Exhibit 32

Pregnancy Testing with Frogs
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On 17 December 1952, the Chicago Sun-Times, a respectable daily tabloid, illustrated the short article, ‘Convening doctors see speedy pregnancy test,’ with a cropped version of this photograph. Taken at an obstetrics and gynaecology convention at the historic Palmer House hotel, it shows ‘medical technician Mrs Donald Simerson’ (left), microscope at the ready, looking on admiringly as the ‘comely Minnesota doctor’ Jane Hodgson – who in 1970 would become known for publicly challenging the abortion law in her state – injects a male frog with a female patient’s urine. Laid out before them are test tubes, droppers, reagents, a funnel, pH paper, pipettes and frogs in jars. Coyly avoiding mention of sperm, the caption explains: ‘If patient is pregnant, male frog cells will appear in frog’s urine within a matter of hours.’

Worlds away from the privacy of today’s home tests, the transgressively gendered frog test implicated at least two other males (Donald and a potential father) and three women: doctor, technician and patient.

Though uroscopy for pregnancy detection goes back centuries at least, animals were first used in the 1920s, when Berlin gynaecologists Selmar Aschheim and Bernhard Zondek invented a ‘biological’ pregnancy test. Mice or rabbits were injected with urine, then killed and dissected to read the hormone-induced changes in the ovaries. After World War II, laboratories worldwide adopted amphibians as living pregnancy tests that could be reused. Imperial Britain imported South African clawed toads, Xenopus laevis, from Cape Town for use in three centres that performed tens of thousands of tests every year. Pregnant women’s urine caused the females to extrude their large, easily visible eggs. In the United States, many doctors like Hodgson preferred locally abundant and commercially available male frogs, which could be conveniently stored in a state of induced hibernation. As the Sun-Times article explains, the frog test ‘merely requires the services of a nurse-technician, a few simple instruments, and a supply of male frogs with a refrigerator to house them.’

These bioassays were not pregnancy tests in our sense of self-monitoring tools. In the 1960s, commercial laboratories started using immunological test kits to serve women as ‘clients’; before then, diagnostic services were accessible only indirectly to ‘patients.’ Doctors had typically sent samples not to confirm or exclude pregnancy in healthy, married women, but rather when it was medically indicated to differentiate between a normal pregnancy and, for instance, a tumour.

‘Predictor,’ the first reliable do-it-yourself test, debuted in 1971 and resembled a small chemistry set. Only after Unilever launched ‘Clearblue One Step’ in 1988 did a younger generation of consumers embrace home tests in their currently dominant form: a plastic ‘wand’ displaying blue or pink lines. Today women still factor in bodily signs of pregnancy, including a missed period and morning sickness, but self-testing has become the norm. Though doctors are no longer in control, the purchase of an over-the-counter retail product is often a first step in an elaborate and controversial monitoring regime – from routine ultrasound to prenatal genetic screening.
FURTHER READING

Chapters 16, 35 and 38 and Exhibits 14, 26, 31 and 37, this book.