November 2014

What it took to donate a unique collection from a Canadian source – to an American university

Percy Skuy, SOGC Honorary Member

The objective of this paper is to describe how I, purely by chance, happened to become the founder of an original museum dedicated to presenting the history of contraception which spans a period of over 3000 years. I will deal with some of the hurdles the museum encountered in order to survive —and— what it took to donate this unique collection of artifacts.

In 1965 I was in the Marketing Department of Ortho Pharmaceutical (Canada). I was invited to give a talk on the modern methods of contraception and used some old unusual items to introduce this talk. Subsequently, this led to an accumulation of over 500 such artifacts. To acquire these items I had to first determine where they were, through word of mouth, medical meetings and perusing scientific journals, and then have it donated to the collection.

Insurance Consideration

Invitations to display the collection internationally made the need for insurance necessary. No benchmark existed that the insurer could use to evaluate the artifacts.

Three approaches were suggested from which I could choose:

1.Pick a dollar figure at random – say $100,000 – though it would be difficult to justify a claim;

2.Determine the costs involved to obtain each item – i.e., travel costs, communications;

3.Select a high figure such as $1,000,000, purely on the basis that it was not possible to place a value on these irreplaceable items. This would be a public relations approach, which I chose for no reason other than it had a nice sound to it!

Documentation consideration

It's not unusual for collectors of items to initially store all the knowledge about the collection in their heads – and to keep it there. I realized that this knowledge needed to be documented for insurance coverage and historical records. Thus every item was photographed and recorded. All went well until we

discovered that in the intricacy of setting up new systems, all of the data on the museum documentation had been irrevocably lost. No backup discs had been made and repeating the documentation process was simply overlooked, leaving the collection somewhat vulnerable!

The Retention Phase

In 1995 I retired from Ortho-McNeil Pharmaceuticals after having spent thirty-four years with the company. Fortunately, I was still in a position to retain responsibility for acting as the curator of the museum. It became clear to me that the time was ripe to broaden the focus of the collection beyond that of a medical and paramedical audience.

"The real story to be told was not of a collection of things, but rather a sociological one of human motivation and creativity over thousands of years and in many different countries and cultures, to want to limit family size."

The time had come and gone for the collection to remain under the umbrella of a major international pharmaceutical company. I approached Johnson & Johnson Corporate in the U.S., and obtained approval to do whatever I felt was appropriate for the long term future of the collection. I was totally naïve in the expectations I had. I wanted permanent space; dedicated staffing, sufficient funding plus a few extras.

After a three year search throughout Canada and the U.S., the best match I found was the Dittrick Medical History Center and Museum in Cleveland, Ohio – part of Case Western Reserve University. My recommendation was supported by Corporate for the transfer to the Dittrick to take place.

Ownership

Once again I found myself in unfamiliar territory when faced with a battery of questions regarding how to determine the value of the assets being donated. I assumed that the donation for tax purposes was to be made by the J&J Corporation in New Brunswick, New Jersey to an American university in compliance with the IRS requirements.

The evaluation phase

The collection now needed to be evaluated by an accredited evaluator and it took months to track down such an individual. Having his consulting service based in Toronto was a major factor in controlling costs, otherwise, the process could quite possibly have been ended right there. It took two people two weeks to properly document every item in a manuscript that ran to 141 pages. The evaluation considered four separate approaches to arrive at a valuation for the IRS. This valuation came to U.S. $431,200 or $601,305 Canadian at that time.

The Tax Implications

I then discovered that Case Western would be able to accept such donations directly from a Canadian company, and that Janssen-Ortho (Canada), using the guidelines of Revenue Canada could now make this contribution, since the artifacts were all donated and had no commercial value on their own. It

appeared that this would attract a huge capital gains tax for the company since all the artifacts were donated. I have no idea how this tax scenario was resolved!

The Transition

In November, 2004 the entire museum was moved to Cleveland. It is now ten years later with an opportunity to reflect on the current status of the museum since the move was made. A major renovation had been undertaken to provide the collection with 900 square feet of dedicated space – three times more than originally promised! The number of artifacts has grown considerably with no sign of slackening. A discrete section of the space has been allocated to a Research and Library Center and education remains a high priority for the Museum.

The museum has been renamed "The Percy Skuy Collection on Contraception Through the Ages," and plans are underway to add a complementary collection on the History of Childbirth.

Conclusion

It would be comfortable for me to conclude this "fascinating odyssey" by dwelling on the positive setting in which the museum now resides. Many unexpected obstacles had to be overcome to avoid having the collection ending up in oblivion. I would encourage any collectors, while they still have the time and resources, to investigate how their collections could be preserved when the time comes to make a transition in ownership.

It's never too early to start!
