

Vaginal Speculum (after 1800)

A vaginal speculum is a medical device that allows physicians and health providers to better view a woman's cervix and vagina during pelvic exams. Most specula are made of metal and plastic, and physicians insert a portion of the speculum into the patient's vagina to separate the vaginal walls. Physicians have used devices to view inside a woman's vagina for centuries, but physicians did not begin using what is known as a speculum in the twenty-first century until the 1800s. Prior to the invention of the modern speculum, health specialists struggled to find a way to view the cervix and vaginal walls. Because of that, health specialists could not accurately diagnose medical problems that were occurring in those tissues. Therefore, the speculum has enabled healthcare professionals to provide women with better gynecological diagnoses and care.

As of 2019, gynecologists routinely use the speculum for vaginal examinations. According to the Mayo Clinic, cervical and vaginal examinations are important in identifying abnormalities in a woman's reproductive anatomy, such as cysts and cancers. Many women report that exams involving specula are notoriously physically and occasionally psychologically uncomfortable, mainly because of how invasive the procedure is and how the device feels inside a woman's body. Women throughout history have claimed that usage of specula can be painful, though physicians take measures to minimize patient discomfort when performing vaginal exams with a speculum in the twenty-first century.

Prior to the 1800s, physicians used vaginal speculum-like devices for a variety of purposes in medicine. According to gynecologist Anthony Tizzano, physicians would use similar devices to cauterize wounds inside the vagina and to apply leeches to the cervical tissues for the purposes of bloodletting, or the historic practice of removing a patient's blood for supposed therapeutic purposes. Prior to the 1800s, speculum designs were heavy and bulky, and some women found them to be uncomfortable. Most speculum devices were made of metal that, when placed inside a woman's body, could cause pain from pinching the vaginal tissue.

In 1845, James Marion Sims opened a private makeshift hospital for slave owners to bring slave women in Montgomery, Alabama. While practicing, he treated many women who had fistulas, which are holes that form between the bladder or rectum and the vagina, causing urine and feces to enter the vagina. Women can sometimes get fistulas after long or difficult childbirths due to the neonate adding increased pressure on the vaginal walls. Women can also get fistulas caused by surgical procedures, certain forms of pelvic cancers, and prolonged, untreated urinary tract infections. Sims used a bent spoon that he inserted inside a woman's vagina to better view the cervix and medical abnormalities. Sims named that device the Sims Speculum, which was one of the first examples of a modern speculum and is still used by some physicians in the twenty-first century. Sims stated in his unfinished autobiography that if there was anything he hated, it was investigating the organs of the female pelvis.

According to women's health expert Margarete Sandelowski, after Sims popularized one of the first speculum models, it caused a debate within the medical community on the ethics of viewing a woman's reproductive organs. In 1850, physicians from the Medicine and Chirurgical Society of London in London, United Kingdom, attended a meeting to debate arguments for and against the use of the speculum in gynecology, with some worrying that female patients would mistake examinations for a sexual experience. Sandelowski states that some doctors and members in the United States thought that exposing a woman's body could corrupt women, or cause them to become obsessed with sex, and then become prostitutes. According to professor and obstetrics researcher Terri Kapsalis, during the mid 1800s, some women linked vaginal exams with prostitution and in-

decency and police would use pelvic exams as threats when arresting sex workers. Kapsalis claims that some people thought the speculum to function as a torture device, others thought of it as a disciplinary device, and some thought of it as a device that could cause women to become obsessed with sexual intercourse. The lattermost group included some physicians of the nineteenth century, including Robert Brudenell Carter. He discussed what he claimed were the consequences of the speculum in his book, *On the Pathology and Treatment of Hysteria*, in 1853. Carter claimed that in his experience as a physician, he had seen young, unmarried, middle-class women become the moral and mental equivalent to prostitutes from repeated use of the speculum and would continuously ask for examinations.

In 1870, Edward Gabriel Cusco revised Sims's speculum, inventing the signature duckbill design that physicians continued to use into the twenty-first century. In 1878, physician Thomas Graves built upon Cusco's design to include two curved metal blades physicians could insert into a woman's vagina. Physicians could use the blades to dilate the vagina and allow a physician to view the woman's cervix. Numerous physicians and scientists have revised that design gradually over the last 150 years. Some new versions of the speculum included types that enable the speculum to stay open while inserted in the vagina, as well as plastic versions, though metal versions are most commonly used in gynecological surgery.

