
The medical ethics of the ‘Father of Gynaecology’, Dr J Marion Sims

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Author’s abstract

Vesico-vaginal fistula (VVF) was a common ailment among American women in the 19th century. Prior to that time, no successful surgery had been developed for the cure of this condition until Dr J Marion Sims perfected a successful surgical technique in 1849.

Dr Sims used female slaves as research subjects over a four-year period of experimentation (1845–1849). This paper discusses the controversy surrounding his use of powerless women and whether his actions were acceptable during that historical period.

Historical background of VVF

Vesico-vaginal fistula (VVF) results in a tear from the bladder to the vagina, caused by obstructed labour. Women who suffer this disorder are incontinent and continuously leak urine. Vesico-vaginal fistula has been a problem of women for centuries. An embalmed Egyptian woman was discovered with a vaginal fistula, and Avicenna, an early Persian doctor, documented cases of vaginal fistulas caused by obstructed labour in AD 951 (1).

Before the 19th century, European and American women suffered from this affliction and often became social outcasts rejected from society. Suicides among them were common. Dr J Marion Sims in 1852 described the reaction of one of his patient’s to her condition:

‘The accident, *per se*, is never fatal, but it may well be imagined that a lady of keen sensibilities so afflicted, and excluded from all social enjoyment would prefer death. A case of this kind came under my observation a few years since, where the lady absolutely pined away and died, in consequence of her extreme mortification on ascertaining that she was hopelessly incurable’ (2).

Vaginal fistulas were generally unknown to the public at large, but well known doctors attempted to

find medical treatments for the closure of the fistula. Such surgeons as H Van Roonhuysse (1663), Mettauer (1830), Vidal (1883) experimented with fistula repair, and they were all unsuccessful (3). While some doctors succeeded with isolated cases, none were able to develop a method of surgery which would consistently yield positive results. Women with VVF were left to rely on the use of palliative or other minimal treatment which lessened the dribbling of urine, but did not allow the women to participate fully in everyday life (4).

To complicate the situation even more, the medical specialty of gynaecology did not exist . . . the practice of examining the female organs was considered repugnant by doctors who were almost all males. In fact, in American medical schools, obstetrics and child delivery were taught by the use of dummies and often it was not until a doctor was in practice that he actually delivered a baby. According to Wertz and Wertz (1977):

‘Young doctors rarely had any clinical training in what the theory of birth meant in practice. Many arrived at a birth with only lectures and book learning to guide them. If they (and the laboring patient) were fortunate, they had an older, experienced doctor or attending woman to explain what was natural and what was not. Many young men were less lucky and were embarrassed, confused, and frightened by the appearances of labor and birth. . . .’ (5).

In the 19th century, American and European Victorian values affected access to medical care for gynaecological/obstetrical problems. For example, doctors in the early 19th century performed pelvic examinations while looking directly into the eyes of the women (6). Nudity and exposure of the female body even to the eyes of a doctor was prohibited.

While statistics are scarce during this period, evidence suggests that VVF was a serious problem. The records of the Women’s Hospital in New York revealed significant numbers of poor immigrant women suffering from this condition. In addition, medical writings of the period documented cases of VVF.

Key words

Human experimentation; women’s health; medical history.

In the *antebellum* South, slave-women, due to poor nutrition, lack of prenatal care, and births at an early age were at risk of VVF. Irish immigrant women escaping poverty in Europe were also afflicted with the condition. VVF, however, was not restricted to the oppressed and poor women . . . even European Royalty succumbed – the Empress Eugenia of France had a fistula (4).

Dr J Marion Sims

The doctor who cured Empress Eugenia and developed the first successful fistula operation in 1849 was Dr J Marion Sims, an American surgeon. He has been credited with developing the medical specialty of gynaecology and is considered the ‘father of gynaecology’. The story of Dr Sims’s discovery of a successful surgical technique for the cure of VVF is one of coincidence combined with skill. Also, it is a story of pain and suffering, which makes Dr Sims a controversial historical figure today.

