

The Portrayal of J. Marion Sims' Controversial Surgical Legacy

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Abbreviations and Acronyms

VVF = vesicovaginal fistula

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Purpose: In the mid 1800s Dr. J. Marion Sims reported the successful repair of vesicovaginal fistulas with a technique he developed by performing multiple operations on female slaves. A venerated physician in his time, the legacy of Dr. Sims is controversial and represents a significant chapter in the mistreatment of African-Americans by the medical establishment. This review compares the modern debate surrounding his legacy with the presentation of his operation in widely consulted urological texts and journals.

Materials and Methods: A literature review was performed of medical, sociological and periodical sources (1851 to the present) regarding J. Marion Sims and vesicovaginal fistula repair.

Results: During the last several decades, while the controversy around Dr. Sims' surgical development has produced a steady stream of articles in the historical and popular literature, relatively little mention is found in standard urology textbooks or journals. With increased public attention, some have debated the removal or modification of public tributes to Dr. Sims. This move has been countered by arguments against the validity of judging a 19th century physician by modern standards.

Conclusions: While historians, ethicists and the popular press have debated Dr. Sims' legacy, medical sources have continued to portray him unquestionably as a great figure in medical history. This division keeps the medical profession uninformed and detached from the public debate on his legacy and, thus, the larger issues of ethical treatment of surgical patients.

Key Words: civil rights; history of medicine; ethics, medical; vesicovaginal fistula

J. Marion Sims was one of the most decorated and controversial American surgeons. He began his career as an anonymous general practitioner in Alabama in the mid 1800s, and with his increasing prominence moved to New York City and later Europe. He built his career on the publication and promotion of the repair of vesicovaginal fistulas.

He developed his technique by operating on female slaves, many of whom he purchased and kept on his property. Some of the 14 women with fistulas underwent 30 reoperations, none with the benefit of anesthesia, which had

been recently discovered. These operations clearly violated modern principals of ethical medical practice and how to portray his legacy 150 years later is still a matter of controversy.

This review will compare the portrayal of Sims' legacy in the historical and popular literature to that in medical sources. In contrast to the vigorous debate of Sims' legacy in historical texts and even in the popular press, medical textbooks and journals have largely remained static in their portrayal of Sims as surgical innovator.

In the first half of the 20th century Sims was principally portrayed as a champion of women's health, a surgical innovator and an example of professional excellence. With the rise of the civil rights movement this portrayal changed as historians began to question the biases and assumptions of the largely white male perspective. Given his prominence, Sims is often cited as an example of the mistreatment of African-Americans by the medical establishment. How to portray the actions of a pre-Civil War physician is a difficult question and one that the medical profession has avoided.

There is significant historical evidence for the medical profession to question our unconditional praise of Sims. Along with his achievements and statue, he is a prime example of progress in the medical profession made at the expense of a vulnerable population. In this report we highlight the reluctance of the urological and medical profession to address Sims' controversial history in the medical literature, especially when compared to the general public. This division keeps the medical profession uninformed and detached from the public debate on his legacy and, thus, the larger issues of ethical treatment of surgical patients.

SOURCE MATERIAL

The current and all prior editions of *Campbell-Walsh Urology* (previously *Campbell's Urology* and *Urology*) were reviewed for mention of Dr. Sims, his original paper and description of vesicovaginal fistula repair. The gynecological textbook *Te Linde's* was similarly referenced. The databases PubMed®, Ovid®, Google Scholar and Cross Reference were searched for Dr. Sims' original publication, "On the Treatment of Vesico-Vaginal Fistula," the 1998 reprinted article and keyword Sims. The *New York Times* archives (1851 to the present) were searched for the keyword Sims. Searches were originally performed October 31, 2009 and reviewed on April 30, 2010.

SIMS AS CHAMPION OF WOMEN'S HEALTH

Dr. Sims' obituary in the *New York Times* in 1883 described "his invaluable services to the science of medicine," and his numerous honors, including past president of the American Medical Association and decorations by several European nations.¹ He was the first medical professional to have a statue in his honor in New York City, a statue which was moved from Bryant Park to Central Park and now stands across from the New York Academy of Medicine on Fifth Avenue. Throughout the early part of the 20th century Dr. Sims was credited as a hero for

advancing the medical care of women and was called the "father of modern gynecology."