Physicians continued to use the speculum on female patients throughout the late 1800s. According to an article written by journalist Rose Eveleth, the speculum enabled physicians to gain control over matters related to pregnancy and childbirth, a role that midwives, who were not trained physicians, had previously filled. Eveleth argues that physicians transformed the way that people viewed birth as being a natural phenomenon, to a medical procedure by using instruments like the speculum and forceps. She argues that, through using medical tools, physicians took over midwives' roles and medicalized female reproduction, positioning themselves as the sole experts on obstetrics and gynecology. Gynecologists continued to use the speculum in medical practice throughout the 1900s.

During the late 1960s and 1970s, according to journalist Eveleth, the speculum reemerged in second wave feminism as a symbol of female power and bodily autonomy. According to women's historian Mary Daly, activists in the 1970s compared gynecology with torturing women with devices like the speculum. Activists claimed that patriarchal society made women vulnerable and male doctors had historically overstepped in making decisions about female patients' bodies. According to the feminist group *Our Bodies Ourselves*, women reported feeling patronized by their predominantly male physicians. In the 1960s and 1970s, feminist groups across the US organized spaces for women to share stories and frustrations about their experiences regarding doctors, expressing stories of undesirable treatment from physicians. By teaching fellow women how to properly use a speculum, members of feminist groups felt they could regain ownership of their bodies from male physicians and better understand what physicians were failing to explain to women about their bodies.

Improvements to Sims's and Graves's speculum designs continued, however their basic designs stayed mostly the same throughout history. In 1968, medical products company Welch Allyn launched a line of specula including a small and medium size to accommodate the different sizes of women's reproductive tracts. In 1971, women's reproductive health activists and educators Lorraine Rothman and Carol Downer began teaching other activists how to perform self-examinations using a speculum. Downer took a vaginal speculum from an illegal abortion clinic, as abortion was not made legal until 1973 with the Supreme Court decision in *Roe v. Wade*, and taught herself how to do a vaginal self-examination and view her cervix. e

On 7 April 1971, Downer gathered a group of women in Venice, California, to discuss how women felt about physicians' uses of the speculum. She placed specula and other medical devices on a table in front of the women. In order to reduce the other women's hesitation, Downer claimed she decided to use the speculum on herself and did a practical demonstration on her own body. Downer claimed that the demonstration helped alleviate what she called feelings of disgust and fear that the women had felt previously about their bodies. Downer also encouraged women to examine themselves for yeast infections and other common medical issues. In the fall of 1971, Downer and Rothman traveled across the US with boxes of specula to teach women how to manage their reproductive health without a doctor's intervention.

Towards the end of the 1900s and into the 2000s, inventors began creating alternative designs for specula, including different shapes and sizes, in an effort to create less uncomfortable exam experiences for female patients. In 1999, Welch Allyn introduced a large size speculum on the market, and in 2005, added an extra small size to assist physicians whose female patients experienced discomfort from the small size. As of 2019, researchers at the company continue to look for ways to update the plastic model that resembles an opening duck bill. Newer design proposals include inflatable specula that start as the size of a tampon and inflate when inside the woman's body.

In 2005, medical company FemSuite received US Food and Drug Administration approval on their inflatable speculum called FemSpec. The company described the device as inflating slowly once the physician inserted it into the woman's vagina, like a blood pressure cuff in reverse, allowing physicians to clearly visualize the cervix. After announcing that the company would be introducing the devices at Planned Parenthood, other companies started developing more specula with a similar design. By 2008, FemSuite announced that FemSpec would no longer be available due to a resistance from medical staff who did not want to switch from the traditional metal speculum to an inflatable one. According to obstetrics researcher Kapsalis, the inflatable device could have hindered physician's view of the cervix and would completely hide or obscure the walls of the vagina. Additionally, the vaginal walls exert strong pressure that an inflatable tool might not be able to withstand. e

In 2014, members of the American College of Physicians recommended against performing pelvic examinations using a speculum in asymptomatic, non-pregnant women, not including Pap smears and screening for cervical cancer. They made that conclusion claiming that routine exams using a speculum can cause unnecessary discomfort for the female patient and unnecessarily raise health-care costs. Pelvic exams can be conducted by a physician with one's hands. However, specula enable doctors to view the inside of a woman's reproductive tract that is not usually visible. According to the American College of Physicians, some physicians require pelvic exams, usually with a speculum, before prescribing contraceptives. Because there is no evidence to support that requirement, some medical groups advise physicians against necessary pelvic screening before prescription in asymptomatic women. Physicians use the speculum routinely in the twenty-first century, and while they are better designed to decrease pain than previously in history, many women still claim that they do not enjoy vaginal speculum exams.

Sources

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