Dr Sims was born in South Carolina in 1813, the son of a county sheriff. He received his medical training at Jefferson Medical College in Philadelphia. After graduation, he practised medicine first in Mount Meigs, Alabama, and later moved to Montgomery where he developed an interest in surgery (7). It was in Montgomery that he conducted experiments on slave-women which resulted in the perfection of a surgical technique for the repair of fistula.

His interest in working in the area of gynaecology was accidental. In fact, in his autobiography he says:

‘I never pretended to treat any of the diseases of women and if any women came to consult me on account of any functional derangement of the uterine system, I immediately replied, this is out of my line; I do not know anything about it practically, and I advise you to go to Dr Henry or Dr McWhorter (8).’

Dr Sims’s attitude changed when he was called to attend a woman who had fallen from a horse and was in a great deal of pain around the pelvic area and her back. Believing that the woman had dislocated her uterus, he placed her in a knees and elbow position and inserted a finger into the vagina, as was standard procedure in such cases, causing air to rush in and extend the vagina to its fullest capacity. He could see the interior of the vagina clearly and from this position he believed that he could easily repair a fistula. Using a speculum of his own design, which had been fashioned from a pewter spoon, Sims began his experimental surgery which was to last for four years (1845-1849). He was 27 years old at the time (9).

Dr Sims used African-American women who were enslaved as his experimental subjects. Slave-women with fistulae were brought to Sims by their masters

to see if he might cure them. The women were useless as human chattel since they could neither work in fields nor houses in their condition.

In the beginning, Sims had refused to treat these women on the grounds that vesico-vaginal fistula was incurable. But with his accidental discovery of a way clearly to see the vagina, he rescinded his prior prognosis and established a small hospital in his backyard for experimental purposes (8).

The enslaved women were not asked if they would agree to such an operation as they were totally without any claims to decision-making about their bodies or any other aspect of their lives. Sims used a total of seven enslaved women as experimental subjects; permission was obtained from their masters. They were in no way volunteers for Dr Sims’s research.

Nevertheless, Dr Sims was so positive that he was on the verge of making an astounding medical discovery that he invited local doctors to witness his first operation and what he thought would be a historical event. He performed his first operation on a slave-woman named Lucy (8).

Lucy was operated on without anaesthetics as Sims was unaware of the advances which had been made in this area of medicine. The surgery lasted for an hour and Lucy endured excruciating pain while positioned on her hands and knees. She must have felt extreme humiliation as twelve doctors observed the operation. Unfortunately, the operation failed as ‘two little openings in the line of union, across the vagina . . . remained although the larger fistula had been repaired’ (8).

Lucy nearly lost her life, due to the experimental use by Sims of a sponge to drain the urine away from the bladder, as she became extremely ill with fever resulting from blood-poisoning. In recounting the episode in his autobiography, Sims says, ‘I thought she was going to die . . . it took Lucy two or three months to recover entirely from the effects of the operation’ (8).

Despite Lucy’s close call with death, Dr Sims continued with his experiments. He operated on Anarcha, another slave-woman, next. Her condition improved considerably after the surgery, but a small fistula remained and she continued to leak urine.

With subsequent operations, Dr Sims developed new instruments and acquired new knowledge as he progressed closer to a cure, yet the amount of suffering and pain endured by the slave-women subjects as a result of these operations were immense.

Four years almost to the day after his first operation, June 21, 1849, Sims successfully repaired Anarcha, by using silver wire as a suture. She had endured thirteen operations without anaesthesia. Shortly thereafter, all of the slave-women who had been the subjects of his experiments were cured and sent home (10).

Many white women came to Sims for treatment of vesico-vaginal fistula after the successful operation

on Anarcha. However, none of them, due to the pain, were able to endure a single operation.

As Axelson points out:

'Sims failed utterly to recognise his patients as autonomous persons and his own personal drive for success cannot be minimised, especially as a balance to the enormous amount of praise accorded Sims for his work and for subsequent applications of the technique developed in Montgomery and elsewhere' (10).

Discussion

While the story of J Marion Sims is important in understanding the treatment of vesico-vaginal fistula, it also serves as a classic example of the evils of slavery and the misuse of human subjects for medical research.

