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President's Page

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President's Page

Nature's Child

John Hunter's 1790 publication of the first clinical and successful application of artificial insemination neither received nor engendered much interest for 95 years until Jay Marion Sims reported 55 inseminations in six women with one resulting pregnancy using the woman's own husband's masturbated semen. Sims however cautioned, "Before undertaking this artificial insemination, we must satisfy ourselves that *the semen is perfectly normal* and that it does not and cannot enter the canal of the cervix in the usual manner." Ninety-five years following this observation by Sims, Amelar proved that "the freezing of sperm is a hoax if performed for the purpose of concentrating many oligospermic specimens with poor motility so that a 'good' specimen may be obtained for insemination. . . . When you start with poor motility, and concentrate the samples by having the patient collect specimens which are then frozen and combined, you end up with an ice cube; a very expensive ice cube, by the way. It does not work." Yet today's AIH (artificial insemination husband as opposed to third party donor which will not be discussed herein) is done almost exclusively for the low motility oligospermia by concentrating split ejaculates in the subfertile couple, oftentimes in place of less esoteric but more beneficial complete fertility evaluation and treatment. These couples more often can have improved quality of fresh semen delivered in a natural manner with higher rates of fecundation than AIH. Thus good medicine imitates the art which, if true, must imitate nature wherein lies the moral imperative for the physician addressing the problem of the involuntary childless married couple.

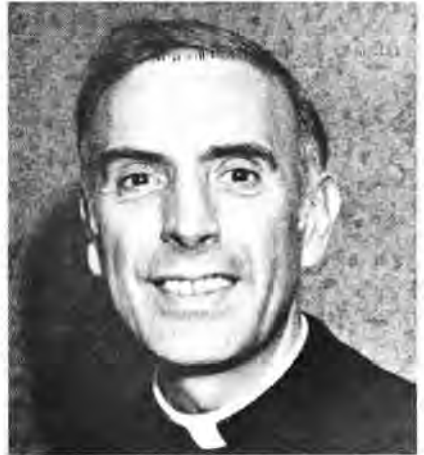
A moral discussion of AIH must differentiate insemination in and of itself from semen collected and from assisted insemination. Thus semen could be collected by the unnatural act of masturbation for subsequent syringe injection into the vagina but this has no medical meaning today as noted above. Opinions rendered here, although probable in theory, become improbable in practice. But semen can also be collected in the bladder by the unphysiologic but natural act of retrograde ejaculation seen in some male diabetics and those men who have had radical retroperitoneal lymph node dissection for non-seminomatus testicular cancer. The bladder semen, which is superior to cryopreservation, may then be voided into the vagina or collected by catheterization for subsequent syringe injection into the vagina. The physician can assist insemination by this latter method or by pre- and/or post-coital dilations of the cervix, application of mucolytics agents, or syringe advancement of the sperm into the cervical canal and uterine cavity.

But science is not the highest value to which all other orders of values should be subordinated. (The ensuing sections are extensively from Pope Pius XII, 1949 International Congress of Catholic Physicians; 1951 Italian Catholic Midwives; 1952 First International Congress Histopathology of the Nervous System; 1956 The Second World Conference on Fertility and Sterility; 1958 The Seventh International Hematological Congress.) Does artificial fecundation exceed the limited right of parents to procreate? In marriage, parents have the given right to the natural act of intercourse which is capable of engendering life, but they may not separate the procreative intention from the conjugal relationship. Liberty-freedom in marriage means the right to procreate, that is, to freely strive toward child-bearing; it is not a direct right to have a child. Thus the Pope in his paternalistic view of marriage placed a hierarchical order of values for marriage, beginning with the common transcendental destiny of the husband and wife, thence to service to others, education, paternity-maternity, individual perfection, emotional and physical value, and lastly, to the union of two life germ cells. AIH reverses this natural order of priority. If there is a moral right in marriage for AIH, it must be established by positive proof, for it is not a right if merely presumed. Marriage is not a biological laboratory and although the desire to have children and the results of childbearing are high motives, neither necessarily justifies AIH. Parents may facilitate nature but must imitate her in this process. To facilitate the act itself or to enable the act performed naturally to attain its end is more properly classified as assisted insemination.

The physician must step with great caution into this area. The Pope encouraged physicians to identify and treat the causes of sterility in order to prevent dangerous social experimentation. But our medical

acts must also be viewed in their practical application to man and their repercussions on the person and his destiny. The right of intervention in medicine to correct an aberration is determined by the fact that all organs are for the individual's own good — save only sexual organs whose primary goal is social and not subject to the same validation (except where intervention is in an area of secondary goal — personal — of the sexual organs). Nature's requirement may not be tossed aside by modern medicine and surgery for a developmental self-creativity to perfect and change nature. This would be a hoax. It does not work.

Message from the Spiritual Advisor



Tiredness is a way of life for the active physician. While dispensing “relief” medication to his patients, his aches and pains are a reality known only to himself. While masked from ear to ear, choked from the lack of fresh air, he breathes many nondescript foul odors, as well as anesthesia, not programmed for him. This is part of the sacrifice he endures as he stands long hours, and often under great stress, performing his intricate surgery.

While he himself is pressured with frustration, anxieties and disappointments, he finds time to encourage his patients afflicted with incurable diseases, even though he is totally drained of every “drop” of energy left in his mortal body.