Monuments to Sims' career stand at his native South Carolina's state house and medical school, his alma mater Jefferson Medical College, and the Alabama capital grounds.² The historical marker of his birthplace in South Carolina honors him for "his service to suffering women. Empress and slave alike."³

Sims died when he was halfway through his autobiography, which set the tone for how early historians wrote about his experiments on vesicovaginal fistula repair. He presents himself as a humble Southern physician who rose through hard work and determination to the highest levels of medicine. He wrote vivid stories of his epiphanies in positioning female patients and his use of the spoon to facilitate vaginal examination, both of which carry his name as the Sims position and speculum, noting, "I saw everything, as no man had ever seen before."⁴ This story of a "physician who brought new hope and new life to women" through hard work and dedication is reiterated in the 1950 biography by Seale Harris titled *Woman's Surgeon*,⁵ and the brief biographies that appeared in medical journals through the 1970s.⁶⁻⁹

The version of the surgical experiments on vesicovaginal fistulas as told by Sims and his early biographers is that Sims reluctantly performed operations on slaves with fistulas out of concern for the plight of these women and continued for 4 years because he was determined to succeed. He writes of his entry into pelvic surgery, "If there was anything I hated, it was investigating the organs of the female pelvis. But this poor girl was in such a condition that I was obliged to find out what was the matter with her."⁴

For 4 years Sims operated in succession on 14 female slaves he recruited and housed on his property. The other physicians who observed his first attempt had now abandoned him and it was during his 30th attempt on a slave named Anarcha that he used silver wire with reported success. He concluded, "I had made, perhaps, one of the most important discoveries of the age for the relief of suffering humanity."⁴

"IT WAS CHATTEL SLAVERY AND MORPHINE, NOT COURAGE, THAT HAD BOUND THE WOMEN TO HIS SURGICAL TABLE"²

It was not until the 1960s and 70s that the representation of Sims as a respected physician and champion of women's health began to change. Authors questioned his benevolence, the ethics of experimental operations on slaves and how to portray his legacy. As one author concluded, Sims' experiments were "a classic example of the evils of slavery and the misuse of human subjects for medical research."¹⁰

One of the first reexaminations of Sims' legacy was a 1963 doctoral thesis which was expanded into the 1974 book highlighting the misogynistic origins of gynecology, "The Horrors of the Half-Known Life." Sims' story is featured prominently and his portrayal as benevolent surgeon was questioned as he operated on "female slaves he had purchased to use as guinea pigs."¹¹ Even Sims' sympathetic 1950s biographer wrote "all kinds of whispers were beginning to circulate around town – dark rumors that it was a terrible thing for Sims to be allowed to keep on using human beings as experimental animals for his unproven surgical theories."⁵

Many authors argued that Sims performed these operations for professional gain as opposed to any feelings of benevolence for his patients. They note that even after Sims had published and refined his technique, thus "curing" women, he was unable to find a white patient with a vesicovaginal fistula willing to endure the pain of the procedures until he used anesthesia. While it is possible that Sims was not aware of or comfortable with the use of anesthetic agents during his experiments from 1845 to 1849, the use of ether was publically demonstrated by Morton in 1846, and in later cases he selectively used it only for upper-class white women.¹² Sims and his biographer make reference to their beliefs that African-American women have a "naturally" high pain tolerance. Harris wrote, "Sims's (sic) experiments brought them physical pain, it is true, but they bore it with amazing patience and fortitude – a grim stoicism which may have been part of their racial endowment."⁵ The historian Washington takes exception to this racist idea of the stoic slave and offers the observation that "Slaves did not have to be recruited, persuaded and cajoled to endure pain and indignity; they could not refuse."²

The obvious question is whether Sims' work falls within the acceptable medical practice of his times and, if so, whether it is fair to judge him by modern standards of ethical medical practice. One of Sims' defenders, the gynecologist Lewis Wall, argues that, "His operations, which at first were unsuccessful, were performed explicitly for therapeutic purposes and, as far as we can tell from the surviving sources, were carried out with the patients' cooperation and consent."¹³

The degree of consent, if not by modern standards, is a central question for Sims' supporters and detractors. As his biographer Harris wrote of his slave patients, "Despite their repeated disappointments, despite all the futile operations they had been through, they were confident that in time he would cure them, and they contended with each other as to who should have the honor of being the subject of his next operation."⁵

This take differs greatly from the description of Washington, in which "... each surgical scene was a

violent struggle between the slaves and physicians and each woman's body was a bloodied battleground. Each naked, unanaesthetized slave woman had to be forcibly restrained by the other physicians through her shrieks of agony as Sims determinedly sliced, then sutured her genitalia."²

Modern authors have pointed out that Sims presented little in the way of outcomes, with assurances that all women were cured. In fact in later works he changed his patients to white females in presentations and illustrations.¹⁴

In the last few decades various authors questioned the numerous public tributes and honors that carry his name. *New York Times* columnist Gail Collins wrote, "I don't want to topple Dr. Sims's (sic) statue, but we need to get Lucy and Anarcha up there with him, completing the picture," referencing his 2 named slaves.¹⁵

A 2003 *New York Times* article summarized the continuing controversy of his lionized and vilified legacy, and concluded "The story of J. Marion Sims is a reminder of how history gets rewritten over time. The hope, of course, is that each new account gets closer to the truth."¹⁶

"ONE OF THE GREAT FIGURES IN THE HISTORY OF OPERATIVE GYNECOLOGY"

In contrast to the changes in popular and historical sources, medical texts and journals are relatively static in the portrayal of Dr. Sims as a surgical innovator. Current and previous editions of *Campbell-Walsh Urology*, from the first edition *Urology* by Dr. Campbell in 1954 to the online version of the 9th edition, contain several references to Dr. Sims' contribution to fistula repair but no mention of who his subjects were or of his controversial legacy (see Appendix).