Kaiser defended Dr Sims's abuse of enslaved African-American women on the grounds that he was a man of his time and should not be judged by present-day standards. 'It is easy to derogate Sims by applying 1975 social standards to 1850 decisions and conduct . . . but it is difficult to envision today the disparate state of an 1850s woman with total urinary incontinence, as it is against this background that evaluation must be made . . . Sims was a product of his time . . . (11). Historical fact however, does not support Kaiser's defence of Sims's actions. In fact, significant medical breakthroughs were accomplished without the use of slaves by Southerners during this period. During the 19th century, slavery was firmly established in the South. Slaves worked as field-hands and household servants, but they were seldom used as experimental subjects.

For example, Ephraim McDowell (1771-1830) of Danville, Kentucky, was the first person to conduct a successful abdominal operation. McDowell removed a 22-pound ovarian tumour from Jane Todd Crawford in his own home in 1809 (12). Mrs Crawford, a white woman, had given her informed consent for the experiment. According to Agatha Young:

'He (McDowell) told Jane precisely what her situation was, explaining to her carefully, so that she could not fail to understand . . . He called the operation an experiment, nothing more, and she knew that it could not be performed swiftly, that there would be no way of relieving the pain she would have to endure and that she was more than likely to die while the experiment was in progress. But Jane was brave. She accepted' (12).

Dr Crawford W Long (1815-1878), is another example. In Georgia, he removed a tumour from the neck of James Vernable in 1842, using sulfuric ether as an anaesthesia (13). He was the first doctor to

perform a surgical operation in which a patient suffered no pain. James Vernable was a free white man.

The evidence suggests that Sims's use of slave-women as experimental subjects was by no means the order of the day! In fact, after his experiments had continued over a period of years, Sims's reputation in the community began to deteriorate rapidly. According to Harris (1950), 'all kinds of whispers were beginning to circulate around town . . . dark rumours that it was a terrible thing for Sims to be allowed to keep on using human beings as experimental animals for his unproved theories' (13).

Conclusion

By the time of Dr J Marion Sims's death in 1883, he had established a world-wide reputation as a great surgeon and gynaecologist. Hospitals are named for him and statutes of Dr Sims can be seen in New York and South Carolina.

Yet his fame and fortune were a result of unethical experimentation with powerless Black women. Dr Sims, 'the father of gynaecology' was the first doctor to perfect a successful technique for the cure of vesico-vaginal fistula, yet despite his accolades, in his quest for fame and recognition, he manipulated the social institution of slavery to perform human experimentations, which by any standard is unacceptable.

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References

- (1) Hamlin R H J, Nicholson E C. Experiences in the treatment of 80 labours which have followed the repair of these injuries. *Ethiopian medical journal* 1966; IV, Oct: 185-192.
- (2) Sims J M. On the treatment of vesico-vaginal fistula. *American journal of the medical sciences* 1852; 23, Jan: 59-87.
- (3) Russell S C. *Vesico-vaginal fistulas and related matters*. Springfield: Charles S Thomas, 1962.
- (4) McGregor, D K. Female disorder and nineteenth

- century medicine: the case of vesico-vaginal fistula. *Caduceus* 1987; 3, 1: 1-31.
- (5) Wertz R W, Wertz D W. *Lying-in: a history of childbirth in America*. New Horizon: Yale University Press, 1977.
- (6) Leavitt, J W. *Brought to bed: childbearing in America, 1750-1950*. New York: Oxford University Press, 1985.
- (7) Ward S B. The father of gynecology. *Alabama journal of medical science* 1972; 9, Jan: 33-39.
- (8) Sims J M. *The story of my life*. New York: D Appleton and Company, 1886.
- (9) Sparkman R S. Jim Marion Sims – woman’s surgeon and more. *Bulletin of the American College of Surgery* 1975; Mar; 7-11.
- (10) Axelson D E. Women as victims of medical experimentation: J Marion Sims’s surgery on slave-women (1845-1850) *Sage* 1985; 2, 2.
- (11) Kaiser I H. Reappraisals of J Marion Sims. *American journal of obstetrics and gynecology* 1978; Dec 15: 878-882.
- (12) Young A. *Scalpel*. New York: Random House, 1956.
- (13) Magner L N. *A history of medicine*. New York: Marcel Dekker Inc, 1992.
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