A resident today would read the passage, "Of note, it was not until his 30th attempt at closure of VVF that he achieved success" and most likely be unaware of his history or on whom he made those 30 attempts. In all 9 editions various amounts of information are included about Sims' contributions but no mention was made of the identity of his subjects or his controversial legacy.

Likewise medical journals largely include mention of Sims as the originator of vesicovaginal fistula and praise him as a surgical innovator without mention of his legacy. His original article was republished in 1998 without reference to the controversy around this "classic paper."¹⁷ In a 2002 editorial titled "The Epochs and Ethics of Incontinence Surgery," which discusses the ethics of our current investigative surgical techniques, Sims is referred to as the innovator without mention of his own ethical questions.¹⁸

A recent change was made in the gynecologic text *Te Linde's* which, like *Campbell's Urology*, contained

little to no mention of Sims' controversial legacy in previous editions. However, the most recent edition (2008) includes a new paragraph tackling the ethics of his contributions (see Appendix). It concludes, "It is generally believed that Sims was trying to enhance the lives of these women and was in concert with accepted mores."

SUMMARY

While historians, ethicists and the popular press have debated Dr. Sims' legacy, medical sources have continued to portray him unquestionably as a great figure in medical history. This division threatens to keep the medical profession uninformed and detached from the public debate on his legacy. Sims made many contributions to the field. However, as opposed to championing women's health, Sims' legacy should be associated with surgical experimentation on vulnerable populations. This question is not solely of historical importance as we will always seek to improve our operative ability. The ethics of surgical innovation, education and experimentation are still relevant today. It behooves us as a profession to discuss, debate or at least include mention of Dr. Sims' controversial legacy in our literature.

APPENDIX

Medical Textbook References

Campbell-Walsh Urology:

"In 1852, James Marion Sims published his now famous surgical series describing his method of surgical treatment of VVF with silver wire in a transvaginal approach. Of note, it was not until his 30th attempt at closure of VVF that he achieved success. Sims was later to become one of the great figures in the history of operative gynecology."
-9th Edition, 2007, page 2323

APPENDIX (continued)

"Modern surgical treatment for fistulas dates to the mid-1800s when Marion Sims (1852) first described routine closures of fistulas with initial successes, using nonreactive suture material and drainage catheters. This groundbreaking work provided the initial foundation for subsequent new developments."
-8th Edition, 2002, page 1195

"Before the efforts of surgeons such as James Marion Sims practicing in the mid to late 1800s, urinary fistulas were generally considered to be irreparable . . . Through their innovations in surgical technique and probably most importantly their routine use of postoperative catheter drainage of the bladder, they were the first to demonstrate that surgical treatment of urinary fistulas offered a reasonable chance for cure."
-7th Edition, 1998, page 1135

"Urinary Fistulas: since these are generally gynecological problems, they will only be mentioned and dismissed."
-1st Edition, 1954, page 1415

Te Linde's Operative Gynecology:

"In 1852, Marion Sims published his classic work, which formally established the technique of VVF repair. His contribution to this endeavor is recognized by the recent republication of his original paper . . . The ethics surrounding Sims's seminal work have recently been reviewed. The fact that his original subjects were slaves leads to a question of ethical treatment of women who had minimal, if any, personal autonomy. It is generally believed that Sims was trying to enhance the lives of these women and was in concert with accepted mores."
-10th Edition, 2008, page 973

"By the recent publication of his original paper . . . Although many of his innovations were not new, he attained greater success than anyone else, and his personality helped in bringing public attention to the treatment of women's diseases. Although Sims' only innovation was the use of silver wire suture, he standardized and defined the surgical principles of vesicovaginal fistula repair that are used today."
-9th Edition, 2003, page 1100

"One of Sims planter friends pleaded with him to attempt to cure the woman. At first Sims declined the task, believing it to be hopeless; but finally his compassion for the unfortunate women persuaded him to undertake it. He worked on a group of the black women from 1845 to 1849 before achieving his first cure."
-7th Edition (1992) and 8th Edition, 1997, page 3, in "A Brief History of Operative Gynecology"

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